

At: Gadeirydd ac Aelodau'r Pwyllgor
Archwilio Partneriaethau

Dyddiad: Dydd Gwener, 4 Ebrill
2014

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Annwyl Gynghorydd

Fe'ch gwahoddir i fynychu cyfarfod y **PWYLLGOR ARCHWILIO PARTNERIAETHAU, DYDD IAU, 10 EBRILL 2014 am 9.30 am yn YSTAFELL BWYLLGORA 1A, NEUADD Y SIR, RHUTHUN.**

Yn gywir iawn

G Williams
Pennaeth Gwasanaethau Cyfreithiol a Democraidd

AGENDA

RHAN 1 - GWAHODDIR Y WASG A'R CYHOEDD I'R RHAN HON O'R CYFARFOD

1 YMDDIHEURIADAU

2 DATGAN CYSYLLTIAD

Dylai aelodau ddatgan unrhyw gysylltiad personol neu gysylltiad sy'n rhagfarnu mewn unrhyw eitem a nodwyd i'w hystyried yn y cyfarfod hwn.

3 MATERION BRYD FEL Y'U CYTUNWYD GAN Y CADEIRYDD

Rhybudd o eitemau y dylid ym marn y Cadeirydd, eu hystyried yn y cyfarfod fel mater o frys yn unol ag Adran 100B(4) o Ddeddf Llywodraeth Leol 1972.

4 COFNODION Y CYFARFOD DIWETHAF (Tudalennau 5 - 10)

Derbyn cofnodion cyfarfod y Pwyllgor Archwilio Partneriaethau a gynhaliwyd ar 6 Chwefror 2014 (copi ynghlwm).

5 ADRODDIAD PARTNERIAETHAU LAW YN LLAW AT IECHYD MEDDWL GOGLEDD CYMRU (Tudalennau 11 - 88)

Ystyried adroddiad gan y Rheolwr Gwasanaeth: Ardal y De (copi ynghlwm) a oedd yn amlygu'r cynnydd yn y camau angenrheidiol mewn ymateb i'r cynllun cyflenwi yn Law yn Llaw at Iechyd Meddwl ac yn rhannu rhai o'r heriau a'r blaenoriaethau i bartneriaid dros y flwyddyn i ddod.

9.35 a.m.

Egwyl Fer

6 CYDBWYLLGOR ARFAETHEDIG AR GYFER ARDAL O HARDDWCH NATURIOL EITHRIADOL (AHNE) BRYNIAU CLWYD A DYFFRYN DYFRDWY (Tudalennau 89 - 142)

Ystyried adroddiad gan y Swyddog AHNE (copi ynghlwm) i'r Pwyllgor roi sylwadau ynghylch y trefniadau llywodraethu arfaethedig ar gyfer AHNE Bryniau Clwyd a Dyffryn Dyfrdwy.

7 RHAGLEN WAITH ARCHWILIO (Tudalennau 143 - 158)

Ystyried adroddiad gan y Cydlynnydd Archwilio (copi ynghlwm) yn gofyn am adolygiad o Raglen Gwaith i'r Dyfodol y Pwyllgor a diweddarau'r Aelodau ar faterion perthnasol.

11.15 a.m.

8 ADBORTH GAN GYNRYCHIOLWYR PWYLLGOR

Derbyn unrhyw ddiweddariadau gan gynrychiolwyr y Pwyllgor ar amrywiol Fyrddau a Grwpiau'r Cyngor

11.30 a.m.

AELODAETH

Y Cynghorwyr

Y Cynghorydd Jeanette Chamberlain-Jones (Cadeirydd)

William Cowie
Ann Davies
Meirick Davies
Alice Jones
Pat Jones

Margaret McCarroll
Dewi Owens
Merfyn Parry
Bill Tasker
Joe Welch

COPIAU I'R:

Holl Gynghorwyr er gwybodaeth
Y Wasg a'r Llyfrgelloedd
Cynghorau Tref a Chymuned

Mae tudalen hwn yn fwriadol wag

PWYLLGOR ARCHWILIO PARTNERIAETHAU

Cofnodion cyfarfod o'r Pwyllgor Archwilio Partneriaethau a gynhaliwyd yn YSTAFELL BWLLGOR 1A, NEUADD Y SIR, RHUTHUN, Dydd Iau, 6 Chwefror 2014 am 9.30 am.

YN BRESENNOL

Y Cynghorwyr Jeanette Chamberlain-Jones (Cadeirydd), Ann Davies, Pat Jones, Margaret McCarroll, Dewi Owens, Merfyn Parry a/ac Joe Welch

Roedd yr Aelodau Arweiniol canlynol, sef David Smith, Eryl Williams a Bobby Feeley, yn bresennol ar gais y Pwyllgor.

HEFYD YN BRESENNOL

Cyfarwyddwr Corfforaethol: Moderneiddio a Lles (SE), Rheolwr Tîm Partneriaethau a Chymunedau (LG), Rheolwr Canolbwynt Comisiynu (VP), Rheolwr Prosiect Rheoli Gwastraff (JE), Pennaeth Addysg (KE), Gwe Prif Swyddog GwE (HFE), Prosiect Rheolwr (SO), Cydlynnydd Archwilio (RE) a Gweinyddwr Pwyllgorau (SLW)

Aelodau Cyfetholedig - Gill Greenland, Dr Dawn Marjoram a Gareth Williams.

1 YMDDIHEURIADAU

Derbyniwyd ymddiheuriadau am absenoldeb oddi wrth y Cynghorwr(wyr) William Cowie, Meirick Davies, Alice Jones a/ac Bill Tasker

Derbyniwyd ymddiheuriadau am absenoldeb hefyd gan Debra Houghton a Nicola Lewis (Aelodau Cyfetholedig).

2 DATGAN CYSYLLTIAD

Dim.

3 MATERION BRYN FEL Y'U CYTUNWYD GAN Y CADEIRYDD

Dim.

4 COFNODION Y CYFARFOD DIWETHAF

Cyflwynwyd Cofnodion cyfarfod y Pwyllgor Archwilio Partneriaethau a gynhaliwyd ar 19 Rhagfyr 2013.

PENDERFYNWYD bod cofnodion y cyfarfod a gynhaliwyd ar 19 Rhagfyr 2013 yn cael eu derbyn a'u cymeradwyo fel cofnod cywir.

5 GWASANAETH EFFEITHLONRWYDD A GWELLA YSGOLION RHANBARTHOL (GWE)

Cyflwynodd y Pennaeth Addysg yr adroddiad (a gylchredwyd yn flaenorol) i'r Aelodau i roi'r wybodaeth ddiweddaraf iddynt ac i ofyn iddynt ystyried y cynnydd a wnaed yn dilyn sefydlu'r gwasanaeth newydd er mwyn:

- Nodi'r manteision sydd wedi eu gwireddu hyd yn hyn yn dilyn sefydlu'r gwasanaeth er mwyn mesur effeithiolrwydd y ddarpariaeth.
- Nodi problemau a gafwyd sydd eto i'w datrys er mwyn sicrhau bod y risg i gyflwyno gwasanaeth yn cael ei liniaru'n llwyddiannus.
- Rhoi gwybod i'r Pwyllgor am unrhyw gynnig i ehangu'r gwasanaeth.

Estynnodd y Pennaeth Addysg groeso i Brif Swyddog GwE, Huw Foster-Evans. Ailadroddodd y Prif Swyddog bwysigrwydd datblygu partneriaeth effeithiol gyda chwe Awdurdod Gogledd Cymru trwy Gytundebau Lefel Gwasanaeth.

Yn dilyn trafodaeth gyffredinol codwyd y pwyntiau canlynol:

- Eglurodd y Prif Swyddog mai cyfrifoldeb yr Awdurdod Lleol yw dal GwE yn gyfrifol am y gwaith partneriaeth.
- Mae dau fath o addysg yn y cartref:
 - plant lle mae eu rhieni wedi eu tynnu o'r ysgol. Nid oes gofyn i rieni'r plant hynny ymgysylltu â'r Awdurdod Lleol. Mae'r Swyddog Cyswllt Addysg yn monitro'r plant hynny, a
 - plant sy'n cael eu haddysgu gartref am reswm penodol, e.e. plant ag anghenion meddygol. Ar gyfer y plant hynny, mae yna dîm o diwtoriaid cartref. Mae'r Swyddog Cyswllt Addysg hefyd yn gweithio gyda'r tîm yma.
- Mae'r Prif Swyddog yn pryderu nad yw'r Dangosyddion Perfformiad allweddol yn canolbwyntio'n ddigonol ar lwyddiannau'r myfyrwyr mwyaf galluog.
- Mae asesiadau athrawon yn cael eu cynnal ar ddiwedd y sector cynradd. Mae'n bwysig fod asesiadau athrawon yn gadarn ac yn gywir. Os yw athro yn tanberfformio, bydd y Pennaeth a Chadeirydd y Llywodraethwyr yn delio â'r mater.

Cytunodd Prif Swyddog GwE i ddychwelyd i'r Pwyllgor Archwilio Partneriaethau ymhen 12 mis gyda diweddariad pellach.

Cytunwyd y byddai'r Gwasanaeth Effeithiolrwydd a Gwella Ysgolion Rhanbarthol yn cael ei drafod yng nghyfarfod Grŵp Cadeiryddion ac Is-gadeiryddion Archwilio er mwyn penderfynu pa Bwyllgor Archwilio ddylai drafod materion GwE.

PENDERFYNWYD bod y Pwyllgor yn derbyn ac yn nodi'r cynnydd hyd yma yn dilyn sefydlu GwE mewn perthynas â'r canlynol:

- *Effeithiolrwydd GwE wrth gyflwyno arbedion a chefnogaeth arbenigol i ategu Gwasanaeth Addysg y Sir.*

- *Nodi llithriadau, risgiau, bylchau yn y gwasanaeth neu bwysau yn y dyfodol o ran argymell camau gweithredu lliniarol.*

Ar y pwynt hwn (10.30 a.m.) cafwyd egwyl o 10 munud.

Ailddechreuodd y cyfarfod am 10.40 a.m.

6 Y CYNLLUN MAWR - Y DIWEDDARAF AM BERFFORMIAD

Cyflwynodd Rheolwr Tîm Partneriaeth a Chymunedau yr adroddiad (a gylchredwyd yn flaenorol) i roi'r wybodaeth ddiweddaraf i Aelodau'r Pwyllgor ar berfformiad y Bwrdd Gwasanaeth Lleol a'r partneriaid sy'n darparu'r Cynllun Mawr: Rhan 1, 2011-14.

Yn gyntaf, dywedodd Rheolwr Tîm Partneriaeth a Chymunedau fod yr Arweinydd yn ymddiheuro nad oedd yn gallu mynychu'r cyfarfod heddiw.

Cynllun Mawr Sir Ddinbych: 2011-14 yw'r cynllun ar gyfer gwaith partneriaeth yn Sir Ddinbych. Mae'r Cynllun Mawr yn cael ei gyflawni ar y cyd rhwng asiantaethau sydd mewn partneriaeth â'i gilydd. Y Bwrdd Gwasanaeth Lleol sy'n atebol am y Cynllun Mawr, a'r bwrdd hwnnw sy'n dal yr asiantaethau sy'n ffurfio'r bartneriaeth (sy'n cynnwys Bwrdd Iechyd Prifysgol Betsi Cadwaladr, y Trydydd Sector, Heddlu Gogledd Cymru, Gwasanaeth Tân ac Achub Gogledd Cymru, Iechyd Cyhoeddus Cymru a Chyngor Sir Ddinbych) yn gyfrifol am roi camau gweithredu ar waith i gyflawni'r Cynllun Mawr a'r wyth canlyniad sydd iddo.

Roedd yr adroddiad yn cynnwys 'Adroddiad Eithriadau Cryno' wedi ei gefnogi gan benodau mwy manwl ar gyfer wyth canlyniad y Cynllun Mawr.

Mae'r adroddiad manwl yn darparu gwybodaeth ynglŷn ag eithriadau ar gyfer pob canlyniad, yn ogystal â gwybodaeth am yr hyn sy'n mynd yn dda. Mae hefyd yn amlygu bylchau gwybodaeth ac yn nodi lle gallai'r rhain gyfyngu ar werthusiad cyffredinol o'r canlyniadau. Bydd mwy o waith yn cael ei wneud drwy gydol yr haf er mwyn cyhoeddi'r adroddiad terfynol, gan gynnwys mwy o drafodaethau i ganfod pa wahanïaeth sydd wedi ei wneud drwy'r Cynllun Mawr.

Mae gwaith sylweddol ar y gweill ym mis Medi 2014 i ddatblygu Cynllun Mawr II. Mae'r heriau wrth adrodd ar Gynllun Mawr I wedi siapio'r meddylfryd gogyfer â datblygu Cynllun Mawr II a fydd yn cynnwys llai o themâu, gyda rheoli perfformiad yn rhoi mwy o bwyslais ar effaith y gweithgareddau partneriaeth ar y canlyniadau mewn cyfnod lle mae adnoddau yn fwyfwy prin.

PENDERFYNWYD bod y Pwyllgor yn derbyn ac yn nodi'r adroddiad ond cydnabuwyd na fydd modd cyflawni pob rhan o'r Cynllun Mawr oherwydd adnoddau cyfyngedig.

7 ADRODDIAD BLYNYDDOL CANOLFAN GOMISIYNU GOGLEDD CYMRU

Cyflwynodd Aelod Arweiniol Gofal Cymdeithasol a Gwasanaethau Plant, y Cynghorydd Bobby Feeley, yr adroddiad (a gylchredwyd yn flaenorol) sy'n manylu ar y cynnydd hyd yma o ran sefydlu a rhedeg Canolfan Gomisiynu Gogledd Cymru a'r manteision o ganlyniad i'w sefydlu. Mae'r adroddiad hefyd yn manylu ar yr ymarfer cwmpasu a wnaethpwyd ar leoliadau dementia cost uchel.

Mae'r Canolfan Gomisiynu yn brosiect ar y cyd rhwng chwe Awdurdod Lleol Gogledd Cymru a Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Mae'r prosiect yn unigryw yng Nghymru gan ei fod yn cwmpasu gwasanaethau plant ac oedolion mewn partneriaeth â'r GIG. Mae'n cael ei gynnal gan Gyngor Sir Ddinbych ac yn atebol i Fwrdd Rheoli sy'n cael ei gadeirio gan Gyfarwyddwr Corfforaethol Moderneiddio a Lles.

Mae Rheolwr y Canolfan Gomisiynu yn darparu adroddiadau diweddarau rheolaidd i Fwrdd y Rhaglen Iechyd a Chymdeithasol.

Mae gan y Ganolfan Gomisiynu bedair prif swyddogaeth:

- Sicrhau gwerth am arian yn y lleoliadau cost uchel presennol
- Dod o hyd i leoliadau newydd trwy broses agored a sicrhau gwerth am arian
- Cydlynu ymagwedd ranbarthol a monitro ansawdd darpariaeth cartrefi gofal
- Comisiynu strategol, gan weithio gyda phartneriaid i ddatblygu'r farchnad i sicrhau y gall gwasanaethau fodloni'r galw ar hyn o bryd ac yn y dyfodol

Mae'r Ganolfan Gomisiynu wedi derbyn arian i helpu pobl sy'n dioddef o ddementia.

Cadarnhaodd Cyfarwyddwr Corfforaethol Moderneiddio a Lles y bydd yn gadael yr Awdurdod Lleol ar ddiwedd mis Chwefror ac y bydd Morwenna Edwards, Pennaeth Gwasanaethau Darparwyr Cyngor Gwynedd, yn cymryd ei lle ar y Bwrdd.

Bydd Rheolwr y Ganolfan Gomisiynu hefyd yn gadael yng nghanol mis Ebrill gan ei bod wedi ei phenodi'n Rheolwr Rhanbarthol AGGCC.

PENDERFYNWYD bod y Pwyllgor yn nodi ac yn derbyn Adroddiad Blynyddol Canolfan Gomisiynu Gogledd Cymru.

8 AIL GYTUNDEB RHYNG-AWDURDOD AR GYFER PROSIECT GWASTRAFF GWEDDILLIOL GOGLEDD CYMRU

Cyflwynodd Aelod Arweiniol y Parth Cyhoeddus, y Cynghorydd David Smith, yr adroddiad (a gylchredwyd yn flaenorol) er mwyn i'r Aelodau graffu ar y broses sy'n gysylltiedig â dyfarnu statws "Cynigydd o Ddewis" a materion yn ymwneud â chymeradwyo Ail Gytundeb Rhyng-Awdurdod.

Ym mis Chwefror 2008 rhoddodd y Cabinet ei gymeradwyaeth i Gyngor Sir Ddinbych fynd i bartneriaeth ffurfiol â phedwar Cyngor arall yng ngogledd Cymru, i

gaffael contract 25 mlynedd ar y cyd ar gyfer darparu cyfleusterau gwaredu gwastraff gweddilliol.

Er mwyn hwyluso'r broses gaffael, llofnododd y cynghorau Gytundeb Rhyng-Awdurdod ffurfiol (IAA1). Dan y cytundeb hwn, rhoddwyd yr awdurdod i wneud penderfyniadau i Fwrdd y Prosiect a Phwyllgor y Prosiect (ond byddai'r awdurdodau yn dal yn gyfrifol am nifer o benderfyniadau allweddol).

Roedd y prosiect wedi ei gyflwyno i Sesiwn Frifffio'r Cyngor er mwyn ei drafod yn fanwl.

Fodd bynnag, ar ôl y broses gaffael, tynnodd yr ail gynigydd ei gais yn ôl ym mis Ionawr 2013, gan adael y cynigydd presennol mewn sefyllfa monopoli. Mae'r ymgyrch gwerth am arian wedi arwain at nifer o newidiadau sylweddol i'r hyn a oedd yn cael ei gaffael. Roedd canlyniad cyffredinol y newidiadau hyn yn ffafriol i Sir Ddinbych.

Roedd y prosiect yn gyfforddus y tu mewn i'r "amlen fforddiadwyedd". Ymddangosodd yr achos busnes terfynol i ddangos gwir werth am arian. Roedd y Cwmni hefyd yn bodloni gofynion yr arbenigwyr cyfreithiol, technegol ac ariannol y bartneriaeth. Dan yr amgylchiadau hynny, ni ymddengys bod rheswm pam na ddylai'r cynigydd sy'n weddill gael "statws cynigydd o ddewis".

Mae Cytundeb Rhyng-Awdurdod 1 yn "gytundeb i gaffael" sy'n cynnwys popeth hyd at ddyfarnu'r contract terfynol. Mae Cytundeb Rhyng-Awdurdod 2 yn cynnwys gweithrediad y contract h.y. o ddyfarnu'r contract ymlaen. Mae'r cytundeb yn ddogfen gyfreithiol cymhleth sy'n cwmpasu pob agwedd ar reoli'r contract.

Yn fyr, mae Cytundeb Rhyng-Awdurdod 2 yn cynnig sefyllfa well i'r Cyngor na Chytundeb Rhyng-Awdurdod 1. Mae'r Swyddogion Technegol yn fodlon gyda'r prif nodweddion, ac mae'r cymalau cyfreithiol wedi eu drafftio ac yn bodloni gofynion swyddogion cyfreithiol y Cyngor. Felly Mae'r swyddogion felly yn argymhell bod y drafft yn cael ei gefnogi.

Mynegodd y Pwyllgor ei werthfawrogiad i'r swyddogion am eu holl waith caled ar y prosiect.

PENDERFYNWYD bod y Pwyllgor Craffu Partneriaethau yn:

- (i) Cadarnhau eu cefnogaeth i'r cynigydd o ddewis
- (ii) Cadarnhau ei gefnogaeth i'r egwyddorion a amlinellir yng Nghytundeb Rhyng-Awdurdod 2.

9 RHAGLEN GWAITH ARCHWILIO

Cyflwynodd y Cydlynnydd Archwilio adroddiad (a gylchredwyd yn flaenorol) yn gofyn i'r Aelodau adolygu Rhaglen Gwaith i'r Dyfodol y Pwyllgor a darparu diweddariad ar faterion perthnasol. Mae fersiwn drafft o'r Rhaglen Gwaith i'r Dyfodol (Atodiad 1); Ffurflen Gynigion ar gyfer eitemau rhaglen Pwyllgorau Archwilio (Atodiad 2);

Rhaglen Gwaith i'r Dyfodol y Cabinet (Atodiad 3) a Chynnydd Penderfyniadau'r Pwyllgor (Atodiad 4) wedi eu hatodi i'r adroddiad hwn.

Dywedodd y Cydlynnydd Archwilio am newidiadau i'r rhaglen waith ac amryw o faterion sydd angen sylw -

- Dywedodd y Cadeirydd nad yw'n gallu mynychu'r cyfarfod nesaf ar 13 Mawrth a chan nad oes Is-Gadeirydd cadarnhaodd y Cynghorwyr Ann Davies a Dewi Owens y byddent yn barod i gadeirio'r cyfarfod.
- Gwahodd pob Aelod Arweiniol i fynychu'r Pwyllgor Archwilio Partneriaethau ar 13 Mawrth 2014.
- Adroddiad gan y Swyddog Datblygu'r Bwrdd Gwasanaeth Lleol, Beverley Moore, i'w gyflwyno yng nghyfarfod y Pwyllgor Archwilio Partneriaethau ym mis Mehefin 2014. Byddai cais yn cael ei roi gerbron ar gyfer Aelodau Cyfetholedig. Bydd sesiwn hyfforddiant yn cael ei threfnu ar gyfer mis Gorffennaf 2014.

PENDERFYNWYD y dylid cymeradwyo'r Rhaglen Gwaith i'r Dyfodol fel y manylir yn Atodiad 1.

10 ADBORTH GAN GYNRYCHIOLWYR PWYLLGOR

Rhoddodd y Cyngorydd Ann Davies ddiweddariad byr yn dilyn ymweliad i Awelon.

Yn dilyn y cyfarfod, cyflwynodd y Pwyllgor eu diolchiadau i'r Cyfarwyddwr Corfforaethol Moderneiddio a Lles, Sally Ellis, sy'n ymddeol ddiwedd mis Chwefror 2014.

Daeth y cyfarfod i ben am 12.15 p.m.

Adroddiad i'r:	Pwyllgor Archwilio Partneriaethau
Dyddiad y Cyfarfod:	10 Ebrill 2014
Aelod/Swyddog Arweiniol:	Aelod Arweiniol Gofal Cymdeithasol (Gwasanaethau Oedolion a Phlant) / Pennaeth Gwasanaethau Oedolion a Busnes
Awdur yr Adroddiad:	Rheolwr Gwasanaeth: De'r Sir
Teitl:	Adroddiad Partneriaeth Law yn Llaw at Iechyd Meddwl Gogledd Cymru

1. Am beth mae'r adroddiad yn sôn?

- 1.1 Mae'r adroddiad hwn yn tynnu sylw at y cynnydd hyd yma ar y camau sydd eu hangen mewn ymateb i gynllun cyflenwi Law yn Llaw at Iechyd Meddwl ac yn tynnu sylw at yr heriau a blaenoriaethau i'r partneriaid dros y flwyddyn i ddod.
- 1.2 Mae'r adroddiad hefyd yn rhoi gwybodaeth am Fwrdd Partneriaeth Gogledd Cymru a sefydlwyd yn ddiweddar a'i swyddogaeth mewn perthynas â chefnogi a goruchwylio'r modd y cedwir at y cynllun cyflenwi ac y gwneir cynnydd mewn perthynas ag o.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Pwrpas yr adroddiad hwn yw rhoi gwybod i'r Aelodau bod BIPBC wedi cyflwyno adroddiad blynyddol Law yn Llaw at Iechyd Meddwl i Lywodraeth Cymru (Copi ynghlwm yn Atodiad 1) a thynnu sylw'r Aelodau at y camau sydd wedi'u hargymell ar gyfer 2014/15.

3. Beth yw'r Argymhellion?

Bod yr Aelodau'n derbyn yr adroddiad i wneud sylwadau arno ac yn nodi'r ymrwymiad parhaus i weithio mewn partneriaeth gyda BIPBC a phartneriaid eraill ar draws Gogledd Cymru i ddarparu gwasanaethau iechyd meddwl yn gyffredinol ac yn fwy penodol mewn perthynas â Law yn Llaw at Iechyd Meddwl.

4. Manylion yr adroddiad.

- 4.1 Ym mis Hydref 2012 cyhoeddodd Llywodraeth Cymru "Law yn Llaw at Iechyd Meddwl", strategaeth i'r boblogaeth gyfan ar gyfer iechyd meddwl a lles yng Nghymru.
- 4.2 Mae gweledigaeth y ddogfen uchod a Gwasanaethau Cymdeithasol Cynaliadwy yn cynnig agenda iechyd meddwl uchelgeisiol ar gyfer yr ychydig flynyddoedd nesaf, gyda phwyslais clir ar rannu cyfrifoldeb rhwng y gwasanaeth iechyd a llywodraeth leol.

- 4.3 Yn dilyn ymgynghori â budd-ddeiliaid, datblygodd Llywodraeth Cymru 6 canlyniad lefel uchel o fewn Law yn Llaw at Iechyd Meddwl. Rhoddir manylion ar y rhain isod ac maent yn cael eu datblygu ymhellach yn y ddogfen ei hun, lle mae canlyniadau mwy manwl yn cael eu nodi.
- Gwella iechyd meddwl a lles y boblogaeth gyfan
 - Lleihau effaith problemau iechyd meddwl a/neu salwch meddwl ar unigolion, teuluoedd, gofalwyr, a'u cymunedau
 - Lleihau anghydraddoldeb ymysg pobl sy'n dioddef salwch meddwl a phroblemau iechyd meddwl
 - Cynyddu'r ymdeimlad o reolaeth sydd gan bobl sy'n derbyn asesiad, triniaeth a gwasanaethau dros benderfyniadau a wneir sy'n effeithio arnynt
 - Dangos mantais economaidd tymor hir yr agwedd poblogaeth gyfan, pob oed at wella iechyd meddwl a lles a thrin salwch meddwl
 - Gwella gwerthoedd, agweddau ac ymddygiad staff yn y sectorau cyhoeddus, annibynnol a Thrydydd Sector mewn perthynas ag iechyd meddwl a lles.
- 4.4 Cefnogir Law yn Llaw at Iechyd Meddwl gan Gynllun Cyflenwi ac mae'n amlinellu manylion y camau y bydd Llywodraeth Cymru ac asiantaethau partneriaeth yn eu cymryd i'w gyflawni, ynghyd â'r terfynau amser ar gyfer gwneud hyn.
- 4.5 Mae'r ddogfen yn nodi'r cyfraniadau sydd eu hangen gan Lywodraeth Cymru, llywodraeth leol, y gwasanaeth iechyd, y trydydd sector ac ystod o sectorau eraill gan gynnwys, er enghraifft tai, addysg, hyfforddiant a dysgu gydol oes, cyflogwyr, a'r system cyfiawnder troseddol.
- 4.6 Mae pennod olaf y ddogfen yn nodi sut y bydd y Strategaeth yn gweithio ar lefelau cenedlaethol a lleol a sut y bydd y Bwrdd Partneriaeth Cenedlaethol newydd yn sicrhau ei fod yn cael ei gyflenwi.
- 4.7 Ym mis Mehefin 2013 sefydlodd BIPBC Fwrdd Partneriaeth Iechyd Meddwl Gogledd Cymru (BPIMGC) fel gofyniad Llywodraeth Cymru i oruchwylio'r modd y cyflwynir ac y gweithredir Law yn Llaw at Iechyd Meddwl a'i gynllun cyflenwi (gweler Atodiad 2 am y Cylch Gorchwyl) ac ym mis Hydref 2013, cyflwynwyd yr adroddiad blynyddol i Lywodraeth Cymru.
- 4.8 Yn yr Adroddiad Blynyddol bydd Aelodau'n gweld cynnydd hyd yma wedi'i amlygu ynghyd â chyfeiriad at rai o'r heriau a'r blaenoriaethau ar gyfer y flwyddyn i ddod. Mae'r adroddiad hefyd yn rhoi tystiolaeth o'r ymrwymiad parhaus i weithio ar y cyd gydag iechyd a phartneriaid eraill i gyflawni'r camau gweithredu angenrheidiol.
- 4.9 Er bod BPIMGC ond wedi'i sefydlu'n ddiweddar, mae hanes hir o weithio mewn partneriaeth yng Ngogledd Cymru mewn perthynas ag iechyd meddwl.
- 4.10 Dros y 12 mis nesaf bydd y BPIMGC yn datblygu gweledigaeth gliriach ar gyfer Gwasanaethau Iechyd Meddwl ar draws Gogledd Cymru gan sicrhau bod yr isadeiledd, systemau a'r prosesau ymgysylltu angenrheidiol yn eu lle i nodi anghenion ynghyd â materion allweddol ar lefel leol, ranbarthol a chenedlaethol, yn ogystal â monitro cynnydd yn erbyn y cynllun cyflenwi ac yn ymateb i flaenoriaethau lleol, rhanbarthol a chenedlaethol.

4.11 Rhoddir gwybod am gynnydd yn ôl y cynllun cyflenwi i'r Bwrdd Partneriaeth Cenedlaethol fel y nodir yn 4.6 uchod.

5 Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Mae'r gwaith hwn yn cyfrannu at flaenoriaeth y Cyngor i sicrhau fod pobl ddiamddiffyn yn cael eu diogelu ac yn gallu byw mor annibynnol â phosibl. Yn ogystal, mae'n pwysleisio ymrwymiad y Cyngor i weithio gyda phartneriaid eraill i wella lles dinasyddion Sir Ddinbych.

6. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?

Nid oes unrhyw gostau wedi'u nodi ar hyn o bryd. Wrth i'r cynllun cyflenwi gael ei ddatblygu ymhellach, mae'n debygol y bydd goblygiadau ar gyfer meysydd gwasanaeth eraill, er enghraifft tai a gwasanaethau hamdden wrth i ni ddeall oblygiadau'r agenda lles ar gyfer y grŵp defnyddwyr gwasanaeth yn well.

7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb a gynhaliwyd am y penderfyniad? Dylid atodi Asesiad o Effaith ar Gydraddoldeb wedi ei gwblhau fel atodiad i'r adroddiad hwn.

Nid ydym yn gofyn i aelodau'r Pwyllgor Archwilio wneud penderfyniad ar hyn o bryd felly nid oes AEC wedi'i gwblhau. Fodd bynnag, efallai y bydd angen ei wneud wrth i'r cynllun cyflenwi gael ei ddatblygu a'i weithredu ymhellach.

8. Pa ymgynghoriadau a gafodd eu cynnal gyda'r Pwyllgor Archwilio ac eraill?

Trafodwyd Law yn Llaw at Iechyd Meddwl ynghyd â'r cynllun cyflenwi gan Grŵp Cynllunio Iechyd Meddwl Sir Ddinbych (mae'r grŵp hwn yn dwyn ynghyd budd-ddeiliaid perthnasol yn Sir Ddinbych ac yn cynnwys defnyddwyr gwasanaethau a gofalwyr). Mae Cadeirydd Grŵp Sir Ddinbych ynghyd â chadeiryddion o grwpiau tebyg ar draws Gogledd Cymru yn cael eu gwahodd i ymuno â'r BPIMGC i sicrhau ymagwedd gynhwysfawr ar draws y rhanbarth.

9. Datganiad y Prif Swyddog Cyllid

Amherthnasol

10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?

Mae Llywodraeth Cymru yn ystyried fod Law yn Llaw at Iechyd Meddwl, camau gweithredu o ran y cynllun cyflenwi ac ymgysylltiad â gwaith BPIMGC yn allweddol i wella gwasanaethau iechyd meddwl ac yn sgil hynny, mae risgiau sylweddol i'r Awdurdod pe na baem yn cymryd rhan yn y prosesau hyn.

11. Pŵer i wneud y Penderfyniad

Amlinellir pwerau Archwilio mewn perthynas ag archwilio perfformiad gwasanaethau'r Cyngor ym mharagraff 6.3.4(b) y Cyfansoddiad.

Swyddog Cyswllt:

Pennaeth Gwasanaethau Oedolion a Busnes

Rhif Ffôn: 01824 706654



Together for Mental Health

Betsi Cadwaladr University Health Board
Local Partnership Board Annual Report 2012 – 13



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1.0 Introduction from the Local Partnership Board Chair

I am pleased to present the first annual report for the North Wales Mental Health Partnership on progress of the implementation of Together for Mental Health.

The report highlights significant progress to date on the actions required as well as highlighting the challenges and priorities for the partners over the coming year. Whilst not exhaustive, it does demonstrate a collective approach to taking forward the National Strategy and supporting local innovation and delivery.

The establishment of the North Wales Mental Health Partnership does come at a challenging time for the public sector in Wales, with increased demand for services, an ageing population and reductions in real term funding. In North Wales the challenge for all partners is to progress our plans across a large geographic area, comprising of six local authorities, with different cultures, service models and different populations in terms of age distribution, employment and socio-economic status.

The membership, set out in Annex 2, reflects a broad range of stakeholders from both the public and third sector including primary care, housing, Community Health Council and six service users and carers to bring their life experience to the Partnership to inform and shape our work.

Whilst the Partnership Board has only recently been established, there is a history of partnership working in mental health across sectors in North Wales over a number of years with the establishment of the Child Adolescent Mental Health Services (CAMHS) Specialist Planning Network, the Conwy and Denbighshire Mental Health Partnership and County based planning groups as examples. We will therefore be building on sound foundations as we develop the Partnership to drive improvements to Mental Health Services as well as opportunities to enhance mental well-being.

Over the next 12 months we will develop a clear vision for Mental Health Services across North Wales, continue to develop the Partnership Board and ensure all members have the information and support to be able to contribute to its effectiveness. We also need to ensure that we have the necessary infrastructure and engagement processes in place to monitor progress and identify needs and key issues at both a regional and county level.



Geoff Lang
Chair-North Wales Mental Health Partnership

2.0 Mental Health and Wellbeing in Betsi Cadwaladr University Health Board

2.1 Local Mental Health and Wellbeing Needs Analysis

Betsi Cadwaladr University Health Board (BCUHB), covers almost a third of the landmass of Wales, and is the largest Health Board in terms of population. It comprises the local authority areas of Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

2.1.1 Demography

In 2011, the approximate population of the BCUHB area was 687,800. Flintshire in the North East has the largest population of 152,500 and Anglesey in the North West has the smallest population, 69,700. Overall there has been a 3.5% increase in the population of BCUHB between 2001 and 2011, with Conwy experiencing the largest percentage increase.

Population change, Wales, Betsi Cadwaladr University Health Board & Unitary Authorities 2001-2011

	2001 population (number)	2011 population (number)	Change since 2001 (%)
Wales	2,910,200	3,063,500	5.3
Betsi Cadwaladr UHB	664,500	687,800	3.5
Isle of Anglesey	67,800	69,700	2.8
Gwynedd	116,800	121,900	4.4
Conwy	109,700	115,200	5.0
Denbighshire	93,100	93,700	0.6
Flintshire	148,600	152,500	2.6
Wrexham	128,500	134,800	4.9

Source: Office for National Statistics

The population is predominantly white British, with 1 per cent of the population coming from a minority ethnic background.

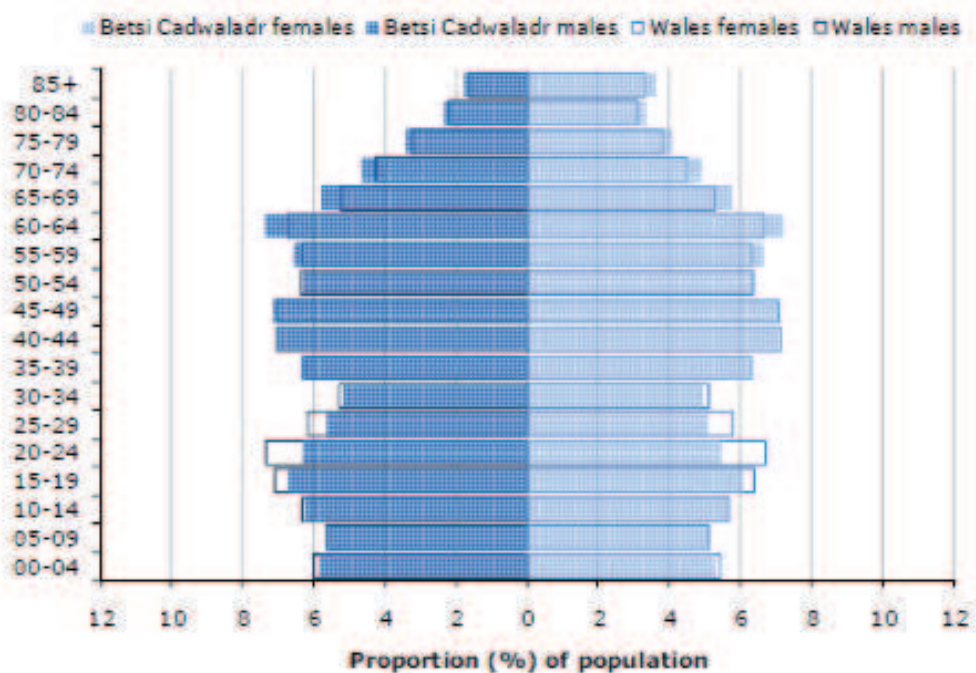
BCUHB has a larger proportion of the population aged 55 years and over compared to the rest of Wales and a smaller proportion of the population in the younger age groups, particularly the mid teens to early 30s age groups. 20.7% of the population is under the age of 18 years, compared with 21.0% in Wales as a whole. The proportions of each age band, over 55, over 65, over 75 and over 85 are all individually higher than the average for Wales as a whole. There has been a 6.8% increase in the population aged 75+ between 2001 and 2011, with the population aged 85+ growing by 12.5%.

This is important as need for healthcare varies according to age, and in particular, the young and elderly, whose populations are not evenly distributed across the area.

Increases in healthcare costs are strongly associated with increasing age and it is widely projected that the healthcare of the very elderly will account for an increasing proportion of health budgets in the future. Of the ten Middle Super Output Areas (MSOAs) in Wales with the highest proportion of older people (aged 75 and over), five are situated in Conwy. This presents considerable challenges to providers of health and social care.

**Proportion of population by age and sex
Betsi Cadwaladr University Health Board: 2009**

Produced by the Public Health Wales Observatory
using data from 2009 mid year population estimates, Office for National Statistics



2.1.2 Key Factors Impacting on Mental Health and Wellbeing

Mental health, as well as general health is affected, positively and negatively, by many factors.

People **living in deprived areas** have poorer health outcomes in relation to almost every indicator of health and wellbeing. Areas of deprivation are mainly found along the coastal fringe in places such as Rhyl and Colwyn Bay, and also in Wrexham. Around 12 per cent of Lower Super Output Areas (LSOA¹s) in the Health Board area are among the most deprived fifth in Wales with 19 per cent in the least deprived fifth. However, within less deprived areas there are often pockets of hidden deprivation.

Rurality is also important when considering the impacts of deprivation for the North Wales population. Large areas of North Wales are classed as rural with low

¹ Lower Super Output Area, a small geographical area created by the Office for National Statistics for statistical purposes.

population density. In general, the population of older people is increasing faster in rural areas, which clearly has implications for services.

Low income is likely to reduce community participation and limit access to enabling resources and choices – thus impacting negatively on mental health and wellbeing. Higher levels of households estimated to be living in poverty are clustered in the south and west of Gwynedd, most of the Conwy and Denbighshire coast from Llandudno to Prestatyn, the easternmost edge of Flintshire and the areas to the north of Wrexham town. More isolated higher levels were estimated for the towns of Denbigh, Bangor, Caernarfon, Holyhead and the north and central area of Anglesey.

Gross weekly earnings for employed adults in North Wales differ quite markedly across the region. Levels in Flintshire and Wrexham are consistently higher than levels for North Wales as a whole, whereas levels in Denbighshire, Conwy, Gwynedd and the Isle of Anglesey are much lower.

Unemployment can adversely affect psychological wellbeing, which in turn may reduce community participation. The six local authorities covered by BCUHB are below the Welsh average for people having never worked or being in long term unemployment. However, there is considerable variation in the percentage of the working age population claiming employment-related benefits, from just 5.3% in parts of Flintshire to 34.6% in part of Denbighshire. Employment related benefits, unsurprisingly, show a similar pattern to that of poverty, being generally highest in the coastal areas and larger towns.

Educational outcomes affect physical and mental health, as well as income, employment opportunities and quality of life. The six local authorities covered by BCUHB were below the Welsh average (25.9%) of residents aged 16 and over and under 74 years who have no academic or professional qualification, with the exception of Wrexham (26.7%). The areas with the highest percentages are found in the Queensway and Wynnstay areas of Wrexham and in the Kinnel Bay area of Conwy.

2.1.3 Mental Health and Wellbeing Needs of Children and Young People

The importance of psychological well-being in children and young people, for their healthy emotional, social, physical, cognitive and educational development, is well-recognised. A broad range of universal and targeted programmes are available to support 'parenting', which has been identified as the single largest variable in health-related outcomes for children through its impact on child self-esteem.

At any given time it is estimated that:

- 20% of children and adolescents may have a mental health problem
- about 8% of these may be moderate to severe; a further 2% are sufficiently severe to be disabling.
- the prevalence of disorders requiring inpatient treatment per year has been estimated as approximately 0.02% of children aged 0-16 years
- the prevalence of serious mental health disorders begins to increase in young people aged 16 years and over.

- at least 1.3% of 5-10 year olds and 2.1% 11-15 years olds will have tried to harm, hurt or kill themselves
- almost one in eight 15-16 year olds report having deliberately harmed themselves.

Data is not collected on the actual prevalence of mental health problems in children and young people. The number of children in the BCUHB area with mental health disorders has been estimated by applying prevalences obtained from the survey *Mental Health of Children and Young People in Great Britain, 2004*, to mid-year population estimates for 2010 from ONS:

Estimated numbers of children (aged 0-16) in BCUHB with a mental health problem

<i>Condition</i>	<i>Estimated Prevalence</i>	<i>Number of children</i>
Emotional disorder	4%	4,900
Conduct disorder	6%	7,300
Hyperkinetic disorder	2%	2,500
Other disorder*	1%	1,250
More than one disorder	2%	2,500

Source: Department of Health & Office for National Statistics *Includes autism and anorexia nervosa

In general, more boys than girls have a mental health problem, and the prevalence for both boys and girls increases with age.

2.1.4 Mental Health and Wellbeing Needs of Adults

The Office for National Statistics asked questions about life satisfaction, happiness and anxiety for the first time in a survey in 2011. In North Wales, people reported being generally more satisfied and happy, but also more anxious, than the UK as a whole:

Life Satisfaction in North Wales by Local Authority: percentage of adults (aged 16 and over) who gave a rating of 7-10 on an 11 point scale

	Satisfaction	Worthwhileness	Happiness	Anxiety
Anglesey	80.2	85.5	77.3	65.5
Gwynedd	77.1	81.6	73.5	63.8
Conwy	73.7	81.2	74.7	62.6
Denbighshire	73.2	80.0	72.1	65.8
Flintshire	79.7	84.7	75.9	65.0
Wrexham	74.6	80.9	68.2	58.4
UK	75.9	80.0	71.1	60.1

Source: ONS Subjective Well-being APS Mar 2011-Apr 2012. © Crown copyright and database right 2011 http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc34/Well-being_map.html

The Welsh Health Survey is a continuous survey that collects information about the health of people living in Wales. It comprises of an interview followed by a self-completion questionnaire, and includes questions about respondents' mental health and psychiatric disorder. Estimates of population prevalence can be made from the survey data, although it should be noted that these are likely to be under estimates of the true prevalence as the data is self-reported.

The Mental Health Component Summary score (MHCS) can be derived from the Welsh Health Survey data, and gives an indication of the mental health of the population. A higher score indicates better mental health. Overall, adults in all six Counties in North Wales enjoy better mental health than the average for Wales, although this does vary between Counties:

Mental health component summary score, adults aged 16 years and over, Wales, Betsi Cadwaladr & UAs: 2009/10, 2010/11 and 2011/12			
	2009/10	2010/11	2011/12
Wales	49.9	49.8	49.7
Betsi Cadwaladr University Health Board	50.8	50.7	50.6
Anglesey	50.6	51.0	51.5
Gwynedd	51.0	51.3	51.3
Conwy	51.1	50.4	50.2
Denbighshire	50.6	50.8	50.5
Flintshire	51.3	50.7	50.4
Wrexham	50.2	50.4	50.0

Another composite measure – adults free from a common mental disorder – can also be calculated from the information collected as part of the Welsh Health Survey. Again, adults in North Wales are more likely to report being free from a common mental disorder than the average for Wales as a whole:

Adults free from a common mental disorder		
	Mental health score (95% CI)	Compared to Wales
Wales	75	
Betsi Cadwaladr University Health Board	78 (77 to 79)	Sig. high
Anglesey	77 (74 to 80)	No sig. difference
Gwynedd	78 (75 to 81)	Sig. high
Conwy	80 (77 to 82)	Sig. high
Denbighshire	77 (74 to 80)	No sig. difference
Flintshire	79 (77 to 82)	Sig. high
Wrexham	75 (72 to 77)	No sig. difference

The Welsh Health Survey also asks respondents directly about whether they are being treated for any mental illness. Overall rates are the same as or lower than the average for Wales:

Adults who report currently being treated for any mental illness		
	% population >16	Compared to Wales
Wales	10	
Betsi Cadwaladr University Health Board	11	Sig lower
Anglesey	8	Sig lower
Gwynedd	6	Sig lower
Conwy	10	No sig. difference
Denbighshire	12	No sig. difference

Flintshire	11	No sig. difference
Wrexham	10	No sig. difference

Source: Public Health Wales Observatory (2013): Our Health Future National Indicator set.
<http://www.wales.nhs.uk/sitesplus/922/page/65976>

Using mental illness prevalence rates from the Adult Psychiatric Morbidity Survey provides the following estimates of population prevalence of mental disorders:

Condition	Estimated prevalence	Estimated number of people affected in BCUHB area aged >16
At least one of the common mental disorders	16.2%	88,960
Mixed anxiety and depressive disorder	9.0%	50,040
Generalised anxiety disorder	4.4%	24,460
Major depressive episode	2.3%	12,790
Phobias	1.4%	7,780
Obsessive Compulsive Disorder	1.1%	6,116
Panic disorder	1.1%	6,116

Source: Adult Psychiatric Morbidity Survey 2007/ONS 2010

The estimated prevalence of a common mental disorder is higher than the estimated number of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help.

2.1.5 Mental Health and Wellbeing Needs of Older Adults

Increasing numbers of older people live with low levels of life satisfaction and wellbeing that impact significantly on their quality of life. An estimated 20-25% of older people have depression; this excludes those with psychological distress associated with isolation, loneliness or loss.

Dementia presents a significant public health concern; it is a significant cause of morbidity, mortality and health care use. It is a debilitating condition which describes a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities.

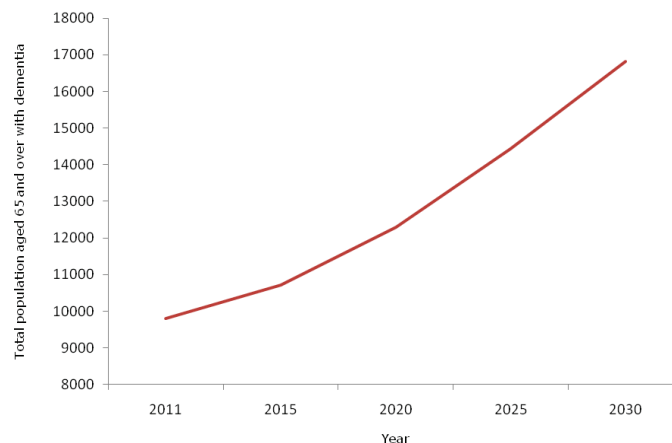
Dementia is more prevalent in people aged over 65, and prevalence roughly doubles every 5 years from this age onwards. The projected increase in dementia prevalence over the next 20-30 years means that dementia prevention and early intervention are key to securing improved health and wellbeing outcomes for people with the condition and their carers.

Rates for men and women with dementia in the 65 and over population

Age Range	Males %	Females %
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-84	10.2	13.3
85+	19.5	25.0

Data is not collected on *actual* dementia prevalence. It is estimated that there are currently 9,800 number of people aged 65 and over in the BCUHB area with dementia. The number is predicted to increase significantly in the next 20 years:

Estimated number of people in the BCUHB area with dementia, 2011-2030



Source: Welsh Government Statistical Directorate (Daffodil)

2.1.5 Summary

The available data shows that the population of North Wales as a whole enjoys better mental health, and lower rates of mental disorder than the average for Wales. However, there is considerable variation between and within Counties. Universal and targeted work to reduce socio-economic risk factors for poor mental health / mental illness need to continue to reduce the inequalities that exist.

Ensuring that babies, children and young people have the best opportunities to develop the resilience and life skills for a mentally healthy future is essential. Those at increased risk of poor mental health include children of parents with mental health problems. There is a clear opportunity within adult mental health service provision to identify service users who are also parents, and where appropriate, to ensure that their parenting role is supported.

As the proportion of older people in the population increases, it will be important to deliver effective general and mental health promotion initiatives to reduce dementia

risk, as well as to ensure sufficient services are available and accessible to treat and support those with the condition.

2.2 Service Delivery Models

2.2.1 Child and Adolescent Mental Health Services (CAMHS)

Children, young people and families will seek help from mental health services through a large number of professionals working across many agencies as well as through their GPs in primary care. GPs are kept informed when this happens. This is important to reduce unnecessary visits to the GP when another professional is well placed to recognise the need for mental health service help, and prevents needless repeated assessments.





GPs, allied primary health care providers and multiagency front line services all access mental health services for children and young people through one single route into CAMHS in each county. A range of services are delivered for children and young people in and alongside primary care and other front line professionals, aiming to promote good mental health under the 'mental well-being' agenda. Over time there are plans to increase access to preventive and early interventions for those with identified emerging difficulties. Where there are concerns, either about an individual young person or a theme/general issue, professionals are guided to seek help from their local CAMHS. A number of possible outcomes occur some relying on joint working between primary care and other front line service professionals and CAMHS, others resulting in mental health assessment and intervention by specialist CAMHS. Where an individual's needs are more severe or complex, thus requiring coordination of mental health care, a Care Coordinator will be appointed and Care and Treatment plans are agreed.

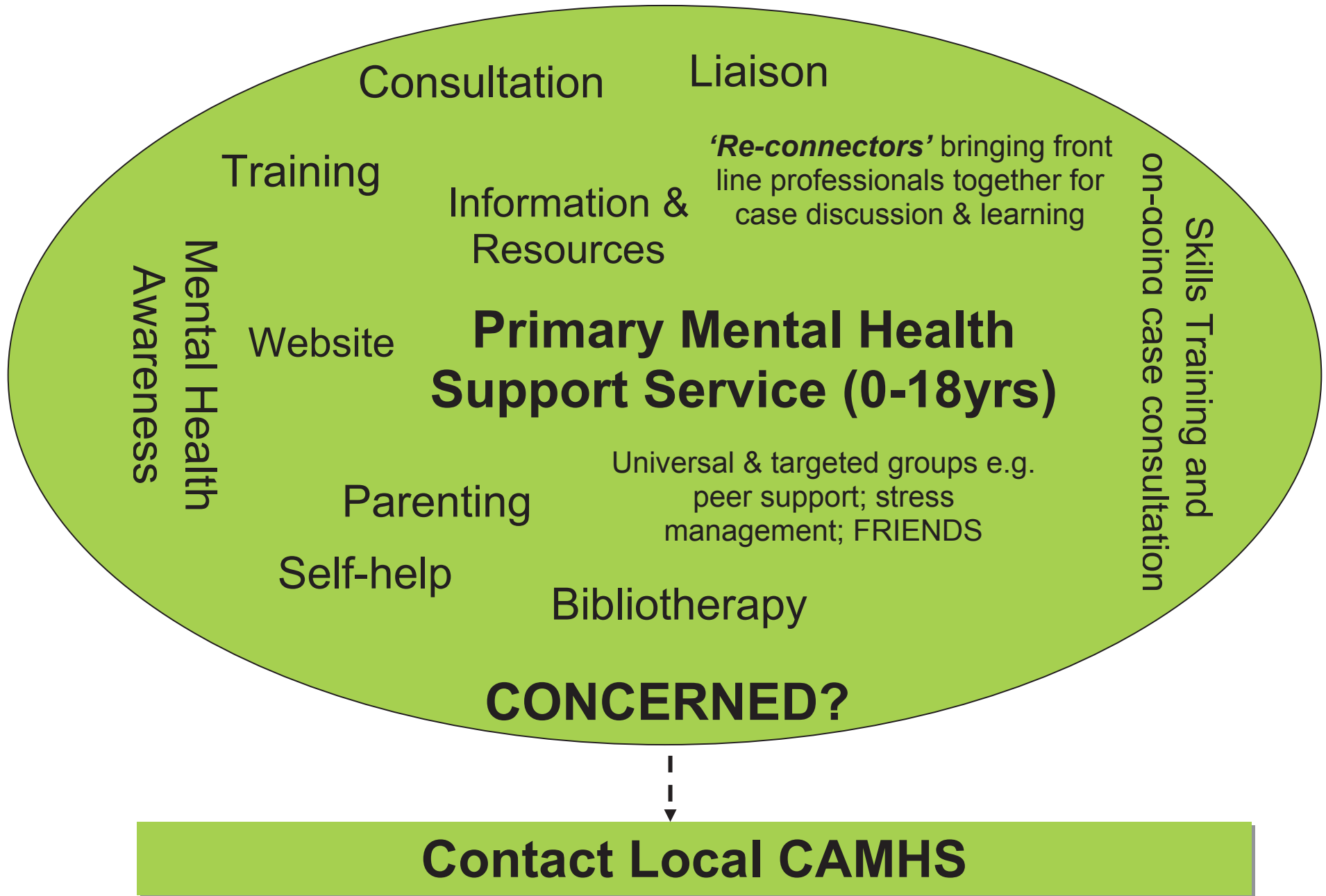
The role of the Local Primary Mental Health Support Services (LPMHSS) is to support people to deliver good quality evidence-based mental health promotion, prevention, and early intervention programmes in community settings that are easy to access and non-stigmatising for children, young people and families. This is a focused part of the work of each county specialist CAMHS team.

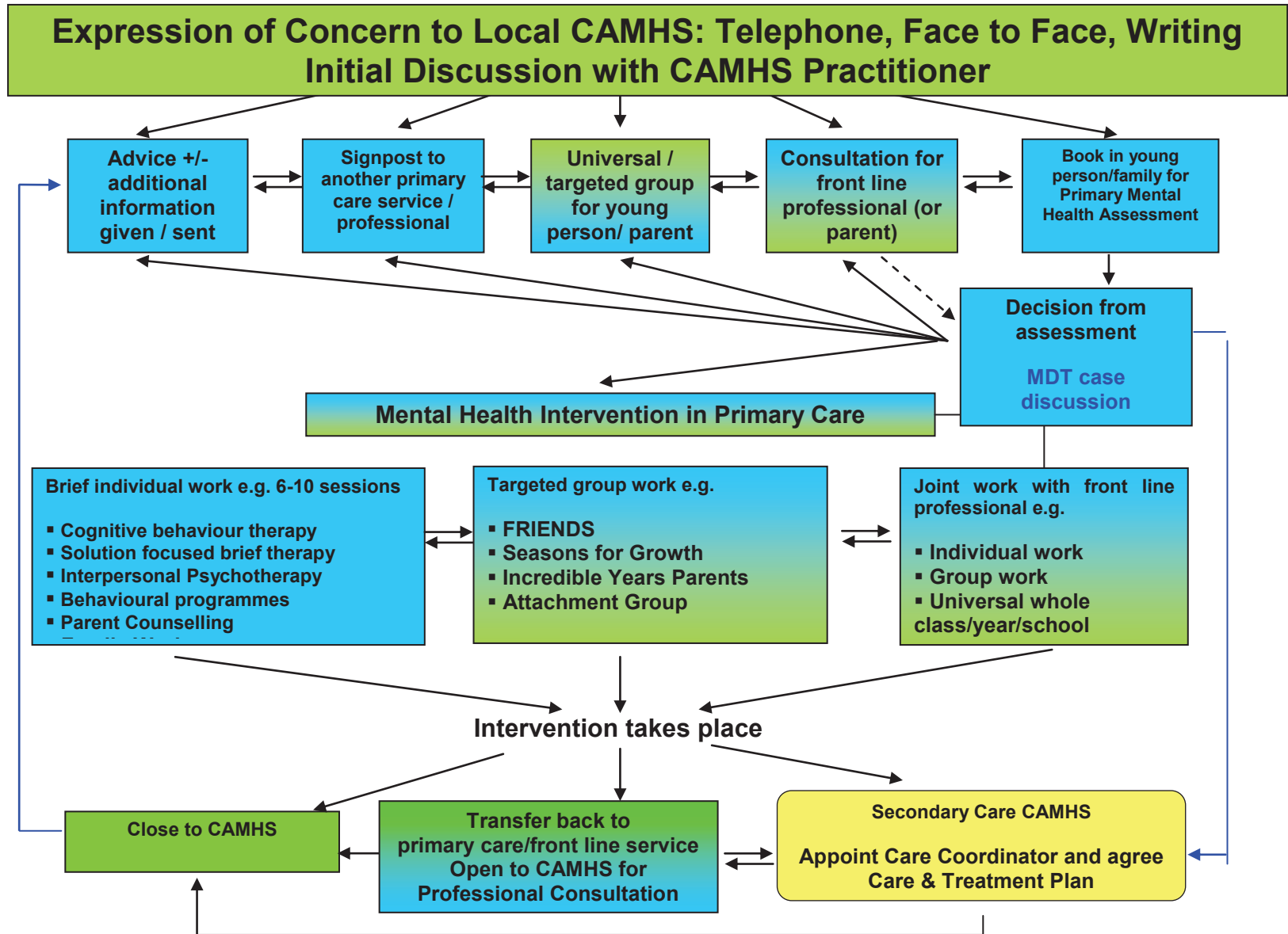
When young people are referred into specialist CAMHS for help it is important that they see the right people at the right level of service at the right time; which means working closely with all front line professionals, including GPs in primary care, to work out who needs mental health assessment within specialist services and who will do just as well or better with other interventions.

Access to specialist CAMHS for children and young people is by telephone or in writing to one central place in each county, leading to a range of possible outcomes such as advice and information; signposting; group work; further consultation (including joint working); or mental health assessment. The service aims to increase the ease of access for GPs and multi agency front line professionals to have a conversation with a CAMHS professional first to discuss concerns where needs are not clear.

Key

- Primary care & front line services  Joint primary care / front line & Specialist CAMHS 
- Specialist CAMHS Primary Care  Specialist CAMHS Secondary Care 





2.2.2 Adult Mental Health Services (AMHS)

The County Mental Health Service model provides community-based care and treatment to adults living in the respective county catchment areas. The service is multi-disciplinary and is provided as a partnership between BCUHB and their Local Authority partners at county level

The service operates in the individual county areas of North Wales and aims to promote health and well-being, individual recovery and meaningful social inclusion. The service offers appropriate community and recovery focused mental health and social care to adults with mental health needs. Principally within primary care, where needs allow, with additional, secondary and specialist care provision to meet severe and/or complex needs when required.

The service as a whole provides a multidisciplinary approach which is flexible and prompt in its response to individuals. It includes assessment of mental health needs and provision of effective, evidence-based treatments/ interventions which put the individual at the centre of the process.

Services are accessible and relevant, non-discriminatory, respect cultural values, and are user friendly for service users and carers. The service helps reduce the stigma attached to mental health care and ensures that care is delivered in the least restrictive and disruptive manner possible.

To deliver effective, holistic services that address the medical, psychological, social, physical and spiritual needs of people accessing mental health services, an integrated approach is required and this has proved successful. The provision of health and social care under an integrated management framework enables the sharing of expertise and resource, and to meet the changing and demanding nature of work within Tier 2, County Mental Health Services. This provides access to both NHS and Social Care services to improve service delivery, quality and outcomes to the service users and their family.

County Mental Health Services:

- Are co-located with health and social care staff working in and from the same premises, with integrated working practices and shared objectives
- Are jointly managed under single line management with appropriate supervision for the individual professions
- Have a joint organisational development plan that embraces all aspects of the health and social care interface, and has shared information management and data collection protocols and processes
- Have regular team meetings with designated input for part of the meeting from other teams e.g. crisis/inpatient/assertive outreach etc.
- Have effective working arrangements agreed with local criminal justice agencies and forensic services
- Have a core staff base that comes from the following areas
 - Social Care
 - Nursing
 - Psychiatry
 - Psychology

- Occupational Therapy
- Administration

The service is delivered in the established 'Tier' system and works closely with Primary Health Care Services, Social Care Services and other key care providers, particularly third sector organisations, to provide effective mental health care within the least restrictive environment, tailored to an individual's needs and aspirations.

The County Mental Health Service works within the wider care system by managing the majority of referrals, assessments and brief interventions within the Primary Care environment. More substantial secondary care services are accessed and are care coordinated as per the requirements of the Mental Health Measure with care and treatment plans being developed for all service users and carers.

The service takes place within a more integrated care system that also includes Community Rehabilitation and Crisis Resolution and Home Treatment teams as well as the established in-patient care and community support worker services.

The Forensic Mental Health Service currently provides care coordination for a number of individuals requiring secure care away from their home area. The service is committed to retaining care coordination for individuals as they move through a variety of layers of secure service provision, only handing care coordination responsibility to either continuing health care or local services when the need for security and complex case management has reduced to a level which is deemed appropriate to be managed through regular service provision.

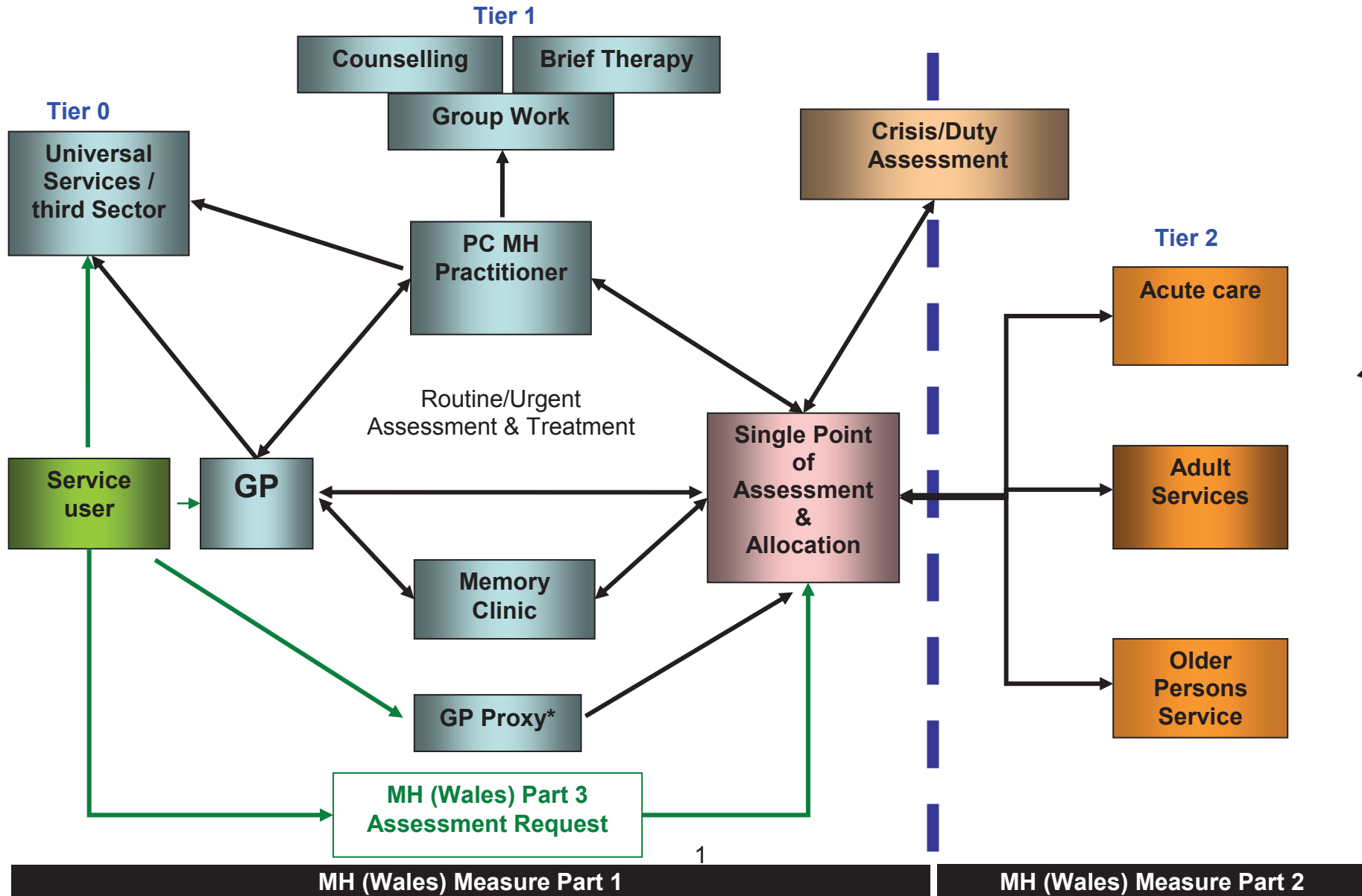
The role of the All Wales Veterans' Health and Wellbeing Service (AWVHWS) is to provide evidence based therapy to veterans with a service related mental health problem in community settings and to network with other statutory and third sector services to provide an appropriate service.

The County Mental Health Service is effectively delivered in two parts (primary & secondary mental health) but managed as a whole service to deliver a better service user experience. The service unites specialist medical, nursing, psychology, occupational therapy, social work and care co-ordination skills in a team with a substantial skill mix and an integrated management structure.

Operating as a County Mental Health Service requires a clear referral pathway to ensure the appropriate and timely assessment of needs matched by a consistent allocation and signposting process. The key to this pathway is the use of a brief, Single Point of Assessment and Allocation (SPoAA) process to minimise delay for the service user in being seen by the most appropriate element of the service. The Single Point of Access model is outlined on the next page.

Adult & Older Persons – Single Point of Assessment and Allocation

Tudalen 31



*GP Proxy would include Psychiatric Liaison, Out of Hours Service, CID 16 referrals, Out of Area transfers

3.0 Delivering Together for Mental Health

3.1 Chapter 1 - Promoting Better Mental Wellbeing and Preventing Mental Health Problems

Partnership Board Vision

The North Wales Mental Health Partnership's vision is to emphasise the benefits of good mental health, and take positive action to support the population to achieve this, reduce the numbers of people with poor mental health and to support those with mental illness to live as full lives as possible.

Improving mental health, promoting the circumstances, skills and attributes that enable people to feel good and function well, is recognised as a worthwhile goal in itself, as well as contributing to a reduction in mental health problems. Positive mental health supports good physical health, a reduction in health damaging behaviours and reduces inappropriate use of healthcare services.

Across the BCUHB area, we are supporting better mental wellbeing by:

- developing a strategy to focus on maximising the emotional health and mental wellbeing potential of babies and very young children
- delivering evidence based interventions that support parenting skills and develop the home learning environment
- working with more vulnerable families through the Flying Start, Families First and Integrated Family Support Service.
- supporting lifelong learning: pre-school education/ health promoting schools and continuing education;
- piloting a new resource to support pre-school settings to achieve the 'Mental and emotional health, wellbeing and relationships' section of the Healthy and Sustainable Pre-Schools Award
- providing easy access to counselling / support for children and young people, both through school nurse provision and the schools based counselling service
- improving working lives: promoting the Corporate Health Standard, the Small Workplace Award and back-to-work schemes
- promoting the 'Five Ways to Wellbeing' in communities and services, alongside healthy lifestyle messages regarding eating well, being active, not smoking and staying within recommended guideline amounts of alcohol consumption
- supporting communities to strengthen 'inclusion' and deliver environmental improvements
- exploring the role of 'Arts in Health' work with community groups to promote wellbeing
- supporting the Book Prescription Wales scheme across all Counties including the scheme for children and children and families
- integrating a universal mental wellbeing approach in the BCUHB Perinatal Mental Health guidance

- encouraging uptake of Mental Health First Aid training amongst staff groups and community members
- appointing a 'Time to Change' champion at Board / Senior Director level in the Health Board and Local Authorities
- disseminating information about recognising poor mental health / mental illness, together with how to access support, self-help options and other treatment that might be appropriate
- increasing access to counselling provision for adults and older people
- promoting 'healthy ageing'
- linking mental wellbeing impact assessment approaches to equality impact assessments

What are the key challenges facing us?

We recognise that the future costs of treating mental illness could be reduced by a greater focus on whole population mental health promotion and the prevention of mental health problems, alongside early diagnosis and appropriate intervention.

Although the above list highlights the current range of activity to promote mental wellbeing in North Wales, there is no specific work plan through which 'improving mental health and wellbeing' can be planned, delivered and reported upon in a strategic and coherent way. The potential for such work to impact positively on both mental wellbeing and a wide range of broader health, healthcare and social outcomes is significant, but cannot be realised to best effect without leadership and coordination.

There are no agreed ways of recording 'mental wellbeing' across the BCUHB area, so it is difficult to compare the relative effectiveness of specific community based mental health promotion interventions, or of more generic health promoting work on mental wellbeing.

There is currently a great deal of investment in ensuring the best start for babies and young children, reflecting the significance of the early years of life in terms of laying the foundations for a healthy future. However, some programmes are funded on a short term basis via grants, putting their sustainability at risk.

With the proportion of older people in the population increasing sharply in the next two decades, it will be important to deliver effective general and mental health promotion initiatives to promote 'healthy ageing' and reduce dementia risk.

What have we achieved in the last 12 months?

The key achievements to highlight for the past 12 months include:

Children and Young People

Team around the Family (TAF) is in place across North Wales with some variations in delivery. There are strong links with schools and health visitors which account for many of the referrals to TAF.

Commissioning of services under Families First has also taken place and multi agency consortia have come together to deliver services. Various family support interventions are in place, including parenting, support services for children and young people and links with flying start as well as specific services to improve mental health and support those with existing mental health problems.

Integrated Family Support Services are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service. Work will start shortly on a North Wales Needs Assessment toolkit. This will assist in identifying the needs of children, young people and their families for future commissioning and will assist in ensuring that commissioned services remain relevant to the needs of the communities as well as identifying gaps and possible opportunities for joint commissioning in future.

Mindfulness training has been undertaken by some practitioners who have then been able to support families undertake the Mindfulness Programme. Mental Health First Aid has been delivered twice to date within Wrexham County Borough Council's Caia Park locality. The training is accessed by midwives, health visitors, district nurses and community workers including PCSO's, tenancy support and parent support workers.

In Denbighshire Family Resilience services, commissioned under Families First provide support to families where areas of concern have arisen (e.g. domestic abuse, bereavement). The service aims to minimize the impact of abuse, grief, loss, etc. and enable families to increasingly be independent, self-reliant and have positive future aspirations.

The Vi-Ability Educational Programme in Conwy - 'Winning Mentality' project helps young people and parents with mental health problems and raise awareness through sport (particularly football). There are also 34 pre-school settings within Conwy Borough Council who are progressing well and undertaking agreed actions to achieve the criteria for 'Nutrition and Oral Health' phase of the 'Health and Sustainable Pre-School Scheme' (HSPSS), 14 settings have received further nutrition training and basic physical activity training.

5 Ways to Wellbeing

The draft Betsi Cadwaladr University Health Board Perinatal Mental Health Pathway has embedded a universal approach to promoting mental wellbeing for all women who are pregnant, as well as recognising and responding to the needs of those with continuing or emergent mental health problems.

Postcards providing information about the 5 ways and how they can be applied to new parents have been produced by the North Wales Public Health Team. Generic posters and postcards have also been produced.

The 5 Ways to Wellbeing are used as a planning tool for Wrexham County Borough Council's, Caia Park Health Team Parent Wellbeing Group, to structure and plan activities to promote wellbeing. The 5 ways to Wellbeing have also been promoted

during brief mental health awareness sessions at local parent groups as ways to maintain positive mental wellbeing.

In Conwy a focused Learning Exchange for those working with children young people and families is planned for 2014 to raise awareness and share ideas for introducing the 5 ways to well being into everyday practice. An article has been written to raise awareness of the '5 ways to wellbeing' concept and will be included in the next Conwy Staff Newsletter. It has been decided to place the information in all staff pay slips and in the corporate induction for all new employees.

Talk to Me

Responses to Talk to Me have been developed across the region and action plans put in place in some areas. Plans are in place in some counties to put up signs in car parks and on railway bridges.

Conwy Borough Council has held a Learning Exchange event on Emotional Health, which was well attended and served as an opportunity for professionals to discover services available. It was felt that it would be useful to hold such events on an annual basis and the next is planned for May 2014.

Working with Joint County Based Planning Groups

There are 5 Groups in North Wales, which have reviewed their terms of reference in the last 12 months. Each of the groups has reviewed 'Together for Mental Health', to identify the priority areas where local Groups can contribute or deliver key actions within the regional plan. The local groups will review their progress against 'Together for Mental Health' on a regular basis and report on progress to the Partnership Board.

What are our service innovations?

The key service innovations across the region include:

'Parabl' commissioned by the Health Board to provide Talking Therapies from April 2013 as part of the Local Primary Mental Health Support Service, specifically to support people at Tier 0. An Integrated Care Pathway (ICP) was developed following 3 workshops involving circa 200 stakeholders; the ICP has now been adopted by the Health Board and Parabl partners.

Training on suicide across Clinical Programme Groups (CPG's) for all age ranges with representation from CAMHS, looking at building emotional resilience for children and young people. This also included train the trainer, which was rolled out to GP's and partner organisations.

A number of Clinical Programme Groups (CPG's) (Women's, Children's, Mental Health, Medicines Management), Primary Care Support Unit and Public Health Wales have come together to develop a guideline for practitioners with the aim of providing a standardised approach to identifying, assessing and caring for women

who have, or at risk of developing mental health problems during the perinatal period (pre-conceptual, pregnancy and the 1st year postnatally).

Early Years Nutrition courses have been delivered for day nurseries, playgroups, Cylchoedd Meithrin and Child-minders, all of which are aiming for a local 'tiny tums' best practice award for food provision. Ten settings have received practical cooking training on the WG's 'Cooking Bus' and food hygiene training has been provided. 17 settings have also received 'Busy Feet' / 'Brush your Teeth' training, which promote healthy eating and physical activity.

Vale of Clwyd Mind has been appointed the delivery partner in Denbighshire Communities First Cluster area, to provide additional capacity to improve mental health and emotional wellbeing in these specific communities.

Our priorities and actions for the next 12 months

To further develop the Integrated Family Support Services across the counties as they are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service.

To implement a standardised approach to identifying, assessing and caring for women who have, or at risk of developing mental health problems during the perinatal period (pre-conceptual, pregnancy and the 1st year postnatally). To achieve this, a partnership approach between practitioners and different disciplines (midwives, GPs, health visitors and mental health services) is essential. This will improve the identification, assessment, care and follow up of women who have or who are at risk of developing mental illness in pregnancy and the postnatal period and support a patient-centred approach to care by involving women and with consent their partners, families and carers in discussions about plans and options.

A strategy aimed at ensuring babies and children and 0-5 years have their emotional health and wellbeing needs is being developed.

To develop a work plan through which 'improving mental health and wellbeing' in North Wales, can be planned, delivered and reported upon in a strategic and coherent way.

To develop the County based planning groups to progress the local priorities within the Delivery Plan and report to the Partnership Board.

To develop a North Wales Mental Health Commissioning Strategy for Third Sector services in partnership with local authorities and involvement from the third sector and service users and carers to inform the commissioning plans for the region from April 2015 .

The Health Board will progress a critical health improvement programme to progress critical health improvement programme for people with mental health problems support with smoking cessation and other life style choices, regular physical health and medication side effect screening.

To provide assurance regarding the 24 hour delivery of psychosocial assessment, quality and standards as per NICE guidance short term management of self harm. Plans need to be developed to identify the gaps in services to progress the implementation of the NICE guidance for the longer term management of self harm.

3.2 Chapter 2 - A New Partnership with the Public

Partnership Board Vision

Our vision is to put the individual and their families at the heart of our services in terms of their care and in the planning and development of services. This will require us to respond to the needs of a diverse local population effectively, innovatively and ensure that service users and their families have a voice in shaping services.

What are the key challenges facing us?

There are significant challenges facing partners over the coming years in terms of new service models, service re-design and developing improved ways of capturing the service user experience so as to improve services identify risks and incidents and provide feedback and input effectively.

We need to ensure that people participating in this work feel valued and listened to by seeing visible improvements and changes coming out of their involvement.

What have we achieved in the last 12 months?

Service Change

During the past 12 months the Health Board has consulted on and commenced the implementation of its plans to redesign services for Older Persons with Mental Health needs across North Wales, A significant number of changes have already been implemented, with further changes to be made over the next 6 months.

In order to arrive at proposals for service change a significant amount of engagement was undertaken with service users, carers and the general public. An example would be looking at the needs and demand for adult mental health services in South Gwynedd which resulted in a change to the way services are provided within the community. This work has been done in partnership with service users, local authorities, and the third Sector.

Welsh Language

The CPG Welsh Language Development Group has created an outline for a training course which would raise staff's awareness and skills in relation to using Welsh language and culture in their clinical work with mental health service users. The bilingual service user pathway was piloted by two CMHT's who serve populations that have 50% or more Welsh speakers.

There is a bilingual website in place to provide help and advice to children and young people, parents, carers and people who work with children to know what to do if they are worried about problems which may affect their mental health.

The Health Board has adopted practices to improve employee health and well-being in the workplace and holds the Corporate Health Standard Gold award.

The Health Board has given its support to MENCAP's 'Getting it Right Campaign and Charter' which has an aim of reducing discrimination against people with learning disabilities within the NHS.

The IMHA service has been extended in line with Part 4 of the Mental Health Measure. Unllais has been commissioned to provide this service for children and adults in North Wales. A training and awareness raising plan continues to be implemented across North Wales.

What are our service innovations?

Welsh Language

The Welsh Language pathway has been piloted. One function of the bilingual service user pathway has been to capture the process historically used by teams that have successfully matched bilingual service users with bilingual mental health workers. A second and progressive function of the bilingual service user pathway is to enable teams to capture solid data via unmet needs forms when / if a bilingual worker is not available to work with a Welsh speaking mental health service user.

Wrexham Local Planning Group has identified that there is only 1 fluent Welsh speaker in the County Team, and the Clinical Programme Group has agreed that future vacancies will be advertised as 'Welsh Essential' to address the language deficit in this area.

One of the principal aims of the pathway was to assist managers to identify gaps in bilingual service provisions. Efforts will be made in the medium to long term to recruit bilingual workers into teams where there may be a current deficit. The bilingual service user pathway has been piloted by two CMHT's who serve populations who have 50% or more Welsh speakers. The next stage of the Bilingual Service User pilot will involve: a) piloting in substance misuse services b) piloting in an area with fewer percentage per population of Welsh speakers.

Supporting Employees

The Health Board operates a 'Safe Recruitment' Policy which supports the recruitment of people with lived experience of mental illness, and is also planning to sign up to 'Mindful Employer' which is an initiative aimed at increasing awareness of mental health at work and providing support for employers in recruiting and retaining staff.

The Health Board's Occupational Health and Wellbeing Department provides health surveillance and a range of health and wellbeing activities. The department provides a counselling service available to all staff and has a CARE team who support staff who are unwell or returning to work. These services support the mental wellbeing and retention of staff that have, or are experiencing, mental illness.

Training and Development

Good practice guidance and training has been introduced through CPA and the Mental Health Measure training. A pool of service users and carers have been trained as trainers to co-facilitate the delivery of Mental Health Measure training. The delay in receiving the supplementary training materials from Welsh Government has meant the development of local materials, involving local service users and carer's which is currently being used in training. Half day workshops have been delivered across North Wales to provide the opportunity for service users and carer's to have information on care and treatment plans. These will be rolled out again in 2014.

Our priorities and actions for the next 12 months

To agree commissioning priorities for the third sector from 2015, and support the third sector in developing capacity to respond to the commissioning process.

Unllais mental health directory is available on the company's website. This focuses on adult services and there are links to the CALL helpline and NHS Direct. Unllais' new website, currently under development, will have a 'print' option so that parts of the directory can be selected and printed directly from the web in order for versions to be up to date.

The implementation of the redesign plans for services for Older Persons with Mental Health across North Wales need to continue.

Empowering service users to actively participate and understand alternatives and implications in relation to treatment in their care and treatment plans.

The Clinical Treatment Plan training programme runs until June 2014. A further training programme needs to be developed with the aim of ensuring it is integrated into every day practice.

The Health Board will develop a model and delivery for culturally appropriate services to include the recruitment of consultants and other medical staff to enable the delivery of mental health services through the Welsh language

The next stage of the Bilingual Service User pilot will involve: a) piloting in substance misuse services b) piloting in an area with fewer percentage per population of Welsh speakers.

3.3 Chapter 3 - A Well Designed, Fully Integrated Network of Care

Partnership Board Vision

Our vision is for service users to be able to access a range of safe integrated services as timely and local as possible, provided by the NHS, local authorities, third sector and the independent sector.

What are the key challenges facing us?

The ability to provide a full range of CAMHS services across the rural and urban population of North Wales. Variance in local authority provision is affecting the integration agenda and leading to inequity across the six counties, this is being addressed on a regional basis via several sub groups, listed below, to ensure consistency and equity of access:

- Eligibility and access criteria
- Mental Health Measure Operational
- Outcome Measure
- Training & Implementation
- Workforce and skills mix

All of these groups have an impact on how CAMHS Services are designed and delivered.

A Psychological Therapy Management Committee that has been established to oversee access, treatment and provision of psychological services in North Wales has to identify the means of reducing the waiting times for secondary care cases requiring psychology.

Responding to rising demand for third sector commissioned services, Parallel the new Tier 0 Third Sector services received over 1000 referrals in first five months of operation, with rising referral rates into Tier 1 services compared to the pre- Mental Health Measure baseline. Improving treatment capacity especially in the lower tiers of the system, capturing clinically meaningful data sets that inform service design and releasing resources to commission more such services is a priority for the future.

To adopt an integrated 'multi-disciplinary' approach to supporting veterans across North Wales, co-ordinating referrals and services between the All-Wales Veterans Health Service, CAIS, Combat Stress and Royal British Legion, to ensure an equitable Service to all areas of North Wales with access to suitable venues and reasonable travelling times. Further areas of work, including support to families and carers, will be identified and prioritised by the North Wales Veterans Forum.

Ensuring the estate is fit for purpose. Reviews are on-going on the 3 acute Units and the rehabilitation Units. The outcomes will need to be worked through as part of the BCUHB Estates Strategy.

There is a potential pressure on inpatient beds in North Wales due the border issues and the well published in-patient shortages in England.

There is currently no prison in North Wales, however a recent UK Government decision to build one in the Wrexham area, will require the Health Board to engage in the development and planning of the proposed facility.

What have we achieved in the last 12 months?

Mental Health Measure Implementation

Awareness raising and training in support of the Mental Health Measure implementation Parts 1 and 2; this has been delivered by the Part 1 and 2 CAMHS leads of the mental health measure across the region and to multiagency partners. Training has been delivered to G.P's, other non GP referrers and colleagues in the 6 local authorities' children's services regionally.

The requirements of the Mental Health (Wales) Measure have been implemented with the establishment of Local Primary Mental Health Service for Children, Young People, Adults and Older People established from 1st October 2012; introduction of care and treatment plans and care co-ordination implemented from June 2012 and extensions to advocacy provision are in place.

As part of the Communication and Information Strategy supporting the implementation of the Measure, GP's, North Wales Police, Welsh Ambulance Service and Third Sector Organisations were made aware of patients' rights to re-assessment under Part 3. Discharge letters to service users and GPs now include information on their rights under the Measure.

A sub group has been set up and has met frequently to create and develop a suite of documents that ensure compliance with the measure and ensure that all aspects of documented evidence and records for service users are recorded in line with Part 1 and Part 2 of the Measure.

Unllais has delivered a small number of bespoke training sessions on the Mental Health Measure, and care and treatment planning for other Third Sector providers e.g., NW IMHA Service, Anheddau, Action for Children. A further 2 sessions are being planned for Advocacy Works and Combat Stress.

The IMHA service has been extended to meet the Part 4 requirements. A training plan was fully implemented within mental health units and the district general hospitals in order to publicise the extended rights under the Measure.

CAMHS

An Eligibility and Access Criteria sub group has been set up and has met to conclude its work, formerly focussing on access in its wider terms and subsequent to implementation of the Mental Health Measure. The group has met several times to agree definitions and interpretations of access and eligibility criteria to ensure consistency of approach and access to CAMHS regionally.

The development and implementation of 'Supporting Children, Supporting Parents: A North Wales Multi Agency Protocol for parents with severe mental health problems and/or substance misuse:

The implementation of the 'Protocol for the Exceptional Admission of Children under the age of 18 years to an Acute Psychiatric Inpatient Unit' has now been disseminated to all staff and is now a working document. In addition the 'Children Visiting Adult Mental Health Wards' working document has been implemented and disseminated to all staff.

CAMHS teams have access to a Mental Health Advisor who works into and with the Youth Justice Service and provides advice and consultation to staff within the Youth Justice teams across the region. Dedicated sessions are available from a Consultant Child & Adolescent Psychiatrist for advice and consultation.

An Intensive Community Support Team (ICST) was established in October 2013 in place of CIIT. The Intensive Community Support Team (ICST) has strong links with Youth Justice Services. Forensic Adolescent Consultation Treatment Services (FACTS) is an All Wales Model with a North Wales base.

An eating disorder sub group has been set up and has mapped provision across the Tiers in CAMHS regionally. The group is working on the development of a service based on the Eating Disorders Framework for Wales 2009 and is modelled on the 1000 lives Intelligent target for eating disorders. The drivers in the target emphasise interventions considered most likely to be the most effective by Welsh Government to enable early implementation and whole system change for CAMHS and adult mental health services. The group works jointly with adult mental health to address transitional ages.

Attachment training has been delivered to all CAMHS staff across the region. There were 3 levels of training provided for cohorts of 30 staff. An evaluation of training was carried out and will inform future plans and content. WARRN training carried out, along with train the trainers so message can be relayed across the region. Structured Assessment of Violence Risk in Youth (SAVRY) training for generic and specialist CAMHS staff, along with Training to Train to build capacity has also been undertaken.

A CBT Level 6 module has been developed with Bangor University in specialist CAMHS and delivered to practitioners from specialist CAMHS and Educational Psychologists from Conwy.

A framework for safeguarding children has been jointly implemented between BCUHB and LAs in Conwy, Denbighshire, Ynys Mon & Gwynedd this will be developed in Flintshire and Wrexham during 2014.

Adult Services

County mental health teams with an agreed operating framework and single line management structures are in place for all six counties with either memorandum of understanding or S33 agreements in place to support the governance arrangements.

There are existing liaison services in the District General Hospital's, which are reviewed against the Rapid Assessment Independent Diagnosis (RAID) model to ensure good practice. Following a review it is intended that the liaison services will be extended, linking it with the out of hour's provision.

Primary care mental health staff have commenced Cognitive Behaviour Therapy training level 6, which carries 30 credits from Bangor University. Their accreditation is due October 2013. This will expand the capacity of Local Primary Mental Health Support Service (LPMHSS) staff to provide formalised CBT in Tier 1. The syllabus for extended training for 2014/15 is undergoing consultation at present with stakeholder groups.

A cohort of 12 staff from Local Primary Mental Health Support Services (LPMHSS) have undertaken training in 'Serenity Programme Computerised Cognitive Behavioural Therapy' to improve access to therapy in Tier 1 services across North Wales.

The Mental Health & Learning Disabilities Clinical Programme Group (CPG) has established a risk strategy training group and a document setting out the present risk training has been produced. The CPG has established a group of trainers who can train staff working in the CPG on WARRN and developed 'Asking Difficult Questions' training.

Training provided across services with a strong therapeutic bias to specific service models including: Early Intervention in Psychosis, Therapeutic Day Service, Primary Mental Health Support Services, Specialist Personality Disorder Assessment and Treatment Service, Veterans Therapist, Eating Disorder Service, Post-Traumatic Stress Disorder (PTSD) service, and increased therapeutic focus within in-patient services

The Veterans Service has developed a pioneering multi agency approach with Combat stress, CAIS and RBL which is ensuring that veterans are treated and signposted appropriately and that their needs are being met by the correct agency either health or third Sector. Two clinicians within the service have become Eye Movement Desensitization and Reprocessing (EMDR) qualified. All veterans have priority allocation within BCUHB Substance Misuse Service teams across the region.

The Criminal Justice Liaison Service is now jointly managed with the North Wales Community Forensic Mental Health Team and is better able to ensure a broader local awareness of the Welsh prisoner population who might require input from mental health services. The service is currently targeted at pre-sentence stage. The team assesses individuals referred by North Wales Police custody nurses prior to court appearances and proactively offers assessment to individuals within the court precincts and those detained in court custody. The team offers daily coverage to North Wales Magistrates' Courts using Mental Health Measure documentation, which is provided in full for health professionals at the prison reception stage for any defendants who have been assessed and subsequently sent to prison.

The North Wales Forensic Mental Health Service will be working to a 4 tier model and it is anticipated that this will positively impact on access to assessment, transitional care between teams, transfer of prisoners and release to the community as there will be increased capacity within the service to co-work cases with CMHT's and encourage the appropriate use of criminal justice frameworks to support treatment delivery - for example conditions of treatment on licence following release from prison.

Over 1,000 staff received dementia awareness training this year; "Dementia Champions" have been identified on the majority of acute hospital wards following the awareness training. The Butterfly scheme has been rolled out throughout acute and community hospitals. Dementia intelligent targets have been fully implemented. There is an older persons' lead established in each Primary Care Mental Health Team

A specific pathway for access to memory clinics has been developed. Memory clinics are currently working towards achieving the Royal College of Psychiatry accreditation. Provision of information following diagnosis is a requirement of the Mental Health Measure. All patients of the memory service are offered this information. This is documented in case notes and also on a separate care plan for those referred to a dementia advisor.

What are our service innovations?

Seasons for Growth programmes are in place in some Counties to help coping with bereavement.

Joint working with local Children and Young People Boards Parenting Strategies supporting the roll out of Incredible Years Parenting programmes. Providing an opportunity to work jointly across CPGs in delivering parent programmes for adults with mental health problems

A CBT module, Level 6 has been developed with Bangor University in specialist CAMHS and delivered to two cohorts of practitioners from specialist CAMHS and a third cohort of Educational Psychologists from Conwy. This expands capacity for delivering evidence based therapies under Parts 1 & 2 of the Measure, both within specialist CAMHS and in the community. This partnership with education is an example of good practice of joint working.

A Training & Implementation and Research group (T&I&R) has been set up in the region for the CAMHS workforce. A training strategy has been developed and this looks to increase CAMHS provision in all therapies including CBT, DBT, EMDR, Family Therapy, Bereavement and Counselling and extends to ensure training for those staff working with vulnerable groups such as those who are hard of hearing.

In conjunction with Bangor University, Unllais has been successful in gaining a part time research student who will be concentrating on transition between CAMHS and Adult Mental Health Services.

A Psychological Therapies Institute Group has been convened to develop and coordinate training and ensure links to the mental health and learning disability workforce and education planning process. There is an accredited course in common mental health issues and substance misuse in place. Also training has been rolled out on personality disorder and delivery of a personality disorder care pathway.

A Therapeutic Day Service has been introduced to provide home treatment aligned to the Crisis Resolution Home Treatment (CRHT) rural model which has been extended across the counties, with focus on management of emotional difficulties, including self-harm and suicidal behaviours.

The Criminal Justice Liaison Service (CJLS) service format also allows the inpatient medium secure unit to keep awareness of the relevant population up to date which in turn facilitates smoother, better informed assessment and transfer processes. To ensure appropriate and timely interventions for people in custody referrals are processed on the basis that urgent referrals will be responded to within 48 hours and routine within 7 days as per service pathway. The joint CJLS and community forensic team offers support to the management of MAPPA nominals across North Wales by attending Level 2 and 3 meetings taking health related actions where appropriate.

A North Wales Deaf Mental Health Network has been developed for adults over 18 years of age. The aim is to help and support deaf people with mental health issues to access the support they require. The Network is also supporting the development of staff awareness and training.

A dementia awareness raising project called RED (Respect, Empathy, Dignity) has been developed by a partnership of medical staff from the BCUHB, social care staff from Denbighshire County Council, and the third sector sector, particularly the Alzheimer's Society and the Denbighshire Voluntary Services Council.

Our priorities and actions for the next 12 months

The development of substance misuse services for CAMHS is being led on a regional basis by the CAMHS network manager, linking to all six Local Authorities and via the Area Planning Board mechanism that now allocates funding on a regional basis.

A regional service is being designed to ensure that at all A&E's there are suitably qualified CAMHS staff that can provide assessment and can deliver to those young people who present at A&E, this assists with early identification of substance misuse problems and the collection of robust data to identify numbers and trends.

Following the introduction of Intensive Community Support Services at the Tier 4 inpatient unit that serves North Wales and North Powys there is a need to work effectively with Tier 2 and 3 colleagues to prevent avoidable of out-of-area placements and enable the return of young people to local services from out of area wherever possible.

Further development of the 'age appropriate' accommodation policy in each of our district general hospitals for those a typical under 18 year old admissions and for those pregnant under 18's to ensure risk management arrangements for the unborn child is in place

The Heddfan Unit redevelopment is complete. There is a task and finish group reviewing the Hergest Unit. It has been highlighted that the Ablett and the Hergest Units are not fit for purpose. The four rehabilitation units are also being reviewed to ensure they are conducive to providing modern rehabilitation. These issues are being worked through as part of BCUHB Estates Strategy.

The improvements to in-patient provision need to meet the requirements of –

- Delivery Unit Review of Acute Care across North Wales and the RCPsych Review of the Hergest Unit.
- Nurse Establishment Review
- Estates Review including Ablett and Hergest Unit
- Out of Hours contingency Version 3 plan for 3 sites (long term sustainable plan for Acute Mental Health Care to be developed)
- Model for Gwynedd Home Treatment including South Meirionnydd service

To identify a third sector organisation(s) with the necessary skills, capacity and understanding to provide support to partners and families of veterans with PTSD and consider integrating publicity materials with Change Step and Combat Stress to help veterans, their families and other stakeholders understand the services available and the referral pathway.

The Psychology Therapy Management Committee to develop a strategy to reduce waiting times for secondary care cases requiring psychology.

The Older Peoples Integrated Assessment Framework will be implemented from 1st January 2014; there has been regional representation in this development. Partners will need to ensure there is an integrated approach.

Whilst specialist advice to care homes is offered on request at present it is an area that local authorities and Health Board feel there is a lack of resource at present and wish to explore the options to increase capacity.

Reducing the length of time for primary care mental health assessments to be undertaken in under 28 days as required within Part 1 of the Mental Health Measure.

The Health Board will identify the service requirement for full implementation of general hospital liaison service including the elements of Older People Mental Health Outreach, Acute Alcohol NICE Guidance delivery and medical and psychological support.

The Health Board will provide systematic information regarding the physical health investigations of all patients in secondary mental health care.

Evidence based psychological therapy in secondary care to include the delivery of the NICE Guidance Pathway for Borderline Personality Disorder and the Psychological Therapy components of the NICE Guidance for Schizophrenia including CBT for psychosis.

The Health Board with local authority partners will develop joint systems for learning lessons from Serious Untoward Incidents which will include the active involvement of carers and relatives.

3.4 Chapter 4 - One System to Improve Mental Health

Partnership Board Vision

Our vision is to support the population achieve good mental health, and support people with mental health problems and mental illness in having a good quality of life and realising their potential, by mobilising other statutory and non-statutory services such as housing, education, advocacy and advice to support service users and their families.

What are the key challenges facing us?

The introduction of the Social Services and Wellbeing Bill places additional responsibilities for integration and challenges around the delivery of well-being services of which in the widest context the primary care mental health services is considered to be a fundamental component.

The impact of welfare reform is creating a different type of service user; this will potentially increase the numbers of people presenting to primary care with mental health issues as a consequence of austerity. This changing service user group will need to be considered in planning and developing services in the future.

There is a planned reduction to 'Supporting People' funding across North Wales which could have an effect on service delivery for vulnerable adults.

What have we achieved in the last 12 months?

Registered Social Landlord's (RSL's) have profiled their stock, identified the tenants potentially affected by the changes of the Welfare Reforms, supported them by offering benefit advice via welfare rights support or specialised housing support via Floating Support Services funded via the 'Supporting People Programme'.

Imaginative ways to establish and provide accommodation via non-traditional housing grant have been considered. For example the Pennaf Housing Group, via Offa one of its subsidiaries has developed a letting agency whose brief is to work with care and support staff and private landlords to provide 3-5 year affordable private leasing rental accommodation. Using this model, RSL's are also increasingly working in formal partnership with third sector mental health providers to operate and run specialised accommodation and mental health services. Supporting People Groups have been set up regionally with local authority and Health Board representation.

A Physical Health Group has been established to improve detection and treatment of co morbidity and mental health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid diabetes.

The occupational health department provides a counselling service available to all staff and has a CARE team who support staff who are unwell or returning to work. These services support the mental wellbeing and retention of staff that have or are experiencing mental illness.

What are our service innovations?

The development and roll out of a website for children, young people, parents and professionals 'Mental Health Matters' www.meddwlamiechyddeddl.org.uk

'Friends' prevention of anxiety and depression targeted programmes are in development across North Wales.

A Psychological Therapy Management Committee has been established to oversee access, treatment and provision of psychological services in North Wales. A review of psychological services is being undertaken to improve equitable access to services.

An event has been held to bring together the BCUHB, local authority and housing association colleagues to promote joint working and coordinate planning around housing issues to ensure successful independent living. The aim is to improve the availability and provision of supported living to facilitate service users' recovery and ability to manage independent living.

Conwy County Borough Council has introduced a joint locality board to oversee its delivery of its 'One Conwy' strategy and its 'Health and Wellbeing' agenda. One of the primary components of that is the work of the underpinning priority action groups which will have a dedicated group responsible for the delivery of all the different work streams associated with ensuring mental health services are delivered in a cohesive manner.

A contract and service specification has been developed for all hospital placements for individuals with mental health disorder, learning disabilities or acquired brain injury. All providers have been consulted and there is an agreed pricing structure from each of the providers. This will ensure care and treatment plans are carried out and the governance arrangements are in place to manage the contract.

Our priorities and actions for the next 12 months

A review will be undertaken to evaluate and ensure our existing supported housing services are fit for the identified purpose. A model of supported housing, which is conducive to a whole system approach, will be developed with partners.

Further improve access to fire safety assessments for all patients within the Care and Treatment planning process in partnership with the North Wales Fire and Rescue Service.

We will progress the agreed actions to support delivery of the 'Homelessness and Health' action plan.

Agreement and processes to be further developed to ensure that the duties for Section 117 Aftercare provision will be agreed between the Health Board and local authority partners to address delayed transfers of care, and negative risk taking.

Community Services will evidence their use of evidenced based practice including –

- Prescribing participation in the POMH Audit
- Implementation of NICE technical guidance for Mental Health prescribing
- Delivery of the intelligent targets for dementia and early intervention in psychosis

3.5 Chapter 5 - Delivering for Mental Health

Partnership Board Vision

To establish effective partnership arrangements across sectors at local and regional levels to improve mental well-being and mental health services to enable the population of North Wales to fulfil their potential.

What are the key challenges facing us?

There is a desire to ensure services are equitable across the region however one of the biggest challenges is the demography of each of the localities and local authority and Health Board boundaries.

To secure effective engagement and commitment from all partners in taking the strategy forward in a co-ordinated and effective manner.

To ensure clarity about the role of the County Planning Groups and the Partnership Board in delivering local actions and priorities within a regional context across the six counties.

What have we achieved in the last 12 months?

A Together for Mental Health Partnership Board has been established and meets three times a year as a Board. In addition workshops etc. will take place around specific issues and themes. A project team is in place to coordinate a regional approach, collecting evidence and reporting requirements.

A quality accreditation process is being undertaken that is parallel to the exceptional admissions protocol/guideline called 'AIMS', from the Royal College of Psychiatrists, that seeks to ensure there is 'age appropriate' accommodation in each of our DGH's for those a-typical under 18 year old admissions to adult wards i.e. the patient would prefer to be accommodated on an adult ward as opposed to a paediatric ward and is in line with patient choice.

Outcome measures and the development of a core data set are required to measure improved outcomes for service users in the delivery of 'Together for Mental Health'. A CAMHS sub group has been developed to focus on the range of outcome measures that are available and are in use currently, and examining those that we can undertake with immediate effect regionally within teams, that can be evidenced as effective in improved outcome measures.

Service user and relatives and carers satisfaction surveys; all CAMHS and adult county mental health services in the region have undertaken the requirements of the duty to review satisfaction of services and have undertaken surveys - of young people/service users, parents/relatives and carers to ascertain feedback to date on their experience and satisfaction of services.

Service evaluation forms have been designed by adult service user and carer's, with involvement from staff, for acute care and Home Treatment Service to use on

discharge from services. These evaluations are returned using Unllais' free post system, collated by Unllais and returned to the units for information and action as appropriate. These are currently in use in the Ablett and Hergest and will be extended to Heddfan.

Professional standards for those services commissioned from the third sector, e.g. Parabl for the provision of Talking Therapy Services across North Wales, are detailed in the service specification and monitored.

The Clinical Programme Group (CPG) has trialled a method of training staff to support the Credit Qualification Framework for Wales. The CPG is developing and beginning to monitor the uptake of training for the regulated and unregulated workforce.

The equality e- learning module is a new and innovative learning resource developed by BCUHB that is designed to improve general awareness and understanding around Equality and Human Rights. The programme is mandatory for all staff.

What are our service innovations?

The Mental Health and Learning Disability Clinical Programme Group has established a number of clinical networks, particularly access to deaf mental health, personality disorder, eating disorder and veterans services.

The Mental Health and Learning Disability Clinical Programme Group is in the initial stages of piloting awareness on compassion for staff working on mental health wards and this is taking place in one of our hospital units. This has yet to be rolled out to other service areas.

To date the Mental Health and Learning Disability Clinical Programme Group compliance is 35% with Performance and Development Reviews for staff. Total CPG workforce is 1758 - FTE with a total of 620 reviews completed between July 12 and June 13. This is monitored through the CPG Workforce Standards Meetings and corporate 'dashboard' reports. The CPG continues to strive to ensure maximum compliance is achieved.

Conwy's Joint locality Board is in the process of developing a work stream to further develop service user and third sector contribution into the planning and delivery of services.

Our priorities and actions for the next 12 months

To secure effective engagement and commitment from all partners in taking the strategy forward in a co-ordinated and effective manner.

The Partnership Board will review current partnership groups at county and regional level to ensure the infrastructure to deliver 'Together for Mental Health' in North Wales is fit for purpose and all relevant partners are engaged.

4.0 Summary and Conclusions: Looking ahead to 2014 and beyond

The Partnership Board is committed to taking forward the strategic direction to improve well-being and Mental Health Services as set out in 'Together for Mental Health.'

This is an opportunity for partners to develop innovative integrated solutions in a challenging era where demand is increasing and resources are limited. It is essential that partners work together in order to meet the desired outcomes; the Partnership Board has a key role to play in achieving this.

The next 12 months will see the development of a clear regional vision for mental health services. The Partnership Board will ensure its members have the information and opportunities to contribute to delivery of the strategic vision. It will also need to ensure that it has the necessary infrastructure and engagement processes in place to monitor progress, identify needs and key issues and implement service changes at a regional and county level in a co-ordinated and efficient manner.

Developments in the area of mental health improvement are key to the successful implementation of 'Together for Mental Health'. The Partnership Board will provide the leadership and coordination necessary to support all partners to achieve better mental wellbeing for all, through the efforts of all.

LHB Report against Together for Mental Health Delivery Plan Actions

Chapter 1: Promoting Better Mental Wellbeing and Preventing Mental Health Problems

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 1: Population wide physical and mental wellbeing is improved; people live longer, in better health and as independently as possible for as long as possible</u>		
1.1 To ensure that mental wellbeing is given equal priority with physical wellbeing in the development and delivery of policy, programmes and services. NOTE: THIS ALSO CONTRIBUTES TO OUTCOMES 2& 3	d. Key partners to ensure that mental wellbeing is given equal priority with physical wellbeing in impact assessment. Ongoing from December 2012	North Wales Public Health Wales staff are piloting an adaptation of Mental Wellbeing Impact Assessment that examines proposals and policies for their impact on mental wellbeing, taking account of the particular issues that might impact on people in the 'protected characteristics' groups
	f. Key partners to ensure that, where appropriate, mental wellbeing is included whenever healthy lifestyle messages are being communicated to the public utilising the 5 ways to Wellbeing. Ongoing from October 2013.	Five ways to wellbeing are incorporated into the corporate induction process of staff within CCBC and an article on Five ways was placed in the Conwy bulletin which is delivered to each home in Conwy The draft BCUHB Perinatal Mental Health pathway has embedded a universal approach to promoting mental wellbeing for all women who are pregnant, as well as recognising and responding to the needs of those with continuing or emergent mental health problems.
<u>Outcome 2: People and communities are more resilient and better able to deal with the stresses in everyday life and at times of crisis</u>		
2.1 To improve resilience of children	a. Local Health Boards (LHBs) and partners to ensure use of All Wales Maternity Record to identify	The revised version of the All Wales Maternity Record has been implemented locally.

<u>Action</u>	<u>Sub Action</u>	
Tudalen 56 and young people.	women at risk of postnatal depression or psychosis. Ongoing from October 2012.	
	c. LHBs to develop and put in place protocols for referral for advice from GPs or specialist services in place for obstetric services in Wales.	A BCUHB multidisciplinary group has been established to develop a Mental Wellbeing Strategy which encompasses these requirements. The document is nearing completion. Implementation and the development of a clinical network for North Wales will require inter CPG and Executive support.
	o. LHB, LAs and Third Sector to ensure that family focused interventions deliver improved public mental health and wellbeing, most notably <ul style="list-style-type: none"> • Flying Start • Families First • Integrated Family Support Service. Ongoing.	Team around the Family is in place across North Wales with some variations in delivery. There are strong links with schools and health visitors which account for many of the referrals to TAF. Commissioning of services under Families First has also taken place and multi agency consortia have come together to deliver services. Integrated Family Support Services are in various stages of development with only Wrexham and Flintshire having an IFSS up and running as a joint service. Expansion of Flying Start has also taken place with more areas able to access Flying Start services across North Wales. More Health visitors are being recruited to support mothers in the most deprived areas.
2.3 To improve resilience of communities.	a. All agencies to identify contribution of third sector on mental wellbeing and resilience and to consider how joint working can further complement statutory provision. Ongoing.	There is agreement to develop a North Wales Mental health Commissioning Strategy. Parabl commissioned to provide Talking Therapies since 1/04/13. 3 workshops held in June and July 2013 to map care pathways across sectors. Integrated Care Pathway in place and launched on 10 October 2013.

<u>Action</u>	<u>Sub Action</u>	
<p>2.4 To further reduce levels of suicide and serious self harm.</p>	<p>b. LHBs, LAs, Third Sector and Criminal Justice Agencies to continue working in context of the 2012 PHW review of <i>Talk to Me</i> Suicide and Self-harm Action Plan.</p>	<p>Training on suicide, has taken place across Clinical Programme Groups (CPG's) for all age ranges with representation from CAMHS, looking at building emotional resilience for children and young people. Also included train the trainer rolled out to GP's and partner organisations.</p> <p>Signage with wording agreed by Samaritans has been placed at two stations in Flintshire. Mental Health First Aid courses are run on a regular basis and are being promoted amongst primary care staff through the Localities Leadership Team</p>
	<p>c. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>Risk assessment training in place. There are local workforce development training plans in place</p>
	<p>d. LAs, LHBs, Welsh Ambulance Service, NHS Trust, Third Sector, Police and Prison Services to develop person centred responses to manage and reduce the number of episodes of serious self harm in Wales. Ongoing.</p>	<p>There is a Criminal Justice Liaison Group in North Wales. Multi agency representation which includes all relevant parties</p>
	<p>e. LHBs and LAs to embed and mainstream MHFA and ASIST rollout training.</p>	<p>See 2.4 C</p>
	<p>f. LHBs to refer to NCISH national reports. Ongoing.</p>	<p>Reports are considered by the Health Board and learning is applied. All recommendations are considered and implemented as appropriate.</p>
	<p>g. Public Health Wales to work with LHBs and LAs through the Mental Health Leaders' Collaborative to develop integrated approach to managing serious untoward incidents including suicide and self harm</p>	<p>Being progressed at a National level.</p>

<u>Action</u>	<u>Sub Action</u>	
	by April 2013.	

Tudalen 58

Chapter 2: A New Partnership with the Public

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 4: People with protected characteristics and vulnerable groups, experience equitable access and services are more responsive to the needs of a diverse Welsh population.</u>		
<p>4.1 To reduce inequalities for vulnerable groups with mental health needs, ensuring equitable access and provision of mental health services.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Tudalen 59</p>	<p>a. LHBs and LAs to routinely meet their obligations under the Public Sector Specific Duties (Wales) addressing the diverse needs of their local populations in service redesign and commissioning. Ongoing.</p>	<p>During the past 12 months the Health Board has consulted on and commenced the implementation of its plans to redesign services for Older Person's with Mental Health Across North Wales.</p> <p>The implementation of the Social Services Bill is key as it will continue to address inequalities. One of the LA's has a Vulnerable Adults Group which considers the diverse needs of people with mental health issues.</p>
	<p>c. LHBs to carry out and publish Equality impact assessments on service delivery plans. Ongoing.</p>	<p>As part of the OPMH and changes to how Adult Mental Health Services were provided, EqIA screening was undertaken. As part of the ongoing changes within OPMH services, full EqIA will be completed by Dec 2013. EqIA screening for South Gwynedd will also be reviewed by the Service Development Board by Dec 2013.</p> <p>All stakeholders affected by the changes, including the Community Health Council (CHC) have been involved in service change.</p>
	<p>d. LHBs and LAs to provide culturally appropriate assessment, responding to communication and translation needs. Ongoing.</p>	<p>As part of service reviews and changes all communication / information for service users and carers has been made available bilingually. As part of the Health Care in North Wales is changing consultation documentation was available bilingually, large print and easy read versions. People attending were also given the opportunity to advise us of any other needs. E.g. disability / sign language. Questionnaires were circulated on age, ethnicity e.g. Polish leaflets</p>

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 5: Welsh speakers in Wales are able to access linguistically appropriate mental health treatment and care where they need to do so.</u>		
Tudalen 60 5.1 To ensure that Welsh speakers receive services through the medium of Welsh when needed and to increase language capacity in the workforce.	a. NHS and Social Services to ensure that principles of the Welsh Language Strategic Framework including the 'active offer' are mainstreamed into service delivery. Ongoing.	<p>Piloting Welsh Language pathway / Welsh Language programmes (mental health terminology)</p> <p>One function of the bilingual service user pathway has been to capture the process historically used by teams that have successfully matched bilingual service users with bilingual mental health workers. A second and progressive function of the bilingual service user pathway is to enable teams to capture solid data via unmet needs forms when / if a bilingual worker is not available to work with a Welsh speaking mental health service user.</p> <p>Each LA has produced a response to 'Mwy Na Geiriau' and there is a lead officer in Local Authorities to reinforce the importance.</p>
	b. LAs and LHBs to deliver language awareness training for all staff coming into contact with people with mental health problems. April 2014 and Ongoing	<p>The CPG Welsh Language Development Group have created an outline for a training course which would raise staff's awareness and skills in relation to using Welsh language and culture in their clinical work with mental health service users. This is an ongoing project.</p> <p>The LA's are exploring the delivery of this to its workforce located within the integrated CMHT's.</p>
<u>Outcome 6: People in Wales have the information and support they need to sustain and improve their mental health and self manage mental health problems.</u>		
6.1 To ensure that people of all ages are better informed about mental health and mental illness, with age appropriate	c. LHBs and LAs, together with Third Sector Partners, to ensure that Mental Health Service User Development Officers (MHSUDOs) maintain up to	Bilingual website in place to provide help and advice to Children and Young People, parents, carers and people who work with children to know what to do if they are worried

<u>Action</u>	<u>Sub Action</u>	
information being available.	date web based directories of local Mental Health Services and information available and to share these with appropriate organisations such as C.A.L.L. and NHS Direct Wales. Ongoing from October 2013.	<p>about problems which may affect their Mental Health. http://www.mental-health-matters.org.uk/</p> <p>Unllais mental health directory is available on the company's website. This focuses on adult services and there are links to the CALL helpline and NHS Direct. Unllais' new website, currently under development, will have a 'print' option so that parts of the directory can be selected and printed directly from the web.</p> <p>There is work to be done on linking information and websites to ensure all ages are covered.</p>
<u>Outcome 7: People with mental ill health experience less stigma and discrimination and feel that these problems are being tackled.</u>		
<p>Tudalen 61</p> <p>7.1 To ensure that there is a concerted effort to sustainably reduce the stigma and discrimination faced by people with mental health problems</p>	<p>b. NHS and LAs to act as exemplar employers providing mentally healthy workplaces in their support to staff and tackling stigma and discrimination in their service delivery. Ongoing</p>	<p>It is the clear intention of the Health Board to ensure that no employee receives less favourable treatment or suffers any detriment because due to their disability through clear and consistent guidance on the rights of the individual and the responsibilities of the organisation. The Health Board has adopted practices to improve employee health and well-being in the workplace and holds the Corporate Health Standard Gold award.</p> <p>The Health Board has a mandatory equality e learning module that is designed to improve general awareness and understanding around Equality and Human Rights.</p> <p>The Health Board has given its support to MENCAP's 'Getting it Right Campaign and Charter' which has an aim of reducing discrimination against people with learning disabilities within the NHS.</p> <p>The Health Board is planning to sign up to 'Mindful Employer' which is an initiative aimed at increasing awareness of mental</p>

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs and LAs to identify TTCW Champions to raise the profile of mental health across their organisations, drive out discrimination and address stigma amongst staff by December 2012	health at work. There are Champions for Mental Health within organisations. This is a development area for organisations in North Wales.
<u>Outcome 8: People feel in more control as partners in decision making about their treatment and how it is delivered.</u>		
8.1 To ensure that service users feel listened to and are fully involved in decisions about their own care.	a. LHBs and LAs to ensure active participation of service users and carers in the development, delivery and review of their Care and Treatment (in line with Part 2 of the Mental Health (Wales) Measure 2010. Ongoing from June 2012.	In over 90% of adults case notes audited the service users had signed off their CTPs. Service user questionnaires are in place. CAMHS - There is a Tier 4 Service User Group in place, a Young Person Strategy is being developed by the group to include T4 and the Third Sector. There are also INSPIRE consultation groups.
	b. LHBs to ensure training is provided on care and treatment planning using the prescribed materials produced by Lincoln University to all Care Co-ordinators by end 2013.	An active training plan has been implemented.
	c. LHBs to provide service users and their carers with opportunities to discuss and agree service and treatments options. Ongoing.	Practice development is required to empower service users to actively participate and understand alternatives and implications in relation to treatment in their care and treatment plans.
	d. Voluntary sector working as part of Mental Health Action Wales to provide training for service users to enable them to play a full role in the	Half day workshops have been delivered across North Wales to provide the opportunity for SU&C to have information on CTP. These to be rolled out again in 2014.

Tudalen 62

<u>Action</u>	<u>Sub Action</u>	
	development of their Care and Treatment. Ongoing	
	e. LHBs to implement good practice guidance and training for staff working with service users to help them understand treatment options available. (Standard 9 <i>Doing Well, Doing Better</i>). Ongoing .	<p>Good practice guidance and training has been introduced through CPT and the MH Measure Training. The CTP Planning Programme runs until June 2014. A further training programme needs to be developed with the aim of ensuring it is integrated into every day practice.</p> <p>A pool of SU&C's have been trained as trainers to co-facilitate the delivery of MHM training. The delay in receiving the supplementary training materials from WG has meant the development of local materials involving local SU & C which is currently being used in training.</p> <p>Within the Health Board, each CPG is required to establish a group dedicated to Improving Service User Experience (ISUE) which reports to the Corporate ISUE Group. The MH CPG ISUE Group has agreed an action plan and is taking that forward in partnership with Unllais, service users and carers.</p>
<p>8.2 To ensure that relevant patients access Independent Mental Health Advocacy (IMHA).</p> <p>NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11 & 13</p>	a. LHBs and LAs together with IMHA services to implement Part 4 of the Mental Health (Wales) Measure 2010 for newly eligible patients. Ongoing .	Unllais have been commissioned to provide the IMHA service in North Wales. A training plan has been implemented for LHB's and LA's. Ongoing emphasis on training and awareness raising is specified in the IMHA contract following the implementation of Part 4 of the Measure.
	b. Independent Mental Health Advocacy providers to ensure the availability of appropriately trained advocates to meet the new statutory duties on LHBs and LAs within the Mental Health (Wales) Measure 2010. Ongoing from 2013 .	Part of the monitoring process for the IMHA contract is to ensure the availability of appropriately trained advocates.

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 9: Families and carers of all ages are involved in assessments for support for their caring roles.</u>		
<p>9.1 To ensure support for families and carers through implementation of the Carers (Wales) Measure 2011.</p> <p>NOTE: ACTION TO BE UPDATED FOLLOWING PUBLICATION OF REFRESHED STRATEGY</p>	<p>a. LHBs and Trusts in conjunction with partner LAs to draw up local Carers Information and Consultation Strategies by October 2012.</p>	<p>The LA's and Health Board agreed the Carers Strategy in October 2012 and a training programme is being launched.</p>
<u>Outcome 10: People of all ages and communities in Wales are effectively engaged in the planning delivery and evaluation of their local mental health services.</u>		
<p>10.1 To ensure that service users of all ages and their families and carers are fully involved in service development.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOME 17</p>	<p>a. HBs and LAs to agree and put in place robust arrangements for engaging service users and carers of all ages in the design, delivery and monitoring of local services by Sept 2013.</p>	<p>Joint county based groups have been established across North Wales and will include service users and carers in their membership and will formally link to overarching policies. There is a service user and carer involvement contract in place for adults and older people for MH, SMS and LD.</p> <p>Alternative to Admission for 12 - 18 year olds in North Wales, a Young People's Participation Project:</p> <ul style="list-style-type: none"> • Meetings with Young People on "service" design • Support from Children & Young people's Assembly for Wales 'Funky Dragon' • Young people's interview panels for staff interviews • Young people's competition for team name • Young People's workshops on content of "home folders" • Work with young people on leaflets and NNAS Website work

<u>Action</u>	<u>Sub Action</u>	
	<p>b. MHSUDOs to develop mechanisms to ensure active engagement in local planning mechanisms of people of all ages by February 2013.</p> <p>(Standard 5 <i>Doing Well Doing Better</i> guidance e-governance manual).</p>	<p>There are county based joint working groups across North Wales for adults and older persons' mental health and have places for SU&C involvement/representation.</p> <p>Service User and Carer Liaison Officers are employed by Unllais and operational across the 6 Counties. Similar arrangements are in place in Powys, with PAVO to facilitate service user and carer engagement in local planning.</p>
	<p>c. WG and LHBs to ensure active engagement of service users and carers on Mental Health Partnership Boards at national and local levels – Ongoing from March 2013.</p>	<p>5/6 SU and Carers from across North Wales have been recruited to sit on the Partnership Board and Unllais supported the process. The Board members are meeting with the Chair of the NW Board before the next meeting of the Board. These Board members have automatic membership of the All Wales 'peer' Forum and have the option of applying for one of the 4 places on the NPB. The process for the NPB is being managed by Mental Health Foundation and Welsh Government.</p>

Chapter 3: A Well Designed, Fully Integrated Network of Care

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 11: Service users experience a more integrated approach from those delivering services.</u>		
<p>11.1 To ensure that public services work together to provide an integrated approach.</p>	<p>a. LAs, LHBs and third sector to further develop integrated services provision and to review care pathways against the aspirations of <i>Together for Mental Health</i> by December 2013.</p>	<p>A memorandum of understanding and S33 agreements are in place in some counties with the intention to develop agreements across the six LA's. We have established 6 County Mental Health teams with an agreed Operating Framework and single line management structures for all.</p>
<p>Tudalen 66</p>	<p>f. LAs to work together with the NHS to enact new duties from implementation of the Social Services Act. Timescale to be confirmed under regulation.</p>	<p>Welsh Government ran stakeholder events. Health Board and LA's have a number of forums in place to work collaboratively and progress implementation.</p>
<p>11.2 To ensure effective transition between adult and CAMHS Services.</p>	<p>a. LHBs, working with LAs and Third Sector, to develop plans to manage transition for young people effectively by November 2013.</p>	<p>There is a transition protocol currently being ratified which will be available to all staff once agreed.</p> <p>In conjunction with Bangor University, Unllais have been successful in having a research student part time and will be looking at the transition between CAMHs and adult services.</p>
<p>11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.</p>	<p>a. Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework <i>Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health</i></p>	<p>Protocols and pathways have been recently reviewed and this is currently being consulted upon.</p>

<u>Action</u>	<u>Sub Action</u>	
	<i>Problems by September 2013.</i>	
	b. LMHPBs/SMAPBs to ensure all relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems, and have a clear understanding of protocols and integrated care pathways in place by September 2013.	Training has taken place across BCUHB led by Health. There is SMS involvement in SPOA on a weekly basis across North Wales. Training across BCUHB teams will need to be part of the refreshed dual diagnosis (DD) Policy Implementation Plan. Mental health colleagues deliver training to SMS teams on a regular basis as part of the SMS annual training plan.
11.4 To improve access to CAMHS expertise in Youth Offending Teams.	a. LHBs to ensure that All Youth Offending Teams (YOTs) have designated time from an appropriate CAMHS professional and access to forensic CAMHS. Ongoing from March 2013.	CAMHS team have access to a MH Advisor who works into and with the Youth Justice Service and provides advice and consultation to staff within the Youth Justice teams across the region. Dedicated sessions are available with a Consultant Child & Adolescent Psychiatrist for advice and consultation.
11.5 To improve physical and mental health care for those with chronic conditions including mental health problems.	a. LHBs to ensure effective liaison services to assure needs for people with mental health problems in the DGH setting are met. Ongoing from April 2014.	There are existing liaison services in the DGH's, which are reviewed against the Rapid Assessment Independent Diagnosis (RAID) model to ensure good practice. Following a review it is intended that the liaison services will be extended linking it with the out of hour's provision.
	b. LHBs to provide physical health liaison to assure physical healthcare needs in mental health settings are met. Ongoing	There are ongoing discussions to clarify the DGH input into the Mental Health Units. Currently there are transfer arrangements in place. A Physical Health Group has been established to improve detection and treatment of co morbidity and Mental Health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid diabetes
Outcome 12: People of all ages benefit from evidence-based interventions delivered as early as possible and from improved access to		

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<u>Action</u>	<u>Sub Action</u>	
<u>psychological therapies.</u>		
<p>12.1 To ensure the expansion of primary care mental health services.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOME 13.</p>	<p>a. LAs and LHBs to implement Primary Care Schemes in conjunction with third sector where appropriate and in line with the requirements of Part 1 of the Mental Health (Wales) Measure 2010. Ongoing from October 2012.</p>	<p>Local Primary Mental Health Service for Children, Young People, Adults and Older People established 1st October 2012. Scheme underpinning service agreed by Health Board and six LA's. Parabl Talking Therapies commissioned by Third Sector.</p>
	<p>b. NLIAH to develop a curriculum for Primary Care Mental Health Workers PCMHWs by year end 2012-13.</p>	<p>The curriculum has been received from NLIAH and will be implemented.</p>
	<p>c. Each LHB to ensure competent workforce trained to deliver the range of interventions under the measure with a formal supervision structure including those commissioned from other sectors.</p>	<p>Primary care staff have commenced Cognitive Behaviour Therapy training level 6, from Bangor University. Their accreditation is due Oct 13. This will expand the capacity of LPMHSS (Local Primary Mental Health Support Service) staff to provide formalised CBT in Tier 1.</p> <p>Psychological Therapies Institute Group convened to develop and coordinate training and ensure link to the Mental Health and Learning Disability Workforce and Education planning process. There is an accredited course in common mental health issues and substance misuse. Also training has been rolled out in personality disorder.</p> <p>Professional standards are adhered to by those services commissioned from the third sector.</p>
<p>12.2 To ensure that patients are supported to access their rights for re-assessment with regard to the Mental Health (Wales) Measure 2010, when</p>	<p>a. LHBs and LAs to establish systems in conjunction with Third Sector where appropriate to ensure that eligible patients are aware of their rights to reassessment in line with Part 3 of the Mental</p>	<p>As part of the Measure Implementation GP's, Police, Ambulance Service and Third Sector organisations were made aware of patients rights under Part 3 as part of the communication and information strategy. Discharge letters to</p>

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<u>Action</u>	<u>Sub Action</u>	
required. NOTE: ALSO CONTRIBUTES TO OBJECTIVES 11, 13 & 14	Health (Wales) Measure 2010 by October 2012.	service users and GPs include information on their rights.
12.3 To improve access to and provision of Psychological Therapies.	b. LHBs and LAs to review cross sector staff competencies in delivering psychological therapies and undertake gap analysis by June 2013	A management board has been established to oversee access, treatment and provision of Psychological services in North Wales. The emphasis will be analysing waiting times with a view to seeking reductions. Local Improving Access to Psychological therapies group convened to undertake gap analysis and build on 2012 mapping and local county team training audit and National Audit in Psychological Therapies data set
	c. Each LHB to constitute a Psychological Therapy Management Committee (PTMC) to advise on local mechanisms to take forward and develop psychological therapy services in line with WG Policy guidance and to take into account the baseline review. Ongoing	The Psychological Therapy Management Committee (PTMC) has been constituted with executive leadership; the chair is Andrew Jones, Director of Public Health. The first stakeholder group is to be convened in November 2013.
	d. Each LHB to ensure competent cross sector workforce trained to delivering the range of interventions within a formal supervision structure. Ongoing	There is an agreed supervision policy in place. There is both clinical and management supervision arrangements in place for all professionals. Joint Health and Social Care training in place.
12.4 To ensure effective access for children and young people to CAMHS Services.	a. LHBs and LAs to ensure that they have in place pathways to provide appropriate specialist inpatient and community CAMHS (e.g. CIIT FACTS) for children with mental health problems. Ongoing from October 2012.	Intensive Community Support Team (ICST) in place from October 2013 in place of CIIT. Forensic Adolescent Consultation Treatment Services (FACTS) is an All Wales Model but N Wales element is based in Abergele. Tier 4 team in place which provides step up / down between 3 & 4.

<u>Action</u>	<u>Sub Action</u>	
	b. LHBs to put in place clear pathways for children with mental health problems in crisis. Ongoing	Intensive Community Support Team (ICST) has strong links with Youth Justice Service.
	c. LHBs to ensure that inappropriate admissions of those under 18 to adult wards reduced. LHB to designate a ward with appropriate staff training safeguarding checks in place for unavoidable admissions by December 2012 .	There is a working group consisting of CAMHS, adult and safeguarding representatives working through achieving the AIMS accreditation for age appropriate standards. This is an ongoing process with no end date as yet. The Abblett Unit has achieved and the Heddfan and Hergest Units are working towards the standards.
	d. Staff on designated wards to have completed formal training on needs of young people. Ongoing from June 2013 .	As above - the accreditation standards involve the training of staff on the needs of young people
	e. LHBs working with LAs to produce guidance as to the range of local services available from specialist CAMHS for all other children to be developed by March 2013 .	The Eligibility and Access Criteria Group is developing clear guidelines on services Children and Young People can access. Consultation will be taking place with partner agencies.
12.5 To ensure veterans receive services appropriate for their mental health needs.	a. LHBs to continue to commission and/or provide specialist community Health and Well Being Services for veterans in each area. Ongoing .	North Wales have a Veterans Service in place and also commission Combat Stress for additional support. The Health Board also attends the All Wales Veterans Network whilst having a North Wales Veterans Network.

<u>Action</u>	<u>Sub Action</u>	
	b. Clinical networks to disseminate knowledge and share best practice by March 2013 .	The All Wales Veterans Health and Wellbeing Service is fully operational across North Wales. The Service has developed a pioneering multi agency approach with Combat stress, CAIS and RBL which is ensuring that Veterans are treated and signposted appropriately and that their needs are being met by the correct agency either Health or third Sector.
	c. LHBs to develop care pathways for veterans to access substance misuse services by March 2013 .	All veterans have priority allocation within BCU Health Board SMS teams across the region. There is close working with BCUHB veteran's service and other third sector support services for veterans.
	d. LHBs work with substance misuse and mental health providers to ensure veterans with PTSD have timely access to substance misuse treatment.	All veterans have priority allocation within BCUHB SMS teams across the region. There is close working with BCUHB veteran's service and other third sector support services for veterans.
	e. LHBs to establish Armed Forces Forums and Mental Health Clinical Networks. Ongoing from December 2012 .	Dr Peter Higson chairing the North Wales Veterans Network which will be reviewing best practice and identifying gaps in service.
12.6 To ensure appropriate and timely interventions for people in custody.	c. LHBs to commission and/or provide prison mental health / CAMHS services in accordance with the published guidance by October 2014 .	The North Wales Criminal Justice Mental Health Group has already discussed the implications for healthcare following the announcement of the "super prison" to be built in the Wrexham area and this item will remain on the agenda for future planning. HMP Altcourse has particularly strong links with BCUHB MH/LD CPG and the relationship with HMP Styal is being actively fostered.

<u>Action</u>	<u>Sub Action</u>	
	d. LHBs to develop a care pathway for those who need to receive care or secure provision, away from their local area by 2013 .	<p>BCUHB Criminal Justice Liaison Service is currently targeted at pre-sentence stage. The team assesses individuals referred by North Wales Police custody nurses prior to court appearances and proactively offers assessment to individuals within the court precincts and detained in court custody.</p> <p>The CJLS is now jointly managed with the North Wales community forensic mental health team and is better able to ensure a broader local awareness of the Welsh prisoner population who might require input from Mental Health Services.</p>
Outcome 13: Service user experience is improved, with safety, protection and dignity ensured and embedded in sustainable services.		
<p>3.1 To ensure service users of all ages are safeguarded from harm while accessing mental health services.</p>	<p>a. LHBs and LAs to work together with third sector to implement safeguarding legislation and policies. Ongoing.</p>	<p>Development and implementation of 'Supporting Children, Supporting Parents: A North Wales Multi Agency Protocol. Parents with severe mental health problems and/or substance misuse: A framework for safeguarding children'.</p> <p>Joint implementation between BCUHB and LA in Conwy, Denbighshire, Ynys Mon & Gwynedd. Date arranged for Flintshire / Wrexham in 2014.</p> <p>Policy being developed for those pregnant under 18's to ensure risk management of the unborn child is in place</p>
	<p>b. Services to review arrangements as the Social Services Wales Bill becomes law. Timescale to be confirmed.</p>	<p>Discussions taking place between Health and LA's in preparation.</p> <p>Quarterly joint forum between BCU and LA's Social Services held. NWSSIC (meeting between the six LA Social Service Directors) also takes place.</p>

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<u>Action</u>	<u>Sub Action</u>	
	c. LHBs and LAs to adopt & share learning from published child practice reviews, POVA cases and relevant reviews by WAQ, HIW, CSSIW, Estyn and NCISH. Ongoing	Serious case review summaries are shared across localities. Learning from these events is introduced into every day practice.
13.2 To ensure that services are planned and delivered based on safety, dignity and respect.	a. LHBs, LAs and Third Sector to provide services that strive to improve the experience of all service users in line with <i>Doing Well, Doing Better</i> . Ongoing.	Service evaluation forms have been designed by SU&C, with involvement from staff, for acute care and HTT to use on discharge from services. These evaluations are returned using Unllais' free post system, collated by Unllais and returned to the units for information and action as appropriate.
13.3 To improve in-patient environment in mental health services, ensuring care is appropriately balanced between inpatients and community services.	a. LHBs to ensure plans in place to ensure inpatient facilities are provided in modern, fit for purpose environments.	Heddfan Unit redevelopment is complete. There is a task and finish group reviewing the Hergest Unit. It has been highlighted that the Ablett and the Hergest Units are not fit for purpose. Issues are being worked through as part of BCU Health Board Estates Strategy.
	b. LAs, LHBs and third sectors to develop joint local strategies to reduce delays in transfers of care, rates of admission to mental health beds - including repeat admissions - within 28 days by April 2014.	Strategies are being developed as currently rates of admission are high but repeat admissions are low.
	c. LAs, LHBs and third sector to undertake joint training on care and treatment planning to include Health, Social Care and Housing teams training together to implement effective admission and discharge processes within care pathways by April 2014.	Third sector have carried out training for service users and carers. Care plans have been changed to include housing needs. Housing referral forms have been standardised to identify needs.

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<u>Action</u>	<u>Sub Action</u>	
	d. LHBs and LA to ensure Crisis Resolution Home Treatment / Community Intensive Intervention support available for people of all ages within and out of hours by December 2012 .	Service offered 9am-9pm weekdays and at weekends. CAMHS have out of hour's rota service in place. Intensive Community Support Team (ICST) will be in place from October 2013 who will aim to achieve improved access
<p>13.4 To improve older people's mental health services, ensuring they are based on clinical need rather than age, with transitions managed effectively.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12 & 14</p>	<p>a. LAs and LHBs to have in place integrated assessment and care management systems and processes based on clinical need, ensuring dignity care and respect.</p>	<p>Common assessment framework is in place. There is collaborative working in place and work is on-going to ensure full integration.</p> <p>The Older Peoples Integrated Assessment Framework will be implemented from 1st January 2014; there has been regional representation in this development.</p>
	<p>b. LHBs and LAs have protocols in place to manage transitions between adult and older persons' mental health services. On-going</p>	<p>Work to be developed as a result of the Older Peoples Integrated Assessment Framework.</p>
	<p>c. NHS, LA and Third Sector staff, including Primary Care Mental Health workers who come in contact with older people, to receive training to ensure they recognise and respond to signs and symptoms of mental illness such as depression and other functional illness, dementia and co-morbid conditions in older people by April 2013.</p>	<p>Advice and consultation is offered. Training tailored to identified need.</p> <p>A Co-ordinated BCU Strategy will be developed.</p>
<p>13.5 To improve dementia care, including for younger individuals, in all settings across Wales.</p> <p>NOTE: ALSO CONTRIBUTES TO OUTCOMES 11, 12, & 14.</p>	<p>a. LHBs and partners to implement the WG National Dementia Vision document, including young onset dementia services Ongoing.</p>	<p>The National Dementia Vision aims are reflected in the 1000 Lives dementia targets which form the greater part of the MHL D CPG Dementia plan. The Health Board has adopted 14 Localities, which focus on primary and community health and social services. Ten of the 14 localities have identified Dementia care and support as a priority. The North</p>

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<u>Action</u>	<u>Sub Action</u>	
		Denbighshire Locality has developed and is disseminating the Dementia Respect Empathy and Dignity (RED) project. The Health Board has also adopted the Butterfly scheme in the acute inpatient hospitals.
	b. All Part 1 PCMHS staff trained to assess for memory loss and common mental health conditions in the elderly by January 2013	A specific pathway for access to memory clinics has been developed. Memory clinics are currently working towards achieving the Royal College of Psychiatry accreditation. There is an older persons' lead established in each Primary Care Mental Health Team.
	c. LHBs to implement 1000 lives + dementia Intelligent Targets. Ongoing.	Dementia intelligent targets fully implemented. Progress was analysed in March 2013. Advice received from PHWIU that LHB's may start to adapt the targets to better meet local needs. Task and Finish group established to discuss this with PHWIU.
	d. All newly diagnosed people provided with Alzheimer's Society Dementia Information Packs. Ongoing.	Provision of information following diagnosis is a requirement of the Mental Health Measure. All patients of the memory service are offered this information. This is documented in case notes and also on a separate care plan for those referred to a dementia advisor.
	f. LHBs and LAs to ensure access to specialist advice available to all care homes.	The Health Board will provide advice on request.
13.6 To review Eating Disorder Services for all ages.	a. LHBs to commission and complete review of the pattern and cost effectiveness of inpatient eating disorder treatment across all ages services by end 2013.	Tier 3 CAEDS audit and monitor Adult over 18s admissions - out of area SEDU and local medical and inpatient admissions. Patterns and gaps highlighted. Tier 4 Option Appraisal with WHSSC at mid point with consultations received. MARSIPAN improvement group in place. There are designated local beds for patients with 1:1 nursing needs.

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs to develop services in line with outcome of review and Eating Disorders: A Framework for Wales by end 2015 .	In adult services: Training and consultation to primary care and secondary care treating staff. Pathways, protocols and BCUHB information intranet developed. Adequate access to evidence based quality psychological therapies at primary MH and secondary care level needs addressing, as well as monitoring of quality and urgency of initial assessment in primary care and secondary care for high risk patients.
Outcome 14: Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.		
4.1 To ensure that services are based on a recovery and reablement approach supporting to gain more control over their lives.	a. LHBs and LAs to ensure that Care and Treatment Plans for service users embed the principles of recovery and reablement, where appropriate, from October 2012 .	Audits are completed on the quality of plans and managers discuss their quality during supervisions.
	b. All Care Co-ordinators are competent in using recovery and other relevant skills through Care and Treatment Planning training, using Lincoln University materials. Ongoing .	The majority of staff have attended the Lincoln University Training programme.
	c. LHBs and LAs to ensure that individual service user views of what recovery means to them become a core part of Care and Treatment Planning. Ongoing from October 2013 .	Care plan includes section on service users' views. Service Users and Carers, supported by Unllais have developed additional training materials and also support delivery. 'What Matters' needs to be developed and will form part of the Older Peoples Integrated Assessment Framework.

<u>Action</u>	<u>Sub Action</u>	
	e. LHBs and LAs to provide support for children in addressing issues of attachment and developmental problems. Ongoing.	Attachment training has been delivered to all CAMHS staff across the region. There were 3 levels of training provided for cohorts of 30 staff. An evaluation of training was carried out
	f. For people with dementia, LHBs, third sector and LAs to provide services that support them to maintain independence for as long as possible, sustaining quality of life. Ongoing.	Dementia care encompasses the underlying principles of recovery and promotes coping and aiming to live well with dementia. There are dementia advisors in each memory service working to support recovery. Memory services across BCUHB offer a number of interventions aimed at coping with dementia as a chronic and enduring health problem. The CPG is piloting a psychological intervention with a view to roll out across North Wales.
14.2 To develop service culture for positive risk management.	c. LHBs, LAs and Third Sector to ensure evidence based risk assessment training is provided for appropriate staff to extend to cover all settings, service user groups and all ages. Ongoing.	<p>The Mental Health & Learning Disabilities CPG has established a risk strategy training group and a document setting out the present risk training has been produced. The CPG has established a group of trainers who can train staff working in the CPG on WARRN developed 'Asking Difficult Questions' training; This training is being focused on those staff undertaking care coordination duties for the Mental Health Measure. A data base is maintained on the numbers of staff trained in ADQ and the areas where staff work.</p> <p>CAMHS - WARRN training carried out, along with train the trainers so messages can be relayed across the region. Structured Assessment of Violence Risk in Youth (SAVRY) training for generic and specialist CAMHS staff, along with Training to Train to build capacity.</p>

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Chapter 4: One System to Improve Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 15: People of all ages experience sustained improvement to their mental health and wellbeing as a result of cross-Government commitment to all sectors working together.</u>		
<p>15.1 To ensure that people with mental health problems have access to advice and support on financial matters.</p>	<p>a. LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. Ongoing from April 2013.</p>	<p>Projects are in place with Citizens Advice Bureaus who target relevant groups. There are SLAs in place where there is a focus on MH. There are welfare rights teams in all Counties. Community Advocacy services commissioned by BCUHB are supporting service users to access appropriate financial support & information.</p> <p>LAs have processes for sign posting on initial point of contact.</p>
<p>15.2 To improve mental wellbeing by improving the condition of housing.</p>	<p>b. LAs and LHBs to develop plans for joint working and developments on housing and associated services incorporating mental health as a priority by June 2013.</p>	<p>An event has been held to bring together LA, LHB and housing association colleagues to develop joint working and coordinate planning to ensure successful independent living.</p> <p>Work streams are being developed.</p>
<p>15.3 To reduce homelessness and help people with mental health problems sustain tenancies.</p>	<p>c. LAs to implement Supporting People Programme Guidance ensuring that commissioning decisions take account of mental health needs. Ongoing.</p> <p>d. LAs and LHBs to develop plans for joint working and developments on housing and associated services, incorporating mental health as a priority by June 2013.</p>	<p>Supporting People Groups set up regionally with LA's and Health Board representation.</p> <p>Forms have been standardised. Housing needs are assessed when accessing MH Services. Strategic housing meetings take place with social housing across all localities.</p> <p>The North Wales Working Group – Homeless and Vulnerable Groups Health Action Plan (HaVGHAP) has been reconvened, with membership from Health, Local Authorities and third sector, in response to the Welsh Government Standards for Improving the Health and Well-being of</p>

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<u>Action</u>	<u>Sub Action</u>	
		Homeless People and Specific Vulnerable Groups April 2013
	e. LHBs to provide senior representation on Supporting People Programme Regional Collaboration Committees by December 2012 .	Assistant Director of Community partnership development is BCUHB representative.
	f. Social landlords (local authorities that still own their own housing and registered social landlords) take into account the needs of people with mental health problems when discharging their landlord functions. Ongoing .	Key activities for Registered Social Landlord's (RSL's) has been to ensure that the impact of the Welfare Reforms, as it relates to Housing Benefit changes in particular, have been considered in the context of ensuring that our Tenants have been supported to reduce the impact i.e. tenancies are sustained.
5.4 To ensure vulnerable groups have equitable access to safer homes	a. Professionals, Fire and Rescue Services and LHBs to promote safe homes through fire safety and slips and trips initiatives. Ongoing .	Assessment documentation. Local authorities have memorandum of understanding in place for sharing of information
	b. Staff awareness to be raised of where there is heightened risk for home fire or falls for vulnerable individuals (such as those with dementia) and of the need to share information on those individuals with the Fire and Rescue Service and other relevant agencies. This will ensure appropriate action is taken to mitigate the risks where possible.	First Contact teams will offer Fire Service check.
15.8 To ensure that the physical health needs of people with mental illness are recognised and better met.	b. LHBs and PHW to ensure that general health promoting initiatives are signposted for people in contact with mental health services. Ongoing from April 2013 .	A Physical Health Group has been established to improve detection and treatment of co morbidity and Mental Health. The group has prioritised improving Clozaril treatment arrangements and improving outcomes for co morbid

<u>Action</u>	<u>Sub Action</u>	
NOTE: SEE ALSO ACTION 1L3 IN CHAPTER 1		diabetes. Wellbeing Centres are in place across N Wales provided by third sector which encourages attendees to look at lifestyle behaviours, e.g. smoking cessation
Tudalen 80 15.9 To promote employment opportunities for people with mental health problems.	a. WG, LAs and the NHS Wales to act as exemplar employers in developing workplaces that support mental wellbeing and both recruit and retain people with lived experience of mental illness. Ongoing from March 2014.	The Health Board has adopted practices to improve employee health and well-being in the workplace and has been awarded the Corporate Health Standard Gold which is one of the Health Working Wales programmes and is the national standard. One of the specific health issues in the bronze and silver standards is mental health.
	b. All agencies to formulate policies to promote mentally healthy workplaces including policies to make reasonable adjustments to assist people to gain and retain employment.	Two tick 'positive about disabled people' symbol .Employers that use the disability symbol make five commitments regarding recruitment, training, retention, consultation and disability awareness. The Health Board has guidelines in place on the fair treatment of disabled people at work. These guidelines are aimed at promoting good practice in the employment of disabled people by providing managers with guidance and information on all aspects of the employment cycle
15.10 To promote the health and well-being of the people of Wales by enabling people to access information from libraries to promote, manage and improve their health status throughout their lifetime. NOTE: SEE ALSO ACTIONS UNDER OUTCOME	a. LA library services and public libraries to work with PHW to promote BPW. Ongoing	All North Wales Library Services hold and promote the full range of Book Prescription Wales (BPW) items

Chapter 5: Delivering for Mental Health

<u>Action</u>	<u>Sub Action</u>	
<u>Outcome 16: Staff across the wider workforce recognise and respond to signs and symptoms of mental illness and dementia.</u>		
<p>16.1 All staff across the public sector to promote a culture this is respectful and experienced as empowering.</p>	<p>a. LHBs, LAs and Third Sector to ensure all their services embed a culture of dignity and respect. Ongoing.</p>	<p>The equality e learning module is a new and innovative learning resource developed by BCU that is designed to improve general awareness and understanding around Equality and Human Rights. The programme is mandatory for all staff.</p>
	<p>b. LHBs and LAs with their partners to ensure that all relevant staff in the wider workforce receive training in mental health awareness raising, addressing stigma and discrimination and know how to get specialist support when they need it. Ongoing.</p>	<p>The MHL D CPG is in the initial stages of piloting awareness on compassion for staff working on mental health wards and this is taking place in one of our hospital hubs. This has yet to be rolled out to other service areas.</p>
<u>Outcome 17: Inspirational leadership and a well-trained, competent workforce in sufficient numbers ensure a culture which is safe, therapeutic, respectful and empowering</u>		
<p>17.1 To ensure a sustainable skilled workforce that helps people improve health as well as treat sickness.</p>	<p>a. LHBs to develop sustainable and affordable workforce plans to support the delivery of <i>Together for Mental Health</i>. Ongoing.</p>	<p>The LHB and LA's have workforce plans in place. The MHL D CPG develops a workforce plan on an annual basis. Part of this plan is the development of training. CAMHS - Workforce Sub Group established to develop blue print of CAMHS workforce over next 5 years</p>
	<p>b. Personal Development Plans (PDPs) to be in place for all staff with annual appraisal process. Ongoing.</p>	<p>Mental Health & Learning Disability Clinical Programme Group is committed to ensuring staff are continually developing and are supported to be effective in their jobs thus maintaining high quality services for the public. This is formally addressed through the PADR process. To date CPG compliance is 35%.</p>

<u>Action</u>	<u>Sub Action</u>	
	c. LHBs, LAs and Third Sector to adopt evidence based team working with an emphasis on clinical networks and locality teams. Ongoing	The MHL D CPG has established a number of clinical networks, particularly access to deaf mental health, personality disorder, eating disorder, veterans.
	d. All clinical staff to be engaged in 1000 Lives and trained in methodologies. Ongoing	The CPG has leads for 1000 Lives Mental Health Intelligent Targets for Dementia, Eating Disorders and Early Intervention. The CPG would need to progress the action of the leads being trained in methodologies.
	f. Mental Health Clinical Leaders Group to be expanded for all ages to participate in a clinical leadership programme pilot during 2013	A clinical leadership group is attended by Chief of Staff.
<u>In addition, the following actions will provide assurance that the aims of <i>Together for Mental Health</i> are being delivered</u>		
<p>19.1 To ensure that appropriate arrangements are in place to oversee the implementation of <i>Together for Mental Health</i> at national and local levels.</p> <p>NOTE: SEE ALSO ACTION 10.1 IN CHAPTER 2</p>	b. LHBs to put in place local multi-agency partnership arrangements on LHB footprint by January 2013.	A Together for Mental Health Partnership Board has been established and meets three times a year as a board and will supplement with workshop sessions as required. A project team is in place to coordinate a regional approach, collecting evidence and reporting.
19.2 To ensure that the appropriate infrastructure is in place to measure progress in delivering the key actions of <i>Together for Mental Health</i>	c. Local partnership boards to routinely consider unmet need in the planning and delivery of services. Ongoing from 2015.	As 19.1. The action plan is reviewed regularly and developments are highlighted.

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Annex 2 Membership of the Betsi Cadwaladr University Local Partnership Board

Group/Organisation Represented	Name	Position and Organisation
BCUHB	Geoff Lang	Executive Director (Chair)
BCUHB	Dr Giles Harborne	Chief of Staff
BCUHB	Simon Pyke	Assistant Chief of Staff
BCUHB	Dr Peter Gore-Rees	Clinical Director CAMHS
BCUHB	Irfon Williams	CAMHS Service Manager
BCUHB	Dr Sara Hammond-Rowley	Early Intervention Programme Lead
BCUHB	Wyn Thomas	Assistant Director Community Partnership Development
BCUHB	Sue Owen	Partnership Improvement Manager
Public Health Wales	Jackie James	Principal Health Development Specialist
North Wales Heads of Adult Social Services	Clare Lister	Head of Adult Services Conwy County Borough Council
North Wales Heads of Children's Services	Leighton Rees	Head of Children's Services, Denbighshire County Council
North Wales Local Authorities - Heads of Housing	Sam Parry	Conwy CBC
Housing Associations	Kevin Hughes	Director of Care and Support Services, Pennaf
Unllais (Link to Third Sector Adult Mental Health)	Joan Doyle	Director
Children's Third Sector Representative	Kate Newman	H&SCWB Facilitator
CVC (Third Sector H&SC)	Kieran Duff	Chief Officer, Flintshire Voluntary Council
Service User and Carers	Bronwen Pritchard Chris Eastwood Marc Spacey Monica Dyke Andrea Hughes	
LMC	Dr Huw Lloyd	GP
BCCHC (Observer with speaking rights)	Chris Jones	

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North Wales Mental Health Partnership Board

Terms of Reference

Purpose:

The North Wales Mental Health Partnership Board (NWMHP) will oversee the delivery and implementation *Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales* and its Delivery Plan for all ages; guiding and monitoring progress, and facilitating co-ordination of the cross-cutting approach required across the Health Board, North Wales Local Authorities, Statutory Agencies, and the Third Sector.

Vision:

The vision for Mental Health and Wellbeing in Wales is set out in the 6 high level outcomes of *Together for Mental Health*:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness are improved.

Remit:

The NWMHP Board will provide leadership, influence and support to ensure successful delivery of the Strategy and its Delivery Plan across North Wales.

The Partnership Board will:

- Oversee implementation of *Together for Mental Health* and its Delivery Plan, guiding and reviewing progress
- Advise the National Programme Board on progress and emerging issues.
- Ensure that implementation is based on a human rights approach, advancing equality and tackling inequalities, and that there is a full life course approach

- Increase ownership in the Strategy through promoting wider involvement and engagement.
- Provide a forum for consideration and oversight of associated strategic and legislative issues affecting mental health services.

It will do this by:

- Ensuring appropriate engagement of stakeholders including the wider public, people with lived experience, service users, families and carers.
- Overseeing the work of sub-groups, agreeing priorities for action and reviewing progress
- Producing an annual progress reports for submission to the National Programme Board on implementation of the Delivery Plan priorities for the region
- Influencing local and national priorities for subsequent Delivery Plans to drive implementation for the 10-year course of the Strategy
- Sharing learning and good practice on improving mental wellbeing and supporting those with mental illness

Associated Groups:

In North Wales the following groups are supporting the operational delivery of the strategy;

North Wales Mental Health Collaborative
 North Wales Specialist CAMHS Planning Network
 North Wales Third Sector Mental Health Network
 Older People's Mental Health Delivery Group
 County Planning Groups
 Area Planning Board for Substance Misuse

Consideration will be given as to whether any further task and finish groups will be required to take forward the agenda.

Governance:

Accountability for delivery remains with the relevant statutory organisations and providers from other sectors and their performance management will be through existing mechanisms.

Progress will be reported to the National Partnership Board through routine reports

Membership:

Membership of the NWMHP Board is attached.

Membership will be reviewed annually to ensure that it reflects the views of those relevant to shape and influence the priorities of that forthcoming year.

To ensure continuity, deputies will only be allowed to attend meetings in exceptional circumstances.

The Health Board will Chair the Partnership in the first instance.

A vice-chair will be appointed from Local Authority representatives.

Confidentiality and Conflicts of Interest:

Members will be expected to notify the Chair when there is a potential conflict of interest relating to a specific item on the agenda.

Secretariat:

The Health Board will act as secretariat for the partnership.

The secretariat will:

- Arrange meetings in consultation with the Chair and Strategy Lead
- Prepare and distribute agenda, minutes and briefing papers
- Co-ordinate liaison between any working groups and other stakeholders
- Prepare briefings, reports and correspondence.

Frequency of meetings:

The inaugural meeting will take place in June 2013.

The Partnership Board will meet 3 times a year. Additional workshop sessions may take place to allow focussed debate on key issues.

Quorum:

The Partnership Board will require one third of members to be quorate and the attendance of the Chair or vice chair.

Review:

These arrangements will be subject to review after 3 years.

Membership

Group/Organisation Represented	Name	Position and Organisation
BCUHB	Geoff Lang	Executive Director (Chair)
BCUHB	Dr Giles Harborne	Chief of Staff
BCUHB	Simon Pyke	Assistant Chief of Staff
BCUHB	Dr Peter Gore-Rees	Clinical Director CAMHS
BCUHB	Irfon Williams	CAMHS Service Manager
BCUHB	Dr Sara Hammond-Rowley	Early Intervention Programme Lead
BCUHB	Wyn Thomas	Assistant Director Community Partnership Development
BCUHB	Sue Owen	Partnership Improvement Manager
Public Health Wales	Jackie James	Principal Health Development Specialist
North Wales Heads of Adult Social Services	Clare Lister	Head of Adult Services Conwy County Borough Council
North Wales Heads of Children's Services	Leighton Rees	Head of Children's Services, Denbighshire County Council
North Wales Local Authorities - Heads of Housing	Sam Parry	Conwy CBC
Housing Associations	Kevin Hughes	Director of Care and Support Services, Pennaf
Unllais (Link to Third Sector Adult Mental Health)	Joan Doyle	Director
Children's Third Sector Representative	Kate Newman	H&SCWB Facilitator
CVC (Third Sector H&SC)	Kieran Duff	Chief Officer, Flintshire Voluntary Council
Service User & Carers	Bronwen Pritchard Chris Eastwood Marc Spacey Monica Dyke Andrea Hughes	
LMC	Dr Huw Lloyd	GP
BCCHC (Observer with speaking rights)	Chris Jones	
North Wales Directors of Social Services	Neil Ayling	Flintshire County Council, Director of Community Services
Local Planning Groups	Helena Thomas Sue Woods Sean Clarke Mark Couchman Sian Lewis	Denbighshire Flintshire Wrexham Gwynedd & Ynys Mon Conwy

Adroddiad i'r:	Pwyllgor Archwilio Partneriaethau
Dyddiad y Cyfarfod:	10 Ebrill 2014
Aelod/Swyddog Arweiniol:	Aelod Arweiniol Hamdden, Ieuenctid Twristiaeth a Datblygu Gwledig/Swyddog AHNE
Awdur yr Adroddiad:	Swyddog AHNE
Teitl:	Cyd Bwyllgor Arfaethedig ar gyfer Ardal o Harddwch Naturiol Eithriadol Bryniau Clwyd a Dyffryn Dyfrdwy (AHNE)

1. Am beth mae'r adroddiad yn sôn?

Yn 2011 fe gadarnhaodd y Gweinidog Amgylchedd, Mr John Griffiths Orchymyn Dynodi AHNE Bryniau Clwyd a Dyffryn Dyfrdwy. Roedd y gorchymyn hwn yn rhoi cydnabyddiaeth newydd yn genedlaethol ac yn diogelu tirwedd mewn rhannau sylweddol o Siroedd Dinbych a Wrecsam. Yn ddaearyddol mae'r AHNE yn ymestyn o Brestatyn yn y Gogledd i Gastell Y Waun yn y De; mae'n cynnwys y trefi deniadol o Langollen a Chorwen ac yn cwmpasu 390 cilomedr sgwâr o siroedd Wrecsam, Sir y Fflint a Sir Ddinbych. (Map Atodiad 1)

I gydnabod yr ardal estynedig mae Pwyllgor AHNE presennol, y Cyd Bwyllgor Cynghori (CBC) wedi adolygu'r aelodaeth a phenderfynwyd yn gynhwysol i gael aelodaeth gytbwys ar gyfer yr Awdurdodau Lleol (ALI). Gwahoddwyd pob un o'r ALI i yrru 3 aelod o hyn ymlaen i gyfarfodydd Pwyllgor CBC.

Dyma'r Pwyllgor CBC yn cychwyn gydag adolygiad o'i system llywodraethu trwy gyfres o seminarau a phapurau. Yna argymhellodd y Pwyllgor i'r swyddogion yr hoffent weld perthynas gryfach rhwng yr Awdurdodau Lleol a chytunwyd mai Model Cyd bwyllgor oedd y dull gorau o gyflawni'r amcan hwn.

Mae Cadeirydd y CBC a Swyddog AHNE wedi dilyn ar argymhelliad CBC mewn cyfarfod CB fod yr Arweinwyr, Prif Weithredwyr a'r Swyddogion Arweiniol yn penderfynu ar eu safbwyntiau ar gyfer CB, roedd pawb yn gefnogol.

2. Beth yw'r rheswm dros lunio'r adroddiad hwn?

Fod y Pwyllgor Archwilio Partneriaethau yn cyflwyno eu sylwadau ynglŷn â llywodraethu, yn bennaf craffu'r trefniadau ar gyfer y Cyd bwyllgor Newydd o fewn Cynghorau Sir Ddinbych, Sir y Fflint a Wrecsam.

Mae'r Cytundeb Cyfreithiol ynghlwm (Atodiad 2) yn diffinio aelodau'r Cyd bwyllgor, pwerau dirprwyol a rolau.

Bydd y Cyd bwyllgor yn cynnwys 6 aelod, dau o bob Awdurdod a bydd y Cyd bwyllgor yn cael eu cefnogi'n llawn gan Bartneriaeth AHNE, Gweithgor Swyddogion a Fforwm Blyneddol.

Prif bŵer Cyd Bwyllgor yw 'rhyddhau'r swyddogaethau dirprwyedig y rheolaeth AHNE.' Prif rôl y CB yw 'gwarchod a gwella harddwch naturiol yr ardal.'

3. Beth yw'r Argymhellion?

Mae'r Pwyllgor yn archwilio, darparu sylwadau ac yn cefnogi trefniadau llywodraethu arfaethedig ar gyfer AHNE Bryniau Clwyd a Dyffryn Dyfrdwy.

4. Manylion yr adroddiad.

Nid oes amheuaeth fod AHNE Bryniau Clwyd a Dyffryn Dyfrdwy yn ymgorffori cyfanswm sylweddol o dir yn ddaearyddol (bron i 39,000 hectar), gydag atyniadau fel Canolfan Beicio Mynydd Llandegla (300,000 o ymwelwyr y flwyddyn) ynghyd ag atyniadau eraill sydd â photensial fel Chwareli Plwm Minera.

Mae AHNE yn rhoi cyfle sylweddol o ran iechyd a lles i gytrefi Glannau Dyfrdwy, Wreccsam, Sir Caer a Glannau Mersi sy'n penderfynu dod i fwynhau tirwedd y AHNE.

Mae newidiadau radical wedi bod i swyddogaeth economaidd y tri Awdurdod yn ystod y 50 mlynedd ddiwethaf. Mae yna leihad wedi bod mewn gweithgynhyrchu trwm, peirianeg a chloddio, ynghyd â mecanwaith a rhesymoli ffermydd a cholled sylweddol mewn cyflogaeth yn yr economi wledig.

Mae hynny'n golygu fod y tri awdurdod yn dibynnu fwyfwy ar dwristiaeth wledig. Bellach mae'r atyniadau twristiaeth sylweddol yng Ngogledd Ddwyrain Cymru i'w cael yn yr AHNE ac mai tirwedd yr AHNE sy'n gwneud pob un mor drawiadol.

Mae Parc Gwledig Tŷ Mawr, Rheilffordd Llangollen a Loggerheads yn gyrchfannau allweddol sy'n gweithio mewn harmoni gyda'r AHNE.

Prif fanteision y Cyd Bwyllgor yw:

- **Rhagor o Amlygrwydd i'r AHNE** - mae gan Gyd bwyllgor bŵer dirprwyedig i gefnogi'r dynodiad ac i gyflawni'r Weledigaeth. Mae gan yr AHNE lais ei hun a gall gytuno ar weithredoedd gydag eraill.
- **Gwella eglurder** - mae gan Gyd bwyllgor swyddogaethau, cyfrifoldebau ac atebolrwydd amlwg ar gyfer llywodraethu'r AHNE.
- **Gwella cydlyniad o Weithredoedd AHNE** – mae gan Gyd Bwyllgor awdurdod i weithredu ar draws ffiniau awdurdod lleol.
- **Gwella effeithlonrwydd ac effeithiolrwydd** - Cyd bwyllgor yw'r pwynt cyswllt unigol ar gyfer materion llywodraethu AHNE. Mae'n ddigon bach i wneud penderfyniadau ac yn ddigon mawr i gael trafodaeth.
- **Strategaeth benodol** – mae gan Gyd Bwyllgor raglen amlwg i drosglwyddo Gweledigaeth AHNE.
- **Arweinyddiaeth â Ffocws** - mae gan Gyd Bwyllgor yr adnoddau i weithredu'r rhaglen AHNE, gydag aelodau etholedig yn canolbwyntio ar ddiben y dynodiad AHNE ac anghenion y dinasyddion a'r defnyddwyr gwasanaeth. Byddent yn trosglwyddo gwasanaeth o safon uchel ac sy'n gost effeithiol.
- **Stiwardiaeth Cyfrifol** – Cyd bwyllgor sy'n atebol; mae'n gyfrifol am adnoddau, yn arbennig am adnoddau pobl eraill.
- **Eiconau** - mae yna agweddau gwerthfawr penodol sy'n ymestyn ar draws mwy nac un Awdurdod. Bydd y Cyd Bwyllgor yn dylanwadu ac yn cyfrannu at y broses o'u rheoli ac maent yn cynnwys: Safle Treftadaeth y Byd - Traphont Ddŵr Pontcysyllte a Chamlas Llangollen, Moel Famau a Thŵr Jiwbilî a Llwybr Cenedlaethol Clawdd Offa.

Er bod y Cyd Bwyllgor yn cael ei weld fel 'arfer da' ar gyfer llywodraethu AHNE; mi fydd y Swyddogion AHNE yn symud ymlaen gyda nifer o agweddau presennol y Cyd Bwyllgor Cynghori sy'n bodoli dros dro.

Bydd y Cyd Bwyllgor yn sefydlu Partneriaeth AHNE yn ei gyfarfod cyntaf; a bydd yr aelodau'n cynnwys nifer o gyrff allanol i gynrychioli cymunedau, perchnogion tir a busnes. Bydd hefyd cynrychiolaeth o bedwar agwedd allweddol o'r Cynllun AHNE, Mynediad a Hamdden, Amgylchedd Naturiol, Amgylchedd Adeiledig a'r Amgylchedd Hanesyddol. Bydd y Bartneriaeth hefyd yn edrych am unigolion sy'n ysbrydoli ac o ganlyniad yn gwneud yr AHNE yn bartneriaeth fwy cynhwysfawr. Er mwyn dangos ymdriniaeth fwy cynhwysfawr i ymgynghoriad bydd yr AHNE yn cynnal Fforwm AHNE yn flynyddol. Bydd gan bob Fforwm thema bynciol. Bydd aelodau Cyngor Sir a Chynghorau Cymuned lle mae eu Ward, neu ran o'u Ward yn rhan o'r AHNE yn cael eu gwahodd ynghyd ag unrhyw gyrff neu unigolion eraill sydd â diddordeb.

5. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

- **Economi** - nid oes unrhyw amheuaeth fod economi twristiaeth wledig yn chwarae rôl allweddol mewn Awdurdodau gwledig; mae'r AHNE yn cefnogi'r nod trwy fframwaith y Siarter Twristiaeth Cynaliadwy Europarc a gafodd ei gymeradwyo i'r AHNE yn 2009. Wrth gwrs dim ond i'r AHNE llai o Fryniau Clwyd y mae hwn yn berthnasol. Mae gan y Grŵp busnes a sefydlwyd o'r siarter bellach 120 o aelodau. Mae'r Siarter yn cael ei adnewyddu yn 2014 a bydd angen cymryd i ystyriaeth yr AHNE sydd bellach yn ardal fwy o ran daearyddiaeth. Mae'r cyllido ar gyfer y strategaeth yn ei le.
Dros y 5 mlynedd diwethaf mae aelodau o'r Tîm AHNE wedi llwyddo tynnu dros £3,000,000 o gyllid mewn grantiau allanol. Mae'r rhain wedi cynnwys 'Prosiect Canolfan Ragoriaeth Beicio', prosiect datblygu 'Cymunedau a Natur', 'Cerdded gydag Offa' a Phrosiect Treftadaeth y Loteri 'Y Grug a'r Bryngaerau'.
- **Iechyd a Lles** – Caiff yr ymwelwyr a'r trigolion eu hannog i gymryd rhan mewn digwyddiadau awyr agored o addysg cerdded, beicio i ddigwyddiadau iechyd penodol. Yn y dyfodol bydd un agwedd o waith yn canolbwyntio ar brosiect cynhwysiad ar addysg ar gyfer ardaloedd eraill o Ogledd Cymru a'r Gogledd Orllewin.
- **Cymuned** - Yn y blynyddoedd diwethaf mae Llywodraeth Cymru wedi chwarae rhan ganolog mewn cefnogi AHNE trwy eu Cronfa Datblygu Cynaliadwy. Mae hynny'n golygu o leiaf £50,000 y flwyddyn i brosiectau lleol; yn 2013/14 y ffigwr hynny oedd £70,000.

6. Beth fydd yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?

Sir Ddinbych yw'r Awdurdod Arweiniol ar gyfer yr AHNE fel ag y bu ers Ailstrwythuro Llywodraeth Leol ym 1996. Bydd yn parhau i fod yn Awdurdod Arweiniol ar gyfer y Cyd Bwyllgor; ac o ganlyniad bydd yn darparu'r Swyddogion canlynol ar gyfer y Cyd Bwyllgor: yr Ysgrifennydd a'r Trysorydd. Cynhelir cyfarfodydd y Cyd Bwyllgorau ym mhob Awdurdod yn eu tro; bydd yr Awdurdod a fydd yn cynnal y cyfarfod yn darparu gwasanaeth ysgrifennydd ar gyfer y cyfarfod hynny. Gwasanaethau'r Gyfraith a Democrataidd fydd yn bennaf gyfrifol am y costau hyn.

Bydd Sir Ddinbych yn darparu Llinell Gyllid ar wahân ac yn Adrodd i'r Pwyllgor. Fel gyda holl Gyllidebau Cyd Bwyllgor bydd y gyllideb yn cael ei harchwilio ar wahân. Mae'r rhain yn gostau i Gyllid a Chefn Gwlad.

O ran cyllideb, mae'r cyllid presennol i'w gweld yn y cytundeb cyfreithiol. Dros y bum mlynedd nesaf mi fydd y gyllideb, trwy drafodaeth, yn deg rhwng y tri Awdurdod.

7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb a gwblhawyd ar gyfer y penderfyniad?

Gweler y ddogfen Asesiad o Effaith ar Gydraddoldeb yn Atodiad 3.

8. Pa ymgynghoriadau a gynhaliwyd gydag Archwilio ac eraill?

Ymgynghorwyd â Chyd Bwyllgor Bryniau Clwyd a disgwylir i'r CB gael ei sefydlu. Mae'r Arweinwyr ALI, Aelodau Arweiniol, Prif Weithredwyr a'r Swyddogion Arweiniol wedi derbyn cyfarwyddyd. Mae Swyddogion Cyfreithiol o'r tri Awdurdod wedi drafftio Cytundeb Cyfreithiol. Mae ymgynghoriad wedi bod â'r Swyddogion Cyllid ac mae hynny wedi'i gynnwys yn y Cytundeb. Gofynnir i'r tri Cabinet/Gweithredwr neu unrhyw Bwyllgorau eraill i gefnogi'r Cyd Bwyllgor. Mae Cabinet Sir Ddinbych a Wrecsam wedi cefnogi'r cynigion, ac fe ddeallwn fod y cynnig yn cael ei drafod yng Nghabinet nesaf Sir y Fflint.

9. Datganiad y Prif Swyddog Cyllid

Bydd y cytundeb yn rhoi gwell cynllun a sefydlogrwydd ariannol i Gyd Bwyllgor AHNE ond ar yr un pryd yn sicrhau cytuno'n flynyddol ar gyllidebau a fydd yn galluogi holl aelodau o'r awdurdodau i ymateb i newidiadau mewn amgylchiadau ariannol. Nid oes unrhyw gostau ychwanegol i GSDd ar y cyfan gan fod y cymorth ariannol, cyfreithiol a gweinyddol ychwanegol yn dod o fewn strwythurau staffio presennol.

10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?

- **Ariannol** – mae'r risg yn isel, ond rhoddwyd cryn dipyn o amser ac ymdrech gan yr AHNE, Swyddogion Cyfreithiol ac Ariannol y tri awdurdod. Mae'r Pwyllgor AHNE hefyd wedi buddsoddi cyfanswm sylweddol o amser gwirfoddol ar gyfer trafod gwelliant mewn atebolrwydd a llywodraethu.
- **Enw da** – Mae'r swyddogion yn rhagweld cydweithio cadarnach rhwng yr Awdurdodau Lleol, fel ffordd ymlaen i'r AHNE, mewn achosion blaenorol mae hynny wedi bod yn anffurfiol. Mae'r Cyd Bwyllgor yn ffurfioli hyn ac yn dangos fod yr Awdurdodau Lleol yn gallu gweithio ar y cyd mewn modd strwythuredig. Gall aelodau allanol hefyd ddefnyddio'r Cyd Bwyllgor i ariannu prosiectau yng Ngogledd Dwyrain Cymru sydd â ffocws ar AHNE.

11. Pŵer i wneud y Penderfyniad

Mae sail Cyfreithiol sefydlu Cyd Bwyllgor yn rhan o Adran 101 (5) Deddf Llywodraeth Leol 1972 a Deddf Llywodraeth Leol 2000, lle y gallai'r Awdurdodau

Lleol ddechrau trefniadau i 'Dirprwyo swyddogaethau ar y cyd gydag un neu fwy o awdurdodau lleol eraill ar ffurf Cyd Bwyllgor'.

Mae Erthygl 6.3.3. (d) yn gosod pwerau Archwilio o ran sicrhau fod lles pobl lleol yn cael ei wella drwy gydweithio.

Swyddog Cyswllt:

Swyddog AHNE

Ffôn: 01352 810614

Mae tudalen hwn yn fwriadol wag



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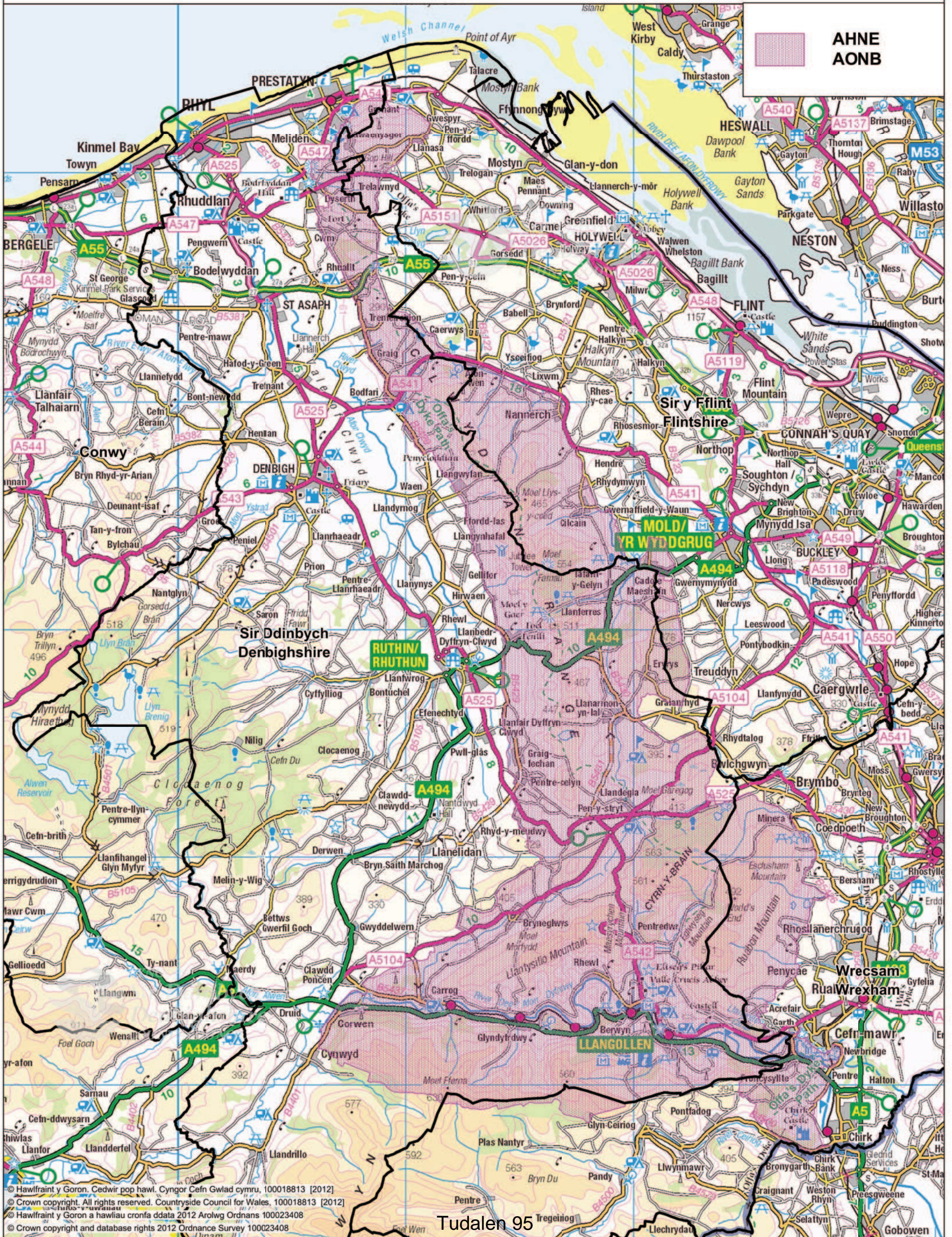
Bryniau Clwyd a Dyffryn Dyfrdwy AHNE Clwydian Range and Dee Valley AONB



Bryniau Clwyd a
 Dyffryn Dyfrdwy
 Clwydian Range
 and Dee Valley

Natal o Harddwch Naturiol Eithriadol
 Area of Outstanding Natural Beauty

**AHNE
 AONB**



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Mae tudalen hwn yn fwriadol wag

CLWYDIAN RANGE AND DEE VALLEY

AREA OF OUTSTANDING NATURAL BEAUTY

JOINT COMMITTEE AGREEMENT



**Bryniau Clwyd a
Dyffryn Dyfrdwy**
Clwydian Range
and Dee Valley

Ardal o Harddwch Naturiol Eithriadol
Area of Outstanding Natural Beauty

An **AGREEMENT** made as a deed the _____ day of
 2013 **BETWEEN**

Denbighshire County Council of County Hall, Wynnstay Road, Ruthin, Denbighshire of the first part (“DCC”) and **Flintshire County Council** of County Hall, Mold, Flintshire of the second part (“FCC”) and **Wrexham County Borough Council** of The Guildhall, Wrexham of the third part (“WCBC”)

WHEREAS

- (1) The Authorities wish to establish a Joint Committee of the Authorities with the aims powers functions objectives and duties referred to in this Agreement
- (2) The Authorities have agreed to enter into this Agreement to give effect to those wishes

1. INTERPRETATION

1.1 Expressions in the left hand column of the interpretation table below shall be construed in accordance with the right hand column

Interpretation Table	
Action Plan	an annual plan of action approved by the Joint Committee of projects, schemes and actions to be undertaken by the Joint Committee, any Authority or any Partner to implement the strategy and policies of the Management Plan
Actions Budget	The aggregate budget (inclusive of external funding) available to the Joint Committee or to any Authority or Partner in any year for the purpose of carrying into effect the Action Plan.
Annual Contribution	The contribution payable by each Authority towards the Core Budget as determined under paragraph 8.3.
Annual Report	the annual report of the Joint Committee
AONB	an area designated as an area of outstanding natural beauty under Section 82 of the CROW Act
AONB Annual Forum	An annual forum on AONB activities and issues having the terms of reference and constitution set out in Appendix 5
AONB Community Council Meeting	A forum of (among others)

	representatives of the Community Council of each Community within the AONB to consider AONB activities and issues.
AONB Officer	The officer appointed as Head of the AONB Unit
AONB Partnership	A partnership formed to advise the Joint Committee on the exercise of the Functions and having the terms of reference and constitution set out in Appendix 4
AONB Team	the team of officers employed by the Lead Authority within Denbighshire's Countryside and Heritage Service and having the role and functions described in Section 5.
Associated Bodies	The AONB Annual Forum, the AONB Community Council Meeting, any Topic Group, the Officers' Working Group and the AONB Partnership.
Budget	the Core Budget (both central and Area) and the Actions Budget of the Joint Committee in any year
Call In	The process whereby an Executive decision is called in by non executive members of an Authority.
Clwydian Range and Dee Valley AONB (CR and DV AONB)	the Clwydian Range and Dee Valley Area of Outstanding Natural Beauty
Commencement Date	2013
Core Budget	the budget(including overheads) relating to expenditure on core functions in any year relating to both central and area activities.
Core Functions	those Functions which are potentially eligible from time to time for the highest prevailing rate of grant payable by Natural Resources Wales
Core Grant	The grant payable by Natural Resources Wales in any year towards expenditure on Core Functions
CROW Act	the Countryside and Rights of Way Act 2000
Functions	the functions of the Joint Committee as set out in paragraph 3.3.
General Development Proposals	developments within existing village boundaries; extensions to existing buildings, approval of conditions in relation to existing planning permissions; amended applications; access and boundaries; alterations to

	existing telecoms infrastructure; small domestic or other structures such as sheds or stable blocks.
Joint Committee	the Clwydian Range and Dee Valley AONB Joint Committee
Lead Authority	Denbighshire County Council or as determined under paragraph 9.6.
Management Plan	The AONB management plan for the Clwydian Range and Dee Valley AONB either prepared and published or reviewed, adopted and published by the Joint Committee under Section 89 of the CROW Act
Natural Resources Wales (NRW)	Natural Resources Wales or other agent or department of the Welsh Government from time to time charged with the designation, funding and oversight of AONBs in Wales.
Non-Core Functions	Those Functions which are eligible from time to time for a grant which is lower than the highest prevailing rate of grant payable by Natural Resources Wales or which are not eligible for grants payable by Natural Resources Wales.
Non-Core Funding	The funding in any year towards expenditure on Non-Core functions and the Action Plan
Objectives	the objectives of the Joint Committee as set out in paragraph 3.2 to this Agreement
Officers Working Group	The Clwydian Range and Dee Valley AONB Officers Working Group having the role and functions described in Section 4.
Overheads	the employee costs (including on costs) and the costs of administration, insurance, training, premises, transport, supplies, publications, consumables and recharges of the AONB Unit; and the costs (direct and indirect) associated with the management operation and administration of the Joint Committee, and the Associated Bodies.
Partner	Any body, organisation or person from time to time contributing to the achievement of the aims of the AONB Partnership
Standing Orders	the standing orders of the Joint Committee set out in Appendix 1 to

	this Agreement
Topic Group	Any group tasked by the Officers Working Group to provide it with specialist advice on any specified topic relating to the exercise of the functions and the attainment of the objectives.

- 1.2 Except where the contrary intention appears, references in this Agreement to the singular shall include the plural and vice versa and references to the masculine gender shall be taken as meaning both masculine and feminine genders.
- 1.3 References to sections are to the sections 1 - 23 of this Agreement, references to paragraphs are to paragraphs within those sections and references to appendices are to the Appendices 1 - 8 of this Agreement
- 1.4 References to “year” and “years” are to the financial year or years of the Authorities commencing on 1 April in any year and finishing on 31 March in the following year. The last year shall however end on the date upon which this Agreement terminates.
- 1.5 This Agreement shall have effect from the Commencement Date and shall continue in force in accordance with the provisions of Section 11.

2. THE JOINT COMMITTEE

- 2.1 The Authorities, in exercise of their powers under Sections 101(5), 102(1) and 111 of the Local Government Act 1972, Section 20 of the Local Government Act 2000, Section 37 of the Countryside Act 1968, Sections 85, 89 and 90 of the CROW Act and all other enabling powers, establish and agree fully to participate in the Joint Committee in order to achieve the Objectives through the Functions and, subject to paragraph 10, to encourage the Authorities collectively and individually to provide or procure sufficient resources to realise the Objectives.
- 2.2 The Joint Committee shall be constituted and conduct its business in accordance with the Standing Orders.
- 2.3 The Joint Committee shall comprise the following membership:
- 2.3.1 The Lead Authority will appoint two members being County Councillors who are members of the Lead Authority’s Executive Board or Cabinet.
- 2.3.2 Each Authority other than the Lead Authority will appoint two members being Councillors of that Authority who are members of that Authority’s Executive Board or Cabinet.

2.4 The Financial Regulations, Contract Standing Orders and the Rules of Debate of the Lead Authority shall apply.

3. OBJECTIVES AND FUNCTIONS OF THE JOINT COMMITTEE

3.1 The Authorities constitute the Joint Committee for the purpose of acting jointly to exercise and discharge the Functions and, subject to the Budget approved in accordance with section 8, to attain and realise the Objectives.

3.2 The Objectives of the Joint Committee are:-

3.2.1 to seek to ensure that the natural beauty of the AONB is conserved and enhanced.

3.2.2 to sustain and enhance the conservation value of the AONB.

3.2.3 through consultation with the Authorities, with Partners and the general public, to promote wider public understanding of the purposes for which the AONB was designated.

3.2.4 to seek, by influencing the Authorities, Partners and other bodies and organisations, to achieve a synergy between existing and future activities within the AONB and the purposes for which the AONB was designated.

3.2.5 to seek to ensure that the parts of the AONB to which the public has rights of access are accessible and, as appropriate, to achieve wider access to the AONB by actual or virtual means.

3.2.6 to promote the sharing of good practice and consistency of approach towards the AONB across the Authorities.

3.2.7 to have due regard to the needs of agriculture and forestry and to the economic and social interests of rural areas

3.2.8 to seek to ensure that the Functions are so exercised as to attract the maximum available funding from Natural Resources Wales and from other external funding sources consistent with the attainment of the other Objectives set out above

3.3 The Functions of the Joint Committee in relation to the Objectives are:-

3.3.1 after consultation with the Authorities and the AONB Partnership, to prepare and publish the Management Plan or to review, adopt and publish the Management Plan

3.3.2 after consultation with the Authorities and the AONB Partnership, to produce and approve an Action Plan for the purpose of achieving the objectives of the Management Plan

- 3.3.3 to monitor the implementation of the Management Plan and of the Action Plan by means of the Annual Report and to make recommendations to all or any of the Authorities and the Partners as to their implementation.
- 3.3.4 to administer and undertake the Core Functions within the Core Budget and to carry out undertake procure or implement the non-Core Functions and the Action Plan in accordance with the provisions of this Agreement and within the Actions Budget
- 3.3.5 to undertake the periodic review of any published Management Plan and to consider and make representations upon any matter relating to the Objectives and the Functions
- 3.3.6 through the Annual Report and by such other means as the Joint Committee think fit to publicise the Management Plan to the Authorities, Partners and the general public
- 3.3.7 to consider and make representations on Local Development Plan Policies and proposals and proposals for development within or affecting the CR and DV AONB.
- 3.3.8 regularly to review and scrutinise the actions taken by the Officers Working Group.
- 3.3.9 to undertake such public and other consultation as the Joint Committee shall consider desirable or necessary in relation to the achievement of the Objectives and to collate and share with the AONB Partnership, the Authorities, Partners and others the results of such consultation
- 3.3.10 to carry out, procure or promote any activities or matters which are incidental or ancillary to the exercise of the Functions and which the Joint Committee deem to be of benefit to CR and DV AONB
- 3.3.11 to consider and review the membership of the AONB Partnership.
- 3.4 Subject to paragraph 3.5 below the Joint Committee will have delegated powers from the Authorities to expend the Budget and to implement or procure the implementation of the Action Plan for that year previously approved by the Joint Committee subject to the financial and resources implications of those decisions being contained within the Budget for the then current financial year or within the approved budgets of the Authorities.
- 3.5 The Joint Committee shall refer to the Authorities any matter which falls outside the Joint Committee's delegated powers or which the Joint Committee consider for any reason should properly be decided by the Authorities and not by the Joint Committee.
- 3.6 The Joint Committee shall not have power to borrow.

- 3.7 Subject to paragraphs 3.4 and 3.5 above the Authorities shall also each delegate and empower the Joint Committee to discharge the Functions on its behalf via the Officers' Working Group and the AONB Team in the manner set out in this Agreement.
- 3.8 The Joint Committee shall appoint the Secretary to the Joint Committee and the Treasurer to the Joint Committee. The Secretary to the Joint Committee shall be the Head of Legal and Democratic Services of the Lead Authority or such other officer of the Lead Authority as he may nominate. The Treasurer to the Joint Committee shall be the Section 151 officer of the Lead Authority. The Secretary and the Treasurer shall have respectively the functions powers and duties set out in Appendix 2.
- 3.9 The Joint Committee shall not employ any employees.

4. OFFICERS' WORKING GROUP

- 4.1 The Authorities will establish the Officers' Working Group which shall comprise one nominated officer representative of each Authority. The Secretary to the Joint Committee and the Treasurer to the Joint Committee or their respective nominees shall be entitled to attend any meeting of the Officers' Working Group and to speak on any item of business.
- 4.2 The officer of each Authority nominated to serve as its officer representative on the Officers' Working Group shall be a senior officer of that authority having responsibility at officer level for, or close senior level involvement in, the AONB.
- 4.3 Each officer nominated under paragraph 4.1 shall be entitled to attend, but not to vote at, meetings of the Joint Committee.
- 4.4 If the officer nominated under paragraph 4.1 is unable to attend a meeting of the Joint Committee or the Officers' Working Group, the Authority which nominated the officer may nominate a substitute of comparable seniority to attend that meeting. The nomination of such officer shall be made to the Chair of the Officers' Working Group either prior to or at the meeting.
- 4.5 The Officers' Working Group shall co-opt as advisers any nominee for the time being of Natural Resources Wales (not exceeding five persons in aggregate at any time), who shall be entitled to attend any meeting of the Officers' Working Group and to speak on any item of business. The Officers' Working Group may co-opt other officers of the Authorities and any Partner (whether in an individual or a representative capacity) from time to time, who shall be entitled to attend any meeting of the Officers' Working Group during their co-option and to speak on any item of business.

- 4.7 The Joint Committee shall have the Officers Working Group and the AONB Team at its disposal in order to discharge the Functions.
- 4.8 The functions of the Officers' Working Group will be:-
- 4.8.1 to consider and make recommendations in consultation with the AONB Partnership and AONB Team as to the strategic direction; implementation and delivery of the Management Plan and the Annual Action Plan; to promote in all practicable respects the objectives of the Joint Committee and to develop policies (including development plan policies affecting the AONB) for these purposes.
- 4.8.2 To make recommendations to the Joint Committee, in consultation with the AONB Partnership, about the Budget and on proposals for joint commissioning, joint ventures and the establishment of partnership agreements and service level agreements relating to the attainment of the Objectives.
- 4.9 The Officers' Working Group shall implement the decisions of the Joint Committee taken under the powers delegated to the Joint Committee.
- 4.10 The Officers' Working Group shall comply with the Lead Authority's Standing Orders and Financial Regulations.
- 4.11 The Officers' Working Group may establish any Topic Group to assist it in carrying out its functions.

5. AONB TEAM

- 5.1 The Joint Committee and the Officers' Working Group will be supported by the AONB Team
- 5.2 The AONB Team will comprise the AONB Officer and such other dedicated staff as may be employed from time to time wholly or mainly for the purposes of the AONB functions from within the Core Budget.
- 5.3 The AONB TEAM will:-
 - 5.3.1 co-ordinate and prioritise the day to day activities of the Joint Committee in attaining the Objectives and promote the value of CR and DV AONB in the community
 - 5.3.2 liaise between and advise and influence the Joint Committee, the Authorities, the Associated Bodies, Partners and other agencies and persons
 - 5.3.3 monitor progress and expenditure on individual projects in the Action Plan and prepare the Management Plan and Action Plan for consideration, and make recommendations on them
 - 5.3.4 in consultation with the Treasurer, appraise individual projects for funding and for inclusion in the Action Plan including the assessment of the adequacy of the financial and management controls in place for each such project
 - 5.3.5 monitor and co-ordinate progress and expenditure on individual projects within the Action Plan and evaluate and report on the outcomes and effectiveness of projects
 - 5.3.6 seek additional funding from all sources to assist the delivery of the Objectives and the Action Plan
 - 5.3.7 provide planning advise to the Joint Committee on Local Development Plan policies and proposals and on proposals for development affecting CR and DV AONB.
 - 5.3.8 Respond to any General Development Proposals which may be delegated to them by the Joint Committee.
- 5.4 The members of the AONB Team shall be employees of the Lead Authority and accordingly their terms and conditions of service shall be those of the Lead Authority. The Team shall work in close partnership with any of the Authorities equivalent staff who may be employed by any Authority.
- 5.5 All members of the AONB Team shall comply with the Lead Authority's Standing Orders and Financial Regulations.
- 5.6 Other support services for the Joint Committee shall include the provision of financial, legal and administrative services and such support services to the Joint Committee (to the extent that they are not provided by the Officers' Working Group) shall be provided by the Lead Authority subject to democratic services support being provided in rotation by the Authorities.

6. DELIVERY ARRANGEMENTS

The delivery structure is detailed in the structure diagram Appendix 3.

7. CONTRACTS

Every contract for the execution of work for or the supply of goods or services to the Joint Committee and the procedures relating thereto shall comply in all respects with the Financial Regulations and Contract Standing Orders of the Lead Authority.

8. FINANCIAL

8.1 Subject to the provisions of this paragraph 8, all expenditure incurred by the Joint Committee each year in attaining the Objectives and discharging the Functions will, having regard to the nature of the expenditure in question, be met from the Core Budget or the Actions Budget.

8.2 The Core Budget will be funded from Core Grant and the Annual Contribution of each Authority

8.3 Core Budget

8.3.1 In each year the Core Budget shall be such amount as the Joint Committee, after consultation with the AONB Partnership and having considered the views of each Authority following consultation under paragraph 8.7.3 and taken into account the Core Grant for the year in question, shall decide is necessary to meet the estimated cost of undertaking the Core Functions.

8.3.2 The members of the Joint Committee propose in principle funding the central core budget (net of any central core grant) equally as indicated in Appendix 7.

8.3.3 Over the initial term of the agreement, members of the Joint Committee will agree to work towards funding the combined core ,central and area apportionment, as set out in Appendix 7 achieving these figures by the 5th year of the initial five year term. These amounts will make up the annual contribution of each Authority for the year to which the annual contribution relates, having regard to the relevant local government pay settlement.

8.3.4 The Joint Committee shall (save in exceptional circumstances) consider the proposed Budget and notify each Authority of its proposed Annual Contribution for the following year.

8.4 Actions Budget

8.4.1 The Actions Budget will relate to those projects within the Action Plan for the implementation of which the Joint Committee will be responsible in any year.

8.4.2 Each Authority or Partner (as the case may be) will have primary responsibility for procuring the funding for any project within the Action Plan which it has agreed to promote and implement.

8.4.3 The Joint Committee, the Officers' Working Group and the AONB Team, in consultation with the AONB Partnership, will assist any Authority or Partner in its efforts to procure external funding for any project in the Action Plan.

8.4.4 Each Authority may contribute any additional monies over and above the budget, to the Actions Budget or to the separate funding of any part of the Action Plan.

8.4.5 The Joint Committee shall determine the priority of those projects within the Action Plan to be funded from the Actions Budget in any year.

8.5 Budget Planning

The Joint Committee, when considering the proposed Budget for the following year, will consider a financial forecast of its anticipated budgetary requirements for the subsequent two financial years.

8.6 Capital Expenditure

The Joint Committee may incur expenditure in respect of items which must or, in the Joint Committee's discretion, may properly be determined as capital expenditure in accordance with the requirements from time to time of the Local Government and Housing Act 1989 and Regulations made thereunder

8.7 Administration of the Budget

8.7.1 Subject to section 8, the proposed Budget for each year of this Agreement shall be prepared by the Treasurer to the Joint Committee in consultation with the s.151 Officer of each Authority.

8.7.2 The proposed Budget shall be considered by the Joint Committee at the earliest practicable date in the year preceding the year to which the Budget relates.

8.7.3 Before the Budget is submitted for the approval of the Joint Committee, the proposed Budget will be copied to each Authority by the Treasurer to the Joint Committee for prior consideration by each authority so that each Authority is briefed on the level of funding which the Joint Committee are to be asked to consider for the following year. The Joint Committee will not approve a higher Budget in any year than that on which each Authority has been consulted unless any increase in the approved Budget is wholly attributable to an increase before any external grant.

8.7.4 The Budget for 2013/14 at the Commencement Date is the total cost set out in Appendix 7. The posts listed in Appendix 8 are the AONB Team posts under paragraph 5.2 for which provision is made from the Commencement Date within the Core Budget.

8.7.5 A scheme of management for the establishment of a reserve is set out at Appendix 6. The scheme provides a facility to carry forward into the next year any underspend of the Budget but requires firstly that (unless otherwise stipulated as a condition of Core Grant or Non-Core Grant funding or other external funding) that the funding of any overspend of the Budget is met in any year by transfer from the reserve. If the reserve is insufficient to meet the overspend in any year, then unless the Authorities agree to provide an additional sum to fund the deficit in accordance with their respective shares, the Joint Committee will make any necessary adjustment in the Budget for the following year.

8.8 Payments

- 8.8.1 Any payment due from an Authority to the Joint Committee in any year in respect of the Annual Contribution shall be made on 1 April based on the amount of the Annual Contribution determined under paragraph 8.3.2. The invoice will be in official form and will meet Customs and Excise VAT requirements.
- 8.8.2 All sums payable by any Authority pursuant to this Agreement are exclusive of VAT. Each Authority shall pay any VAT properly chargeable on any supply made under this Agreement
- 8.8.3 The amount of any payment due from the Joint Committee to an Authority or from an Authority to the Joint Committee may not be set off against any other payment due from an Authority to the Joint Committee or from the Joint Committee to an Authority (as the case may be)

8.9 Records

- 8.9.1. The Treasurer to the Joint Committee will be responsible for keeping records of income and expenditure relating to the expenditure of the Joint Committee on Core Functions and Non-Core Functions and will produce as necessary but not less than twice yearly monitoring reports to the Joint Committee. The Treasurer or other financial officer of each other Authority will provide any necessary financial information for this purpose. The Treasurer to the Joint Committee will prepare and submit for the approval of the Joint Committee final closure accounts by not later than 30 May in the year following the year to which the accounts relate.
- 8.9.2 The accounts of the Joint Committee will be included in the accounts of each Authority for audit purposes.
- 8.9.3 For the purposes of VAT the arrangements shall be:
- 8.9.3.1 The Joint Committee shall be registered for VAT or,
- 8.9.3.2 The Lead Authority act as host for VAT purposes, subject to concession by HMRC.

8.10 Mutual Understanding

The Authorities agree that this Agreement may give rise to situations in which one or more of the Authorities may invest in or take part in a particular project or projects within the Action Plan for a year the costs of which are not being shared with or contributed to by other of the Authorities (each "a Non-contributing Authority").

9. LEAD AUTHORITY

- 9.1 Denbighshire County Council is appointed from the date of this Agreement as the Lead Authority for the purposes mentioned in paragraphs 9.3 to 9.11 below
- 9.2 The role of the Lead Authority shall be exercised subject to the approval of the Joint Committee and shall be as follows:-
- 9.2.1 to undertake the duties and responsibilities of the Lead Authority referred to in the Agreement
- 9.2.2 to act on behalf of the Joint Committee when this achieves Best Value or adds value to the attainment of the Objectives or the performance of the Functions or when it is necessary or desirable to do so in order to attract or secure external funding or other resources from outside the Authorities and/or;
- 9.2.3 to make and provide all appropriate banking accounting and audit arrangements and services required for the due and proper receipt, holding and application of the Joint Committee's funds and/or;
- 9.2.4 to be the legal point of contact with suppliers for all joint procurements and/or;
- 9.2.5 subject to paragraph 5.6, to provide such administrative resources as shall be reasonably necessary to enable the Joint Committee to discharge their respective roles, duties and functions and which are not otherwise provided for under this Agreement.
- 9.2.6 to provide the secretariat for any relevant meetings of the Associated Bodies.
- 9.3 Each of the other Authorities shall (and hereby duly undertake with the Lead Authority to) indemnify the Lead Authority against and/or contribute and pay in equal shares all or any liabilities claims costs and/or expenses of or reasonably incurred by the Lead Authority in or in connection with or in the course of or as a result of:-
- 9.3.1 performing or discharging its roles and/or responsibilities in paragraph 9.2 of this Agreement as the Lead Authority: and/or
- 9.3.2 undertaking any contract or commitment on behalf of the Joint Committee for the purposes of or pursuant to this Agreement
- PROVIDED THAT** such indemnity on the part of the other Authorities shall not extend to liabilities or claims arising or costs and/or expenses incurred by reason or in consequence of any of the following on the part of the Lead Authority that is to say, negligence or misconduct to a material degree, persistent breach of law or duty (that is to say persisted in after the same shall have been brought to the attention of or known to the Lead Authority), act or omission known to the Lead Authority to be

contrary to proper local government practice or local government law or substantial or persistent failure (after due notice) to redress performance of the duties of the Lead Authority which shall not comply with the requirements or the standards of or set by this Agreement

- 9.4 The Lead Authority shall owe no duty of care to the other Authorities and have no liability or responsibility in respect of or in relation to the performance or discharge of (or omission to perform or discharge) any role or function referred to in Clause 9.2 the discharge or exercise of which requires the approval of the Joint Committee (save to the extent that such role or function is discharged or exercised by the Lead Authority negligently or in a manner known to the Lead Authority to be contrary to proper local government practice or local government law) or which is otherwise carried out or to be carried out in the manner requested or required by, (or which is omitted to be performed on the instruction or request of) the Joint Committee.
- 9.5 The Lead Authority shall owe no duty of care to the other Authorities or any of them (whether in contract or in tort) in respect of the roles and responsibilities of the Joint Committee.
- 9.6 The Lead Authority shall cease to act as Lead Authority if so required by notices in writing given to the Lead Authority by a simple majority of the Authorities and expiring at the end of any financial year. In the event that the Lead Authority shall cease to act, the Authorities shall refer the decision on appointment of the Lead Authority back to their respective Cabinets or Executive Board.
- 9.7 Any documentation held by the Lead Authority which remains relevant after it has ceased to act as such shall (on the request of the new Lead Authority or the Joint Committee) be handed over or copied to the new Lead Authority or the Joint Committee
- 9.8 The Authorities agree that the Lead Authority shall be entitled to call on the funds of the Joint Committee to pay any redundancy or other lawful claim arising in respect of the termination of the employment of any officer wholly or mainly employed by the Lead Authority for the purposes of carrying out this Agreement PROVIDED THAT the Lead Authority shall FIRST consult with the Joint Committee, such consultation to include discussion on any suitable alternative employment for the officer concerned. The Authorities recognise that TUPE may apply and in any event will adhere to the principles of TUPE in relation to those affected staff.
- 9.9 If the funds of the Joint Committee shall not be sufficient to meet the loss, costs or damages incurred by or claims against the Lead Authority the other Authorities shall each indemnify the Lead Authority in equal shares against the amount incurred by or claimed against the Lead Authority (to the intent that the Lead Authority shall likewise be liable for such an equal share)

10. PROVISION OF NON CASH RESOURCE

- 10.1 The Authorities agree that they will make reasonable endeavours to provide such non-monetary resources and assistance and in-kind support to the Joint Committee as shall be reasonably requested by the Joint Committee from time to time
- 10.2 No requirement or request shall be made of an Authority under Clause 10.1 which shall have the effect of compelling that Authority to incur unbudgeted expenditure.
- 10.3 Provision of support under this Section 10 may be included in the calculation of the Annual Contribution for the following financial year.

11. DURATION, WITHDRAWAL AND TERMINATION

- 11.1 This Agreement shall come into force on the Commencement Date and shall continue until the 31st March 2019 before such date there shall be a review of the Agreement and unless there is any variation, withdrawal or termination under the Agreement, the Agreement shall continue on a rolling 5 year term, with a review on or before the expiry of each 5 year term.
- 11.2 Any Authority may withdraw from the Joint Committee by giving not less than 18 months notice to the other Authorities and the Secretary of the Joint Committee.
- 11.3 Any Authority wishing to withdraw from the Joint Committee undertakes as a condition of 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 Authorities pursuant to clauses 8 and 9
- 11.4 In the event of any withdrawal, unless otherwise agreed by the remaining Authorities, this Agreement shall continue.
- 11.5 The Authorities agree that this Agreement may be determined upon terms agreed by the Authorities.
- 11.6 In the event of termination of this Agreement each party shall undertake to pay such reasonable payment or payments which fairly reflect the obligations of that Council pursuant to this Agreement on the basis of sections 8 and 9; any assets held by the Authorities shall where reasonably practicable be divided proportionately or be retained by an Authority for its own use subject to an equitable settlement to the other parties; or be dealt with as otherwise agreed between the Authorities. In the absence of any agreement in accordance with the dispute resolution procedures.

11.7 It shall be the duty of all the Authorities to minimise any losses arising from the determination of this Agreement.

12. MISCELLANEOUS

Insurance

12.1 Save as otherwise provided for in Section 9 (Lead Authority) and Section 11 (Termination), any necessary compensation or other essential financial payment or legal obligation to the payment or fulfilment of which any Authority or any third party may become entitled as a result of or in connection with the discharge of any of the Functions shall as between the Joint Committee and the Authorities be paid or fulfilled wholly by the Joint Committee and the Joint Committee shall accordingly ensure that adequate insurance cover is effected and maintained in respect of any such liability.

12.2 The cost of such insurance shall be an Overhead and accordingly part of the Core Budget.

12.3 The Lead Authority shall be responsible for making all necessary insurance arrangements on behalf of the Joint Committee and (where given) in accordance with the Joint Committee's instructions.

Civil Litigation

12.4 The institution and defence of necessary civil litigation by the Joint Committee arising from the pursuit of the Objectives or the discharge of the Functions shall be undertaken in a representative capacity by the Lead Authority.

Criminal Proceedings

12.5 The conduct of any criminal proceedings in the Magistrates Court or the Crown Court brought by or against the Joint Committee arising out of the pursuit of the Objectives or the discharge of the Functions shall be undertaken in a representative capacity by the Lead Authority unless the Joint Committee, having regard to the circumstances giving rise to the proceedings, agree that another Authority should do so.

Law and Jurisdiction

12.6 This Agreement shall be governed by the law of England and Wales and the parties submit to the exclusive jurisdiction of the courts of England and Wales.

13. VARIATION OF AGREEMENT

This Agreement may be varied at any time upon such terms as the Authorities after consultation with the Joint Committee may agree.

14. NOTICES

Any notice to be served under this Agreement upon any Authority will be served at the principal offices for the time being of that Authority for the attention of the Head of Legal and Democratic Services or Head of the Paid Service of that Authority.

15. INTERESTS OF MEMBERS IN CONTRACTS AND OTHER MATTERS

- 15.1 Every member of the Joint Committee shall at all times comply with the principles specified by the Welsh Ministers under Section 49 of the Local Government Act 2000 which are to govern their conduct. They should also abide by the Clwydian Range and Dee Valley Members Accord.
- 15.2 Any member of the Joint Committee who has an interest defined in the Members Code of Conduct of his or her Council shall comply with the requirements of that Code as regards the disclosure of that interest and as regards withdrawing from participation in consequence of that interest.
- 15.3 The Secretary of the Joint Committee shall keep a record of particulars of any disclosures by members which shall be open during normal office hours for public inspection.

16. DISPUTE RESOLUTION PROCEDURE

- 16.1 If at any time any dispute or difference shall arise between the Authorities in respect of any matters arising out of this Agreement or the meaning or effect of this Agreement or anything herein contained or the rights or liabilities of any of the Authorities the same shall be referred to the relevant Corporate Directors of the Authorities in dispute. Each Director shall undertake and agree to pursue a positive approach towards the dispute resolution which avoids legal proceedings and maintains strong working relationships between the parties. There shall be a commitment to resolving the matter within 10 working days.
- 16.2 In the event that the dispute is not settled at Director level, and the context so requires, it shall be referred to the respective Chief Executives who shall use their best endeavours to reach a resolution within a further 10 working days.
- 16.3 In the event that any dispute or difference between the Councils relating to this Agreement which it has not been possible to resolve through the decision making process of the Joint Committee or otherwise, the Authorities may either agree to refer the matter to arbitration or utilise the termination procedures at section 11.

17. FORCE MAJEURE

The Authorities shall be released from their respective obligations under the Agreement if national emergency, war, prohibitive government

regulations or any other cause (except strike action) beyond the control of the Authorities or any of them renders the performance of this Agreement impossible.

18. PARTNERS

- 18.1 The Authorities wish to encourage the Joint Committee, in consultation with the AONB Advisory Partnership, to promote, establish, and foster links with Partners to support the Objectives and Functions.
- 18.2 The form of the link with any Partner shall be in the discretion of the Joint Committee but, subject to paragraph 18.3 below, shall accord so far as reasonably practicable with the wishes of the Joint Committee and the Partner in question.
- 18.3 Nothing in this Agreement or otherwise shall require or oblige the Joint Committee to, nor shall the Joint Committee without the approval of the Authorities, enter into links with commercial or trading organisations bodies or persons where the nature or business of that commercial or trading organisation body or person gives rise or could give rise to, any conflict of interest (for example without limitation by reason of the possible procurement or use by the Joint Committee of equipment or services provided by a particular business).
- 18.4 Subject to paragraph 18.3 above the Joint Committee may form links under this Section with any Partner who is prepared to provide financial or in kind support to the Joint Committee in furtherance of the Objectives and Functions.
- 18.5 Where a link is established pursuant to paragraph 18.4 above, then, provided that the financial or in-kind support given by the Partner in question to the Budget is, in each financial year in which such support is given, of equal value to or greater than the Annual Contribution of any Authority for that year, the Joint Committee shall invite to the meetings of the Joint Committee for that year a representative of that Partner (who shall not be a member or officer of an Authority) who shall have the right to speak but not to vote.
- 18.6 Where and for so long as pursuant to paragraph 18.5 a Partner is entitled to send a representative to meetings of the Joint Committee, that Partner shall also be entitled to send a representative to meetings of the Officer Working Group which representative shall have the right to speak thereat.
- 18.7 Where pursuant to paragraph 18.5 a Partner is for the time being entitled to send a representative to meetings of the Joint Committee and the Officers' Working Group and, at the end of the year in question, that Partner ceases to provide support at the level referred to in the proviso in paragraph 18.5, the Partner shall cease to be entitled to exercise the powers in paragraphs 18.5 and 18.6.

18.8 Notwithstanding any of the foregoing provisions of this Section, it shall be for individual Authorities to determine what links each wishes to have with any Partner.

19. DATA PROTECTION

19.1 The Authorities shall at all times comply with the DPA, including maintaining a valid and up to date registration or notification under the DPA, covering any data processing to be performed in connection with this Agreement and their responsibilities as data processors and/or data controllers.

19.2 The Authorities shall only undertake processing of Personal Data reasonably required in connection with the operation of this Agreement.

19.3 The Authorities shall not transfer any Personal Data to any country or territory outside the European Economic Area.

19.4 The Authorities shall not disclose Personal Data to any third parties other than:

19.4.1 in response to a data subject access request;

19.4.2 to employees and contractors to whom such disclosure is necessary in order to comply with their obligations under this Agreement; or

19.4.3 to the extent required to comply with a legal obligation

20. FREEDOM OF INFORMATION

20.1 The parties recognise that they 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.

20.2 The parties 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.

20.3 Any Authority shall be entitled to disclose any information relating to this Agreement 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:

20.3.1 the Authority which receives the Information Request shall circulate the Information Request and shall discuss it with the other Council

20.3.2 the Authority which receives the Information Request shall in good faith consider any representations raised by one or more Authority when deciding whether to disclose Exempt Information; and

20.3.3 the Authority which receives the Information Request shall not disclose any Exempt Information beyond the disclosure required by FOI Legislation without the consent of the Council to which it relates.

20.4 The parties to this Agreement acknowledge and agree that any decision made an Authority 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 Authority. A party 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.

21 SEVERANCE

If any provision of this Agreement is declared by any judicial or other competent authority to be void voidable unlawful or otherwise unenforceable or indications to that effect are received by the Authorities from any competent authority the Authorities shall amend the provision in such a reasonable manner as achieves the intention of the Authorities without being unlawful or if agreed between the Authorities it may be severed from this Agreement but the remaining provisions shall remain in full force unless the Authorities agree that the effect of such declaration is to defeat their original intention

.22. AGREEMENT TO REMAIN IN FULL FORCE

Any failure by an Authority to insist upon the performance of any of the conditions of this Agreement or to exercise any right under it shall not be construed as a waiver by such Authority and this Agreement shall continue and remain in full force and effect notwithstanding any such failure.

23. WELSH LANGUAGE

The Welsh language policy of the Lead Authority shall apply to this Agreement

APPENDIX 1

STANDING ORDERS OF THE CLWYDIAN RANGE AND DEE VALLEY AONB JOINT COMMITTEE

1. Interpretation

- 1.1 The decision of the Chairman of the meeting as to the interpretation of any standing order or on any question of procedure not provided for by these standing orders shall be final. No debate may ensue thereon.

2. Meetings

- 2.1 The annual meeting of the Joint Committee in each year shall be held as soon as practicable after 1 June in each year and shall amongst other things receive the closing accounts for the preceding year.
- 2.2 The Joint Committee shall between each annual meeting normally meet at intervals of four months or on such other occasions or greater frequency as they may agree and shall meet on such day and at such time and place as they may determine provided that a meeting shall be held as soon as practicable after November of each year for the purpose of considering the Joint Committee's budget for the following year.
- 2.3 Unless otherwise agreed, the Joint Committee shall meet in rotation at the offices of the three Authorities.
- 2.4 With the exception of the annual meeting and the Budget meeting, the Secretary with the agreement of the Chairman and Vice Chairman may cancel any meeting of the Joint Committee if in his or her opinion insufficient business has arisen for consideration.
- 2.5 A special meeting of the Joint Committee shall be convened at any time by the Secretary upon the instructions of the Chairman and Vice Chairman.

3. Notice of Meetings

- 3.1 At least 3 clear days before a meeting of the Joint Committee:
 - 3.1.1 a summons to attend the meeting specifying business proposed to be transacted shall be sent electronically by the Secretary to the Joint Committee to the last email address given for that purpose by each member of the Joint Committee and to the Chief Executive of each Authority and to
 - 3.1.2 notice of the time and place of the intended meeting shall be published at the offices each Authority by the Chief Executive of that Authority

3.2 Lack of service on a member of the Joint Committee of the summons referred to in paragraph 3.1.1 above shall not affect the validity of a meeting of the Joint Committee

3.3 Except in the case of business required by this standing order to be transacted at a meeting of the Joint Committee and other business to be brought before the meeting as a matter of urgency, of which the Chairman Vice Chairman and the Secretary shall have prior notice and which the Chairman, Vice Chairman and the Secretary consider should be discussed at the meeting, no business shall be transacted at a meeting of the Joint Committee other than that specified in the summons relating thereto.

4. Election of Chairman and Vice Chairman

4.1 At its annual meeting the Joint Committee shall determine from amongst its members a Chairman and Vice Chairman of the Joint Committee for the period from the commencement of that meeting of the Joint Committee up to the commencement of the next following annual meeting of the Joint Committee.

4.2 Each person proposed for any office shall be duly nominated and seconded by members attending the meeting before his or her name is submitted to the vote of the meeting. When there are more than two persons nominated for any appointment and of the votes given there is not an overall majority in favour of one person, the name of the person having the least number of votes shall be struck off the list and a fresh vote shall be taken and so on until a majority of votes is given in favour of one person.

4.3 In the event of a vacancy arising in the office of a Chairman or Vice Chairman appointed under paragraph 4.1 above, the Joint Committee at its next meeting shall appoint another member to hold such office from the commencement of that meeting until the commencement of the next following annual meeting.

5. Membership of the Joint Committee

5.1 Subject to paragraph 2, each member of the Joint Committee shall be a Councillor of the Authority by whom he or she shall have been appointed holding membership of the current Executive of that Authority and shall hold office until the next annual meeting of the Joint Committee following his or her appointment unless he or she ceases to be a representative of the Authority appointing him or her or resigns his or her membership of the Joint Committee or his or her appointment is revoked by the Authority appointing him or her.

5.2 Each Authority shall fill any casual vacancy during any year in accordance with the provisions of this Constitution and shall advise the Secretary to the Joint Committee within 7 days of such appointment.

5.3 Where paragraph 8.5 of the agreement applies to the Joint Committee, they shall invite the representative of the Partner in question to attend meetings of the Joint Committee who shall have the right to speak but not to vote, as that paragraph provides. Such representative shall not be a member or officer of an Authority.

5.4 The Joint Committee for the time being shall co-opt as advisers to the Joint Committee the Chairman of the AONB Partnership, the AONB Officer, a representative of Natural Resources Wales, to attend and speak (but not vote) at meetings of the Joint Committee and may from time to time co-opt one or more other advisers to attend such meeting or meetings of the Joint Committee as the Joint Committee may specify having regard to the knowledge or skill of the co-opted adviser, and the contribution he may make to the business of the Joint Committee at that meeting or those meetings. Such other co-opted adviser(s) shall be entitled to speak but not to vote.

6. Chairman of Meeting

6.1 At each meeting of the Joint Committee the Chairman, if present, shall preside.

6.2 If the Chairman is absent from a meeting of the Joint Committee the Vice Chairman, if present, shall preside.

6.3 If both the Chairman and the Vice-Chairman of the Joint Committee are absent from a meeting of the Joint Committee such member of the Joint Committee as the members present shall select shall preside.

7. Quorum

7.1 No business shall be transacted at any meeting of the Joint Committee unless at least one member from each Authority are present.

7.2 If during any meeting of the Joint Committee the Chairman, after counting the number of members present, declares that there is not a quorum for the meeting then the meeting shall stand adjourned to a date and time fixed by the Chairman or, in the absence of a date and time being fixed, to the next ordinary meeting of the Joint Committee to which the consideration of any business not transacted shall be referred.

8. Order of Business

8.1 At every meeting of the Joint Committee the order of business shall be to select a person to preside if the Chairman or Vice Chairman are absent and thereafter shall be in accordance with the order specified in the notice of the meeting except that such order may be varied either by the Chairman at his or her discretion or on a request agreed to by the Joint Committee.

- 8.2 The Agenda shall not include an 'Any Other Business ' Item.
- 8.3 Every Member (whether a Member of the Joint Committee or not) attending a meeting of the Joint Committee shall sign his/her name on the attendance sheet provided for that purpose.
- 8.4 Proceedings at meetings may not be photographed, videoed, sound recorded, broadcast or transmitted in any way (including via social media) outside the meeting by individual Members appointed to the Joint Committee, the Press or the public without the prior permission of the Chair.
- 8.5 Use of text based social media such as Twitter, Facebook, SMS text messaging by Members who are not appointed to the body whose meeting they are attending, the Press and the public is permitted during the meetings provided that this does not cause a nuisance or annoyance to others during the meeting.
- 8.6 If any activity permitted under this standing order shall create a nuisance or annoyance to others attending the meeting Standing Order 4 may be invoked by the Chair to resolve the issue.
- 8.7 No broadcasting, photographing, video or sound recording or any transmission of proceedings from a meeting will be permitted where the Press and Public have been excluded as permitted under the Access to Information provisions of the Local Government Act 1972 or any subsequent amendment.

9. Minutes

- 9.1 Minutes of the proceedings of a meeting of the Joint Committee shall be drawn up and entered into a book kept for that purpose and shall be signed at the next meeting of the Joint Committee by the Member presiding, and any minute purporting to be so signed shall be received in evidence without further proof.
- 9.2 Notwithstanding anything in any enactment or rule of law to the contrary, the minutes of the proceedings of meetings of the Joint Committee may be recorded and distributed in electronic form.
- 9.3 The Chairman shall move "That the minutes of the meeting of the Joint Committee held on...be signed as a correct record". If the accuracy is not questioned the Chairman shall sign the minutes.

10. Rules of Debate

The Rules of Debate of the Lead Authority shall apply to this Joint Committee

11. Voting

- 11.1 The mode of voting at meetings of the Joint Committee shall be by show of hands.
- 11.2 The Chairman will not have a casting vote. In the event of an equality of votes of the voting members of the Joint Committee, who are present at the meeting in question on any proposal before the Joint Committee at that meeting, the Chairman shall declare that the proposal is not carried.

12. Interests of Members in Contracts and Other Matters

- 12.1 (a) Every Member of the Joint Committee shall at all times comply with the principles specified in law, including those specified by the Secretary of State under Section 49 of the Local Government Act 2000, which are to govern their conduct.
 - (b) Any Member of the Joint Committee who has an interest as defined in the Members' Code of Conduct of his or her Council shall comply with the requirements of that Code as regards the disclosure of that interest and as regards withdrawing from participation in consequence of that interest.
- 12.2 The Secretary to the Joint Committee shall keep a record of particulars of any disclosures by members which shall be open during normal office hours for public inspection.

13. Expression of Dissent

No expression of dissent shall be entered in the minutes of the Joint Committee. Any two members may demand that a named vote be taken.

14. Disturbance at Meetings

- 14.1 If a member of the public interrupts the proceedings of any meeting the Chairman shall warn that person. If the interruption continues the Chairman shall order the person's removal from the meeting room.
- 14.2 In the case of general disturbance in any part of the meeting room open to the public the Chairman shall order that part to be cleared.
- 14.3 If a member of the Joint Committee in the opinion of the Chairman behaves improperly or offensively or deliberately obstructs business the Chairman shall warn that person. If the member continues to behave

improperly the Chairman or any member may move that either the member leave the meeting or that the meeting is adjourned for a specified period.

15. Variation and Revocation of Standing Orders

Any addition, variation or revocation of these Standing Orders shall when proposed and seconded stand adjourned without discussion to the next ordinary meeting of the Joint Committee, provided that this standing order shall not apply to any review of standing orders at the annual meetings of the Joint Committee. Any such addition, variation or revocation shall be first referred to each Authority for their approval.

16. Suspension of Standing Orders

Any standing order may be suspended for all or part of the business of a meeting of the Joint Committee at which suspension is moved. Such a motion cannot be moved unless a quorum is present nor can such a motion be moved if the effect of the suspension would conflict with the terms of any agreement entered into by the Authorities.

17. Rescission of Previous Resolutions

No motion to rescind any resolution passed within the preceding six months nor any motion to the same effect as any motion negative within the preceding six months shall be in order unless the notice of such motion shall have been given and specified in the summons and the notice shall bear, in addition to the name of the member who proposed the motion, the name of three members. When any such motion has been disposed of by the Joint Committee it shall not be open to any member to propose a similar motion within a further period of three months

18. Meetings Open to the Public and Confidential Items

18.1 Meetings of the Joint Committee will be open to the public except to the extent that they are excluded under standing order 18.2

18.2 The public may be excluded from a meeting of the Joint Committee during an item of business whenever it is likely, in the 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 the item, confidential information as defined in section 100A of the Local Government Act 1972 as defined in section 100I of the Local Government Act 1972 would be disclosed to them.

19 Call In Procedures

- 19.1 Any partner Authority shall be entitled to Call In a decision of the Joint Committee in accordance with the Call In Procedures of the Authority who wishes to call in.
- 19.2 If any decision of the Joint Committee is subject to call in by an Authority, the Joint Committee shall take no action to implement that decision unless the call in process upholds the decision.

20. Delegations

The Joint Committee may delegate a function to an officer of the Officers Working Group or the AONB team, which may include delegations in respect of certain general planning consultations.

APPENDIX 2

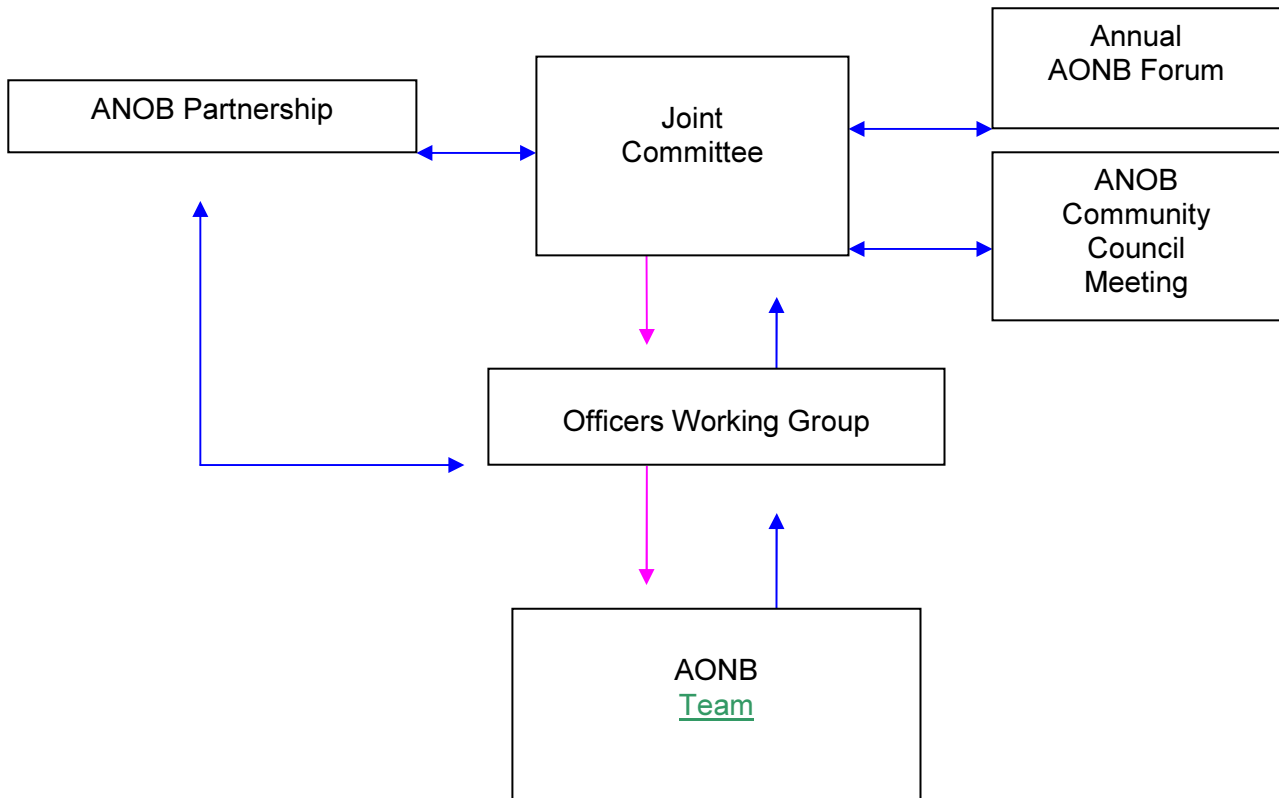
1. SECRETARY TO THE JOINT COMMITTEE

- 1.1 In addition to any other powers and duties referred to in this Agreement the Secretary to the Joint Committee shall:
- 1.2 prepare and circulate agendas reports and minutes for consideration by the Joint Committee.
- 1.3 sign on behalf of the Joint Committee any document necessary to give effect to any resolution of the Joint Committee.
- 1.4 sign any document which is a necessary step in any legal procedure or proceedings.

2. TREASURER TO THE JOINT COMMITTEE

- 2.1 In addition to any other powers and duties referred to in this Agreement the Treasurer to the Joint Committee is authorised to produce the Budget estimates and the accounts of the Joint Committee.

STRUCTURE FOR THE CLWYDIAN RANGE AND DEE VALLEY AREA OF
OUTSTANDING NATURAL BEAUTY MANAGEMENT AND GOVERNANCE



Colour Key

↔ Flow of information

→ Delegation

AONB PARTNERSHIP

Terms of reference for the AONB Partnership

To bring together key interests in the Clwydian Range and Dee Valley AONB to consider and advise on conservation and enhancement of the natural beauty and locally distinctive character of the landscape, including its physical, ecological and cultural make-up; and in particular:

- Raise awareness of the importance and purpose of the AONB
- Contribute to and help implement the AONB Management Plan
- Encourage local communities and all public bodies and agencies to conserve and enhance the natural beauty of the AONB and its setting
- Promote the sustainable social and economic well being of the area
- Provide a forum for discussion for issues affecting the AONB
- Advise local authorities and other agencies on the impact of their activities on the AONB and on the preparation of their plans covering all or part of the AONB, to ensure that policies and practices are consistent with the AONB management plan
- Advise the Joint Committee in relation to the Local Development Plan to ensure that the protection of the AONB is properly taken account of and that a consistency of approach is achieved over the whole area
- Advise the Joint Committee about the impact of any development proposals, within or adjacent to the AONB, that are likely to affect significantly the character and natural beauty of the area
- Make recommendations to the Joint Committee regarding the appropriate recipients of any Welsh Government's AONB Sustainable Development Fund monies.
- Foster links with other protected landscapes

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List of members for AONB Partnership appointed for 4 years	
AONB-wide representatives (selected by the local authority sub group members of the Partnership)	<ul style="list-style-type: none"> • 9 local authority members (3 from each Council as nominated by their respective Councils) • 3 land management interests • 2 rural community interests • 2 urban community interests • 1 business interests
Management Plan priorities representatives (selected by the local authority sub group members of the Partnership) <i>Current management plan priorities shown</i>	<ul style="list-style-type: none"> • 1 Landscape • 1 Natural • 1 Historical • 1 Access and Recreation • 1 Built Environment
Special Interest representatives (selected by the local authorities) No more than 9 years consecutive service ¹	<ul style="list-style-type: none"> • 3 individuals or organisations
In making the appointments, the local authorities will ensure that the World Heritage Site is represented	

1. Secretariat

- 8.1 The AONB Team will provide the secretariat for meetings of the AONB Partnership and will prepare and distribute the agenda and minutes of meetings and distribute any reports to be considered.
- 8.2 The AONB Team will ensure that the minutes of the AONB Partnership are referred to the Joint Committee and to the Officers Working Group as soon as is practicable after any meeting of the AONB Partnership and that any recommendations of the AONB Partnership to either the Joint Committee or the Officers Working Group (as the case may be) are considered by them.
- 8.3 Any Authority, Other Representative or Partner may ask the AONB Team to include an item on the agenda for consideration at a subsequent meeting of the AONB Partnership.

9 Delegated Powers

- 9.1 The AONB Partnership will have no delegated powers.

¹ A limit of nine consecutive years is in line with standard practice for the appointment of individuals to public bodies.

AONB ANNUAL FORUM

The role of the Forum is to embrace a wide range of interests. Attendance is by open invitation but the AONB Partnership and any supporting working groups are standing members

1. Role and Functions

1.1 There will be an AONB Annual FORUM with the following Terms of Reference:

Terms of reference for an AONB Annual Forum

The AONB Forum advises the AONB Partnership and champions the AONB, provides a united voice to promote its care and management. By bringing together a wide range of interests the Forum develops and reviews the AONB Management Plan and takes direct action by leading and supporting initiatives in the area. The AONB Forum:

- Receives the an update on AONB activity and monitors and evaluate progress in achieving the management plan objectives
- Raises awareness of the importance and purpose of the AONB
- Provides a forum for discussion of major issues affecting the AONB
- Encourages and develops community involvement in the management of the AONB
- Explores how partners can assist in the implementation of the management plan
- Promotes innovation, acting as a catalyst for new ideas and approaches
- Plays a lead role in championing a sustainable future for the AONB and its communities²
- Encourages and recruits wide political and financial support for management measures

1.2 The AONB Annual Conference will meet annually on such date after the annual meeting of the AONB Partnership as shall be decided by the Officers' Working Group, in consultation with the AONB Partnership.

1.3 The AONB Annual Conference will be chaired by the Chairman for the time being of the AONB Partnership or, in his/her absence, by such person as the attendee may elect. If any AONB Annual Forum has a particular theme, the Chairman of the AONB Partnership, with the

² Linked to the vision of a sustainable Wales in One Wales One Planet, Sustainable Development Charter, Welsh Assembly Government, May 2010

concurrence of the specialist presenter, may nominate that person to act as Chairman for that meeting.

- 1.4 Each attendee will be entitled to speak and, if there is a vote, to vote on any item of business.
- 1.5 If there is a request for any issue or matter to be put to a vote, it will be decided by a simple majority of the attendees on a show of hands. The Chairman will not have a casting vote.

2. Secretariat

2.1 The AONB Team will:

- (a) provide the Secretariat for the AONB Annual Forum
- (b) arrange the venue (at a convenient location within or close to Clwydian Range and Dee Valley AONB)
- (c) convene each AONB Annual Forum and prepare and distribute the Agenda for and the minutes of each meeting
- (d) prepare, or co-ordinate the preparation of, any reports and presentations to be considered by or made to the AONB Annual Forum.

2.2 The AONB Team will ensure that a written report of the proceedings of the AONB Annual Forum is referred to the Officers' Working Group, the AONB Partnership and the Joint Committee as soon as is practicable after the AONB Annual Conference has been held and that any recommendations made by the AONB Annual Forum to any of them are considered.

3. Delegated Powers

3.1 The AONB Annual Forum will not have any delegated powers. Any recommendation made by the AONB Annual Forum to the Officers' Working Group, the AONB Partnership or the Joint Committee (as the case may be) will be of an advisory nature and will not be binding on them.

RESERVE MANAGEMENT SCHEME

1. Purpose of Reserve

1.1 The purpose of the reserve is to hold accumulated surpluses of the Joint Committee which can be made available, subject to the approval of the Joint Committee, to:-

- (a) Meet any deficits arising on the Core Budget
- (b) Set aside sums for future investment through the Actions Budget
- (c) Finance any other specified use approved by the Joint Committee

2. Operation of the Reserve

2.1 The reserve shall be under the control of the Joint Committee. The Joint Committee may give approval to the use of the reserve for the purposes of the Objectives or the Functions

3. Investment of Reserve Balance

3.1 The Treasurer to the Joint Committee is authorised to invest balances from time to time either internally or externally in an approved investment as appropriate

4. Contribution to the Reserve

4.1 Where the Joint Committee under spends the Core Budget in any year the balance may be transferred to the reserve

5. Payments to be met from the Reserve

5.1 No direct payments are to be made from the reserve

5.2 Subject to the approval of the Joint Committee contributions from the reserve to the Core Budget or the Actions Budget may be made in respect of specific purposes in furtherance of the Functions

6. Management of the Scheme

6.1 The Treasurer to the Joint Committee is authorised to make the accounting entries necessary to achieve the purposes of the reserve in accordance with proper accounting practices

APPENDIX 7

JOINT COMMITTEE BUDGET 2013/14

AONB JOINT COMMITTEE PROPOSED BUDGET		
	2013/14	
TOTAL AONB NET BUDGET	£205,202	
TOTAL EXPENDITURE BUDGET	£391,427	
TOTAL INCOME BUDGET	-£217,725	
NET CENTRAL CORE BUDGET		
	£92,638	
Expenditure:	£263,121	
Total Employee Costs	£190,479	
Total Vehicle & Travel Costs	£5,817	
Total Other Office Expenses	£3,825	
Total Project Expenditure - SDF Grants	£63,000	
Income:	-£201,983	
Natural Resources Wales:	-£170,483	
NRW Salary & Project Funding	-£100,483	
SDF Salary Funding	-£7,000	
SDF Grant Funding	-£63,000	
Other Authority Funding:	-£31,500	
Wrexham CBC Funding	-£5,000	
Flintshire CC Funding	-£26,500	
* Included as Net Budget		
Net Core Budget Allocated per Authority - Equal Allocation		
Denbighshire CC		£30,879
Flintshire CC		£30,879
Wrexham CBC		£30,879
NET AREA CORE BUDGET		
	£112,563	
Expenditure:	£128,306	
Total Employee Costs	£106,351	
Total Vehicle & Travel Costs	£16,527	
Total Other Office Expenses	£428	
Total Project Expenditure	£5,000	

Income: **-£15,742**

Natural Resources Wales: **-£12,538**

NRW Project Funding -£1,517

NRW Clwyd Forest Partnership Funding -£11,021

Other DCC Funding - 13/14 Only **-£3,204**

Area Budget Allocated per Authority - Area %

Denbighshire CC - 80% £90,000

Flintshire CC - 10% £11,250

Wrexham CBC - 10% £11,250

Joint Committee Funding:	2013/14 Actual	Core/Area Apportionment
Denbighshire CC *	£173,702	£120,900
Flintshire CC	£26,500	£42,150
Wrexham CBC	£5,000	£42,150

* Note - It is not proposed that DCC will be reducing their annual subsidy based on the Core/Area apportionment

AONB TEAM

CORE TEAM POSTS 2013/2014

Full Time: 7 Part Time: 3

AONB Officer (x1)
Assistant AONB Officer (x1)
Policy and Access Officer (x1)
Communications Officer (x1) Part Time
Planning Officer (x1) Part Time
Grants Officer (x1)
Countryside Officer (x1)
Area Project Officers (x3) 1 Part Time

IN WITNESS of which the Authorities have caused their respective Common Seals to be affixed to this Agreement as a deed the day and year first before written:-

THE COMMON SEAL of
DENBIGHSHIRE COUNTY COUNCIL
was hereunto affixed in the presence of:-

Chairman

Authorised Signatory

THE COMMON SEAL of
FLINTSHIRE COUNTY COUNCIL
was hereunto affixed in the presence of:-

Chair Of Council

Principal Solicitor

THE COMMON SEAL of
WREXHAM COUNTY BOROUGH COUNCIL was hereunto affixed in the presence of:-

Head of Corporate and Customer Services

Mae tudalen hwn yn fwriadol wag

Appendix 3

Proposed creation of Joint Committee for The Clwydian Range and Dee Valley Area of Outstanding Natural Beauty (AONB) 26th November 2013

Equality Impact Assessment

Proposed creation of Joint Committee

Contact: Howard Sutcliffe AONB Officer

Updated: 22nd October 2013

1. What type of proposal is being assessed?

A new procedure

2. Please describe the purpose of this proposal

This is a proposal to modernise the governance structure of the enlarged AONB

3. Does this proposal require a full equality impact assessment?
(Please refer to section 1 in the toolkit above for guidance)

No

4. Please provide a summary of the steps taken, and the information used, to carry out this assessment, including any engagement undertaken
(Please refer to section 1 in the toolkit for guidance)

As this is a proposal for modernisation of the governance structure of the AONB. It delegates the responsibility of AONB management of the three County Councils of Denbighshire, Flintshire and Wrexham to a Joint Committee. Each Local Authority will host the Joint committee in turn. All meetings/buildings will provide full support for its members and the public as they will be the County Halls in Ruthin, Wrexham and Mold which are fully accessible.

5. Will this proposal have a positive impact on any of the protected characteristics?
(Please refer to section 1 in the toolkit for a description of the protected characteristics)

No, I think the proposal is neutral

6. Will this proposal have a disproportionate negative impact on any of the protected characteristics?

No

7. Has the proposal been amended to eliminate or reduce any potential negative impact?

No	This has not been necessary, as no potential negative impact has been identified.
----	---

8. Have you identified any further actions to address and / or monitor any potential negative impact(s)?

Yes	As discussed earlier, no potential negative impact has been identified. However, the actual impact of the proposal will be reviewed after implementation to see if any lessons can be learned.
-----	--

Action(s)	Owner	Date
none		

9. Declaration

Every reasonable effort has been made to eliminate or reduce any potential disproportionate impact on people sharing protected characteristics. The actual impact of the proposal will be reviewed at the appropriate stage.

Review Date:	22/10/13
--------------	----------

Name of Lead Officer for Equality Impact Assessment	Date
Howard Sutcliffe	22/10/13

Please note you will be required to publish the outcome of the equality impact assessment if you identify a substantial likely impact.

Mae tudalen hwn yn fwriadol wag

Adroddiad i'r:	Pwyllgor Archwilio Partneriaethau
Dyddiad y Cyfarfod:	10 Ebrill 2014
Awdur yr Adroddiad:	Cydlynnydd Archwilio
Teitl:	Rhaglen Waith Archwilio

1. Am beth mae'r adroddiad yn sôn?

Mae'r adroddiad yn cyflwyno rhaglen gwaith i'r dyfodol y Pwyllgor Archwilio Partneriaethau i'r aelodau ei hystyried.

2. Beth yw'r rheswm dros wneud yr adroddiad hwn?

Gofyn i'r Pwyllgor adolygu a chytuno ar ei raglen waith i'r dyfodol, a rhoi'r wybodaeth ddiweddaraf i aelodau ar faterion perthnasol.

3. Beth yw'r argymhellion?

Bod y Pwyllgor yn ystyried y wybodaeth a ddarparwyd a chymeradwyo, adolygu neu addasu ei raglen gwaith i'r dyfodol fel y mae'n ystyried yn briodol.

4. Manylion am yr adroddiad

- 4.1 Mae Erthygl 6 yng Nghyfansoddiad y Cyngor yn nodi cylch gorchwyl, swyddogaeth ac aelodaeth pob Pwyllgor Archwilio, tra bod rheolau trefniadaeth ar gyfer y pwyllgorau archwilio i'w cael yn Adran 4 o'r Cyfansoddiad.
- 4.2 Mae Cyfansoddiad Cyngor Sir Ddinbych yn gofyn i bwyllgorau archwilio baratoi rhaglen waith ar gyfer unrhyw waith yn y dyfodol a'u bod yn adolygu'r rhaglen. Drwy adolygu a blaenoriaethu materion, mae modd i aelodau sicrhau fod y rhaglen waith yn cyflwyno rhaglen dan arweiniad yr aelodau.
- 4.3 Arfer sydd wedi'i fabwysiadu yn Sir Ddinbych ers nifer o flynyddoedd yw bod pwyllgorau archwilio'n cyfyngu ar nifer yr adroddiadau a ystyrir mewn unrhyw gyfarfod i uchafswm o bedwar, yn ogystal ag adroddiad rhaglen waith y Pwyllgor ei hun. Amcan y dull hwn yw hwyluso cael trafodaeth fanwl ac effeithiol ar bob eitem.
- 4.4 Gofynnir i'r Pwyllgor ystyried rhaglen waith ddrafft ar gyfer cyfarfodydd i ddod fel y nodwyd yn atodiad 1 a'i chymeradwyo, ei hadolygu neu ei diwygio yn ôl yr angen. Wrth benderfynu ar raglen waith, gofynnir i aelodau ystyried:
 - materion a godwyd gan aelodau'r Pwyllgor

- y materion a gyfeiriwyd atynt gan y Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio
 - perthnasedd i flaenoriaethau'r Pwyllgor/Cyngor/gymuned
 - Cynllun Corfforaethol y Cyngor ac Adroddiad Blynyddol Cyfarwyddwr Gwasanaethau Cymdeithasol
 - bodloni'r llwyth gwaith
 - amseroldeb
 - canlyniadau
 - gwybodaeth a materion allweddol i'w cynnwys mewn adroddiadau
 - a fydd yr aelod Cabinet arweiniol perthnasol yn cael gwahoddiad i fod yn bresennol (gan ystyried a yw eu presenoldeb yn angenrheidiol neu'n ychwanegu gwerth). (Ym mhob sefyllfa bydd y penderfyniad yn cael ei rannu gyda'r aelod arweiniol perthnasol)
 - cwestiynau i'w gofyn i swyddogion / aelodau arweiniol y Cabinet
- 4.5 Wrth ystyried eitemau i'w cynnwys yn y rhaglen waith i'r dyfodol, efallai y byddai aelodau'n cael budd o ystyried y cwestiynau canlynol hefyd wrth benderfynu a yw eitem yn addas neu beidio ar gyfer y rhaglen waith:
- beth yw'r mater?
 - pwy yw'r budd-ddeiliaid?
 - beth sy'n cael ei ystyried mewn man arall
 - beth sydd angen i archwilio ei wybod? a
 - pwy sy'n gallu cynorthwyo?
- 4.6 Fel y nodwyd ym mharagraff 4.2 mae Cyfansoddiad Cyngor Sir Ddinbych yn gofyn i bwyllgorau archwilio baratoi rhaglen ar gyfer gwaith y dyfodol a'u bod yn eu hadolygu. Er mwyn cynorthwyo'r broses o flaenoriaethu adroddiadau, os yw'r swyddogion o'r farn fod pwnc yn haeddu'r amser i gael ei drafod ar raglen fusnes y Pwyllgor, mae'n rhaid iddynt wneud cais ffurfiol i'r Pwyllgor i ystyried derbyn adroddiad ar y pwnc hwnnw. I wneud hyn, mae'n rhaid cyflwyno 'ffurflen gynnig' sy'n nodi diben, pwysigrwydd a chanlyniadau posib yr eitem. Does dim cais o'r fath wedi dod i law i'w ystyried yn y cyfarfod presennol.
- 4.7 Rhaglen Gwaith i'r Dyfodol y Cabinet
Wrth benderfynu ar eu rhaglen gwaith i'r dyfodol mae'n ddefnyddiol i bwyllgorau archwilio ystyried rhaglen gwaith i'r dyfodol y Cabinet. I'r diben hwn, mae rhaglen gwaith i'r dyfodol y Cabinet wedi'i chynnwys yn Atodiad 2.
- 4.8 Datblygiad Penderfyniadau'r Pwyllgor
Yn Atodiad 3 o'r adroddiad hwn mae tabl yn crynhoi penderfyniadau diweddar y Pwyllgor ac yn cynghori'r aelodau ar ddatblygiadau yn sgil y penderfyniadau.

- 4.9 Partneriaeth y Cynllun Datblygu Gwledig
Roedd y Pwyllgor i ystyried adroddiad ar y Bartneriaeth uchod yn ei gyfarfod ar 13 Mawrth. Oherwydd i'r cyfarfod hwnnw gael ei ganslo, a chan na fedr cynrychiolwyr y Bartneriaeth fynychu'r cyfarfod hwn na chyfarfod y Pwyllgor mis Mehefin, gohirwyd cyflwyno'r adroddiad tan gyfarfod y 10 Gorffennaf.

5. Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio

O dan drefniadau archwilio'r Cyngor mae Grŵp Cadeiryddion ac Is-Gadeiryddion Archwilio (GCIGA) yn gweithredu fel pwyllgor cydlynol. Cyfarfu'r Grŵp ar 11 Mawrth 2014. Ni gyfeiriwyd unrhyw eitemau at y Pwyllgor hwn.

6. Sut mae'r penderfyniad yn cyfrannu at y Blaenoriaethau Corfforaethol?

Bydd archwilio effeithiol yn gymorth i'r Cyngor gynnal y blaenoriaethau corfforaethol yn unol ag anghenion cymunedau a dymuniadau trigolion. Bydd datblygu ac adolygu'r rhaglen waith cydlynol yn barhaus yn cynorthwyo'r Cyngor i fonitro ac adolygu materion polisi.

7. Beth yw prif gasgliadau'r Asesiad o Effaith ar Gydraddoldeb a gwblhawyd ar gyfer y penderfyniad?

Ni chynhaliwyd Asesiad o Effaith ar Gydraddoldeb er diben yr adroddiad hwn gan nad yw ystyried rhaglen gwaith i'r dyfodol y Pwyllgor yn debygol o gael effaith andwyol neu annheg ar bobl sy'n rhannu nodweddion sydd wedi'u diogelu.

8. Faint fydd hyn yn ei gostio a sut bydd yn effeithio ar wasanaethau eraill?

Mae'n bosib y bydd yn rhaid i wasanaethau neilltuo amser swyddog i gynorthwyo'r Pwyllgor gyda'r eitemau a nodwyd yn y rhaglen waith a chydag unrhyw gam gweithredu ar ôl ystyried yr eitemau hynny.

9. Pa ymgynghoriadau sydd wedi eu cynnal?

Does dim angen cynnal ymgynghoriad ar yr adroddiad hwn. Fodd bynnag, mae'r adroddiad ei hun a'r ystyriaeth a roir gan y Pwyllgor i'w raglen waith ar gyfer y dyfodol yn gyfystyr ag ymgynghori gyda'r Pwyllgor o ran ei raglen gwaith i'r dyfodol.

10. Pa risgiau sy'n bodoli ac a oes unrhyw beth y gallwn ei wneud i'w lleihau?

Nid oes risg wedi ei ganfod o ran y Pwyllgor yn ystyried ei raglen gwaith i'r dyfodol. Fodd bynnag, wrth adolygu ei raglen waith yn rheolaidd gall y Pwyllgor sicrhau bod meysydd sy'n peri pryder yn cael eu hystyried a'u harchwilio fel y maent yn dod i'r amlwg a bod argymhellion yn cael eu gwneud er mwyn mynd i'r afael â'r risgiau hynny.

11. Grym i wneud Penderfyniad

Yn unol ag Erthygl 6.3.7 Cyfansoddiad y Cyngor mae'n rhaid i bwyllgorau archwilio'r Cyngor baratoi rhaglen gwaith i'r dyfodol a'i hadolygu.

Swyddog Cyswllt: Cydlynnydd Archwilio

Rhif Ffôn: (01824) 712554

E-bost: dcc_admin@denbighshire.gov.uk

Note: Items entered in italics have not been approved for submission by the Committee. Such reports are listed here for information, pending formal approval.

Meeting	Lead Member(s)	Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
5 June	Cllr. David Smith	1 Community Safety Partnership [Crime and Disorder Scrutiny] (* particular reference to be included in the report to domestic violence matters and the work undertaken with and to complement the work of the LSCB – see item below) (questions re CCTV funding to be asked)	To detail the Partnership's achievement in delivering its 2013/14 action plan and its progress to date in delivering its action plan for 2014/15	Effective monitoring of the CSP's delivery of its action plan for 2013/14 and its progress to date in delivering its plan for 2014/15 will ensure that the CSP delivers the services which the Council and local residents require	Graham Boase/Siân Taylor	May 2013
	Cllr. Bobby Feeley	2 Conwy & Denbighshire Local Children's Safeguarding Board (* particular reference to be included in the report to domestic violence matters and the work undertaken with and to complement the work of the CSP – see above item)	(i) To monitor the LSCB's achievement and performance in delivering its key priorities for 2013/14 and information on its key priorities for 2014/15 (ii) Analyse data and trends identified in 2013/14 to identify which approaches worked well and which were not as successful; and (iii) To update the Committee on the latest national and regional developments with	Identification of measures which will ensure that the Authority discharges its functions with respect to child protection	Sue Trehearn/Leighton Rees	November 2013

Meeting	Lead Member(s)	Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
			respect to LSCBs			
	Cllrs. Huw LI Jones	3 Heritage and Arts Service	To give an update on the outcomes of the review and the proposals to be implemented to enhance the effectiveness of the service	Evidence based recommendations with a view to further improving the offer to the public with limited resources	Steve Parker/Samantha Williams	Dec 2012 (transferred from Communities Scrutiny Committee March 2013 and rescheduled by SCVCG April 2013; deferred October 2013)
10 July To be the 1 st business item	Cllr. Eryl Williams/Cllr. Huw LI Jones <i>(required)</i>	1. Rural Development Plan Partnership (representative from Cadwyn Clwyd to attend)	To scrutinise the relationship between the Partnership and Denbighshire County Council and its achievements in delivering the Rural Development Plan 2007-13	Identification of good practice and obstacles encountered in delivering the current RDP to enable the development of effective mechanisms to deliver any future European/WG funded partnership projects	Joanna Douglass	By SCVCG Rescheduled by the Committee December 2013 (rescheduled from 13 March)
	Cllr. Eryl Williams	2 Families First (*unless funding changes necessitate an earlier report)	To evaluate and monitor the providers' progress to date in delivering their services, the Families First Action Plan and outcome 4 of the BIG Plan	A thorough analysis of the projects' delivery to date will ensure all commissioned projects are on target	Vicky Allen	November 2013

Meeting	Lead Member(s)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
					to deliver the expected outcomes in line with their tender objectives and ensure better outcomes for service users and effective and efficient use of the financial resources provided		
	Cllr. Hugh H Evans	3	BIG Plan 2	To consult with the Committee on the draft BIG Plan 2	Inclusion of challenging but deliverable outcomes in the BIG Plan 2 that are aligned to and complement the Council and other LSB partners' main priorities	Liz Grieve	February 2014
25 September	Cllr. Hugh H Evans	1	BIG Plan 1: Performance Update	To consider the Joint Local Service Board's (LSB) performance in delivering its integrated strategic plan	(i) an evaluation of the effectiveness of the Joint LSB's performance in delivering its plan; (ii) identification of areas of weakness/slippages and measures to address them to improve outcomes for local residents	Liz Grieve/Emma Horan	February 2014
6 November							

Meeting	Lead Member(s)	Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
18 December						
5 February 2015	Cllr. David Smith	1 <i>Regional Emergency Planning Service</i>	<i>To report the progress to date with the establishment of a regional service</i>	<i>Consideration of this information will ensure the provision of a resilient and robust Emergency Planning Service that will meet the needs of local residents when emergency situations occur</i>	<i>Rebecca Maxwell/Mile Hitchings/Philip Harrison</i>	<i>February 2014</i>
19 March						
30 April						

Future Issues

Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
Next meeting with BCUHB: (spring/summer 2014 tbc) Localities	To report on the progress with the development and roll-out of the localities service. The report to include the progress achieved with respect to co-location arrangements, the outcomes/impact framework, appointment of GPs locality leaders and buy-in by GPs to the HECS service and the work undertaken to support carers	Improved life experiences for service users and seamless working between Health and Social Care	BCUHB/DCC	June 2013

Hygiene and Infection Control	To receive facts and statistics with respect to the extent of hospital acquired infections within the Health Service in North Wales	Assurances that all possible steps are being taken to minimise the risk to patients of acquiring infections whilst in hospital	BCUHB	June 2013
Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs	To consider how the joint Statement of Intent for delivering these services will be implemented in Denbighshire	Accessible and seamless health and social care services for older people with complex needs that will protect them and enable them to live as independently as possible	Sally Ellis/Phil Gilroy/BCUHB	December 2013
Update following conclusion of inquiry undertaken by the National Crime Agency in to historic abuse in North Wales Children's' Care Homes	To update the Committee of the outcome of the National Crime Agency (NCA) investigation in to the abuse of children in the care of the former Clwyd County Council, and to determine whether any procedures require revision.	Determination of whether any of the Council's safeguarding policies and procedures need to be revised in light of the NCA's findings	Sally Ellis	November 2012

For future years

Information/Consultation Reports

Information / Consultation	Item (description / title)	Purpose of report	Author	Date Entered
Information (June – follow-up to the information report produced in February 2014)	Regional Emergency Planning Service	To report the progress to date with the establishment of a regional service and the transitional arrangements from the present service to the new regional service, the development of a partnership Service Level Agreement (SLA), along with details of the appointment of a Manager and Deputy Manager. Consideration of this information will ensure the provision of a resilient and robust Emergency Planning Service that will meet the needs of local residents when emergency situations occur	Rebecca Maxwell/Mike Hitchings	September 2013

Information Report [September 2014]	Glyndŵr University	To consider current and future developments for the college locally and the educational services delivered for Denbighshire students The report also to include details of the College's vision and ambitions for the future. Consideration of the requested information will assist members to determine whether the College is delivering a high quality of education which meets the needs of Denbighshire students and contributes to the County's economic development ambition.	Professor Michael Scott	September 2013
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26/03/14 - RhE

Note for officers – Committee Report Deadlines

Meeting	Deadline	Meeting	Deadline	Meeting	Deadline
5 June	22 May	10 July	26 June	25 September	11 September

Partnerships Scrutiny Work Programme.doc

Cabinet Forward Work Plan

Appendix 2

Tudalen 153

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
29 April	1	Finance Report Update	To update Cabinet on the current financial position of the Council	Tbc	Cllr Julian Thompson-Hill / Paul McGrady
	2	Street Naming Policy	To consider amendments to the current Street Naming Policy and to adopt the new Policy.	Yes	Cllr Huw Jones / Hywyn Williams
	3	Dublin Declaration	To consider an invitation to sign up to the Dublin Declaration	Yes	Cllr Bobby Feeley / Gwynfor Griffiths / Sandra Jones
	4	Bailiff Reform A Part II item	To adopt recent changes to the legislation governing the use of bailiffs and the fees charged.	Yes	Cllr Julian Thompson-Hill / Paul McGrady
	5	Business Rates Write Offs	To seek Cabinet approval to write off irrecoverable Business Rates.	Yes	Cllr Julian Thompson-Hill / Paul McGrady
	6	Corporate Events Strategy	To consider the Corporate Events Strategy and associated annual calendar	Yes	Sian Owen
	7	Items from Scrutiny Committees	To consider any issues	Tbc	Scrutiny Coordinator

Cabinet Forward Work Plan

Tudalen 154

Meeting		Item (description / title)	Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
			raised by Scrutiny for Cabinet's attention.		
27 May	1	Finance Report Update	To update Cabinet on the current financial position of the Council	Tbc	Cllr Julian Thompson-Hill / Paul McGrady
	2	New North East Wales marketing area for tourism in Wales and Destination Management Plan	Consideration of a report on the replacement of 2 current marketing areas/ introduce the new brand / moving forward and business buy in	Tbc	Cllr Huw Jones / Jamie Groves / Vicki Shenton-Morris / Fiona Dolben
	3	Procurement Business Case for Three Counties	To consider the Business Case	Yes	Cllr Julian Thompson Hill / Paul McGrady
	4	Nova Centre Redevelopment Proposals	To consider redevelopment proposals for the Nova	Yes	Cllr Huw Jones / Rebecca Maxwell / Jamie Groves
	5	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention.	Tbc	Scrutiny Coordinator
24 June	1	Finance Report Update	To update Cabinet on the current financial position of the Council	Tbc	Cllr Julian Thompson-Hill / Paul McGrady
	2	Corporate Plan QPR: Quarter 3 2013/14	To monitor the Council's progress in delivering the	Tbc	Cllr Barbara Smith / Alan Smith / Keith

Cabinet Forward Work Plan

Meeting		Item (description / title)	Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
			Corporate Plan 2012 -17		Amos
	3	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
29 July					
2 September					
30 September					
28 October					
25 November	1	Tenancy Terms and Conditions and Service Charges	To consider updated tenancy terms and conditions and charges for additional landlord services	Tbc	Cllr Hugh Irving / Stephen Collins
16 December					

Tudalen 155

Note for officers – Cabinet Report Deadlines

Cabinet Forward Work Plan

<i>Meeting</i>	<i>Deadline</i>	<i>Meeting</i>	<i>Deadline</i>	<i>Meeting</i>	<i>Deadline</i>
<i>April</i>	<i>10 April</i>	<i>May</i>	<i>12 May</i>	<i>June</i>	<i>10 June</i>

Updated 26/3/14 - KEJ

Cabinet Forward Work Programme.doc

Progress with Committee Resolutions

Date of Meeting	Item number and title	Resolution	Progress
6 February 2014	5. Regional School Effectiveness and Improvement Service (GwE)	<p>Resolved: -</p> <p><i>(i) to note the progress achieved to date following the establishment of GwE with respect to its effectiveness in delivering economies of scale and specialist support to complement the County's Education Service;</i></p> <p><i>(ii) that GwE attend future scrutiny committee meetings upon receipt of teacher assessment and external examination results for the 2013/14 academic year to enable members to identify any slippages, risks, service gaps or future pressures with a view to recommending mitigating actions; and</i></p> <p><i>(iii) that the Scrutiny Chairs and Vice-Chairs Group determine which scrutiny committee should receive future GwE reports</i></p>	<p>Will be scheduled into future work programmes once the Scrutiny Chairs and Vice-Chairs Group decide on the most appropriate committee.</p> <p>The Group discussed this matter at its meeting on 11 March and decided that Performance Scrutiny Committee should consider any future reports from GwE.</p>
	8. Second Inter-Authority Agreement for the North Wales Residual Waste Project (NWRWTP)	<p>Resolved: - to recommend to Cabinet that it:</p> <p><i>(a) support the selection of the preferred bidder; and</i></p> <p><i>(b) support the principles outlined in the draft IAA2</i></p>	<p>Scrutiny's recommendations were relayed to Cabinet and Council. Cabinet on 18 February approved the award of the preferred bidder and the principles of</p>

			the draft IAA 2. Both of these were endorsed by County Council on 25 February 2014
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