Complete Agenda

CABINET

GWYNEDD COUNCIL

DATE	Tuesday, 29th March, 2022
TIME	1.00 pm
LOCATION	Virtual Meeting - This Meeting will be webcast https://gwynedd.public-i.tv/core/portal/home
CONTACT POINT	Annes Siôn 01286 679490 / cabinet@gwynedd.llyw.cymru

GWYNEDD COUNCIL CABINET MEMBERS

Members	
Dyfrig L. Siencyn	Leader
Dafydd Meurig	Deputy Leader, Cabinet Member for Adults, Health and Wellbeing
Craig ab Iago	Cabinet Member for Housing
Gareth Wyn Griffith	Cabinet Member for Environment
Nia Wyn Jeffreys	Cabinet Member for Corporate Support
Dilwyn Morgan	Cabinet Member for Children and Young People
Gareth Thomas	Cabinet Member for Economic Development and Community
Ioan Thomas	Cabinet Member for Finance
Catrin Elen Wager	Cabinet Member for Highways and Municipal
Cemlyn Rees Williams	Cabinet Member for Education

AGENDA

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THE CABINET 8/03/22

Present:
Councillors: Dyfrig L Siencyn, Dafydd Meurig, Gareth Griffith, Nia Jeffreys, Dilwyn Morgan, Ioan Thomas, Gareth Thomas, Catrin Wager and Cemlyn Williams.

Also present-
Dafydd Gibbard (Chief Executive), Morwena Edwards (Corporate Director), Iwan Evans (Head of Legal Services), Dewi Morgan (Head of Finance Department) and Annes Siôn (Democracy Team Leader).

Item 6: Dafydd Wyn Williams (Head of Environment Department), Dafydd L Edwards (Director of the Pension Fund) and Bethan Richardson (Climate Change Programme Manager).
Item 7: Aled Davies (Head of Adults, Health and Well-being Department)
Item 8: Garem Jackson (Head of Education Department) and Rhian Parry Jones (Gwynedd Secondary Education Officer).
Item 9: Carys Fôn Williams (Head of Housing and Property Department).

1. **APOLOGIES**

   The Cabinet Members and Officers were welcomed to the meeting.
   An apology was received from Cllr Craig ab Iago.

2. **DECLARATION OF PERSONAL INTEREST**

   A declaration of personal interest was received for Item 6: Climate and Nature Emergency Plan 2022-2030 - 2029-2030 from Cllr Dafydd Meurig as he was the Chair of Partneriaeth Ogwen and Cllr Catrin Wager as she was employed by Partneriaeth Ogwen, and both were prejudicial interests as the Partnership was named as a part of the report and they left the meeting for the discussion.

3. **URGENT ITEMS**

   There were no urgent items.

4. **MATTERS ARISING FROM OVERVIEW AND SCRUTINY**

   There were no matters arising from overview and scrutiny.

5. **MINUTES OF THE MEETING HELD ON 15 FEBRUARY 2022**

The Chair accepted the minutes of the meeting held on 15 February 2022 as a true record.

6. **CLIMATE AND NATURE EMERGENCY PLAN 2022/23 - 2029/30**

The item was presented by Cllr Dyfrig Siencyn

RESOLVED

The Cabinet's approval was received to adopt and implement the Climate and Nature Emergency Plan 2022-2030.

DISCUSSION

The report was submitted and it was noted that a notice of motion had been submitted to the Council back in March 2019, outlining the risks deriving from the impacts of climate change. It was expressed that some delay had occurred with the climate change plan due to the pandemic. Despite this, it was explained that the plan was the end product of much hard work and the first step in response to climate change within the Council. The hope of achieving a net-zero Council by 2030 was noted. It was emphasised that the steps to be seen in the Plan were easy, but that there was a major challenge ahead of the Council.

The Head of Environment Department added that this was a cross-departmental plan but that it was currently being hosted in the Environment Department, which could offer guidance when needed.

The Climate Change Programme Manager noted that this was a corporate plan and that every member of staff needed to take ownership of the plan and act on it. It was expressed that the aim was clear, i.e. to be a net-zero Council by 2030 and it was explained that this was a national timetable set by the Welsh Government. It was explained that the plan highlighted that the work would extend way beyond 2030, but that it provided a firm foundation for the Council in terms of the work to be done. It was emphasised that there was further work to be done to prioritise the expenditure as well as short-term plans.

Observations arising from the discussion
— Attention was drawn to the need for the educational element of this plan; it was explained that getting children and young people involved with the plan and learning about climate change was an essential part of the plan.
— The element of supporting communities to plan and provide local solutions to local needs was highlighted, and to encourage residents to participate in engagement work.
— It was noted that the Welsh Government's decision not to fund the Llanbedr Bypass scheme did not contribute to this plan as the construction of the road would reduce carbon emissions.
— Support was expressed for the report, noting that there had been very good work, specifically from Cllr Catrin Wager to move the plan forward

and it was expressed that it would be good to see this developing over the next few years.

⸻ Gratitude was expressed for the report, asking whether the Pension Fund invested responsibly. It was stated that a presentation had been given to Cabinet Members two years ago about responsible investment, explaining what the Pension Fund did. At that time, it was stated that the Pension Fund should deal appropriately and independently with the investments, as this was not within the Cabinet's decision-making powers. It was noted that the Pension Board had been operating separately but there may be an opportunity to include a reference to the work of the Pension Fund in this plan. It was explained that a great deal had happened with green investments and that a draft version of a Responsible Investment Policy had been submitted to the Pension Board for pre-scrutiny prior to submission to the Pension Committee next week.

⸻ The team was congratulated on its work in creating the document and it was noted that it was important that the document was live, it was expressed that the field was so broad that the Plan had managed to capture everything.

7. RESIDENTIAL AND NURSING HOMES FEES FOR 2022/23

The item was presented by Cllr Dafydd Meurig

RESOLVED

To agree upon the standard fees for independent residential and nursing homes for 2022/23, and implement them in accordance with the Council's terms and conditions at the following level:

Residential	£627
Residential EMI	£695
Nursing	£731
Nursing EMI	£774

A request was made for a further report on the matter to consider the propriety of a review of the fee level for the year.

DISCUSSION

The report was submitted and it was noted that it was a technical report that was submitted annually. It was explained that the report set standard fee costs for 2022/23, but that a further report was needed on the matter in order to consider the appropriateness of the review of the fee levels for a year. It was explained that the favoured option was option 3 within the following table:

	2021/22	2022/23		
	Fee	Option 1	Option 2	Option 3
Residential	£586	£615	£627	£671

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Residential EMI	£651	£681	£695	£768
Nursing	£684	£716	£731	£756
Nursing EMI	£722	£757	£774	£880

It was explained that more time was needed to ensure that the department was live to all of the implications of increasing the fees to correspond with option 3, including ensuring that it was not only affordable for this year but for financial years to come. It was also expressed that the Cabinet should agree on option 2 for the time being, and gave time for further work to be done to see whether it would be possible to bring a report back to the Cabinet with a request to increase the fee to option 3 after the election period.

8. WELSH IN EDUCATION STRATEGIC PLAN 2022-2032

The report was submitted by Cllr Cemlyn Williams.

RESOLVED

To approve the Welsh in Education Strategic Plan for 2022-2032, before the Authority submits it to the Welsh Government for approval.

DISCUSSION

The report was submitted and it was noted that this Strategy had been introduced back in July, where the Cabinet agreed for the Welsh in Education Strategic Plan to enter a period of public consultation. It was expressed that a number of people had responded to the consultation and that adaptations, where possible, had been incorporated in the strategy.

It was emphasised that the plan was key to the future of the Welsh language and it was noted that the plan was more than just words on paper. The Cabinet Member took advantage of the opportunity to note what the department was doing and had done in terms of the Plan. It was expressed that the Cabinet was aware that they had agreed to invest over £1 million in new language centres in Bangor and Tywyn, as well as to improve the educational provision in Ysgol Eifionydd. It was added that the department was to invest an additional £1.1 million to improve the learning environment at the other centres across the county and invest £1.8 million to increase the capacity of some schools to support communities where the Welsh language was significant.

It was also added that the department had commissioned a company to create a virtual world for learners who were part of the Immersion plan. It was explained that by using technology, it would be possible for pupils to use the Welsh language in the home as well. It was noted that this plan was a key part of the department's innovative Information Technology Plan which had been approved by the Cabinet, and also highlighted that Gwynedd led the way in terms of the Welsh language.

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Observations arising from the discussion
— The department was congratulated on leading Wales in terms of the Welsh language plans. It was highlighted in terms of the language centres that other counties needed to follow Gwynedd Council's lead, as children were the future of the Welsh language.

9. **PERFORMANCE REPORT OF THE CABINET MEMBER FOR HOUSING AND PROPERTY**

The report was submitted by Cllr Dyfrig Siencyn.

DECISION

To accept and note the information in the report.

DISCUSSION

The report was presented, noting the work that the department had undertaken over recent months. It was explained that the Cabinet Member had noted that he was satisfied with the progress in the projects led by the department.

It was explained that the report focused on the plans that were seen as an improvement priority within the Council's Plan and attention was drawn to various plans. In terms of the Gwynedd Lack of Suitable Homes plan, it was expressed that this work was being done via the Housing Action Plan.

It was highlighted that the number of homeless people had increased over 51% since pre-pandemic times and that 700 were currently homeless. It was stated that the demand on the service continued to be consistently high. It was noted that the department had been able to increase the team's capacity as well as increase the capacity of the prevention team. It was added that the number of homeless units had increased over the year, and it was explained that once the plans were completed over the next months, 38 units could be seen across the county.

It was noted in terms of the Housing and Lands purchasing plan that a plan was in place to purchase 15 houses over the coming months, as well as lands in various locations in order to develop. It was explained that from implementing over the next six years, the Council would have over 100 houses. It was expressed that the help to buy plan had been highlighted and it was noted that 12 families were currently being assisted.

It was reiterated that the department had allocated 142 grants over the past year, and had attracted £3 million towards empty houses plans. It was expressed that there were 40 applications at the moment for the First Time Buyers Scheme. The main risks of the department, specifically the side effects of the pandemic and Brexit on delivering projects within time and on budget were highlighted. It was also expressed that the side effects of climate change continued to be a risk within the department.

The meeting commenced at 1pm and concluded at 2pm

        CHAIRMAN

REPORT TO CABINET

Date of Meeting:	29 March 2022
Cabinet Member:	Cllr. Nia Jeffreys, Cabinet Member for Corporate Support
Responsible Officer:	Iwan Evans, Head of Legal Services.
Author:	Siôn Huws, Propriety and Elections Manager
Title of Item:	Appointment of Senior Coroner for the North West Wales Area

Recommendation for the Decision:

(a) **Delegate the power to the Head of Legal Services to prepare a job description and personal specification and an appointment process for the posts of Senior Coroner and arrange for advertising;**

(b) **To establish a Panel that includes the Chief Executive, Head of Legal Services and a Head of Department in order to draw up a short list and interview applicants and appoint an Assistant Coroner as necessary.**

Reason for the need for a Decision:

1. Dewi Pritchard Jones, the former Senior Coroner, retired in November 2020. Kate Sutherland, the Assistant Coroner at the time, was appointed as acting Senior Coroner while the appropriateness of merging the North West Wales Coroner's area with other areas was considered. We are now in a position to proceed with the appointment of a permanent Senior Coroner. The need may arise in the future to appoint another Senior Coroner. There is a need to ensure that the delegated arrangements for the process are established and clear.

Reasoning and Justification for the Decision:

2. England and Wales are divided into coronial areas and in each such area there will be a Senior Coroner and at least one Assistant Coroner. The individual services are financed by local authorities and as the North West Wales Coronial Area includes Gwynedd and Anglesey, the service is financed jointly with the Isle of Anglesey Council. Notwithstanding this, Gwynedd Council is the relevant authority for the area which means that there is a statutory duty on us to meet the costs related to running this service. The relevant authority is also responsible for appointing the Senior Coroner and Assistant Coroners for the area notwithstanding that they will not be employees of the authority but rather independent judicial office holders.

3. The arrangements for appointments are set by the Coroners and Justice Act 2009 and by the Chief Coroners Guidance. Every appointment will need to be approved by the chief Coroner and the Lord Chancellor and it also a requirement that the Chief Coroner approves the appointment process to be followed, and the shortlist drawn up in order to conduct interviews.

4. The Chief Coroner has issued guidance on the appointment of coroners (Chief Coroner's Guidance Note 6 - Appointment of Coroners). It states that consideration must be given to merging an area with one or more other coroner areas before appointing a new permanent Senior Coroner.

5. We have now received a response from the Chief Coroner on the position a far as the review is concerned. This follows from discussions held with the UK Government Courts and Tribunals Department and both Gwynedd Council and Denbighshire Council (the relevant authority for the North Wales (East and Central) Area). Following these discussions, the Chief Coroner decided that he would not seek to merge these Coroner areas and that we should therefore appoint a permanent Senior Coroner for the North West Wales Area.

6. The authority therefore needs to form a panel to shortlist, conduct the interviews and decide on the appointment. The composition of the panel is a matter for the authority, but the Chief Coroner or representative may attend the interviews and will usually do so in the case of the appointment of a Senior Coroner.

7. The Panel will be advised by the Propriety and Elections Manager and the Chief Coroner's representative

8. Once the panel has come to a decision, a report will need to be sent to the Chief Coroner (if he was not present in the interviews) describing the process followed and the reasons for proposing the successful applicant or applicants. The approval of the Lord Chancellor will also be sought.

Views of Isle of Anglesey County Council

9. If the Coroner Area contains more than one authority then the relevant authority must consult with the other authority before appointing a Senior Coroner. We will therefore involve the Isle of Anglesey County Council in the process as appropriate.

Any consultations undertaken before making the decision:

Chief Finance Officer – Nothing to add from the perspective of financial propriety

Monitoring Officer – Report prepared by the Legal Services.

REPORT TO THE COUNCIL'S CABINET

Date of meeting:	29 March 2022
Cabinet Member:	Councillor Dilwyn Morgan
Contact Officer:	Marian Parry Hughes, Head of Children and Supporting Families Service
Contact E-mail:	marianhughes@gwynedd.llyw.cymru
Title of Item:	No Wrong Door Strategy

1   THE DECISION SOUGHT

1.1   The Cabinet is asked to accept the 'No Wrong Door' strategy as the strategic direction for future developments in the children and young people field, as well as supporting its implementation locally in Gwynedd as part of a wider regional plan.

1.2   It is in accordance with the principles of Ffordd Gwynedd and lies within our arrangements for developing the way the service strengthens front door arrangements, access to services, and the approach of offering early and preventative interventions to avoid problems from getting worse. It will strengthen our ability to extend our services to be more integrated with our partners.

2   BACKGROUND

2.1   Members will already be aware of the Children's Commissioner for Wales' June 2020 report which highlighted the need to transform the way services work together to support children and young people who need support, regardless of the level of need, where they experience emotional distress and/or behavioural problems. The report emphasised that processes and systems were far too complex, and as such, there was evidence of children and young people falling between the crevices, waiting on waiting lists for long periods and then being told that they were on the wrong list or knocking on the wrong door. This regional strategy offers a solution to improve services for those children and young people by ensuring that services create teams around the family to meet their needs rather than expecting families to fit in with what is available. It is a pleasure to present a summary of this new strategy to the Cabinet today.

2.2   In order to make improvements within this field, it is essential to do so in conjunction with our key partners, such as the Health Board and the education sector. The strategy identifies opportunities for future service development by learning from models of good practice from Wales and beyond.

2.3   The strategy was developed following a review of the current situation in north Wales by an external company commissioned by the six authorities' Heads of Children's Services and health leaders over a five-month period in the summer of 2021. The work was completed using an Appreciative Inquiry methodology that focuses on strengths and looks to find out what works well in the current system, as well as working to develop a joint vision for the future, drawing up a model of practice for the future and developing an action plan.

2.4 This was done through a variety of different methods including working with operational managers across the region; researching good practice in Wales and beyond; holding a series of multi-agency workshops across the region, holding participation sessions with children and young people who had contact with one or more agencies, and then developing the strategy through lifestyle by using feedback on the content from senior managers. It was not possible to include representatives from schools in the workshops due to work pressures on the education departments during the period. However, as they are a core partner to the success of the work, we have held discussions locally with our colleagues in the education department to ensure that they are a key part of the development for the future locally.

2.5 The final strategy proposes a radical review and change of the current arrangements and offers an ambitious model for collaboration, with the aim of improving the mental health and well-being outcomes of children and young people up to 25 years old. It builds on the strengths of the current system and is tailored to meet local needs.

2.6 As the strategy recognises that children and young people's mental health and well-being needs to be supported within a complex framework of numerous services and interventions, the strategy has implications for all agencies and partners that contribute towards the health and well-being outcomes of children and young people to support them to live their best lives. All agencies will need to analyse their systems, strategies and policies to complement this strategy.

2.7 The intention was to develop a strategy that facilitated local authorities, the Health Board and their partners to support the emotional and mental resilience of children and young people across the region. It was recognised that those who work in the region are hardworking and committed to providing a good service, but the workforce as a whole was struggling to cope with the significant increase in demand for the service. As pressure builds on the system and resources diminish, tensions emerge. The staff who participated in the review wanted leaders in the field to commit to a radical strategy that offers opportunities to develop effective services that deliver better outcomes for children and young people in accordance with national visions and policy objectives.

2.8 In essence, the plan does not offer a short term or easy solution to complex problems that have existed for an extended period of time. However, it does offer a plan for change in an attempt to respond to the vision that already exists within the services, which is difficult to realise due to numerous obstacles.

2.9 It is clear that partners will need a significant culture change to offer services that are far more integrated than they are currently. This will need to be achieved through easy processes and systems, clear structures and governance procedures and most importantly, the desire and intention to put the child or young person at the heart of everything we do.

3 THE RATIONALE AND JUSTIFICATION FOR RECOMMENDING THE DECISION

3.1 The strategy underlines the importance of managing the demand for services through increased use of early intervention and preventative services. The strategy states that investment in these services cannot be at the expense of reducing capacity elsewhere in the system. Demand is increasing across the whole system and the strategy states that investment will need to be planned by finding an appropriate balance that responds to the current pressure and manages future demand.

3.2 The case for change was driven by three main factors; firstly, feedback from children, young people and families who stated that there were numerous obstacles to accessing services with long waiting lists. They noted that their experiences of the services and their outcomes were poor and that this in turn had a negative impact on life opportunities in the short term, as well as throughout their lives in the long term. Secondly, feedback from professionals who identified staff recruitment and retention problems due to increasing demand on the service; long waiting lists and the need to overcome many barriers before providing the service to families. Lastly, the existence of a strong economic business case for change because investing early to support the mental health and well-being of children and young people is not only going to improve their lives, it will also be more cost effective for the public purse in the short term and throughout the lives of individuals.

4 THE PLAN

4.1 A vision statement has been developed for the strategy, which was developed from the main themes highlighted during the workshops with professionals, as well as through the consultation with children and young people. That vision is: *'We want children and young people in north Wales to have the best mental health and well-being. We do this by ensuring that access to the agencies that support them is easy, and that the agencies work together effectively and aim to achieve outcomes in a timely manner based on the choice of children, young people and their families'.*

4.2 A set of principles developed through regional collaboration was agreed. They can be seen in their entirety in the strategy itself, but they include statements such as: *'Children and young people will be valued for who they are'*; *'We will listen to children, young people and their families to understand their world and their experiences. Their views will help us shape and evaluate our services'; 'There will be better support for mental health in schools' and 'We will make it easy for children, young people and their families to find information about mental health and, if necessary, to find support that is accessible and uses simple and convenient arrangements'.*

4.3 The service model that has been developed to implement the 'No Wrong Door' strategy is designed to be flexible and responsive to different levels of need, with

each level providing help and support which would be commensurate to the need, and with the focus being on offering early intervention to try to prevent problems from getting worse. This model is going to replace models based on diagnosis and hierarchy in terms of access criteria.

4.4 The aim is to get the right support for the child/young person as soon as possible. Good practice shows that this can be achieved through a process characterised by good collaboration, sharing information and mature partnerships. The strategy offers multidisciplinary services that will operate as if it were one agency. This means a significant change in culture and a desire to make things work, as well as new funding arrangements, systems and processes including flexibility between the children and adults services across all partners.

4.5 The model will need to respond quickly to the mental health and well-being problems of children and young people in the community in order to find early solutions without having to access more formal services. This means that general services and schools play a key role in identifying needs early on, as well as developing good practice to support the victims, including knowing how to administer first aid for mental health and well-being problems. Therefore, training is key for these agencies to reduce the demand on statutory and formal services.

4.6 The strategy refers to operating using a team around the family model and in hubs that will act as one front door for timely access to the right service. This will be through enquiries, signposting to other services or information; assessing needs, supporting families and providing an emergency response to any situation at any point in the intervention. The hubs will ideally include workers from different agencies and disciplines and will operate within agreed governance frameworks.

4.7 Strategic accountability will exist through the North Wales Regional Partnership Board for setting the policy context and holding the operational levels to account for their performance and use of resources.

5 NEXT STEPS

5.1 As a service, we are confident that we have the appropriate structure and foundation to develop the service to meet expectations. We are already operating one front door that combines statutory services, early intervention and supporting families by using a team around the family model. We have established the 'Gwynedd Family Hub' to do this as part of the service for many years now, with clear accountability and governance arrangements. We are using a team around the family model across the service along with recognised practice and risk assessment models. Therefore, we believe that we are starting from an advantageous position.

5.2 Further work is needed to develop more integrated services that will involve our partners in our arrangements. This means that resources from places like the Health Board will need to be moved to the hub locally to strengthen our ability to provide early intervention for children and young people.

5.3 Further collaboration is needed with the Education Department and schools in particular to develop expertise and confidence in the schools to support children and young people through difficult times. That discussion is already underway with our colleagues in the education field.

5.4 We are realistic in that this will not happen overnight. An ambitious approach is needed to reach and realise local solutions within the context of strong regional principles to meet the local need. The strategy itself contributes a 5-year action plan. All partners will need to demonstrate corporate commitment and resource commitment; strong programme management and external specialist support from time to time to support the transformation process.

5.5 Developing the plan will not be cost-neutral and currently, it is difficult to predict what the financial implications will be in terms of meeting expectations and realising the plan. It will certainly be possible to look at using a portion of the transformation funding and the RIF (formerly ICF) to set a direction and allow further development.

6 EQUALITY

6.1 The Equality Act 2010 places clear duties on public sector organisations to prevent discrimination and promote equality for people with specific Protected Characteristics. These are - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. Specific duties involve providing reasonable adaptations for people to help them to access the services they need.

7. VIEWS OF THE STATUTORY OFFICERS

The Monitoring Officer

No observations too add in relation to propriety

Statutory Finance Officer

The development of this Strategy is clearly the result of thorough work to identify demand on our service, from some of Gwynedd's most vulnerable residents. In addition, I am convinced that the adoption of the Strategy would be a major step forward in the context of embedding the principles of the Well-being of Future Generations Act into the services provided, and I welcome that.

However, paragraph 5.5 states that the development of the scheme will not be cost neutral, and that it is difficult to predict at this stage what the financial resource implications will be for meeting and expectations and to realise the plan. Should the Cabinet adopt the 'No Wrong Door' strategy as the strategic direction in line with the decision sought, that decision would be subject to funding the function within existing resources until grant funding has been confirmed, or a request for new resources has been submitted and

approved in accordance with normal procedure. The adoption of any strategy should not create a new spending commitment until the additional costs have been identified and funded.

I note from the draft strategy that the development of a financial plan will take place during 2022. It is key, to ensure that the scheme is established on a firm footing as well as ensuring appropriate financial administration, that any additional costs on Gwynedd Council, together with the sources of funding, are identified as soon as possible.

North Wales Regional Partnership Board

'NO WRONG DOOR'

A Local Strategy for Child and Adolescent Mental Health
2022 -2027
Executive Summary

Authors
Rob Griffiths

Annette Lumb

Joy van Helvert

1

1. Purpose of the Report

This paper provides an executive summary of the North Wales 'No Wrong Door' strategy for endorsement and approval.

2. Recommendations

- To note and approve the main points of the strategy
- To agree next steps as set out in this report

3. Situation

This executive summary is being provided today as the full support and agreement of the proposed regional strategy of the Leadership Group is required to enable progress towards completion of the strategy, approval of the full document and implementation plan.
The draft strategy (described below) has been circulated to the Partnership Children's Services Group and Regional Children's Services Service Managers. This is a substantial document in excess of 26,000 words and 90 pages in length, which reflects the complexity and breadth of the work undertaken. Comprehensive comments received from partner agency staff are now being incorporated into a revised document.

Most preparative work for the strategy is complete, apart from engagement with schools and education services. Due to the pressures during the period of preparation it was not possible for representative staff from schools to attend the workshops or otherwise participate in the process. Because education are an important support to children and young people's mental health and an education perspective is essential to the strategy, a further engagement process is required.

There is an economic case and quality benefits, borne out by research, for adoption of this strategy, which aims to improve the cost effectiveness of services. The strategy cannot, at this point, offer a full financial impact analysis. This is a necessary part of the implementation process and will require modelling based on data that is not currently available, and requires collection and analysis.

4. Introduction

The North Wales 'No Wrong Door' strategy was developed through a collaborative process using Appreciative Inquiry methods. These are strengths-based and seek to: discover what is working well in the current system; develop a joint vision for the future; design a future delivery model; propose and implementation plan.

The process took place over a period of 5 months and consisted of:
- Work with the regional team and Children's Services Managers to clarify the scope of the project and work collaboratively to initiate the work programme
- Quantitative data research
- An examination of national and international good practice relating to integrated children and young people's mental health and well-being services
- A series of workshops with professionals from partner agencies across the region
- Engagement with children and young people who have had contact with relevant services
- Iterative drafting of a strategy document and revision based on feedback form senior managers

The completed strategy proposes a radical revision of existing arrangements that offers an ambitious model for working together that will improving mental health and well-being outcomes for children and young people aged up to 25 years old. It builds on the strengths of the current system and is specifically designed for the local context.

The strategy recognises that children and young people's mental health and well-being is supported by multiple inputs delivered by a complex network of services and interventions, both formal and informal. This strategy has implications for all agencies and partners that contribute to the health and well-being outcomes of children and young people, enabling them to live their best possible lives. It will require each agency to interpret and align their own strategies and plans to this 'No Wrong Door' strategy.

The strategy proposes a regional approach based on a shared vision and an agreed set of common principles that will apply across the whole of North Wales. It however recognises that there are significant differences across the region reflecting culture, language, population density, economic factors, amongst other things. The strategy therefore proposes a regional framework consisting of a set of principles and a model that can be tailored to local circumstances. The RPB will ensure that there is local accountability for compliance with the principles and system performance. We refer to this approach as Tight – Loose – Tight: Tight adherence to the principles and outline service model – Loose (flexible) implementation of the service model – Tight accountability and monitoring of performance against the strategy.

5. Agreed Vision for the Future

This vision statement was developed from the key themes identified during the professionals' workshops and consultation with children and young people.

> *We want the children and young people of North Wales to enjoy their best mental health and well-being.*
>
> *We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families.*

6. Principles

The strategy is based on the following principles, again derived from the collaborative development process.

1. Children and young people will be valued for themselves, and their worth appreciated.

2. We will listen to children, young people, and their families to understand their world and experiences. Their opinions will help us to shape and evaluate our services.

3. We will reduce the numbers of children and young people requiring targeted support by investing in preventative measures.

4. We will reduce the number of children of young people requiring more intensive support through timely, early intervention.

5. We will make it easy for children and young people and their families to find information about mental health and, if required, to obtain help that is accessed using simple and convenient arrangements.

6. There will be better support for mental health in schools.

7. All the children and young people will have access to co-ordinated help from a range of professionals, when this would be in their best interests.

8. All children and young people will have the opportunity to form a trusting relationship with appropriate professionals. They, and their families, will have the support of a co-ordinator who will manage their case and help them to navigate the system.

9. Intervention will be timely, avoiding long waits for services and will be based on needs not diagnosis. Services will be child-centred, evidence based and flexible to ensure that needs are met and provided in ways that are suitable and convenient, including on-line.

10. The pathway will operate seamless across health and social services, education, community provisions and the criminal justice service.

11. We will have effective governance of system resources and professional activity.

7. Summary Model

The new service model developed to implement the North Wales 'No Wrong Door" strategy is designed to be flexible and responsive to different levels of need, with each level providing treatment and support tailored to, and proportionate to the need, with a focus on providing early help and preventing problems becoming more severe. This approach, in common with good practice models replaces a model of tiers based on diagnosis and a hierarchy of access criteria.

The new system is for children aged up to 25 years and aims to get the right help to the child or young person as quickly as possible. In a complex multi-agency network of services this is best achieved through a managed process characterised by good joint working, information sharing and mature partnerships. The strategy therefore offers a multi-disciplinary service model which operates as if it were a single agency. This demands a change in culture, new systems and processes and funding arrangements. Where necessary there will be flexibility between children's and adult services.

We recommend that the model is given a distinctive brand identity. This has been done to good effect in other service redevelopment projects. It will mark a new beginning of collaborative working between the partners, make it more attractive to children, young people, and their families and facilitate the change in culture necessary for its success. Ideally Children and Young People will be involved in naming the brand.

The model is for children aged up to 25 years and is designed to respond quickly to mental health problems and find early resolution in the community where the child or young person, lives ideally without the formal involvement of mental health services. Universal services (accessible to all in the community) and schools therefore have an important role in early identification and support of people with mental ill-health, including mental health first aid. Training and support to these services is therefore essential to reducing the demand for formal mental health services.

The proposed formal mental health system is designed to respond to 4 different levels of need:

Low Needs - These are experienced by children who have had a mental concern and have made good overall progress through appropriate universal services. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by a universal service

Additional Needs – Children in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support and early help. It also includes children whose current needs are unclear.

Complex Needs - Children and young people with an increasing level of unmet needs and those who require more complex support and interventions and coordinated support to prevent concerns escalating.

Acute/Specialist Needs, including Safeguarding - These occur when children have experienced significant harm, or who are at risk of significant harm and include children where there are significant welfare concerns. These children have the highest level of need and may require an urgent or very specialist intervention.
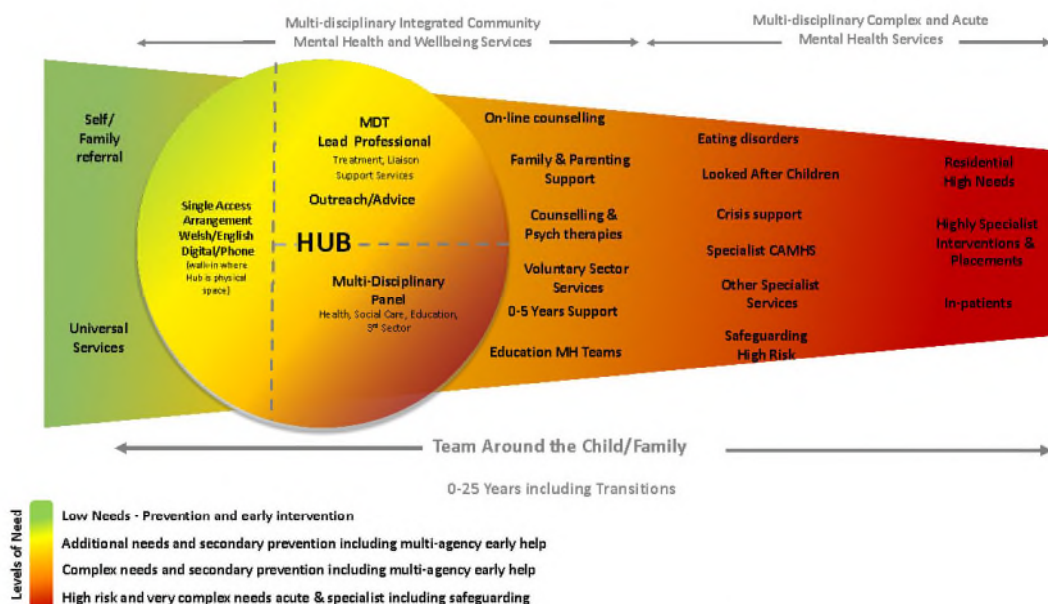
8. The New Service Model

Figure 1 The New Service Model

The new model has open, (referrals from any agency or individual, including self and family referrals) multi-channel (letter, email, telephone or in person) access provided through a Single Access Arrangement (SAA). The SAA is the unique gateway into all mental health services for children and young people within the formal system.

Mental health 'Hubs' are a key feature of the system. These provide several functions including receipt of enquiries, triage, signposting to other services, assessment, treatment and support to children and young people and their families, outreach, and training for staff in other parts of the system. Hubs will be multi agency, bringing together staff from all relevant disciplines and services and will operate using an agreed governance framework.

Hubs will ideally be physical entities with reception facilities, therapeutic spaces, and meeting rooms with the capability to operate peripatetically, using community facilities on an occasional basis or, if appropriate, a mobile resource. Hub operations will be supported by an ICT infrastructure to facilitate effective joint working and access/service delivery for children and young people.

Hubs will operate a "Team around the Child (TAC) /Team Around the Family (TAF) model and every child or young person will have their treatment and support co-ordinated by a lead professional. The lead professional will be responsible for making arrangements for access to any service provision required.

The model includes a crisis response provision, which is available at any point in the pathway.

It is essential that the use of resources in the system is optimised, and this will be the responsibility of a multi-disciplinary, multi-agency resource panel. The panel, formed of the operational managers of key services within the system, will advise on which are the most

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suitable resources to meet the child or young person's needs in the most cost effective, timely and child-centred way. It will have the authority to recommend flexibility in service access/eligibility and to adjudicate, where necessary.

The Resources Panel provides operational level management and performance of the health, care and support system. It is part of a governance model consisting of three inter-connected levels of activity.

Service level governance has responsibility for service delivery. In the proposed "To Be" model this consists of two elements: the mental health hubs and all provider services (both directly managed and commissioned services)

The Strategic Level of governance is responsible for setting strategy and policy, holding the operations level to account for performance and resource use and is itself being accountable to The North Wales Regional Partnership Board and the Boards of each partner organisation.

9. The Case for Change

Gareth's story below is a compelling call to act to transform the current system. The economic and quality benefits case for change is based on research evidence, system performance measures and local intelligence. This is summarised in Figure 2.

> "From a young age I felt something was different about me and when I started school my Mum and teacher noticed I was struggling to learn and got upset about going to school. My GP referred me to the neurodevelopmental team for an assessment and I waited 2 years to be seen. During the wait I was falling behind with schoolwork, feeling more upset and finding it hard to make friends at school. I was eventually told I had borderline autism and due to the diagnosis being borderline I didn't get any help at school I was in. It felt like nobody cared. I struggled through school, struggled to make friends and did not achieve any qualifications. When I was 17 I finally got a diagnosis of autism, but it was too late, I ended up homeless and felt a complete failure. I know I could have done much better because I receive support now but it's too late."
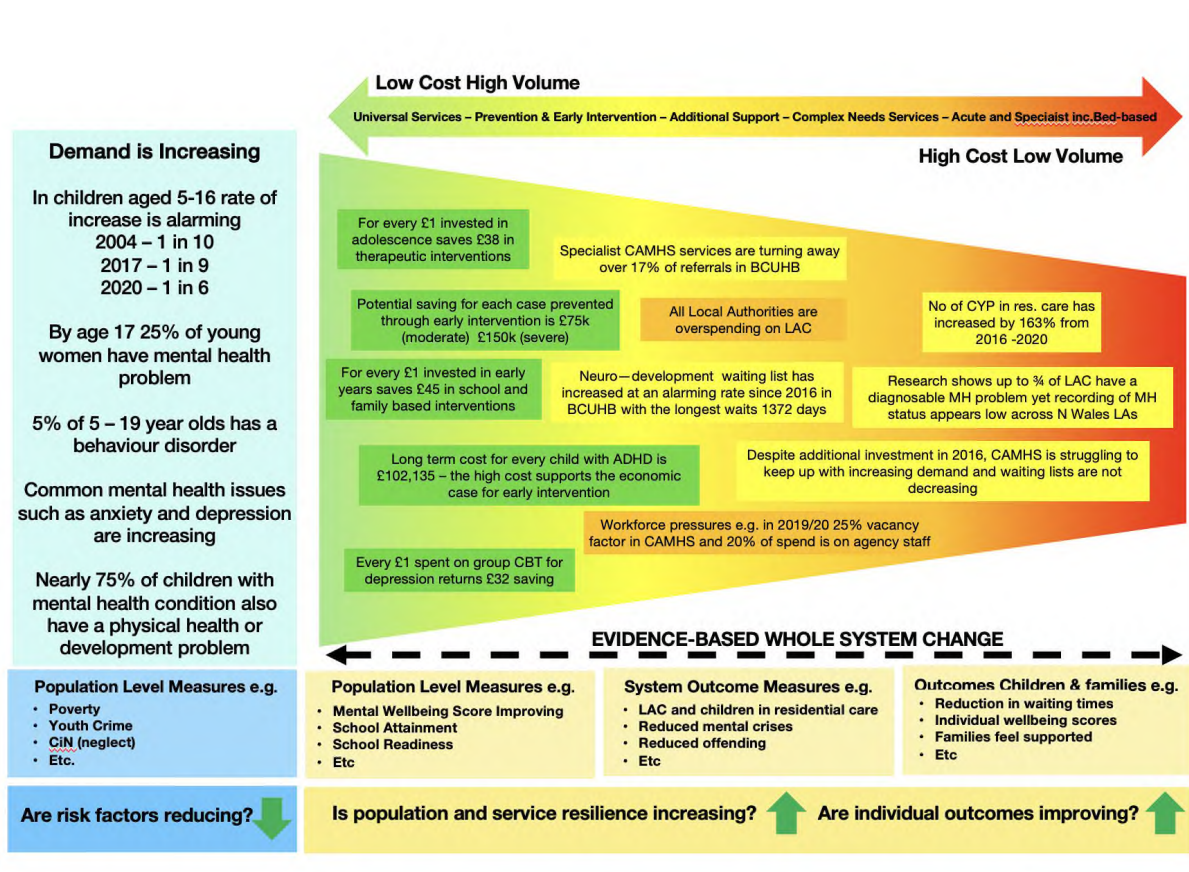
Low Cost High Volume

Universal Services – Prevention & Early Intervention – Additional Support – Complex Needs Services – Acute and Specialist inc.Bed-based

High Cost Low Volume

Demand is Increasing

In children aged 5-16 rate of increase is alarming
2004 – 1 in 10
2017 – 1 in 9
2020 – 1 in 6

By age 17 25% of young women have mental health problem

5% of 5 – 19 year olds has a behaviour disorder

Common mental health issues such as anxiety and depression are increasing

Nearly 75% of children with mental health condition also have a physical health or development problem

For every £1 invested in adolescence saves £38 in therapeutic interventions

Specialist CAMHS services are turning away over 17% of referrals in BCUHB

Potential saving for each case prevented through early intervention is £75k (moderate) £150k (severe)

All Local Authorities are overspending on LAC

No of CYP in res. care has increased by 163% from 2016 -2020

For every £1 invested in early years saves £45 in school and family based interventions

Neuro—development waiting list has increased at an alarming rate since 2016 in BCUHB with the longest waits 1372 days

Research shows up to ¾ of LAC have a diagnosable MH problem yet recording of MH status appears low across N Wales LAs

Long term cost for every child with ADHD is £102,135 – the high cost supports the economic case for early intervention

Despite additional investment in 2016, CAMHS is struggling to keep up with increasing demand and waiting lists are not decreasing

Workforce pressures e.g. in 2019/20 25% vacancy factor in CAMHS and 20% of spend is on agency staff

Every £1 spent on group CBT for depression returns £32 saving

EVIDENCE-BASED WHOLE SYSTEM CHANGE

Population Level Measures e.g.
• Poverty
• Youth Crime
• CiN (neglect)
• Etc.

Population Level Measures e.g.
• Mental Wellbeing Score Improving
• School Attainment
• School Readiness
• Etc

System Outcome Measures e.g.
• LAC and children in residential care
• Reduced mental crises
• Reduced offending
• Etc

Outcomes Children & families e.g.
• Reduction in waiting times
• Individual wellbeing scores
• Families feel supported
• Etc

Are risk factors reducing? | **Is population and service resilience increasing?** | **Are individual outcomes improving?**

Figure 2 The Case for Change Summary

The Vicious Cycle

The current system offers limited opportunity for prevention and early intervention and is over reliant on high-cost specialist provision. Unaddressed mental health needs then lead to increasing morbidity and avoidable crisis which then fuels demand for yet more services.

```
Children and young peoples (C&YP)
with mental health difficulties are
increasing at an alarming rate in the
population
```

```
Demand is outstripping services ability
to respond resulting in long waiting
times for CAMHS & increasing costs in
social services Childrens budgets
```

```
Delay in getting an assessment or
intervention leads to more C&YP
seeing deteriorating mental health,
declining family resilience and
increased likelihood of mental health
crisis
```

```
More C&YP ae at risk and are likely to
have poorer life outcomes and
increased cost to the system in both
the short and longer term.  High risk
C&YP often need high cost hospital or
residential placements making it hard
to free up resources to invest in early
intervention
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```
Lack of resources to invest in
prevention and early intervention
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Figure 3. The Vicious Cycle

There are 3 key drivers for change in North Wales:

1. **Feedback from children, young people and their families**
   Children, young people and their families have told us there are multiple barriers to service access, waiting times are long and their experiences of services and outcomes are poor. This leads to children and young people's life changes being limited in both the short term and the longer term across their lifetime. Children and young people told us:

   "I have been waiting three years for the Neuro development Team and over one year for CAMHS support......... I feel like I need a diagnosis to understand myself and for other people to understand my needs."

   "They sent me to Inspire and I haven't heard anything from CAMHS in 2 years. I think CAMHS could work with other services more to make sure people don't get left and get worse. I don't feel like I can have my voice heard."

   "My support system fell apart, I used to have a school counsellor, she has recently retired and no one has taken over. I never had the chance to speak with anyone from CAMHS and I have no idea how to contact them."

   "I have had constant ticks, hospitalised, extreme bullying, PTSD........... Friends and Parents were the only people who supported me and got me through, and they are my only support now"

"I think more should be done to help people like me to become independent in the world. I missed out on my education and feel that I have no opportunities and confidence………… There are many of us in this never ending cycle, it's depressing."

Children and young people told us they want to feel hopeful and particularly want to have services that are integrated, accessible and focus on prevention and early intervention. Feedback demonstrates that participants were pleased to see the range of concepts developed in the professional workshops. Of the concepts presented to children young people and families and based on their experiences, the following three proposed developments received the most positive feedback:

A Central Door - a single entry point to get help and access services. This initiative received the most positive feedback with CYP feeling that this will support or eliminate issues surrounding waiting times, provide a faster route to receiving information online and better access to mental health support.

"The ideas all seem good but having a central door is best idea"

"I agree with the central door as they will have a good understanding."

"I think there will be less waiting time with central door"

"One single point would be good as not being passed from one service to another."

"I agree with the central door although there needs to be the right teachers to talk to so they understand your position."

The Prevention Door - a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse. Participants and their families felt that education in the community would support improvement. Many shared how their first place to receive support is at home or amongst family and friends:

"We don't have to rely on services then"

"When I most need help, I get it from my friends and family which is why this is my favourite."

"This seems like the best solution because we don't always have to get annoyed for waiting"

"The best idea as having one easy method is the most convenient for getting help

The Supporting Door – being accessible – making it as easy as possible for you to get to the service or for the service to reach you. Participants felt that this initiative could offer support that they currently lack:

"The supporting door is most important."

"Schools really need to improve, its where we spend most of our time."

"Feeling supported is important which is why I like this one."

"Travel is always an issue for my mum so I think this will help."

"Integrate with schools: flexible hours for people who need them."

2. **Feedback from professionals**

Recruiting and retaining the workforce is a major issue across North Wales. Staff are under relentless pressure to maintain staffing levels, meet ever increasing demand, manage waiting lists and overcome multiple barriers to deliver services. *Professionals have told us service delivery could be improved by organisations working together to deliver integrating services, making services more flexible, improving access, and really listening to and delivering what children and young people say they need.* **Professionals have told us they want to feel hopeful** *this time and want leaders to be brave, radical and deliver change at scale and pace.*

3. **A Strong economic case**

Investing in the mental health and wellbeing of children and young people will not only make the lives of children young people and their families better, research evidence suggest it is also likely to be more cost effective in both the short and longer term across a whole lifetime. For example:

> **Local implementation of Bradford's B Positive' Pathways** incorporated 2 practice models (A "No Wrong Door" multi-agency, multidisciplinary team and "Mockingbird" family model). Among its aims were to reduce the number of looked-after children by a total of 75 and the number of out-of-authority placements by 20 over a 2-year period. A total of 172 young people were reported to have stayed at home following BPP outreach support. The base programme cost was £2,578,080. A total saving of £8,614,368 was achieved over the 2-year period of the programme operation. £4,167,540 in foster care, £108,000 in adoption, £118,668 in other accommodation, £4,075,968 in local authority residential and £144,192 for those placed with a parent.

10. Implementation

Implementation of this radical and complex strategy will require a substantial and well-resourced implementation programme to address the necessary culture change, development of an aligned/blended budget, structural changes, infrastructure requirements and development of the operating frameworks. The recommended 'Tight – Loose - Tight'

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approach allows for local solutions to realisation of the strategies ambition and its principles. Some of the implementation programme will require a regional approach, as the change requirements will be common across all areas, whereas some will require local development of those aspects of the strategy that are 'loose'.

The full strategy document outlines a five-year implementation plan, with the main changes taking place in years 1 -3. It will require organisational commitment and commitment of resources by all partners, strong programme management and external specialist support to the transformation process. It proposes an overarching regional approach, supported by local implementation groups, which would include some staff seconded from operational roles to undertake the necessary development work. These released operational staff will require temporary replacement.

Implementation should align with, and contribute to parallel change process, for example the Betsi Cadwaladr University Health Board: Mental Health Maturity Matrix.

11. Next Steps
- Endorsement of the main points of the strategy by the NWRPB at the November 2021 meeting
- Agreement by Leadership Group and NWRPB of the strategic direction and commitment to implementation, including full financial and performance data collection, analysis and modelling
- Authorisation by Leadership Group of additional engagement with schools and education services
- Finalisation of the strategy to include all comments so far received and results of engagement with schools/education
- Approval of final strategy by Leadership Group and NWRPB
- Implementation overseen by the newly established RPB Children's Sub Group

North Wales Regional Partnership Board

'NO WRONG DOOR'

A Community-based Regional Strategy for Child and Adolescent Mental Health
2022 -2027

DRAFT

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1 Introduction and strategic environment

1.1 Objective

The Children's Commissioner for Wales has highlighted the need for transformation in the way services work together to support children and young people whose needs are not deemed severe enough to require specialist support but, who are emotionally distressed and/or have behavioural issues. The aim is to produce a strategy that enables the North Wales Local Authority and Health Board partners to support the emotional resilience and mental health of children and young people in this group, across the region. The strategy proposes how agencies can best work together to respond to the full spectrum of needs of children and young people who are experiencing mental health problems. It identifies opportunities for the future development of services drawing on models of good practice in Wales and beyond.

1.2 Horizon

The review indicates that North Wales is a place where dedicated and hard-working staff are undertaking good work but, despite this, services are struggling to cope with significant increases in demand. As the pressures within the system increase and resources become even more stretched it is clear that tensions are raised.

The staff who engaged with the review and strategy formulation process wish to see change and would like to see leaders commit to a strategy that is radical and offers an opportunity to create a world class service that will deliver great outcomes for children and young people that is in line with national policy objectives and aspirations.

This strategy does not offer a short term or simple solution to a long-standing and complex problem. It does however offer a plan for change that can realise the vision created by staff within the service. This, in turn, will help meet the challenge of increasing mental health and wellbeing problems in North Wales.

Successful implementation of this strategy will require a significant change in culture from all partners, in order for the service to become more fully integrated. Not only will this require new systems and process, structures and governance, but must also include clinical governance which places the child or young person at the centre of a whole system approach.

The strategy emphasises the importance of managing demand through increased used of earlier intervention and preventative (both primary and secondary) services. Investment in these services cannot be at the expense of reduced capacity in other parts of the pathway. Demand is increasing across the whole system and investment needs to be planned to balance respond to current pressures as well as future demand management.

2 Policy Context

The Welsh Government is committed to making Wales a country where people want to live and work, and where children, no matter what circumstances they are born into, are able to

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thrive and achieve their potential. The five-year strategic plan, *Taking Wales Forward*, sets out clear aims for giving every child in Wales the best possible start in life, and for supporting families to create stable, nurturing environments in which children can thrive.

Welsh Government is committed to using the *Wellbeing of Future Generations Act 2015* in all of its policy decisions to improve the social, economic, environmental and cultural wellbeing of Wales both now and over the long term. The introduction of the *Wellbeing of Future Generations Act 2015* and the *Social Services and Wellbeing Wales Act 2014* have placed several statutory responsibilities on local authorities and their partners.

It is important the North Wales Regional Partnership Board "No Wrong Door" Strategy" is developed with this legislation in mind. The concept of early intervention and prevention is firmly embedded as a way of working. Also, people will be placed at the heart of new systems and given an equal say in what happens to them. These concepts, which are not new are promoted in the Welsh Government guidance document, "*Families First*", which places an emphasis on early intervention, prevention, and providing support for whole families, rather than individuals.

Families First is designed to improve outcomes for children, young people and families. Its stated intention is to provide early support for families with the aim of preventing problems escalating. It emphasises the importance of providing support to families, when they need it the most, and to help build communities which are confident and more resilient. The programme promotes greater multi-agency working to ensure families receive joined-up support when they need it.

It is widely agreed that it is important for families to be supported in ways that are appropriate to their need to build and create resilience and self-reliance. Interventions which support these principles are more likely to lead to improved longer-term outcomes for both families and individuals within families. *Families First* was set up with the aim of ensuring these principles are embedded in both service design and delivery.

The Welsh Government is committed to the *United Nations Convention on the Rights of the Child* (UNCRC) as a basis for policy making for children and young people in Wales. In keeping with the UNCRC principles it is determined to ensure all young people fulfil their potential no matter what their background or circumstances. Policy aims to encourage, enable, and assist young people, either directly or indirectly to make an effective transition into independent adulthood through:
- Effective participation in education and training and the life of their communities
- Taking advantage of opportunities for employment

Good mental health will facilitate these objectives. Not all young people get the support they need from their home environment, and it is vital parents are able to receive the right services which can help them cope with the pressures of raising children. Children and young people must also be able to access targeted mental health services which can help them reach their potential and improve their life chances.

In this North Wales Regional Partnership Board "No Wrong Door" Strategy we have sought to embody Welsh Government's policy principles to inform how we will support children and young people to achieve their best mental health

3   Vision for the New Service

> *We want the children and young people of North Wales to enjoy their best mental health and well-being.*
>
> *We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families.*

This vision statement was developed from the key themes identified during the professionals' workshops and consultation with children and young people.

4   Principles

The strategy proposes a regional approach based on a shared vision and an agreed set of common principles that will apply across the whole of North Wales. It however recognises that there are significant differences across the region reflecting culture, language, population density, economic factors, amongst other things. The model is therefore flexible and implementation can be tailored to local circumstances. The RPB will ensure that there is local accountability for compliance with the principles and system performance. We refer to this approach as Tight – Loose – Tight: Tight adherence to the principles and outline service model – Loose (flexible) implementation of the service model – Tight accountability and monitoring of performance against the strategy.

The aim of this strategy is for partner agencies to collaborate in a service which enables effective joint working and reduction and management of risk. It is important that all partner agencies agree to adopt these common principles and that these are contained with an explicit partnership agreement.

- Children and young people will be valued for themselves, and their worth appreciated.

- We will listen to children, young people, and their families to understand their world and experiences. Their opinions will help us to shape and evaluate our services.

- We will reduce the numbers of children and young people requiring targeted support by investing in preventative measures.

- We will reduce the number of children of young people requiring more intensive support through timely, early intervention.

- We will make it easy for children and young people and their families to find information about mental health and, if required, to obtain help that is accessed using simple and convenient arrangements.

- There will be better support for mental health in schools.

- No child should be excluded from a service because of their family circumstances

- All the children and young people will have access to co-ordinated help from a range of professionals, when this would be in their best interests.

- All children and young people will have the opportunity to form a trusting relationship with appropriate professionals. They, and their families, will have the support of a co-ordinator who will manage their case and help them to navigate the system.

- Intervention will be timely, avoiding long waits for services and will be based on needs not diagnosis. Services will be child-centred, evidence based and flexible to ensure that needs are met and provided in ways that are suitable and convenient, including on-line.

- The pathway will operate seamlessly across health and social services, education, community provisions and the criminal justice service.

- We will have effective governance of system resources and professional activity.

5   Scope

The strategy recognises that there is much good work already taking place between Local Authority, Health CAMHS and partner services across North Wales. It calls upon all agencies to build on what is already there and working well, and to seek to avoid duplication. Our recommended Tight – Loose - Tight approach seeks to allow for local determination of where the current practices work well and where there is scope for improvement, identifying what are the factors that impact negatively on the services working together at optimum effectiveness. It is important to integrate mental health hubs with other local arrangements, making adjustments where needed, and avoid children having to move unnecessarily between different systems.

The strategy draws on models of good practice elsewhere that demonstrate effective working between Local Authority, Health and CAMHS services and identifies what factors contribute towards them being successful.

6   Mental Health and Wellbeing

In line with local aspirations, national policy and international best practice this strategy embraces:

- A definition of mental health need advocated by the Welsh Assembly (Mind over Matter) a report on the step change needed in emotional and mental health support for children and young people in Wales) that spans beyond diagnosis and includes a wide range of emotional behavioural and psychological problems. [1]
- Diagnosis or psychological formulation as a way to understand the child or young person's strengths and challenges rather than seeing diagnosis as a gateway to services. [2]
- A definition of complex needs that is as broad as possible to include all children who experience distress and require help and support from multiple agencies as outlined by the Children's Commissioner for Wales in 'No Wrong Door.' [3]
- A focus on mental wellbeing, strength-based approaches and recovery advocated by the Welsh Assembly (Together for Mental Health, an all-age strategy for mental health and wellbeing). [4]
- The involvement of children and young people, their parents or carers in all decisions and plans that affect them. This includes involvement in the design, planning, delivery and review of services. [5]

This strategy recognises that some children and young people experience emotional distress that is a normal part of life and that it is important to avoid unnecessary

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[1] hiips://senedd.wales/laid%20documents/cr -ld11522/cr-ld11522-e.pdf
[2] hiips://www.cdc.gov/childrensmentalhealth/basics.html
hiips://phw.nhs.wales/services- and-teams/improvement-cymru/news-and-publications/publications/matrics-plant/
[3] hiips://www.childcomwales.org.uk/wpcontent/uploads/2020/06/NoWrongDoor_FINAL_EN230620.pdf
[4] hiips://gov.wales/sites/default/files/publications/2019 -04/together-for-mental-health-summary.pdf
[5] hiips://www.england.nhs.uk/wp- content/uploads/2014/12/delvr-with-delvrng-well.pdf

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labelling of these as episodes on mental ill-health. The hub's outreach function in supporting resilience and is also essential to the support of children and young people who experience problems but do not require the specialist support of formal mental health services.

7   Age range

- The strategy covers ages 0-25
- 17-25 transitioning to adult services.

8   Duration

- 5 years in line with Welsh Government Funding Cycle
- Implementation to be monitored with an aim for the principal elements to be delivered in years 1-3

9   Strategic Context

This strategy applies to the population of North Wales living in 6 local authorities: Anglesey, Conwy, Denbighshire, Flintshire Gwynedd, and Wrexham. Its development has been commissioned and overseen by the North Wales Regional Partnership Board which forms part of the North Wales Social Care and Wellbeing Services Improvement Collaborative.
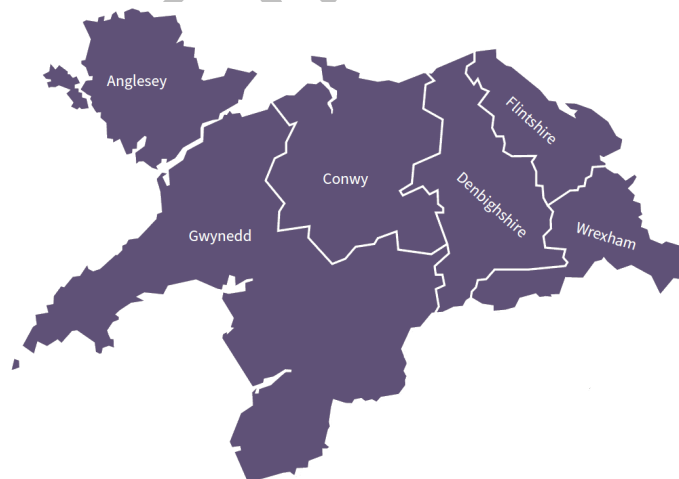

Figure 1 : North Wales

The Members of the RPB represent the 6 local authorities, Betsi Cadwaladr University Health Board, Third Sector Organisations, North Wales Fire and Rescue Service, Service Providers, North Wales Police, North Wales RLB and North Wales VSCs and WAST.

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The strategy recognises the commitment of the Regional Partnership Board to ensure that Welsh speakers receive health services, social services and social care and their mother tongue, without having to ask. Gwyneth has the second highest number of Welsh speakers in the country (90,700) and the highest percentage of Welsh speakers can be found in Gwyneth (76%) and the Isle of Anglesey (66%).

10 The Population

North Wales has a resident population in the region of 690,500 people living across an area of around 2,500 square miles. North Wales consists of one health board and 6 local authorities. Public services may also be planned or delivered at a sub-regional level. The sub regions are west, central and east and are not all coterminous with local authority boundaries.

Number of children and young people in North Wales[6]

	Aged 0 to 4	Aged 5 to 15	Aged 16 to 24
Isle of Anglesey	**3,323**	**8,598**	**6,000**
Gwynedd	**5,691**	**15,061**	**15,966**
Conwy	**5,232**	**13,623**	**10,128**
Denbighshire	**4,920**	**12,479**	**9,010**
Flintshire	**7,967**	**20,830**	**14,699**
Wrexham	**7,321**	**18,605**	**12,778**
North Wales	**34,454**	**89,196**	**68,581**

Table 1: Mid-year estimates 2020 [7]

- The population in the East Area is the largest and the youngest.
- In North Wales, 2.6% of the population are Black, Asian and minority ethnic, ranging from 1.9% in the East Area to 3.9% in the Central Area.
- Deprivation is a risk factor for developing mental health problems. North Wales has some of the most deprived areas in Wales, particularly along the north Wales coastline. Rhyl West 2 and Rhyl West 1 are the first and second most deprived Lower Layer Super Output Areas (LSOAs) in Wales**.**
- The strategy must take account of both the rural and urban nature of the region. The region has a significant rural population whilst urban centres are concentred on the north coast and towards the east of the region. Gwynedd in the west is the least densely populated area and Flintshire in the east is the most densely populated area. Wrexham is the largest town followed by Rhyl. The two university towns Wrexham and Bangor add to the population of young people in the region during term times.
- The population of children and young people is further increased by local authorities outside of North Wales placing children in residential units in North Wales. **Such**

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[6] **Source: hiips://statswales.gov.wales/Catalogue/Population- and-Migration/Population/Estimates/Local-Authority/populationestimates-by-localauthority-region-age**

[7] **Source: hiips://statswales.gov.wales/Catalogue/Population- and-Migration/Population/Estimates/Local-Authority/populationestimates-by-localauthority-region-age**

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placements increase demand on local mental health services. The east sub-region is a net importer of looked after children.[8]

10.1 C&YPO Mental Health Needs in North Wales

Major surveys of the mental health of children and young people in England were carried out in 1999, 2004, and 2017 and 2020. English studies are routinely used to calculate mental health needs of C&YP in North Wales, alongside Welsh Government studies.

There are significant differences in mental wellbeing scores across North Wales. Young people aged 11 to 16 years in Gwynedd have the highest mental wellbeing scores in North Wales (24.5) and is statistically significantly higher than the average for Wales (24). Young people in Wrexham have the lowest score (23.6) and is statistically significantly lower than the average for Wales.

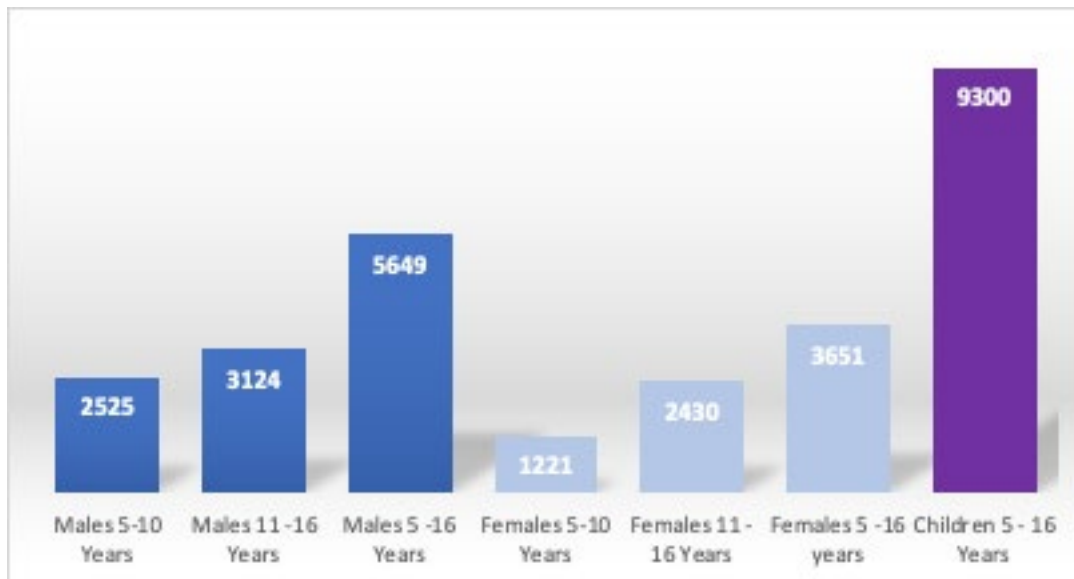**Estimated number of children in North Wales with different mental health problems**
(obtained by applying prevalence data form the Mental Health of Children and Young People in England 2017 (NHS Digital 2018), to mid-year population estimates for 2019 from ONS).

Betsi Cadwaladr UHB	9,280
Isle of Anglesey	874
Gwynedd	1,566
Conwy	1,446
Denbighshire	1,300
Flintshire	2,167
Wrexham	1,927

Source: Daffodil Cymru database

Table 2: Estimated number of children aged 5 to 16 years, with any mental health problem, Betsy Cadwaladr UHB and unity authorities, 2020

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[8] hiips://gov.wales/sites/default/files/statistics-and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf

Source: Daffodil Cymru database

Figure 2 : Estimated number of children (aged 5-16) with any mental health disorder Betsi Cadwaladr UHB, 2020

Since this prevalence data was last calculated for North Wales as part of the updated draft needs assessment NHS Digital has published a follow-up study that suggests **1 in 6 children aged 5-16** have a probable mental health problem in England (16%) **This is an alarming rise** from one in ten in 2004 and one in nine (10.8%) in 2017. The increase was evident in both boys and girls. (NHS Digital, 2020)

Factors associated with children and young people's mental health problems include deprivation, challenging family relationships such as a parent in prison or parent with a mental health condition or addictions, looked after children, issues relating to identity, risky behaviours such as substance misuse or criminality, negative early life experiences, presence of other health conditions, NEETs, and the impact of COVID 19.[9]

Local CAMHS and Neurodevelopment Teams have reported demand for services is outstripping services ability to respond and children and young people report long waiting times. Workforce supply is a major issue for both services. Increase in prevalence may be exacerbating this situation in North Wales and further analysis is required.

10.2 Key facts BCUHB
- In 2019/2020 6871 referrals were received for CAMHS and the longest wait for CAMHS assessment was 140 days compared with 147 days in 2016* *additional investment was made in 2016*
- In 2019/2020 2427 referrals were received for the neurodevelopment Team and the longest wait was 1372 days compared with 238 days in 2016
- In 2019/2020 there were 34 admissions to the inpatient unit with an average length of stay of 58 days

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[9] hiips://digital.nhs.uk/data -and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

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Demand for foster care and residential placements has risen significantly across North Wales since 2016 coupled with a shortage of specialist placements. The Centre for mental health reports that ¾ of children in care have a diagnosable mental health problem, therefore there is a potential important association between LAC and mental health need. The rise in prevalence of mental health conditions and associated risk factors in the population may also be contributing to increasing pressure on services for looked after children. Further analysis is required.

10.3 Key facts Looked After Children in North Wales [10]

- The number of children who require a foster placement increased by 34% during the period April 2016(735) to March 2020 (945)
- As at the 31st March 2020 there were 945 children living with a foster carer 272 (source QDBR) were living with independent foster carers and the majority of those children required specialist placements in order to support their needs
- Some children living in residential placements could live in a foster placement but there are not enough foster carers with the right skills to support them
- As at 31st March 2020 there were 105 North Wales children living in a children's home
- The total number of children living in a children's home increased in North Wales during the period 31st March 2016 (40) to 31st March 2020 (105)
- Conway and Denbighshire are developing some inhouse residential provision in order to build capacity

10.4 Projecting future mental health needs of children and young people in North Wales

The Royal College of Psychiatrists highlights that prevalence and demand for CAMHS is affected by population level risk factors, including deprivation and the proportion of the general population who are under 18 years old[11]
Therefore, although the number of children and young people is set to decline slowly up until 2040 across North Wales (given the increase in prevalence in recent years), it may not result in an equal decline in mental health needs in the population and is more likely to slow down the rate of increase in demand for services.

10.5 Digital Services [12]

There are limitations and geographical variation in access to digital services across North Wales that must be taken into account in developing the strategy.
- Digital poverty is a major factor within North Wales, for example with 40% of families on the Isle of Anglesey in digital poverty.

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[10] hiips://www.centreformentalhealth.org.uk/fact-sheet-children-and-young-peoples-mental-health

[11] hiips://www.rcpsych.ac.uk/docs/default -source/improving-care/better-mh-policy/college-reports/college-report-cr182.pdf?sfvrsn=8662b58f_2

[12] hiips://gov.wales/sites/default/files/statistics- and-research/2020-05/summary-statistics-regions-wales-2020-629.pdf

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- Access to broadband: up to 93% of homes and businesses in Conway, Denbighshire Wrexham and Flintshire, compared with up to 89% in Gwynedd and Isle of Anglesey having access to superfast broadband.
- Indoor access to 4G from all 4 network providers max 84% homes in Wrexham and Conwy compared with 49% or less across the Isle of Anglesey

10.6 Workforce

Ability to recruit and retain the workforce is a major issue across health and care services across Wales including North Wales.
- There is a 25% vacancy factor in BCUHB CAMHS and in 2019 /2020 over a fifth of community CAMHs spend was on agency staff.
- A major reason causing increasing waiting lists within the BCUHB neurodevelopment team was staffing issues
- A key priority for BCUHB is workforce retention
- Alongside finance workforce is the biggest challenge reported by local authority children's services managers across North Wales. For example, one of the biggest issues in continuing new ICF and Transformation Fund innovations longer term was the ability to recruit sufficient trained staff.
- Recruitment of staff who are able to use the Welsh Language must be a priority in line with the "More than Just Words" Action Plan

*Development of a multiagency workforce plan will be critical to the success of the strategy. The workforce plan will need to interface with the health board workforce strategy, the regional social care workforce strategy (and each LA also has workforce group) and regional education workforce strategy.

10.7 Finance

10.7.1 <u>Health</u>
- There is no formula for determining optimum funding for CAMHS services. Local health commissioners are required to take account of local population needs assessment and competing priorities in allocating resources. In 2012 the Royal College of Psychiatrists produced UK wide guidance on recommended workforce and beds per 100,000 population which may also assist local planners, however this data has not been updated to take account of current population needs or new models of care so need to be interpreted with caution.[13] The percentage of health spend on CAMHS across Wales in 20-18/2019 ranged from 0.6-1.3% of health board budgets. BCUHB was at the top of that range at 1.3 % of health spend on child and adolescent mental health services which is £27.93 per head of population (2018/2019). A 2016/2017 study of spend on CAMHS across 209 English CCGs reported spend was on average £46 per head (excluded tier 4 services commissioned by NHS England), higher than in BCUHB, however the health systems operate differently in the 2 countries so any comparison should be made with caution.

[13] hiips://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr182.pdf?sfvrsn=8662b58f_2

- BCUHB received an additional £5 million p.a. investment from Welsh Government in 2021 to invest in CAMHS to tackle waiting list and improve services. This is a welcome investment for CAMHS however funding for the neurodevelopment team is insufficient to meet demand. exacerbated by COVID 19 which has led to long and increasing waiting times for community CAMHs and the neurodevelopment team.
- 2020 Standard reference costs for a one-to-one school nurse contact in is £70 rising to £225 for a Community CAMHs contact. The standard reference cost per contact for CRHT is £252 rising to £778 admitted and rising again to £1536 admitted intensive psychiatric care. Cost per contact for community CAMHS and admitted were slightly higher for BCU compared to reference costs which may be due to a number of reasons including, geography, local population health need and waiting lists leading to greater acuity of need when services are eventually accessed? The health board is looking to develop a CRHT service for CAMHs which would be expected to reduce the percentage of children needing admission and thus may also have a positive financial impact, creating opportunity for more children to be treated.[14]

We were unable to collect data in respect of primary care or education services.

10.7.2 **Local Government**
- Children's service budgets are under significant pressure from increasing demands. In 20219/2020 across North Wales all local authority children's services budgets were in deficits in most part due to high demand for placements for looked after children. Given that LAC have risk factors in their lives that mean they are more likely to experience mental health issues than their peers this is an area where health and care services could work together to a greater extent in the future to potentially prevent both needs and costs escalating.
- Standard reference cost LAC – foster care £622 per week rising to £3,847 - £3,862 per week for voluntary and private sector care homes. BCUHB local authorities do not routinely collect financial data spend on CAMHs need. Local authority dashboards are being developed but no available at the time of writing.

10.7.3 **Education**
- No financial information was available for spend across schools within BCUHB. However, prevention and early intervention school-based programmes are generally lower cost. For example, a school based social and emotional learning programme to prevent conduct disorders would cost circa £174 per child per year.

10.8 COVID 19

- On 13th May 2020 the children's commissioner for Wales launched a consultation on the impact of Coronavirus involving over 23,000 children and young people 'Coronavirus and Me' (ref). A follow-up consultation was completed with 19,000 children in January 2021 There are some marked differences in reported feelings between the January 2021 respondents and the May 2020 respondents. Strong negative feelings are expressed by

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[14] **hiips://www.pssru.ac.uk/project -pages/unit-costs/unit-costs-2020/**

many children and young people, expressing frustration and, in some cases, anger about the impact of the pandemic on their lives. The results also indicate that children answering in January 2021 are slightly less likely to say they know how to get help if they need support to feel happy.

- In June 2021, Public Health Wales published "Children and young people's mental well-being during the COVID 19 pandemic Report "[15] which built on the above findings. The report highlights that although the pandemic had some positive impacts for some young people evidence overwhelmingly pointed to negative impact on all aspects of mental health. Improvements in wellbeing scores for all age groups at the end of summer 2020 (when restriction were eased and schools reopened) may suggest negative impacts of the pandemic could be short lived, however further analysis is required.

- Demand for child and adolescence mental health services has been increasing over the last decade in most areas of the UK including North Wales and services have struggled to meet increasing demand. Over the last 18 months COVID 19 has exacerbated an already challenging situation and BCUHB children's services report that the pandemic has had a significant impact on service provision, demand and capacity with subsequent impact on waiting lists and delivery of targets. This finding is echoed in the report "Coronavirus and Me' which highlighted that in May 2020 less than half (47%) of children and young people in Wales felt confident they would get help from mental health services should they need it declining to only 41% in Jan 2021. (ref)

- Moving forward it is not yet clear if and to what degree COVID 19 will impact on children and young people's mental well-being in North Wales. The implementation of the strategy will need to build in contingencies for any likely future impact of COVID 19.[16][17]

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[15] hiips://www.childcomwales.org.uk/wp- content/uploads/2021/02/CoronavirusAndMe_Jan21_ENG_110221_FINAL.pdf

[16] hiips://phw.nhs.wales/news/coping-strategies-made-a-difference-to-young-peoples-mental-well-being-during-pandemic/
[17] *PERFORMANCE AND QUALITY INDICATORS FOR HELATH AND SOCIAL CARE CAN BE ACCESSED VIA STATS WALES* hiips://statswales.gov.wales/catalogue/health- and-social-care

11 Case for Change

11.1 Children and their families want change

Children tell us that finding information and getting access to services is confusing and difficult. A particular problem is that there can be a lengthy wait for services, with little or no support available.

Children want to be involved in discussions and decision making on all aspects of their care planning and management. If we are to put children at the centre of services that care for them, it is essential that we increase the ability of children and their families to self-manage their mental health, to improve local knowledge of what is available, what the care pathway is and to be able to identify where there are gaps to feed into service evaluation.

The things that children and families have told us in North Wales is mirrored by research findings in the UK.
- 75% of young people with mental health problems aren't getting the help they need[18]
- There is an average 10-year delay between young people displaying first symptoms and getting help. [19]
- Only Two-thirds of children with a mental health problem have had contact with professional services. Young people's education is being damaged because they can't access good mental health support[20]

11.2 Professionals want change. Professionals have told us:

- The commissioning and planning arrangements for services have resulted in pathways that are fragmented and disjointed, leading to delays and inconsistency in how children are supported.
- Waiting lists for CAMHs and the neurodevelopment team are long and may rise further because of COVID without intervention
- There is rising pressure on local authority children's budgets, particularly looked after children.
- Ability to recruit and retain the workforce across health and social care is a major issue.
- Time and time again change initiatives have fizzled out and this time staff want leaders to be brave and make changes happen at scale and pace.
- That a transformation in culture is vital to change mind-sets.
- There should be no service delivery barriers to working with a child and their family if the presentation indicates a need that we can collectively help with

11.3 Research indications for change
Population health needs are increasing. This tells us change is needed to meet the challenge.

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[18] hiips://www.childrenssociety.org.uk/what-we-do/our-work/well-being/mental-health-statistics
[19] www.centreformentalhealth.org.uk
[20] hiips://www.mind.org.uk/news-campaigns/campaigns/children-and-young-peoples-mental-health/improving-mental-health-support-for-young-people/#problem

- 1 in 6 children aged 5-16 have a probable mental health problem. This is an alarming rise from one in ten in 2004 and one in nine (10.8%) in 2017. The draft updated population needs assessment (page 13) has estimated the number of children aged 5 to 16 years, with any mental health problem, Betsi Cadwaladr UHB & unitary authorities, 2020 is 9280. *to note calculations are based on 2017 data (1 in 9 prevalence rate), therefore actual number are likely to be significantly higher based on most up to date prevalence rates of 1 in 6. And these figures do these take into account of early years and mental health needs of 17 – 24 year olds. Further work is required to calculate the needs of these group across North Wales. [21]*

Research tells us change requires a holistic approach.

Factors associated with poor mental health
Although no one is immune from poor mental health some children are more likely to need help than others therefore close working across health, public health, social care, education and youth justice is critical. Factors associated with mental health problems include

- Income and adversity e.g. living in poverty, parental separation, financial crisis, homelessness, ACES *Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%. (Morrison Gutman et al., 2015)*
- Family relationships e.g. a parent with a health/mental health condition, parental substance misuse, parent in prison, parental unemployment, young carers
- Looked after children *LAC are 4 times more likely to experience mental health problems than their peers*
- Identity e.g. LGBTQ, ethnicity
- Behaviours e.g. criminality, drug misuse, risk taking behaviour, how social media is used, unhealthy lifestyles. A third of people in Youth Justice system are estimated to have a mental health problem. Young people in the youth justice system are 3 times more likely than their peers to have mental health problem*. (Mental Health Foundation, 2002).*
- Pupils who have a mental health problem are more likely to be excluded from school than their peers. Research suggests that school exclusions are linked to long-term mental health problems. (Ford et al., 2017).
- Early life experiences e.g. early life environment and social factors, perinatal mental health, substance misuse in pregnancy
- Presence of other health conditions e.g. physical or neurodevelopmental conditions Nearly three quarters of children with a mental health condition also have a physical health condition or developmental problem. (LGA) Children and young people with a learning disability are three times more likely than average to have a mental health problem. (Lavis et al., 2019)
- Adolescents 16-18-year olds Not in Employment, Education or Training (NEETs)
- The Covid-19 pandemic

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[21] hiips://digital.nhs.uk/data -and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

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Children and young people look for help most often at school

- Research suggests teachers are the most commonly cited source for seeking help with mental health issues (48.5%), followed by primary care (33.4%) and mental health specialist (25.2%). Therefore, all of these groups will have a critical role to play in making change happen. [22]

Early Intervention and Prevention needs to start in pregnancy and early years

- There is good evidence that antenatal and perinatal programmes have a positive impact on the psychological health. Perinatal mental health problems which occur during pregnancy or in the first year following the birth of the child and affect up to 20% of new and expectant mothers and cover a wide range of conditions. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child and the wider family.
- Since mid-20th century, attachment theory and associated research has documented the crucial role of continuity of care and stable caregivers to serve as attachment figures.[23]
- The timing of early interventions is crucial. Those designed for the perinatal period are shown to generate the most solid and long-lasting outcomes in two areas, both highly relevant to our own objectives here: promoting the welfare of children and families and preventing poor outcomes in later life such as mental health problems, low educational attainment and crime; and economic benefits because preventive policies cost less to implement than reactive policies.[24] Programmes for children and families 'starting big school' is another powerful time for early intervention

Young people transitioning from children's to adult services are often at risk of experiencing poor health outcomes when their transfer is not appropriately supported and coordinated.

- It is well reported across the UK that transition arrangements are often poor for children with only half of all children receiving support from a lead professional to ensure a smooth transfer.
- 17-22 year old women are the group most at risk of developing a mental health problem.[25]
- Between five and 10 years old, the split between girls and boys is just about even. But by 17, a **quarter of young women have a mental health disorder**, more than twice the number of young men. Half of them have self-harmed or attempted to take their own life. [26]

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[22] hiips://www.mind.org.uk/news- campaigns/campaigns/children-and-young-peoples-mental-health/improving-mental-health-support-for-young-people/#problem
[23]The Lancet October 2020 'From attachment to mental health and back'
hiips://www.thelancet.com/journals/lanpsy/article/PIIS2215 -0366(20)30337-0/fulltext
[24]House of Commons briefing August 2021'Early Intervention: policy and provision'
https://commonslibrary.parliament.uk/research-briefings/cbp-7647/
[25] hiips://www.childrenssociety.org.uk/what -we-do/our-work/well-being/mental-health-statistics
[26] hiips://www local gov.uk/about/campaigns/bright -futures/bright-futures-camhs/child-and-adolescent-mental-health-and

- Self-harm is more common among young people than other age groups. **25% of women and 9.7% of men aged 16-24 report that they have self-harmed.** (McManus et al., 2016) [27]

- **Common mental health issues, such as depression and anxiety, are increasing** amongst 16-24 year olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. They are about three times more common in young women (26.0%) than men (9.1%) (McManus et al., 2016) [28]

11.4 Economic case for change

Investing in children's and young people's mental health and wellbeing will not only make the lives of children young people and their families better, research evidence suggest it is also likely to be more cost effective in both the short and longer term across a whole lifetime. 50% of all mental health problems start by the age of 14 and 75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24 (Kessler et al., 2005; McGorry et al., 2007).

In 2012 Dr Jason Strelitz published the economic case for a shift to prevention in child and adolescent mental health. The analysis estimated the annual short-term costs of the 3 most common mental health disorders - emotional, conduct and hyperkinetic disorders among children aged (NB costs are at 2012 prices)
- Short Term - £2,220 health social care and education costs per child with a mental health problem (2012 costs) with average UK inflation rates applied this rises to circa £2559 in 2020 *public sector inflation is often higher*
- Long Term £3,310 long term societal costs per child with mental health problems (2012 costs) with average UK inflation rates applied this rises to circa £3764 in 2020*public sector inflation is often higher*

Strelitz provides costed examples of how prevention of childhood mental health problems saves money in both short and longer term

- Parenting programmes for prevention of conduct disorders – likely long-term savings to society £17,500 per family (2012 costs) over 25 years
- Psychological or educational programmes to prevent child and adolescent depression may result in saving of £5 million (2012 costs) in England

Public Health England report on Mental Health of children in England (2016) cites further evidence of cost benefit of investing in early intervention and prevention.

- Anxiety - for every £1 spent on cognitive behavioural therapy saves £31 group therapy and £10 therapy via parents
- Depression – for every £1 spend on cognitive behavioural therapy return £32 saving for group therapy and £2 saving for individual therapy

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[27] www.centreformentalhealth.org.uk
[28] www.centreformentalhealth.org.uk

- Conduct disorders - For every £1 invested in early years saves £45 in school and family-based interventions. For every £1 invested in adolescence saves £38 in therapeutic interventions. Potential saving for each case prevented through early intervention £150,000 severe £75,000 moderate
- Long term cost for every child with ADHD £102,135 – the high cost supports the economic case for early intervention

The Personal Social Services Research Unit (PSSRU) also cites early intervention projects that have shown to be cost effective.

- **Bradford B Positive Pathways** incorporated 2 practice models (A "No Wrong Door" multi-agency, multi-disciplinary team and "Mockingbird" family support). Among its aims were to reduce the number of looked-after children by a total of 75 and the number of out-of-authority placements by 20 over a 2-year period. A total of 172 young people were reported to have stayed at home following BPP outreach support. The base programme cost was £2,578,080. A total saving of £8,614,368 was achieved over the 2-year period of the programme operation. £4,167,540 in foster care, £108,000 in adoption, £118,668 in other accommodation, £4,075,968 in local authority residential and £144,192 for those placed with a parent.

- **SafeCORE2** was implemented in Greenwich and aimed at families with Domestic Violence and Abuse (DVA) as a presenting need. Greenwich has a high rate of repeat contacts, referrals and child and family assessments where this is a feature. Prior to the project, families received no active help from statutory services. The total project funding, minus 10% to allow for start-up costs, was £1,950,000. The estimated average cost of supporting a family through SafeCORE was £19,918. The average saving per family was £14,701 for the engaged families and £9,459 for the disengaged families.

- **Multisystemic Therapy** *(*ICF& TF pilot Flintshire and Wrexham) is intensive family therapy that targets the causes of antisocial behaviour.* A costs and benefits analysis of Cambridgeshire multisystemic therapy transition to mutual delivery model was conducted in September 2016. The evaluation showed that one team delivered a return on investment that increased when 2 teams were in operation. When total service costs (delivery costs and overheads) were considered, the mutual with one team was cost-efficient relative to the 2014/15 baseline - with a return on investment of 3.0. With two teams there was an increase to 3.6. This can be attributed to a greater number of cases served and sharing of overheads. [29]

- **School Counselling**. *(*ICF pilot Denbighshire)* In 2016 the charity Place2Be commissioned Pro Bono Economics to conduct an economic evaluation of counselling services in primary schools covering 4,548 pupils in 251 schools around the UK. Results showed that in 2016/17 every £1 invested resulted in £6.20 worth of benefits in terms of improved long-term outcomes, and the potential benefit of counselling per child was just over £5,700.00[30]. Also, in 2011 the Welsh Government conducted a wide-ranging evaluation

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[29] www.mstuk.org/mst-outcomes/uk-

[30] Pro Bono Economics (2017). Economic evaluation of Place2Be's Counselling Service in Primary Schools: A Pro Bono Economics report for Place2Be In association with Dr Allan Little, p8. Available at hiips://www.place2be.org.uk/media/5cgpoqiz/economic -evaluation-of-place2be-counselling-service.pdf (Accessed 30th March 2021)

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of school-based counselling that included four primary school-based pilot projects[31]. Although the data was limited, findings suggest that primary school-based counselling is associated with large and significant reductions in psychological distress. [32,33,34]

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[31] Welsh Government Social Research (2011). Evaluation of the Welsh School-based Counselling Strategy: Final Report. GSR report number 23/2011. Available at hiips://dera.ioe.ac.uk /13164/1/110712schoolcounsellingen.pdf (Accessed 30th March 2021

[32] hiips://www.gov.uk/government/publications/chief -medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

[33] www.centreformentalhealth.org.uk

[34]hiips://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

23

12 UK and International Research Findings

Introduction

The case for change highlights both regional challenges and issues related to broader economic, demographic and social pressures not unique to North Wales. Understanding how health and social care bodies in the UK and internationally have attempted to address similar situations can help inform the design of a bespoke strategy for the region. In this section, we consider a range of models implemented beyond North Wales that demonstrate effective working between Local Authority, Health and CAMHS services and attempt to identify the factors that contribute towards their success. The initial research was conducted early in the project to stimulate ideas in the Organisational Stakeholder (OS) workshops, where sub set of models were presented and discussed. Ongoing work has expanded the depth and breadth of this understanding, ultimately informing many aspects of the strategy. Details and links relating to the reviewed models and their respective evaluations can be found in Appendix A.

The term 'best practice' in relation to service models can imply the existence of significant operational evidence that a specific system or approach can be reliably replicated to achieve the same results. Although there is a clear understanding in the literature of what is wrong with the current systems and a broad vision of where we need to get to, designs of new integrated care systems of this nature are still in the process of being established and evaluated around the world. Commentators agree we are not yet able to draw on evidence-based best-practice service models as templates for service design.[35] [36] Our investigation was also limited to the material accessible via the internet in the public domain. It focussed on identifying operational services with successful evaluation evidence that address one or more of the key features highlighted by guidance and reports such as the Children's Commissioner for Wales', 'No Wrong Door', NEST/NYTH and others. Broadly, the good practice features sought were:

- The provision of integrated services that wrap around the child, young person, family
- Simple access, simple pathways, clear boundaries of responsibility
- Timely joined-up help
- Response on the basis of need not just diagnosis
- Involving panel or hub models, drop-in centres, multi-disciplinary teams, local care
- Children, young people and their families as active participants in the development and provision of services
- Shift of focus towards prevention and early intervention
- Co-ordinated, integrated services through transition
- Evidence of success

12.1 What we found

A wide range of innovative and informative examples from the UK and beyond with at least one aspect of interest were identified. All involved forms of multi-sector partnerships and the notion of a simplified pathway guiding children and young people to the right support .

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[35] Fusar-Poli, P. on behalf of the Health London Partnership (2019) hiips://www.ncbi.nlm.nih.gov/pmc/articles/PMC6567858/

[36] Vusio, F. et al (2021)hiips://onlinelibrary.wiley.com/doi/full/10.1111/eip.13009

Apx A Ref.	Service	Country	Context	Physical Hubs	Est.	Age Range	Scope	Evaluation Evidence
1	Space-Wellbeing (Gwent)	Wales	Region	0	2019?	0-25	MH/WB	Y
2	Liverpool Integrated CAMHS	England	City	3	2019	0-25	MH/WB	Y
3	Take 5 MH & Wellbeing Oldham (Mind)	England	City	1	2019	8-18	MH/WB	Y
4	Solar (Solihull, Birmingham)	England	City	0	2018	0-19	MH/WB	Y
5	Headspace	Australia	National	110	2006	12-15	MH/WB/Phys/Voc	Y
6	Trieste Whole life whole system	Italy	City	4	1973	All ages	MH/WB/HS	Y
7	Hertfordshire - Thrive	England	County	0	N/A	0-25	MH	N
8	Jigsaw	Ireland	National	5	2008	12-25	MH	Y
9	Access Open Minds	Canada	National	3	2016	11-25	MH/WB/Phys/Voc	Y
11	SPOT: Supporting Positive Opportunities with Teens	US	City	1	2007	13-24	MH/WB/ Physical	
12	The Well Centre (London)	England	City	1	2011	13-20	MH/WB/Physical	
13	Your Choice Programme	New Zealand	City	0	2008	10-24	MH/WB	Y

MH – Mental Health, WB – Wellbeing, Phys – Physical Health, Voc- Vocational services such as employment support, HS, Housing services

Table 3: UK and International Integrated Service Models supporting Children and Young People's Mental Health

12.2 Open Access Early Intervention Hubs

Easy-to-access physical spaces in the community where children, young people and families can drop-in or self-refer for low level mental health and wellbeing support are being recognised as an effective approach internationally with networks of services being established around the world.[37] Common characteristics include:

- Dedicated services for young people, often up to the age of 25, available to all without the need to meet thresholds for support
- A mix of clinical staff, counsellors, youth workers and volunteers - range of support
- A single, visible trusted location where services are delivered under one roof
- A safe and youth-friendly environment providing a timely response to young people
- Accessible in terms of location and hours of operation
- Needs focussed with children and young people involved in decision-making.

The Headspace integrated, multi-disciplinary model of care, pioneered in Australia, has inspired and provided evidence for the development of similar, culturally adjusted models, in the UK, Ireland and Canada. It's nationally funded network currently providing 110

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[37] The Children's Society (2020) (hiips://www.childrenssociety.org.uk/information/professionals/resources/case-for-open-access-hubs
National Institute for Health and Care Excellence. Transforming mental health care for children and young people with long-term conditions: mental health and psychological wellbeing drop in centre. February 2019.
hiips://www.nice.org.uk/sharedlearning/transforming -mental-health-care-for-children-and-young-people-with-long-term-conditions-mental-health-and-psychological-wellbeing-drop-in-centre
Youth Access. Another Way: Defining the functions and characteristics of YIACS (2018).
hiips://www.youthaccess.org.uk/downloads/another -way-defining-the-functions-and-characteristics-of-yiacs.pdf

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specially designed youth friendly walk-in centres. These spaces are a soft entry point for primary mental healthcare supplemented by other youth services (physical and sexual health, alcohol and drug, and vocational services) that support 12-25 year olds. A recent evaluation confirmed the Headspace approach reduced psychological distress, suicidal ideation, and self-harm.[38] In the models reviewed, walk-in services were integrated with services handling web, email, and telephone referrals. Other examples of physical hubs include Jigsaw (Ireland), Liverpool (UK) and Access Open Minds (Canada) etc.

The research shows that young people respond better to youth specific provision offering more flexible support on their own terms, and studies in the UK and Australia show that walk-in centres located in the community, and involving the community, appear to reach marginalised groups who may not otherwise engage, for example those from Black, Asian and minority Ethnic backgrounds.[2,34] Establishing a physical presence where young people know they can get help may also raise the profile of mental health treatment pathways with young people and their families in the surrounding community. Based on the wide range of evidence supporting physical hubs, Mind has partnered with others in the voluntary sector to call on the UK Government to fund a network of centres for children and young people across England.[39,40]

There are a variety of ways that hubs can be implemented, examples include: as part of a network, a central hub with satellite sites, a stand-alone one-stop-shop facility, and as a virtual hub.[41] Physical hubs may be more suited to urban or sub-urban environments with good public transport links allowing and young people to access services in person independently from their parents/carers if they so wish. Given the rural nature of some parts of the North Wales region, the feasibility of physical hubs and their particular configuration should be considered in accord with conditions in each locality.

12.3 Accessible, visible, timely

All the models reviewed were concerned with providing easy access to the right level of support for the child, young person or family at the right time. Cross-sector agreements that ensure clarity in respect of access to services were a common theme, often implemented in the form of a Single Point of Access (SPA)/Single Access Arrangement (SAA) with features such as:
- Highly visible single point of contact across multiple channels as an entry point for signposting, universal services, professional advice, consultation, assessment and onward referral.
- Management of referrals from all frontline staff working with children and young people, their families, and self-referrals.

[38] Is Headspace making a difference to young people's lives? Australian Government Department of Health (2015) hiips://headspace.org.au/assets/Uploads/Evaluation- of-headspace-program.pdf headspace

[39] Counselling for young people and young adults in the voluntary and community sector: An overview of the demographic profile of clients and outcomes. 2018. hiips://onlinelibrary.wiley.com/doi/full/10.1111/papt.12206

[40] Catanzano M, Bennett SD, Kerry E, *et al* Evaluation of a mental health drop-in centre offering brief transdiagnostic psychological assessment and treatment for children and adolescents with long-term physical conditions and their families: a single-arm, open, non-randomised trial. *Evidence-Based Mental Health* 2021;**24**:25-32. hiips://ebmh.bmj.com/content/24/1/25

[41] Bostock, L., Britt, R. (2014) Effective approaches to hub and spoke provision: a rapid review of the literature hiips://www.alexiproject.org.uk/assets/documents/Effective -approaches-to-Hub-and-Spoke-service-provision_final-report-25-09-14.pdf

- Triage and initial risk assessments to ensure those at high risk are seen as a priority.
- Prompt decision-making about who can best meet the child/young person's needs
- Effective administration underpinned by consistent data gathering and case management systems.
- Appropriate levels of data sharing between agencies.

Given the diverse regional context of North Wales, single access arrangements, combined with walk-in centres in locations with good transport links could be considered. Bilingual Welsh/English language support is necessary for all front line access portals.[42]

12.4 Multi-agency panels

Many models involved the use of a multi-agency panel or a form of informed triage to determine the appropriate next steps for the individual/family once a referral has been made. In many cases, panels go hand in hand with a SAA or 'virtual central hub' facility that collates referrals and ensures they are presented for consideration with adequate information for a decision to be made. Teams typically incorporate representatives from health, social care, education, the voluntary sector providing a cross-sector knowledge of available interventions to be considered. The research suggests, there has been a growth in the popularity of multi-agency panels for decision making in mental health services with evidence of improved outcomes, reduced costs and better utilization of services.[43] Collaboration of this kind requires shared values and goals, a good understanding and respect for the competencies of team members, and an ability to learn from other disciplines and respect their different views and perspectives in order to maximise effectiveness.[44] Children whose needs fall outside the skills set of primary mental health support may require the support of a highly skilled practitioner who can triage, refer and negotiate access to effective support and/or offer help until the young person is successfully engaged.

12.5 Needs-led approaches

A needs-led approach involves moving away from service designs developed for and by organisations, such as referral criteria based on diagnosable mental disorders, and towards flexible service provision based on the holistic evaluation of the needs of the child or young person and their families/carers. This wide-lens approach was a feature of the Trieste, Headspace and Hertfordshire models. The Nest Framework supports this change and many other bodies are suggesting it is key to addressing the needs of the 'missing middle.' Transformation of this kind has implications for pathway development, opening the possibility of achieving the 'no wrong door' ideal, and for shaping population-based and targeted strategies and services.

[42] Rocks, Stephen & Glogowska, Margaret & Stepney, Melissa & Tsiachristas, Apostolos & Fazel, Mina. (2020). Introducing a single point of access (SPA) to child and adolescent mental health services in England: a mixed-methods observational study. BMC Health Services Research. 20. 10.1186/s12913-020-05463-4.

[43] Kutash, K., Acri, M., Pollock, M. *et al.* Quality Indicators for Multidisciplinary Team Functioning in Community-Based Children's Mental Health Services. *Adm Policy Ment Health* **41,** 55–68 (2014). hiips://doi.org/10.1007/s10488 -013-0508-2

[44] M. Cooper, Y. Evans, J. Pybis. Interagency collaboration in children and young people's mental health: a systematic review of outcomes, facilitating factors and inhibiting factors. *Child: care, health and development* 2016 41:3;325-342 hiips://doi.org/10.1111/cch.12322

12.6 Participation in care

Participation is the rights-based principle that young people (and parents and carers where appropriate) should have an active role to play in decisions around their care by understanding the care options available to them, the risks and benefits associated with each and how these align to their personal priorities and values. This kind of engagement has been shown to make relationships between young people and the professionals supporting them more open. It can also help young people to feel a greater involvement in their care and increase commitment to following their care plans.[45]

12.7 Mobile Apps and Technologies

Digital mental health apps, such as BlueIce and Calm Harm, and services providing low-level intervention such as Kooth on-line counselling, have the potential to be important assessment, management and treatment tools as part of a strategy oriented towards prevention. They offer easier access to low level mental health support, with less of the capacity issues of conventional services. A number of the models presented (Liverpool, Hertfordshire and Headspace) included on-line counselling as part of their overall strategy and we are aware that Education Psychology in Denbighshire and possibly others in the region are already employing these applications.

Recent reviews of the research suggest young people engage well with these types of tools and they demonstrate some positive effects in emotional self-awareness.[46] There is also some support for their clinical benefit, however, further research is needed in order to validate these effects.[47]

Clearly access to broadband and/or mobile phone services are critical to the effective deliver of these services and we are aware there are areas across the region that are poorly served in this regard. Socio-economic factors may also have an impact. Again, bilingual support and local conditions should be considered when implementing provision in each local authority or geographical area.

12.8 Multi-agency Data

Most of the models did not explicitly address the issue of data collection across multiple-agencies in the publicly available documentation, although clearly this would be an important element of any new design. The exception was the Headspace model which, as a national service, offers an aspirational example with a common system infrastructure and data gathering requirements for each multi-agency hub in the network. Each hub feeds data into a central 'head office' system that collates input from across the country and provides hub managers with a dashboard, national comparisons and detailed analysis.

Detailed consideration should be given to the data and systems underpinning any new service. Minimum levels of data sharing will need to be agreed and the implications for

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[45] Abrines Jaume, Neus. Inattention and hyperactivity in children adopted from Eastern Europe : : description, causes and implications. hiips://ddd.uab.cat/record/114277/

[46] Punukollu M, Marques M. Use of mobile apps and technologies in child and adolescent mental health: a systematic review *Evidence-Based Mental Health* 2019;**22:**161-166.

[47] Chris Hollis, Caroline J. Falconer, Jennifer L. Martin et al. Annual Research Review: Digital health interventions for children and young people with mental health problems – a systematic and meta-review *The Journal of Child Psychology and Psychiatry* 2017;58;4;474-503

legacy systems and the ability to interoperate between agencies across the region should be investigated.

12.9 Transition to Adult Services

Transitions between children's and adult services is a policy area wider than mental health alone. In this strategy we consider only the issue of transitions for children and young people experiencing mental ill health. There should be consideration of a wider review of transitions strategy (strategies) in North Wales to reflect the good practice model outlined below which we believe could be satisfactorily implemented as part of this strategy.

The Solar model (Solihull, UK) proposes an approach that could be considered as part of this further enquiry. The tier free service (supporting 0-19 year olds) works with individuals to make the discharge process as smooth as possible by liaising with Adult Mental Health Services (AHMS) and continuing to provide support until they are fully ready to transition at a pace that suits their needs. Pre transition questionnaires are used to gauge readiness for the receiving service. In cases where the outcome suggests the person is not ready, support continues alongside work to help them prepare for transition. Pre transition questionnaires are readministered at appropriate intervals up to their 21st birthday. Post transition, a further questionnaire is used to ascertain whether the AMHS services are meeting the individual's needs.

A review suggests "the flexibility of the model utilised by Solar offers service users a guarantee they will not face a "cliff-edge" transition at the age of 18." However, it also implies that extending the cut-off point to age 25 would bring the service in line with other models and, in particular, research that shows the critical period for the appearance of mental health problems in young people extends to age 24. [31,32]

13 Children and young person's engagement – Key Findings and Illustrative Stories

13.1 Introduction

In developing this strategy, we have conducted a very extensive children and young people's consultation, the outcomes of which are central to the development of the strategy. Full details of this work are provided in a separate report along with an expanded version of this summary, see Appendix C.

Following an initial step of raising awareness about the consultation and engagement to generate interest and involvement, the Children and Young Persons consultation was delivered in three core stages

13.2 Stages of the Children and Young People's Engagement Programme

Stage 1 – Children and young People's Engagement

This included interviews (virtual and face to face), completion of Young Leaders workbooks (specially designed, age-appropriate questionnaires), and engagement in workshops across North Wales. To ensure that feedback remained as consistent as possible for data analysis purposes, the questions from the Young Leader workbooks were used to help guide workshop feedback where participants did not complete the workbooks in written format.

82 children and young people participated in stage 1:
- 64 participants were based in the East
- 9 participants were based in the West
- 9 participants were based more centrally

Stage 2 – Professional Engagement

The findings from the Stage 1 of the children and young people's engagement were presented to the staff in the professional's workshop for consideration. The information was used to shape and validate the work undertaken to generate potential solutions and encourage strategic developments that may contribute towards improvement in children's mental health services.

Stage 3 – Children and Young People's Review of the Professionals Work

Children and young people were shown the indicative proposals that were being developed through the professional workshop process and asked for their comments and further ideas.

All the participants who engaged during Stage 1 received an invite to attend a workshop review event. By offering two workshops, with the capacity to accommodate larger groups, it was possible to involve children and young people who use children's services across North Wales but who may not have initially participate during Stage 1 consultations. One event was held in the East and another in the West. This allowed for the process to be as inclusive as possible include, recognising the need to accommodate travel and support requirements.

33 children and young people attended the events in total:
- 28 Central/East Area

- 5 West Area

All participants had the opportunity to provide feedback through completion of a workbook, or verbally. 24 children and young people did so, with 9 choosing not to.

13.3 Themes from Stage 1
Using 5 key questions from the Young Leaders Workbook, we studied the completed workbooks alongside verbal feedback provided during workshops to establish recurring themes using coded theme analysis. Several themes arise from the children and young people's personal experiences that demonstrate a need for improvement within children's mental health services.

Overall, 91.5% identified situations where they felt that the services they accessed could have been better and offered suggestions on what they would like to see in the future. Of the 8.5% of participants who said that services did not need improving some had not needed to access mental health services. The six most frequently recurring themes are listed in the table below:

Themes	Number sharing theme	%
To have online services that enable users to access support, book appointments, conduct appointments etc	29/82	35.3.%
To have better and quicker access to mental health professionals/services/resources	26/82	31.7%
To have clearer/uncomplicated information of where or who to go to when support is required	25/82	30.4%
To feel supported, valued and listened to	24/82	29.2%
To have shorter waiting lists	24/82	29.2%
To have better communication and consistent relationships with professionals/therapists	22/82	26.8%

*Of 82 children and young people taking part

Table 4: Frequently recurring themes

Analysis of feedback suggests children and young people would like to see:

- A major reduction or preferably elimination of waiting times for mental health services (young people's unhappiness with excessive waiting for mental health appointments was a highly recurring theme)
- Development of simple up to date information on how to get support that is easily accessible, and available online
- Development of digital offers e.g. for online booking, video, and telephone appointments etc.
- Simplified access to services that communicate well with each other

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- Professionals who listen, seek to understand, show compassion, and can communicate better with children and young people.
- Help that is person-centred and consistent which then helps young people to build trusting relationships with professionals
- Help that is readily available even at lower-level support and including a wider range of support and therapies such as help with gaming addiction.
- Better support in school including, mental health awareness raising in schools and their communities, teacher and peers that are more knowledgeable about mental health, and more available counselling in schools

13.4 Messages shared with professionals

The following key messages from Stage 1 of children and young persons' engagement programme were shared with participants in the professionals' workshop series and taken account of in the development of the strategy and "To Be" model. The new model should be:

- Based on experiences of children young people and families
- Have a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse
- Be integrated so that children, young people and their families have one simple way of accessing the services they need - this could look like an integrated team of health and social care staff that works together with schools and other community support services
- Be flexible so that children, young people and families can move between services as their needs increase or decrease e.g., without waiting or having their case closed and opened again.
- Be available as locally as possible
- Be accessible - make it as easy as possible for you to get to the service or for the service to reach you

13.5 Children and Young People's response to proposals for the "To Be " model

Overall feedback demonstrates that participants were pleased to see the initiatives and ideas developed in the professional workshops. Of the initiatives presented to children young people and families and based on their experiences, the following three proposed developments received the most positive feedback:

- **A Central Door**: A single entry point to get help and access services
- **A Prevention Door**: Have a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse
- **A Supporting Door:** Be accessible - make it as easy as possible for you to get to the service or for the service to reach you

Details on the limitations of the consultation and engagement process are included in Appendix C.

14 Our voice Our Future!

Children and young people's views about how they would like services to be are summarised in the following "I Statements". These represent the user's vision for good practice.

When I think about my ideal experiences with children's services, I visualise that...

1. I am being listened to and have someone to talk to whenever I require support
2. I am being taken seriously no matter how small other people might think my worries and anxieties are
3. I am able to access the support I need without waiting for a long time
4. I am being treated with respect
5. I am someone who is considered of value with good ideas and advice
6. I am considered to be an important part of a community with a positive role to play
7. I am able to access information easily and can educate myself when I need to
8. I am equipped with good knowledge of to go when I require extra support with my mental health
9. I am being well supported and cared for and have complete trust that children's services will always help me
10. I am able to easily access techniques or therapy online to help myself when needed
11. I am able to use and access transport easily when I have appointments
12. I am given the right treatment at the right time
13. I am able to have regular conversations about mental health with my family, friends and in my school
14. I am not ever left feeling like I am being judged
15. I am able to feel well informed on my choices
16. I am absolutely confident that I receive my therapy and support for as long as I need it
17. I am confident that my 'complicated' needs will be addressed effectively
18. I am in a good, consistent relationship with my therapist
19. I am fully confident that my information will be shared suitably with services so that they can get the right support, diagnosis and referral for me

15 Outcomes Framework

15.1 Introduction
The outcomes within the North Wales "No Wrong Door" strategy are derived from strong consistent themes that emerged from:
- The views expressed by children, young people and their families as expressed during the children and young people's consultation. These are presented as "Our VOICE, Our FUTURE!", a series of "I" statements representing their thoughts about their ideal experiences with children's mental health services and are listed on the previous page.
- Research in to best practice models and associated principles.
- The views of professionals as expressed during the strategy formulation process
- Important guidance frameworks for the development or transformation of mental health services for children, young people and families were used to develop the proposed strategy. In particular, NEST/NYTH (published by NHS Wales in 2021) which integrates best practice research and initiatives including the work of the Children's Commissioner for Wales, aligned with and informed every aspect of the work, from co-production to a children's rights-based focus, to the principles of equity, diversity and inclusion, ease of access, being values led, and more.
- The Matrics Plant guidance (published by Improvement CYMRU 2017). This informs the approach to widening access to therapies and increasing capacity in the system. It underpins the proposed needs-led perspective and corresponding transition from a professional roles orientation to one that is competency based.

 We recommend that implementation of the strategy, particularly as it manifests in the different localities across the region, ensures continued alignment with NEST/NYTH and Matrics Plant. Summaries of both these frameworks can be found in Appendix D.

We have reviewed each outcome with stakeholders to identify strengths, opportunities for improvements and gaps in service that need to be addressed within the strategy to deliver the outcomes.

The following table is a summary gap analysis that
- outlines the key strength within each sub-locality that can be built on and shared across the region
- major gaps in service that need to be addressed to deliver outcomes

The gap analysis looks at both the hard elements of service delivery and the soft elements that influence culture as it was recognised by stakeholders early on that building a different kind of culture across North Wales will be essential to success.

	GAP ANALYSIS						
	Service Elements						
	HARD ELEMENTS			SOFT ELEMENTS			
Desired Outcomes	**Strategic** Organisations working together effectively	**Operational** Easy access to the right services for the child and family	**Service** Responsive services Timely intervention	**Shared Values** Organisations working together effectively	**Style** Responsive services	**Staff** Responsive services Timely intervention	**Skills** Responsive services Timely intervention
Examples of strengths & good Practice *What do we do well now that we could do more of to deliver desired outcomes ?*	**West** Service Trauma informed service model **Central** - joint funded projects. SSWBA is well embedded **East**- One agreed approach Prevention and Early Help Framework	**West** - Interagency electronic communications **Central** - *Families First* family centred working **East** - *Flying Start.* Innovative range of services & good referral processes	**West** - Increasingly integrated services, **Central** –MDT working of complex cases **East & West** - projects showing evidence of reducing upstream demand	**West** – Staff committed to continuous improvement - Solution focus **Central** - proactive management of resource conflicts **East** – open to sharing	**West** - Bilingual, flexible, person- centered, solution focused services **Central** – value MDT and collaborative approach – good relationships **East** - can do attitude	**West** – good communications **Central** – Resiliant and tenacious staff **East** - good communications and commitment	**West** - Well qualified, well motived staff - Training in trauma informed practice **Central** – Experienced workforce **East** - wide skill set
What do we need to stop doing start doing or do differently to deliver desired outcomes ?	**All – Develop joint planning across health social care and education leading to a whole system approach, one strategic plan, aligned corporate plans and integrated governance framework**	**ALL - develop integrated MDT hubs and transition pathway and shared governance frameworks** **West** – Use technology to improve efficiency **Central** - develop a coherent integrated pathway and resilient agreed operating system **East** - increase joint working in early intervention and pathways for children that don't engage	**ALL – develop fully integrated services, procedures processes and protocols based on outcomes and elimination of waiting lists** **West** – develop flexible services based on need and virtual platforms **Central** - develop outcome focused needs based services with access criteria based on need **East** - flexible locus of delivery & fast track	**All – need for collective reflection on working together, develop shared values and joint management of risk** **West** – develop and improve understanding **Central** – model collaborative working and develop holistic joined up models **East** - develop a consistent approach with education	**ALL – embed staff behaviours that empower children and families and measuring more of what is important to them** **West** – Use more creative thinking **Central** – develop integrated delivery **East** – try new opportunities when gaps are identified	**ALL- develop and integrate workforce plans that deliver enough capacity and develop the capabilities needed** **West** – improve recruitment and build even better communications **Central** - more effective management of complex cases **East** – develop fully staffed workforce of sufficient capacity	**ALL – develop core competencies, review capabilities and develop joint training plans** **West** – create alternative skill sets **Central** - develop better crisis management, develop flexible delivery of joint training **East** – develop a skilled workforce with a broader skill set that is asset based

During the professionals' workshops stakeholders reflected on the gap analysis and were asked to consider what needed to be in done to enable each outcome to be delivered across North Wales. Stakeholders then developed a series of enablers for each outcome which is summarised below in Figure 1. This chapter describes each enabler in detail.

In this section below we provide a framework consisting of the 4 key outcomes that need to be achieved (see figure 3):
● Easy access to the right services for the child and family
● Timely intervention
● Responsive services
● Organisations working together
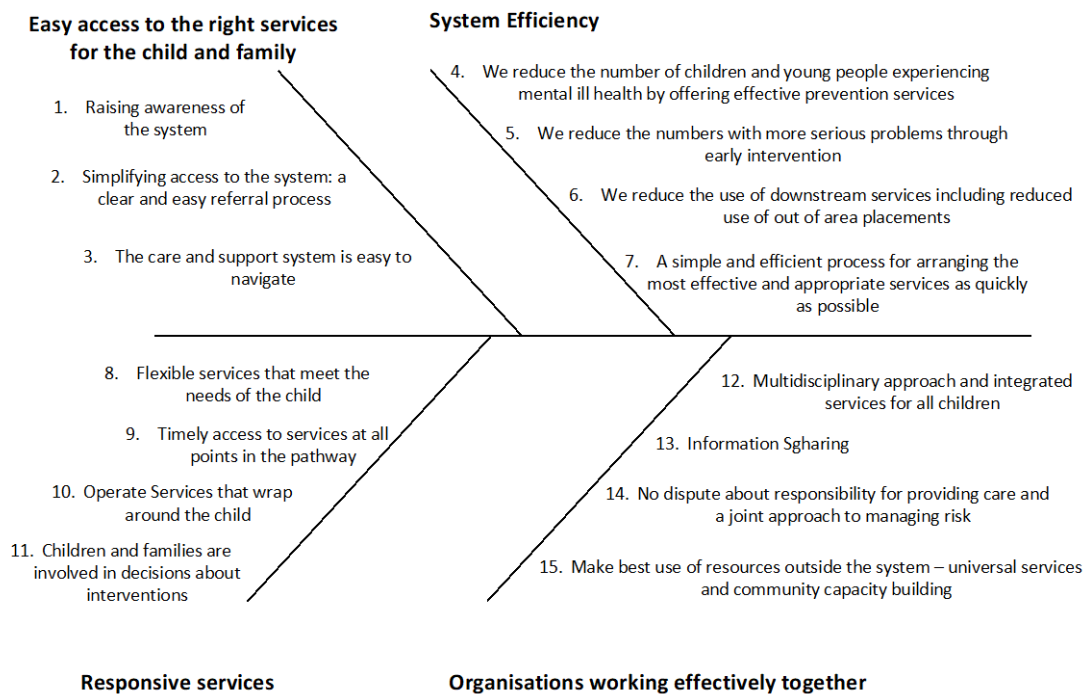
Figure 3: Summary of North Wales "No Wrong Door" Strategic Outcomes and Enablers

15.2 Outcome: easy access to the right services for the child and family

1. Raise awareness of the system
Ensuring that members of the public and potential referring agencies are aware of what is available and how to make contact/refer in to the system. This can be achieved by making information available in variety of ways, including online and in places where it is most likely to be useful. The information should be available in a variety of languages so that it is accessible to everyone. It should also be written in plain language so people can understand

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the system, the support available and what help is provided to find their way into, and around it.

2. **Simplify access to the system**

Ease of access can be achieved by creating an open access, single access arrangement (SAA). This should be the only route into targeted services where these are required. The SAA may operate through multiple local access points and permit multi-channel referrals, including online. The SAA should be operated by with suitably qualified/well-trained staff using clearly mapped and understood and agreed processes to inform decision making.

There should be sufficient capacity in the system. This should include staff who can make calls, chase information, follow up on people who have been signposted to other resources and contact people who aren't engaging.

3. **Ensure the care support and treatment system is easy to navigate**

Each service should have clear service access criteria with expectation of flexibility. Services' workload and pressures should be monitored and managed to minimise waiting lists. Where necessary a Resource Panel, which is responsible for the operational management within the system, should have the authority to require flexibility in access. In order to assist communication and system navigation the child or young person should be assigned a lead professional/coordinator.

Disputes about responsibility for funding should not be a determining factor in choice of the most appropriate resource. A single point of decision making (the Resource Panel noted above and described in the proposed model) should facilitate the child or young person's journey within mental health services.

Outcome timely intervention

4. **Reduce the number of children and young people experiencing mental ill-health by offering effective prevention services.**

The "No Wrong Door" policy emphasises the importance of understanding and tackling the causes of mental ill-health and the benefits to the whole system of investment in prevention and early intervention.

Factors that have a positive impact on mental wellbeing starting from the mother's pregnancy and early years through to young adulthood are well reported. In recent years early help and preventative interventions have been greatly reduced, and there are limited programmes concerned with the psychological and emotional wellbeing of babies and children and their parents. Further work should be undertaken to develop an early intervention prevention strategy jointly across services. This might include investment in these areas, for example, widening access to targeted Early Years programmes for families with children under 4 years of age, for example:

- Welsh Government's "Flying Start" scheme [48]
- Evidence-based and highly accessible programmes that generate better outcomes for children's cognitive development, relationships and resilience to cope when life gets tough, such as PEEPLE's Antenatal Programme[49] (typically NHS funded) and PEEPLE's 'Supporting parents and children to learn together'
- PARTNERSHIP FOR CHILDREN's Zippy's Friends (an early years programme, typically education funded) 'Good mental health for children – for life'. Both these organisations – PEEPLE's and PFP's also have a comprehensive range of other programmes for children and families[50]
- Domestic violence prevention

5. **Reduce the number of children and young people with more serious mental health problems through early intervention**

Research, referred to elsewhere in this strategy, indicates a strong economic case for investment in prevention, early intervention, and less intensive services, rather than intervening later, when problems have amplified, and resolutions are more difficult. This is a major factor in the case for change

To facilitate improved identification of children and young people it will be important to ensure that, staff and volunteers employed in the wider system are able to recognise causal factors such as adverse Childhood Experiences (ACEs), detect the early signs of developing problems and be able to respond appropriately.

Training for these groups of people is a necessary enabler for this is. It should include awareness raising and mental health first aid. Where staff have already been trained it will be important to ensure that they are able to use the knowledge and skills they have acquired, build effective relationships with staff in the proposed mental health hubs. Improved system access will help to make staff from outside the formal mental health system, including those with training and who may be willing to provide support, more confident in working with children and young people experiencing psychological problems.

The value of these trained staff must be recognised as they are able to make a major contribution to the lives of children and young people and system efficiency and effectiveness. Where necessary their training should be consolidated and built upon. An important early intervention success factor is the availability of services that can support children and young people with lower levels of need. This may require expansion of the range and volumes of "upstream" (early intervention, prevention, and services to meet lower levels of need) interventions both in universal services and targeted support. We recommend that commissioners examine the outcomes from upstream services and interventions to determine how these can be made more effective and where necessary improved so as to reduce the numbers referred to more intensive, "upstream services."

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[48] hiips://gov.wales/sites/default/files/publications/2019-07/flying-start-health-programme-guidance_0.pdf

[49] PEEPLE's Anti-natal programmehiips://www.peeple.org.uk/peep-antenatal-programme

[50] Zippy's Friends for 5-7 year olds hiips://www.partnershipforchildren.org.uk/what-we-do/programmes-for-schools/zippys-friends.html

Transitioning from CAMHS to adult mental health services is time of heightened risk but also an opportunity for early intervention and recovery. Therefore, it will be critical that a transition plan for 17-24 year olds is developed in partnership with adult mental health service.

6. Reduce the use of "down-stream" services (intensive and specialist services for individuals with higher levels of need), and reduced use of out of area placements

This outcome is linked to the early intervention and prevention outcome. Professionals emphasised the importance of a local offer of effective upstream services to avoid the need for more specialist placements.

The professionals' workshops also highlighted concerns about the effectiveness and quality of currently available services for children and young people who have the most complex needs and require more intensive interventions. Staff suggested that services should aspire to treatment and resolution of mental health problems, rather than containment.

There is an opportunity to either develop the market to create an effective local offer or to directly provide the required services. This may be helped by a shift to outcome-based commissioning and investment in market development activity.

Older teenagers that don't need to enter the care system but don't want to be living at home are a group whose needs could be met through a down-stream resource: accommodation based independent living with support to meet their mental health and emotional welfare needs

7. Develop a simple and efficient system process for arranging the most appropriate and effective services as quickly as possible
The access arrangements should include a proportionate assessment of need to provide an understanding of the needs of the child, that is sufficient to determine what service or services would best meet these.

If signposting to resources outside the system is indicated, staff should have access to good information about what is available and to provide to children and young people to facilitate their access. If onward referral is required for access to an additional resource(s), this should be through a single onward referral mechanism that ensures that neither children and young people nor their families required to repeatedly provide the same information.

Staff involved in responding to enquiries and decision making should have full information about all available services. This calls for good information sharing between services and about community resources.

Access arrangements need effective business support to ensure smooth functioning and systems and to ensure that the scarce professional resources are most efficiently and effectively used.

Outcome: responsive services

8. **Operate Flexible Services that meet the needs of the child**
Services should operate on "best fit" principles with flexible service acceptance criteria and simplified decision making with respect to funding so that children and young people can be matched with a service able to meet their needs. Service access and acceptance criteria should be needs and not diagnosis based (especially in the case of learning disability, which is no longer assessed for, but is the criteria for referral to LD services).

Each child/young person should be supported by, or have access to, a lead professional or case coordinator during the assessment process, intervention planning and during the period of any service delivery. The lead professional case co-ordinator should perform the function of 'system navigator' and, if necessary, with the authority of a resources panel (see below), manage access to any suitable services that would best meet the needs of the child or young person.

9. **Ensure timely access to services at all points in the pathway**
There should be oversight and proactive management of waiting lists. This should monitor system dynamics and formulate and monitor clear performance criteria in respect of timely access to ensure that the system activity focuses on what matters most. There should be protocols in place if a service rejects a referral, declines to provide a service or there is a substantial delay before the service can be provided. There should be arrangements in place for a management panel to have the authority to override service level decision making.

When waits for support do occur, there should be self-help support and advice available for those waiting.

10. **Operate Services that wrap around the child**
The child or young person should have their needs assessed by, and have access to care, support and treatment provided by, the most appropriate professionals for their individual circumstances. Each child, who may benefit from a multi-disciplinary or multi agency approach should have access to assessment, support or intervention from the staff team best able to meet their needs. The "Team Around the Child" (TAC) and "Team around the Family" (TAF) are well-established good practice models, widely used for delivery of a multidisciplinary team working in children's services and could be usefully developed for all children experiencing mental health problems, irrespective of the level of need. They are currently a feature in Welsh Government's "Flying Start" programme. It will be important to use terminology for the approach that avoids any confusion with services that are using a similar practice model described as TAC or TAF.

TAF and TAC models ensure that the child and family members have a voice in their own treatment. The complexity of multi-intervention plans can be daunting for children and young people and their primary point of contact should be through a lead professional/case coordinator as described above. A TAC/TAF model should include an integrated response which involves schools and education services. This will help to prevent the school non-attendance or exclusion and may provide the support necessary to increase the resilience of schools in coping with children who have needs arising from mental health problems.

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If problems arise out of hours the child or young person, or their families, or indeed other agencies such as the police, may need advice and guidance on the management of a situation or additional support. This could be provided by a multidisciplinary out of hours crisis response service. Consideration may be given to the inclusion of CAMHS staff in emergency duty team arrangements.

11. **Ensure Children and their families are involved in decisions about interventions**
There should be an agreed operating model for care, support and treatment planning. This should provide clear processes and clarity about decision-making, responsibilities, and who will deliver support, including the role of family members.

The model should also include guidance on shared decision-making. The TAC and TAF models provide mechanisms for children and their families to be involved in decision-making with respect to interventions. There are also other well-established mechanisms/tools for shared decision-making.

System pathways should seek to be child/young person centred with their perspectives fully integrated into all aspects of the mental health and wellbeing system, including service and strategic planning. This will help to achieve cohesion and continuity.

Outcome: organisations working effectively together

12. **Operate a multidisciplinary approach and integrated services for all children**
The multi-disciplinary approach should be delivered through an integrated, child/young person centred, "wider system" model in which the service offered is matched to individual needs of the child/young person. To facilitate this, everyone working within the system, whether in education, the NHS, CAMHS, social services or third sector organisation should seek to see themselves as part of a single system with a common, shared identity. The development of a pooled or blended budget with the intention of eliminating inter-agency disputes about funding responsibility will also help to create the sense of working for a single agency, allowing maximum focus on the best way to meet the needs of the child or young person.

The component parts of the mental health system should not be characterised as being at different levels in a hierarchy but organised so that the support provided is bespoke to individual needs and delivered by suitably competent people across the whole system.

It is essential that schools become more involved in the process as this is where children and young people spend significant periods of time. Schools could play a much larger role in identifying and responding to the mental health and wellbeing of their students. School nurses are an important resource in relation to mental health but what they can currently achieve is constrained by lack of capacity, competing demands on their time and lack of specialist training. In view of their potential to identify and support wellbeing and mental ill-health, we would see expansion of their contribution as strategic priority.

The service offer should be based on needs, not diagnosis. The ethos of the mental health system should be an approach that routinely seeks to understand the context and ecology that has led to the challenges faced by the child or young person and how this is affecting their mental health and wellbeing. If a multi-disciplinary intervention will deliver a better outcome to a child or young person, this should be available at all levels of need and not be restricted to those with higher or more complex needs. The Wales Children's Commissioner has directed Regional Partnership Boards to agree a broad definition of children with complex needs to include all children who experience distress and require help and support from multiple agencies.

However, not all children and young people will require a multi-disciplinary initial assessment. Where it is clear what the most suitable service response should be, and needs can be met by a single service (even if that is itself multi-disciplinary) the lead professional working alone may be sufficient to undertake the necessary functional responsibilities without the involvement of other professions. It is important to avoid over committing resources to those children and young people who needs can be met with lower levels intervention. The initial assessment/triage function should differentiate between simple and complex needs pathways.

As the strategy is implemented there may be scope to consider amalgamating services to ensure the best skill mix to meet the child or young person's needs and to avoid duplication.

Implementation of this strategy should ensure that there is an organisational development programme to support to the development of joint/multi agency working. This should include opportunities for reflective and learning space so professionals can better understand each other services and appreciate the advantages of multi-disciplinary working. A training and development programme should also address the need for a shared language, and ways of facilitating joint working. Co-location and regular multi-disciplinary activities will also help to develop effective collaboration.

13. **Information Sharing**
Multi-disciplinary working will be improved by better information sharing between services, ideally a single record for the child or young person, who should only have to tell their story once.

14. **Have no disputes about responsibility for providing care and a joint approach to managing risk**

These enablers overlap with those associated with multi-disciplinary approaches, integrated services and system navigation.

An essential factor in the "To Be" model should be a commitment to avoid disputes about the funding of individual care and packages and, if these do occur, to resolve these without creating uncertainty and delay. Good practice models point to the value of pooled or blended budgets as a means of achieving this. The size of the budget pool and scale of individual contributions to the pool will require strategic decisions at management board level, with individual care package resourcing decisions delegated to operational managers,

where necessary agreed by multi-agency Resources Panel. Holistic assessment and care and support planning combined with the use of a single decision point in respect of funding care were features of the proposed model that were widely supported by professionals in the workshops.

The multi-agency resources panel should also provide a mechanism for resolution of different professional perspectives, values and opinions. It will be particularly important for partners to jointly agree an approach to the assessment and management of risks.

15. **Making best use of resources outside the system – universal services and community capacity building**
There should also be a commitment to work with communities to build community capacity. This requires staff within the system to know about, and understand, the services that are available, their strengths and limitations. Universal services have an important role to play in helping children and young people to achieve good mental health and wellbeing. They are particularly important in early years and may be more used by hard to engage families and individuals than targeted services.

The findings of the children and young people's consultation draw attention to their preference for services to be available in communities and familiar setting such as schools. This emphasises the importance of universal services. During the professionals' workshops school nurses described how they felt there was an opportunity to play a greater role in prevention and early intervention but were not able to do so because of competing priorities and scarce resources. Other professionals also called for a re-look at the role of health visitors and school nurses to enable preventative mental health work to be prioritised.

It is in the interests of the statutory services to make best use of the value provided by universal services. "Up-stream" investment will ease pressure on both NHS and local authority services and may be considered as delivering benefits to individuals, in terms of their quality of life, to communities and economic advantages for the funding partners. The responsibility for upstream investment should be jointly shared.
This may require investment in raising awareness of mental health matters and in providing training and support to increase the capability of staff within universal services to work with children who may have some additional needs.

16 Proposed "to be" model

The new service model developed to implement the North Wales 'No Wrong Door" strategy is designed to be flexible and responsive to different levels of need, with each level providing treatment and support tailored to, and proportionate to the child or young person's need, with a focus on providing early help and preventing problems becoming more severe. This approach, in common with good practice models replaces a model of tiers based on diagnosis and a hierarchy of access criteria.

The new system is for children aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. In a complex multi-agency network of services this is best achieved through a managed process characterised by good joint working, information sharing and mature partnerships. The strategy therefore involves a multi-disciplinary service model which operates as if it were a single agency. This demands a change in culture, new systems and processes and funding arrangements. Where necessary there will be flexibility between children's and adult services.

We recommend that the model is given a distinctive brand identity. This has been done to good effect in other service redevelopment projects. It will mark a new beginning of collaborative working between the partners, make it more attractive to children, young people, and their families and facilitate the change in culture necessary for its success. Ideally Children and Young People will be involved in naming the brand.

The model is designed to respond quickly to mental health problems and find early resolution in the community where the baby, child or young person lives, ideally without the formal involvement of mental health services. Universal services, and especially education, have an important role in nurturing children and young people's mental health and the early identification and support of those with developing issues. Training and support to these services is therefore essential to reducing the demand for formal mental health services, this should include mental health first aid.

The proposed formal mental health system is designed to respond to 4 different levels of need:

Low Needs - These are experienced by babies, children and young people who have had a wellbeing concern and have made good overall progress using preventative and non-specialist channels. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by support from educational support services, or a universal service.

Additional Needs – Babies, children and young people in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support and early help. It also includes those whose current needs are unclear.

Complex Needs – Babies, children and young people with an increasing level of unmet needs and those who require more complex support and interventions and coordinated support to prevent concerns escalating.

Acute/Specialist Needs, including Safeguarding - These occur when babies, children and young people have experienced significant harm, or who are at risk of significant harm including those where there are significant welfare concerns. These children have the highest level of need and may require an urgent or very specialist intervention.
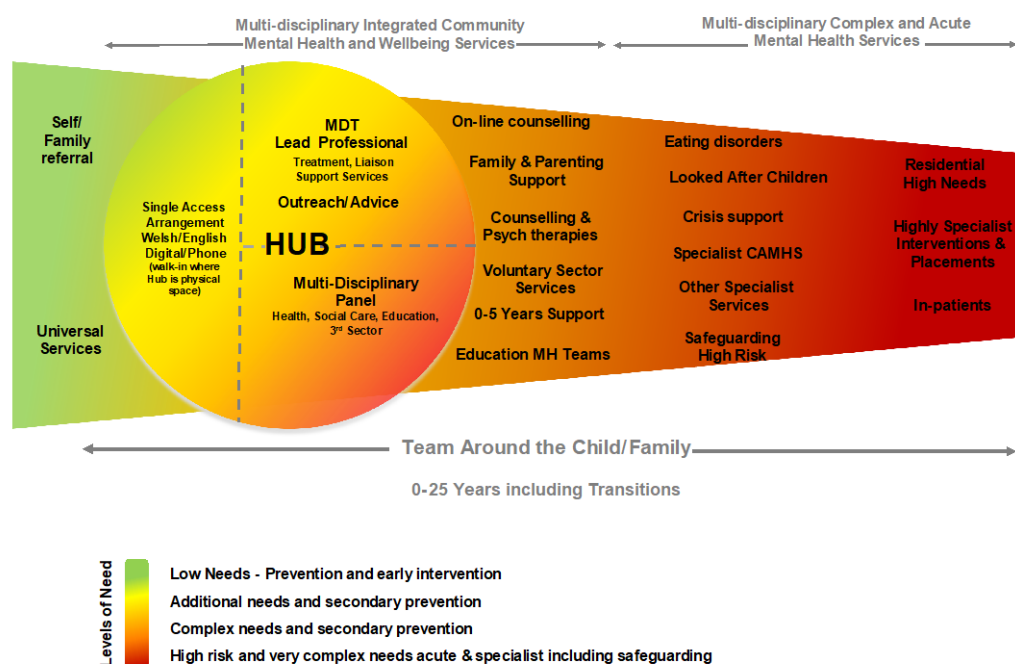

Figure 4 : the Proposed Model

16.1 A Children's Rights Approach in Mental Health Services

Policy and legislation on children in Wales are underpinned by the United Nations Convention on the Rights of the Child 1989 (UNCRC). The Rights of Children and Young Persons (Wales) Measure 2011, the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 all establish duties on public authorities that contribute toward the realisation of children's rights. A Children's Rights Approach is consistent with these duties and must be followed for the North Wales Regional Partnership Board and its constituent organisations to meet their statutory duties.

All children and young people in Wales have the following rights:
- to be treated as individuals

- to be treated equally and not to experience any discrimination against them
- to be respected
- to have privacy
- to be treated with dignity
- to be protected from danger and harm
- to receive support and care that meets their needs, considers their choices and keeps them safe
- to communicate using the communication methods and language of their choice
- to be able to obtain information about themselves.

Effective mental health services are an important aspect of ensuring that all children have an equal opportunity to fulfil their potential. In developing the North Wales "No Wrong Door" strategy we have sought to place children's rights at the heart of service planning and provision. The development process has involved listening to children and paying meaningful attention to their opinions.

16.2 CASE STUDIES

16.2.1 Gareth's Story – the missing middle

From a young age I felt something was different about me and when I started school my mum and teacher noticed I was struggling to learn and got upset about going to school. My GP referred me to the neurodevelopmental team for an assessment and I waited 2 years to be seen. During the wait I was falling behind with schoolwork, feeling more upset and finding it hard to make friends at school. I was eventually told I had borderline autism and due to the diagnosis being borderline I didn't get any help at school I was in. It felt like nobody cared. I struggled through school, struggled to make friends and did not achieve any qualifications. When I was 17 I finally got a diagnosis of autism, but it was too late, I ended up homeless and felt a complete failure. I know I could have done much better because I receive support now but it's too late.

Opportunities for Improvement
- Intervening early
- Outreach, training, advice and building resilience in universal services
- Support in early years based on need not diagnosis
- Continuity of support

The nursery staff have regular mental health training and have access to advice and support from a link worker. My nursery noticed I was struggling to join in, play and make friends so the nursery spoke to the xx-team outreach worker for advice. I was referred to xx team for an assessment and in the meantime the link worker provided advice to the nursey and supported my mum and got to know me. I was visited at home by an occupational therapist from the team within the month. The occupational therapist spoke to me and my mum and watched me at home and in the nursey over the next month. The occupational therapist then worked with me my mum and the nursery to build on my strengths and help manage my sensory needs. The occupational therapist also suggested we look at a particular school that could support me and asked for another member of the team to assess me further. Due to the detailed information about how I functioned, the team diagnosed my autism early, I

had a support package and went to a school that was able to support my needs. As I grew up and needed a bit more help the school nurses linked back with the team when I needed it. I felt more confident at school and made some friends. The team also suggested a youth club where I have learned to cook, and centre has a drop in where I have met other boys similar to me and have met a good friend Ben that way.

I am now 17. I have 5 qualifications and am training to be a chef. Ben goes to the same college so it's fun too. I am hoping to get a flat of my own and a job some day and I know the team will be there again to help me with that if I need it.

16.2.2 Graces story – at risk of becoming a looked after child

I am 14 and live with my mum who has a mental health condition. My dad took drugs and died of an overdose when I was young, he could get very angry with us sometimes. My older brother has now started using cannabis and missing school and can get angry at me and mum which is frightening. I feel pretty sad and hopeless and scared about life right now and have secretly started cutting my arms again to get some relief. My mum's mental health is getting worse, I could be taken away from her any time and the social worker has spoken to us about residential care and there are no suitable foster homes. I have been seen and discharged by CAMHS twice now and spent 6 weeks in hospital 3 years ago. When I need their help, it takes too long to be referred. Last time I saw CAMHS they sent me to counselling and I have not heard anything from CAMHS in 2 years. My support system has fallen apart, there is no one to talk to anymore, I used to have a school counsellor, but she retired, no one has replaced her, the social worker is more focused on what my brother may do next and if my mum is coping with looking after us properly, and I have no idea how to contact CAMHs. I am worried about mum, feel hopeless, am falling behind at school and don't care about much anymore. I am also wondering if there is any point in living. I think my brother takes drugs to cope and some of my brother's friends are offering me drugs and if they help my brother cope they might help me.

Opportunity for improvement
- Intervening early
- Recognising attachment issues and help in early years
- Access to the services that can cope with complexity and servery of needs
- Access to universal services in community to help her develop peer support network
- Provide navigation support in a complex system
- Develop personal resilience to stay safe
- Outreach services giving training advice building resilience in universal services
- Care co-ordination focused on Graces needs
- Continuity of support.

New system
Outreach functions of the hub are helping to increase awareness to identify her needs and to get help and so avoid the escalation – training and awareness raising and building resilience
- Once in hub care coordinator to help system navigation – child centred approach focused on her needs and the co-ordinator works with family social worker
- Refer to family support model like MST which includes intensive support
- New system crisis resolutions home treatment 24/7

- Access to universal services which will help her develop peer support and build resilience
- Access to trauma informed therapy

16.3 Features of the proposed model

16.3.1 Easy Access with a Clear and Easy Referral Process

The entry point for all enquiries for help and advice will be through a single access arrangement (SAA). In this strategy we will use the term Single Access Arrangement rather than the term Single Point of Access (SPA) as the latter term can be misleading as it can imply a single location, whereas the SAA refers to a single system which can operate in one or more places.

The SAA manages entry into the child and adolescent mental health system. Enquiries/referrals can be made by anyone, and all means of referral are acceptable. This includes (but is not limited to) children's and young people themselves or their families, as well as staff from schools, education providers, health and social care organisations, criminal justice agencies; third sector organisations and providers of universal services.

Referrals will require only limited information. Collection of additional information, sufficient to make decisions about the most appropriate response, will be the responsibility of staff operating the Single Access Arrangement (SAA).

Enquiries that require further action, will be assigned to the most appropriate child and adolescent mental health "hub". These are described in more detail below. Hubs act as a source of advice, signposting to universal (non-specialist) services and offer an outreach function. The hubs will also provide some treatment and support interventions and are also a gateway into other targeted services.

The SAA will ensure that there is a single route to get help for a baby, child or young person. Schools and education providers told us how currently, there are multiple and different routes, depending on where a child lives. This should be eliminated in the new SAA where the process will direct the enquiry to the most appropriate hub.

Onward routing will be made using a common data set and agreed protocol, and should aim to avoid children, young people and their families having to tell their stories and provide the same information repeatedly.

16.3.2 Organisations Working Together - "Hub" model

The hubs are multi-agency, multi-disciplinary services which undertake a variety of functions, both reactive and proactive. We recommend that hubs are given a child and young person friendly name as part of a rebranding of the service which presents all child and adolescent mental health services as a single, integrated identity, even if staff remain employed by separate organisations

Children and young people, their families and professionals all identified responsiveness as a necessary requirement. A strategic aim is therefore to create joined up services that are

adaptable to the collective needs of children and young people and their families, delivered in a system that seeks to both simplify children and young people's experience in the pathway and treat them in the ways that is consistent with the aspirations set out in "Our VOICE, Our FUTURE!" Of particular importance is the wish to avoid or minimise moves between agencies and services as these are seen as causing additional stress and uncertainty.

Hubs have an important triage and onward referral role. Currently there are examples of "scattergun" referrals to different which result in children and young people spending time on waiting lists for sometimes inappropriate services. This has the effect of artificially inflating waiting lists, thus distorting demand data and does little to alleviate the child or young person's problems.

The hub's role in initial assessment and triage will be important in avoiding unnecessary labelling of children and young people experiencing emotional distress that is a normal part of life. The hub's outreach function in supporting resilience is also essential to the support of children and young people who experience problems but do not require the specialist support of formal mental health services.

It is very important that staff within hubs are able to make resource allocation decisions that aim to get the child or young person to the most appropriate service as quickly as possible. This requires an effective allocation system with management oversight of system dynamics and performance. In order to reflect capacity issues, there may have to be compromises between speed of access to the intervention and the best intervention. It is however essential to avoid people waiting for services which are clearly inappropriate or insufficient to address needs.

A responsive service is one where the child or young person can receive flexible support, which is tailored to their needs. Interventions should take account of what children and (young people and their families) say they need. This requires those involved in all aspects of their care, support in treatment listening to them, understanding their world, and treating them as experts by experience.

Hubs should incorporate arrangements to fast track some individuals, for example Children who are looked after by the local authority and others who have already been subject to comprehensive assessment processes.

The hub model aims to facilitate joint working and delivery of a seamless service to the child or young person. Its processes will facilitate joint ownership of cases and joint care packages. Co-locating staff (or enabling virtual collaborative working) will help to break down barriers and so shift away from an approach that some professionals reported as 'siloed'. Joint working in the context of a hub model will also assist with developing a shared language to better enable better and effective communication between disciplines and agencies and a shared understanding of processes and roles to promote agencies working for better outcomes.

The operations of the hubs should be informed by the NEST and Welsh language equivalent NYTH Framework. This is a tool for planning mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales. It was developed in response to a need to improve mental health support and to make sure early help and the right help was available at the right time. NEST identifies good practice in relation to making expert help and advice more available. Possible ways of achieving this include helplines, information provision, regular visits from a specialist to a school or youth service, and multi-agency teams with mental health professionals embedded in them.

The essential aim is that the grown-ups in children's lives know where to go for help and can get it quickly if they need it. This makes them more likely to feel confident to work through difficulties with young people, instead of feeling out of their depth and passing them on to someone else for help. This is termed 'holding on' instead of 'referring on' and the aim is to stop families being passed from service to service, and telling their story lots of times, and never quite feeling that they are in the 'right' place. Of course, sometimes specialists are needed to take a bigger role, but always with the aim of supporting those closest to children and young people first. This recognises that 'everyday magic' can be very powerful therapeutically.

The number, location and staffing of hubs will be determined during the implementation phase. Staff may work in one or more hubs, where this is in the interests of efficiency and effectiveness.

16.3.3 Hub models as physical entities or virtual spaces

A hub represents a multi-agency, multi-disciplinary team working together. This does not necessarily require staff to be co-located in a single physical space, provided effective joint working is facilitated. There are however many advantages for a hub to be child and family friendly environment located in a suitable physical space. This may be a fixed or mobile base, or a venue that is used periodically, for example in a community centre or library. Accessibility and collaborative working is however very important. The hub models could be adapted to use ICT to creating virtual working environments, which could be combined with a network of geographically dispersed locations. Some hub functions could take place in schools.

16.4 Functions undertaken by child and adolescent mental health "hubs"

Reactive functions may include:
- Reception of referrals
- Signposting to universal services and community resources
- Prioritisation (triage)
- Processing of referrals
- Proportionate assessment of need
- Provision of interventions

Proactive (outreach) functions may include:
- Provision of advice to referrers
- Provision of general advice and information about mental health and well-being

- Providing awareness raising and training to relevant groups/individuals, which might include mental health first aid
- Working with agencies to identify CYP with, or at risk of developing mental health problems. This is essential to targeting individuals who may benefit from early intervention or prevention strategies,
- Where people have been signposted, checking if the issues which lead to contact have been resolved and whether additional support or intervention may be required.
- Developing and maintaining a directory of community resources

During the strategic planning process professionals noted the difficulty of engaging with some children/families. This may be helped by offering services that are delivered in a way, time and place that meets their preferences. The cost of inflexibility might be less engagement, poorer outcomes and quality of life and associated costs throughout the person's life.

16.4.1 Areas for further development during the implementation phase
Further work needs to be undertaken to develop the hubs. The main priorities include development of :
- Local operating frameworks
- Recording and information sharing protocols
- Agreement of staffing and other resources

This is likely to address how different levels of complexity of need will be most efficiently managed once an enquiry has been received, initially assessed and prioritised.

16.4.2 Early Intervention and Prevention
Prevention and early intervention are key objectives of this strategy, helping to reduce avoidable escalation of problems as well as contributing to reducing the levels of psychological distress in the population. The integrated and co-ordinated service hub model should undertake proactive outreach work in addition to the reactive functions of access and direct service delivery. The outreach functions should assist with identification of at-risk individuals and include provision of training and information with the aim of broadening awareness of mental health matters and especially the importance of timely action. Outreach work with schools can help to build their resilience and support functions.

16.4.3 Hub Models and Case Co-ordination
Case co-ordination should be an essential feature of the operating framework for the hub model.

The need for individuals to be supported to navigate the care and support pathway is a key feature in best practice models. Both children's and young people and professionals indicated that this should be an essential requirement for the future model. Assignment of a designated and named lead professional to co-ordinate case work is a well-established means of providing the necessary support to the individual and their family. The co-ordinator, who may be any of the professionals involved with the child, can have a responsibility to:

- Develop the relationship with the child or young person
- Act as a point of contact for the child or young person and their family and other involved agencies
- Where there are other professionals/agencies involved co-ordinate or broker the involvement of other professionals involved in the assessment of needs and/or the provision of care, treatment, and support (the team around the child/family)
- Manage and review the child's assessment and plan
- Support other professionals to identify actions they can undertake and communicate appropriately with all parties, including the family.
- Record the desired outcomes for a child and communicate this to all parties involved
- Refer directly to any services/interventions and liaise as necessary
- Be responsible for ensuring that plans are sufficiently resourced to deliver timely and effective interventions that will achieve desired outcomes, where necessary by involvement of the Resources Panel
- Monitor progress and check if outcomes are being met through a suitable and effective review process

16.4.4 Practice Model

A useful model for ensuring that the child or young person has appropriate support from the people with the best knowledge and skills is that of the "team around the child/family". This is a network of practitioners working together to agree a plan and deliver of support to meet a child or young person's assessed needs, and the needs of the family where these impact on the child or young person. They work directly with the family or young person. It is essential that parents are supported in managing their children's mental health and wellbeing. A strengths-based, relationship focused approach using collaborative conversations and working holistically with families based on the key principles of the SSWBA should be seen as essential to this strategy. Where the child or young person's parents are themselves experiencing mental ill-health or alcohol or substance misuse, adult services should prioritise their action based on the needs of the family system.

The team around the child/family is linked together by a lead professional who co-ordinates the delivery and review of the plan. The child, family and young person's participation in their plan underpins this model and they should be central in all considerations, including deciding the level of involvement they feel appropriate.

The concept has been developed in relation to the implementation of integrated processes in services for children. It encourages principles, behaviours and practices which put the needs of the child or young person at the centre. It can be helpful to consider two levels of involvement: core team roles, for those with greatest involvement with the child or young person and extended team roles – those who contribute but are less central to the delivery of the outcomes. See figure 2 below
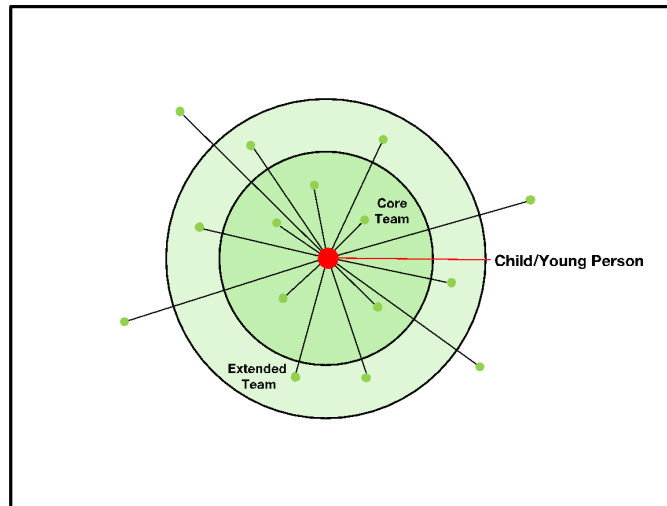
Figure 5 : Team around the child/family

16.4.5 Practice Methods

Strengths-based practice, which build on people's abilities, personal assets, and community resources, without ignoring difficulties, is an approach that will help to deliver the outcomes of this strategy. During the professionals' workshops reference was made to this practice method, whose features are also aligned to the views of children and young people, as expressed during the engagement process. Strength-based working is relationship-based and since it seeks to use people's support networks – personal resources, family and friends networks and community assets as an alternative to, or in association with targeted services. This is consistent with this strategy's aims for early intervention and prevention and making greater use of "up-stream' resources.

Families First takes a strengths-based approach where families are supported to recognise what is working well in their situations to support empowerment and ownership of their growth and development. These earlier interventions are designed to prevent families from needing expensive remedial care through statutory services in the future. We note that health services provision is not eligible for Families First funding but in a pooled/aligned budget this should not be relevant**.**

16.5 Areas for further development during the implementation phase

16.5.1 Role of the Resources Panel

The function of the resources panel is to plan and manage the use of resources in the system. It will also support case co-ordinators by acting as an authoritative broker to ensure timely access to pathway services and resources, where necessary by directing internal services to undertake service provision or to approve externally commissioned services.

Professionals clearly identified long waiting time for children and young people to access the pathway, and/or to be treated by some targeted services. This was also noted as a problem by children and young people during the engagement process. Notably, children

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and young people talked of the sense of hopelessness that can be engendered by long or indeterminate waits. Professionals saw delays as being a significant factor in system dynamics, contributing to stress and (avoidable) amplification of mental ill health.

Clearly the level of resources within the system will be a major factor resulting in unacceptable waiting times, however it is not the only factor and management oversight and intervention by the Resource Panel may help to mitigate waits and avoid bottlenecks. The Resources Panel should therefore have the authority to require flexibility of services within the pathway in order to optimise the service to the child or young person however only a proportion of cases will require action by the resources panel to secure a particular intervention. There should be a protocol for referral and service access with delegated responsibility wherever possible.

The primary functions of the Resources Panel are to:
- Implement and interpret the policies set out by the joint management board
- Allocate service provision, where direct access is not indicated/possible
- Oversee expenditure and performance against the pooled or aligned budget
- Monitor and waiting lists/times
- Monitor outcomes for children and young people.
- Monitoring the quality and standards of care
- Identify gaps in provision or underutilised resources and the changes in provision required to reflect individual needs

16.5.2 Areas for further development during the implementation phase
Agree membership of the Resource Panel
Develop Terms of Reference
Agree Scheme of Delegation

16.6 Services in the Pathway

16.6.1 Universal services
Aim – promote mental wellbeing and recognise when a child or young person may have developmental or mental health problems
- early years services
- voluntary sector
- local authority children's services
- all primary care agencies including general medical practice
- midwifery,
- school nursing,
- health visiting
- schools

16.6.2 Targeted Services
Aim – support children and young People with less severe mental health problems (these are services where there is usually a single practitioner involved in supporting the child, young person or family. Staff may work with the child or young person directly, or indirectly by supporting practitioners working in universal services) .

- youth offending teams
- local authority children's services
- 'managed care network' of voluntary sector targeted services
- primary care mental health services,
- school and youth counselling.

16.6.3 Specialist Community Services

Aim – support children and young people with more severe mental health problems requiring specialist intervention and or a multidisciplinary approach (practitioners may also provide outreach training advice and support to universal and targeted services). System capacity could be improved by extending the numbers of practitioners with the necessary competencies to deliver psychological interventions, in line with the recommendations of Matrics Plant.

- multi-disciplinary teams of practitioners providing a range of interventions to children, young people and families, including teams with specific remits

16.6.4 Highly specialist services

Aim – support children and young people at the greatest risk and those with specialist needs e.g. gender dysphoria These are generally services for a small number of children and young people who are deemed to be at greatest risk of rapidly declining mental health, or from serious self-harm who need a period of intensive input and are often provided on a regional or supra- regional footprint.
- very specialised outpatient services.
- crisis resolution home treatment as an alternative to admission
- inpatient services
- specialist inpatient e.g. intensive care or medium secure

17 Whole System Working and Governance

The North Wales Regional Partnership Board "No Wrong Door" strategy aims to ensure that children and young people have access to services that seamlessly meets their needs. This requires effective joint working between professionals, teams and organisations in a managed health, care and support system that is responsive to children's needs. The "To Be" proposal is therefore designed as an integrated service model. This does not require creation of a new organisation as staff can continue to be employed individual partner organisations, as now. It does however require a commitment to an integrated approach, managed through an agreed common operating framework. System governance should ensure compliance with the operating framework.

There should be tight adherence to agreed principles and operating model across all areas of North Wales. Detailed implementation of these should reflect local circumstances and there can be flexibility (loose) of local arrangements. The development of local arrangements should be made ensuring that there is co-production in service design. There should be tight accountability for performance through the governance arrangements. We refer to this as a Tight – Loose - Tight approach.

The service must be cost effective. Demand for services currently exceeds system capacity and in increasing. Although there is some recent additional investment, it is essential that the partner organisations agree a strategic approach to system design and governance which makes the best use of available resources.

It is a legal requirement that children's rights must considered at all levels of decision. Governance must therefore facilitate a coordinated Children's Rights Approach across the mental child and adolescent health system involving all partner agencies and externally commissioned organisations. Partners should be accountable to children for decisions and actions that affect their lives. Governance must aim to realise children's individual abilities, so they can better benefit from their rights and engage with, influence and hold to account the individuals and organisations that affect their lives.

In order to ensure effective governance we recommend that partners commit to an explicit partnership agreement that includes the principles and common operating model and governance structures.
We propose a governance model consisting of three inter-connected levels of activity.

The **Services Level** is responsible for service delivery. In the proposed "To Be" model this consists of two elements: the mental health hubs and all provider services (both directly managed and commissioned services). Each profession will operate its own clinical governance; however the operating frameworks will need to include arrangements for resolution of different professional opinions and prioritisation decisions.

The **Operations Level** is responsible for management and performance of the health, care and support system. The responsibility is discharged through the roles of line managers for the services that they oversee, and jointly through membership of a Resource Panel.

The Resources Panel will have oversight of waiting lists and onward referrals for interventions, and to seek to address capacity issues. It will be responsible for ensuring that children and young people are able to enjoy timely access to suitable services from practitioners who possess the necessary competencies.

The **Strategic Level** is responsible for setting strategy and policy, holding the operations level to account for performance and resource use and itself being accountable to The North Wales Regional Partnership Board and the Boards of each partner organisation.

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18 Implementation

18.1 INTRODUCTION

This is a radical and complex strategy that will require a substantial and well-resourced implementation programme to address the necessary culture change, development of an aligned/blended budget, structural changes, infrastructure requirements and development of the operating frameworks. Despite differences between the partner organisations, there are shared values and objectives, which will be essential in creating a new and cohesive service delivery arrangements.

The recommended 'Tight – Loose - Tight' approach allows for local solutions to realisation of the strategies ambition and its principles. Some of the implementation programme will require a regional approach, as the change requirements will be common across all areas, whereas some will require local development of those aspects of the strategy that are 'loose. The strategy assumes that there will be local implementation arrangements that allow for the full engagement of local staff and local people in designing and creating a means of implementing the principles and model in ways that reflects what is there already and in development.

The full strategy document outlines a five-year implementation plan, with the main changes taking place in years 1 -3. It will require organisational commitment and commitment of resources by all partners, overseen by the RPB and Children's sub-committee, strong programme management and external specialist support to the transformation process. It proposes an overarching regional approach, supported by local implementation groups, which would include some staff seconded from operational roles to undertake the necessary development work. These released operational staff will require temporary replacement. Implementation should align with, and contribute to parallel change process, for example the Betsi Cadwaladr University Health Board Mental Health Maturity Matrix.

Implementation of the North Wales "No Wrong Door" Strategy will represent a major service transformation. Success will depend on a managed change process supported by a project management office (PMO) and almost certainly an external partner to work with local staff.

The main parts of the new system steps are illustrated in Figure 6 below and the implementation plan can be found in section 18.2. Major risks and mitigating actions are shown in section 18.3.
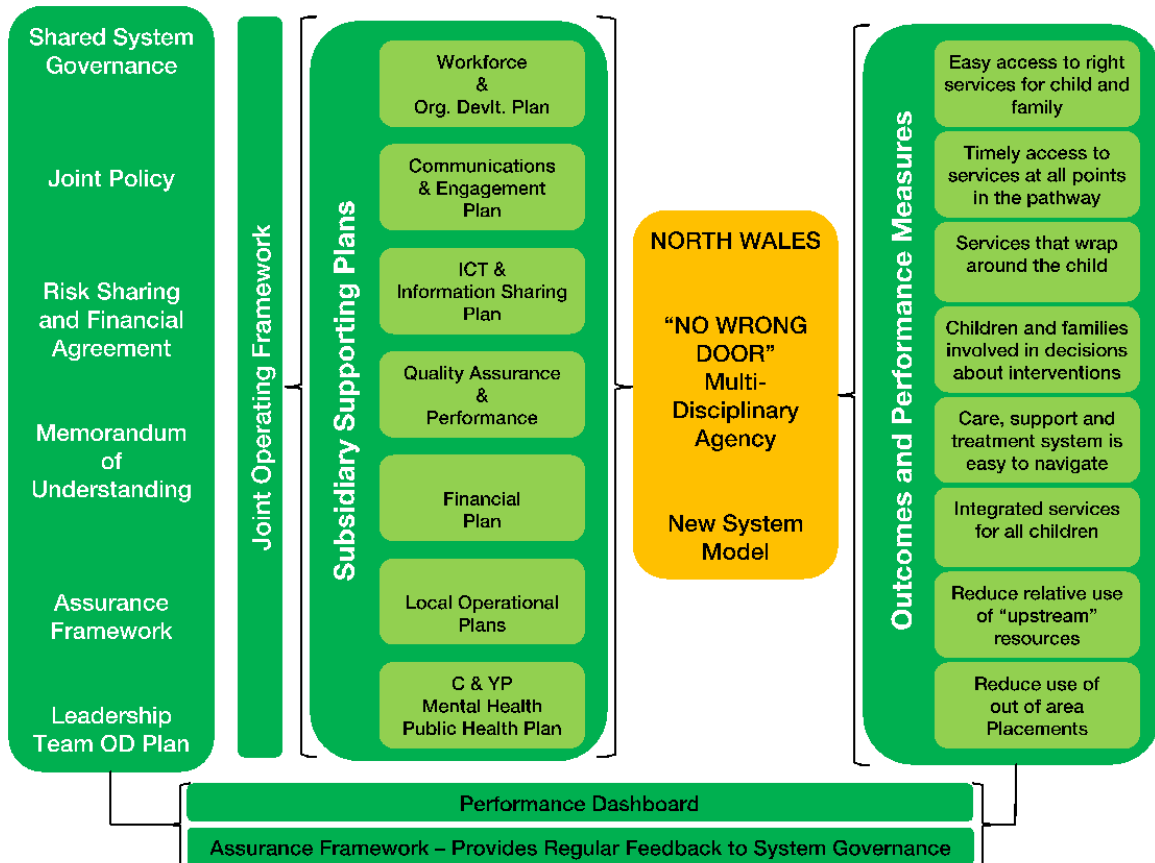
Figure 6 : New System Overview

18.2 Implementation Plan

YEAR	ACTION	DUE DATE	KEY PERFORMANCE INDICATORS	LEADS
PRE-LAUNCH PHASE				
10/21 – 03/22	High level sign-off of strategy	12/21	All partner organisations sign off Strategy agreed by RPB	All Partners
	Formulate the Partnership agreement including principles and model. This should reference Tight – Loose - Tight approach	03/22	Signed Partnership Agreement	All Partners
	Formulate Transformation Plan	01/22	Complete Plan	Regional Team
	Each partner to Identify Board level and political sponsors	01/22	Sponsors agreed and fully briefed	All Partners
	Engage clinical and practice leads	01/22	Clinical and practice leads fully briefed and engaged	All Partners
	Initial Communications Plan	01/22	Communications Plan	All partners Comms teams
	Agree and recruit external transformation partner	01/22	Agreement to procure external partner	RPB
	Partner organisations allocate financial and human resources to support transformation	03/22	Transformation budget contributions agreed by partners	All Partners
			RPB agrees transformation budget	RPB
	Set up PMO agreed (mix of seconded staff and specialist project management)	03/22	PMO structure and resources agreed	RPB
	New Service Branding	03/22	New brand agreed and launched	RPB
	Develop ToRs for JMB	03/22	Agreed ToRs signed off by partners and RPB	RPB
	Structure and membership for Joint Management Board(including OD)	03/22	Structure and membership of JMB agreed	All Partners RPB
	Appoint transformation partner	03/22	Transformation partner recruited	RPB
SHORT TERM (YEAR 1 - 2022)				
2022-2023	Recruit PMO	04/22	Project Management Office staffed and operational	RPB and JMB
	Joint Management Board starts to work	04/22	Fully attended meeting of JMB	JMB

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Identify and work towards alignment of all strategies and plans with NWD strategy	08/22	Strategies and plans are aligned	JMB
SAA options appraisal	05/22	Agreed option for SAA	PMO
Hub options appraisal	05/22	Agreed option for hub	PMO
Leadership team OD plan	05/22	Agreed and funded plan	JMB
Establish financial and performance reporting	06/22	Reporting framework and dashboard agreed	JMB PMO Finance Leads Performance Leads
Assurance Framework	06/22	Assurance Framework signed off	JMB
Updated Communication and Engagement Plan	07/22	Communication and Engagement Plan signed off	JMB All partners Comms teams
Financial Plan, including review of short-term funding and need for double running costs during the strategy implementation	11/22	Financial Plan signed off	JMB Finance Leads
Risk sharing and financial Agreement	12/22	Risk sharing and financial Agreement signed off	RPB JMB Finance Leads Clinical and practice leads
Joint Operating Framework (Including clinical governance)	09/22	Agreed and signed off joint operating framework	JMB
Operating model footprints and phasing	10/22	Operating model footprints and phasing signed off	JMB Clinical and practice leads
Memorandum of Understanding & Joint Policy	12/22	Agreed Memorandum of Understanding & Joint Policy signed off	JMB Clinical and practice leads
Workforce plan	12/22	Local operational plans agreed and signed off	JMB Workforce leads

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				Clinical and practice leads
	Local operational plans	02/23	Local operational plans agreed and signed off	JMB NHS and LA service heads
	IT and information sharing protocol	12/22	IT and information sharing protocol agreed and signed off	JMB IT leads Clinical and practice leads
	Community resource information database	03/23	Information is a suitable form is available to staff in hubs	
	Prevention Strategy	03/23	Prevention Strategy agreed and signed off	Public Health Commissioners
	Refresh strategy and review PMO requirements	03/23	Revised strategy	JMB
	Develop a culture change plan and cultural audit	06/22	Completed plan and Audit	PMO JMB OD leads Clinical and practice leads
	Deliver culture change plan with implementation of pilot projects and new operating frameworks	12/23	Delivery of plan and follow up audits	PMO JMB OD leads Clinical and practice leads
MEDIUM TERM (YEARS 2/3 2023 – 2025)				
2023-2024	Launch / phasing of hubs begins	04/23	At least 1 hub operational	JBM and all partners
	Testing and revising model complete	12/23	Evaluation report	JMB PMO
	Performance finance and quality reporting system operational	04/23	Regular effective reporting to governance functions	Finance and performance leads
	Refresh strategy and review PMO requirements	03/24	Revised strategy	JMB
2024-2025	Hubs fully operational	04/24	All hubs up and running	JBM and all partners
	Design audit/service review	12/24	Audit/service review tool agreed	JMB
LONG TERM (YEARS 4/5 2026 -2027)				

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2025-2026	Complete audit/service review and make recommendations	Tbc	Audit/service review completed	JMB
2026-2027	Implement changes	Tbc	New ways of work are routine and fully operational	All partners

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19 Major Risks

No.	Description of Risk	RAG Likelihood X Consequence	ACTION	Leads
1	Lack of workforce to deliver the strategy short term and long lead in times to train a new workforce	4x5=20 high	Prioritise development of a workforce & OD plan	Workforce Leads
2	Partners can't agree funding allocation to a joint budget Competing priorities across health and social care are prioritised for resources and investment resulting in insufficient investment	4x4=16 high	Identify political and board level sponsors early on Calculate current levels of expenditure by all agencies Develop a benefits case for pooled budget	RPB Finance Leads Finance Leads
3	Authority to act is stymied by lack of whole system governance resulting in slow, limited and fragmented change Failure to agree a joint operating framework	4x4= 16 high	Identify political and board level sponsors early on Engage clinical and practitioner leads early on OD support to leadership team to help drive development and maintenance of whole system governance	RPB JMB & PMO JMB & PMO
4	Cultural change required to implement new ways of working is lacking resulting in change initiatives losing momentum.	4x4=16 high	OD support to leadership team to help drive development and maintenance of whole system governance Workforce & OD plan	JMB & PMO Workforce Leads
5	Lack in investment in transformation (funding and or human resources)	3x5= 15 high	Develop joint financial plan (transforming funds, pump priming, ROI) Identify opportunities for secondment and backfill	RPB & Finance Leads JMB

6	Partner Agencies can't agree the Strategy	3x5 =15 high	Identify political and board level sponsors early on	RPB
			Consultation plan identifies approaches for all key partners in positions of influence / power to support the strategy	RPB
7	Lack of finance and performance data sufficient to plan and manage the service	3x5=15 high	Establish routine data collection and monitoring and develop dashboard	Finance Leads Performance Leads JMB PMO
8	Fear of failure to deliver the strategy -the larger the ambition the greater damage to reputations caused by failure	3x4=12 moderate	Identify political and board level sponsors early on	RPB
			OD support to leadership team to help drive development and maintenance of whole system governance Workforce & OD plan	JMB &PMO
			Develop assurance framework	PMO
9	Prevalence of mental health needs in the population continues to rise faster than can be managed diverting resources to crisis and short-term management	3x4=12 moderate	Model scenarios as part of implementation plan and develop contingency plans	Finance and Performance Leads
			Develop finance and performance monitoring frameworks	Finance and Performance Leads
10	Ineffective sharing of information results in siloed working	3x4=12 moderate	Develop information sharing protocols	Clinical / Practitioner Leads
			Develop IT Plan	

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20 Appendix A: Reviewed Service Models

Method

A search of the published academic literature produced limited information on whole system approaches and single point of access (SPA) models relating to CYP mental health and wellbeing. Internet searches were then used to locate publicly available policy documents, evaluation reports and websites (grey literature) to build a picture of a range of models, pathways and approaches that could be used to inform strategy development in North Wales. Recommendations and intelligence from the North Wales regional partners were also reviewed.

A number of useful examples from the UK and internationally were identified and reviewed, providing insights into the solutions developed by a range of different health and social care authorities and partnerships.   Priority was given to models that had been recently evaluated with good evidence of success. Two examples with no evaluation were included; Gwent Space-Wellbeing as it is highly relevant to the context of North Wales it was the only regional model with available documentation, and Hertfordshire adapted iThrive model as it proposed other innovations that could inform strategy.

Scope
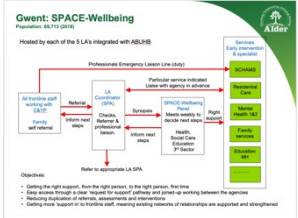
Integrated CYP mental health and wellbeing models of service delivery searches were conducted in:
- Published literature
- Grey literature
- Seeking Welsh, UK and international examples
- Focus on age group: 0-18/25

Models Presented

Five of the models reviewed were presented at the Stakeholder Workshop 2.1. These were selected to illustrate a range of different approaches and principles. The models were:
- Gwent: SPACE-Wellbeing
- Liverpool: Integrated Mental Health
- Hertfordshire: Proposed Adapted Thrive Model
- Trieste, Italy: Whole life, whole system
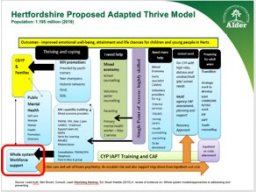- Australia: Headspace – National Mental Health Foundation
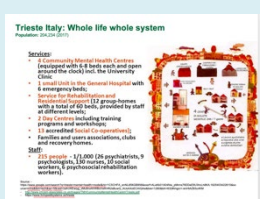
Model	Attributes	Evaluation/ Review	Key Findings /Comments
Space- Wellbeing: Gwent **Region** **Population 69,713 (2018)** **hiips://www.childcomwales.org.uk/faqs/case -study-gwent-space-wellbeing/** **hiips://abuhb .nhs.wales/healthcare-services/community-services/mental-health/child-and-adolescent-mental-health-camhs/information-for-parents-and-carers/** *Sketch model produced from documentation by author JvH*	- Age 0-25 years (assumed) - Early intervention & specialist help - Access via referral from all frontline staff with C &YP, family self-referral - LA co-ordinator checks and provides synopsis to the MD assessment panel for consideration. - Multi-disciplinary assessment panel – LA, UHB, Ed, 3rd sector (review with panel members (2020) suggests inclusion of Education needs to be strengthened) - Panel reports back to LA co-ordinator who communicates outcomes to CYP and/or family. - Common protocol and processes across 5 LA's integrated with ABUHB - Common process language	Draft Initial Evaluation – Views of Panel Members (Not in the public domain)	Key findings from Draft Initial Evaluation – the Views of Panel Members (2020) - Best things about SPACE Wellbeing (theme analysis in order of strength 1= strongest): 1) Multiagency collaboration, 2)learning about other services, 3)productive professional discussions, 4)right service right time, 5)networking, 6)structure of meeting and organisation, 7)referrals being accepted easily and willingly - Areas for improvement (as above): 1) Strengthened links with Education, 2)more detailed and accurate referrals, 3) process improvements, 4)better understanding of other services/agencies, 5)filter unsuitable or 'bounce back' referrals out, 6) time management, 7) more pre-allocation and possible allocations, 8) more contextual discussion Notes: - Draft Initial Evaluation not in the public domain. - No common assessment framework (as far as known) - No, or very minimal joint funding (each LA host its own process) - Minimal integration - C&YPF not directly involved in treatment decisions. - Dependent on the skill of the LA coordinator in investigating and summarising case details and relaying information (evaluation suggests improvement is needed here)
Integrated CAMHS Offer (IAG): **Liverpool** **City** **Population: 496,784 (2019)** **hiips://www.liverpoolccg.nhs.uk/media/2490/38 266-description-of-liverpool-camhs-offer.pdf**	- Age 0-25 yrs Asset-based approach - Stepped model of care that can be accessed at any stage dependent on their needs - Services delivered by voluntary and statutory sector - Access via SPA run by Alderhay – telephone consultation, triage to ensure most appropriate support for needs, assessment, passport of accepted referrals to the most appropriate CAMHS Provider/Clinician for intervention - **Access** via Universal Services (GP school Health visitor, youth worker etc.)	Review 2019: hiips://www.liverpoolcamhs.com/wp -content/uploads/2019/01/Liverpool-CYP-MHEWB-Transformation-Plan-2018-19-refresh.pdf	Key Evaluation findings - Increase in confidence to support children and young people's mental health - 98% identified their lives had improved after receiving the IAG service. - 76% improved mental health and wellbeing. - 2% stepped up to specialist CAMHS. - 79% said things in school had improved. - 90% have an improved wellbeing. - 97% said they were happy or very happy with the service.

	- **Access** – 3 Open Access Hubs across the city – offers services to CYP & Fam 1) Drop in, Information & guidance (incl ASC and ADHD), CYP group MH support, parent/carers MH support groups, therapeutic support & interventions, Youth-based mental health support , GP Drop-in, Specific support for LGBTQ - **Access** via 1) education (every school has dedicated time for a CAMHS practitioner to offer support to staff, CYP and fam., 2) CAMHS practitioner in every GP practice, 3) Children's Centres – dedicated time with CAMHS practitioner - Training and awareness, consultation, support given to professionals working in universal services – ensure know how to get additional support if needed - Digital support offer - Open access online booking		- Reduction in A&E presentations (Self-reported – CYP would have attended A and E if not for YPAS). - Self-reported decrease in rate of self-harm and suicidal ideation with 16% of - CYP reporting that they would not be alive without the service following access to LGBTQ+ provision. - Prevented 23 attendances at A&E across Alder Hey and Southport and Ormskirk hospitals. - Saved 41 bed days in Liverpool. -
Take 5 Mental Health and Wellbeing Hub: Oldham, Manchester **City** **Population: 233,759 (2017)** hiips://www.togmind.org/youth -in-mind/take-5	- Age 8-18yrs – youth focussed - Integrated Community Health Hub - Holistic non-clinical approach - Early and brief intervention – referral to other services - Open access community-based physical space - **Access** via parent/carer/guardian, self-referral, Early Help, CAMHS, Adult services 16+, YJ, Paediatricians, Primary Care, Youth Centres, Schools, referrals from other services….etc. - 6 pathways: Low Mood, Anger, Anxiety, Stress, Self-esteem, Bereavement. - Drop-ins, guided self-help, focus on strategy building, 20 min 1 to 1's over 5 weeks. - Therapeutic Groups, Counselling, Art Therapy, Arts for Wellbeing, Digital Friendship, Integrative tailored care. - On-line offer	Evaluation 2021: hiips://e -space.mmu.ac.uk/627735/	Key Evaluation findings relating to the implementation of the hub: - reduction in reported levels of CYP psychological distress - improved family function - Waiting times for access to services more than halved Note: 11 members of staff, supporting approx. 600 children and young people, 100 parents/carers also supported through family support and brief interventions
Forward Thinking: Birmingham (FTB) **City** **Population: 1.149 million (2019)** hiips://www.forwardthinkingbirmingham.org.uk/	- Age 0-25yrs - On-line and phone SPA 24/7 - Access (all levels of need) via self -referral, friend/family, professional - Seamless pathway	Evaluation 2017: hiip://wrap.warwick.ac.uk/100545/	Key evaluation findings: - Strong support for the model in particular the integration of CYP & Adult MH services in the hubs - FTB model improving access to MH services for all ages.

hiips://www.priorygroup.com/blog/forward-thinking-birmingham-a-new-mental-health-partnership	- Community hubs for assessment and therapy – by appointment. - Hubs integrated with adult mental health services. - Digital: NHS approved mobile apps - Support for: ASD assessments, early intervention psychosis, eating disorders, LD, on-line therapies, talking therapies etc. - Partnership: Birmingham Children's Hospital, Worcestershire Health and Care NHS Trust, Priory Group, Beacon UK and The Children's Society. - One-care-plan-patient management system.		- Concerns about staffing - Questions about capacity to meet demand - Inadequate and incompatible data mgmt. systems - Poor service infrastructure (availability of space & equipment, age appropriate environments)
Headspace: Australia **National** hiips://onlinelibrary.wiley.com/doi/full/10.1111/eip.12740 _[image: Australia: National MH Foundation, headspace diagram]_	- Age 12-25 yrs. – life-stage of high vulnerability yet marked reluctance to seek help (Arnett 2013, Slade et al, 2009) - no one turned away on the basis of severity no wrong door policy - Australia's national youth mental health foundation (established 2006) – federal government funded through Department of Health – Physical Centres in towns and cities over 120 now across the country - Easy access youth-friendly multi-disciplinary primary care service that builds on the capacity of local services to provide early intervention approach - Designed specially with/for Young people (grey circle & central figure – 1)Centre specific Youth Reference Groups input to service development (design, delivery, implementation 2) Governance process. - Young people participate in their own care at all points in the care pathway – involved in decisions (orientation, policies & procedures) - Family and friends involvement (in discussion with the YP) – encourage involvement. Service devt Family and Friends reference group, governance - Staff engage in community awareness work + national - Youth participation core component – treatment plan, own care, service development at each centre informed by youth panel	Evaluation 2016: hiips://headspace.org.au/assets/Uploads/Evaluation-of-headspace-program.pdf headspace	Key evaluation findings: - **s**ervices reduce suicidal ideation and self-harm - accessible to a diverse group of young people with high levels of psychological distress - attracts young people from marginalised and at-risk groups, and people traditionally disadvantaged in their access to health care including Indigenous young people, young people living in regional areas and those identifying as LGBTI - young people using **headspace** services had better outcomes than young people receiving other treatment or no treatment - generally speaking the more services young people accessed, the better the outcome (i.e. people accessing 7+ sessions improved more than those attending once or twice) - young people receiving **headspace** support took fewer days off work and study due to mental health issues so there were significant social and economic outcomes - clients were overwhelmingly positive about **headspace** and generally satisfied with the services they received

	- Regular centre evaluation through standardized service user satisfaction survey – dashboard – identify service gaps - Recent strengthening by integration with specialised services - Culturally and developmentally appropriate care – priority group recognition cultural groups LGBTQ etc. - On site integration (co-location of services) and off site. - Strong links with local service providers - Supported transitions - Lead Agency independent organisations set up and run the centres responsible for delivery - Consortia – local service providers that collaborate to provide strategic direction. - Multi-disciplinary teams – psych, social workers, youth workers, nurses GP's		
Whole life whole system: Trieste Italy **City** **Population: 204,234 (2017)** hiips://www.livingwellsystems.uk/trieste hiip://www.triestesalutementale.it/guida/guida dsm.htm#organizzazione hiips://www.psychologytoday.com/us/blog/saving-normal/201512/worlds-best-and-worst-places-be-mentally-ill 	- All-ages – whole community - 4 Community MH Centres (6-8 beds each and open around the clock including the University clinic. - 1 small unit in the General Hospital with 6 emergency beds - Service for Rehabilitation and residential support (12 group homes with a total of 60 beds, provided by staff at different levels) - 2-day centres including training programs and workshops - 13 accredited Social Co-operatives - Families and users associations, clubs and recovery homes. - Staff: 215, 1/1000 population (26 psychiatrists, 9 psychologists, 130 nurses, 10 social workers, 6 psychosocial rehabilitation workers)	Evaluation: hiips://www.livingwellsystems.uk/trieste	Key evaluation findings: - 70% reduction in days of admission. - 50% reduction of emergency presentations at the general hospital over 20 years. - Evidence that CMHCs are effective in crisis resolution and in preventing relapses. - Qualitative research highlighted the connection between recovery, social inclusion and participatory citizenship. - 40% reduction in suicide rate over 15 years. - The lowest rate of involuntary treatments across the whole of Italy: in 2016 only 20 people underwent involuntary treatments. This is equivalent to less than 7/100.000 inhabitants. - No psychiatric service users are homeless: there are no homeless clients because the CMHC beds function as shelters until suitable accommodation can be found. - Employment and integration: about 250 people every year are in grant-funded professional training and about 10% of them find jobs in the social or private sector. - Forensic hospital closure: the number of inpatients in forensic hospitals had been steadily declining, from an average of 20 in the '70s to an average of 0.5 in the noughties. Trieste's forensic hospital was finally closed in 2015.

			- Lower cost: in 1971 the budget for mental health services amounted to the equivalent of €26 Million. In 2001 it was €14 million. - Fewer staff: in 1971 there were 524 members of staff. Today they are 220. - Lower cost: in 1971 the budget for mental health services amounted to the equivalent of €26 Million. In 2001 it was €14 million.
Proposed Adapted Thrive Model: Hertfordshire **County** **Population: 1.195 million (2019)** hiip://implementingthrive.org/implementation-sites/i-thrive-accelerator-sites/accelerator-site-5/ hiip://www.westsuffolkc cg.nhs.uk/wp-content/uploads/2013/01/APPENDIX-5C-Whole-System-Model-Single-Point-of-Access.pdf 	- Proposed model only – adapted from Thrive principles (I'm doing well, Coping, Getting Help, Getting more help, Getting Risk Support, I need help preparing for adult years) - A single well promoted gateway to get help - Support based on a child's needs not their diagnosis - A multi-sector partnership approach focusing on shared assessment processes and outcomes; also where each partner understands their role in the system - Improved information-sharing and coordination between universal, targeted and specialist services - Support for parents, children and young people to give them the knowledge to promote their own wellbeing and to know how to get help if they need it. - A strong foundation of universal mental health promotion and self-care - Early help or youth hubs (primary and specialist MH work along with other multi sector activity including early years services, schools, children's services the voluntary sector and youth work - Common language – assessment framework - Whole-system pathway – priority for those who self-harm, ADHD, anxiety, behaviour issues, LAC - Primary MH professional as bridge between services – delivering simple evidence-based interventions - A highly skilled single-point of access worker: For children whose needs fall outside the skills set of primary mental health support, who can triage, refer and negotiate access to effective support; offer help until the young person is successfully engaged; and troubleshoot access problems. - Effective crisis care - Needs-based	No documentation available	Note: Hertfordshire is one of the 10 iThrive Accelerator sites evaluating Thrive principles as part of the NHS Innovation Accelerator programme.

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	- Outcome monitoring		
Jigsaw hiips://jigsaw.ie/	- Early intervention service - Offer **expert mental health advice and support, online and in person**, to young people across Ireland, aged 12 - 25 years-old. - Currently 11 Jigsaw services throughout Ireland.	hiips://pubmed.ncbi.nlm.nih.gov/30185279/	- Evidence that Jigsaw is an accessible and effective service which plays a key role in the continuum of mental health care for young people in Ireland
Access Open Minds hiips://accessopenminds.ca/	- culturally relevant mental health services and as well as access to physical health and sexual health services, traditional Indigenous programming/support, and other social services, under one roof - Early identification, rapid access, appropriate care	hiips://accessopenminds.ca/impact/ hiips://onlinelibrary.wiley.com/toc/17517893/2019/13/S1	
SPOT: Supporting Positive Opportunities with Teens **St Louis** hiip://thes pot.wustl.edu/	- access to health and prevention services - focus on positive educational and vocational outcomes - remove barriers that currently impede youth from seeking or obtaining health and prevention services; - centre separate from a child or adult clinic environment that is youth-specific - combined health and social services into a single setting - engage youth in all aspects of the program development and allow opportunities for their leadership to be fostered; - successfully link youth into the existing healthcare system by addressing and eliminating specific barriers.		
The Well Centre hiips://www.thewellcentre.org/ **Age 13-20**	- Access to youth worker, counsellor or doctor to for health concerns or worries in a safe and confidential space. - Sexual health - Liaison with CAMHS - Teen health Check	hiips://www.cqc.org.uk/location/1 -681486807/contact	
Your Choice **New Zealand** hiips://www.healthwest.co.nz/our -services/the-youth-health-hub/primary-mental-health-services **Age 12-24**	- access to early intervention for young people with mild to moderate mental health concerns.	Evaluation 2014 hiips://www.researchgate.net/publication/267627602_Facilitating_Access_to_Effective_and_Appropriate_Care_for_Youth_With_Mild_to_Moderate_Mental_Health_Concerns_in_New_Zealand	

21 Appendix B: Summary Evaluations of Four Integrated Care Fund (ICF) Projects in North Wales

Part of the North Wales Regional Partnership Board Strategic Review included an evaluation of 4 projects funded by the ICF. These were:

- East Area (Flintshire 7 Wrexham) Multi Systemic Therapy (MST)
- Central Area (Denbighshire) Primary School-based Counselling Service
- Central Area (Conwy): OT Seconded to Strengthening Families Team
- West Area (Gwynedd & Anglesey) Virtual School Head (VSH)

A comprehensive evaluation report was published on 23rd April 2021. The following 4 pages provide one-page summaries of each of the projects.

Pilot Description: ICT MST East Area Flintshire and Wrexham

The project aimed to research and test Multisystemic Therapy (MST) intervention to support adolescents at risk of entering care or custody in East Area. Because these children often have problems, which are emotional and behavioural, rather than mental disorders, they can struggle to get therapeutic and other support services they need. Young people living in the counties of Wrexham and Flintshire, aged 11 to 17 years old, at risk of out-of-home placement due to antisocial and/or offending behaviors, including young people involved with the youth justice system plus a responsible adult

Objectives

1) Reduction in established emotional and mental health problems in young people of secondary school age by earlier identification and intervention to address emerging issues with primary school aged children, building their resilience and self-esteem. Reduction in referrals to specialist mental health services.

2) A clear understanding of how a primary school-based counselling service focussed on support for children at Key Stage 2 might operate and what the practicalities and requirements might be on the ground.

Pilot Comparison Summary			

Project Delivery

How long has it been running	10 months
Capacity current funding	circa 57 treatment slots PA
Objectives delivered	Yes
Outcomes defined	Yes
ICF Funding 2020-2021	£66,000
Extent of COVID-19 disruption	Moderate
No. CYP full course therapy	10 (01/06/2020 – 30/11/2020)

Outcomes

Emotional health-wellbeing	Evidence of Improvement
Family/carers feel supported	Evidence of Improvement
CYP at home, in school, no new arrests	80-100% Success
No. CYP avoided specialist services/crisis	More Data Needed
Wider workforce confidence	Strong (6 interviewed)

Therapeutic Evidence Base

Current evidence base for service	Strong
Potential evidence base for service	…….Strong

Sustainability/Scalability

Service infrastructure	Strong
Evidence of potential cost-benefit	Strong (research)
Potential Scalability	Strong

Evaluation Quality

Quantitative evidence	Strong
Case studies	2
Other material	Strong
Interviews conducted	9 Professionals, 2 Parents

Findings

- The project was well planned and researched prior to implementation and is well supported by a multiagency agency steering group.
- A huge amount has been achieved and learnt as a result of setting up a service in the middle of a pandemic, which will inform next stage developments.
- The service model is well research and based on over 30 years of international evidence including UK studies.
- The service has been implemented well, and adherence to the service model and reporting on outcomes is monitored robustly at a local level. Meeting targets for adherence outcome measures is overall good but not yet optimal. Likewise meeting targets for the 3 ultimate outcome measures is also good but not yet optimal. That said the service has only been operational for 10 months, which could account for this.
- On face value taking account of intensity of service, on call and the licence fee the service could appear expensive. A cost benefit analysis of the service is currently underway and a recent published UK study showed a similar stand-alone service was cost effective relative to baseline and cost effectiveness increased with economies of scale.
- All interviewees unanimously valued the service and were able to give qualitative examples of how the service had delivered on 'National Outcomes Framework Measures'. The intensity of the offer and on-call service was particularly valued.
- In common with a published study a number of interviewees questioned the potential gap in-service when cases are closed, which may or may not be an issue as longer term outcomes from the project are evaluated.
- Demand and capacity planning, pathway development and local data systems have yet to be developed. There is a rich source data from the project thus far that could be used to develop assumptions to inform service planning and service modelling.

Conclusion

- The project is based on over 30 years of evidence including UK studies, was well planned, well delivered and is well monitored. Local outcomes although limited at this stage show positive impact on young people and their families. Further work is now needed to realise full benefits of the project

Key Recommendations

- Build the local case for return on investment and model impact.
- Development of local pathways; demand and capacity plans and local data systems to monitor impact.
- Build marketing case studies for different audiences.
- Start planning ahead now for the next stage of the project (April 2022 onwards) to avoid disruption to the current phase of the project in 2021-2022 (there is a 5 month lead in time base on standard 20 week MST therapy).

Pilot Description: Central (Denbighshire) Primary School Counselling	Objectives
The pilot is testing the expansion of the Denbighshire Independent Young Person's Counselling Service (DIYPCS) to provide evidence-based counselling to primary aged (KS2) children. This includes the recruitment of an independent School Counsellor and provision of training for Counsellors in Therapeutic Play. The service is a Tier 2 provision, focussed on meeting the gap in existing wellbeing and resilience support services for children between Tier 1, school-based pastoral interventions and specialist mental health interventions at Tier 3.	1) Reduction in established emotional and mental health problems in young people of secondary school age by earlier identification and intervention to address emerging issues with primary school aged children, building their resilience and self-esteem. Reduction in referrals to specialist mental health services. 2) A clear understanding of how a primary school-based counselling service focussed on support for children at Key Stage 2 might operate and what the practicalities and requirements might be on the ground.

Pilot Comparison Summary		
Project Delivery	**Outcomes**	**Sustainability/Scalability**
How long has it been running 16 months	Emotional health-wellbeing Evidence of improvement	Service infrastructure Strong
Current funding capacity circa. 48 pupils per year	Family/carers feel supported No interviews	Evidence of potential cost-benefit Strong (research)
Objectives delivered Yes	No. CYP avoided specialist services/crisis 1	Potential Scalability Strong
Outcomes defined No	Wider workforce confidence Strong (1 interview)	**Evaluation Quality**
Funding 2019-2020 £33,000	**Therapeutic Evidence Base**	Quantitative evidence Weak
Funding 2020-2021 £33,000 (+ £2400 train)	Current evidence base for service Weak	Case studies 4
Extent of COVID-19 disruption Severe	Potential evidence base for service Strong	Other material Moderate
No. CYP supported by service p.a. 30 (expected 60 - COVID)		Interviews conducted 3 (professionals)

Findings

- Service infrastructure, professional standards and ethics framework regulated through BACP accreditation, are established and working well.
- DIYCPS staff committed and enthusiastic about working with KS2 children.
- The key progress measure (YP-CORE) used by the wider service is not suitable for some KS2 children therefore evidence of service impact could not be determined.
- Approaches for counselling with primary children different to secondary and requires specialist training.
- Onward referral rate is currently 0.3% which considerably lower than the 5% rate of the secondary school service (this should be read in the context COVID disruption and the low number pupils who accessed the service).
- The remote working skills and protocols developed in response to the pandemic offer a new and more flexible range of service options for delivery where children request it or where face to face is not possible.
- Academic research indicates: 1) significant cost-benefits from using primary school counselling to avoid pressure on specialist service later in a child's life; 2) likely to be higher demand for children's mental health services post pandemic; 3) improved outcomes, reduced costs and better utilization of services can be achieved when a multi-agency panel is used to consider which mental health intervention will best meet the individual's needs.

Conclusion

- A well-run pilot that, despite COVID-19 disruption, has pioneered the delivery of primary school-based counselling services across Denbighshire and has the potential to be rolled out across the region.

Recommendations

- Investigate and implement age-appropriate post evaluation questionnaires and pre and post counselling measures for younger children (replacing YP-CORE) to evidence individual progress and can be collated to provide evidence of service impact.
- If rolling out across the region, review the evidence strategy to ensure all elements can be gathered consistently across all LA's.
- Consider the potential for increased demand for counselling post COVID-19
- Take account of the additional time it takes for the Counsellor to gain consent and build relationships with parents/carers and teacher in comparison to secondary school service when estimating the funding required to continue or further expand.
- Investigate Multi-agency panel approach to decide the appropriate response to each referral, involving DIYCPS, schools, and other relevant services.
- Consider continuing to develop remote working skills and protocols developed in response to the pandemic to offer a more flexible range of service delivery options going forward.
- While face to face counselling Training in creative approaches suitable for younger children will be required going forward - £2400.00 training budget remains unspent due to COVID

Pilot Description: ICF Occupational Therapy Central Area Conwy	**Objectives**
An Occupational Therapist (OT) was seconded from the Vulnerable People Team to the Strengthening Families Team between Nov 2019 and April 2020. The aim was to research and test if occupational therapy could improve the emotional health and wellbeing of children and young people and avoid children and young people needing care or managed care by providing evidence based positive behavioural support in early intervention. The OT identified a gap is service for children with challenging behaviours who were either awaiting assessment or who had received a diagnosis but no offer of support services from health in relation to ASD and ADHD with sensory processing difficulties and worked with this group.	1) Improve the health and wellbeing of children young people and their families 2) Improve the life chances of children and young people by intervening early before the need for care becomes established. 3) Avoid unnecessary care and support and avoid unwarranted escalation of need. 4) Inform and up-skill existing staff in the Strengthen Families Team, FIT, and Family Centres

Pilot Comparison Summary

Process		**Outcomes**			**Sustainability/Scalability**	
How long has it been running	6 months	Emotional health and wellbeing	Evidence of Improvement		Service infrastructure - Strong, OT infrastructure - Weak	
Objectives delivered?	Yes	Family and carers feel supported	Evidence of Improvement		Evidence of potential cost-benefit	Moderate
Outcomes defined?	No	No of CYP avoided specialist services?	3		Potential Scalability	Strong
Funding 2019-2020	£33,000	Wider workforce confidence	Strong		**Evaluation Quality**	
Extent of COVID-19 disruption?	Mild- moderate	Current Evidence base?		Weak	Quantitative evidence	Weak
No of CYP supported by service?	15	Potential Evidence base		Strong	Case studies	2
					Other material	Moderate
					Interviews conducted	6 Professionals, 1 Carer

Findings

- The project was set up in just a few weeks as a result of the last minute availability of time limited funding, with limited opportunities to plan and source/ resource project management support. That said there was real enthusiasm for the project by staff involved. **The project has informed a larger business case for an Early Intervention Behaviour Support Team** to take this approach forward at scale, this initiative is also grant funded.
- Published evidence for sensory interventions is inconclusive and evolving. However, the project OT used a wide range of practical and behavioural interventions in addition to sensory interventions to achieve outcomes. **The RCOT recommends that children and young people have access to an occupational therapist as part of early intervention services** and describes a case study where an investment of £817 in OT generated potential savings circa £13,000 PA in educational placement. Similar saving calculations could illustrate project case studies.
- **Evidence from the project is consistently positive but very small in scale and limited in nature.** Evidence described how the OT had filled a gap in service for children with diagnosed and undiagnosed autistic spectrum disorder and attention deficit hyper activity disorder and in all likelihood prevented needs from escalating.
- There was a lack of an outcomes framework or routine reporting against project outcomes.
- Professional OT supervision was limited and informal and given the evidence base for sensory based interventions in OT is still evolving formal **specialist OT supervision may have enhanced the project ability to evidence outcomes.**
- Seconding an OT to the project was easy. **Recruitment of OTs to Early Intervention Hub has so far been unsuccessful**. Recruitment of occupational therapists is tricky as demand outstrips supply. Recruitment to specialist OT posts in social care is particularly difficult as OTs with similar experience can earn up to £10,000 more in health settings, can work in private practice in significant numbers and are less inclined to apply for short term posts.

Conclusions

- The project was very small in scale and lacking project management infrastructure to support the project lead. That said the project lead and OT were very committed to the project and still achieved a lot with very little. Outcomes were overall positive and the project showcased some compelling example of how the OT had helped children, young people and their carers and potential prevented needs escalating, but the project very small scale and the evidence was limited.

Recommendations

- This is an area where OT can add value but further local research is needed coupled with project rigour that a larger project such as the Early Intervention Behaviour Support Team brings with it. **RCOT recommends Audits of the effectiveness of interventions including Ayres Sensory Integration® and sensory based interventions should be systematically conducted to inform local evidence.**
- **Building the evidence locally for return on investment** will be critical including identifying where cost and benefits lie across the system.
- **Formal professional OT supervision** (in addition to line management supervision) in line with RCOT guidelines would maximise outcomes going forward. It would be worth exploring potential partnerships with local OT services and the department of OT at Wrexham Glyndwr University (who have lectures with special interest in children and young people, mental health, neurology and social services practice). Alternatively, RCOT have a register of potential supervisors.
- **Taking a fresh look at recruitment** will be critical, either partnering with health to second an OT, partnering with the Wrexham Glyndwr University or looking at creating a different grading mix (for example a junior grade support by a highly specialist grade rather than 2 specialist posts would much easier to recruit to, cost similar and highly specialist grade would be well placed to tackle gaps in evidence base). Longer-term funding and/or job security would also need to be considered to make post attractive.

Pilot Description: West Area (Gwynedd & Anglesey) Virtual School Head (VSH)	Objectives
This pilot aimed to draw on Sir Alasdair Macdonald's (2020) to research the potential benefits of instituting a Virtual School Head (VSH) to champion the educational attainments of all looked after (LAC) in the authority – both within and beyond its boundaries. The role would potentially be responsible for co-ordinating all parts of the system to ensure LAC receive an excellent education and equal opportunities regardless of their circumstances.	1) Support children in care and those who work with them to maximise education outcomes and remove barriers to success 2) Monitor progress of all looked after children in the care of the LA 3) Gain access to appropriate data 4) Use the status of the role to influence and be a champion for all looked after children.

Pilot Comparison Summary

Project Delivery		Outcomes			Sustainability/Scalability	
How long has it been running	N/A	No of CYP supported by service	N/A		Service infrastructure No existing infrastructure	
Capacity with current funding	N/A	No of CYP avoided specialist services	N/A		Evidence of cost-benefit	Strong (Research)
Objectives delivered	No	No of CYP referred to other services	N/A		Potential Scalability	N/A
Outcomes defined	No	No of crisis intervention required	N/A		**Evaluation Quality**	
Funding 2019-2020	£66,666.00	Current Evidence base		N/A	Quantitative evidence	N/A
Funding 2020-2021	£63,333.00	Potential Evidence base		N/A	Case studies	N/A
Extent of COVID-19 disruption	Severe	Local voices – no interviewed	None		Other material	N/A
		Local voices – impressions of quality	None		Interviews conducted	N/A

Findings
- N/A.

Conclusions
- N/A (see considerations in VSH report)

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22 Appendix C: CYP Consultation

No Wrong Door - Children and Young People's Consultation
July 2021

Executive Summary

The objective for this consultation was to gain the feedback, experiences and opinions of children and young people (CYP) who access children's services across North Wales. The number of CYP entering the care system and accessing services is significantly increasing along with the need and demand for providers to deliver their services appropriately.

This consultation aimed to co-produce and work alongside CYP to support and/or design any potential, long-term considerations for strategic development within children's services across North Wales. The CYP consultation process was delivered in three core stages:

Stage 1 – CYP Engagement

Presenting CYP with the opportunity to share their experiences, opinions and recommendations and identify any strong, recurring overall themes

Stage 2 – Professional Engagement

Share the CYP's engagement feedback (Stage 1) with professionals engaged in the professional stakeholder workshop to consider the feedback and generate potential solutions, provision, strategic developments etc that may contribute towards improvement in children's services

Stage 3 – Information Review

Present CYP with the information and ideas provided by the professionals to gain their feedback/review

Stage 1 – CYP Engagement

To gain insights and feedback directly from CYP to support the development goals for this project, the following considerations and strategies were created and delivered:

Engagement Workbook (Young Leaders)

A specialised engagement workbook was created which provided participants with the opportunity to provide their feedback in a variety of formats. The workbook could be completed remotely or during face-to-face sessions.

Workshop Engagement (Face-to-Face)

Participants were offered opportunities to engage through several workshop style approaches. To ensure that feedback remained as consistent as possible for data analysis purposes, the Young Leader workbooks were used to help guide workshop feedback where participants did not complete the workbooks in written format.

To offer both the above approaches and encourage engagement participation, we used the following platforms to raise awareness:

● **Email Campaigns**

● **Article entry in the North Wales Patient Experience newsletter**

● **Social care and third sector forums**

The above platforms aimed to reach the following providers/services using a robust database. The providers, through the services they provide, shared the consultation engagement opportunity with CYP based in North Wales:

● **85 services across social service and third sectors**

- **7 CAMHS teams**

- **Over 50 members of staff within the Neurodevelopment Development Services for CYP**

- **5 Local schools**

The below image is an example of the Patient Experience Newsletter:

Data analysis: Using 5 key questions from the Young Leaders Workbook, we studied both the completed workbooks alongside verbal feedback provided during workshops to create coded themes that establish recurring themes.

Key dates:

24 May – 08 June 2021 – Consultation preparation (workbooks, consent forms, welcome packs)

09 June 2021 - Consultation opportunity shared with providers

14 June 2021 – 12 July 2021 – CYP consultations commence (Virtual and Face-to-Face)

04 July – 07 July 2021 – Visit and workshops conducted with CYP across North Wales

20 July 2021 – Review Workshop 1 (East Area)

23 July 2021 - Review Workshop 1 (East Area)

CYP Engagement

Total number of CYP who engaged in totality (workbook completion and face-to-face consultations) during Stage 1 = 82

The below chart demonstrates how the 82 total participants are geographically located.

Diagram A

LOCATIONS OF RESEARCH PARTICIPANTS

Participants located in the west
11%

Participants located centrally
11%

Participants located In the East
78%
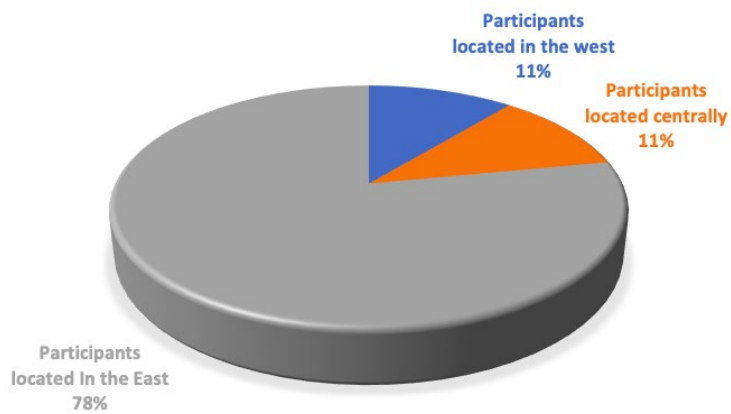
Below is a chart which illustrates the percentage of each gender who took part in the overall research project.

Diagram B

GENDER OF RESEARCH PARTICIPANTS

Gender Unknown
22%

Male
33%

Female
45%

Diagram C

Age ranges of Research Participants
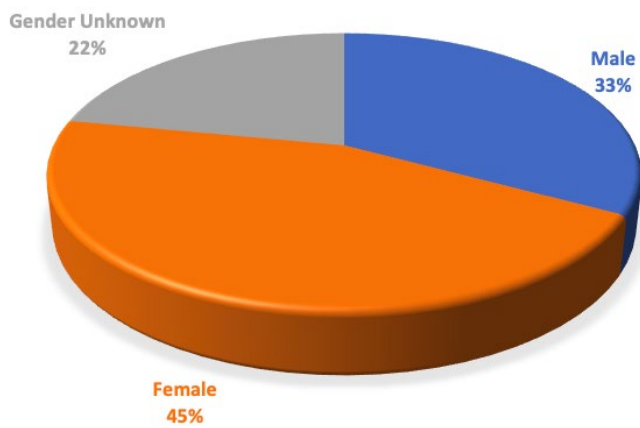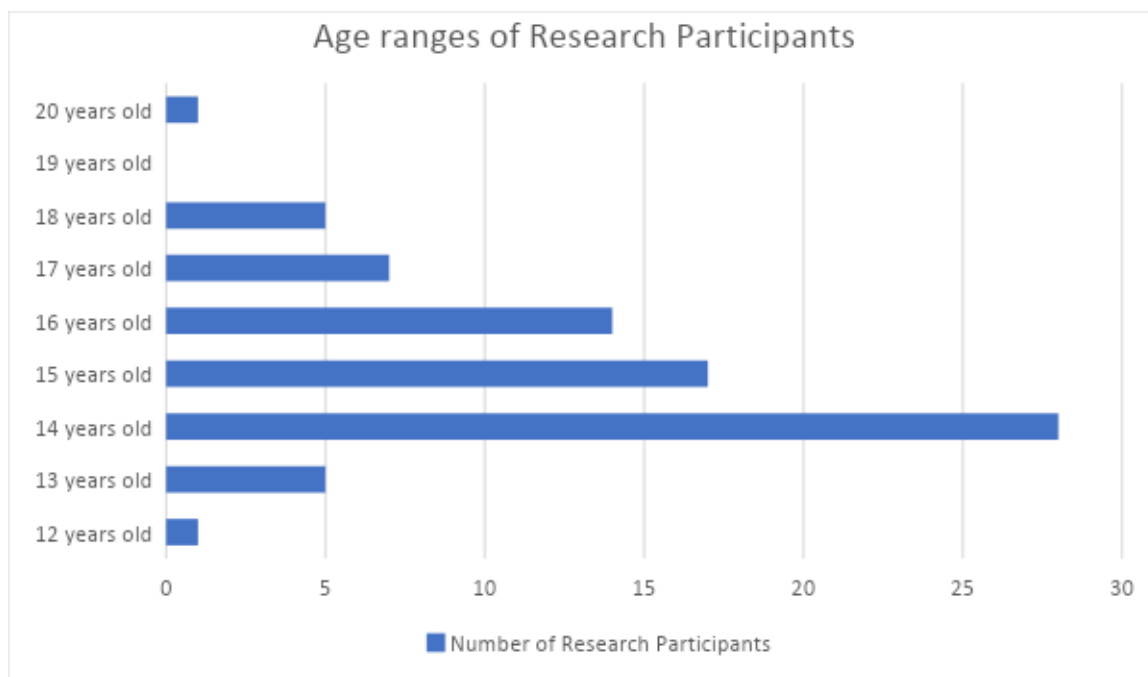
82 participants were aged between 12 and 20 years of age (see diagram C).

When considering their geographic locations across North Wales:

- **64 participants are based in the East**

- **9 participants are based in the West**

- **9 participants are based more centrally**

37 of the participants identified as female, 27 as male and the remaining 18 did not state any gender (see diagram B)

Analysis and Themes

When analysing the feedback collectively, several reoccurring themes arise from CYP's personal experiences that demonstrate a need for improvement within children's services. 91.5% identified situations where they felt that the services they accessed could have been better and offered suggestions on what they would like to see in the future. Though a general, overall sense of dissatisfaction is apparent, there are some trends and recurring themes that are more powerful and recurring.

The most powerful and recurring themes when analysing the feedback provided by 82 CYP, the following themes recurred most using coded theme analysis:

Themes	Number of Participants (out of 82) who shared theme	Percentage
To have online services that enable users to access support, book appointments, conduct appointments etc	29/82	35.3.%

To have better and quicker access to mental health professionals/services/resources	26/82	31.7%
To have clearer/uncomplicated information of where or who to go to when support is required	25/82	30.4%
To feel supported, valued and listened to	24/82	29.2%
To have shorter waiting lists	24/82	29.2%
To have better communication and consistent relationships with professionals/therapists	22/82	26.8%

Analysis of feedback suggests children and young people would like to see:

● A major reduction or preferably elimination of waiting times for mental health services (young people's unhappiness with excessive waiting for mental health appointments was a highly recurring theme)
● Development of simple up to date information on how to get support that is easily accessible, and available online
● Development of digital offers e.g. for online booking, video, and telephone appointments etc.
● Simplified access to services that communicate well with each other
● Professionals who listen, seek to understand, show compassion, and can communicate better with children and young people.
● Help that is person-centred and consistent which then helps young people to build trusting relationships with professionals
● Help that is readily available even at lower-level support and including a wider range of support and therapies such as help with gaming addiction.
● Better support in school including, mental health awareness raising in schools and their communities, teacher and peers that are more knowledgeable about mental health, and more available counselling in schools

Limitations
● **Timescale:** The consultation process with CYP was delivered under a period of three weeks and the total time allotted to the consultation was approximately seven weeks. A longer, more extensive timeframe would present the potential for wider engagement and analysis to establish stronger themes and feedback
● **Age:** The youngest participant age was 12 therefore the evaluation does not include CYP accessing children's services aged below twelve years old
● **Gender:** Though the gender of participants was generally balanced, a larger cohort of participants would have provided an opportunity to further analytically research gender vs themes trends
● **Location:** Though attempts to engage learners across North Wales were made equally, the response rate from eastern districts were much higher (83%) therefore this does not represent a balanced outlook pertaining to CYP feedback geographically
● **Covid-19:** Both restrictions such as lockdown and general uncertainty may have affected participation and engagement levels

Stage 2 – Professional Engagement

Professionals were presented with the opportunity to view and discuss feedback shared by CYP during Stage 1. After considering the themes, feedback and recommendations, the professional stakeholder workshop participants developed concepts for new ways of working that:

- Are based on experiences of children young people and families
- Have a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse
- Be integrated so that CYP and their families have one simple way into the services they need - this could look like an integrated team of health and social care staff that works together with schools and other community support services
- Be flexible so that children, young people and families can move between services as their needs increase or decrease e.g., without waiting or having their case closed and opened again.
- Be available as locally as possible
- Be accessible - make it as easy as possible for you to get to the service or for the service to reach you

The above concepts were formulated into a child friendly format and delivered through workshops that took place on:

- **20 July 2021** (Halkyn Castle Wood – Central/East Area)

- **23 July 2021** (Gwaith Powdwr – West Area)

Below are samples taken from the workbook designed for CYP sharing ideas presented by professionals.

All the participants who engaged during Stage 1 received an invite to attend the workshop review events. Facilitating two workshops with the capacity to host larger groups, this engagement opportunity was also extended to CYP who access children's services across

North Wales whom did not initially participate during Stage 1 consultations. Having two event locations namely one in the East and another in the West, accommodated and supported CYP with further travel/location needs and flexibility.

Workshop Attendance Figures

Date and Venue	Number of Participants
20 July 2021 (Halkyn Castle Wood – Central/East Area)	**28**
23 July 2021 (Gwaith Powdwr – West Area)	**5**
Total	**33**

Number of participants who completed the workbook	9
Number of participants who provided verbal feedback	15
Number of participants who did not provide feedback	9

Overall feedback demonstrates that participants were pleased to see the initiatives and ideas sharing a positive feedback on the information provided to them by professionals engaged in the professionals workshop.

From the initiatives presented to CYP, the following three received the most positive feedback:

A Central Door - *based on experiences of children young people and families*

- This initiative received the most feedback with CYP feeling that this will support or eliminate issues surrounding waiting times, provide a faster route to receiving information online and better access to mental health support

<u>Quotes from CYP</u>

1	I agree with the central door although there needs to be the right teachers to talk to so they understand your position.
2	I agree with the central door as they will have a good understanding.
3	The ideas all seem good but having a central door is best idea
4	I think there will be less waiting time with central door
5	One single point would be good as not then being passed from one service to another.

The Prevention Door - *Have a shift in focus to prevention and early help - to prevent mental health difficulties occurring and offer help in the community at an early stage to stop mental health difficulties getting worse*

- Participants and their families felt that education in the community would support improvement. Many shared how their first place to receive support is at home or amongst family and friends

Quotes from CYP

1	The best idea as having one easy method is the most convenient for getting help.
2	We don't have to rely on services then
3	When I most need help, I get it from my friends and family which is why this is my favorites
4	This seems like the best solution because we don't always have to get annoyed for waiting

The Supporting Door - *Be accessible - make it as easy as possible for you to get to the service or for the service to reach you*

- Participants felt that this initiative could offer support that they currently lack

Quotes from CYP

1	The supporting door is most important
2	Schools really need to improve, its where we spend most of our time
3	Feeling supported is important which is why I like this one
4	Travel is always an issue for my mum so I think this will help
5	Integrate with schools: flexible hours for people who need them

Limitations – Review Workshops
- **Participation numbers**: The feedback provided was based on 33 participants
- **Age:** The youngest participant age was 11 therefore the evaluation does not include CYP accessing children's services aged below eleven years old
- **Demographic Data**: Due to a large cohort of new participants who had not engaged during Stage 1, it was difficult to determine and analyse the feedback with demographic data as this was not provided

- **Geographic Data**: out of 33 participants, only 5 attended the event in the West. Therefore, the feedback was predominately provided by CYP located in the East and only a small representation of service users in the West is included
- **Timeframe**: The feedback and deliverables are based on participation levels gained across North Wales over a period of seven weeks. An extended commitment to the timeframe would enhance both participation and feedback quality
- **Covid-19:** Both restrictions such as lockdown and general uncertainty may have affected participation and engagement numbers

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23 Appendix D: Guidance Frameworks

Matrics Plant Guidance on the Delivery of Psychological Interventions for Children and Young People in Wales

Matrics Plant published in September 2017 provides organising principles for psychological interventions. Services should be designed to ensure that they are able to meet the needs of the child or young person at the earliest appropriate opportunity as well as at the earliest possible stage in their development. This would include ensuring that suitably qualified practitioners are available to provide evidence-based psychological interventions.   Matrics Plant does not recommend specific service models, rather the formulation should consider where in the child or young person's system an intervention can be most effective for improving psychological resilience and wellbeing. As such, evidence-based psychological interventions encompass a wide range of courses of action including:

- Targeted training to upskill key members of a child or young person's system
- Network consultation to support the development of a shared framework for understanding and responding to the child or young person's specific presentation
- One off or ongoing consultative support to an individual or specific team
- Intervention with main carers/parents
- Intervention directly with child or young person.

It is essential that the expertise and support that exists within the system is available to practitioners in embedded services in the form of easy to access consultation, advice and role appropriate supervision, as well as skilled psychological and other practitioners being embedded within these systems.

Nest/Nyth

Published in 2021, Nest/Nyth is a planning tool for Regional Partnership Boards that aims to ensure a whole system approach for developing mental health, well-being and support services for babies, children, you people, parents, carers and their wider families across Wales. It is intended to help those seeking to develop or transform such services to focus on the following core values and approaches:

- A rights-based approach. Are children and young people in their care aware of their rights? How does this get enacted day to day?
- Equity, Diversity and Inclusion. Ensuring a feeling of inclusion regardless of race, ethnicity, culture, religion, gender identity, sexual orientation, physical health and disability, neurodiversity, additional learning needs, learning disability, adversity and poverty.
- Values Led – focus on supporting children of all ages with their mental health and wellbeing.
- Child development. Supporting the uniqueness of each child as they develop rather than focussing on age.
- Psychologically informed. Keeping up with emerging learning and incorporating it into the way we work.

- Trusted adult – the vital role that proximal grown-ups have in helping babies, children, and young people with their mental health and wellbeing.
- Wellbeing across education – ensuring that there is a good understanding of mental health and wellbeing across the sector and that this is used to support children and young people in every way possible.
- Co-produced innovation – taking on everyone's ideas, especially those of young people and their families.
- Easy Access to Expertise -grown-ups in children's lives know where to go for help and can get it quickly if they need it.
- Safe and supportive communities – ensuring environments that children and young people grow up in and the services around them are safe for them to live, play socialise and exercise.
- No Wrong Door – ensuring families get the right help at the right time
- Working together – services and those they support working together with a focus on prevention and intervention.

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24 Appendix E: The Review Process

The main steps of the North Wales Regional Partnership Board "No Wrong Door" strategy development process is illustrated in the Figure xx below.

The core activity consisted of a series of workshops for professionals, and a parallel programme of engagement with children and young people. Due to the Covid-19 pandemic emergency restrictions and to facilitate attendance across the North Wales, workshops were held by video conference. Each workshop consisted of two parts.
The workshop method was based in Appreciative Inquiry (a strengths-based approach to organisational development).

Professionals' Workshop 1: **Defining** the vision for mental health services for children and young people in North Wales and **Discovering** what is currently working well.

Professionals' Workshop 2: **Dreaming** what might be possible and **Designing** a "To Be" model

Professionals' Workshop 3: Considering what is possible and how it might be **Delivered**

Data collected from children provided their views, which were used to inform the analysis and design of the future model. They then had an opportunity to comment on the emerging proposals. Key findings of the children's and young people's engagement are included in the body of the strategy document. A summary report of the Children's and young people's consultation of forms Appendix C. A full report of the Children's and young people's consultation is separately available.
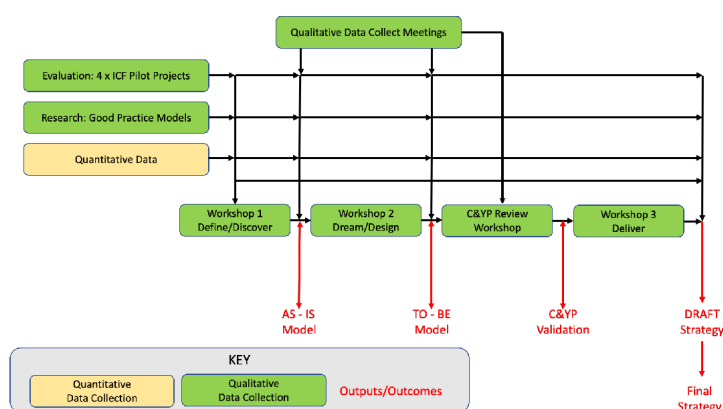

Figure:The North Wales "No Wrong Door Strategy Review Process

Assessing the Impact on Equality Characteristics, the Welsh language and the Socio-Economic Disadvantage

Please see the sheet *How to Make an Equality Impact Assessment* for assistance to complete this form. You are also welcome to contact Delyth Williams, Policy and Equality Officer on ext. 32708, or DelythGadlysWilliams@gwynedd.llyw.cymru, for further assistance.

The Council is required (under the Equality Act 2010) to consider the impact that any change in any policy or procedure (or the creation of a new policy or procedure) will have on people with protected equality characteristics. The Council also has additional general duties to ensure fairness and to foster good relations. Therefore, a timely assessment should be made before any decision is taken on any relevant change (i.e. that affects people with protected equality characteristics).

The Council is also required, under the requirements of the Welsh Language Standards (Section 44 of the Welsh Language (Wales) Measure 2011), to consider the impact that any change in policy or procedure (or the creation of a new policy or procedure), will have on opportunities for people to use the Welsh language and to ensure that the Welsh language is not treated less favourably than English. This document therefore ensures that these decisions safeguard and promote the use made of the Welsh language.

From 1 April 2021, the Council has a duty to give due attention to addressing socio-economic disadvantage in strategic decisions.

1)   Details

1.1   What is the name of the policy/service in question?

No Wrong Door Strategy

1.2   What is the purpose of the policy/service that is being created or amended? What changes are being considered?

The strategy proposes a radical review of current arrangements that offers an ambitious model for collaboration that will improve mental health and well-being outcomes for children and young people up to 25 years old. It is a regional strategy across north Wales with agreed principles across the region and expectations to provide services to meet local needs in the local authority jointly with our partners.
The strategy sets expectations for a much more integrated approach across the agencies using a team around the family model and hubs that will make early and convenient access to services for families much easier than it is at the moment.

1.3 Who is responsible for this assessment?

Marian Parry Hughes

1.4 When did you commence the assessment? Which version is this?

Version 1.0. March 2022. This is an assessment of the plan in its entirety. Further impact assessments are intended when planning to implement some elements of it.

2 Implementation

2.1 Who are the stakeholders or partners with whom we will have to work to carry out this assessment?

The strategy has been developed following input and workshops with professional stakeholders, including the health board, local authorities, and voluntary organisations across north Wales.

2.2 What steps have you taken to engage with people with protected characteristics, regarding the Welsh language or with communities (either due to location or due to need), who are living with a socio-economic disadvantage?

As part of the development of the strategy and prior to its agreement, a regional consultation was held with children, young people and families representing groups with protected characteristics.

2.3 What was the outcome of the engagement?

The above consultation has highlighted the change that needs to take place to improve individuals' experiences of receiving services and gaining access to services.

2.4   On the basis of what other evidence are you acting?

The strategy is implemented based on the need to develop better outcomes for children and young people in the mental health and well-being field. It is estimated that approximately 9,280 children and young people in north Wales aged between 5 and 16 years have varying degrees of mental health problems (Health Board figures, 2020), and of these it is estimated that approximately 1,566 live in Gwynedd. However, we do not have current information about what that tells us about the representation within this figure for anyone with protected characteristics.

2.5   Are there any gaps in the evidence that need to be gathered?

There are gaps in the data available locally, and one of the objectives of the strategy is to gain a better understanding of the levels of need across the region and locally.

3)   Identifying the Impact

3.1   The Council must duly address the impact that any changes will have on people with the following equality characteristics. What impact will the new policy/service or the proposed changes in the policy or service have on people with these characteristics? There is also a need to consider the impact on the socio-economic disadvantage and on the Welsh language.

Characteristics	What type of impact? *	In what way? What is the evidence?
Race (including nationality)	Positive	The strategy will have a positive impact on people from black, Asian and minority ethnic communities or who are asylum seekers or refugees as the help available will be easily accessible with access to training for workers to understand needs better and to tailor services based on the needs of culture, religion and language.
Disability	Positive	The strategy considers the requirements of the Equality Act 2010 in relation to reasonable adjustments. The Act places a legal duty on service providers and those providing goods and facilities to make reasonable adjustments for disabled people in order to ensure that they are not disadvantaged compared to non-disabled people. Providers are required to make reasonable adjustments for disabled people on a case-by-case basis.
Gender	Men - none	Men/boys:

		Evidence suggests that there is a corresponding increase in the number of boys and girls experiencing mental health problems and the number has increased from 1 in 10 in 2004 to 1 in 9 in 2020. The reasons vary but can be linked to factors such as poverty, challenging family relationships, identity, a parent with a mental illness and so on. For this reason, it is not expected that the strategy will have any differential impact on men/boys. Women and girls: Evidence suggests that there is a corresponding increase in the number of boys and girls experiencing mental health problems and the number has increased from 1 in 10 in 2004 to 1 in 9 in 2020. The reasons vary but can be linked to factors such as poverty, challenging family relationships, identity, a parent with a mental illness and so on. For this reason, it is not expected that the strategy will have any differential impact on women/girls.
	Women - none	
Age	Positive	The strategy refers to services for children, young people and young adults up to 25 years old. The strategy recognises all individuals up to this age and although it is a strategy for children's services it includes young adults with needs in the operating framework, including individuals with protected characteristics.
Sexual orientation	None	A growing body of literature links elements of mental health and well-being with gender identity/gender dysphoria. The strategy recognises that individuals from the LGBTQ community are likely to need early intervention services to help them. The Welsh Government has recognised the need to improve gender identity services and has established a Wales Gender Identity Partnership Group to give advice. Information from this Partnership can be used to inform any subsequent versions of the strategy.
Religion or belief (or lack of belief)	Positive	There is no evidence to suggest that the strategy would have a positive or negative impact on individuals because of their religion, belief or lack of belief.
Gender reassignment	None	There is little evidence to show how transgender people are affected by mental health and well-being problems. An assumption could be made that there is a negative impact, however, Welsh Government has stated that further work is needed in this field.
Pregnancy and	Positive	There is evidence that programmes to support pregnant

maternity		women antenatally and postnatally have a positive impact on their emotional well-being and health. Evidence shows that mental health problems affect up to 20% of new mothers in the first year after giving birth and failure to offer support can lead to more serious problems. Therefore, the strategy is able to offer early intervention to improve outcomes for mothers and their children.
Marriage and civil partnership	Positive	There are no known negative effects for the marriage and civil partnership category.
The Welsh language	Positive	The strategy will be delivered fully bilingually and implementing the active offer of the language will be a priority.
Socio-Economic Disadvantage	None	There are no known negative effects on protected groups nor those living in low income households.

* To be deleted as required

3.2   The Council has a duty under the Equality Act 2010 to contribute positively to a fairer society through advancing equality and good relations in its activities in the fields of age, gender, sexual orientation, religion, race, gender reassignment, disability and pregnancy and maternity. The Council must duly address the way any change impacts on these duties.

General Duties of the Equality Act	**Does it have an impact?***	**In what way? What is the evidence?**
Eliminate unlawful discrimination, harassment and victimisation	Yes	The strategy does not discriminate between different characteristics. The purpose of the strategy is to improve the life outcomes of children and young people through early intervention that has been coordinated on a multi-agency basis, and therefore, addresses a range of different needs whilst considering the other characteristics of individuals in doing so.
Promote equal opportunities	Yes	The plan identifies the need to help a wide range of people with different needs, and to offer support when needed. It also includes the responsibility to assess the care and support needs of vulnerable groups, and aims to give them relevant attention.
Foster good relations	Yes	Foster good relations between children, young people and their society by improving outcomes and being ambitious on their behalf in order for them to lead fulfilling lives in their society.

* To be deleted as required

3.3   How does your proposal ensure that you work in accordance with the Welsh Language Standards (Welsh Language (Wales) Measure 2011), to ensure that the Welsh language is not treated less favourably than English, and that every opportunity to promote the Welsh language is taken (beyond providing bilingual services) and increase opportunities to use and learn the language in the community?

65% of the population of Gwynedd are Welsh speakers, and the Council is operating a Language Policy which ensures that "All residents of the county can use the Council's services through the medium of Welsh and English, and that firm actions are taken to ensure that the user's choice of language is noted and respected at all times". The ability to implement this policy consistently across the whole county and ensure that individuals can access a service in Welsh if they wish (in accordance with the requirement under the Welsh Language (Wales) Measure 2011), means that consideration must be given to the Welsh language when recruiting and developing services. It must be remembered that any Welsh speaker who is appointed to a post will be required to provide that service in English also.

3.4   What other measures or changes could you include to strengthen or change the policy/practice so as to have a positive impact on people's opportunities to use the Welsh language, and to reduce or prevent any detrimental impacts that the policy/practice could have on the Welsh language?

As above

3.5   How does the proposal show that you have given due regard to the need to address inequality due to socio-economic disadvantage? (Please note that this relates to closing the inequality gap, rather than improving outcomes for everyone only.)

The duty does not apply as it is not a strategic issue.

3.6   What measures or other changes can you include to strengthen or change the policy/practice to show that you have given due regard to the need to reduce disproportionate outcomes as a result of socio-economic disadvantage, in accordance with the Socio-Economic Act?

As above

4) Analysing the results

4.1 Is the policy therefore likely to have a significant, positive impact on any of the above? What is the reason for this?

In accordance with the principles of the strategy, we will ensure that the needs of children, young people and their families are considered when providing services to support them, ensuring fair opportunities for all individuals. Locally, we will consider the other characteristics of the individual in our actions.

4.2 Is the policy therefore likely to have a significant, negative impact on any of the above? What is the reason for this?

The plan should not have a negative impact on any individuals with protected characteristics.

4.3 What should be done?

Select one of the following:

Continue with the policy/service as it is robust	x
Revise the policy to remove any barriers	
Suspend and abolish the policy as the harmful impacts are too great	
Continue with the policy as any harmful impact can be justified	
No further steps at present, it is premature to decide, or there is insufficient evidence	

4.4 If you continue with the plan, what steps will you take to reduce or mitigate any negative impacts?

We do not anticipate any negative impacts but we will monitor (see below) and deal with any negative impacts that may arise.

4.5 If you are not taking any further action to remove or reduce the negative impacts, please explain why here.

Irrelevant

5) Monitoring

5.1 What steps will you take to monitor the impact and effectiveness of the policy or service (action plan)?

The strategy will be monitored through a regional children's sub-group which will report to the North Wales Regional Partnership Board. We intend to carry out further impact assessments when reviewing the plan to better consider the details of the impact.

Report to the Cabinet meeting

Date of meeting	March 29th,2022
Cabinet Member	Councillor Dilwyn Morgan
Lead officer	Marian Parry Hughes, Head of Children and Supporting Families Department
Contact e mail	marianhughes@gwynedd.llyw.cymru
Item subject	National Collaborative Arrangements for Welsh (local authority) adoption and fostering services

National Collaborative Arrangements for Welsh (local authority) Adoption and Fostering services

National Adoption Service for Wales and Foster Wales – Enhancing Governance, Leadership and Enabling

1. **DECISION REQUESTED**

1.1 **That the arrangements for the development of governance for a National Adoption Service for Wales as it takes over responsibility for Fostering Wales be adopted.**

1.2 **That Cabinet agrees that the authority joins the Joint Committee Agreement for the National Adoption and Fostering Service for Wales and establish a Joint Committee.**

1.3 **That the Cabinet appoints the Cabinet Member for Children and Supporting Families to represent the Authority on the Joint Committee.**

2. <u>**REASON FOR THE DECISION**</u>

2.1 This report is presented to share information in relation to the developments, governance arrangements and enabling of the National Adoption Service for Wales as it assumes responsibility for Foster Wales. Agreeing the recommendations noted in this report, and signing the Joint Committee Agreement will place Gwynedd Council's co-operation in these arrangements on a formal footing in addition to providing clarity regarding the roles and responsibilities that are essential to meet the national functions which support and enable local authorities to meet their adoption and fostering responsibilities.

3. BACKGROUND

3.1The National Adoption Service has been in existence since 2014 and has enabled significance change and improvement in adoption services across Wales. Its structure and governance through national, regional and local arrangements were agreed by all councils at that time; a review in 2018 led to proposals to streamline governance and improve accountability. Some of these e.g. creating a Combined Governance Board (bringing together the Advisory Group and Governance Board required by the legislation) and a new Partnership Agreement to replace the original functional model have been already implemented.

3.2 Legal advice obtained by the Welsh Local Government Association (WLGA) determined that in order for NAS to operate effectively on behalf of all 22 Welsh authorities, and for there to be a robust hosting arrangement with the host authority for the national and enabling functions (Cardiff), co-operation between Welsh local authorities needed to be put on a formal footing. The preference of the WLGA and the Association of Directors of Social Services Cymru (ADDSC) was that this should be through a Joint Committee. Work on a National Joint Committee, to give proper effect to the co-operation and oversight from all 22 local authorities, has continued and is ready for implementation.

3.3 Since 2015, the National Adoption Service Director and central team has been supporting the work of the National Fostering Framework (NFF) to create a similar national, regional and local collaborative arrangement to improve Welsh fostering services albeit not through the creation of a national fostering service.   Foster Wales has now emerged from the NFF and will support a defined range of fostering functions linked to recruitment and retention of local authority foster carers. Throughout this time, the WLGA and ADSS-C as lead bodies wanted the national functions for fostering to be linked to the National Adoption Service national functions to reduce duplication and costs as well as to maximise resilience, flexibility and longevity across both functions.

3.4The proposed Joint Committee and the agreement underpinning it have been extended to include Foster Wales as has the capacity and functions for national co-ordination and enabling through a combined Central Team. The linking to the Joint Committee is critical for Foster Wales given the lack of a legislative basis for such co-operation for fostering services.

4. GOVERNANCE – ESTABLISHMENT OF A JOINT COMMITTEE

4.1 The proposed governance structure is presented diagrammatically and with a narrative in Appendix one. The national Joint Committee will, on behalf of the 22 Welsh Local Authorities, exercise their powers for the provision of the collaborative arrangements for the National Adoption

Service for Wales (NAS) and for Foster Wales (FW). It will be comprised of Council Members meeting twice yearly.

4.2 WLGA lawyers have drafted a Joint Committee legal Agreement to be signed by all 22 local authorities; this is now ready to progress and is available alongside this report. This also contains a formal Scheme of Delegation and provision for the formal agreement with the host local authority for national functions.

4.3 The Joint Committee will provide the mechanism for all Welsh local authorities to discharge an executive and oversight role for NAS and FW. It will approve / receive:

- The Annual Report of NAS and of Foster Wales;

- The annual programme of work for the NAS and for Foster Wales;
- The budget for the office of the Director and national work for NAS and for FW; and
- The agreement, and any changes to the agreement, for the host authority support of the office of the Director and national work for NAS and FW.

For the National Adoption Service only it will also oversee how the authorities work together to exercise their powers and comply with the National Assembly Directions.

5. **ENABLING – NATIONAL INFRASTRUCTURE**

5.1 A functional structure is proposed which, below the Director, has separate lead functions for adoption and fostering but a combined business and enabling function supporting both. The range of functions that will be carried out is described in Appendix Two with a staffing structure of 9.5 f.t.e. staff (incl. Director.)

5.2 The core funding for the national functions for the National Adoption Service and Foster Wales is provided from a top slice of the Revenue Support Grant made available through the WLGA. This allocation, currently £473k per annum for adoption and £400k per annum for fostering, is subject to the agreement of the relevant WLGA committee periodically. Foster Wales has been awarded Welsh Government grant funding up to the end of March 2023 to fund specific purposes, this is £573 for 2021/22 reducing by a small amount for 2022/23. Although Welsh Government investment is available to adoption this is fully utilised for direct service delivery through the regional structure. There are resources in both the Foster Wales WLGA allocation and the Foster Wales Welsh Government grant aid that part fund posts on a regional basis to directly support local authority activities.

5.3 The total cost of the proposed national structure is £586,384 for 2021/22 salary rates. Total available core budget across NAS and Foster

Wales for 2021/22 is circa £1,449,000 albeit that over half the Foster Wales funding stream is subject to WG grant conditions for specific purposes as indicated above.

5.4 The structure is affordable up to the end of the Welsh Government Grant period (31.03.23) but there are pressures on staffing and operating budgets for both NAS and Foster Wales beyond that. The financial pressures have been flagged with Welsh Government, but work is commencing to consider how to resolve this beyond the current grant aid period. Resolving this will require the commitment of both Local Government and Welsh Government.

5.5 The proposals outlined are being progressed in order to formalise and consolidate the existing position of the Central Team in respect of the work it is currently doing for the National Adoption Service and for Foster Wales. This will allow both collaborative arrangements to continue to function and meet agreed plans and commitments in the short to medium term.

6. ENGAGEMENT OF STAKEHOLDERS

6.1 Local authority members have been kept informed throughout via the WLGA, most recently, during September 2021 via the Cabinet Members (social care and health) Network and the WLGA Council.

6.2 The National Adoption Service Governance Board, the Foster Wales Lead Heads of Children's Services and Social Services Directors via ADSSC have agreed these proposals in principle.

6.3 The proposals have been informed by and developed with the full engagement of these key stakeholder groups.

7 FINANCIAL IMPLICATIONS

7.1 As outlined above, funding for the governance arrangements and central / national leadership and enabling, is provided from the WLGA via a top slice of the Rate Support Grant plus grant funding from the Welsh Government. There is no expectation that individual councils will incur additional costs in relation to these functions.

8 LEGAL IMPLICATIONS

8.1 Individual local authorities remain legal responsible and accountable for the provision and adoption and fostering services. In respect of adoption services, the legal provisions outlined in paragraph 20 below require adoption responsibilities to be delivered in accordance with the arrangements for the National Adoption Service.

8.2 The legal basis underpinning the National Adoption Service is contained in section 3A of the Adoption and Children Act 2002 [which was inserted by the Social Services and Well Being (Wales) Act 2014]

and the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015. These set out in detail expectations on local authorities to co-operate at regional and national level to deliver and improve adoption services. They do not, however, contain provisions that explicitly create a mechanism that gives proper legal effect to the co-operation at national level or for the agreement with one local authority to host the national functions. The Joint Committee, and the Agreement that will accompany it, will put this on a formal legal footing as well as providing greater clarity and certainty for all authorities, the WLGA as well as the National Adoption Service and Foster Wales.

 8.3 There are no regulations underpinning Foster Wales so the Joint Committee will provide the basis for the co-operation that is needed so it can operate as proposed.

STATUTORY OFFICERS' VIEWS

Monitoring Officer

The report and agreement has been the subject of legal advice on a national level. The arrangements for the for the formation of the Joint Committee and the delegation arrangements should be noted. I am content that the recommended decisions are appropriate for adoption,

Statutory Finance Officer

I can confirm that the financial information in the report is a fair reflection of the situation. The decision sought will not commit the authority to any additional expenditure as there is no expectation that individual councils will incur additional costs in relation to these functions.

Governance
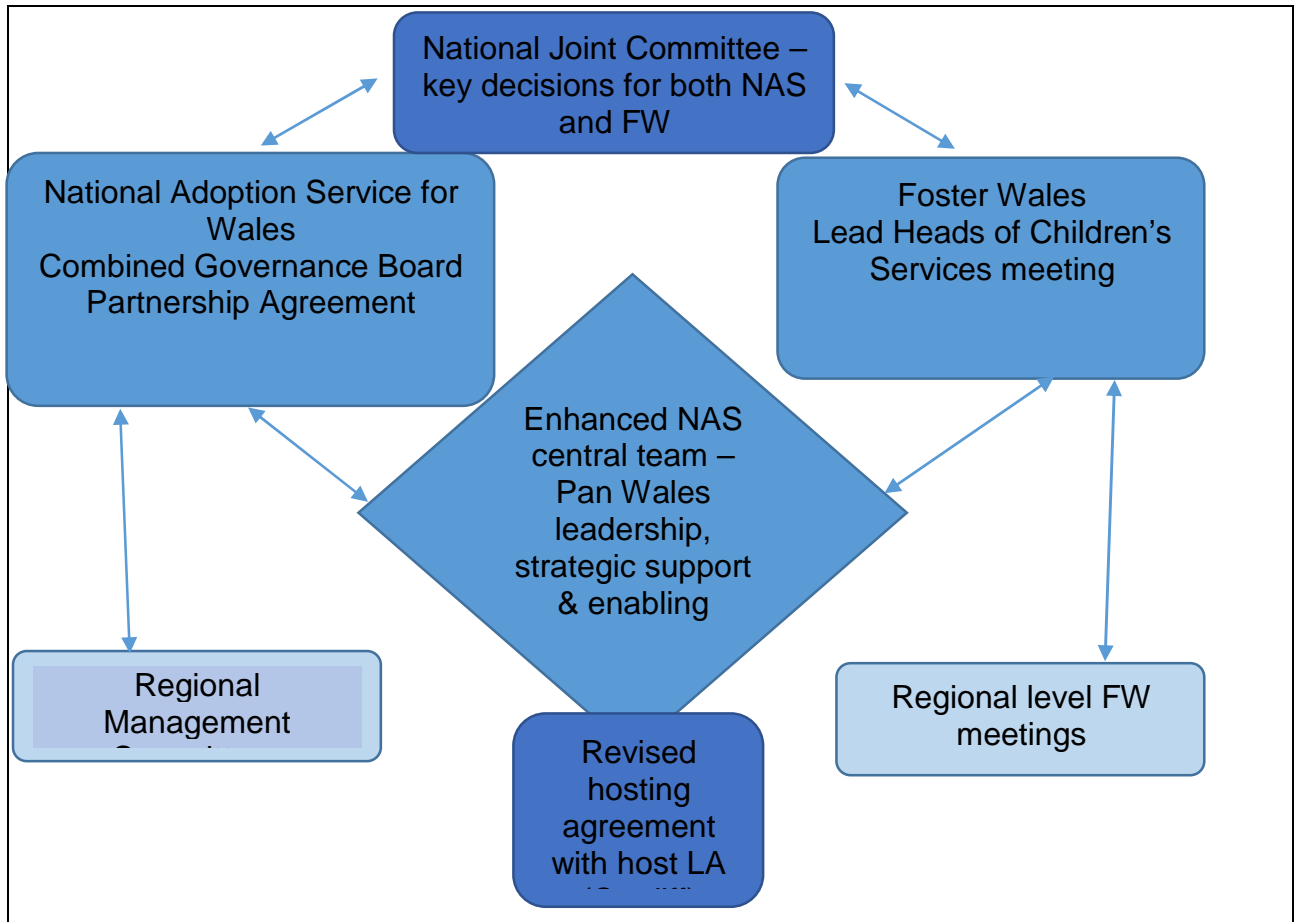
WLGA Joint Committee (all 22 LA's) over-sees NAS & Foster Wales:

The Joint Committee will, on behalf of the 22 Welsh Local Authorities, exercise their powers with reference to the provision of the collaborative arrangements for the National Adoption Service for Wales (NAS) and for Foster Wales (FW). It will be underpinned by a legal agreement (Joint Committee Agreement) and be comprised of Council Members. Its role will be to oversee the work of NAS and Foster Wales and specifically approve / receive the below:

- The Annual Reports of NAS and of Foster Wales;

- The annual programmes of work for the NAS and for Foster Wales;

- The budget/s for the office of the Director and the national work of NAS and for Foster Wales; and

- The agreement, and any changes required, for the host LA support of the office of the Director to enable it to facilitate the work of NAS and FW.

For NAS only it will also oversee how the authorities work together to exercise their powers and comply with the National Assembly Directions.

| **NAS - National level - Combined Governance Board (CGB)**	**Foster Wales - National level - Lead Heads of Children's Services meeting**
Provides strategic direction and decision making to facilitate the delivery and	Provides strategic direction and decision making in relation to the agreed national

improvement of adoption services in Wales through the National Adoption Service arrangements in line the Senedd Directions and its Terms of Reference.	and regional functions of Foster Wales on behalf of Welsh local authorities in line with its Terms of Reference.
NAS – regional / LA level - Regional Management Boards & VAA's Boards Each region is made up of specified local authority areas, set out in the Directions and overseen by Regional Management Boards (RMB's). Primary role is to coordinate adoption activities at the regional level and to implement decisions and strategies from the national Governance Board; may also have roles determined by their legal agreement. Plus VAA equivalent.	**Foster Wales - regional / LA level - Regional HoS meeting** These are now in place and may be a specific FW meeting or included in the agenda of pre-existing HoS or HoS & DSS regional meetings.

Central team – leadership and enabling
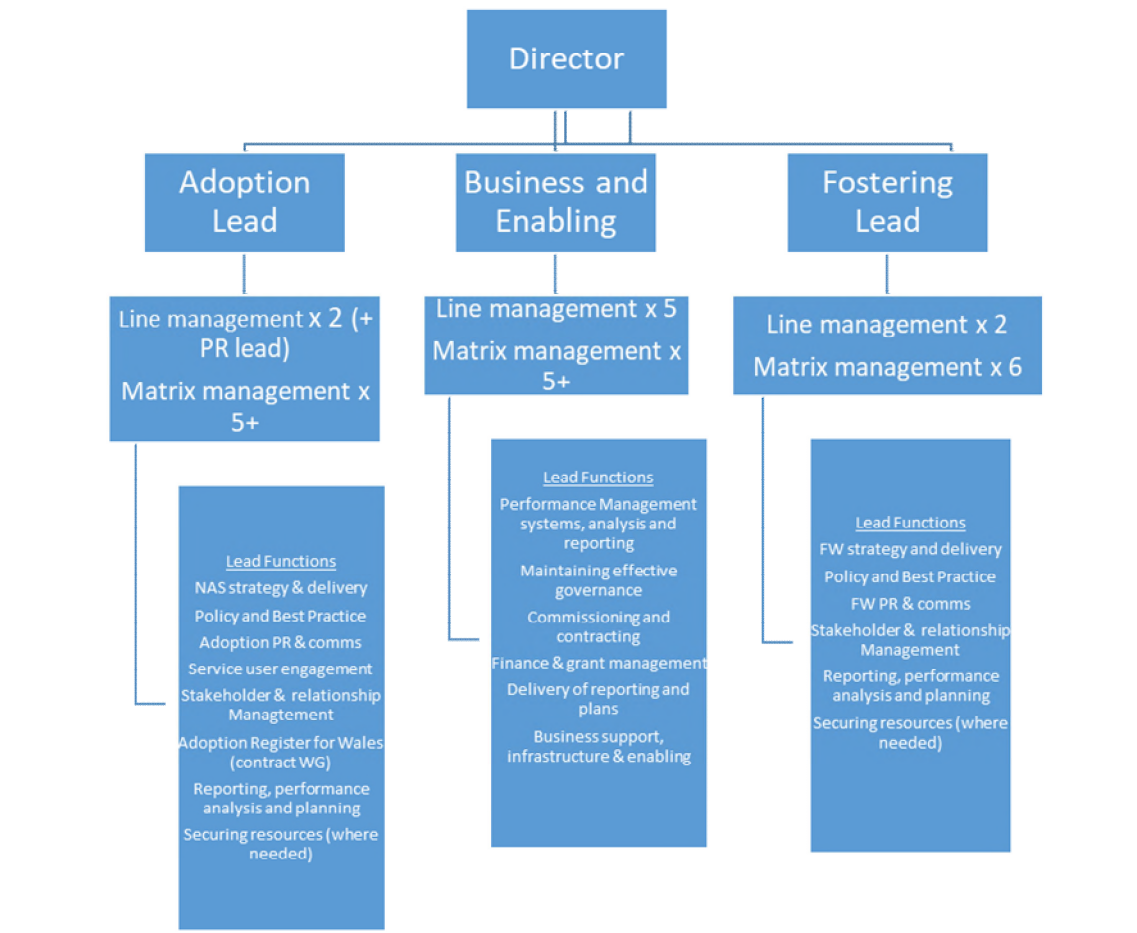
1,901 words

DATED **2022**

(1) BLAENAU GWENT COUNTY BOROUGH COUNCIL

(2) BRIDGEND COUNTY BOROUGH COUNCIL

(3) CAERPHILLY COUNTY BOROUGH COUNCIL

(4) THE COUNTY COUNCIL OF THE CITY AND COUNTY OF CARDIFF

(5) CARMARTHENSHIRE COUNTY COUNCIL

(6) CEREDIGION COUNTY COUNCIL

(7) CONWY COUNTY BOROUGH COUNCIL

(8) DENBIGHSHIRE COUNTY COUNCIL

(9) FLINTSHIRE COUNTY COUNCIL

(10) GWYNEDD COUNTY COUNCIL

(11) ISLE OF ANGLESEY COUNTY COUNCIL

(12) MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

(13) MONMOUTHSHIRE COUNTY COUNCIL

(14) NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

(15) NEWPORT CITY COUNCIL

(16) PEMBROKESHIRE COUNTY COUNCIL

(17) POWYS COUNTY COUNCIL

(18) RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

(19) THE COUNCIL OF THE CITY AND COUNTY OF SWANSEA

(20) TORFAEN COUNTY BOROUGH COUNCIL

(21) VALE OF GLAMORGAN COUNCIL

(22) WREXHAM COUNTY BOROUGH COUNCIL

and

(23) THE WELSH LOCAL GOVERNMENT ASSOCIATION

AGREEMENT FOR THE ESTABLISHMENT OF A JOINT COMMITTEE FOR THE NATIONAL ADOPTION SERVICE

Geldards
law firm

CONTENTS

THIS AGREEMENT IS MADE ON   2022

BETWEEN:

(1)   Blaenau Gwent County Borough Council of Municipal Offices, Civic Centre Ebbw Vale NP23 6XB ("Council")

(2)   Bridgend County Borough Council of Civic Offices, Angel Street, Bridgend CF31 4WB ("Council")

(3)   Caerphilly County Borough Council of Ty Penallta, Tredomen Park, Ystrad Mynach Hengoed CF82 7PG ("Council")

(4)   The County Council of the City and County of Cardiff of County Hall, Atlantic Wharf, Cardiff CF10 4UW ("Council")

(5)   Carmarthenshire County Council of County Hall, Carmarthen, Carmarthenshire SA31 1JP ("Council")

(6)   Ceredigion County Council of Neuadd Cyngor Ceredigion, Penmorfa, Aberaeron, Ceredigion SA46 OPA ("Council")

(7)   Conwy County Borough Council of Bodlondeb, Bangor Road, Conwy LL32 8DU ("Council")

(8)   Denbighshire County Council of County Hall, Wynnstay Road, Ruthin LL15 1YN ("Council")

(9)   Flintshire County Council of County Hall, Mold CH7 6NB ("Council")

(10)   Gwynedd Council of Council Offices, Shirehall Street, Caernarfon LL55 1SH ("Council")

(11)   Isle of Anglesey County Council of Council Offices, Llangefni, LL77 7TW ("Council")

(12)   Merthyr Tydfil County Borough Council of Civic Centre, Merthyr Tydfil CF47 8AN ("Council")

(13)   Monmouthshire County Council of PO Box 106, Caldicot NP26 9AN ("Council")

(14)   Neath Port Talbot County Borough Council of Port Talbot Civic Centre, Port Talbot SA13 1PJ ("Council")

(15)   Newport City Council of Civic Centre, Godfrey Road, Newport NP20 4UR ("Council")

(16)   Pembrokeshire County Council of County Hall, Haverfordwest, Pembrokeshire SA61 1TP ("Council")

(17)   Powys County Council of Powys County Hall, Spa Road East, Llandrindod Wells, Powys LD1 5LG ("Council")

(18)   Rhondda Cynon Taf County Borough Council of The Pavilions, Cambrian Park, Clydach Vale, Tonypandy CF40 2XX ("Council")

1

(19)   The Council of the City and County of Swansea of Civic Centre, Oystermouth Road, Swansea SA1 3SN ("Council")

(20)   Torfaen County Borough Council of the Civic Centre, Pontypool, Torfaen NP4 6YB ("Council")

(21)   Vale of Glamorgan Council of Civic Offices, Holton Road, Barry, Vale of Glamorgan CF63 4RU ("Council")

(22)   Wrexham County Borough Council of The Guildhall, Wrexham LL11 1AY ("Council")

(collectively referred to as "the Councils" for the purposes of this Agreement) and

(23)   Welsh Local Government Association of One Canal Parade, Dumballs Road, Cardiff CF10 5BF("WLGA"); and

WHEREAS:

A   The parties to this Agreement have agreed to enter into this Agreement in order to provide a framework for the Councils to give effect to the obligations and arrangements for the Specified Functions set out by the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015 ("the Directions") made by the Welsh Ministers in exercise of their powers under section 3A of the Adoption and Children Act 2002 and to document and regulate their respective rights and obligations to each other in that regard. The Agreement also provides a framework for the parties to give effect to the co-ordination of identified foster service functions across Wales.

B   The Councils have agreed to establish and to participate in a joint committee to facilitate the delivery of the Specified and Agreed Functions with a view to their economical, efficient and effective discharge.

C   This Agreement sets out the arrangements in relation to the manner in which the Councils will work together and use the Joint Committee to deliver the Specified and Agreed Functions.

D   The Councils have agreed that the Director of Operations shall be responsible for the day to day management of the delivery of the Specified and Agreed Functions.

E   The Councils have entered into this Agreement in reliance on the powers of Welsh local authorities under:

        (i)   sections 101, 102, 112 and 113 of the Local Government Act 1972 and sections 19 and 20 of the Local Government Act 2000 and the regulations made under these Acts to make arrangements to discharge functions jointly and to employ staff and place them at the disposal of other local authorities;

        (ii)   the powers in section 9 of the Local Government (Wales) Measure 2009 to collaborate;

        (iii)   the incidental powers in section 111 of the Local Government Act 1972, and

(iv)   all other powers them so enabling.

F   The Councils have each taken decisions compliant with the requirements of their respective constitutions to participate in the Joint Committee and enter into this Agreement.

G   The Parties to the Agreement have agreed to comply with the requirements of this Agreement to enable the Director of Operations to fulfil their legal obligations.

IT IS AGREED AS FOLLOWS:

1.   Interpretation

1.1   The following definitions and rules of interpretation apply in this Agreement:

Term here	Definition here
"Agreed Functions	the functions relating to fostering to be discharged by the Joint Committee pursuant to this Agreement being set out at Schedule 5 and any other functions which from time to time the Councils arrange for the Joint Committee or one or other of the Councils to discharge pursuant to the Powers
"Assets"	any tangible assets or property acquired, leased, licensed, loaned or purchased as required by the Host Council or another Council for the administration of this Agreement;
"Business Day"	any day other than a Saturday or Sunday or a public or bank holiday in Wales;
Combined Governance Board	the group established in accordance with clause 4 to comply with the requirements of the Directions;
"Commencement Date"	the date of this Agreement or such later date as the Councils, by resolution of each them, agree;
"Conflict of Interest Protocol"	The protocol agreed by the Combined Governance Board as required by the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions

	2015 for identifying and avoiding conflicts of interests;
"Constitution of the Joint Committee"	the constitution set out at Schedule 1 to this Agreement;
"Council"	each of Blaenau Gwent County Borough Council, Bridgend County Borough Council, Caerphilly County Borough Council, the County Council of the City and County of Cardiff, Carmarthenshire County Council, Ceredigion County Council, Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd Council, Isle of Anglesey County Council, Merthyr Tydfil County Borough Council, Monmouthshire County Council, Neath Port Talbot County Borough Council, Newport City Council, Pembrokeshire County Council, Powys County Council, Rhondda Cynon Taf County Borough Council, City and County of Swansea Council, Torfaen County Borough Council, Vale of Glamorgan Council, Wrexham County Borough Council and "Councils" shall be construed accordingly;
Data Protection Legislation	all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended;
"Director of Operations"	the person employed by the Host Council in compliance with the Directions with day to day responsibility for leadership, co-ordination of the service as a whole as well as delivery of national functions
"Directions"	The Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015;

"Exempt Information"	any information or class of information relating to this Agreement which may fall within an exemption to disclosure under FOI Legislation;
"Financial Memorandum"	the approach to financial and accounting matters agreed by the Councils as set out at Schedule 4 to this Agreement;
"FOI Legislation"	the Freedom of Information Act 2000 and subordinate legislation made under this and the Environmental Information Regulations 2004;
Foster Wales	The collaborative endeavour agreed by local government to deliver and improve certain fostering functions through national and regional leadership and enabling.
"Governance Board"	the board which the Councils are required by the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015 to establish to provide national oversight of regional collaboration on adoption services;. Since 2019 this function is managed through the Combined Governance Board
"Host" and "Host Council"	the Council appointed as Host Council in accordance with clause 7 of this Agreement;
"IP Material"	the Intellectual Property in the Material;
"Information Request	a request for information under FOI Legislation;
"Intellectual Property Rights"	patents, rights to inventions, copyright and related rights, trade-marks, trade names and domain names, rights in get-up, rights in goodwill or to sue for passing off, rights in designs, rights in computer software, database rights, rights in confidential information (including know-how and trade secrets) and any other intellectual property rights, in each case whether registered or unregistered and including all

	applications (or rights to apply) for, and renewals or extensions of, such rights and all similar or equivalent rights or forms of protection which may now or in the future subsist in any part of the world;
"Joint Committee"	a committee of elected members from the Councils which will be responsible for ensuring and overseeing the delivery of the Specified and Agreed Functions in Accordance with the Directions and with a view to securing their more economical, efficient and effective discharge;
"Material"	all data, text, graphics, images and other materials or documents created, used or supplied by a Council in connection with this Agreement unless before the first use or supply the Council notifies the other Councils that the data or text supplied is not to be covered by this definition;
"National Adoption Service"	The adoption services and functions delivered collectively by the Joint Committee, the Regional Collaboratives, the Councils and partners;
"Personal Data"	Personal data as defined in the Data Protection Legislation;
"Powers"	The powers of Welsh local authorities under: sections 101, 102, 112 and 113 of the Local Government Act 1972 and sections 19 and 20 of the Local Government Act 2000 and the regulations made under these Acts to make arrangements to discharge functions jointly and to employ staff and place them at the disposal of other local authorities; the powers in section 9 of the Local Government (Wales) Measure 2009 to collaborate;

	the incidental powers in section 111 of the Local Government Act 1972,
	the powers in section 1 of the Local Authorities (Goods and Services) Act 1970 and section 25 of the Local Government (Wales) Act 1994 to provide services;
	all other powers them so enabling;
"Proportionate Basis"	in accordance with the relevant proportion for each Council by reference to their respective percentage contribution as set out in the Financial Memorandum
"Regional Collaboratives"	the groupings of the Councils as set out in Schedule to the Directions for the purpose of collaboration on adoption services;
"Secondment Agreement"	an agreement made between the Councils for the secondment of staff from one Council to the Host Council or another Council relating to arrangements for the discharge of the Specified and Agreed Functions pursuant to this Agreement;
"Section 151 Officer"	the officer designated by a local authority as the person responsible for the proper administration of its financial affairs as required by section 151 of the Local Government Act 1972;
"Hosting Agreement"	an agreement made between the Councils pursuant to this Agreement relating to arrangements for the provision of specified support by the Host Council to assist the Joint Committee to discharge the Specified and Agreed Functions delegated to it pursuant to this Agreement;
"Services"	the Services to be provided on behalf of the Councils pursuant to the discharge of the Specified and Agreed Functions being set out at Schedule 5
"Specified Functions"	the functions relating to adoption to be discharged by the Joint

| | Committee pursuant to this Agreement being set out at Schedule 5 and any other functions which from time to time the Councils arrange for the Joint Committee or one or other of the Councils to discharge pursuant to the Powers; |
| **"Staff Transfer Agreement"** | an agreement made between the Councils for the transfer of staff from one Council to the Host Council or another Council relating to arrangements for the discharge of the Specified and Agreed Functions pursuant to this Agreement; |

1.2   References to any statute or statutory provision shall, unless the context otherwise requires, be construed in accordance with the Interpretation Act 1978.

1.3   The headings are inserted for convenience only and shall not affect the construction of this Agreement.

1.4   Words importing one gender include all other genders and words importing the singular include the plural and vice versa.

1.5   A reference in this Agreement to any clause, paragraph or schedule is, except where it is expressly stated to the contrary, a reference to a clause or paragraph of or schedule to this Agreement.

1.6   Any reference to this Agreement or to any other document unless otherwise specified shall include any variation, amendment or supplements to such document expressly permitted by this Agreement or otherwise agreed in writing between the relevant parties.

1.7   Words preceding "include", "includes", "including" and "included" shall be construed without limitation by the words which follow those words unless inconsistent with the context, and the rule of interpretation known as "eiusdem generis" shall not apply.

1.8   The schedules form part of this Agreement and will have the same force and effect as if expressly set out in the body of this Agreement and references to this Agreement includes the Schedules.

1.9   References to "the parties" shall be to the parties to this Agreement.

2.   Aims of Joint Discharge of Functions

2.1   The aims of the joint discharge of the Specified Functions relating to adoption services under the provisions of this Agreement are:

(a)   The consistent delivery of high quality adoption services throughout Wales.

(b)   Keeping delay to a minimum in the placement of children for adoption.

(c)   Ensuring the widest choice possible of placements for adoption of children.

(d)   Ensuring that high quality and timely training and assessment for prospective adopters is consistently available.

(e)   Improving the process of matching children with prospective adopters.

(f)   The streamlining of adoption processes and improved liaison between social workers involved in adoption cases.

(g)   Keeping adoption breakdown to a minimum by the provision of adoption support services according to assessed need.

(h)   Collaborative working between local authorities, registered adoption societies, NHS local health boards and NHS Trusts and education services.

2.2   The aims of the joint discharge of the Agreed Functions relating to fostering are:

(a)   To support the strategic oversight of Foster Wales.

(b)   To consider the implications at local and regional level arising from the transition to Foster Wales.

(c)   To consider the development needs of services at local, regional, and national level.

(d)   To seek and support solutions to overcome barriers and challenges.

(e)   To continue to develop and maintain collaboration across local authority fostering.

(f)   To consider reports presented, agree actions, make decisions, and monitor progress.

(g)   To consider performance reports and monitor KPIs as identified and agreed.

(h)   To make recommendations for future areas of work programme development.

2.3   The Director of Operations and a central team of staff to support the Director of Operations are employed by the Host Council to fulfil a range of functions related to leadership, management and oversight of the National Adoption Service. The functions of the Director of Operations and central team include:

(a)   Providing leadership to set the direction for the National Adoption Service including strategic planning by agreeing priorities, targets and resourcing following engagement with partners and stakeholders as well as support to operational planning.

(b)   Reviewing progress including analysis of performance data and service information from the regions and Registered Adoption Agencies (otherwise known as Voluntary Adoption Agencies (VAA's)'s.

(c)   Providing annual and mid-year reports each year for agreement by the Combined Governance Board, endorsed by the Joint Committee and submission to Welsh Ministers as well as to WLGA and the Association of Directors of Social Services Cymru where required.

(d)   Providing specific functions nationally to support and enable National Adoption Service operations (currently as below).

(e)   Establishing and maintaining a website for the National Adoption Service for Wales.

(f)   Management of the Adoption Register for Wales (under contract from Welsh Government).

(g)   Commissioning and contracting national contracts to support service delivery functions and support.

(h)   Maintaining arrangements for service user engagement across Wales.

(i)   Leadership, matrix management oversight, advice and support to regions and VAA's.

(j)   Promotion of best practice and a culture of continuous improvement throughout the National Adoption Service.

(j)   Securing appropriate resourcing through new / additional finance or re-profiling of existing as well as managing the central team allocation, grants and investment.

(k)   Strategic commissioning as necessary for the discharge of functions.

(l)   Maintaining arrangements for national governance and allied sub / task & finish groups to engage stakeholders in carrying out the actions / work agreed by the Combined Governance Board.

(m)   Promotion of adoption, including national PR and marketing and the provision of the 'face and voice' of adoption in Wales.

(n)   Stakeholder and relationship management including with allied services and organisations in Wales and UK, Ministers and Welsh Government.

(o)   Strategic support and enabling functions, as agreed, for the National Fostering Framework / Foster Wales.

2.4   In addition Schedule 7 sets out a Scheme of Functions delegated to the Director of Operations to facilitate the achievement of the objectives of this Agreement.

3.   Establishment of a Joint Committee

3.1   In exercise of their powers under sections 101(5) and 102 of the Local Government Act 1972, sections 19 and 20 of the Local Government Act

2000 and all other enabling powers the Councils hereby create a joint committee to be known as the National Adoption Joint Committee with effect from the Commencement Date.

3.2   The Joint Committee shall take decisions relating to the use of the National Adoption Service budget which shall be provided as a topslice from the Revenue Support Grant via the Welsh Local Government Association for the discharge of the Specified Functions, a similar topslice from the Revenue Support Grant via the Welsh Local Government Association for the discharge of the Agreed Functions, to meet the costs of the Host Council and the Joint Committee relating to this Agreement and shall have regard to reports and advice from the Combined Governance Board, Lead Heads of Children's Service's Meeting and Director of Operations.

3.3   The Joint Committee shall ensure the Scheme of Delegation set out in Schedule 7 is kept under review in accordance with paragraphs 5.2 and 5.3 of Schedule 7.

3.4   The Joint Committee shall operate and conduct its business in accordance with the terms of this Agreement including the Constitution set out at Schedule 1.

3.5   The Joint Committee shall review the terms of reference of the Joint Committee towards the end of each council term and shall make recommendations to the Councils and the WLGA for their consideration as to any amendments that the Joint Committee are required to discharge the Specified and Agreed Functions in accordance with the Directions.

3.6   This Agreement is without prejudice to each Council's other powers and responsibilities for its area.

4.   Establishment of Combined Governance Board and other advisory groups

4.1   The Councils have established the Combined Governance Board. The Combined Governance Board shall act as an advisory group to the Joint Committee and shall discharge the role of the Governance Board and Advisory Group which the Councils are required by the Directions to establish for the purpose of providing national oversight of regional collaboration arrangements over adoption services.

4.2   The terms of reference of the Combined Governance Board shall be as set out in Schedule 2.

4.3   In respect of fostering services, the Councils have established the Lead Head of Children's Services Group as an advisory group to the Joint Committee. The Lead Head of Children's Services Group shall advise the Joint Committee on issues relating to Foster Wales. The terms of reference for the Lead Head of Children's Services Group shall be as set out in Schedule 6.

4.4   The Joint Committee may establish other advisory groups to advise the Joint Committee.

5. Arrangements for the Discharge of Functions

5.1 The Councils agree to use their Powers to enter into these arrangements under which the Joint Committee shall discharge on their behalf the Specified and Agreed Functions.

5.2 The Joint Committee shall discharge the Specified and Agreed Functions through the Host Council which shall, subject to and within the limitations and constraints of the resources allocated and paid to it pursuant to this Agreement, deliver the Services to support the delivery of the Specified and Agreed Functions . The Councils agree and acknowledge that the responsibility for discharging the Specified and Agreed Functions will none the less remain with the Joint Committee and notes the limitation of the Host Council's liability in that regard.

5.3 The Joint Committee may agree to bring additional functions and services within the scope of this Agreement but the Joint Committee may not agree to do so unless it has first received approval from all the Councils to discharge the additional functions and deliver the additional services. The provisions of this Agreement shall apply to any such additional functions and services.

5.4 The Councils here by agree the Financial Memorandum. The Councils shall have the discretion to agree variations to the Financial Memorandum at any time without varying the rest of this Agreement. For the avoidance of any doubt variation of the Financial Memorandum is subject to unanimous agreement of the Councils and is not a matter for decision by the Joint Committee.

Each of the Councils shall contribute to the costs of the discharge of the Specified and Agreed Functions pursuant to this Agreement in accordance with the terms of the body of this Agreement and the Financial Memorandum. Subject to the overarching terms set out in this Agreement, particulars of the arrangement may be further detailed, (including for example the mechanics of payment), in any Hosting Agreement, Secondment Agreement or Staff Transfer Agreement that may be entered into by the Councils.

5.5 The Councils intend to enter into a Hosting Agreement with the County Council of the City and County of Cardiff for the delivery of services (subject to all Councils being satisfied as to the terms and conditions proposed) pursuant to the discharge of the Specified and Agreed Functions. The Councils may enter into further Hosting Agreements to record the detailed requirements of further individual arrangements made in connection with the discharge of the Specified and Agreed Functions pursuant to this Agreement.

5.6 The Councils may also enter into a Secondment Agreement to record the arrangements for the secondment of staff for further individual arrangements made in connection with the discharge of the Specified and Agreed Functions pursuant to this Agreement.

5.7 The Councils may also agree to enter into a Staff Transfer Agreement to record the arrangements for the transfer of staff for further individual

arrangements made in connection with the discharge of the Specified and Agreed Functions pursuant to this Agreement.

6. Governance

6.1 The Councils each undertake to ensure that they make any changes to their own constitutions as are necessary to facilitate the operation of this Agreement. Each Council shall notify the other Councils and WLGA in writing within twenty-eight days of the date of this agreement either that it has made (or is in the process of making) the necessary changes to its constitution or that no changes are considered necessary.

7. Appointment of Host Council

7.1 Subject to the provisions of clauses 7.2 and 7.3 the Councils agree that the Council of the City and County of Cardiff should be the Host Council for the purposes of this Agreement.

7.2 The Council of the City and County of Cardiff and any other Council which is appointed as Host Council may terminate its appointment as Host Council by giving not less than twelve months' written notice or such other period of notice as is agreed by all the Councils to the other Councils of its intention to terminate its appointment. Such twelve months' written notice shall end at the end of a financial year.

7.3 The Joint Committee may terminate the appointment of City and County of Cardiff Council or any other Council as the Host Council by giving at not less than twelve months' written notice or such other period of notice as is agreed by all the Councils to the Host Council of the Joint Committee's intention to terminate the appointment of the Host Council. Such twelve months' written notice shall end at the end of a financial year.

7.4 If the appointment of a Council as the Host Council is terminated in accordance with clause 7.2 or clause 7.3 the Joint Committee may appoint one of the Councils as Host Council such appointment to be effective from the commencement of the financial year following the expiry of notice of termination under clause 7.2 or 7.3.

7.5 If the appointment of a Council as the Host Council is terminated in accordance with clause 7.2 or clause 7.3 any outstanding payment due to that Council from the Joint Committee for costs incurred in the role of the Host Council and any costs it incurs upon or as a consequence of Termination shall be paid in accordance with the terms of this Agreement, including the Financial Memorandum.

7.6 Any dispute over the appointment or the termination of the appointment of a Council as the Host Council shall be dealt with in accordance with the dispute resolution procedure in clause 23 of this Agreement.

8. Responsibilities of the Host Council

8.1 (i) Subject to and within the limitations of the funding allocated and received by the Host Council, the Host Council shall provide Assets, staff and other resources as are necessary to discharge the Specified and Agreed Functions pursuant to this Agreement.

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(ii) Subject to the overarching terms and principles set out in in this Agreement, in particular clause 13, the detailed provisions as to the payment of the costs of the Host Council in providing such Assets, staff and other resources shall be in accordance with a Hosting Agreement between the Councils, and the Host Council and shall be facilitated by the Welsh Local Government Association. Any such Hosting Agreement must be in a form to the satisfaction of the Host Council.

8.2   The Host Council shall employ the Director of Operations and the staff required for undertaking the national functions.

8.3   The Host Council has agreed and arranged for the Director of Operations to have the day-to-day responsibility for the management and delivery of the Services.

8.4   In carrying out its role the Host Council shall have regard to :

(a)   all applicable Laws and Regulations.

(b)   best practice.

(c)   the aims, principles and objectives of this Agreement and any applicable policies agreed by the Councils.

(d)   any relevant guidance issued or specified by the Care and Social Services Inspectorate Wales and any other relevant regulator.

(e)   the Councils duties under the Welsh Language (Wales) Measure 2011.

And shall facilitate the proper discharge of the Specified and Agreed Functions of the Councils and discretionary provision of in-scope elements of the Services.

8.4.2   The Host Council shall ensure that its health and safety policy statements together with related policies and procedures are made available to the Joint Committee on request.

8.4.3   The Host Council shall comply with any investigation by any statutory ombudsman or tribunal relating to the discharge of the Specified or Agreed Functions.

9.   Expenses of Joint Committee Members

9.1   Each Council shall be responsible for meeting any expenses to which any Joint Committee Member or officer appointed by it as its representative is entitled as a result of their attendance at duly authorised meetings.

10.   Monitoring Officer

10.1   The Councils agree that at the date of the Agreement the Monitoring Officer of Cardiff Council shall act as Monitoring Officer for the Joint Committee. The appointment of Cardiff Council's Monitoring Officer as Monitoring Officer to the Joint Committee shall cease at the earlier of (i) such date as Cardiff Council ceases to act as Host Council or (ii) the Councils unanimously decide to appoint the Monitoring Officer of a different Council as Monitoring Officer to the Joint Committee pursuant to clause 10.2.

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10.2   The Councils may decide that the Monitoring Officer of a different Council shall be designated as Monitoring Officer for the Joint Committee. This shall require a unanimous decision from the Councils. Following such a decision the Host Council shall notify the officer who is currently acting as Monitoring Officer and the officer who has been designated as Monitoring Officer for the future.

10.3   The Councils acknowledge and agree that the Monitoring Officer will need to be provided with such resources as the Monitoring Officer considers sufficient to allow her to perform her duties and that this will be a cost of the Joint Committee.

10.4   For such time as the Host Council and the Monitoring Officer to the Joint Committee is being performed by the same Council then the Monitoring Officer's cost will be added to the Host Council's costs and the provisions of clause 13 of this Agreement shall apply.

11.   Reviews

11.1   The Joint Committee shall review the discharge of the Specified and Agreed Functions at least annually alongside the Combined Governance Board reviewing service progress and performance quarterly and reporting to the Joint Committee on the results of its review.

11.2   The Director of Operations shall submit a quarterly report to the Combined Governance Board and an annual report to the Joint Committee, setting out details of:

(a)   The performance of the Specified and Agreed Functions.

(b)   Income and expenditure and compliance with the Financial Memorandum.

11.3   The Councils and the Regional Collaboratives shall carry out a review of their discharge of the regional Specified Functions for adoption and provide the following to the Director of Operations

(a)   An annual work programme by 31 March each year

(b)   Quarterly performance reporting

(c)   An annual report by 31 May each containing the items detailed in the Directions.

11.4   The Director of Operations will use this information as the basis for reporting to the Joint Committee for adoption services.

12.   Audit

12.1   The discharge of the Specified and Agreed Functions on behalf of the Councils and the finances relating to the discharge of the Specified or Agreed Functions shall be subject to an annual external audit by the central team of the National Adoption Service which shall be commissioned by the Host Council in accordance with the Host Council's audit processes.

13.   Costs of Discharge of Functions

13.1   The Host Council agrees that any of the Services it provides for the discharge of the Specified and Agreed Functions shall be on a cost recovery basis. For the avoidance of any doubt such costs shall be deemed to include all costs incurred howsoever arising, including , without limitation to the generality of the foregoing;
(i) costs of any additional employees required in order to carry out the Host Council role/provide capacity to carry out such role and all associated recruitment costs,
(ii) all employee related costs including on costs,pension strain, termination costs and any employee related claims,
(iii)   fees and charges incurred (including external fees or charges for any third party services, goods or works procured) and
(iv) expenses, legal costs, claims, damages, insurance premiums and the like that the Host Council reasonably incurs in carrying out its role.

13.2   The Councils shall each year apply the central National Adoption Services budget to fund the payment of the costs of the Host Council. Any shortfall in such funding shall be paid by the Councils within 30 days of demand by the Host Council and as follows. Each Council's contribution shall be calculated by reference to their respective percentage contribution as set out in the Financial Memorandum.

13.3   To aid transparency and accountability the Host Council shall:

(i) Provide the Joint committee, at its first meeting, with a report outlining its estimated costs for acting as Host Council for the financial year 2022/2023. For the avoidance of any doubt the estimated costs submitted will be for noting purposes only and the Council's will be obliged to meet the Hosts Council's actual costs as set out in this Agreement.
(iii) For each subsequent financial year ('Subsequent Financial Year') the Host Council shall, prior to the Subsequent Financial Year in question, present to the Joint committee a report as to its estimate costs for acting as Host Council for the Subsequent Financial Year.
(iii) If, in any year, the Joint Committee does not find acceptable the estimated costs for the Subsequent Financial year then the Joint Committee may terminate the appointment of the then Host Council and the provision of clause 7.3 shall be deemed to apply save that the termination date of the appointment of the then Host Council shall be the 31st March, in the financial year proceeding the Subsequent Financial Year or such latter date as all the Councils may agree.
(iv) As part of its financial reporting to the Joint Committee the Host Council shall from time to time present to the Joint Committee reports of the actual costs incurred in carrying out the Host Council role.

13.4   The Host Council in determining the level of resources it requires to carry out its role under the Agreement shall (i) act responsibly and prudently (ii) use its reasonable endeavours to put in place and maintain in place sufficient assets staff and other resource to undertake its role and (iii) wherever reasonably practicable report to the Joint Committee and/or Director of Operations for information if in any financial year its costs are likely to materially exceed the estimated costs that have previously been submitted to the Joint Committee.

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14. Costs of the Joint Committee

14. The Councils shall apply the central National Adoption Services budget to fund any costs of the Joint Committee, including the Host Councils costs. Any shortfall in such funding shall be paid by the Councils. Each Council's contribution shall be calculated by reference to their respective percentage contribution as set out in the Financial Memorandum. The Welsh Local Government Association shall be responsible for the administration of the payment of costs involved in the administration of the Joint Committee.

15. Liabilities Under This Agreement

15.1 The Host Council shall indemnify and keep indemnified each of the other Councils to this Agreement against any losses, claims, expenses, actions, demands, costs and liability suffered by that Council to the extent arising from any wilful default or wilful breach by the Host Council of its obligations under this Agreement or its statutory duties (and "wilful" in this context shall, for the avoidance of doubt, not include matters which are outside the reasonable control of the Host Council or matters arising from any negligent act or omission in relation to such obligations).

15.2 No claim shall be made against the Host Council by the other Councils or any of them to recover any loss or damage which may be incurred by reason of or arising out of the carrying out by the Host Council of its obligations under this Agreement unless and to the extent such loss or damage arises from a wilful default or wilful breach by the Host Council under clause 15.1.

15.3 Each of the other Councils (acting severally) shall indemnify and keep indemnified the Host Council against all losses, claims, expenses, actions, demands, costs and liabilities which the Host Council may incur by reason of or arising out of the carrying out by the Host Council of its obligations under this Agreement for that Council or arising from any wilful default or wilful breach by a Council of its obligations under this Agreement (and wilful in this context shall, for the avoidance of doubt, not include matters which are outside the reasonable control of that Council or matters arising from any negligent act or omission in relation to such obligations) unless and to the extent that the same result from any wilful breach by the Host Council of any such obligations.

15.4 The amount to be paid to the Host Council by any of the other Councils under clause 15.3 shall be borne by each of the Councils to the extent of its responsibility, however in the event that the responsibility is a shared one between the Councils (so that it is not reasonably practicable to ascertain the exact responsibility between the Councils) then the amount to be paid shall be divided between the Councils on a Proportionate Basis.

15.5 In the event of a claim under this clause 15 in which it is not reasonably practicable to determine the extent of responsibility as between the Councils then the amount shall be divided amongst the Councils on a Proportionate Basis.

15.6 A Council which receives a claim for losses, expenses, actions, demands, costs and liabilities related to the discharge of the Specified and Agreed

Functions shall notify and provide details of such claim as soon as is reasonably practicable to the other Councils.

15.7   Failure to give notice in accordance with clause 15.6 shall not relieve a party of its obligations to indemnify another under this clause 15.

15.8   Each Council shall not be obliged to indemnify the other Councils to the extent that the insurances maintained by the other Councils at the relevant time provide an indemnity against the loss giving rise to a claim and to the extent that another Council recovers under a policy of insurance save that the Council responsible for liabilities suffered by another Council shall be responsible for (i) the deductible under any such policy of insurance (ii) any amount over the maximum amount insured under such policy of insurance and (iii) any resultant increase in future year premiums (for a maximum of 10 years) incurred by the Council who claims on its insurance.

15.9   The indemnities given under this Agreement are in addition to any Hosting Agreement between the Host Council and any of the other Councils.

16.   Duration of this Agreement

16.1   This Agreement shall come into force on the Commencement Date and shall continue from year to year or until terminated in accordance with the provisions of this Agreement.

17.   Variation of This Agreement

17.1   Any of the Councils may request a variation to this Agreement by making such a written request to the officer acting as Monitoring Officer to the Joint Committee.

17.2   The officer acting as Monitoring Officer to the Joint Committee shall circulate the request to each of the Councils within ten Business Days of receipt of the request for consideration and approval by the Councils.

17.3   If each of the Councils approve such variation, then the officer acting as Monitoring Officer to the Joint Committee shall arrange for the preparation of an appropriate Deed of Variation to this Agreement to be prepared for execution by the Councils and such change shall only take effect upon completion of that Deed and the costs associated with the preparation of such Deed of Variation shall be shared equally between the Councils. Such Deed of Variation may be executed in parts by each Council that is then a party to this Agreement.

17.4   If one of the Councils does not approve such variation, then the variation to this Agreement shall not occur.

18.   Withdrawal from the Joint Committee on Notice

18.1   Any Council may withdraw from the Joint Committee in accordance with the following procedure:

18.2   Any Council which wishes to withdraw from the Joint Committee shall give not less than twelve months' written notice terminating at the end of a financial year to the other Councils and the officer acting as Monitoring

Officer to the Joint Committee shall consult the other Councils giving due consideration to:

(a)   Any loss of funding arising from such withdrawal and including any non-payment, clawback or repayment of such funding;

(b)   Any other loss, liability, damage, claim or expense,

which would be incurred by the Councils upon which notice has been served by reason of such withdrawal from the Joint Committee.

18.3   Any Council wishing to withdraw from the Joint Committee undertakes as a condition of such withdrawal to make, prior to withdrawal such reasonable payment or payments which fairly reflect the actual losses caused by or anticipated as a result of the withdrawal as shall be determined by the other Councils pursuant to clauses above and no notice under this clause 18 shall take effect unless and until such payment has been agreed or referred to the Dispute Resolution procedure under Clause 22.

18.4   Subject to the provisions of clause 15 or unless agreed otherwise by the parties, each Council reserves the right to recover from any party to this Agreement the costs of any claims, costs, expenses, losses or liabilities of any nature or which have been caused by any act or omission of that party and which are discovered after the party's withdrawal from this Agreement.

18.5   Any Council that withdraws from the Joint Committee shall be responsible for ensuring that it is able to comply with its legal obligations in respect of the discharge of the Specified and Agreed Functions. Any Council that withdraws from the Joint Committee shall include in its notice to the other Councils confirmation that it shall comply with its legal obligations in respect of the discharge of the Specified and Agreed Functions

19.   Termination of this Agreement for Cause

19.1   Without prejudice to any other rights or remedies, this Agreement may be terminated in relation to any other Council ("Defaulter") by the other Councils ("Non-Defaulting Councils") acting unanimously in giving sixty-five Business Days written notice to the Defaulter where the Defaulter materially breaches any of the provisions of this Agreement or in the case of a breach capable of remedy fails to remedy the same within thirty Business Days (or such other period as agreed by the Non-Defaulting Councils) of being notified of each breach in writing by the Non-Defaulting Councils and being required to remedy the same.

19.2   If this Agreement is terminated each Council shall be responsible for ensuring that it is able to comply with its legal obligations in respect of the discharge of the Specified and Agreed Functions.

20.   Termination of the Agreement by Agreement

20.1   The Councils agree that this Agreement may be determined upon terms agreed by all the Councils.

20.2   Upon termination of this Agreement the parties agree that the Joint Committee shall cease to exist and any arrangement for the discharge of

Specified and Agreed Functions which has been made pursuant to this Agreement shall cease on the expiry of the notice period specified in the relevant Hosting Agreement and the Specified and Agreed Functions shall be returned to the Councils which were responsible for them prior to this Agreement.

20.3 If this Agreement is terminated each Council shall be responsible for ensuring that it is able to comply with its legal obligations in respect of the discharge of the Specified and Agreed Functions.

21. Termination – Consequential Matters

21.1 In the event of termination of this Agreement under Clause 20 as the case may be, any party shall supply to any other party when requested any information which the other party requires for the continuing discharge of the Specified and Agreed Functions; and

21.2 Any Intellectual Property Rights created under this Agreement shall be owned by the then parties in equal proportions; and

21.3 Each of the parties shall undertake to make such reasonable payment or payments which fairly reflect the obligations of that Council pursuant to this Agreement.

21.4 In the event of termination of this Agreement all Assets held by any of the Councils for the purposes of this Agreement shall be dealt with in accordance with the Financial Memorandum.

21.5 The Host Council shall: -
21.5.1 be reimbursed by the Councils for all costs it incurs upon or as a consequence of Termination with each Council's contribution to such costs being calculated by reference to their respective percentage contribution as set out in the Financial Memorandum and
21.5.2. transfer any relevant information it holds to the Council to which the relevant information relates.

21.6 It shall be the duty of the Councils to try to minimise any losses arising from the termination of this Agreement.

21.7 Each Council is responsible for its own compliance with the Directions and any other relevant law that applies to the Specified and Agreed Functions and shall take any action necessary to ensure that it is able to comply with its legal obligations following termination of this Agreement.

22. Dispute Resolution

22.1 The Councils undertake and agree to pursue a positive approach towards dispute resolution which seeks in the context of this joint working arrangement to identify a solution at the lowest operational level that is appropriate to the subject of the dispute, and which avoids legal proceedings and maintains a strong working relationship between the parties.

22.2 Any dispute arising in relation to any aspect of this Agreement shall be resolved in accordance with this clause 22.

22.3   All disputes, claims or differences between the Councils arising out of or in connection with this Agreement or its subject matter or formation, including any question regarding its existence, validity or termination, (a "Dispute") shall be referred to the Director of Operations who shall produce and implement a plan for resolving the dispute.

22.4   If the plan of the Director of Operations does not resolve the dispute it may at the written request of any Council involved in the dispute, be referred by each Council to its chief executive.

22.4   If the Councils' chief executives do not agree a resolution of the Dispute within one month of the date of service of any such request, the Councils may agree a process to attempt to settle the Dispute by mediation or arbitration.

23.   Notices

Form of Notice

23.1   Any demand, notice or other communication given in connection with or required by this Agreement shall be made in writing and shall be delivered to or sent by pre-paid first class post to the recipient at the address stated in Schedule 3 (or such other address as may be notified in writing from time to time) or sent by facsimile transmission to the recipient to the facsimile number stated in Schedule 3 or sent electronically to the e-mail address stated in Schedule 3.

Service

23.2   Any such demand, notice or communication shall be deemed to have been duly served:

(a)   If delivered by hand, when left at the proper address for service.

(b)   If given or made by pre-paid first-class post two Business Days after being posted;

(c)   If sent by facsimile at the time of transmission provided that a confirmatory copy is on the same day that the facsimile is transmitted sent by pre-paid first class post in the manner provided for in clause 23.1 Provided That in each case that if the time of such deemed service is either after 4.00pm on a Business Day or on a day other than a Business Day service shall be deemed to occur at 10.00am on the next following Business Day; or

(d)   If sent by e-mail, when it has been sent to the e-mail address stated in Schedule 4 and receipt of such e-mail has been acknowledged.

24.   Information and Confidentiality

24.1   Without prejudice to clauses 25 and 26 the parties shall keep confidential all matters relating to this Agreement or the Intellectual Property Rights of the parties and shall use all reasonable endeavours to prevent their employees and agents from making any disclosure to any person of any matter relating to the Agreement or Intellectual Property Rights of the parties.

21

24.2   Clause 24.1 shall not apply to:

(a)   Any disclosure of information that is reasonably required by persons engaged in the performance of their obligations under this Agreement.

(b)   Any matter which a party can demonstrate is already generally available and in the public domain otherwise than as a result of a breach of this clause.

(c)   Any disclosure which is required by any law (including any order or a court of competent jurisdiction) any Parliamentary obligation or the rules of any stock exchange or governmental or regulatory authority having the force or law.

(d)   Any disclosure of information which is already lawfully in the possession of the disclosing party prior to its disclosure by the disclosing party.

(e)   Any disclosure which is required or recommended by the rules of any governmental or regulatory authority including any guidance from time to time as to openness and disclosure of information by public bodies.

(f)   Any disclosure which is necessary to be disclosed to provide relevant information to any insurance broker in connection with obtaining any insurance required by this Agreement.

(g)   Any disclosure by a party to a department, office or agency of the Government.

(h)   Any disclosure for the purpose of the examination and certification of a party's accounts.

Where disclosure is permitted under clauses 24.2(a), 24.2(f), 24.2(g), or 24.2(h) the recipient of the information shall be placed under the same obligation of confidentiality as that contained in this Agreement by the disclosing Council.

25.   Data Protection

25.1   In relation to the subject matter of this agreement each party undertakes at all times to comply with the Data Protection Legislation. This clause 25 is in addition to and does not relieve remove or replace a party's obligations under the Data Protection Legislation.

25.2   Each Council:

(a)   Shall process Personal Data belonging to any other Council only on the instructions of that Council (subject to compliance with applicable law);

(b)   Shall only undertake processing of Personal Data reasonably required in connection with this Agreement.

(c)   Shall ensure that it has in place appropriate technical and organisational measures to protect against unauthorised or unlawful processing of Personal Data and against accidental loss or destruction

of or damage to Personal Data appropriate to the harm that might result from the unauthorised or unlawful processing or accidental loss destruction or damage and the nature of the data to be protected having regard to the state of technological development and the cost of implementing any measures (those measures may include where appropriate pseudonymising and encrypting Personal Data ensuring confidentiality integrity availability and resilience of its systems and services ensuring (subject to the terms of any third party arrangements that may be in place) that availability of and access to Personal Data can be restored in a timely manner after an incident and regularly assessing and evaluating the effectiveness of the technical and organisational measures adopted by it);

(d)   Shall ensure that all personnel who have access to and/or process Personal Data are obliged to keep the Personal Data confidential.

(e)   Shall not transfer any Personal Data outside of the European Economic Area unless the prior written consent of the other Councils has been obtained and the following conditions are fulfilled.

   (i)   The Council transferring the Personal Data has provided appropriate safeguards in relation to the transfer.

   (ii)   The data subject has enforceable rights and effective legal remedies.

   (iii)   The Council transferring the Personal Data complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred

(f)   Shall assist the other Councils in responding to any request from a data subject and in ensuring compliance with their obligations under the Data Protection Legislation with respect to security breach notifications impact assessments and consultations with supervisory bodies.

(g)   Shall use its reasonable endeavours to procure that all relevant sub-contractors and third parties comply with this clause 25.

25.3   The Councils shall not disclose Personal Data to any third parties other than:

(a)   To employees and sub-contractors and third parties to whom such disclosure is reasonably necessary in order for the Councils to discharge the Councils' obligations in relation to this Agreement; or

(b)   To the extent required under a court order or to comply with any applicable laws

provided that any disclosure to any sub-contractor or any third parties under clause 25.3 shall be made subject to written terms substantially the same as, and no less stringent than, the terms contained in this clause 25 and that the Councils shall give notice in writing to all other Councils of any disclosure of Personal Data belonging to them which they or a sub-contractor or third parties are required to make under clause 25 immediately they are aware of such a requirement.

25.4 Any Council may, at reasonable intervals, request a written description of the technical and organisational methods employed by any other Council and the relevant sub-contractors Within five Business Days of such a request, the Council requested to do so shall supply written particulars of all such measures as it is maintaining detailed to a reasonable level such that the requesting Council can determine whether or not, in connection with the Personal Data, it is compliant with the Data Protection Legislation. Each Council shall use its reasonable endeavours to ensure that the sub-contractors and any third parties also comply with such request from any other Council.

25.5 All Councils shall ensure that any Personal Data they obtain and provide to any other Council has been lawfully obtained and complies with the Data Protection Legislation and that the use thereof in accordance with this Agreement shall not breach any of the provisions of the Data Protection Legislation.

25.6 Each Council shall provide the other Councils as soon as reasonably practicable, with such information in relation to Personal Data and their processing as the other Councils may reasonably request in writing and the party asked to provide the relevant data may reasonably be able to provide in order for the other Council to comply with its obligations under this clause and the Data Protection Legislation.

25.7 Each Council shall take reasonable precautions (having regard to the nature of their respective obligations under this Agreement) to preserve the integrity of any Personal Data.

25.8 The Councils shall continually review any existing information sharing protocols being used in relation to this Agreement to ensure they remain relevant and to identify which Personal Data needs to be processed and on what basis to ensure compliance with this clause 25.

25.9 Each Council shall maintain complete and accurate records to demonstrate its compliance with this clause 25.

26. Freedom of Information

26.1 The parties recognise that the Councils are public authorities as defined by FOI Legislation and therefore recognise that information relating to this Agreement may be the subject of an Information Request.

26.2 The Councils shall assist each other in complying with their obligations under FOI Legislation, including but not limited to assistance without charge in gathering information to respond to an Information Request.

26.3 Any Council shall be entitled to disclose any information relating to this Agreement and the Specified and Agreed Functions in response to an Information Request save that in respect of any Information Request which is in whole or part a request for Exempt Information.

26.4 The Council which receives the Information Request shall circulate the Information Request and shall discuss it with the other Councils and the Director of Operations.

26.5 The Council which receives the Information Request shall in good faith consider any representations raised by other Councils when deciding whether to disclose Exempt Information and

26.6 The Council which receives the Information Request shall not disclose any Exempt Information beyond the disclosure required by FOI Legislation without the consent of the Council or Councils to which it relates.

26.7 The parties to this Agreement acknowledge and agree that any decision made by a Council which receives an Information Request as to whether to disclose information relating to this Agreement pursuant to FOI Legislation is solely the decision of that Council. A Council will not be liable to any party to this Agreement for any loss, damage, harm or detrimental effect arising from or in connection with the disclosure of information in response to an Information Request.

27. Intellectual Property

27.1 Each Council will retain all Intellectual Property in its Material.

27.2 Each Council will grant all of the other Councils a non-exclusive, perpetual, non-transferable and royalty free licence to use, modify, amend and develop its IP Material for the discharge of the Councils' obligations in relation to this Agreement whether or not the Council granting the licence remains a party to this Agreement.

27.3 Without prejudice to clause 27.1, if more than one Council owns or has a legal or beneficial right or interest in any aspect of the IP Material for any reason (including without limitation that no one Council can demonstrate that it independently supplied or created the relevant IP Material without the help of one or more of the other Councils), each of the Councils who contributed to the relevant IP Material will grant to all other Councils to this Agreement a non-exclusive, perpetual, non-transferable and royalty free licence to use and exploit such IP Material as if all the other Councils were the sole owner under the Copyright Design and Patents Act 1988 or any other relevant statute or rule of law.

27.4 Any entity or person who is at the date of this Agreement a party to this Agreement and who has licensed any Intellectual Property under this Agreement shall have a non-exclusive, perpetual right to continue to use the licensed Intellectual Property.

27. 5 Each Council warrants that it has or will have the necessary rights to grant the licences set out in clause 27.2 and 27.3 in respect of the IP Material to be licensed.

27.6 Each Council agrees to execute such further documents and take such actions or do such things as may be reasonably requested by any other Councils (and at the expense of the Council or Councils making the request) to give full effect to the terms of this Agreement.

28.   Language

28.1   The Joint Committee shall arrange for the Specified and Agreed Functions to be discharged in such a way that each of the Councils comply with their duties under the Welsh Language (Wales) Measure 2011

29.   Severability

29.1   If at any time any clause or part of a clause or schedule or appendix or part of a schedule or appendix to this Agreement is found by any court, tribunal or administrative body of competent jurisdiction to be wholly or partly illegal, invalid or unenforceable in any respect:

(a)   That shall not affect or impair the legality, validity or enforceability of any other provision of this Agreement.

(b)   The parties shall in good faith amend this Agreement to reflect as nearly as possible the spirit and intention behind that illegal, invalid or unenforceable provision to the extent that such spirit and intention is consistent with the laws of that jurisdiction and so that the amended Agreement complies with the laws of that jurisdiction.

30.   Relationship of Parties

30.1   Each of the parties is an independent organisation and nothing contained in this Agreement shall be construed to imply that there is any relationship between the parties of partnership or principal/agent or of employer/employee. No party shall have any right or authority to act on behalf of another party nor to bind another party by contract or otherwise except to the extent expressly permitted by the terms of this Agreement.

31.   Third Party Rights

31.1   The parties to this Agreement do not intend that any of its terms will be enforceable by virtue of the Contracts (Rights of Third Parties) Act 1999 by any person not a party to it.

32.   Entire Agreement

32.1   This Agreement and all documents referred to in this Agreement set forth the entire agreement between the parties with respect to the subject matter covered by them and supersede and replace all prior communications, representations (other than fraudulent representations), warranties, stipulations, undertakings and agreements whether oral or written between the parties. Each party acknowledges that it does not enter into this Agreement in reliance on any warranty, representation or undertaking other than those contained in this Agreement and that its only remedies are for breach of this Agreement, provided that this shall not exclude any liability which either party would otherwise have to the other in respect of any statements made fraudulently by or on behalf of it prior to the date of this Agreement.

33.   Law of Agreement or Jurisdiction

33.1   This Agreement shall be governed by the laws of England and Wales and the parties submit to the exclusive jurisdiction of the courts of England and Wales.

34.   Discretion of the Councils

34.1   The discretion of any Council shall not be fettered or otherwise affected by the terms of this Agreement.

THE COMMON SEAL OF

[   ] Council

was affixed in the presence of

SIGNED BY

Duly authorised for and

on behalf of Welsh Local Government Association

in the presence of

Schedule 1 Constitution of the Joint Committee

1   All 22 Councils shall appoint one representative as voting members of the Joint Committee.

2   The Joint Committee shall appoint one of its voting members as chair and one of its voting members as vice chair.

3   Unless they have already been appointed by their Council as its representative the Councils shall appoint the following persons (subject to the agreement of such persons) as non-voting members of the Joint Committee:

   3.1   A WLGA spokesperson for health and social services.

   3.2   A WLGA deputy spokesperson for health and social services.

   3.3   The executive leader or a deputy in respect of one of those roles of the Host Council.

   3.4   The Co-chairs of the Combined Governance Board.

4   The relevant Councils may nominate one or more substitute members from, subject to notification being given to the officer acting as Monitoring Officer to the Joint Committee before the start of the meeting. The member appointed as a substitute shall have full voting rights where the member for whom they are substituting does not attend.

5   Each voting member of the Joint Committee shall comply with the Code of Conduct of their Council when acting as a Member of the Joint Committee.

6   The Host Council or, as the case may be the relevant councils may remove any voting member or substitute voting members of the Joint Committee and appoint a different representative of the Host Council or, as the case may be, the same council as the member or substitute being replaced by giving written notice to the officer who is acting as Monitoring Officer to the Joint Committee.

7   Each voting member of the Joint Committee shall have one vote.

8   Each member of the Joint Committee shall serve upon the Joint Committee for as long as he or she is appointed to the Joint Committee by the relevant Councils, but a member shall cease to be a member of the Joint Committee if he or she ceases to be a member of the Council of which he or she was a member when he or she was appointed to the Joint Committee or if the Councils remove him or her as a member of the Joint Committee.

9   Any casual vacancies howsoever arising shall be filled by the Councils by notice in writing sent to the officer who is acting as Monitoring Officer to the Joint Committee.

10   Unless otherwise agreed by the Councils, meetings of the Joint Committee shall be held at the offices of the WLGA, Host Council or virtually.

11   The Joint Committee shall meet at least once annually.

12   The officer who is acting as Monitoring Officer to the Joint Committee shall call additional meetings at the direction of the chair by providing at least three clear days' notice to members of the Joint Committee, unless the meeting is called at shorter notice. The officer who is acting as Monitoring Officer to the Joint Committee must call a meeting of the Joint Committee if all the voting members of the Joint Committee request it or the Head of Paid Service of each Council requests it.

13   Meetings shall be notified to members of the Joint Committee by the officer who is acting as Monitoring Officer to the Joint Committee.

14   The officer who is acting as Monitoring Officer to the Joint Committee shall send electronically to all members and relevant officers of each Council the agenda for each meeting of the Joint Committee no later than three clear days before the date of the relevant meeting unless the meeting is convened at shorter notice

15   The officer who is acting as Monitoring Officer to the Joint Committee shall arrange for written minutes to be taken of each meeting of the Joint Committee and shall present them to the Joint Committee at its next meeting for approval as a correct record. The Officer who is acting as Monitoring Officer to the Joint Committee shall circulate the minutes to the Councils prior to the next meeting of the Joint Committee. If the Joint Committee confirms that the minutes contain an accurate record of the previous meeting, those minutes shall be signed by the chair or vice-Chair.

16   A meeting of the Joint Committee shall require a quorum of 60% of the voting members. If there is a quorum of members present but neither the chair nor the vice-chair is present, the members present shall designate one member to preside as chair for that meeting.

17   Subject to the provisions of any enactment all questions coming or arising before the Joint Committee shall be decided by a majority of the members of the Joint Committee immediately present and voting thereon. In the case of an equality of votes the chair shall have a casting vote. Subject to paragraph 18 below all voting shall be by a show of hands.

18   Any member of the Joint Committee may request the Joint Committee to record the votes of individual members of the Joint Committee on a matter for decision.

19   The order of business shall be indicated in the agenda for the meeting.

20   Any member of the Councils who is not a member of the Joint Committee is entitled to attend the Joint Committee but he or she shall not be entitled to vote, shall not take part in the consideration or discussion of any business, save by leave of the chair and comments will be recorded only on the direction of the chair.

21   A meeting of a principal council shall be open to the public except to the extent that they are excluded (whether during the whole or part of the proceedings).The public may be excluded from a meeting of the Joint Committee during an item of business whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings that if members of the public were present during that item, confidential information as defined in section 100A(3) of the Local Government Act 1972 or exempt

information as defined in section 100I of the Local Government Act 1972 would be disclosed to them. In view of the sensitivity of the matters for which the Joint Committee is responsible it is to be expected that most business to be transacted at meetings of the Joint Committee will include confidential or exempt information but the Joint Committee will consider this in respect of every item of business to be considered at a meeting of the Joint Committee.

22   Unless members of the public are excluded from a meeting of the Joint Committee in accordance with paragraph 21 above meetings of the Joint Committee will be open to the public.

23   Members of the public wishing to address the Joint Committee (or a sub-committee of the Joint Committee) on reports contained within the agenda for the meeting may at the discretion of the Chair be given the opportunity to do so.

24   Each Council may call in any decision of the Joint Committee in accordance with the overview and scrutiny provisions of that Council's constitution. If any decision of the Joint Committee is subject to call in by a Council, the Joint Committee shall take no action to implement that decision unless the call in process upholds the decision.

25.   The Joint Committee may delegate a function to an officer. At the commencement of this agreement, the Jojnt Committee has delegated functions to the Director of Operations as outlined in Schedule 5

Schedule 2 Terms of Reference of the NAS Combined Governance Board

Functions and responsibilities of the Combined Governance Board

1   The Combined Governance Board shall have the following responsibilities:

  1.1   To provide political and professional leadership and advice to inform the overall strategic direction of the National Adoption Service in Wales.

  1.2   To hold the Regional Collaboratives (and their staff), the Director of Operations and central team, the VAA's and other services accountable for the delivery and performance of their services within the National Adoption Service arrangements.

  1.3   To approve for submission to the Joint Committee as prepared by the Director of Operations / central team.

- o   An annual programme of work for the National Adoption Service.

- o   A half year and full year progress report for the Welsh Local Government Association (WLGA – Full Council), the Minster for Health and Social Service and the Welsh Government.

- o   The budget and financial management arrangements of services and the office of the Director of Operations.

  1.4   To monitor and have oversight of:

- ▪   The performance of the National Adoption Service to ensure its successful delivery and improvements in the adoption process to lead to positive outcomes for children and adults affected by adoption.

- ▪   The quality of engagement with the Voluntary Adoption Agencies (VAAs) and service user representatives at central and regional levels.

- ▪   Compliance with The Directions

- ▪   Compliance with the Conflict-of-Interest Protocol

1.5 To consider and make recommendations for the future direction of the National Adoption Service using:

- o   Information and data, including from the National Performance System in relation to the services as a whole, each Regional Collaborative, the VAA's and other services.

- o   Professional and best practice advice from the sector.

- o   The views of children, young people and adults who use services.

- o   Other evidence including reports from the Director of Operations.

1.6   To ensure arrangements are in place for the flow of information, including receipt of minutes and papers, between the Combined Governance Board and:

- The Joint Committee.

- Regional Management Committees.

- Local government members and officers across Wales.

- Equivalent bodies in VAA's and other services.

1.7   To encourage and enable the statutory and voluntary sectors to work in partnership to deliver the best outcomes for children and adults affected by adoption.

1.8   To ensure that the views of all stakeholders, including those who use adoption services, are represented effectively both at national and regional levels.

1.9   To ensure the National Adoption Service is working within Welsh Government guidance and strategies for children particularly looked after and adopted children.

1.10   To ensure that due consideration is given to the need for Welsh Language services in planning and delivery of adoption services throughout Wales.

1.11   To support the delivery of adoption services through the National Adoption Service arrangements to ensure it reflects the best possible practice and is based on a culture of continuous improvement.

1.12   To notify Joint Committee and Welsh Ministers of any issues regarding the National Adoption Service which it considers need to be drawn to their attention.

2   Membership of the Combined Governance Board will comprise of:

- WLGA Spokesperson for Health and Social Services or their representative.

- WLGA Deputy Spokesperson for Health and Social Services

- Independent Chair of the National Adoption Service Advisory Group (Chair of the Advisory Group and Co-Chair of the Combined Governance Board Meeting).

- Leader (or nominated executive representative) of Host Council.

- Elected member representative for each of the 5 Regional Adoption Collaboratives (from which the Vice Chair will be drawn).

- Director / Head of Service from each of the Regional Collaboratives.

- Senior officer representative of the Host Council.

- Representative of the 5 VAAs in Wales.

- Officer representative from the WLGA.

- Representative from the Association of Directors for Social Services Cymru (ADSSC).

- Representative of Association of Directors of Education in Wales (ADEW).

- A Designated doctor for Safeguarding/Looked After Children.

- A current RAC Adoption Panel Medical Advisor.

- Child and Adolescent Mental Health Services (CAMHS) representative.

- Representative of a Social Research Centre (currently Cardiff University, CASCADE).

- Representative of Children's Commissioner for Wales.

- Representative of CAFCASS Cymru

- Citizen or service user.

- Legal services representative from the Host Council.

- Director of Operations, National Adoption Service and secretariat.

3   The Joint Committee may invite other persons to attend meetings of the Combined Governance Board as observers.

4   The terms of reference of the Combined Governance Board shall be reviewed by the Joint Committee at least once a year which may make amendments to the terms of reference.

Schedule 3 Notice Provisions

Welsh Local Government Association
One Canal Parade,
Dumballs Road
CARDIFF
CF10 5BF

Blaenau Gwent County Borough Council
Municipal Offices
Civic Centre
Ebbw Vale
NP23 6XB

Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Caerphilly County Borough Council
Ty Penalta
Tredomen Park
Ystrad Mynach Hengoed
CF82 7PG

The County Council of the City and County of Cardiff
County Hall
Cardiff
CF10 4UW

Carmarthenshire County Council
County Hall
Carmarthen
Carmarthenshire
SA31 1JP

Ceredigion County Council
Neuadd Cyngor
Ceredigion
Penmorfa
Aberaeron
Ceredigion
SA46 OPA

Conwy County Borough Council
Bodlondeb
Bangor Road
Conwy
LL32 8DU

Denbighshire County Council
County Hall
Wynnstay Road
Ruthin
LL15 1YN

Flintshire County Council
County Hall
Mold
CH7 6NB

Gwynedd Council
Council Offices
Shirehall Street
Caernarfon
LL55 1SH

Isle of Anglesey County Council
Council Offices
Llangefni
LL77 7TW

Merthyr Tydfil County Borough Council
Civic Centre
Merthyr Tydfil
CF47 8AN

Monmouthshire County Council
PO Box 106
Caldicot
NP26 9AN

Neath Port Talbot County Borough Council
Port Talbot Civic Centre
Port Talbot
SA13 1PJ

Newport City Council
Civic Centre
Godfrey Road
Newport
NP20 4UR

Pembrokeshire County Council
County Hall
Haverfordwest
Pembrokeshire
SA61 1TP

Powys County Council
Powys County Hall
Spa Road East
Llandrindod Wells
Powys
LD1 5LG

Rhondda Cynon Taf County Borough Council
The Pavilions
Cambrian Park
Clydach Vale
Tonypandy
CF40 2XX

The Council of the City and County of Swansea
Civic Centre
Oystermouth Road
Swansea
SA1 3SN

Torfaen County Borough Council
Civic Centre
Pontypool
Torfaen
NP4 6YB

Vale of Glamorgan Council
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU

Wrexham County Borough Council
The Guildhall
Wrexham
LL11 1AY

[The Councils to provide details of fax numbers and e-mail addresses.]

Schedule 4 Financial Memorandum

1 The core budget for the office of the Director of Operations and national functions of the National Adoption Service is provided by a 'top slice' of the Revenue Support Grant and made available to the NAS via the Welsh Local Government Association. This arrangement was agreed by the Co-ordinating Committee of the WLGA in March 2014 as part of its agreement to the proposals to establish NAS.

2 The Councils shall ensure that:

2.1 The Joint Committee, the Combined Governance Board and the Director of Operations make appropriate use of the National Adoption Services budget to perform their functions and to facilitate achievement of the aims in clause 2 of this Agreement.

2.2 There are adequate financial and accounting procedures for the purposes of this Agreement.

3 The Host Council will provide the financial administrative accounting system and appropriate associated support for the discharge of the Specified and Agreed Functions on behalf of the Councils. Subject to the statutory role of each Council's Section 151 Officer in relation to their Council, the Host Council shall provide for the purposes of this Agreement the services of its Section 151 Officer to the Joint Committee.

4 The Director of Operations shall submit annual monitoring and accounting reports to the Joint Committee which shall include explanations for any variances against the profiled budget.

5 The Joint Committee shall review the expenditure and forecast to ensure that the allocated budget is being correctly adhered to.

6 The Joint Committee shall be presented with a report on the proposed use of the budget for the discharge of the Specified and Agreed Functions for approval on behalf of the Councils for the following financial year.

7 The Host Council shall apply its Financial Regulations and Contract Procedure Rules to the discharge of the Specified and Agreed Functions on behalf of the Councils pursuant to this Agreement.

8 Proportionate Basis for costs and liabilities of the Councils arising under the Agreement:

The Proportionate Basis for which each Council shall be liable for costs arising under the Agreement (to the extent that the same exceed the 'top slice' of the Revenue Support Grant made available to the Joint Committee) shall be calculated by reference to the proportion that the population of each Council's area makes of the total population of Wales. Any indemnity to be funded by all Councils shall be calculated on the same basis.

Schedule 5 Specified and Agreed Functions and Services

1 Service Vision

1.1 The Councils wish to use the joint discharge of the Specified Functions to improve the performance of the Councils and partners in meeting the needs of those children who require permanence through adoption by bringing together the best practice from each authority and partner into an integrated adoption service and similarly for an agreed range of fostering functions.

1.2 The Councils agree that the joint discharge of the Specified and Agreed Functions should be underpinned by the guiding principles that looked after children and prospective adopters alike are advantaged by the joint discharge of functions and that the joint discharge of functions is demonstrably more efficient and flexible in delivering the Services.

2 Aims, Principles and Objectives of the joint discharge of the Specified Functions for adoption services

2.1 Enabling the Councils to comply with their obligations under the Directions.

2.2 Delivering a comprehensive adoption service at a national level.

2.3 Exercising oversight of Councils' compliance with legislation, regulations, minimum standards, local procedures and the performance management framework set by the Welsh Government and accountable to the Senedd / Welsh Parliament in line with the Directions.

2.4 Ensuring that services are carried out in a timely and efficient way and based upon the assessed needs of those persons requiring the service.

2.5 Ensuring that persons seeking approval as adoptive parents are welcomed without prejudice and delay and that their applications are considered on their individual merit.

2.6 Developing a recruitment strategy which ensures a range of adoptive placements are available nationally or through external agencies to ensure timely placements for all children where the placement plan is adoption.

2.7 Providing a child focused placement service to ensure that children are appropriately matched with adopters who can meet their needs throughout their childhood.

2.8 Providing a range of pre and post adoption support and intermediary services in conjunction with statutory and voluntary sector providers.

2.9 Establishing effective working links with key stakeholders.

2.10 Maintaining effective working links with local authority children's services departments to ensure that agency functions in relation to children requiring adoptive placements are maintained.

2.11 Utilising and building upon examples of good practice and promote consistency, excellence and continuous improvement.

2.12 Complying with the requirements of external audit and inspection.

2.13 Ensuring that customer feedback and the views of service users are obtained and considered in the development of services.

3   Aims, Principles and Objectives of the joint discharge of the Agreed Functions for fostering services through Foster Wales

3.1 National leadership to ensure consistency of approach on a regional and local authority basis

3.2 Commission / monitoring of the programme management contract with Association for fostering and adoption Cymru (AFA Cymru) / creation of a post for this function plus oversight / support of programme manager's work

3.3 Maintaining a performance framework and supporting performance reporting at national and regional level to inform improvement

3.4 Production of annual report and any other reporting required

3.5 Administration of agreed Foster Wales national Governance arrangements and support to Regional Development Manager meetings, practice forums and task & finish groups

3.6 Promotion of best practice and culture of continuous improvement currently as below:

- o Oversight and ongoing development of the Foster Wales brand

- o Production of national Policy and Procedures handbook incl. for recruitment

- o Core Offer of support

- o Fees and Allowances

- o Learning and Development framework

3.7 Commissioning and contract monitoring of contracts required for FW work – incl. website, brand repository, national marketing manager, launch & campaigns.

3.8 Administration of FW finance and grants and accountancy support. Securing resourcing through new / additional finance where possible.

4   The Specified and Agreed Functions

4.1 The Specified and Agreed Functions are:

The functions of the Director of Operations and central team including the following:

- Providing leadership to set the direction for NAS and Foster Wales including strategic planning by agreeing priorities, targets and resourcing following engagement with partners and stakeholders as well as support to operational planning.

- Reviewing progress including analysis of performance data and service information from the regions and VAA's.

- Providing annual and mid-year reports each year for agreement by the Combined Governance Board, Joint Committee and submission to Welsh Ministers as well as to WLGA and ADSS-C where required.

- Providing specific functions nationally to support and enable NAS operations (currently as below)

    - Establishing and maintaining a website for the National Adoption Service for Wales

    - Management of the Adoption Register for Wales (under contract from Welsh Government)

    - Commissioning and contracting national contracts to support service delivery functions and support

    - Maintaining arrangements for service user engagement across Wales

    - Leadership, matrix management oversight, advice and support to regions and VAA's.

    - Promotion of best practice and a culture of continuous improvement throughout the NAS.

    - Securing appropriate resourcing through new / additional finance or re-profiling of existing as well as managing the central team allocation, grants and investment.

    - Strategic commissioning as necessary for the discharge of functions

    - Maintaining arrangements for national governance and allied sub / task & finish groups to engage stakeholders in carrying out the actions / work agreed by the Combined Governance Board

    - Promotion of adoption, including national PR and marketing and the provision of the 'face and voice' of adoption in Wales.

    - Stakeholder and relationship management including with allied services and organisations in Wales and UK, Ministers and Welsh Government.

- Providing specific functions nationally to support and enable Foster Wales operations (currently as below)

    - Establishing and maintaining a national website for Foster Wales

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- Commissioning and contracting national contracts to support service delivery functions and support

- Leadership, matrix management oversight, advice and support to regions and LA's

- Promotion of best practice and a culture of continuous improvement

- Managing the central team allocation, grants and investment, enabling negotiations with funding bodies to secure ongoing resourcing.

- Maintaining arrangements for national governance and allied sub / task & finish groups to engage stakeholders in carrying out the actions / work agreed by the Lead Heads of Children's Services Group

- Promotion of Foster Wales, including national PR and marketing.

- Stakeholder and relationship management including with allied services and organisations in Wales and UK, Ministers and Welsh Government.

5   The Services

5.1   The services to be provided by the host local authority to facilitate the discharge of the Joint Committee's function shall be detailed in a separate agreement but will be provided subject to and on the overarching terms and conditions set out in this Agreement . Such Host services may include:

(i)Office accommodation and allied facilities services

(ii) Employment of staff, associated human resource functions and advising on workforce planning / issues

(iii) Use of its IT systems and databases, including provision of a separate email domain/s and stand-alone websites as needed

(iv) Finance / accounting services, supporting management of core budget and grant aid including facilitating the transfer of funds to relevant local government or partners agencies of NAS and Foster Wales.

(v) Information security advice and support, ensuring compliance with changing legislation

(vi) Facilitation of procurement and contracting requirements to deliver functions

(vii) Legal advice as required incl. for contracts.

(viii) Engagement of Officers and Members in governance arrangements   as   required   by   the   Directions

5.2 The Host Authority may make arrangements with third parties for the discharge of the Services and recharge such costs to the Joint

Committee. The Host Authority shall first discuss such matters with the Director of Operations.

Schedule 6 Terms of Reference for the Lead Head of Children's Services Group

1   Objectives and Scope

1.1   The main objectives of this group are:

(a)   To support the strategic oversight of Foster Wales

(b)   To consider the implications at local and regional level arising from the transition to Foster Wales

(c)   To consider the development needs of services at local, regional, and national level

(d)   To seek and support solutions to overcome barriers and challenges

(e)   To continue to develop and maintain collaboration across local authority fostering

(f)   To consider reports presented, agree actions, make decisions, and monitor progress

(g)   To consider performance reports and monitor KPIs as identified and agreed

(h)   To make recommendations for future areas of work programme development

2   Membership

2.1   Core membership will include:

(a)   6 x Regional designated Lead Head of Children's Services

(b)   Director of the National Adoption Service

(c)   6 x Regional Development Managers

(d)   A Director of Social Services

(e)   Programme Manager

(f)   An officer of the Welsh Local Government Association

2.2   Arrangements will be put in place to ensure good links between this meeting and members including briefing the WLGA spokesperson for health and Social Care or their nominated Deputy with responsibility for children's services.

3   Frequency of meetings

3.1   Meetings will be held at an agreed frequency no less than quarterly (currently monthly), dates and times will be scheduled and provided with advanced notice.

4   Accountability and communication

4.1   The group is accountable to the Joint Committee, which holds responsibility for overall oversight of the National Adoption Service and Foster Wales.

4.2   Regional representatives are responsible for ensuring that effective communication channels are in place. This should include mechanisms for the sharing of information, decisions, and outcomes from this group to relevant forums and individuals within their own region.

Schedule 7 Scheme of Functions Delegated to the Director of Operations

Part One
SCHEME OVERVIEW
1. Purpose

1.1. The National Adoption Service for Wales (NAS) operates in a multi-agency partnership context. This is a complex arrangement best described as a local government led collaborative with a range of different interfaces including the voluntary sector. In order that the NAS national / central team staff can carry out its functions effectively under the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015, it is essential that employees at all levels of the organisation are clear that they have the delegated authority to make decisions. It is also important that employees are clear where they do not have the authority to make decisions.

1.2. The Scheme of Delegation is the framework creating the authority to make a decision or discharge a function. Delegation also means that those to whom responsibility has been given are prepared to be accountable for the decisions they have been asked to make and the functions they discharge. Effective and transparent decision making also requires that those making a decision must be confident about the scope of their authority.

1.3. The aim of the Scheme of Delegation is to set out who has the authority to make decisions within the national / central team of the National Adoption Service for Wales. It is a companion document to the National Adoption Service in Wales Partnership Agreement and the Agreement for the Establishment of a Joint Committee for the National Adoption Service.

1.4. This Scheme of Delegation sets out who can carry out the functions. It does not explain how they are to be carried out. The NAS has adopted the procedures of the Host Council (Cardiff Council) which set out the rules for this. The Host Council is also the employer of NAS staff. As a result, NAS Officers must be familiar with the Host Council's:

- Financial Procedure Rules (Part 4.6 of the Constitution)
- Contract Standing Orders and any Procurement guidelines issued by the Host Council
- Human Resources guidance and procedures

1.5. All powers within the Scheme of Delegation are to be exercised within approved budgets and all staffing and recruitment delegations take effect subject to approved HR guidelines.

1.6. At the commencement of this Agreement the full arrangements for Foster Wales are being developed but it is anticipated that its relationship to the Joint Committee will be the same as for NAS albeit that governance is managed through the Lead Heads of Children's Services (LHOCS) meeting and that delegated authority will operate in the same way. The Terms of Reference of the Lead Heads of Children's Services meeting are in Schedule 6 of this Joint Committee Agreement.

2. Arrangement of the Scheme of Delegation

2.1. . The Scheme of Delegation is arranged in three parts.
   a) Scheme Overview
   b) The Joint Committee and Combined Governance Board
   c) The Director of Operations

3. The Joint Committee, Combined Governance Board and Regional Collaboratives

3.1. The complex nature of the arrangements has a number of key bodies either delivering the Adoption Services or setting overall strategy. They interact in a way that influences the approach to delegation.

3.2. The Joint Committee will, on behalf of the 22 Welsh Local Authorities, exercise their powers with reference to the provision of the collaborative arrangements for the National Adoption Service for Wales (NAS) and for Foster Wales (FW). It will be underpinned by a legal agreement (Joint Committee Agreement) and be comprised of Council Members. Its role will be to oversee the work of NAS and Foster Wales and specifically approve / receive the below:

- The Annual Reports of NAS and of Foster Wales;
- The annual programmes of work for the NAS and for Foster Wales;
- The budget/s for the office of the Director and the national work of NAS and for Foster Wales; and
- The agreement, and any changes required, for the Host Council support of the office of the Director to enable it to facilitate the work of NAS and FW.

3.3. For NAS (only) it will also oversee how the authorities work together to exercise their powers and comply with the National Assembly Directions (now Senedd Wales).

3.4. The Joint Committee has primary responsibility for the delegation framework as it may delegate a function to an officer.

3.5. The terms of reference for the Combined Governance Board are contained in schedule 2 of the Agreement for the Establishment of a Joint Committee for the National Adoption Services. The schedule indicates the Board must approve as prepared by the Director of Operations / central team the following:

- An annual programme of work for the National Adoption Service.

- A half year and full year progress report for the Welsh Local Government Association (WLGA – Full Council), the Minster for Health and Social Service and the Welsh Government.

- The budget and financial management arrangements of services and the office of the Director of Operations.

3.6. The terms of reference also hold the following accountable for the delivery and performance of their services within the NAS arrangements:

- Regional Collaboratives (and their staff),
- the Director of Operations and central team,
- the Voluntary Adoption Agencies and other services

3.7. In order to support the work of the Combined Governance Board the Director of Operations will prepare the items listed in section 3.3 using the support of the Host Council where appropriate.

3.8. As the lead executive of the NAS, the Director of Operations has delegated authority from the Joint Committee to manage the organisation. The Director of Operations is also responsible for delegating other decision-making responsibilities to officers within NAS.

3.9. The Joint Committee delegates to the Combined Governance Board or Director of Operations all matters which it does not reserve to itself for decision.

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3.10. The Director of Operations shall provide regular reports to the Combined Governance Board and Joint Committee on the discharge of the Specified Functions.

3.11. The delegation of functions and responsibilities both from the Joint Committee and the Director of Operations requires those using delegated authority to carry out those functions in a way that will not prevent the effective discharge of any functions or bring the NAS into disrepute or in any other way have an adverse effect on the NAS.

3.12. The scheme of delegation can be removed by the Joint Committee if it takes a formal decision to do so. In these circumstances the Joint Committee would assume those responsibilities that it had previously delegated or delegate these responsibilities to the Combined Governance Board. The Director of Operations can also remove delegations they have granted to their team and in doing so would assume the previously delegated responsibilities or transfer these to another member of their team.

3.13. Each region is made up of a number of specified local authorities. These are regional collaboratives overseen by Regional Management Boards. For the NAS to work effectively Partnership Agreement states there should be robust links between RMBs, the Combined Governance Board and the central team (led by the Director of Operations). The RMBs are required to produce an annual report submitted to the Director of Operations by 31st May each year. Other aspects of regional working include the Regional Joint Committees, Regional Operation Groups and a lead authority for each region.

3.14 There is no legislation underpinning Foster Wales. Existing regional meetings link to the national Lead Heads of Children's Services meeting which in turn reports to the Joint Committee.

4. Principles of Delegation

4.1. The scheme of delegation has a number of principles that underpin the approach adopted so that the transfer of responsibility for a task or function from the Joint Committee, Board Meeting or Director of Operations does not change the overall accountability.

- The Joint Committee, Combined Governance Board LHOC's meeting and the Director of Operations remain accountable for all their functions, even those they have delegated. In order to be assured that the responsibilities that they have delegated are being discharged properly they require information about the exercise of those functions. Appropriate management oversight must be exercised to ensure there is sharing of delegated decisions.

- In order to make sound decisions, the authority to take decisions must be supported by appropriate skills and knowledge. Those exercising delegated decision-making powers must be made aware of the decisions that have been delegated to them, the limits of their authority and have access to relevant advice if appropriate.

- A record of delegated decisions will be kept and shared with the Joint Committee and the Combined Governance Board. The frequency of the information to be received will be determined by the Joint Committee and Board but should not be less than quarterly. Where a decision has been formally delegated to the Director of Operations by the Joint Committee or the Combined Governance Board, the decision to delegate will be recorded in the Committee or Board minutes. The decision and its outcome will then be contained in a separate section within the Director of Operations' Quarterly Report to the following

Combined Governance Board. An equivalent process will be developed for Foster Wales

- If the post holder for a delegated decision is absent the line manager will be expected to make the decision. Should the decision be urgent, and a matter delegated to the Director of Operations the Chair of the Combined Governance Board will be able to make the decision in consultation with the Board and, in the case of the absence of the Director of Operations, the relevant staff reporting to the Director of Operations.
- Where a delegated decision is viewed by the postholder as requiring further discussion due to the sensitivity of the issue they should consider approaching the Director of Operations for advice. In the case of the Director of Operations this would involve the Chair of the Joint Committee or the Combined Governance Board as appropriate.

5. **Variation, ownership and review of the scheme**

5.1. The constitution of the Joint Committee includes authority to delegate a function to an officer (Schedule 1, paragraph 25). Variations to the Scheme of delegation will be approved by the Joint Committee and any deviation from it must be approved by the Joint Committee, with such deviations being reported to the next meeting.

5.2. For administrative purposes, the Director of Operations, on behalf of the Joint Committee, is the manager of the Scheme of Delegation and will keep the scheme under review in consultation with the Joint Committee Monitoring Officer who will be required to comment on the proposals. Any suggested amendments will be subject to consultation with the Combined Governance Board. Any proposed changes will be submitted to the Joint Committee unless authority to amend the scheme is delegated to the Combined Governance Board. If delegation occurs any changes to the Scheme of Delegation will be reported to the next Joint Committee.

5.3. However, the Scheme will be updated as often as is necessary to ensure it remains current, following review and consultation in accordance with paragraph 5.2.

Part Two
The Joint Committee, the Combined Governance Board, Regional Collaboratives, Lead Heads of Children's Services meeting and Director of Operations

a. **The Joint Committee**

1. The Agreement for the Establishment of a Joint Committee for the National Adoption Service indicates Welsh Councils have agreed to establish and participate in a joint committee to facilitate the delivery of the Specified and Agreed Functions with a view to their economical, efficient and effective discharge.

2. The Joint Committee is specifically responsible for:

a. The overall scheme of delegation.

b. establishing and delivering the NAS and Foster Wales strategic aims and objectives consistent with its overall strategic direction and within the agreed Welsh Government policy.

c. strategic direction and decisions as submitted by the Combined Governance Board and LHOC's meeting.

d. ensuring that the responsible minister is kept informed of any changes which are likely to impact on NAS strategic direction or the delivery of the

obligations set out in the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015.

b. The Combined Governance Board

3. The terms of reference of the Combined Governance Board (the Board) indicates the overall role is to provide strategic direction and decisions for submission to the Joint Committee to facilitate the delivery and improvement of adoption services on Wales through the National Adoption Service (NAS) arrangements.

4. The Board also holds the Regional Collaboratives and the Director of Operations and central team accountable for delivery and performance of their services within the NAS arrangements.

5. The Board is responsible for ensuring the Director of Operations has adequate resources to discharge the Specified Functions and deliver an effective NAS. In coming to a decision whether to recommend this to the Joint committee the Board will rely on the advice of the Director of Operations.

c. Regional Collaboratives

6. The Regional Collaboratives must provide an annual report to the Director of Operations by 31st May covering

   a. The performance of the regional collaborative against the performance measures in the National Performance Management Framework

   b. An analysis of the implementation of the annual work programme and plans to address any under-performance

   c. Plans to develop the adoption service within the region in accordance with the national business priorities

   d. Information regarding the resolution of complaints and determination of disputes at local and regional level and any impact on the provision of adoption services

7. The Scheme of Delegation recognises that the Director of Operations will need to act on behalf of the Combined Governance Board and the Joint Committee when working with the Regional Collaboratives.

8. The Scheme of Delegation recognises that the Director of Operations is not only a member of the Combined Governance Board but is also the principal professional advisor on delivery and improvement of adoption services in Wales through the National Adoption Service arrangements. This will include providing advice to the Joint Committee and Combined Governance Board on the Regional Collaborative arrangements including reporting on the position to the Board based on the reports that Regional Collaboratives must provide to the Director of Operations by 31st May of each year

d. The Director of Operations

7. The scheme of delegation will operate to enable the Director of Operations to carry out the following Specified and Agreed Functions:

   a. Providing leadership to set the direction for NAS including strategic planning by agreeing priorities, targets and resourcing following engagement with partners and stakeholders as well as support to operational planning.

   b. Reviewing progress including analysis of performance data and service information from the regions and VAA's.

   c. Providing annual and mid-year reports each year for agreement by the Combined Governance Board, Joint Committee, and submission to

Welsh Ministers as well as to WLGA and ADSS-C where required; and

d. Providing specific functions nationally to support and enable NAS operations including those outlined in the table below.

MATTERS DELEGATED BY THE JOINT COMMITTEE TO THE DIRECTOR OF OPERATIONS. *(The delivery of these delegated functions will be overseen on a day-to-day basis by the Combined Governance Board for NAS and the Lead Heads of Services meeting for Foster Wales)*

Strategic Direction and Business Planning
The Director of Operations is responsible for:
- Overseeing the development of the annual programme of work and budget for the National Adoption Service (incl. Foster Wales). This will include a medium term (3 year) financial plan accompanied by the assumptions on which longer term planning is based

- A half year and full year progress report for the Welsh Ministers and the Welsh Government with required oversight of the Combined Governance Board and the Joint Committee.

Financial Management, Commissioning, Propriety and Value for Money
The Director of Operations is responsible for:
- Ensuring the NAS stays within its overall budget
- Ensuring the NAS operates within the financial regulations of the Host Council
- Signing agreements or other documents on behalf of the Joint Committee and/or the Combined Governance Board
- Securing appropriate resourcing through new/additional finance or reprofiling of existing as well as managing the central team allocation, grants and investment
- Ensuring the NAS complies with any requirements to publish information as required by legislation and the Welsh Government
- Approving the level of delegation for non-pay expenditure within the overall delegation scheme as approved by the Joint Committee and/or the Combined Governance Board
- Approving those posts as having the responsibility of Budget Holder
- Authorising contracts up to £1m, and in excess of £1m in conjunction with the Combined Governance Board
- Taking overall responsibility for the control of the NAS's fixed assets
- Ensures the Host Council's agreed systems of control are applied within the NAS to protect against fraud and losses including data losses
- Strategic Commissioning as necessary for the discharge of functions
- Ensuring all staff are aware that the NAS operates within the Host Council's:
  o Financial Regulations and procedures.
  o Contract Standing Orders and any Procurement guidelines issued by the Host; and
  o Human Resources guidance and procedures

Risk Management and Assurance

The Director of Operations is responsible for:
- Ensuring the risks to the Annual Plan are identified, assessed, managed and escalated where necessary in accordance with the Host Council's risk management policy
- Monitoring, controlling and assuring the Joint Committee and Combined Governance Board of the business and regulatory risks for which they are responsible

Information and Information Governance

The Director of Operations is responsible for:
- Understanding and addressing the risks to the information assets under their control or delegated to them by the Joint Committee and/or Combined Governance Board
- Providing assurance to the Host Council's SIRO on the security and use of information assets
- Ensuring data is managed in accordance with the requirements of the Data Protection Act 1998
- Approving the release of information about the provision of National Adoption Services
- Establishing and maintaining a website for the National Adoption Service for Wales
- Promotion of adoption, including PR and marketing and the provision of the 'face and voice' of adoption in Wales
- Management of the Adoption Register for Wales (under contract from the Welsh Government
- Maintaining arrangements for service user engagement across Wales

Dispute Resolution

The Director of Operations is responsible for:
- Producing and implementing a plan to resolve any dispute that arises in relation to any aspect of the Agreement for the Establishment of a Joint Committee for the National Adoption Service

Regional Arrangements and Regional Collaboratives
- Advising the Joint Committee and/or the Combined Governance Board on the working arrangements for the Regional Collaboratives
- Leadership, matrix management oversight, advice and support to regions and VAA's
- Maintaining arrangements for national governance and allied sub/task & finish groups to engage stakeholders in carrying out the actions/work agreed by the Combined Governance Board

GWYNEDD COUNCIL CABINET

Report to a meeting of Gwynedd Council Cabinet

Date of meeting:	**29 March 2022**
Cabinet Member:	**Councillor Dilwyn Morgan**
Contact Officer:	**Morwena Edwards, Corporate Director**
Title of Item:	**Strategic Safeguarding Panel Annual Report 2021-22**

1. THE DECISION SOUGHT

1.1 The Cabinet is asked to accept the report on the work of the Strategic Safeguarding Panel for the year 2021-22.

2. THE REASON FOR THE NEED FOR A DECISION

2.1. It is essential that Cabinet members are aware of the Panel's work on safeguarding and are satisfied that the Panel has undertaken the required work in a thorough and conscientious manner.

2.2. The Statutory Director is required to consistently and regularly report upon safeguarding matters to members.

3. BACKGROUND

3.1. The purpose of this report is to provide an update on what has been achieved by the Strategic Safeguarding Panel during the year.

3.2. It is considered that the report accurately and fairly summarises the work of the Panel, and also includes references to reports or observations made by external inspectors in relation to this work.

4. Views of the Statutory Officers:

i) The Monitoring Officer:

As a member of this Panel, I welcome this report that appropriately summarises its work. It provides the Cabinet with assurance about this key responsibility.

ii) Head of Finance:

Nothing to add from the perspective of financial propriety.

ANNUAL REPORT OF THE STRATEGIC SAFEGUARDING PANEL

2021-22

1.   INTRODUCTION

1.1   The purpose of this report is to outline the work of the Strategic Safeguarding Panel for the period January 2021 to March 2022, giving a clear and fair picture of the work achieved and to summarise the opinion of external inspectors on the work.

1.2   The report outlines the work achieved by the Council itself and by the Council in partnership with others, during the period in question. If information regarding safeguarding work by the Council has already been published, such as in the [Annual Report of the Statutory Director of Social Services](), by external inspectors, or by other organisations, we refer the reader to those documents rather than reiterating this information. A list of these reports can be seen in Section 8.

1.3   Lastly, the report outlines the future priorities of the Strategic Safeguarding Panel.

2.   RESPONSIBILITIES AND ACCOUNTABILITY

2.1   The aim of the Strategic Safeguarding Panel is to ensure that appropriate arrangements and procedures are in place at a corporate level across the Council to ensure the safety of children, young people and adults. Since 2017/18 the Panel is also responsible for an overview of wider safeguarding issues across Gwynedd, such as Community Safety.

2.2   The Panel in turn is accountable to the Statutory Director of Social Services, namely the Corporate Director in the Council's case, who has the final accountability for safeguarding issues.

2.3   The Chair of the Panel for the period in question was Councillor Dilwyn Morgan, Cabinet Member for Children and Young People, supported by the Corporate Director, Morwena Edwards. The other members were: Cabinet Members for Adults, Health and Well-being; Education; Corporate Support, Heads of Children and Supporting Families; Adults, Health and Well-being; Corporate Support; Education; Monitoring Officer; Gwynedd and Anglesey Community Safety Partnership Manager and the Chair of the Safeguarding Operational Panel.

2.4   The Safeguarding Operational Panel supports the Strategic Panel to implement its priorities and to deal with operational and practical issues in the area of work. This is an internal panel of officers, with the safeguarding champion of each Council department serving on it, to ensure the ownership of safeguarding issues by the whole Council.

2.5   The Council's performance in the safeguarding field is assessed by independent external inspectors as part of their work in assessing wider performance. Links to the external inspectors' reports can be seen in Section 8.

3.   PROGRESS AGAINST SAFEGUARDING ISSUES

3.1   It has been a very challenging time for the Safeguarding field, mainly as a result of Covid-19 and the challenges relating to the virus. Regardless, the Strategic Safeguarding Panel has continued to arrange online meetings and move the agenda forward.

3.2   Safeguarding Children

3.21   This past year has been challenging for the Children's Department as a result of issues regarding Covid-19 including lockdowns, staff recruitment and retention, as well as work pressures.

3.22   It is true that the service's work pressures have been extreme during the year. Staff have been working long hours, and it is fair to say that many staff members have felt the strain. Regardless of all this, the service has continued to implement safeguarding arrangements.

3.23   However, Covid-19 pressures on staff has made it difficult for the Children's Department to recruit and retain qualified staff. As a result, an individual has been commissioned to work in the field, with the hope of completing this work by April 2022.

3.24   By the second half of 2021, Social Workers were arranging face to face contacts, as well as contacts with young people who have since left the Council's care. Unfortunately the Child Protection Case Conferences continued to be arranged virtually.

3.25   Despite Covid-19, the response to referrals relating to safeguarding issues within the Childcare Service was 99% at the end of the year. The percentage of risk assessments submitted to a Case Conference which were considered as exhibiting quality in decision making was also 99%.

3.26   At the end of the year 49 children were on the Child Protection Register, and 5,265 new referrals were received between April and December 2021.

3.27   During the year, the number of looked after children decreased to 269, with 39 becoming looked-after, and 61 having left care.

3.28   <u>Safeguarding Adults</u>

3.31   Following a significant increase in the number of safeguarding reports submitted at the start of the year, the numbers balanced out during the second half of 2021, and there are now approximately 50 reports submitted monthly.

3.32   There aren't any particular themes in the reports although negligence is one of the main mistreatments that have been reported during the year.

3.33   The lack of understanding in terms of the need for the individual to give permission for the report is still causing problems. It is vital that individuals are central to the process - it is possible to refuse any intervention if there is capacity.

3.34   The guidelines state that the initial enquiries need to be completed within 7 working days. The Safeguarding Unit has delivered approximately 94% of the enquiries within this time on a regular basis. However, a significant drop can be seen in the last quarter of the year, and the response time within the statutory requirement has plummeted to 75%. It appears that there are various reasons for this - the lack of reporting correctly but mainly, agencies' delay in responding within the timetable. The pandemic has put significant pressure on the agencies and although work is being done to ensure the safeguarding of individuals, there are delays in receiving the required information and evidence to close the enquiry.

3.35   In light of Covid-19, there were concerns that it was not possible to hold monitoring visits to the Council's homes, with four homes under the 'Escalating Concerns' procedure regarding reasons varying from lack of control, documentation problems, bathing concern and lack of overview. The impact of this is that beds are empty in the homes during this period. An embargo was put on new entries during this period, which meant that the beds were empty during the period. By now, the embargo has been lifted in three of the homes and the beds have since been filled.

3.36   There were concerns for the DoLS (Deprivation of Liberty Safeguards) service during the year as there were 550 on the waiting list at one point. However, a successful bid of £100,000 was received from the Government to address the waiting list. The Department commissioned an agency to complete assessments on their behalf and extend two of the best benefit assessors' contracts within the team. The waiting list will have significantly decreased by the end of March 2022.

3.29   <u>Education</u>

3.41   Schools were required to close for periods during 2021 as a result of Covid-19. Naturally, this resulted in the county's children and young people moving to virtual learning or home education.

3.42   In addition to this, some parents chose to continue teaching their children from home when the schools reopened. Although the numbers were relatively low, the number of pupils being taught at home during Covid-19 increased. The increase was mostly among vulnerable families.

3.43   The parents' main reasons for teaching their children at home were concerns about Covid-19 issues, including the element of wearing face masks. With schools open for vulnerable children and teachers teaching all day there was no option of arranging online lessons.

3.44   During these periods, officers from the Education and the Children and Supporting Families Departments continued to follow the current teaching and safeguarding guidelines in order to retain contact with children and families who were opting for home education.

3.45   In due course, the Welsh Government intends to legislate a requirement to register a child if they receive home education.

3.46   As a result of the emergence of the Everyone's Invited website, attention was given to sexual harassment within schools during the year. Although emphasis is being placed on safeguarding women in schools, there needs to be reactive action and address misogynistic culture among men to get to the root of the problem.

3.47   Deriving from sexual harassment concerns, attention was given to equality within schools, and a one-off bid was approved to have an expert in education to look at matters such as LGBT, poverty and period dignity, where a precedent will be placed for future actions.

3.30   <u>Domestic Abuse</u>

3.51   There was national concern that domestic abuse was increasing nationally as a result of Covid-19. Last year, the number of cases were low in Gwynedd. However, unfortunately data from the Police shows an increase in the number of domestic abuse offences in Gwynedd during the last two quarters. There is an increase of 21.4% in Quarter 3, which is slightly higher than the increase seen across the whole of North Wales (18.9%) for the same period. Recently, the Regional Fragility and Exploitation Board reported that domestic violence specialist providers have seen an increase of 35-40% in referrals.

3.52   There is good co-operation between the Council and relevant Organisations and efforts to raise awareness to report domestic abuse continues. This matter will receive

attention during the Partnership's next meetings, to ensure that enough is being done to get messages out to the public.

3.53   A lot of national attention has been drawn to Domestic Abuse in the last year, and there is a concern that the real number of people being abused domestically is higher than what is reported as a result of Covid-19. As a result, the situation would have to be monitored during the next years and ensure that messages to raise awareness are handed out on a regular basis.

3.54   In December 2021, the Welsh Government announced a consultation on its National Strategy regarding abuse against women, domestic abuse and sexual violence. The consultation's intention was to look at the main priorities to prevent this abuse, as well as the principles of the approach, including how the Welsh Government will work with their partnerships. It is expected that the consultation results will be published in 2022.

3.55   Yet again this year, efforts have been made to encourage staff to complete the Domestic Abuse e-module. Ensuring that staff have received this training is vital to ensure that the Council is doing everything within its ability to support individuals and to raise awareness.

3.56   By the end of the year, 3,258 had completed the e-module. This is an increase of 1,481 since the same period last year (1,777). Despite the increase, only 49% of all the Council's workforce has completed the e-module, therefore promoting its importance and increasing the number of staff members completing the e-module should continue.

3.57   Similarly, the Ask and Act training continued to be provided for the Education; Adults, Health and Wellbeing; and Children and Supporting Families departments. A programme of events is in place, which will be introduced by the Child Protection Chair and Coordinator as well as the Safeguarding Adults Coordinator in partnership with RASAC North Wales for care sector staff; and by the Child Protection Senior Officer and Gwynedd Council's Organisational Learning and Development Manager in partnership with Hafan Cymru for the education sector's staff.

3.58   As a result of the complexity of jointly presenting the Ask and Act training, along with the Council's capacity to present, we may buy-in from external providers in the future. A programme is being planned for this. The Children and Adults Departments are eager to continue to run some sessions for the care sector staff in partnership with RASAC Wales as a significant percentage of the work of this workforce relates to families experiencing domestic abuse.

3.59   Furthermore, arrangements will be put in place to train some workers to Level 3: Ask and Act during the year 2022. Before completing Level 2, it is required that every worker has completed the e-module.

3.60   We must remember that not all Council staff members have easy access to the Council's IT systems, and it is difficult to ask casual staff to commit to completing the e-module. The Organisational Learning and Development Service is working closely with Departments such as Highways and Municipal to identify different ways to reach frontline staff that are without IT access. Staff turnover is also high, which is affecting the total number completing the training.

3.61   Watch this video by Carey Cartwright, Gwynedd Council's Learning and Development Manager, emphasising the importance of Safeguarding:
https://www.youtube.com/watch?v=Q5Kjl8cv0W4

3.31   <u>Crime</u>

3.61   As a result of the lockdowns during the year, a decrease in the number of crimes, of all sorts, was seen that were reported to the Police. The biggest decrease was seen in acquisitive crimes of all sorts, and violent crimes. Following the lifting of Covid restrictions, the number of crimes slowly increased compared to the numbers reported before the first lockdown, although not all of them (e.g. residential burglary, vehicle crimes).

3.62   An increase in the number of racially motivated hate crimes was seen, which has been connected mostly to tensions between individuals that result in verbal abuse, which unfortunately can be seen across the country as people's movements during the Covid restrictions could cause friction. The national definition of hate crime, as used by the Police, includes discrimination due to race including countries within the UK, i.e. Welsh/English, therefore this is how such events were recorded.

3.32   <u>Modern Slavery Statement and Ethical Employment in Supply Chains.</u>

3.71   In the Community Safety Partnership meeting held in the autumn, the Police noted that the cases of Modern Slavery in the area were mainly relating to drug misuse, and mainly arising from cannabis farm workers and foreign nationals being traded through Holyhead's Port for the purposes of working in the UK.

3.8   <u>Counter-terrorism</u>

3.81   In December 2020, the latest Local Counter-terrorism Profile for Wales was received, which looked at risk matters in relation to counter-terrorism. Through this Profile,

Gwynedd was identified as a region with a low risk level; however, the aim is to continue to raise awareness in the field. We anticipate that the new Profile will soon be available, and that our plans will be updated accordingly.

3.82   In September 2021, Gwynedd Council's Protective Security Preparedness Group was formed. The purpose of the Group is to:

- Collaborate with organisations to provide effective and efficient protective security arrangements in Gwynedd
- Provide an integrated safeguarding approach, which complies with the national standards and guidelines, to identify and provide proportionate actions to keep communities safe in Gwynedd
- Improve and support the preparedeness to safeguard and protect in accessible public areas in Gwynedd.

3.9   <u>Prevent</u>

3.91   Towards the end of 2020, work was caried out to create an Prevent Plan. Gwynedd was a low risk area in relation to radicalisation and extremism; however, risk factors needed to be highlighted.

3.92   The Home Office confirmed that individuals working on their own were the highest risk in Gwynedd in relation to mixed unspecific ideologies.

3.93   In light of the Prevent Plan, this year we have started working with the North Wales Prevent Advisor from the Home Office in order to continuously monitor risks and share information.

3.10   <u>Disclosure and Barring Service (DBS)</u>

3.10.1 The Disclosure and Barring Service (DBS) is responsible for processing criminal checks. This year, with the Operational Group's support, the Strategic Panel has focused on understanding the DBS procedure better in order to develop the processing system.

3.10.2 The purpose of DBS checks is to help employers make safer recruiting and licensing decisions, although the check is only one part of the recruitment process. When the check has been processed and completed by the DBS, the applicant receives a DBS certificate.

3.10.3 The Executive Group has undertaken some significant work to check, challenge and revisit the corporate procedure on behalf of the DBS. As a result, Departments now take

more ownership of the DBS procedures and this has transformed how the Operational Group reports on its conformity on departmental disclosures. This means that it is possible to report departmentally, which is noted in the table below:

3.10.4 In examining the current DBS process, the Education Department expressed a wish to move to a different DBS procedure, mainly because of every DBS's portability, and that the current procedure through Liverpool is taking six weeks, which is far too long.

3.10.5 As a result of Covid-19, emergency DBS forms were being sent to Powys Council to be processed through the E-bulk procedure between March 2020 and October 2021, to employ emergency workers as soon as possible.

3.10.6 Evidence has shown that the necessary information is returned within 3 days for emergecy care workers. In addition, the error rate is 0.02% when using E-bulk, compared to 10.8% with our usual procedure.

3.10.7 As a result of the positive effect of using E-bulk through Powys Council, it has been decided that Gwynedd Council should use the E-bulk system, and to set milestones on the commissioning steps for an opportunity to reflect on the system.

3.10.8 The only concern regarding using the E-bulk system is that it was not available through the medium of Welsh. However, following putting pressure on the system's owners, it will be available in Welsh soon.

3.10.9 By the end of the year, the E-bulk system was being used by Gwynedd Council, with every application being processed through this system. This means that the use of paper copies is reduced, along with applications being returned much faster (one application was returned within a day).

4. PRACTICE REVIEWS

4.1 Wales has developed a Child Practice Review (CPR) framework to improve the culture of learning lessons from child protection cases. 'Brief' or 'extended' reviews exist depending on the circumstances of the child in question. They are undertaken by the North Wales Regional Safeguarding Children's Board with the aim of learning lessons to be shared in order to try to avoid such cases in the future.

4.2 The North Wales Regional Safeguarding Adults Board also conducts Adults Practice Reviews, in accordance with the Social Services and Well-being Act (Wales) 2014. The purpose of these Reviews is to note the lessons to be learnt from complex and difficult Adult Safeguarding cases, and to implement changes to improve services as a result of these lessons.

5. WORKING IN PARTNERSHIP

5.1 Although the Strategic Safeguarding Panel focuses on corporate responsibilities regarding safeguarding issues within Gwynedd, it also receives information and guidance via Regional Safeguarding Boards for Safeguarding Vulnerable Children and Adults working across north Wales. These are Statutory Boards with cross-agency membership and specific statutory and legal responsibilities. The Council is a member of these Boards and contributes to implementing their plans. Further information regarding the work of the Boards can be seen here - https://www.northwalessafeguardingboard.wales/ and links to the Boards' annual reports can be seen in Section 8.

5.2 Gwynedd and Anglesey Community Safety Partnership has also shown that working in partnership across county borders is proving to be a success. Since the change to virtual meetings, attendance has been excellent in every meeting and every partner is contributing positively. The Partnership Manager serves on the Safeguarding Strategy Panel, and the Partnership work in areas such as Atal/Prevent are essential if the Panel is to ensure the quality of safeguarding arrangements in Gwynedd.

5.3 Several organisations have a statutory duty to be part of the partnership, including Local Authorities, Police, Probation Services, Fire and Rescue Service and the Health Board. Information on all aspects of community safety that the Council deals with is on our website.

5.4 Information about the Gwynedd and Anglesey Community Safety Partnership as well as the 2020 Community Safety Local Plan can be seen here. The Plan is monitored and reported back to members every quarter. In spite of the pandemic's continuous effect on our partners' work priorities, most actions are developing well. There will be scope to include any unfinished actions in the next plan if appropriate.

5.5 The Partnership is required to report formally to the Care Scrutiny Committee annually, in order to give an overview of the Partnership's main strategic developments over the year. No concerns were raised in the Scrutiny Committee in January 2021.

6. THE FUTURE

6.1 Despite the fact that excellent work is being undertaken in the safeguarding field within departments, the Panel intends to reflect on the working arrangements of the Strategic Panel and the Operational Group in order to ensure that we operate effectively. It is intended to undertake this work in early 2022, and introduce any

changes to the impelementation of the group and the panel in a timely maner, in preparation for the meetings of summer 2022 onwards.

6.2 In terms of the Panel's priorities for the upcoming year, it is intended to obtain the consent of Panel members to focus on the following priorities:

- Domestic violence and violence against women
- Ensuring appropriate arrangements to safeguard refugees
- Continue to monitor and manage the impact of Covid-19 on the safeguarding responsibilities of services

7. INDEPENDENT INSPECTIONS RECEIVED DURING THE PERIOD

As has already been noted, external agencies review the work of Gwynedd Council in order to ensure compliance with standards. The reviews conducted during the period of this Report are listed below:

Care Inspectorate Wales:

- [Annual Performance Review Letter to the Local Authority in 2020/21: Gwynedd Council](#)
- [Annual Performance Review Letter to the Local Authority in 2019/20: Gwynedd Council](#)
- [Annual Performance Review Letter to the Local Authority in 2018/19: Gwynedd Council](#)

8. LINKS TO FURTHER READING

- [The Annual Report of the Director of Social Services 2020/21](#)
- [Annual Report of the National Independent Safeguarding Board Wales 2020/21](#)
- [North Wales Safeguarding Board - Annual Report 2020/21](#)

Agenda Item 10

Meeting:	Cabinet
Date:	29 March 2022
Cabinet Member:	Councillor Ioan Thomas, Cabinet Member for Finance, and Councillor Gareth Thomas, Cabinet Member for Economic Development and Community
Subject:	The impact of Covid-19 on the 2022/23 Budget of Byw'n Iach Cyf
Contact Officer:	Dewi Morgan, Head of Finance

DECISION SOUGHT:

The Cabinet is asked to authorise the Head of Finance to extend the period of assurance already given to Byw'n Iach Cyf until the end of the 2022/23 financial year.

Background

1. One of the side-effects of the Covid-19 pandemic is the loss of income and additional expenditure incurred by local authorities in an attempt to respond to the crisis.

Previous Decision

2. In its meeting on 19 May 2020, during the first few months of the pandemic, the Cabinet had to consider how to cope with the possible gap in the budget of both Gwynedd Council and Byw'n Iach Cyf due to significant income losses during the crisis.

3. However, whilst noting that Byw'n Iach Cyf would have financial losses as a result of the restrictions of the Covid-19 crisis, the Cabinet confirmed that it was willing to provide the necessary financial support to maintain the services of the Byw'n Iach company initially until the end of the 2020/21 financial year.

4. It was decided to authorise the Head of Finance, in consultation with the Head of Legal Services and the Head of Economy and Community, to provide a letter of assurance to the company. The letter also satisfied international auditing standands and allowed the External Auditors of the company to give assurance of the viability of the business as a "going concern". The Head of Finance sent the letter to the Chair of the Byw'n Iach Cyf's Board of Directors on 19 June 2020, confirming that Gwynedd Council would be supporting the company financially until at least 31/03/2021.

5. Furthermore, in the Cabinet on 9 March 2021, it was decided to extend the period of assurance that was given to the company for 2020/21 for the 2021/22 financial year, and confirm should the Covid-19 crisis continue that Gwynedd Council would be supporting the company financially until at least 31/3/2022.

Developments in 2020/21 a 2021/22

6. By now, we know of course that Welsh Government has contributed from their Hardship Fund towards local authority income losses in 2020/21 and 2021/22. Also, we have claimed money from HMRC's Furlough scheme whilst the Leisure centres were closed. Over £3m of support has been claimed in 2020/21 and a further £1.6m in 2021/22 on behalf of Byw'n Iach Cyf: £3.2m from the Welsh Government, as well as £1.4m from HMRC.

Expectations by 2022/23

7. Unfortunately, the side effect of the Covid-19 crisis is likely to continue in 2022/23. Byw'n Iach Cyf are facing a challenge to build the confidence of their customers whilst some of the uncertainty continues, and the company is committed to working very closely with the Council in moving forward during the year.

8. Practically, the opinion of Gwynedd Council no doubt remains that an arms-length company model is the most suitable to meet its aspirations in the leisure sector, and we will continue to maintain the close relationship with Byw'n Iach Cyf to ensure its continued financial viability.

Recommendation

9. Therefore, it is recommended that the Council extends the period of assurance that was presented to the company in 2020/21 and 2021/22 for the 2022/23 financial year also which would confirm that should the Covid-19 crisis continue that Gwynedd Council will financially support the company at least until 31/03/2023.

10. This assurance of financial support will enable the company to continue to trade lawfully from 1 April 2022 until the end of the financial year.

Financial Implications

11. Using 2021/22 as a basis, the loss of income was £1.6m. It is anticipated that the cost of keeping Byw'n Iach viable will be substantially lower than this amount in 2022/23 as the centres have be re-opened, although the number of users is lower than in March 2020, as the impact of the pandemic continues. However, it is fair to expect that the number of users will increase steadily as public confidence returns.

12. Welsh Government will not continue to compensate the Council for income losses in 2022/23 as the Hardship Fund will cease to exist after 31 March 2022.

13. As part of the 2022/23 budget report that was approved by the full Coucil on 3 March 2022, it was noted that the Council has provided resources of £1.4 million to establish a corporate fund to assist services to cope with the impact of Covid-19. It was explained then that it was not anticipated that the £1.4m will be sufficient in itself to deal with the pressure, however other funds are available to assist. A Covid Recovery Fund was established whilst closing the 2020/21 accounts for this purpose, and the Financial Strategy Fund can also be used if required.

Opinion of local member

Not a local matter

Views of the Statutory Officers

Monitoring Officer:

There is provision in the contract with the Byw'n Iach company which allows the Council to adapt its contractual contributions. The recommendation allows for the extension of the warrant previously given in order to enable the company to maintain its activities which, as noted in the report, accord with the Council's strategic objectives.

Head of Finance:

I have collaborated with the Cabinet Members in the preparation of this report and I confirm the content.