



To: Members of the County Council

Date: 3 September 2012

Direct Dial: 01824712589

e-mail: dcc_admin@denbighshire.gov.uk

Dear Councillor

You are invited to attend a meeting of the **COUNTY COUNCIL** to be held at **9.30 am** on **TUESDAY, 11 SEPTEMBER 2012** in **THE COUNCIL CHAMBER, COUNTY HALL, RUTHIN LL15 1YN.**

Yours sincerely

G Williams
Head of Legal and Democratic Services

PLEASE NOTE: At the conclusion of the Council meeting an important informal session will be held to discuss "Financing the Corporate Plan" for which your attendance will be required.

AGENDA

1 APOLOGIES

To receive apologies for absence.

2 DECLARATIONS OF INTEREST

Members to declare any personal or prejudicial interests in any business identified to be considered at this meeting.

3 URGENT MATTERS AS AGREED BY THE CHAIR

Notice of items which, in the opinion of the Chair, should be considered at the meeting as a matter of urgency pursuant to Section 100B(4) of the Local Government Act, 1972.

4 CHAIRMAN'S DIARY (Pages 5 - 6)

To note the civic engagements undertaken by the Chairman of the Council (copy enclosed).

5 MINUTES (Pages 7 - 14)

To receive minutes of the meeting of County Council held on 10th July 2012 (copy enclosed).

6 NHS SERVICE REVIEWS (Pages 15 - 70)

To consider a report by the Lead Member for Social Care and Children's Services (copy enclosed) for Council to consider proposals for the reconfiguration of the delivery of NHS services in North Wales and to enable Council to formally respond to BCUHB consultation process.

7 PAY POLICY STATEMENT (Pages 71 - 88)

To consider a report by the Lead Member for Modernising and Performance (copy enclosed) to approve the Pay Policy Statement drafted in accordance with the requirements of 38(1) of the Localism Act 2011.

8 COMMUNITY COVENANT WITH THE ARMED FORCES (Pages 89 - 98)

To consider a report by the Lead Member for Customers and Communities (copy enclosed) to formally adopt a covenant defining Denbighshire's relationship with the armed forces community.

9 WEST RHYL HOUSING IMPROVEMENT PROJECT (Pages 99 - 134)

To consider a report by the Leader (copy enclosed) seeking Council's approval of the West Rhyl Housing Improvement Project (WRHIP) in line with Denbighshire County Council's Financial Regulations and Project Methodology.

10 STANDARDS COMMITTEE - INDEPENDENT MEMBERS TERMS OF OFFICE (Pages 135 - 138)

To consider a report by the Monitoring Officer (copy enclosed) for Council to agree arrangements for the recruitment of independent members of the Standards Committee.

11 COUNTY COUNCIL FORWARD WORK PROGRAMME (Pages 139 - 142)

To consider the Council's Forward Work Programme (copy enclosed).

MEMBERSHIP

Councillors

Ian Armstrong
Raymond Bartley
Brian Blakeley
Joan Butterfield
Jeanette Chamberlain-Jones
Bill Cowie
Ann Davies
James Davies
Meirick Davies
Richard Davies
Stuart Davies
Peter Duffy
Hugh Evans
Peter Evans
Bobby Feeley
Carys Guy-Davies
Huw Hilditch-Roberts
Martyn Holland
Colin Hughes
Rhys Hughes
Hugh Irving
Alice Jones
Huw Jones
Pat Jones

Gwyneth Kensler
Geraint Lloyd-Williams
Margaret McCarroll
Jason McLellan
Barry Mellor
Win Mullen-James
Bob Murray
Peter Owen
Dewi Owens
Merfyn Parry
Allan Pennington
Arwel Roberts
Gareth Sandilands
David Simmons
Barbara Smith
David Smith
Bill Tasker
Julian Thompson-Hill
Joe Welch
Cefyn Williams
Cheryl Williams
Eryl Williams
Huw Williams

COPIES TO:

Press and Libraries
Town and Community Councils

This page is intentionally left blank

Agenda Item 4

Digwyddiadau wedi eu mynychu gan y Cadeirydd/Events attended by Chairman
10.07.12 - 10.09.12

| <u>Dyddiad / Date</u> | <u>Digwyddiad / Event</u> | <u>Lleoliad / Location</u> |
|---------------------------|---|---|
| 12.07 | Seremani Dinasyddiaeth Citizenship Ceremony (Is Gadeirydd wedi mynychu – Vice Chairman Attended) | Rhuthun/Ruthin |
| 13.07 | Ymmeliad Ysgol Caer Drewyn i'r Siambr Ysgol Caer Drewyn's visit to the Chamber (Is Gadeirydd wedi mynychu – Vice Chairman Attended) | Rhuthun/Ruthin |
| 14.07 | Penblwydd Priodes 60 mlynedd Mr & Mrs Ellis 60 th Wedding Anniversary Mr & Mrs Ellis (Is Gadeirydd wedi mynychu – Vice Chairman Attended) | Dinbych/Denbigh |
| 15.07 | Gwasanaeth Dinesig Maer Dinbych Mayor of Denbigh's Civic Service | Dinbych/Denbigh |
| 17.07 | Cyfarfod efo Cynghorau Tref & Chymuned Meeting with Town & Community Councils | Neuadd y Sir, Rhuthun/ County Hall, Ruthin |
| 19.07 | Digwyddiad Creffttau – North Wales Superkids North Wales Superkids Craft Event | Canolfan Cymunedol Bodelwyddan Bodelwyddan Community Centre |
| 25.07 | Penblwydd 100oed – Mary Anderton 100th Birthday- Mary Anderton | Dinbych/Denbigh |
| 27.07 | Noson Pimm's and Pictures Pimm's and Pictures evening | Bodrhyddan Hall, Rhuddlan |
| 03.08 & 04.08 | Eisteddfod Genedlaethol National Eisteddfod (Is Gadeirydd wedi mynychu – Vice Chairman Attended) | Caerdydd/Barry Cardiff / Barry |
| 11.08 | Cinio – Y Llent Brydeinig British Legion Ploughman's Lunch | Prestatyn |

| | | |
|---------------|---|---------------------|
| 16.08 | Sioe Dinbych & Fflint Denbigh & Flint Show | Dinbych/Denbigh |
| 21.08 & 22.08 | Sioe awyr Y Rhyl Rhyl Air Show | Y Rhyl/Rhyl |
| 25.08 | Sioe Dinbych Denbigh Show | Dinbych/Denbigh |
| 29.08 | Penblwydd Priodas 60 mlynedd - Mr & Mrs Thomas 60th Wedding Anniversary - Mr & Mrs Thomas (Is Gadeirydd wedi mynychu – Vice Chairman Attended) | Dinbych/Denbigh |
| 01.09 | Sioe Y Rhyl Rhyl Show | Y Rhyl/Rhyl |
| 02.09 | Gwasanaeth Dinesig Maer Y Rhyl Mayor of Rhyl's Civic Service | Y Rhyl/Rhyl |
| 05.09 | Derbyniad Dinesig – Esgob Llanelwy Civic Reception - Bishop of St Asaph | Treffynnon/Holywell |
| 07.09 | Lansiad Llwybr Cylchol Launch of Circular Walk | Tremeirchion |
| 09.09 | Gwasanaeth Dinesig y Cadeirydd Chairman's Civic Service | Y Rhyl/Rhyl |

COUNTY COUNCIL

Minutes of a meeting of the County Council held in Council Chamber, County Hall, Ruthin LL15 1YN on Tuesday, 10 July 2012 at 10.00 am.

PRESENT

Councillors Ian Armstrong, Raymond Bartley, Brian Blakeley, Joan Butterfield, Jeanette Chamberlain-Jones, Ann Davies, James Davies, Meirick Davies, Richard Davies, Hugh Evans, Peter Evans, Bobby Feeley, Carys Guy-Davies, Huw Hilditch-Roberts, Martyn Holland, Colin Hughes, Rhys Hughes, Hugh Irving, Alice Jones, Huw Jones, Pat Jones, Gwyneth Kensler, Geraint Lloyd-Williams, Margaret McCarroll, Jason McLellan, Barry Mellor, Bob Murray, Peter Owen, Merfyn Parry, Arwel Roberts, Gareth Sandilands, David Simmons, Barbara Smith, David Smith, Julian Thompson-Hill, Joe Welch, Cefyn Williams, Cheryl Williams, Eryl Williams and Huw Williams

ALSO PRESENT

L Atkin (Head of Strategic HR), G Boase (Head of Planning, Regeneration and Regulatory Services), P Gilroy (Head of Adult and Business Services), A Loftus (Planning Policy Manager), M Mehmet (Chief Executive), S Price (Democratic Services Manager) and G Williams (Head of Legal and Democratic Services)

1 APOLOGIES

Apologies for absence were received from Councillors Bill Cowie, Stuart Davies, Peter Duffy, Win Mullen-James, Dewi Owens, Allan Pennington and Bill Tasker

RHYL HIGH SCHOOL - OLYMPIC TORCH BEARERS

The Chairman welcomed pupils from Rhyl High School who had been selected to be Olympic Torchbearers as part of the Flame Followers programme for the London 2012 Olympic Torch Relay

The pupils addressed Council reporting that the school was selected because it had used the London 2012 Olympic and Paralympic Games to raise awareness of the Olympic values. The sponsors of the Torchbearers programme found that Rhyl High School's sporting successes and the number of students who had achieved individual success in sports - including at international standard - together with success in coaching and development, made them worthy participants.

The Chairman and councillors, including the member representing Rhyl South East, Councillor Blakeley, paid tribute to the Headteacher, staff and pupils for the significant improvements achieved by the school.

CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew Members' attention to a 'Delivering Members' Priorities' event on the 31 July 2012 which would help shape the Council's future priorities; and to the success of the Denbighshire Youth Choir in being awarded the 'Rockschool Junior Choir Award' yesterday at the National Festival of Music for Youth at Birmingham Symphony Hall.

Councillor Eryl Williams led members in silent tribute to Mr Phil Rafferty, Conwy Council's Head of Regulatory Services who had also provided advice and support for Denbighshire's Licensing Committee.

2 DECLARATIONS OF INTEREST

Councillor Alice Jones declared a non-prejudicial, personal interest in agenda item 6 – Update of Denbighshire Local Development Plan. She indicated that she would be speaking on LDP issues in her role as ward member for Bodelwyddan.

3 URGENT MATTERS AS AGREED BY THE CHAIR

There were no urgent matters.

4 MINUTES

RESOLVED *The minutes of the Annual Meeting of Council on the 15 May 2012 and the meeting of Council on the 22 May 2012 were confirmed as a correct record.*

EXCLUSION OF PRESS AND PUBLIC

It was **resolved** that, under Section 100A of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds of the likely disclosure of exempt information as disclosed in paragraphs 12 and 13 of Part 4 of Schedule 12A of the Local Government Act 1972.

5 APPOINTMENT OF CORPORATE DIRECTOR: ECONOMIC AND COMMUNITY AMBITION

The Head of Strategic HR and the Council's recruitment adviser reported on the recruitment process undertaken which had resulted in 31 applications and 6 candidates being taken through an assessment process. Members were advised that a Special Appointments' Panel of councillors had judged two of the candidates to be potentially suitable for appointing.

The two candidates gave presentations to Council and responded to set-questions.

The recruitment adviser outlined the results of the tests that had been held as part of the assessment process.

RESOLVED – that Rebecca Maxwell be appointed to the post of Corporate Director: Economic and Community Ambition.

PART I - THE MEETING RESUMED IN OPEN SESSION

6 UPDATE OF DENBIGHSHIRE LOCAL DEVELOPMENT PLAN

The Head of Planning, Regeneration and Regulatory Services (HPRRS) introduced a report that provided updated information on the Local Development Plan (LDP) and which sought authorisation for Group Leaders to oversee and monitor work undertaken in response to the findings of the Inspector from the Planning Inspectorate.

Councillor Eryl Williams referred to the long LDP process, commended the councillors who had contributed to the development of the plan and requested clarification of the Inspector's position and the process ahead.

The HPRRS referred to the Inspector's notes on housing need and supply attached as appendices to the report. He advised that the Inspector had accepted the Council's estimate of Denbighshire's needing 7,500 new homes built over the lifetime of the LDP but he still believed that additional sites would be needed to deliver those homes. Accordingly, the Council was being asked to identify additional sites for housing development. He confirmed that local councillors and the Member Area Groups would be consulted on proposals within their areas.

Councillor Joan Butterfield reported that some councillors had received a letter from Bodelwyddan Town Council which suggested that incorrect processes had been followed.

Councillor Alice Jones had previously declared a personal interest in this item. Councillor Jones stated that she had not been involved in the letter referred to and was not suggesting that improper processes had been followed. She was however concerned that the LDP as it stood was unmanageable, had too much of the housing need allocation in one site (Bodelwyddan) and that the current plan should be withdrawn and re-drafted.

Councillor Jones outlined her constituents' disapproval of the proposed large housing allocations in Bodelwyddan.

Councillor Jones proposed an amendment to recommendation 2 of the report, seconded by Councillor Rhys Hughes, which would authorise the previously constituted LDP Implementation Steering Group to oversee and monitor the LDP work in relation to the Inspector's findings, rather than the Group Leaders.

On being put to the vote the amendment was lost.

RESOLVED – *that Council:*

- (i) *Notes the contents of the report;*
- (ii) *Authorises the Group Leaders to oversee and monitor work undertaken in response to the Inspectors' findings; and*
- (iii) *Agrees that the results of consultation on any additional sites for housing development will be reported back to full Council in November and for*

Council to consider whether additional sites should be submitted to the Inspectors conducting the LDP Examination.

7 FINAL REVENUE OUTTURN 2011/12

Councillor Julian Thompson-Hill (Lead Member for Finance and Assets) introduced a report by the Head of Finance and Assets (previously circulated) that sought Council's approval of the final revenue outturn position for 2011 / 2012 and the treatment of reserves and balances as detailed in appendices 1 and 2 of the report.

Councillor Thompson-Hill reported that the outturn position was generally good for the last financial year because overall services had spent less than their allocated budgets and the Council Tax yield had increased. He advised that a lot of work had been done with those schools experiencing financial difficulties.

He proposed that services be allowed to carry forward their under-spends in full to deliver the 2012 / 2013 budget strategy and that he would take a report to Cabinet on how they proposed to spend those funds. Councillor Thompson-Hill also proposed that £600K of the un-allocated funds be used to build cash reserves to contribute to the Modernising Education / 21st Century Schools capital programme.

In the ensuing discussion Members considered the following points:

- Single Status financial reserves and timescales for resolution
- Schools' balances which had risen by £223K. The Chief Executive advised that different schools had different balances and one school's surplus balance could not legally be taken to subsidise another school's deficit balance.
- The current uncertainty about the levels of match funding from the Welsh Government for capital works to schools.
- Councillor Brian Blakeley highlighted his deep concerns regarding funding levels for the Council's day-care centre provision which he reported provided excellent services for the elderly.
- Any acronyms in future reports to be fully explained.

RESOLVED – *that Council:*

- Approves the final revenue outturn position for 2011 / 2012; and*
- Approves the treatment of reserves and balances as detailed in the report and in appendix 2 to the report.*

8 APPOINTMENT OF LAY MEMBER TO CORPORATE GOVERNANCE COMMITTEE

The Head of Legal and Democratic Services (HLDS) introduced a report (previously circulated) regarding the appointment of a lay member to the Corporate Governance Committee.

The HLDS advised that as the Corporate Governance Committee was the Council's Audit Committee for the purposes of the Local Government (Wales) Measure 2011

at least one lay member was required for the Committee. He outlined the recruitment and interview process that had been used.

Councillor Martyn Holland reported on the interviews which he and Councillor David Simmons had participated in as part of an interview panel of councillors and officers which had led to a recommendation being put to Council today.

RESOLVED *That Council appoints Mr Paul Whitham as a lay member of the Corporate Governance Committee, as recommended by the interview panel, for a term of office to expire on the date of the next local government election in 2017.*

9 LOCAL GOVERNMENT BOUNDARY COMMISSION FOR WALES - COUNCIL SIZE POLICY CONSULTATION PAPER

The Head of Legal and Democratic Services (HLDS) introduced a report (previously circulated) that sought Council's approval of the submission of a draft consultation response to the Commission's proposals on the number of elected members in each unitary authority in Wales.

The HLDS reported that the consultation paper had been circulated to group leaders for the views of their members to be incorporated into the Council's response.

In response to Councillor Colin Hughes the HLDS confirmed that a previous boundary review had been scrapped and replaced by this review. He added that the review set minimum and maximum levels for council sizes (30 and 75 councillors respectively) and that Denbighshire's figure was given as 43 councillors, but the Commission had indicated that their figures could be altered by 3 councillors either way. This would be the starting point for the review and the Commission would be visiting each authority as the review progressed.

As the Commission's figures were based on a ratio of one councillor for every 1,750 electors Councillor Martyn Holland queried whether the impact of the 7,500 new homes proposed under the Planning Inspectorate's LDP findings had been considered by the Commission.

RESOLVED – *that, subject to references to the impact of the new housing developments proposed under the draft Local Development Plan being included for consideration by the Commission, Council approves the submission of the consultation response shown at appendix 4 of the report.*

10 ANNUAL COUNCIL REPORT: SOCIAL SERVICES 2011/2012

The Head of Adult and Business Services (HABS) introduced a report (previously circulated) by the Corporate Director: Modernisation and Well-being which sought Council's endorsement of the Director's assessment and improvement priorities for 2012 / 2013.

The HABS summarised the assessment by reporting that overall Denbighshire Social Services has continued to perform well and he outlined the main challenges

facing the service which included legislative changes in Wales that needed to be addressed.

Councillor Bobby Feeley (Lead Member for Social Care and Children's Services) endorsed the HABS' comments and the report and expressed her hopes that gaps in provision would be met by Social Services and the NHS working effectively together.

During the discussion Members referred to:

- The beneficial services delivered through extra care housing schemes
- An appreciation of the services provided through day care centres and concerns over the uncertain future of some centres in Rhyl and Denbigh were raised by Councillors Blakeley, Bartley and Colin Hughes
- Problems experienced by some people who require help in knowing what health or social services were available and how to access them.

Councillor Feeley encouraged Members to attend a Corporate Priorities-setting event on the 31 July 2012 to ensure that future priorities reflected councillors' priorities in respect of social services.

RESOLVED – Council endorses the Director's assessment and improvement priorities for 2012 / 2013 as detailed in the report.

11 COUNTY COUNCIL FORWARD WORK PROGRAMME

The Head of Legal and Democratic Services introduced the Council's Forward Work Programme (previously circulated) and reported the following new items for inclusion in September 2012:

- A Community Covenant with the Armed Forces
- West Rhyl Housing Improvement Project
- Standards Committee – Independent Members' Terms of Office

RESOLVED that the forward work programme be noted.

| | |
|-------------------------------|---|
| Report To: | Council |
| Date of Meeting: | 11th September, 2012 |
| Lead Member / Officer: | Cllr Bobby Feeley, Lead Member for Social Care and Children's Services |
| Report Author: | Director of Modernisation and Wellbeing |
| Title: | Council response to Betsi Cadwaladr UHB Service Reviews |

1. What is the report about?

The Betsi Cadwaladr Local Health Board considered the findings and recommendations of seven key reviews of health services on 19th July, 2012. A formal consultation document, covering recommendations from a number of the reviews, was published on 20th August for 10 weeks' consultation, which finishes on October 28th. This report sets out a draft consultation response prepared by a Special Working Group of Partnerships Scrutiny for Council's further comment and consideration. BCU representatives will also be attending full Council, so it also provides a background briefing document for Council. It is intended to bring the finalised consultation response to Council on October 9th.

2. What is the reason for making this report?

To enable Council to shape the formal response to BCUHB.

3. What are the Recommendations?

For Council to input to the consultation process.

4. Report details.

4.1 Over the last 2 years, BCUHB has undertaken reviews of seven key areas of the health service i.e.

- Localities and Community services
- Paediatric services
- Maternity, Gynaecology and Neonatal service
- Non-elective General surgery
- Trauma and Orthopaedics
- Older People's Mental Health
- Vascular Services

4.2 The result of these reviews "Healthcare in North Wales is Changing: report on service change proposals" was reported to the BCUHB on 19th July, 2012. A full copy of the report is available on the BCUHB website as part of the formal Board papers.

- 4.3 The reviews, which were led by clinicians, were undertaken because evidence indicates that maintaining the status quo is not in the interests of the population for the whole of the NHS in Wales. The detailed reasons for proposing changes to services include the need to focus more on prevention, that current service models are not sustainable in terms of staffing issues, the impact of increasing specialisation, demographic trends, and the fact that costs are increasing, while public sector finances are reducing.
- 4.4 “Healthcare in North Wales is Changing” sets out a vision in which the local population will take greater responsibility for their own health and wellbeing, living in their own homes, supported by an enhanced range of primary and community services. Each of the 3 acute hospitals in North Wales will continue to exist and play an important part in the healthcare system. However, acute services need to be organised in such a way that both general and highly specialised acute healthcare can be delivered safely, providing good outcomes. This is likely to mean that not every specialism will be available on each of the acute sites but would still be available within a reasonable distance.
- 4.5 There has been significant public engagement whilst the reviews have been undertaken.
- 4.6 There is consensus across all service areas about the need to focus more on health promotion and prevention, working with community services. In terms of acute services, the detailed papers in the full document show considerable debate about the balance to be struck between the access/safety advantages of delivering services from three sites as against the staffing/critical mass/expertise advantages of delivering from two or fewer.
- 4.7 Clearly, it is extremely complex to estimate the costs of implementing the changes proposed. However, the work to date, and assumptions made in this, are set out on in the full document. The ultimate anticipated additional revenue cost is calculated as approximately £15m per year, with capital implications for redevelopments within localities and communities services assessed at approximately £41m. This does not include additional costs for transport, specifically those that would fall to the Welsh Ambulance Service Trust. How the additional investment could be delivered in the context of the current BCUHB deficit is also addressed briefly.
- 4.8 On 19th July, the Board considered the recommendations from the reviews. Formal minutes are not yet available. However, it is understood the Board accepted the proposals for change. This included the need to focus more on health promotion and community services. It also included supporting the continuation of in-patient maternity services, paediatric services, non elective general surgery, routine vascular services and trauma and orthopaedic services at each of the 3 District General Hospital sites, though the services that are delivered will change and some specialist services will be delivered from fewer sites. The Board also had to decide if proposals constituted “substantial change”. If they did, public consultation would need to follow. The Board decided that the following service changes needed to be subject to formal public consultation:

Localities and Community Services
Older People's Mental Health Services
Neonatal services
Vascular Services

A formal consultation document has subsequently been developed and is out for consultation until 28th October . This is attached at Appendix I.

4.9 The main implications for Denbighshire health facilities from the service reviews are as follows:

- major health services will continue to be delivered from Ysbyty Glan Clwyd. This will include in- patient maternity and paediatric services, non elective general surgery, routine vascular, trauma and orthopaedics. However, there is outstanding work to be done on what precisely will be delivered where and the potential for some specialised services (eg vascular services, emergency gynaecology and major elective gynaecology) to be delivered from fewer sites/subject to network arrangements
- a number of "hospital hubs" will be identified which will be the focal point of a broader range of services - these are proposed as YGC and Denbigh Infirmary in Denbighshire
- Minor Injury Services will be provided on a hub and spoke basis from hospital hubs- this service will close in Ruthin
- X-ray services will be provided from hospital hubs - this service will close in Ruthin
- hospital hubs will be supported by other community hospitals, community premises and primary care facilities - including Ruthin Community Hospital- which will continue to provide in -patient beds
- in North Denbighshire, services provided from the Royal Alex and Prestatyn Community Hospital will be replaced by a new integrated community facility- which will include in-patient beds. This facility will eventually incorporate in patient services for older people with mental health needs- currently provided at Glantraeth, Ablett and YGC
- services currently provided at Llangollen Community Hospital will be replaced by a new extended primary care resource centre on the River Lodge site, plus use of Chirk Hospital, roll out of the Enhanced Care Service and possible use of beds in independent sector nursing homes

Council members and officers have been involved in the processes leading to these proposals in most cases. A common view is to support the principles but to want to see detail.

4.10 A Working Group of the Partnerships Scrutiny Committee met 3 times over the summer to scrutinise the proposals and feed into the Council's response. This included seeking the views of a wide range of members and officers so as to assess impact both on residents and on the council. The draft response they have developed is attached at Appendix II.

5. How does the decision contribute to the Corporate Priorities?

Close and integrated working with health services, especially in localities, forms a key part of the Council's work to respond to demographic change. The BIG Plan also sets out objectives for effective joint working to support families.

6. What will it cost and how will it affect other services?

The potential costs to BCUHB are set out in para 4.7 above. Disinvestment from an old pattern of services, reinvestment in new services and dealing with an underlying deficit are major challenges for the Health Board. There is a risk that in the process of change, especially as services transfer to communities, that increased costs will transfer to local authorities, especially in adult social care, though there could also be implications for transport provision.

7. What consultations have been carried out and has an Equality Impact Assessment Screening been undertaken?

BCUHB has carried out equality impact assessment screening on their proposals and will do further work before final proposals are submitted to the Board. The Partnerships Scrutiny Working Group, and officers, have contributed to the draft response. Meetings of MAGs and Town and Community Council clusters will also consider the proposals during September and early October.

8. Chief Finance Officer Statement

The changes that are proposed are not fully costed at this stage so the implication on council services is not clear. Issues such as transport need to be considered and there is the risk that, as services are provided more in the community additional costs will inevitably fall on the Council's social care teams.

BCU began the financial year with a forecast £82m deficit on its budget. Despite a one off contribution of £17m from the Welsh Government and use of contingencies it has not yet been able to achieve its savings targets.

These proposals will see short term costs rise by £15m with an assumption that savings will be delivered going forward. Even at the best case scenario contained in the consultation, the organisation will still be left with a significant deficit.

9. What risks are there and is there anything we can do to reduce them?

The key risks are referred to para 6 above and throughout the draft response at Appendix II. Key actions to mitigate the risks identified are for detailed costed implementation plans to be produced for the changes proposed. This would enable the impact to be transparent and enable full discussion and negotiation with the local authority about how, where there is interface with Council responsibilities, the new pattern of services can be organised and funded.

10. Power to make the Decision

S111 Local Government Act 1972



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Healthcare in North Wales is Changing



Page 17

This is a public consultation to ask your views on proposals for changes to healthcare services

Healthcare in North Wales is changing – Join the Debate

Introduction

Our aim is to improve health, not just extend life.

Over the last three years, GPs, hospital doctors, nurses and other health professionals have worked together to consider how they could make healthcare services better to meet this aim.

Many people with an interest in the NHS have been involved such as patients, service users, carers, volunteers, community groups, local authorities and many others.

They have told us what they value – being treated with dignity and respect, having information that helps them to make a choice and not being ‘bounced’ around the NHS and social care when they or their families are most vulnerable.

This dialogue and engagement has led to the proposals in this consultation document. Services should be close to where people live whenever it is safe and appropriate. When more specialist care is needed, hospitals must be centres of excellence so the best possible care is available when needed from the right people.

The proposals we are now making are intended to change the way in which some services are provided and also where they are provided so that we can meet quality standards. The proposals will allow us to attract and retain the professional clinical staff we need without increasing overall levels of spending.

We now want to build on these discussions and ask for your views and opinions. Your voice is important so please take the time to read this booklet. Think about what healthcare could be like in the 21st century for yourself, your family, your parents and your children.

Please join the debate and send your comments to us by **28 October 2012**.

Healthcare in North Wales is changing - join the debate.

Professor Merfyn Jones Chairman
Mary Burrows Chief Executive

Contents

| | | | |
|--|----|--|----|
| 1. About us | 5 | 6. Older people’s mental health | 30 |
| 2. Why we think healthcare services need to change | 5 | 7. Neonatal intensive care services | 33 |
| 3. How we have involved people in developing our proposals | 10 | 8. Vascular services | 34 |
| 4. Healthcare services – our vision for the future | 13 | 9. Equality Impact Assessment | 35 |
| 5. Our proposals for change | | 10. Implementation of proposals | 36 |
| Healthcare services where you live - Enhancing care in our communities | 16 | 11. Have your say on our proposals | 38 |
| Enhanced care at home | 17 | 12. What happens next? | 41 |
| Moving care from hospitals to the community | 18 | Appendix 1: Summary of what the proposals mean | 42 |
| Hospitals in our communities | 19 | Appendix 2: Glossary of terms | 44 |
| What this means for minor injuries services | 21 | | |
| What this means for X-ray services | 22 | | |
| What this means: Other changes we are proposing | 24 | | |
| Blaenau Ffestiniog | 25 | | |
| North Denbighshire – Rhyl and Prestatyn area | 26 | | |
| Llangollen | 27 | | |
| Flint | 28 | | |
| Services for people living in the Tywyn area | 29 | | |

Summary

This booklet sets out proposals for how we think healthcare services could be delivered to give the best care for all. To help you find your way through the booklet, this page gives a brief summary, section by section.

Section 1 describes the Health Board's responsibilities and the population we serve.

Section 2 explains why we think healthcare services need to change to meet the health needs of the population of North Wales, setting out the risks we face, the quality standards we need to meet and the financial challenges ahead.

Section 3 describes how clinicians have led discussions with many people to develop these proposals over a number of years and how we have responded to what people have told us so far. This section also describes what support we have from clinicians for the proposals.

Section 4 provides information about our local vision for healthcare services in the 21st Century and tells you about how services will be provided in the future so that we can improve results for patients, carers and our workforce. Services should be close to where people live whenever it is safe and appropriate. When more specialist care is

needed, hospitals need to be centres of excellence so the best possible care is available from the right people.

Sections 5 – 8 are an important part of this document. Here we describe the services where we think we need to make changes and set out our proposals for change.

Section 6 focuses on healthcare services where you live. Here we describe proposals to deliver more care in the community; how we will take action to support people to improve their personal health and prevent ill health; and care for more people in their own homes. This section also includes details of proposals for hospital hubs to make sure services are reliable and consistent for more of the population.

Section 7 concentrates on services for older people's mental health. We make proposals to increase community services so that we can support people in their own homes better and rely less on institutional care

Section 8 explains how we propose to improve care for the small number of babies who need the very highest level of specialist care and meet the quality standards expected of these services.

Section 9 describes proposals to concentrate complicated vascular surgery –

major operations on veins and arteries – in one hospital in North Wales. This will mean patients get better results and the service will be more efficient.

Section 10 confirms how we have considered any potential impact of our proposals on groups in our community who are protected under the Equality Act and the Welsh Language Act and asks for your views on this.

Section 11 explains how we propose to deliver these changes if they are accepted. It confirms that no changes will be put in place until suitable services are available elsewhere.

Section 12 explains how you can feed your views into the consultation process.

Section 13 explains what happens next and how and when final decisions will be made.

At Appendix 1 there is a summary table showing the impact of the proposals on each community.

Some of the words we use can be confusing so we have provided a glossary of terms to help explain what these mean at

Appendix 2.

1. About us

Betsi Cadwaladr University Health Board is the NHS organisation responsible for the promotion of good health and the provision of health care services for the population of North Wales. Our area covers around 2,500 square miles and we receive around £1.2 billion a year from the Welsh Government to provide healthcare services.

We are responsible for community healthcare as well as hospital services for the 680,000 people living in the counties of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. In holiday periods there are many visitors who come to our region who may also need care.

We are also responsible for primary care services for people registered with GPs (family doctors) based within these areas and for community pharmacy, dentistry and optometrists (eye care).

You may be interested in our proposals if you live in North or West Powys, Cheshire or Shropshire, as we provide some services for people living in these areas.

2. Why we think our services need to change

Healthcare is always changing and developing. We are able to deal with health in different ways because of new drugs and changes in clinical care. We have reached a point where services need to change so that we can better meet the health needs of the people of North Wales. Deciding how to go forward will help us build good services for the future.

To do this means we cannot stay as we are. It is increasingly difficult to be confident that all of the right staff, with the right skills, can be in the right place to provide the healthcare that people need.

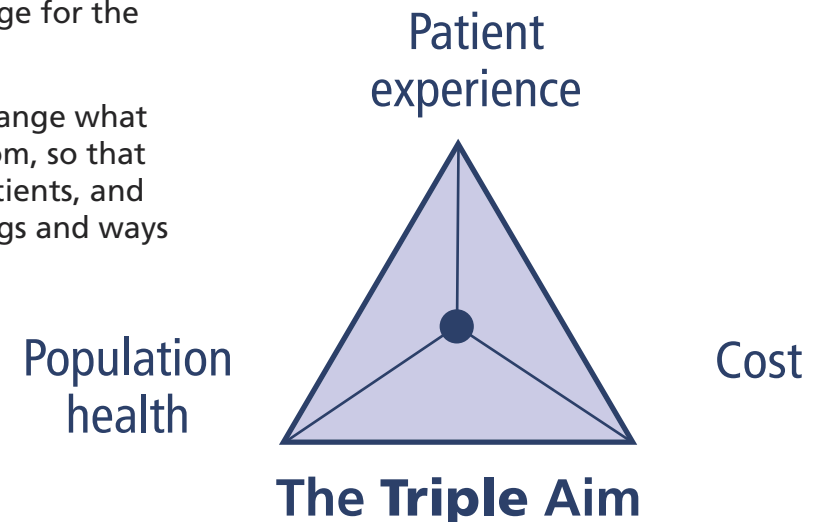
We are also working with less money and are not expecting this to change for the next three years at least.

For that reason we have to change what we do and where we work from, so that we can protect services for patients, and reduce reliance on old buildings and ways of working.

We work to meet the Triple Aim, which is the way we balance how the NHS works by:

- Improving population health
- Improving quality, safety and patient experience
- Controlling or reducing costs

We need to perform well against all three but, at the moment, the balance is not right and we must do better.



Population health need

The population of North Wales is expected to grow to over 700,000 by the year 2033. By far the biggest increase will be in the number of people aged over 65. With an expected increase by 60% in this group between 2008 and 2033. The numbers of people aged over 85 is likely to be more than double.

Our population is a mix of urban (49.2%) and rural (50.8%) communities.

It is important that patients, their families, service users and carers are able to express needs in the language of their choice. This is good practice and will help make sure people get the best care. This includes many people in our communities who are Welsh speakers. Our aim is to enable everyone who uses services to do so through Welsh or English in line with their need and their choice and to promote the Welsh language in healthcare services.

There are differences in the needs of the population across North Wales. There are public health challenges, especially in areas of deprivation where living conditions can be more difficult for some people. Smoking, alcohol, diet and how physically active we are play a large part in influencing our health.

We all need to work together to influence these factors as they can contribute to the major causes of ill health and death in North Wales. These include circulatory diseases such as heart disease and stroke; respiratory diseases and cancers.

For further information about population health need go to our website where you will find the North Wales health profile:
www.bcuhbjointhedebate.wales.nhs.uk



Health in North Wales is generally slightly better than the average for Wales but this hides some big issues and some inequalities.

The Welsh Health Survey in 2009/10 found that:

- Almost a quarter of adults smoke (23%)
- 55% of adults are overweight or obese
- 27% of adults said they 'binge' drink at least once a week (this means drinking alcohol in a way that is harmful to health)
- Rising levels of obesity and high levels of alcohol and tobacco use amongst children and young people suggest this pattern is likely to continue

Quality and safety

As healthcare advances, people are living longer and healthier lives. Doctors, nurses, midwives and other professional staff (clinicians) want, and are expected, to meet national standards and guidelines. These are produced by Royal Colleges, the National Institute of Healthcare Excellence (NICE), the Welsh Government and professional bodies.

Clinicians say that standards are not being met in many areas and patients, service users, carers and families tell us their experience is not as good as it should be. Although some things have improved already, if we want to make a real difference, we must make changes to how we organise what we do and that includes how, when and where we provide care.

Financial reality

For a decade, up to 2010, there has been record investment in the NHS. This has now stopped. Funding is reducing when compared to cost increases and will continue to reduce for at least three years. People know that the current financial position is very tough. We must live within our means and make every penny count.

Money available for building projects has also reduced, which limits our ability to refurbish or rebuild premises or replace equipment as we would like.

We are not the only ones in this position. Other Health Boards and the NHS across the UK face similar challenges and like them, we must make best use of the money we have for the foreseeable future.

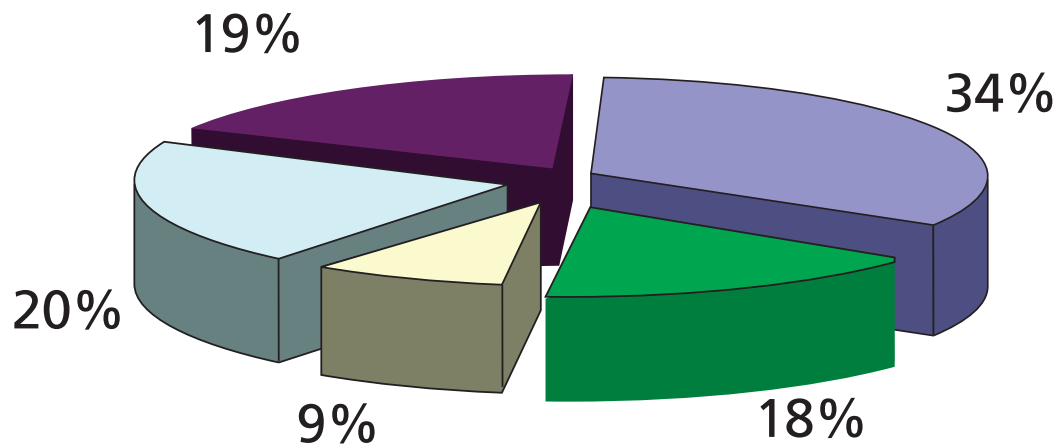
Where we spend our money

The diagram below shows how we spend our money. Around 90% of all contact patients have with healthcare services takes place in the community, and nearly half of our funding is spent on primary care, community hospitals and services and mental health services. We want to increase the proportion that we spend in the community and there are proposals in this booklet for moving services into the community.

- Acute hospital health services
- Community services and community hospitals
- Mental health services
- Primary healthcare services
- Healthcare services from other providers

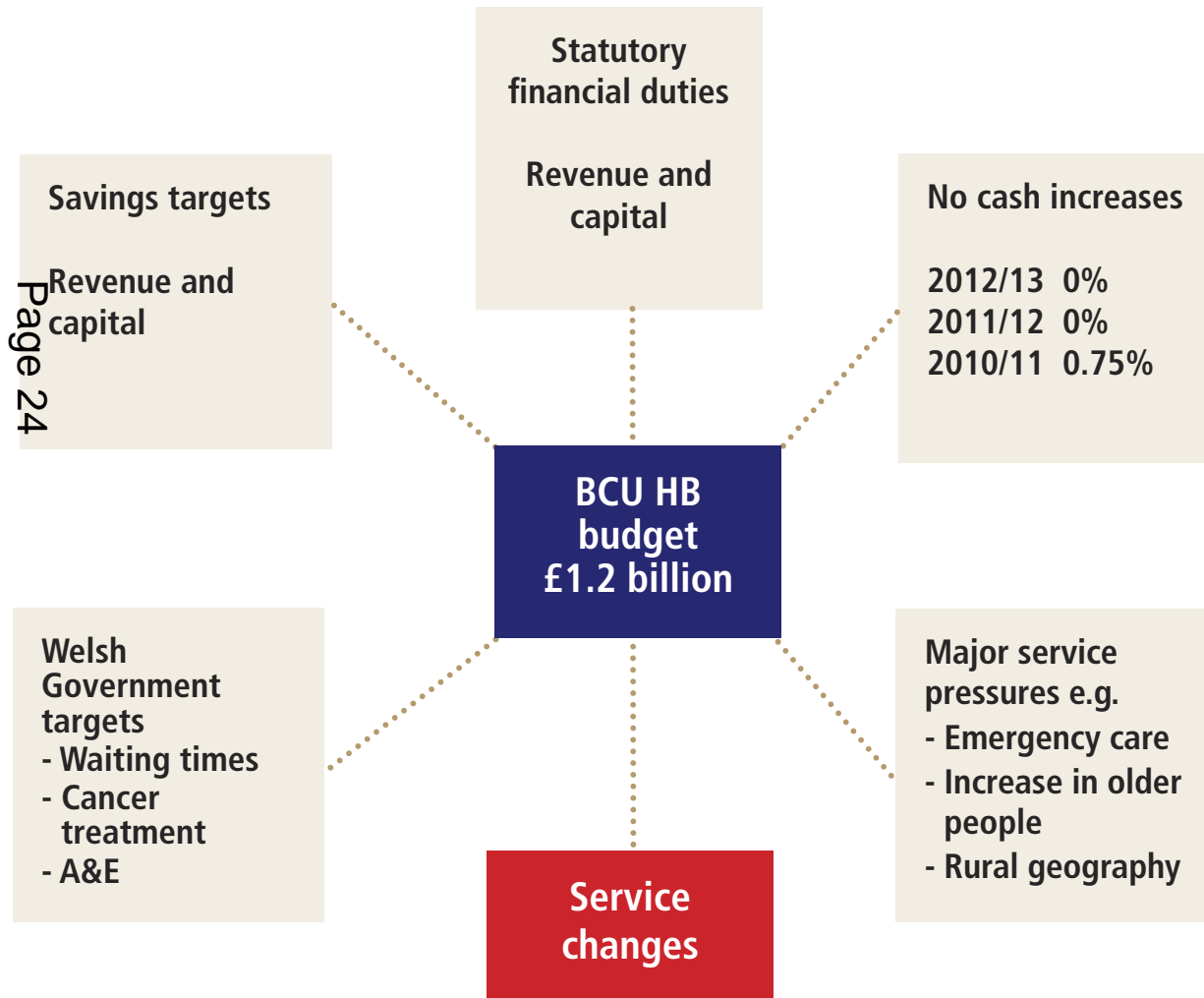
Note: "Healthcare services from other providers" refers to services from other NHS organisations or from independent services, including some very specialised services.

You can find details of how we use our funding in our annual accounts which can be found on our website.



Financial and service environment

This diagram gives a summary of some of the major pressures that the Health Board faces.



We are already tackling the financial difficulties by making sure as much money as possible is put into front line services and improving productivity and efficiency in some services. We have reduced our management costs by 20% to support this.

This will not be enough for the future. Services are spread too thinly, are sometimes hard to staff and are not providing value for money.

If we continue as we are, we risk running services that may not be safe and services for which we cannot attract professional clinical staff. We also risk not releasing funds for new treatments such as cancer and care for older people so that these may not be available when most needed.

The proposals that are set out in this consultation booklet are designed to tackle some of the more difficult problems we are facing in meeting standards against a backdrop of reducing funding.

The proposals are about how we maintain and improve service standards and this will help us use the money available in better ways and for more people.

We will need to make significant savings this year and continue these over the coming years. The specific proposals put forward now will not themselves deliver all the savings necessary so we will continue to work to improve and modernise care to help achieve this.

Our staff

The NHS depends on the quality of its staff, having the right number and mix of doctors, nurses, midwives and other professionals but there are very real problems achieving this in some areas in North Wales as well as in other parts of the UK.

The Health Board is one of the largest employers in North Wales. There are two Universities that are involved in the training and development of healthcare staff locally together with a number of Further Education colleges. There is a relatively stable workforce with low turnover in many areas.

However, medical staffing – that is, recruitment of doctors – poses the most significant risk to the sustainability of healthcare services locally and across Wales.

Recruitment prospects for consultants in some specialties such as mental health are more problematic. Forecasts and recent experience in recruiting paediatricians (child health doctors) suggest that this is the single most challenging specialty.

Restrictions on working hours for safety reasons mean that we may need more doctors and nurses than in the past to provide safe services for patients. It is sometimes difficult to recruit as many as we need.

The number of doctors in training in some specialties has reduced. The reasons for this are many and are influenced by medical schools and Deaneries. The shortfall in trainees presents another high risk to the sustainability of current services.

Clinical staff continue to explore ways of dealing with these risks including different ways of organising rotas, better ways of working at night and using other skilled healthcare professionals.

The Health Board currently spends a high proportion of pay on medical locum and agency staff which is not good for quality and costs us more. We are already working hard to reduce spend on these temporary staff.

If we are unable to recruit and retain essential staff we may need to change services further for safety, quality and financial reasons.



3. How we have involved people in developing our proposals

We have set up groups in local areas so that we can talk to representatives of local people about what works well in our health services, what needs to change, and what they think about the proposals.

We will carry on meeting with these groups, so we can keep up to date with what concerns they have, if any, about health services where they live.

If you're interested in being part of a group, you can send your details to: **jointhedebate@wales.nhs.uk**

Tell us your name and contact details and which area you're interested in.

Back in 2009-2010, when we started work on how healthcare services should look, clinicians led discussions which involved more than 400 individuals and community group representatives as well as voluntary groups and other public services to help us develop the first stages of our clinical strategy.

We learned from this the value of taking and building upon a wide range of views to shape healthcare services. This process was independently evaluated and was found to meet the guidance from Welsh Government on involvement.

Since that time we have continued to involve many people in the development of the proposals outlined in this booklet. For each service area we have considered, there have been a number of discussion events at which representatives have been invited to give their views. Details of the work we have done on each service area can be found in our Board papers on the website at: **www.bcuhbjointhedebate.wales.nhs.uk**

We have set up 14 discussion groups in local areas which will continue to meet.

We have also taken the opportunity to talk to existing groups such as voluntary groups, groups of town and community councillors, and county councillors to describe the challenges we are facing and discuss their views and concerns.

Regular information has been sent to all our staff through our intranet and via bulletins and staff meetings.

Overall, a very wide range of representatives, including patient and community groups have been able to hear about the issues we are considering and give us their views. This work has involved thousands of people across North Wales over the past few years. In meetings we have held, people have said that they broadly support our priorities and agree we need to change the way we deliver services.

We will carry on involving people to help maintain the relationships that are being built up through this process.

What you have told us so far

These are just a few of the main things people have told us:

We must consider how people reach key hospital services when needed

Our response: many people told us that they are happy to travel for specialist care, but they also want key services to stay at their local acute hospital (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital). They say they have concerns about families and carers visiting their relatives when they are in hospital.

We have listened to these concerns and are working to maintain key services such as maternity, child health and general surgery at our three acute hospitals. However there are financial and medical staffing risks which the Health Board will closely monitor.

We must consider the needs of people living in rural areas

Our response: we have looked at travel times and will have some additional services in the more remote rural areas. We are using different methods to support people in rural areas to stop them having to travel when they don't need to, for example by using video technology between the patient and the clinician.

We need to improve transport

Our response: we are working to move more care closer to home so that people do not have to travel so far for many services.

We are working with Community Transport Wales, local community transport providers and other voluntary organisations that provide community transport to look at how they can support people to get to health services.

We want to invest £80,000 to support transport for people using health services. We know this won't solve everyone's problem but we think it will help.

We have already drafted a specification for transport providers and spoken to a number of community transport providers in North Wales about our plans, and they are eager to work with us to support transport needs. Over the coming months we will pilot some work with providers to understand better the issues and find new ways to support transport to NHS services.

We will continue to work with the voluntary sector, public transport, local authorities and Welsh Ambulance Service NHS Trust to improve access for all.

We are also working with Welsh Ambulance Service NHS Trust to improve the pathways of care for patients. Skilled ambulance staff can now provide even better care for patients before they reach hospital. The ambulance service is developing a co-ordination centre that will help direct patients to the best hospital for their care, when they need more specialised support.

Discussions are taking place across Wales about developing a 24/7 emergency medical retrieval service, building on the current work of the Air Ambulance Service. The new service, if developed, would use the existing air ambulance service, upgrading helicopters so that they can fly in virtually all weather conditions, day and night, supported by critical care ambulances on the ground. This service would enable our patients to get to specialist hospital services much quicker.

We need to improve communication

Our response: our clinical leaders and the teams working with them are improving communication and co-ordination of services where you live. In some areas, we have set up a single point of contact for referrals and information with social services so that patients can easily get advice or help when needed. We expect this to be in place in all areas within two years.

Support from clinicians for proposals

In the Health Board, our services are managed by professional clinical staff, not general managers. It is our clinicians who have led the service review process and developed the proposals for change, and many clinical staff have taken part in the process.

We can't say that all the doctors (including GPs) and nursing staff support all of the proposals we are making. There are differences of view amongst clinicians. We will take the different views into account as part of this consultation.

"There was agreement that BCU HB has involved a wide range of staff and public in the reviews and that the process was robust with evidence of clinical engagement."

Dr Andy Fowell, Chairman
Healthcare Professional Forum

Our Healthcare Professional Forum – a forum which is made up of representatives of each of the clinical professions and with a role to advise the Board on our plans – has confirmed that they think there has been good clinical involvement in our process.

Our proposals have been presented twice to the National Clinical Forum. This is an independent advisory group established by NHS Wales and made up of representatives of clinical professions from across Wales.

Our feedback from this Forum recognises that there are some challenges but overall they are supporting the proposals for change which have been described in this document. You can see the feedback from the National Clinical Forum on the website at:

www.bcuhbjointhedebate.wales.nhs.uk



4. Healthcare services – our vision for the future

Our vision for the NHS is that people will enjoy health, wellbeing and independence equal to the best.

We want to help people to take responsibility for maintaining their own wellbeing, with family doctors, community nurses and other staff working closely with voluntary and community groups to achieve this.

Page
No
Go
To do this we want to make sure primary and community services are close to people's homes where possible, are available at convenient times and are consistent and reliable. The same level, range and quality of service should be available to all.

Our hospital services must deliver the highest quality clinical care with the best results. Our acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital) will continue to provide core services, each playing an important role within the health care system.

However, services at each acute hospital have been evolving.

For example, surgery being done as a daycase instead of the patient staying overnight. This means people can recover at home with their family or carers rather than staying in hospital.

When urgent care is needed, it must be safe and reliable for all. This will give confidence that services are consistently available, safely staffed and meet quality standards.

We work closely with the Welsh Ambulance Service NHS Trust to improve care for patients before they reach hospital. Paramedics are vitally important and form part of the trained and skilled workforce who work with us to provide the best care possible. Improving emergency medical services also means patients being seen quickly by senior doctors and nurses when they arrive at hospital.

Our vision is simple. It requires people to take responsibility for their own health and working with healthcare professionals to extend health and not just life. It means making choices that improve the overall health of the population, the quality and safety of care and in so doing, deliver better value for the money spent.

In North Wales we will:

- Support you to manage your own health and wellbeing
- Offer planned care closer to home or in centres of excellence
- Offer urgent care within a safe time and within a reasonable distance

Helping you stay at home when it's safe and appropriate

No one wants to go to hospital unless they have to and everyone wants to get back home as soon as possible. Healthcare is not about bricks and mortar but about services. We must not judge the quality of care by the number of buildings we have nor the number of hospital beds.

In Wales we have more hospital beds per head of population compared to similar populations in England. This comparison is important because it shows that we still rely on hospital based care when evidence tells us that many people could be cared for at home safely and with better results when supported by GPs, community and social care services. It also means we spend too much on buildings, accommodation and running costs and have less money available for healthcare services.

Evidence shows that patients lose their independence in hospital, may become prone to infection and take longer to recover once home. Our aim therefore is to help people stay at home when it is safe and appropriate to do so. When people do need hospital care, it will be there.

More care closer to home – Consistent and reliable

Some services that have up to now been provided in hospitals can be delivered more locally in community healthcare facilities or in people's own homes. This means fewer people have to go to hospital for their care.

For example, people who need renal dialysis (for kidney problems) don't always have to visit an acute hospital for treatment. We can use our network of community hospitals and clinics and people's own homes for these services.

We need to provide services consistently for the whole population and we believe we need to bring together some of these facilities to enable us to do this.

Getting the best results from specialised services - better services on fewer sites

For people with very complex needs, there is strong clinical evidence that patients have better results when teams work together as a dedicated service.

This means that patients may need to travel further to reach the service, but people have told us that they would be happy to travel in order to have better results.

Already, some cancer surgery is provided in one hospital as a centre of excellence. We will continue to work in this way, guided by quality standards.

Other acute hospital services

Clinicians have been working to improve patient safety in a number of key service areas and many people have made valuable contributions to discussions.

For most of the care provided at the acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital), we are not at present proposing to make substantial changes.

However this does not mean that there will not be changes in the way we work and the way patients are cared for.

The Board's decision to maintain these services was conditional on improvements being made to meet standards within the resources available.

We must meet the needs of the population for our whole area and make sure people can reach services within a reasonable time.

Each of the hospitals will have an Emergency Department, a midwifery-led unit supported

by a consultant-led maternity service and a Special Care Baby Unit / High Dependency Unit.

They will also have hospital services for children led by consultants, trauma and orthopaedic services, gynaecological services and non-elective general surgery.

There are however real challenges to making sure we can recruit the doctors needed to keep these services safe. We will continue to monitor these services. If we are not able to

recruit enough doctors we may have to think about alternatives in the future.

Patients will continue to use services from other NHS organisations outside North Wales where this is appropriate. These include the Countess of Chester, Robert Jones and Agnes Hunt Hospital (at Gobowen), Alder Hey Children's Hospital, North Staffordshire, Liverpool Heart and Chest Hospital and the Christie and Clatterbridge hospitals for specialist cancer treatment as examples.

We are also continuing with a whole range of planned developments and investments in our major services which will improve care and bring better results:

- ✓ We are redeveloping Glan Clwyd Hospital to remove the asbestos in the building and improve the facilities. We have completed work on the operating theatres and are now working on plans for the rest of the building. We have agreement from Welsh Government to invest more than £100million to do this
- ✓ We have started work to improve facilities at the Emergency Departments (A&E) at both Glan Clwyd Hospital and Ysbyty Gwynedd
- ✓ We are developing more specialist treatment facilities for diagnosis and treatment of some heart problems at Glan Clwyd Hospital (the catheterisation laboratory). This will allow more patients to be treated locally in North Wales rather than travelling to North West England
- ✓ We have developed and are awaiting agreement on the outline business case for Low Secure Mental Health Services

Most services will not be affected by the proposals in this booklet. Each acute hospital will have:

- 24/7 Emergency Department (A&E)
- GP Out of Hours Services
- Surgical emergencies and inpatients – the only change proposed is for complex vascular services
- Medical emergencies and inpatient services
- Intensive care services
- Trauma and orthopaedics services
- Cancer services
- Maternity services
- Child health services
- Mental health services for children and adults of working age
- Pharmacy services
- Diagnostic services
- Therapies
- ...and many other services

5. Our proposals for change: Healthcare services where you live - Enhancing care in our communities

Around 90% of the contact patients have with the NHS every day is with primary care, not hospitals. In North Wales, we have:

- 121 GP (family doctor) practices
- 102 dental practices
- 153 pharmacies
- 90 optometrists' practices (eye care)

They provide services for people of all ages. They all play an important role in supporting patients and carers to stay well and making sure hospital care can be reached when needed.

They work closely with each other as well as with social services and the voluntary sector to improve and bring together services in local communities. In each local area we have appointed a leader for this work (usually a local GP) who is helping to redesign and improve services.

Over recent years there has been more importance placed on providing safe, high quality services as locally as possible, closer to people's homes. We have identified our initial priorities in discussion with representatives of local communities.

Our priorities for action

Targeted prevention

We know that there are a number of factors that have an effect on health, and we want to promote good health as well as treating ill health.

'Targeted prevention' means taking action to support people where we can have the greatest impact, by promoting good health and preventing illness.

- GPs and community pharmacists will advise and offer support to people, concentrating on priority areas such as smoking, diet, exercise, alcohol consumption and immunisation

- We will extend health visitors' work with young children and their families
- We will support work to reduce the number of falls older people have
- We will promote patient education programmes which help people with long-term illnesses learn about their condition and live in a way that helps manage this
- We will use more technology to help people identify problems early on and reduce the distance people have to travel
- We will work closely with social services to identify and support carers



Enhanced care at home

In 2010 we developed a new service in north Denbighshire to provide more care for people in their own homes who might otherwise need to go into hospital. This is now being extended into other areas.

The patient's GP practice decides with the patient and their family whether they can be safely cared for at home with extra help from nurses, therapists, social workers and voluntary organisations. This care is available 4 hours a day, seven days a week.

This includes improving care for patients at the end of their life, bringing together primary care (GPs), community services, hospices and specialist end-of-life teams to support people to die at home. This work has already started.

The Community Health Council undertook a survey of people using this service and also their carers. Just over a third of patients and half of carers returned the survey and the feedback was very positive, with a few suggestions for improvement which are being addressed.

A Rhyl carer whose mother used the service said:

"We hold the service in the highest regard. The entire team provided a super service at a time when our needs were at their greatest. The staff were knowledgeable, wise, and endlessly helpful. I cannot thank them enough"

"I would suggest that this service is one of the ways forward to deliver healthcare to the community. It means that we can obviously look after patients with more complex medical needs than would be in our normal workload with the help of the team."

- Prestatyn GP



Moving care from hospitals to the community

End of life care

Advance care planning is a way of planning complex care in advance rather than waiting for problems to occur.

Mr W had terminal cancer. He had completed an advance care plan which explained what he wanted. He wished to stay at home and, if possible, to die there.

When his condition worsened the professionals, including social care and voluntary services, all worked together to care for him at home.

The North Wales GP Out of Hours Service and community nursing service knew of Mr W's wish to remain at home and made sure that he and his wife were fully supported. He died with dignity in the peace of his own home.

Our clinical staff are already moving services into local areas to bring better results for patients. Work has started on the services below as the first phase and it is expected that patients in all areas will benefit from these by 2013.

These include:

- More end of life care support so that people can choose to die in their own home
- Co-ordinated care to help patients manage pain better
- More blood tests in the community – such as for patients on Warfarin so that they don't have to go to the acute hospital
- Pre-operative assessment – checking a patient's health before they have a planned operation
- Improving access to mental health services for children
- More care in the community for people with dementia
- More support for people with respiratory diseases
- More services for people with hearing problems

- Community based Heart Failure Service
- More outpatient services using different methods, e.g. telephone advice, appointments using video technology, and appointments with senior nurses

We will carry on looking at other services that can move from hospitals into local communities. We will need to release money from hospitals and other buildings to do this. We will monitor and discuss our progress with the Community Health Council.

Hospitals in our communities

Across North Wales, we have community hospitals in various locations and many of these were built before the modern NHS was established.

These hospitals have provided an excellent service for local communities.

However, some of them are now old and need a lot of maintenance work and some are not suitable for providing the full range of services which we want to provide in local areas.

At the moment, there are different services available in these hospitals at different times. From time to time, it is difficult to keep safe staffing levels at some of our hospitals, which has meant we have had to close some services on a temporary basis. This isn't good for our patients or our staff. Spreading our resources too thinly will mean we continue to experience difficulties.

We need to be able to have services which are safe and reliable.

To do this, we need to change how and where some services are provided.

We have identified a number of hospitals which can act as hospital 'hubs' in local areas. Here we will provide:

- Inpatient beds
- Minor Injuries Services – seven days a week
- Outpatient services
- Physiotherapy, occupational therapy and other therapy services
- X-ray – five days a week

Most community hospitals which are not hubs will carry on providing a range of inpatient, outpatient, therapies and other services.

What is a hospital 'hub'?

A 'hub' is a place that acts as the centre for services for a number of communities.

We will strengthen services at the hubs to make sure they are consistent and reliable. This is particularly important for minor injuries and X-ray services.

The table at Appendix 1 (Pg 42) summarises the services which will be at hospitals in the community if our proposals are accepted.

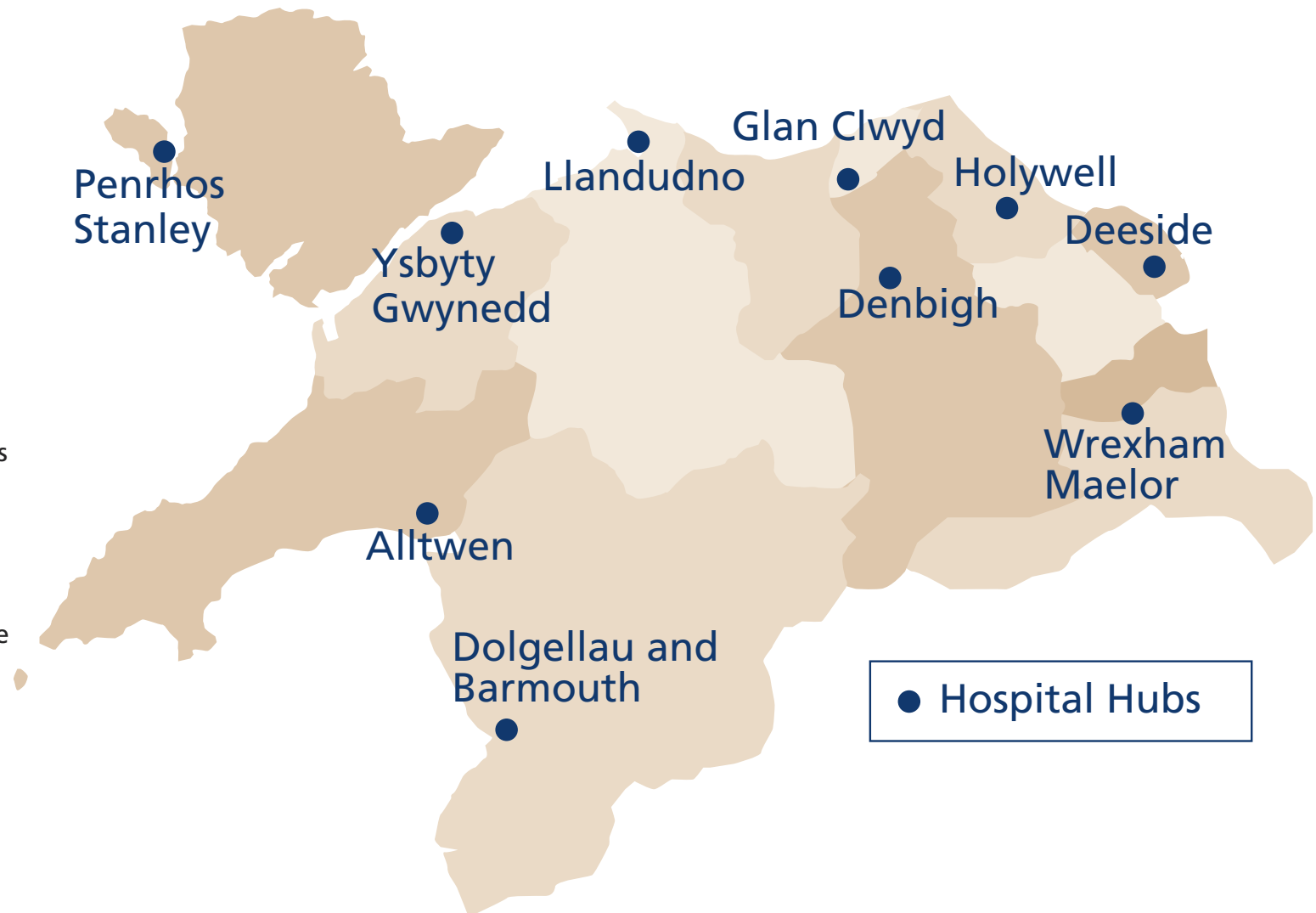
Our proposals for hospital hubs

Hospitals which we propose will act as hubs or main centres of services for our communities:

- Ysbyty Penrhos Stanley, Holyhead
- Ysbyty Gwynedd, Bangor
- Ysbyty Alltwen, Tremadog
- Dolgellau and Barmouth Hospital
- Llandudno Hospital
- Glan Clwyd Hospital, Bodelwyddan
- Holywell Community Hospital
- Deeside Community Hospital
- Wrexham Maelor Hospital
- Denbigh Infirmary

Using these as the hubs means that services are available within 40 minutes average drive time for 99.6% of our population.

We have included the three acute hospitals in this list because the communities that live close to them use these hospitals for X-ray and minor injuries as well as other services.



What this means for minor injuries services

A minor injury means something like a minor head injury, sprains, simple cuts, burns or scalds, insect bites, stings or animal bites, something in your eye.

If you go to a Minor Injuries Unit a trained nurse will check and treat you, or if appropriate, refer you to another hospital. No appointment is needed.

If your nearest hospital hub is also an Emergency Department (A&E), nurse-led minor injuries services are available here.

In the Emergency Department (A&E) staff must give priority to serious and life threatening conditions, so if you go there with a minor injury you may have to wait longer to be seen.

Currently, minor injuries services are open at different hours and are sometimes used very differently. In some places they are well used, and in others, as few as two patients a day use these services. An emergency nurse practitioner in a Minor Injuries Unit has capacity to see around 2,500 patients a year. Some of our current services are a long way from this level and therefore don't make the best use of our nursing staff.

We will also have minor injuries services provided by GPs in some of the very remote areas. We are proposing to provide minor injuries services at the hospital hubs, seven days a week, with core opening hours. This will mean wherever you are in North Wales, you will know when you can use these services and they will be reliable.

To do this we are proposing to close some of the less used services and re-locate some others to concentrate the skilled nurse workforce in the hospital hubs.

We are proposing to close the minor injuries services currently provided at Ffestiniog Memorial Hospital, Colwyn Bay, Ruthin, Llangollen, Flint, Mold and Chirk Hospitals.

People who have used these units in the past could choose to use any of the hospital hubs that are easiest for them to get to.

We are also proposing to open the Minor Injuries Unit at Deeside Hospital.

Because of the problems with travel in some of our rural areas, together with the increased use of services in holiday times, we are proposing to continue minor injuries services but with slightly different opening hours to reflect holiday demand at Bryn Beryl Hospital Pwllheli and Tywyn Hospital.

These changes will allow the reliable provision of a core service which can work more closely with the North Wales GP Out of Hours Service to better meet patients' needs.

What this means for X-ray services

X-ray services

At the moment, in some hospitals, X-rays are only available for a couple of half-days each week.

This means on some days patients have to travel all the way to an acute hospital – driving past other facilities on the way. This is because the opening times are different, so patients don't know when other more local facilities are open.

By bringing X-ray services into the hospital hubs, we will provide services five days a week, for the same core hours, and will be able to make sure we have up to date equipment that will mean a better service for patients.

X-ray services that are reliable and available locally are very important to patients and carers. They may often prevent the need to travel long distances to an acute hospital. Like Minor Injury Units, at the moment, X-ray services are not always consistent or reliable.

To make these services more efficient, 5 patients should be seen per hour. Some of our X-ray facilities are seeing fewer than 2 patients per hour. This does not make best use of resources and because X-ray facilities are open at different times and different days of the week, patients often cannot reach a service locally when they need it most. Also, some of our X-ray equipment is old and outdated and cannot be relied on for much longer.

We can provide more consistent services, available five days a week in the community if we have X-ray services in fewer places. They will be open for the same core hours, Monday to Friday.

As well as providing X-ray services at the hospital hubs, we would also provide them from Colwyn Bay Hospital. X-ray will also be provided from the Royal Alexandra Hospital, Rhyl, until a new facility is developed to replace the Royal Alexandra and Prestatyn Community Hospital (if these proposals are accepted.)

We are also introducing digital imaging – technology that shares X-rays so that your specialist can see them as soon as they have been taken. This will be available across North Wales by the end of 2012.

To enable these improved X-ray services, we are proposing to close the X-ray services currently provided at Blaenau Ffestiniog Health Centre; Bryn Beryl Hospital, Pwllheli; Tywyn Hospital; Eryri Hospital, Caernarfon; Mold Community Hospital and Ruthin Community Hospital.



What this means: other changes we are proposing

It is healthcare services which are most important – not the buildings or premises in which they are provided.

In some areas, we are not providing the best response to the health needs of our population and we can do better. This is harder to do when we don't have good quality premises.

It is also increasingly difficult for us to make sure patients have the care they need when we do not have safe staffing levels at some of our smaller hospitals. It is safer and more efficient in some cases to care for patients on fewer sites.

There have already been changes and improvements in a number of areas that have allowed us to provide better services:

- ✓ New primary care facilities in Abergele, Amlwch, Bethesda, Caernarfon, Connah's Quay, Llanrwst, Mold, Rhyl, Ruabon and Holywell
- ✓ We have approval for more new primary care facilities in Caia Park (Wrexham), Chirk and Buckley, Felinheli, Benllech and Harlech
- ✓ Modern community hospitals at Alltwen (Tremadog), Holywell and Deeside

- ✓ We are continuing with plans to improve services at Llandudno Hospital and will be submitting a business case to Welsh Government for around £40million
- ✓ We have submitted a business case for development of facilities at Tywyn Hospital to Welsh Government

There are a number of areas where we have yet to make further changes and developments which would tackle some of the problems with our services and enable us to provide better care for patients overall. The following pages set out the detail for these areas.



Blaenau Ffestiniog

Ffestiniog Memorial Hospital currently has:

- 12 inpatient beds (8 currently in use)
- X-ray services (provided at the Health Centre) for four sessions a week
- Minor Injuries Unit open seven days a week from 8.00am - 4.00pm (used by an average of 3 people per day, temporarily closed)
- Occupational therapy and physiotherapy

Page 41
Some outpatient services and dental services are provided in the health centre opposite the hospital.

The hospital was opened in 1925 with contributions from local people in memory of those who had died during the First World War. The population in Blaenau Ffestiniog has a younger profile than the Welsh average and there are relatively high levels of deprivation in the area.

Use of the hospital beds and Minor Injuries Unit has changed over recent years and the building itself would need major change to improve its physical condition. We have had to take action on occasions to reduce services on a temporary basis because we have not been able to keep staffing levels safe.

The hospital has been subject to a number of reviews in recent years and most recently there has been an independent review undertaken by Dr Edward Roberts, GP and Vice Chairman of Abertawe Bro Morgannwg University Health Board requested by the former Health Minister, Edwina Hart. We have considered all the issues raised in the previous reviews and reports, together with feedback from discussion events held with local representatives.

Proposals already discussed in this booklet:

- The development of the enhanced care at home service to help people stay at home rather than needing a hospital admission, when it is safe and appropriate to do so
- The Minor Injuries Unit and X-ray provision should close

Additional proposals for Blaenau Ffestiniog:

- We have started discussions with Gwynedd County Council and housing associations to plan building new health, social care and housing, so that we work together in partnership to develop more appropriate services

- We continue to use the hospital building to provide a base for better community services and consider expanding primary care services
- We propose to close the inpatient beds, and patients who need a community hospital bed would have this care at Ysbyty Alltwen

Ysbyty Alltwen is 14 miles from Blaenau Ffestiniog, and is a new hospital with modern facilities and capacity to support more patients.

In order to develop primary and community services we would invest around £4m to redevelop existing facilities, subject to development of a business case. This would help secure community based services for the local population and would take about three years to develop.

North Denbighshire - Rhyl and Prestatyn area

The north Denbighshire area is a densely populated coastal community, with high levels of deprivation (particularly in parts of Rhyl) and a high proportion of older people (particularly in East Rhyl and Prestatyn). There are also high levels of mental health needs.

There are two community hospitals in the area, the Royal Alexandra Hospital, Rhyl, and Prestatyn Community Hospital.

The Royal Alexandra Hospital no longer has inpatient beds. These were closed in 2010 because of failure to meet Fire Code requirements. The Royal Alexandra currently has:

- A wide range of outpatient services
- X-ray service for 10 sessions a week
- A wide range of therapy services
- Community dental services
- Other services such as sexual health clinics and child health clinics
- A base for the enhanced care at home service, and community nurses

Prestatyn Community Hospital currently has:

- 12 inpatient beds (9 currently in use)
- Therapy services
- Occasional clinics

The enhanced care at home service is already in place in north Denbighshire.

Both hospitals have problems with their premises which would require major improvements to provide a facility suitable for integrated and modern community services.

The north Denbighshire project has been considering the health needs of the population and also the evidence of what works well.

Details of the extensive project work undertaken are available on our website at www.bcuhbjointhedebate.wales.nhs.uk

What this means

We have looked at a range of scenarios in discussion with community representatives.

Following this, our intention is to develop a business case for submission to Welsh Government for a new NHS community hospital. This will bring together a range of services by redeveloping the current Royal Alexandra Hospital site. This could have NHS beds, outpatient clinics, X-ray services, therapies and some social care and voluntary sector services. Patients with minor injuries will continue to use Glan Clwyd Hospital.

The development would replace the current Royal Alexandra Hospital, Prestatyn Community Hospital, Glan Traeth, Lawnside Child and Adolescent Mental Health Service and dental clinics in the area.

Further work is taking place to plan the number of inpatient beds needed taking account of the needs of the residents of the area and the changes underway at Glan Clwyd Hospital. We expect the facility would have approximately 30 beds.

There is an estimated budget in the Wales Capital Building Programme of around £21m for this development, subject to business cases being approved by the Health Board and Welsh Government.

The development would be completed by 2015.

Llangollen

The ability of the health service, Denbighshire County Council and other agencies to improve services in Llangollen has been limited by existing health and social care facilities and the lack of suitable, accessible sites for a new development that would bring services together.

The existing Llangollen Community Hospital has:

- 18 inpatient beds (10 are currently in use)
- Minor Injuries Unit from 8.30am – 6.00pm Monday – Friday (currently closing at 3.30pm for a temporary period) - average attendance less than 1 patient per day
- Therapy services including occupational therapy, physiotherapy, chiropody, phlebotomy (blood tests) and dressings

There have been a number of reviews of services and the estate in Llangollen. The most recent work has recommended that the way forward should be a shared development which brings together primary, community, social care and voluntary sector services, in an extended primary care centre.

A wide range of services could be provided from the centre such as GP services, other healthcare services, therapies, mental health care services and social care. An initial assessment has identified the River Lodge site

as the preferred site for this development (subject to availability and completion of detailed work through the business case process) should our proposals be accepted.

The needs of many patients who are currently admitted to Llangollen Hospital will be met through the new enhanced care at home service, which is being developed in south Denbighshire and south Wrexham.

Some people would still need care in a community-based bed and we are proposing that this would be provided through 24 hour care at home, local care homes supported by health staff, or using beds at Chirk Community Hospital.

Proposals already discussed in this booklet:

- We will develop the enhanced care at home service to help people stay at home rather than needing a hospital admission, when it is safe and appropriate to do so. This service could be in place by 2013
- Minor injuries services may be provided by GPs

Additional proposals for Llangollen:

- Where care in a community-based bed is needed, this should be provided from local care homes or from Chirk Community Hospital. Chirk is seven miles from Llangollen
- The current Llangollen Community Hospital would close
- The GP surgery would move to the new premises

In order to develop the new extended primary care centre we would submit a business case to Welsh Government. We anticipate the buildings investment would be in the region of £5.5m. This would help secure community based services for the local population.

This development could be completed by 2015, if the business case is approved and capital funding is made available by Welsh Government.

Flint

In recognition of the need to develop the town, Flintshire County Council is in the process of completing a detailed 'master plan' for the town of Flint. The current health care premises in the town are not suitable for delivery of future services needed by the population, and the ability to improve services is being limited by the facilities.

Flint Community Hospital has:

- 10 inpatient beds (currently 10 in use)
- Minor Injuries Unit open seven days a week from 9.00am – 7.00pm (used by about 6 patients a day)
- Therapy services including audiology, physiotherapy, occupational therapy
- Phlebotomy (blood tests)

Over recent months the Health Board has had to make temporary closures to some services at Flint Community Hospital because of our inability to keep staffing levels safe when resources are spread thinly between different services. We know this is not good for patients or for our staff.

There have been previous reviews of Flint Community Hospital which have proposed closure of the hospital facilities and the development of a new primary care resource centre. This would provide better primary and community services for local people, with inpatient beds being provided in neighbouring areas where there are newly developed facilities.

Proposals already discussed in this document:

- Enhanced care at home is developed for the population to allow patients, whenever possible, to be cared for in their own homes. This service would be in place by 2013
- X-ray services would continue to be provided at Holywell Community Hospital
- Minor injuries services would also be provided at Holywell Community Hospital

Additional proposals for Flint:

- Further work is undertaken with Flintshire County Council to support the development of the 'master plan' which will help local organisations work together to meet the needs of the local population

- A new primary care resource centre is developed which replaces current poor quality premises and allows the delivery of improved primary care and community services
- Where care is needed in a community hospital inpatient bed, this is provided at Holywell Community Hospital

Holywell is a modern hospital which is 5 miles away from Flint.

When we plan a new primary care resource centre, we will consider whether we can use the opportunity to provide new accommodation for other services in the area such as clinics. We will look at this if proposals are accepted.

In order to develop the new extended primary care resource centre we would submit a business case to Welsh Government for approval and funding. We anticipate the capital investment for the building would be in the region of £4m.

The work could be complete by 2016.

Services for people living in the Tywyn area

People living in the Tywyn area of Gwynedd use some of the health services which are provided by Hywel Dda Health Board.

This may be in the community, at Tywyn Community Hospital, Bronglais Hospital or other facilities provided by Hywel Dda Health Board. We have submitted a business case to Welsh Government for development of the facilities at Tywyn Hospital.

Hywel Dda Health Board is also considering changes to healthcare services. We recognise that it is important to hear the opinions of people living within our area about these changes. We are working with Hywel Dda Health Board to ensure all opinions and views about their proposals for change are taken into consideration. You can find information about Hywel Dda Health Board's proposals online at www.hywelddahb.wales.nhs.uk/Consultation

We are collaborating with both our neighbouring Health Boards – Hywel Dda Health Board and Powys Teaching Health Board and the Welsh Ambulance Service NHS Trust in the course of normal day-to-day healthcare. We ensure that patients resident in one Health Board, but receiving healthcare in another, have a smooth, high quality service. We also want to make sure that between us, the Health Boards make the best use of resources to give the best care for patients.

We will work with Hywel Dda Health Board to make sure services are meeting the needs of residents in this area. This includes looking at patient pathways of care. It may sometimes be better for patients to go to Wrexham or the North West of England rather than south Wales when specialist hospital services are needed. We will work with Hywel Dda Health Board and Welsh Ambulance Service NHS Trust to enable this to happen.



6. Older people's mental health

It is good that we are living longer. Older people have an important position in family life and in the community. Maintaining health and wellbeing for older members of society is a shared concern for us all.

In North Wales, it is expected that the number of people with dementia will increase by 68% over the next 20 years. The number of people with dementia roughly doubles every five years from the age of 65 onwards.

This is very challenging for patients and their families and carers as well as for the NHS. We need to improve how we respond.

There are also other reasons why we have to change the way we provide services for older people with mental health needs:

- Early diagnosis - based on all Wales figures, it is possible that there are about 10,000 patients across North Wales without a firm diagnosis
- Quality – we do not always meet national quality standards and some of our accommodation is not fit for purpose
- Workforce – medical recruitment is difficult in some areas (particularly in south Gwynedd)

- Community Services – In some areas these services are not well developed and more is needed
- Hospital beds – bed occupancy rates are low in many of our units, and average length of stay is high



Our vision for better services

We have talked with a wide range of people including older people, younger people with dementia and their carers.

These are the things they have told us we must improve:

- Early diagnosis, including younger onset and people with a learning disability
- Keep good access to mainstream services such as GPs, social services, community nurses, pharmacy, dental services etc
- Better co-ordinated health and social care services available every day of the week
- Work more closely with the voluntary sector
- Provide or support respite care and re-assessment in care homes or hospitals
- Quick access in a crisis

To deliver these improvements we are proposing the following changes in community services.

Flintshire and Wrexham

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services and Wrexham Maelor Hospital
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

Conwy and Denbighshire

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services, Llandudno and Glan Clwyd Hospitals
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

Anglesey and Gwynedd

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services, Llandudno Hospital and Ysbyty Gwynedd
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

What this means for inpatient beds

Mrs G was diagnosed with dementia two years ago. She had lived on her own since her husband died. Mrs G refused to stay in when carers from a local agency came. She stopped looking after herself, wouldn't change her clothes and was forgetting to wash or eat.

The Community Older Persons Team was called and quickly managed to improve things, such as working with her and her family to sort out her medication. She was less anxious and had fewer extreme mood swings. This helped her stay at home longer and carry on doing daily tasks for herself.

Eventually Mrs G did move into a care home. Her daughter said, "The team helped us with getting Mum to understand and helped with the transition. They continued to see Mum and supported care home staff to look after her. It was a difficult decision but I was comforted that she'd been able to have that extra year at home."

- We propose to confirm permanent closure of the inpatient beds at Hafan Ward (Bryn Beryl Hospital) and Uned Meirion (Dolgellau and Barmouth Hospital) which have been closed for over two years
- There will be a gradual reduction in beds at Cefni Hospital Llangefni as community services are strengthened. In the longer term we will consider moving all inpatient services to Ysbyty Gwynedd. This is because we can provide better specialist care for the most vulnerable when we have back up from other hospital services
- Replace inpatient beds currently provided in Glan Traeth in Rhyl with facilities either as part of a new North Denbighshire development (if these proposals are accepted) or at Glan Clwyd Hospital

We believe these changes will offer a better quality service for patients and their carers, continuing the move away from the old fashioned institutionalised model of care. This will release approximately £1.5m which will be reinvested in the community services we have proposed.

The developments will be in place by 2015.



7. Neonatal intensive care services

In North Wales, there are around 7,300 births per year.

All three acute hospitals provide neonatal services for babies who need some support following birth. These may be babies born early, or babies born when due but who have a difficult delivery or become unwell in the first few days.

All three hospitals will continue to provide initial stabilisation and immediate short-term intensive care as well as Special Care Baby Units and high dependency units.

Page 49

However, some babies need longer term intensive care and this should be provided in a larger neonatal intensive care unit. The number of babies in North Wales who will need this level of longer term care will be around 36 each year.

At the moment, longer term neonatal intensive care is provided at both Glan Clwyd Hospital and Wrexham Maelor Hospital. However, some babies have been cared for at Arrowe Park Hospital on the Wirral.

There are national standards for neonatal services in Wales and the UK. Our services do not meet these intensive care standards and there are particular difficulties with staffing levels. To set up a single large neonatal unit in North Wales would be difficult in terms of recruiting sufficient staff and very challenging financially.

We have been looking at ways to address this problem. The clinicians' preference is to develop a service in North Wales, because of benefits this would bring in terms of access.

The Board has considered this but as described above, there are significant challenges in recruiting enough highly specialist staff. There is a shortage of specialists across the UK and there are increasing costs on providing this care for a small number of very sick babies.

Our proposal therefore is for all longer term neonatal intensive care to be provided from Arrowe Park Hospital because we believe they can provide good quality sustainable services into the future. This includes accommodation for families on site.

Neonatal services is the term used to describe the support given to newborn babies during the weeks or months immediately following birth.

Very few babies will need intensive care support. The most common reason for this is if a baby is born too early. Sometimes, support is needed if there are complications during or following the birth.

Mums and their families want the best care possible for their babies when this happens.



8. Vascular services

At the moment, we provide these services at all three acute hospitals in North Wales.

Vascular services are being looked at because:

- Vascular surgery is becoming much more specialised and this affects how services are organised
- There is clear and growing evidence that there is a positive link between how much surgery is undertaken in a hospital and better results for patients

Page 50

Vascular services involve operations on veins and arteries, including treatment for a partial or total blockage of an artery.

These services can also include treatment for aneurysms, a bulge in an artery that can weaken it, causing it to leak or burst.

Emergency treatment can include life threatening emergencies, such as a larger artery bursting (burst Aortic Abdominal Aneurysm or AAA), when there is a critical lack of blood to a limb, or injuries from road traffic accidents.

- Screening for abdominal aortic aneurysms (AAA) is being introduced for men aged over 65 based upon clear clinical guidelines from professional groups. This will reduce the number of emergency operations and give patients a better chance of survival
- The way vascular surgery is done is changing, which will reduce how much traditional 'open' surgery is done

Our local vascular clinical team agree that major arterial surgery (which involves about 300 cases per year) has to change. This is so we can improve safety and quality. The clinicians leading this work have proposed that this surgery should be done at either one or two hospitals and many of the vascular clinicians thought that two sites would be preferable as quality standards could be maintained with more local access.

Our proposal

Having considered their work, the Health Board believes that we can achieve the best results for patients if this complicated arterial surgery is provided in one acute hospital in North Wales. We would also concentrate emergency vascular surgery at the same hospital.

A single, larger team will mean that patients will continue to get better results and the service will be more efficient.

Routine vascular services and care before and after operations would continue to be provided in all three acute hospitals. We are still considering which hospital would be best, if we do move services to one hospital. You may want to tell us your views about this.



9. Equality Impact Assessment

We want to be sure that when we make a decision that affects our service users or staff, we do so in a fair, accountable and transparent way. We need to take into account the needs and rights of those who might be affected as far as possible.

We have looked at equality and human rights considerations for all our proposals, using a method called Equality Impact Assessment Screening. This includes specific consideration of the Welsh language. Copies of the Equality Impact Assessment screening work are available on our website.

We are continuing to build on the work done so far and thinking about the overall impact of all these proposals.

We will continue to update the assessment now that our proposals are clear. We would be interested to hear from you if you believe there are any positive or negative impacts that the Health Board should take into account in the decision making process.

We have considered whether there is any impact from our proposals for people who speak Welsh and on the Welsh language.

We have also considered whether there is any potential impact of our proposals on groups including:

- Age
- Gender reassignment
- Sex
- Race – including ethnic or national origin, colour or nationality
- Disability
- Pregnancy and maternity
- Sexual orientation
- Religion or belief – including lack of belief

10. Implementation of proposals

We believe the proposals described will help make the changes needed to make best use of resources, meet the needs of the population and meet quality standards.

If the proposals are accepted, the Board will make arrangements to manage the detailed planning needed before changes can be implemented.

This will be led by clinicians and will include a wide range of representatives including staff side and unions, Community Health Council, and representatives of other organisations.

For proposals which will need capital money for building work, a business case will need to be developed.

This table gives an estimate of the time it would take for each of the proposals to be implemented. The shaded area indicates that the work will continue, with further proposals being identified after the first stage.

| Proposals: | 2012 | 2013 | 2014 | 2015 | 2016 | |
|--|---------------------------------|---------------------------------------|------|------|------|--|
| Moving care into the community | [Shaded area from 2012 to 2016] | | | | | |
| Commence roll out of enhanced care at home across North Wales | [Shaded area from 2012 to 2013] | | | | | |
| Changes to minor injuries services | | [Shaded area for Q1 2013] | | | | |
| Changes to X-ray services | | [Shaded area for Q1 2013] | | | | |
| Redevelopment of Ffestiniog Memorial Hospital | | [Shaded area from Q2 2013 to Q4 2015] | | | | |
| Development of north Denbighshire facility | | [Shaded area from Q2 2013 to Q4 2015] | | | | |
| Development of Llangollen primary care centre | | [Shaded area from Q2 2013 to Q4 2015] | | | | |
| Development of Flint primary care centre | | [Shaded area from Q2 2013 to Q4 2015] | | | | |
| Development of Tywyn hospital | | [Shaded area from Q2 2013 to Q4 2014] | | | | |
| Investment in community service – Older peoples’ mental health | | [Shaded area from Q2 2013 to Q4 2013] | | | | |
| Confirm closure of mental health beds – Bryn Beryl Hospital and Dolgellau and Barmouth Hospital | | [Shaded area for Q1 2013] | | | | |
| Reduction in beds at Cefni Hospital | | [Shaded area from Q2 2013 to Q4 2013] | | | | |
| Move Glan Traeth services | | [Shaded area from Q2 2013 to Q4 2013] | | | | |
| Commission Neonatal Intensive Care Service | | [Shaded area from Q2 2013 to Q4 2013] | | | | |
| Concentrate vascular services onto one site | | [Shaded area from Q2 2013 to Q4 2013] | | | | |

What these changes may mean for patients and staff

How patients will benefit from these proposals

These proposals will provide better results for patients including:

- ✓ For vascular services, better clinical results and greater survival chances
- ✓ For neonatal services, better care through services which meet the standards
- ✓ For services in communities where you live, better care through greater consistency and reliability; more people cared for at home rather than admitted to hospital; better co-ordination and communication between different services and, we believe, greater satisfaction with services
- ✓ For older people's mental health, more people helped to stay at home living independently, earlier diagnosis and support and better co-ordination of services

What these changes may mean for staff

Staff are clearly an important part of the consultation process and their concerns about job security will be important not just to them but to the wider community. A series of events will be held for staff to give their views.

We rely on our skilled staff to help us deliver the changes needed and want to make sure that we work with them to do this. We will work in partnership with staff side representatives and trade unions to support our workforce through the transition if the proposals are accepted.

We will support the development needs of any staff affected by these changes so that they are able to work safely and confidently in the new arrangements. We will do this as appropriate by providing training, using skills and experience and through encouraging staff to work in different settings. This will build confidence in working in the community and with colleagues in social care, the voluntary sector and others.

By concentrating specialist services at fewer hospitals, we will make better use of clinical and support staff.

All staff changes will be managed in line with the All Wales Policy on Staff Changes and we

will always give consideration to issues affecting staff such as transport, family and carer responsibilities.

We will monitor the impact of services and report to our Board how the changes are supporting better patient care.

If the proposals are accepted, the Board will require assurance that the implementation plans will help us have services that are fit for purpose, meet the needs of our population, are safe and affordable and will remain so for the future. As part of this we will ensure that the resource requirement is understood and a thorough assessment of any risks is in place.

We have identified some of the risks already in this booklet – such as recruitment of staff, the financial position of the Board and possible impact on certain community groups. We will consider these and take action to reduce these where we can. We believe however that there is a greater risk in not taking forward these proposals.

11. Have your say on our proposals

Now we would like to hear from you.

We would welcome any views or contributions you would like to make. You can send us these by emailing jointhedebrate@wales.nhs.uk or by writing to the Health Board.

We need to make sure we consider all the views sent to us before any decisions are made.

Page 54

There are a number of ways you can let us know your views:

- You can complete the feedback questions with this booklet and send to: **Opinion Research Services, Freepost SS1018, PO Box 530, Swansea SA1 1ZL**
- You can complete the feedback questions on line at:
www.bcuhbjointhedebrate.wales.nhs.uk
- You can write to the Health Board at:
**BCU Health Board Join the Debate,
FREEPOST
RSZZ-SGXY-TSEZ
LL17 0JA**
- You can email your views to:
jointhedebrate@wales.nhs.uk

This booklet.....

You can request further copies of this consultation booklet by emailing: **jointhedebrate@wales.nhs.uk**; or calling **Freephone 0800 678 5297**

You can download a copy from our website at **www.bcuhbjointhedebrate.wales.nhs.uk**

We can provide you with a large print version or other formats or languages on request.

Please call us on **Freephone 0800 678 5297** or email: **jointhedebrate@wales.nhs.uk**

The consultation runs from 20 August 2012 to 28 October 2012

'Ring and book' consultation events

There are a number of ways you can be involved in the consultation, including a number of events during the consultation period. Details of how to take part will be on our website:

www.bcuhbjointhedebate.wales.nhs.uk

We will also advertise events in local newspapers. You can call us on **Freephone 0800 678 5297** to book into an event in your local area.

The dates and locations are set out opposite. Meetings will be held in the afternoons and evenings.

The Health Board is holding a series of public meetings during the consultation period. This is an opportunity for you to join the debate in person. To book a place, please call us on **Freephone 0800 678 5297**.

Sessions are scheduled to start at 2.00pm, 4.00pm and 6.00pm to give more people a chance to get involved. If you wish to attend, please book a place by calling **Freephone 0800 678 5297**. All venues have wheelchair access. If you have any additional requirements please tell us when you book a place.

| Date | Location | Venue |
|------------------------|--------------------|---|
| Tuesday 4 September | Connah's Quay | Council Chambers |
| Thursday 6 September | Blaenau Ffestiniog | Blaenau Community Centre |
| Friday 7 September | Llangefni | Council Chamber |
| Monday 10 September | Rhyl | WCVA, Morfa Hall |
| Tuesday 11 September | Prestatyn | Scala Cinema |
| Wednesday 12 September | Chirk | Parish Hall |
| Friday 14 September | Old Colwyn | Eirias Park |
| Tuesday 18 September | Flint | Council Chambers |
| Wednesday 19 September | Tywyn | Corbett Arms Hotel |
| Thursday 20 September | Ruthin | Llanfwrog Community Centre |
| Friday 21 September | Pwllheli | Sailing Club |
| Monday 24 September | Caernarfon | Plas Menai National Watersports Centre |
| Tuesday 25 September | Llandudno | Craig y Don Community Centre |
| Wednesday 26 September | Llangollen | Town Hall |
| Friday 28 September | Mold | Theatr Clwyd |
| Monday 1 October | Wrexham | Catrin Finch Centre, Glyndŵr University |

Opinion Research Services (ORS) are also organising a number of small discussion groups and a sample household survey to capture the views of people who may be affected by the proposals.

Would you like to give your views to an independent organisation?

The Community Health Council is your independent NHS Watchdog. It offers free independent advice about local health services and a way for you to have your say about local and national NHS services. If you prefer, you can make your views known by emailing the Community Health Council in confidence at **yourvoice@bcchc.org.uk** or telephone **01248 679284**.

Confidentiality

What will happen with the questionnaires we receive?

All completed questionnaires will be processed and reported by ORS, a specialist social research practice appointed to undertake this work. Your views will be confidential: no one except the ORS research team will see your questionnaire and no one will be identified in their general report.

What will happen with other written submissions (letters, emails and other documents) we receive?

Other written responses will be summarised by ORS and sections or complete documents may also be published in full on our website, with the name of the person or organisation concerned. Organisations will always be identified, but if individual respondents do not want their names and address published, please tell us this clearly in writing when sending your response and we shall blank those details before publishing your submission. If Freedom of Information requests then ask for information we have withheld, we would still not publish your personal information without very good reason, and we would always contact you first.

What will happen with the ORS report?

ORS will prepare a stand-alone Executive Summary and a full Report of the consultation findings and, before the Health Board makes a final decision, it will consider all the feedback received. The ORS report will also be provided to the Community Health Council and be made widely available once the consultation is over.

12. What happens next?

After we have considered the consultation report and any other information gathered, we will look again at the proposals we have made. We will be interested in the overall response to the feedback questionnaire and also your reasons for supporting or not supporting a proposal.

We will also take account of the views of the Community Health Council and any views they have heard.

The Health Board will decide, in the light of the consultation and other information gathered, whether to proceed with the proposals we have been considering or to amend them in the light of consultation feedback. The Board will meet in public to discuss this and the date and venue will be advertised on our website; we anticipate this will be during December 2012.

If the Board decides to go ahead with the proposals, we will start to bring these in early in 2013 and will aim to finish the changes by 2015. We will develop a detailed action plan and involve our partners and others in this. If you are interested in being kept informed of the progress of any proposals we implement, you can email us at **jointhedebate@wales.nhs.uk**.

All responses need to be made by 28 October 2012

Appendix 1: Summary of what the proposals would mean by county

| | Beds | Out-Patients & Daycare | X-Ray | Minor Injuries Unit | Primary Care Facilities | More Care At Home | Summary |
|-------------------------------|------------------|------------------------|-------|---------------------|-------------------------|-------------------|---|
| Anglesey | Hospitals | | | Community | | | |
| Cefni | ✓ | ✓ | – | – | | ✓✓ | More community services for older people with mental health needs, reduction in beds from 25 to 18 |
| Penrhos Stanley | ✓ | ✓ | ✓ | ✓ | | ✓✓ | No change to hospital services Enhanced care at home already in place |
| Gwynedd | Hospitals | | | Community | | | |
| Eryri | ✓ | ✓ | ✗ | – | | ✓✓ | Close X-ray (currently 9 sessions a week) |
| Aitwen | ✓ | ✓ | ✓ | ✓ | | ✓✓ | Will admit Blaenau Ffestiniog patients |
| Fryn Beryl | ✓ | ✓ | ✗ | ✓ | | ✓✓ | More community services for older people with mental health needs Permanent closure of 6 beds Change in Minor Injuries Unit hours |
| Ffestiniog Memorial | ✗ | ✓ | ✗ | ✗ | ✓✓ | ✓✓ | Redevelop hospital premises to provide better community services and expand Primary Care |
| Dolgellau and Barmouth | ✓ | ✓ | ✓ | ✓ | | ✓✓ | More community services for older people with mental health needs Permanent closure of 9 beds for older peoples' mental health needs |
| Tywyn | ✓ | ✓ | ✗ | ✓ | ✓✓ | ✓✓ | A business case to develop Tywyn has been submitted to Welsh Government |
| Conwy | Hospitals | | | Community | | | |
| Llandudno | ✓ | ✓ | ✓ | ✓ | | ✓✓ | Continue current development plans |
| Colwyn Bay | ✓ | ✓ | ✓ | ✗ | | ✓✓ | Close Minor Injuries Unit |

Symbol

✓✓

✓

✓

✗

–

What this means

New development or significant improvement

Service remains the same

Some reduction in service

Service will close

Indicates no service provided now

| | Beds | Out-Patients & Daycare | X-Ray | Minor Injuries Unit | Primary Care Facilities | More Care At Home | Summary |
|--------------------------------|------------------|------------------------|-------|---------------------|-------------------------|-------------------|---|
| Denbighshire | Hospitals | | | Community | | | |
| Prestatyn | ✗ | ✗ | - | - | | | Services at Prestatyn, the Royal Alexandra and Glan Traeth to move into new integrated facility. Existing buildings will close Enhanced care at home is in place |
| Royal Alexandra | - | ✗ | ✗ | - | | | |
| Glan Traeth | ✗ | ✗ | - | - | | | |
| New Integrated Facility | ✓✓ | ✓ | ✓ | - | | ✓✓ | |
| Denbigh | ✓ | ✓ | ✓ | ✓ | | ✓✓ | No change |
| Ruthin | ✓ | ✓ | ✗ | ✗ | | ✓✓ | Close Minor Injuries Unit and X-ray (currently 3 sessions a week) |
| Llangollen | ✗ | ✗ | - | ✗ | ✓✓ | ✓✓ | Develop new primary care centre. Close Llangollen hospital |
| Wrexham | Hospitals | | | Community | | | |
| Chirk | ✓ | ✓ | - | ✗ | | ✓✓ | Close Minor Injuries Unit May admit Llangollen patients |
| Flintshire | Hospitals | | | Community | | | |
| Mold | ✓ | ✓ | ✗ | ✗ | | ✓✓ | Close Minor Injuries Unit and X-ray (currently 10 sessions a week) |
| Deeside | ✓ | ✓ | ✓ | ✓✓ | | | Open Minor Injuries Unit |
| Flint | ✗ | ✗ | - | ✗ | ✓✓ | ✓✓ | Develop new primary care centre Close Flint Hospital |
| Holywell | ✓ | ✓ | ✓ | ✓ | | ✓✓ | Will admit Flint patients |

Symbol**What this means**

New development or significant improvement

Service remains the same

Some reduction in service

Service will close

Indicates no service provided now

Appendix 2: Glossary of terms

What some of the words and phrases in this booklet mean

| | |
|--------------------------------------|--|
| Acute hospital | A hospital that provides care for a patient for a short but severe period of illness or following an injury or surgery; in North Wales this means Ysbyty Gwynedd, Glan Clwyd Hospital or Wrexham Maelor Hospital |
| Bed occupancy | How much healthcare beds are used over any particular period |
| Community healthcare | Care provided by the NHS, often working with social care, to assist people living at home |
| Critical care | Specialised care for patients whose condition may be life-threatening |
| Daycase | A daycase is surgery where a patient comes into the hospital, has an operation and is discharged home the same day |
| Dementia | Loss of mental ability severe enough to interfere with normal activities of daily living. It is a group of symptoms caused by the gradual death of brain cells |
| Diagnostics | Procedures used to identify a disease or problem to give a 'diagnosis' |
| Emergency Department A&E) | A department at the acute hospital which deals with (or accidents and health emergencies |
| Equality Impact Assessment | A method of identifying whether a proposal has an impact on particular groups in the population |
| Hospital hubs | A hospital hub is a centre of services for a number of communities |

| | |
|-------------------------------------|---|
| Integrated care | Care which is provided by the NHS, social services, voluntary groups and independent services working together to meet the needs of patients |
| Pathways | A patient's journey to the care that is needed, often involving guidelines and processes to make clear the treatment and care that can expect to be received |
| Primary care | Services provided by family doctors, dentists, pharmacists, optometrists (for eye care) together with community nurses and health visitors |
| Primary care resource centre | A centre that brings together primary and community services onto a single site to provide more convenient access for patients |
| Renal | Relating to the kidneys |
| Telehealth | Provision of health services at a distance using a range of technologies. Telehealth can support diagnosis and management of long term conditions such as diabetes or high blood pressure |
| Telemedicine | Use of medical information transferred from one place to another using electronic communication methods |
| The Triple Aim | The Triple Aim is a way of defining three important elements of healthcare so that the system can be improved. This was designed by the Institute for Healthcare Improvement, an organisation which works to improve healthcare in the United States of America |

Appendix II

Draft Response by Denbighshire County Council to “Healthcare in North Wales is Changing”

1 Localities and Community Services

1.1. The Council agrees that the current pattern of services does need to change. It agrees that we should not just think about buildings when we consider the quality of health services and acknowledges that the quality of some buildings is not good enough. The Council's experience also is that people usually do want to be cared for at home when at all possible.

1.2 There is general support for the concept of “hospital hubs” and a widened range of services, traditionally only available in acute hospitals, available more locally.

1.3 While there is considerable agreement about the principles for future health provision, there is a lot of anxiety that “the devil is in the detail.” *The Council would like to have specific reassurance on some points and to see detailed implementation plans produced in a number of areas with full local authority involvement both in developing and monitoring them.* The areas for reassurance/detailed plans include

- commitment that existing services will not be stood down until the planned alternative services are in place
- clarity about how the financial aspects of the proposed changes are going to work in practice including
 - The detail of how investment in community services in each locality will be achieved in a 3 – 5 year period given the scale of the deficit BCU currently faces.

Our experience of commissioning services following the closure of beds at the Royal Alex shows that transparency with the public and with partners about the money available for reinvestment, and how much alternative service can be bought with the money available is really important to securing buy-in.

- The Council is worried that BCU's plans, which will lead to shorter hospital stays and more care in the community, will also lead to greater pressure on social care services where budgets are already under extreme stress for the same reasons identified by BCU. Transparency in implementation planning, and the management and monitoring of change and use of resources will help alleviate this anxiety.
- The Council would like to know how confident BCU is of securing the required capital and revenue investment required to open the new North Denbighshire and Llangollen community based facilities and to enable the facilities to be open by 2015

- The Council would like to see the production of detailed plans for investment in health promotion in each locality. Prevention and early intervention are core to the whole strategy in all service areas but there is no mention of investment in exercise referral or other physical activity programmes in Leisure Services, for example.
- How investment/disinvestment will be managed across services within BCU. For example, those delivering children's services worry that the scale and urgency of the changes needed for older people may eclipse the need for investment in children's community health services, especially as children's services are not so well represented in Locality Planning.

1.4 Regeneration/development issues

1.4.1 From a regeneration perspective, we understand that following extensive site searches, the Royal Alex is the chosen site for the North Denbighshire community facility. This investment could play an important role in the regeneration of Rhyl in the same way as has been proposed for the Council's own office provision in the area. We would be keen to continue to work with health partners on the development of this facility as substantial changes will be taking place in Rhyl, especially along the promenade, over the next few years and we will be keen to maximise local skills and job opportunities both during the build and afterwards.

1.4.2 We would like proposed bed numbers for the North Denbighshire facility as soon as possible and to be reassured that these have been calculated to take into account proposed developments in the LDP including that at Bodelwyddan.

1.5 Ruthin

The Council is pleased with the reassurances it has received about the future of Ruthin Community Hospital and local councillors have seen that local health professionals are positive about the proposals and have been reassured by that. However, the consultation document does not make clear why Denbigh Community Hospital has been chosen as the site of the local hub rather than Ruthin, and the Council would like the reasoning behind this decision to be made clear? We are concerned that there is a large area in the South-West of Denbighshire (the Dee Valley area) which does not have easy access to the level of care administered by Community Hospitals.

1.6 Llangollen

1.6.1 We understand the proposals relating to Llangollen Community Hospital and are encouraged by the potential for redevelopment of the River Lodge site, though the Council believes that the site is far from ideal as the access for pedestrians and non car owners is not good. The Council will want to continue to work with the Health Board on the detail of the proposals.

1.6.2 However, we are concerned about wider public access to facilities with the closure of Llangollen Community Hospital and the closure of Minor Injury facilities at Bala - particularly for those without a car and especially those living in the Upper Dee Valley. The Council would like to see a detailed Transport Strategy developed to match the new pattern of service provision proposed. (see separate section below).

1.6.3 We note that the Health Board will consider commissioning beds from the independent sector in the Dee Valley to complement Enhanced Care Services (ECS) and inpatient beds at Chirk Hospital. Councillors acknowledge the quality of services and facilities at Chirk. We would also accept the need to commission beds from the independent sector to complement this provision, however, we will want to ensure that reablement principles are to the fore of people's minds so that use of nursing / residential home beds does not lead to enhanced levels of dependency and long term admissions to institutional care which could have been avoided. We also need assurance that there is capacity available in the independent sector locally to meet needs in this way.

1.7 Pressure on carers

1.7.1 One of the implications of delivering more services in people's own homes is the risk of greater pressure on informal carers. While this point is referred to in the document, we do not believe it is accompanied by sufficient detail to ensure that services will be enhanced to make this realistic, including access to respite services as a right as well as information, advice and signposting.

1.7.2 If support services are not planned and provided by BCU as part of the changes across all reviews, we believe we will see increased carer breakdown or additional demands will be made on third sector and local authority carer services and these will not be able to cope.

1.7.3 Specialist services, located at distance from the home of an older person, will also mean more expense in travelling to visit and more strain in managing the logistics.

1.7.4 Specifically, we would like to know if the provision of respite has been considered as a potential alternative use for Prestatyn Community Hospital.

1.7.5 The Council would like to see costed proposals for enhancing carer support included in the overall proposals. This should be part of what is consulted on so that the public can see how the new arrangements would work. It should also be detailed in the implementation plans for each locality, looking across all specialisms to ensure robust joined up services, including for young carers.

1.7.6 These could be developed on the back of the current work to develop a Regional Carers' Strategy, linked to the new Carers' Measure, but would need to be much more local and specific. The Council would also like to ensure that measures are taken to guarantee that the quality and safety of care that patients and carers receive on discharge is suitable, including stronger measures to ensure that carers assessments are undertaken before every discharge.

1.8 Communicating with communities

We believe it will take communities some time to get used to the new patterns of service. We think that considerable effort should be put into communicating with local communities, explaining why the changes are being made, how the new services will work and encouraging feedback.

2 Older People's Mental Health

2.1 The Council is pleased to see the proposals for early intervention and early diagnosis, prevention of crisis and carer breakdown, the improvement of care in care homes, allowing/supporting people to remain in their normal place of residence and the reduction in reliance on acute hospital beds. This is a large demographic and the Council would like to see a more comprehensive account of how the implementation of these changes will affect older people with mental health problems, their family and their carers. It is an area of service that all recognise as needing significant enhancement and where developments in partnership with local authorities and the voluntary sector are welcomed.

2.2 As above, the council would like to see the detailed proposals for community reinvestment in the central area. The potential impact on carers is a particular concern. The Council notes from the Equality Impact Assessment that attendance by service users and carers was low during engagement sessions and will look for evidence that this has been addressed during the formal consultation process.

3 Maternity, gynaecology and neonatal services plus Paediatric Services

3.1 The Council is pleased that there will now be investment in community child health and health promotion services and that most acute services in these specialisms will continue to be available from all 3 District General Hospital sites. The Council would like reassurance that maintaining 3 acute sites will not compromise the intention to invest in community child health services.

3.2 Although these areas are not the subject of formal consultation, "Healthcare in North Wales is Changing" envisages considerable change in these services, and the Council is very keen that implementation of change in community child health and paediatric services takes place in full partnership with local authorities. In particular, the local authority is keen to see the development of multi-disciplinary teams, working across health, social care and education to meet the needs of children with disabilities and their families, and to meet the needs of troubled families. This could build on the work done to develop use of the Hyfrydle site and in the Flying Start and Families First programmes.

3.3 The Council would like to see more detail about how services for adults within BCU will contribute to the changes proposed and a stronger family focus- given that the welfare and health of children relates closely to that of their parents. We believe the contribution of mental health, substance misuse and disability service, and the corporate approach to domestic abuse issues, should be more joined up.

3.4 Though the headline demographic trend referred to in the BCU paper primarily relates to older people, there are substantial changes of need happening also as the result of the changing structures in families, single parents, and the ability to keep low birthweight babies alive with disabling conditions beyond a few days/weeks. The use of resources needs to take these growing pressures into account.

3.5 The Council understands why highly specialised services might be concentrated in fewer sites and thinks this is reasonable- providing that transport issues are fully considered and worked through.

3.6 Neonatal Intensive Care Services

3.6.1 The Council would prefer to see neonatal intensive care available in North Wales and feels that, if this were to happen, the obvious option is for this to be provided at YGC

3.6.2 The Council understands why healthcare for the sickest newborn babies is being considered at Arrowe Park- arising from new national recommendations on critical mass and staffing levels. Providing the care provided there meets required quality standards, and represents good value for money, the Council considers it provides a reasonable solution. However, Denbighshire councillors can see that families will have to travel further to see their sick, newborn infants, and sometimes the parents involved will be highly vulnerable themselves. This will involve both high cost, long journeys, especially on public transport, and trauma.

3.6.3 They would want information showing how the facilities for parents at Arrowe Park would be as good as those currently provided at YGC. They would also like to know how services will be delivered through the medium of Welsh for this group.

3.6.4 In addition, the council would want to see how staff skills in North Wales in Special Care Baby Units and neonatal care will be maintained so that staff will still be attracted to work in this area and most care for most babies can continue to be delivered locally.

3.6.5 The Council would like further information on both options ie a North Wales and a service provided from Arrowe Park including

- the planned length of contract with Arrowe Park and whether this is envisaged to be a permanent solution
- how the costs of care at Arrowe Park compare with those at YGC currently
- the throughput of patients required per annum in a neonatal intensive care unit to ensure adequate expertise among staff
- how reliable are the stated costings for provision at Arrowe Park
- the contingency arrangements eg if both Arrowe Park and Liverpool were full
- were a unit developed in North Wales, whether it potentially could offer services to the North West

4 Non-elective general surgery

4.1 The council is pleased that aspects of elective and non-elective general surgery will still be available at each of the 3 District General Hospitals but also understands the evidence for centres of excellence and the impact of increasing specialism. The Council wishes to emphasise the importance of appointing the additional staff required to maintain provision for non-elective general surgery at Glan Clwyd Hospital as soon as possible.

4.2 However, councillors do not understand how the closure of surgical beds that has already happened- which they believe has already caused cancellations in elective general surgery due to bed shortages, and the further closures planned to beds in community hospitals adds up to a sustainable service.

5 Trauma and Orthopaedic Services

5.1 Again, the Council is pleased that services will be retained on each of the 3 DGH sites and that Welsh Government has provided significant financial investment in this aspect of health services. The Council also accepts the need for more specialised services to be organised on a regional and networked basis. This is on the proviso that transport and carer issues are addressed in greater detail- especially because most users of these services are older people.

5.2 The Council is conscious that expansion of these services will lead to greater demands on community services and local authority services- especially for equipment, adaptations and Occupational Therapy services. There are both opportunities and challenges in this and again, detailed, negotiated implementation plans will be needed to ensure that the whole care system – social care and physical activity programmes- as well as acute, and community/primary care - is resourced to cope.

6 Vascular Services

6.1 The council notes that routine vascular services and pre and post operative care will continue to be provided at each of the DGHs, with major arterial surgery now confirmed to be provided at 1 site. The Council would like to confirm the location of the preferred site, and wishes to express its endorsement for these services to be provided at Glan Clwyd Hospital.

6.2 The Council would like further information about how major arterial surgery will be provided so as to be clear about the potential impact on patients and families- in terms of safety and travel implications. While councillors understand the need to concentrate the expertise of surgeons, they believe this also applies to other clinical specialists in this field eg nurses and are unclear how the 1 site model would be viable with this group of staff.

7 General issues

7.1 Transport

7.1.1. The Council is encouraged that that BCU recognises the importance of transport, both to patients and to the way in which patient services will change. It seems to us that the scale of clinical change proposed within BCU is impossible without getting transport right.

7.1.2 It certainly is an issue for "older people, people with disabilities, and people from areas of deprivation where car ownership levels are lower. Those who are mobile (have their own car) will find the proposed changes much more manageable than those who don't. Transport is also an issue for families and carers" but it goes deeper than this. We believe BCU should also address the "green" agenda by offering alternatives to the car.

7.1.3 To date, our perception is that the health sector has only an average record in terms of providing transport. Welsh Ambulance Service Trust (WAST) criteria are very strict and seem to take little or no account of rural issues, in particular, with the result that there's already much frustration for those attending hospital appointments as arrangements currently stand.

7.1.4 Too often, our experience is that WAST refers people to the community transport (CT) sector without considering whether that sector is funded or even able to provide the required service. Upon refusal by WAST, when given a CT alternative, patients usually find that CT cannot help and there is nowhere they can easily turn. It is therefore positive that patient transport appears threaded throughout the paper.

7.1.5 Because a more flexible approach to transport may be required, we would immediately flag up that this is likely to be costly (in real terms and as a cost per patient). Low demand means bespoke services for ones and twos rather than bus loads so there is little possibility of any economies of scale. Demand or semi-demand responsive services as provided by the CT sector are no less costly than if operated commercially. The epithet "community transport" does not signal "cheap".

7.1.6 The backdrop to all this is the changes to the funding regime for public transport in Wales. There is likely to be a reduction of 27% next year in funding from WG. If (and it's by no means certain) Taith and LAs are then expected to refocus transport in terms the key National Transport Plan priorities, it is not clear how this fits in with health provision.

7.1.7 BCU have begun to come to the table to discuss these issues with local authority transport professionals. However, this is clearly a very significant matter and will need very thorough planning and funding. The Council notes that no costs for transport are currently factored into the financial assumptions- whether for WAST or other forms of transport provision. This is clearly a major omission which must be added for the full range of services subject to review, not just those out for public consultation.

7.1.8 We believe a comprehensive costed Transport Strategy is required to match the new pattern of services proposed and should be part of formal consultation- so that the public can understand fully how the new arrangements would work.

7.1.9 Councillors do have concerns also about how WAST would deliver on the new pattern of journeys required to regional centres in emergency situations- especially from rural areas. The council would like to be assured that there is a full understanding of WAST's capacity to deliver on this before any of the proposals are signed off.

7.2 People with learning disability

7.2.1 While the proposed changes will represent considerable change for all residents, we want to flag up the care we believe will be needed to make things work for people with learning disabilities- who will be affected by all the changes proposed.

7.2.2 At a minimum we seek assurance that the Liaison Nurses, currently in place at each of the DGHs, will be made permanent posts so that people with learning disability will be supported to navigate services, however they may be organised.

7.2.3 also believe that, given the increasing numbers of people with learning disability in the population, including an increasing number of older people with learning disability, that the staff of both acute and community services will need the opportunity to develop skills in providing healthcare for learning disabled people. We are pleased to see this aspect of services specifically recognised in the development of Older People's Mental Health Services, but it will be an issue for all specialisms- hence the importance of the Liaison Nurses.

Report To: Council

Date of Meeting: 11 September 2012

Lead Member / Officer: Cllr Barbara Smith

Report Author: Mohammed Mehmet, Chief Executive Officer

Title: Pay Policy Statement

t

1. What is the report about?

- 1.1 The Localism Act 2011 requires local authorities to prepare pay policy statements. These statements must articulate an authority's own policies towards a range of issues relating to the pay of its workforce particularly its senior staff (or "chief officers") and its lowest paid employees. Pay policy statements must be prepared for each financial year, beginning with 2012/13. They must be approved by the Council, and published on the relevant website.

2. What is the reason for making this report?

- 2.1 This report has been prepared to satisfy the Council's legal obligations in respect of the Localism Act 2011.
- 2.2 To seek approval of the attached Pay Policy Statement which has been drafted in accordance with the requirements of 38 (1) of the Localism Act 2011 and incorporates all existing pay arrangements for the workforce groups within the Council, including Chief Officers and the lowest paid employees.

3. What are the Recommendations?

- 3.1 To approve the attached Pay Policy Statement to ensure the Council complies with its legal obligations under the Localism Act 2011.

4. Report details.

- 4.1 Under Section 112 of the Local Government Act 1972 the Council has 'the power to appoint officers on such reasonable terms and conditions as the Authority thinks fit'. This Pay Policy statement sets out the Council's approach to Pay Policy in accordance with the requirements of 38 (1) of the Localism Act 2011 which requires English and Welsh Local Authorities to produce and publish a Pay Policy Statement for 2012/3 and for each financial year after that, detailing:

- a) The Authority's Policies towards all aspects and elements of the remuneration of Chief Officers
- b) Their approach to the publication of and access to information relating to all aspects of the remuneration of Chief Officers
- c) The Authority's Policies towards the remuneration of its lowest paid employees (including the definition adopted and reasons for it)
- d) The relationship between the remuneration of its Chief Officers and other employees.

5. How does the decision contribute to the Corporate Priorities?

5.1 Not applicable.

6. What will it cost and how will it affect other services?

6.1. There are no new financial implications for the Council arising from this report.

7. What consultations have been carried out and has an Equality Impact Assessment Screening been undertaken?

7.1. Consultation with the Head of Legal and Democratic Services, the Section 151 Officer and the Senior Leadership Team to ensure all requirements of s38 (1) of the Localism Act were incorporated into the Pay Policy Statement.

7.2. Cllr. Barbara Smith, Lead Member for HR who is content for the Report to be presented to Council.

7.3 The Council's Pay and Grading Structure introduced following Single Status was subject to an Equality Impact Assessment.

8. Chief Finance Officer Statement

8.1 There are no financial implications arising from this report

9. What risks are there and is there anything we can do to reduce them?

9.1 The Council will be in breach of its legal obligations in respect of the **Localism Act** if it fails to adopt the Pay Policy.

10. Power to make the Decision

10.1 s38 (1) of the Localism Act 2011 and section 112 of the Local Government Act 1972 covering the power to appoint officers

DENBIGHSHIRE COUNTY COUNCIL

PAY POLICY STATEMENT 2012/13

1. INTRODUCTION AND PURPOSE

1.1 Under Section 112 of the Local Government Act 1972 the Council has 'the power to appoint officers on such reasonable terms and conditions as the Authority thinks fit'. This Pay Policy statement sets out the Council's approach to pay in accordance with the requirements of s38 (1) of the Localism Act 2011 which requires English and Welsh Local Authorities to produce and publish a Pay Policy Statement for 2012/3 and for each financial year after that, detailing:

- a) The Authority's Policies towards all aspects and elements of the remuneration of Chief Officers
- b) Their approach to the publication of and access to information relating to all aspects of the remuneration of Chief Officers
- c) The Authority's Policies towards the remuneration of its lowest paid employees (including the definition adopted and reasons for it)
- d) The relationship between the remuneration of its Chief Officers and other employees.

1.2 Local Authorities are large complex organisations with multi-million pound budgets. They have a very wide range of functions and provide and/or commission a wide range of essential services. The general approach to remuneration levels may therefore differ from one group of employees to another to reflect specific circumstances at a local, Welsh or UK national level. It will also need to be flexible when required to address a variety of changing circumstances whether foreseeable or not.

1.3 The global economic crisis and the reduction in budgets during the current Comprehensive Spending Review (CSR) period has necessitated councils going through unprecedented and painful cuts in jobs and services in response. This process has avoided some of the potential financial difficulties for councils but has been essentially reactive, and will require ongoing strategic review going forward.

1.4 Once approved by the Full Council as required by the legislation, this policy statement will come into immediate effect and will be subject to review on a minimum of an annual basis in accordance with the relevant legislation prevailing at that time.

2. LEGISLATIVE FRAMEWORK

2.1 In determining the pay and remuneration of all of its employees, the Council will comply with all relevant employment legislation. This includes the

- a) Equality Act 2010
- b) Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000
- c) Agency Workers Regulations 2010 and where relevant, the
- d) Transfer of Undertakings (Protection of Earnings) Regulations

- 2.2 With regard to the Equal Pay requirements contained within the Equality Act, the Council completed a review to ensure that there is no pay discrimination within its pay structures and that all pay differentials can be objectively justified through the use of equality proofed Job Evaluation mechanism which directly relate salaries to the requirements, demands and responsibilities of the role.
- 2.3 This policy must be applied consistently to all job applicants or employees regardless of their age, disability, gender reassignment, marital or civil partnership status, race, pregnancy or maternity, religion or belief, sex, sexual orientation or caring responsibilities.

If you require this information in an alternative format please contact HR Direct on 01824 706200

3. SCOPE OF THE PAY POLICY

- 3.1 The Localism Act 2011 requires Authorities to develop and make public their Pay Policy on all aspects of Chief Officer Remuneration (including on ceasing to hold office), and that pertaining to the 'lowest paid' in the Authority, explaining their Policy on the relationship between remuneration for Chief Officers and other groups. However, in the interests of transparency and accountability the Council has chosen to take a broader approach and produce a Policy covering all employee groups with the exception of School Teachers (as the remuneration for this latter group is set by the Secretary of State and therefore not in Local Authority control).
- 3.2 Nothing within the provisions of the Localism Act 2011 detracts from the Council's autonomy in making decisions on pay that are appropriate to local circumstances and which deliver value for money for local tax payers. However, this Policy will be complied with in setting remuneration levels for all groups within its scope.

4. BROAD PRINCIPLES OF OUR PAY STRATEGY

4.1 Transparency, accountability and value for money

- 4.1.1 The Council is committed to an open and transparent approach to pay policy which will enable the tax payer to access, understand and assess information on remuneration levels across all groups of council employees. To this end copies of the following pay scales are included in appendix A – D:

- Employee Pay Scales
- Chief Officer Pay Scales
- Soulbury Pay Scales
- Youth Workers Pay Scales

and the following documents are available to view on the Denbighshire Website:

- Early Termination (Discretionary Payments) Policy
- Redundancy Policy
- Market Supplement Policy

4.2 Development of Pay and Reward Strategy

- 4.2.1 The primary aim of a reward strategy is to attract, retain and motivate suitably skilled staff so that the Authority can perform at its best. The biggest challenge for the Council in the current circumstances is to maximise productivity and efficiency within current resources. Pay Policy then is a matter of striking a sometimes difficult balance between setting remuneration levels at appropriate levels to facilitate a sufficient supply of appropriately skilled individuals to fill the Authority's very wide range of posts, and ensuring that the burden on the taxpayer does not become greater than can be fully and objectively justified.
- 4.2.2 In this context it does need to be recognised that at the more senior grades in particular remuneration levels need to enable the attraction of a suitably wide pool of talent (which will ideally include people from the private as well as public sector and from outside as well as within Wales), and the retention of suitably skilled and qualified individuals once in post. It must be recognised that the Council will often be seeking to recruit in competition with other good public and private sector employers.
- 4.2.3 In addition, the Council is the major employer in the area. As such we must have regard to our role in improving the economic well-being of the people of Denbighshire. The availability of good quality employment on reasonable terms and conditions and fair rates of pay has a beneficial impact on the quality of life in the community as well as on the local economy.
- 4.2.4 In designing, developing and reviewing Pay and Reward Strategy, the Council will seek to balance these factors appropriately to maximise outcomes for the organisation and the community it serves, while managing pay costs appropriately and maintaining sufficient flexibility to meet future needs. This Pay Policy will be reviewed on an annual basis in line with our strategy for pay and approved annually by the Full Council.

4.3 Pay Structure - Pay Spine

- 4.3.1 The Council uses the nationally negotiated pay spine as the basis for its grading structure. This determines the salaries of the larger majority of the non-teaching workforce, together with the use of other nationally defined rates where relevant. There have been no increases in the national pay spine since 2009
- 4.3.2 All other pay related allowances are the subject of either nationally or locally negotiated rates, having been determined from time to time in accordance with collective bargaining machinery and/or as determined by Council Policy.
- 4.3.3 New appointments will normally be made at the minimum of the relevant grade, although this can be varied where necessary to secure the best candidate.

4.4 Job Evaluation

- 4.4.1 Job evaluation is a systematic way of determining the value/worth of a job in relation to other jobs within an organisation. It aims to make a systematic comparison between jobs to assess their relative worth for the purpose of establishing a rational pay structure and pay equity between jobs. The authority currently uses the Greater London Provincial Council Job Evaluation Scheme.
- 4.4.2 The Council undertook a full evaluation and review of pay under Single Status for all staff in terms of Pay & Grading and Terms & Conditions in April 2008.

4.5 Chief Officer Job Evaluation

- 4.5.1 The Council defines its chief officers as being Chief Executive, Corporate Directors and Heads of Service. These posts are evaluated under HAY by an independent HAY consultant. A full re-evaluation of these posts was undertaken and agreed by Council in 2001 following a major re-organisation of Chief Officer and Senior Management posts. Any new posts or substantial changes to posts are re-evaluated at that time by an independent Hay consultant.

4.6 Market Supplements

- 4.6.1 Job evaluation will enable the council to set appropriate remuneration levels based on internal job size relativities within the council. However, from time to time it may be necessary to take account of the external pay market in order to attract and retain employees with particular experience, skills and capacity.
- 4.6.2 Therefore, the Council has a Market Supplements Policy to ensure that the requirement for such is objectively justified by reference to clear and transparent evidence of relevant market comparators, using appropriate data sources available from within and outside the local government sector. It is the Council's policy that any such additional payments be kept to a minimum and be reviewed on a regular basis so that they can be withdrawn where they are no longer considered necessary.

4.7 Acting up, Honoraria & Ex Gratia Payments

- 4.7.1 There may be occasions when an employee is asked to carry out additional duties to those of their substantive post for a period of time. In such circumstances an additional payment may be made in line with the Council's policy on Acting Up, Honoraria & Ex Gratia Payments.

4.8 Pay and Performance

- 4.8.1 The Council expects high levels of performance from all employees and has an Annual Appraisal Scheme in place to monitor, evaluate and manage performance on an ongoing basis.

Where unsatisfactory performance is identified, through performance management, increments can be withheld

Performance related pay is only applied to the Chief Executive. A payment of between 5% and 12% will be determined by the Remuneration Committee on achievement of agreed objectives, competencies and behaviours. The Chief Executive has not accepted any performance payment since his appointment.

5. CHIEF OFFICER REMUNERATION

5.1 Definitions of Chief Officer & Pay Levels

5.1.1 For the purposes of this statement, 'Chief Officers' are as defined within S43 of the Localism Act. The posts falling within the statutory definition of S43 of the Localism Act are set out below:

- a) Chief Executive
- b) Corporate Directors
- c) Heads of Service

5.1.2 No bonus or performance related pay mechanism is applicable to Chief Officers' pay except for the Chief Executive.

5.1.3 In respect of the nationally agreed JNC Pay Award for Chief Officers' and Chief Executive's salary, it should be noted that there has been no JNC national Pay Award since 2008 and that the current Chief Executive has been appointed on a spot salary of £125,000 p.a. with no incremental progression.

5.2 Recruitment of Chief Officers

5.2.1 The Council's Policy and Procedures with regard to recruitment of Chief Officers is contained within the Officer Employment Procedure Rules as set out in Part 4 of the Constitution. The determination of the remuneration to be offered to any newly appointed Chief Officer will be in accordance with the pay structure and relevant policies in place at the time of recruitment. The salary level on appointment for the Chief Executive is determined by full Council.

Where it is deemed necessary to pay a market supplement, this will be advised through market research and agreed by the Special Appointments Panel prior to recruitment.

5.2.2 Where the Council remains unable to recruit Chief Officers under a contract of service, or there is a need for interim support to provide cover for a vacant substantive Chief Officer post, the Council will, where necessary, consider and utilise engaging individuals under 'contracts for service'. These will be sourced through a relevant procurement process ensuring the Council is able to demonstrate the maximum value for money benefits from competition in securing the relevant service. The Council does not currently have any Chief Officers engaged under such arrangements.

5.3 Additions to Salary of Chief Officers

5.3.1 Other than the Chief Executive, the Council does not apply any bonuses or performance related pay to its Chief Officers.

- 5.3.2 The Council does pay all reasonable travel and subsistence expenses on production of receipts and in accordance with JNC conditions and other local conditions.
- 5.3.3 The cost of membership of one professional body is met by the Authority.
- 5.3.4. The Chief Executive's Job Description includes his role as Returning Officer for Local Government Elections. The Council's fees for payment to its Returning Officer for elections duties can be found in appendix E.

5.4 Payments on Termination

- 5.4.1 The Council's approach to statutory and discretionary payments on termination of employment of Chief Officers (and all other employees), prior to reaching normal retirement age, is set out within its Early Termination of Employment (Discretionary payments) & Redundancy Policy in accordance with Regulations 5 and 6 of the Local Government (Early Termination of Employment) (Discretionary Compensation) Regulations 2006. This is in respect of a redundancy payment being based on actual weekly earnings (Regulation 5) and when an enhanced redundancy payment of up to 45 weeks pay would be granted (Regulation 6). Regulations 12 and 13 of the Local Government Pension Scheme (Benefits, Membership and Contribution) Regulations 2007 do not apply as the Authority does not increase the total membership of active members (Regulation 12) or award additional pension (Regulation 13).
- 5.4.2 The Council's severance and retirement schemes are applied equally and fairly to all staff their age, disability, gender reassignment, marital or civil partnership status, race, pregnancy or maternity, religion or belief, sex, sexual orientation or caring responsibilities and are implemented in accordance with the regulations of the relevant pension schemes. These will be published on the Council's website as part of the Council's conditions of service policies.
- 5.4.3 The authority ensures that all payments are made in accordance with H.M.R.C legislation and utilises the services of a professional tax advisor where there is a requirement for more detailed specialist advice or to assist should a H.M.R.C compliance audit be undertaken. The use of these outside tax advisors is now shared collaboratively with a neighbouring authority ensuring a joint best practice and cost effective service.

Employment Status is regularly checked and the authority will only class someone as self employed where there is no question of doubt. Individuals who have previously regularly been treated as self employed with other authorities, have been paid under P.A.Y.E. by Denbighshire, this is where we have not been fully convinced of their self employment status.

All termination payments are fully compliant with H.M.R.C requirements

6. PUBLICATION

- 6.1 This statement will be published on the Council's Website. In addition, for posts where the full time equivalent salary is at least £60,000, as required under the Accounts and Audit (Wales) (Amendment) Regulations 2010, the Council's Annual Statement of Accounts will include a note setting out the total

amount and detail payments to Corporate Directors and Chief Executive Officer.

7. PAY RELATIVITIES WITHIN THE AUTHORITY

- 7.1 The lowest paid persons employed under a Contract of Employment with the Council are employed on full time [37 hours] equivalent salaries in accordance with the minimum spinal column point currently in use within the Council's grading structure. As at 1st April 2012, this is £12,312 per annum. The Council employs Apprentices [and other such Trainees] who are not included within the definition of 'lowest paid employees' as they are not employed under Contracts of Employment.
- 7.2 The relationship between the rate of pay for the lowest paid and Chief Officers is determined by the processes used for determining pay and grading structures as set out earlier in this Policy Statement.
- 7.3 The statutory guidance under the Localism Act recommends the use of pay multiples as a means of measuring the relationship between pay rates across the workforce and that of senior managers, as included within the Hutton 'Review of Fair Pay in the Public Sector' (2010). The Hutton Report was asked by Government to explore the case for a fixed limit on dispersion of pay through a requirement that no public sector manager can earn more than 20 times the lowest paid person in the organisation. The report concluded that the relationship to median earnings was a more relevant measure and the Government's Code of Recommended Practice on Data Transparency recommends the publication of the ratio between highest paid salary and the median average salary of the whole of the Authority's workforce.
- 7.4 The current pay levels within the Council define the multiple between the lowest paid (full time equivalent) employee and the Chief Executive as 1:10.2 and; between the lowest paid employee and average Chief Officer as 1:5.8. The multiple between the median (average) full time equivalent earnings and the Chief Executive is 1:6.2 and; between the median (average) full time equivalent earnings and average Chief Officer is 1:3.5. (School staff are excluded from these figures).
- 7.5 As part of its overall and ongoing monitoring of alignment with external pay markets, both within and outside the sector, the Council will use available benchmark information as appropriate.

8. ACCOUNTABILITY AND DECISION MAKING

- 8.1 In accordance with the Constitution of the Council, the Council is responsible for decision making in relation to the recruitment, pay, terms and conditions and severance arrangements in relation to employees of the Council.

9. RE-EMPLOYMENT

- 9.1. Staff who, upon leaving the employment of the Council, receive any form of compensation payment for loss of office, will not be re-employed by the Council for the duration of the compensation payment. e.g. If a member of

staff receives 20 weeks redundancy payment, they cannot be re-employed by the Council for 20 weeks after the termination date.

- 9.2. Staff who, upon leaving the employment of the Council, receive a pension for which the Council incurred additional costs, cannot be re-employed in a similar area of work within the Council during the first 12 months without authorisation by CET. Where authorisation is given, the individual is still subject to 9.1 above if they have received a compensation payment and will only be allowed to commence work after the compensation period ends. This would also apply to the appointment of previously employed staff as consultants.

10. REVIEWING THE POLICY

- 10.1 This Policy outlines the current position in respect of pay and reward within the Council. The Policy will be reviewed annually in line with market forces and reported to Council.

PAY SCALES FOR NJC EMPLOYEES.

| Point | Salary | Grade | |
|-------|---------|----------|----------|
| 4 | £12,145 | | |
| 5 | £12,312 | Grade 1 | |
| 6 | £12,489 | Grade 1 | |
| 7 | £12,787 | Grade 1 | |
| 8 | £13,189 | | Grade 2 |
| 9 | £13,589 | | Grade 2 |
| 10 | £13,874 | | Grade 2 |
| 11 | £14,733 | Grade 3 | Grade 2 |
| 12 | £15,039 | Grade 3 | |
| 13 | £15,444 | Grade 3 | |
| 14 | £15,725 | Grade 3 | |
| 15 | £16,054 | Grade 3 | Grade 4 |
| 16 | £16,440 | | Grade 4 |
| 17 | £16,830 | | Grade 4 |
| 18 | £17,161 | | Grade 4 |
| 19 | £17,802 | Grade 5 | Grade 4 |
| 20 | £18,453 | Grade 5 | |
| 21 | £19,126 | Grade 5 | |
| 22 | £19,621 | Grade 5 | |
| 23 | £20,198 | Grade 5 | |
| 24 | £20,858 | Grade 5 | Grade 6 |
| 25 | £21,519 | | Grade 6 |
| 26 | £22,221 | | Grade 6 |
| 27 | £22,958 | | Grade 6 |
| 28 | £23,708 | Grade 7 | Grade 6 |
| 29 | £24,646 | Grade 7 | |
| 30 | £25,472 | Grade 7 | |
| 31 | £26,276 | Grade 7 | Grade 8 |
| 32 | £27,052 | | Grade 8 |
| 33 | £27,849 | | Grade 8 |
| 34 | £28,636 | Grade 9 | Grade 8 |
| 35 | £29,236 | Grade 9 | |
| 36 | £30,011 | Grade 9 | |
| 37 | £30,851 | Grade 9 | |
| 38 | £31,754 | Grade 9 | Grade 10 |
| 39 | £32,800 | | Grade 10 |
| 40 | £33,661 | | Grade 10 |
| 41 | £34,549 | | Grade 10 |
| 42 | £35,430 | Grade 11 | Grade 10 |
| 43 | £36,313 | Grade 11 | |
| 44 | £37,206 | Grade 11 | |
| 45 | £38,042 | Grade 11 | |
| 46 | £38,961 | Grade 11 | Grade 12 |
| 47 | £39,855 | | Grade 12 |
| 48 | £40,741 | | Grade 12 |
| 49 | £41,616 | Grade 13 | Grade 12 |
| 50 | £42,805 | Grade 13 | |
| 51 | £44,062 | Grade 13 | |
| 52 | £45,317 | Grade 13 | |
| 53 | £46,407 | | Grade 14 |
| 54 | £47,559 | | Grade 14 |
| 55 | £48,729 | | Grade 14 |
| 56 | £49,879 | | Grade 14 |
| 57 | £51,040 | | Grade 14 |

**CHIEF OFFICERS PAY SCALES
1ST APRIL 2012**

| | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|--|
| CHIEF EXECUTIVE PAY RANGE | | | | | | |
| £125,000* (*spot salary) | | | | | | |
| DIRECTORS' PAY SCALES £75,508 - £84,931 | | | | | | |
| Point 1 | Point 2 | Point 3 | Point 4 | Point 5 | Point 6 | |
| £75,508 | £77,397 | £79,275 | £81,161 | £83,051 | £84,931 | |
| HEADS OF SERVICE HS4 - £58,887 - £64,771 | | | | | | |
| Point 1 | Point 2 | Point 3 | Point 4 | Point 5 | | |
| £58,887 | £60,361 | £61,830 | £63,306 | £64,771 | | |
| HEADS OF SERVICE HS3 - £55,870 - £61,458 | | | | | | |
| Point 1 | Point 2 | Point 3 | Point 4 | Point 5 | | |
| £55,870 | £57,269 | £58,664 | £60,062 | £61,458 | | |
| HEADS OF SERVICE HS2 - £52,853 - £58,138 | | | | | | |
| Point 1 | Point 2 | Point 3 | Point 4 | Point 5 | | |
| £52,853 | £54,169 | £55,492 | £56,809 | £58,138 | | |

SOULBURY PAY SCALES

| EDUCATIONAL PSYCHOLOGISTS - SCALE A | |
|--|-------------------------------|
| SPINE POINT | SALARY FROM 01.09.2009 |
| 1. | £33,934 |
| 2. | £35,656 |
| 3. | £37,378 |
| 4. | £39,100 |
| 5. | £40,822 |
| 6. | £42,544 |
| 7. | £44,165 |
| 8. | £45,786 |
| 9. | £47,305 |
| 10. | £48,825 |
| 11. | £50,243 |

NOTES:

1. Salary scales to consist of six consecutive points, based on the duties and responsibilities attaching to posts and the need to recruit, retain and motivate staff.
2. Extension to scale to accommodate structured professional assessment points.

| SENIOR & PRINCIPAL EDUCATIONAL PSYCHOLOGISTS - SCALE B | |
|---|-------------------------------|
| SPINE POINT | SALARY FROM 01.09.2009 |
| 1. | £42,544 |
| 2. | £44,165 |
| 3. | £45,786 |
| 4. | £47,305 |
| 5. | £48,825 |
| 6. | £50,243 |
| 7. | £50,825 |
| 8. | £51,912 |
| 9. | £52,989 |
| 10. | £54,085 |
| 11. | £55,159 |
| 12. | £56,255 |
| 13. | £57,370 |
| 14. | £58,447 |
| 15. | £59,575 |
| 16. | £60,693 |
| 17. | £61,618 |
| 18. | £62,942 |

Notes:

1. Salary scales to consist of not more than four consecutive points, based on the duties and responsibilities attaching to posts and the need to recruit, retain and motivate staff.
2. Normal minimum point for the Principal Educational Psychologist undertaking the full range of duties at this level.
3. Extension to range to accommodate discretionary scale points and structured professional assessments
4. Principals are paid on a 4 point scale 8 - 14 (this includes 3 spa points as well

| <u>SOLBURY EDUCATIONAL IMPROVEMENT PROFESSIONALS</u> | |
|---|-------------------------------|
| SPINE POINT | SALARY FROM 01.09.2009 |
| 1 | 32353 |
| 2 | 33512 |
| 3 | 34606 |
| 4 | 35714 |
| 5 | 36817 |
| 6 | 37920 |
| 7 | 39079 |
| 8 | 40192 |
| 9 | 41491 |
| 10 | 42649 |
| 11 | 43792 |
| 12 | 44899 |
| 13 | 46152 |
| 14 | 47269 |
| 15 | 48503 |
| 16 | 49620 |
| 17 | 50739 |
| 18 | 51837 |
| 19 | 52969 |
| 20 | 53554 |
| 21 | 54679 |
| 22 | 55658 |
| 23 | 56738 |
| 24 | 57705 |
| 25 | 58741 |
| 26 | 59749 |
| 27 | 60781 |
| 28 | 61827 |
| 29 | 62876 |
| 30 | 63924 |
| 31 | 64961 |
| 33 | 67071 |
| 34 | 68151 |
| 35 | 69228 |
| 36 | 7 - 10 ADVISORS |
| 37 | 11 - 14 ADVISORS |

| <u>YOUTH AND COMMUNITY SERVICE OFFICERS</u> | |
|--|-------------------------------|
| SPINE POINT | SALARY FROM 01.09.2009 |
| 1 | 33555 |
| 2 | 34653 |
| 3 | 36871 |
| 4 | 38009 |
| 5 | 39120 |
| 6 | 40256 |
| 7 | 41547 |
| 8 | 42258 |
| 9 | 43357 |
| 10 | 44450 |
| 11 | 45546 |
| 12 | 46633 |
| 13 | 47731 |
| 14 | 48831 |
| 15 | POINTS 4 - 6 |
| 16 | POINTS 7 - 10 |
| 17 | 49933 |
| 18 | 51042 |
| 19 | 52142 |
| 20 | 53237 |

J N C YOUTH AND COMMUNITY WORKERS
LAST PAY AWARD 01/09/2009

001 TRAINEE YTH SUPPORT WKR
WRK

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 001 | 14143 |
| 002 | 14733 |
| 003 | 15324 |
| 004 | 15917 |

007 SENIOR YTH SUPPORT

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 012 | 21525 |
| 013 | 22489 |
| 014 | 23485 |
| 015 | 24166 |

002 SUPPORT YOUTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 002 | 14733 |
| 003 | 15324 |
| 004 | 15917 |
| 005 | 16509 |

008 SENIOR SUPPORT YTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 013 | 22489 |
| 014 | 23485 |
| 015 | 24166 |
| 016 | 24875 |

003 SUPPORT YOUTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 003 | 15324 |
| 004 | 15917 |

009 SENIOR SUPPORT YTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 014 | 23485 |
| 015 | 24166 |

017 25574

004 TRN SNR SUPP YTH WKR

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 007 | 17697 |
| 008 | 18291 |
| 009 | 19047 |
| 010 | 19636 |

10 PROFESSIONAL YOUTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 017 | 25574 |
| 018 | 26279 |
| 019 | 26975 |
| 020 | 27673 |

005 DETACHED WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 007 | 17697 |
| 008 | 18291 |
| 009 | 19047 |
| 010 | 19636 |

011 SENIOR PROFESSIONAL

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 022 | 29352 |
| 023 | 30219 |
| 024 | 31091 |
| 025 | 31968 |

006 SENIOR SUPPORT YTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 009 | 19047 |
| 010 | 19636 |
| 011 | 20591 |
| 012 | 21525 |

SENIOR PROFESSIONAL

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 026 | 32847 |
| 027 | 33726 |
| 028 | 34613 |
| 029 | 35496 |
| 030 | 36377 |

017 SNR TRAINEE YOUTH WORKER

| <u>PT</u> | <u>SALARY</u> |
|-----------|---------------|
| 015 | 24166 |
| 016 | 24875 |
| 017 | 25574 |
| 018 | 26279 |

APPENDIX E

LOCAL GOVERNMENT ELECTIONS – SCHEDULE OF CHARGES

ELECTION OF COUNTY COUNCILLORS AND TOWN/COMMUNITY COUNCILLORS

| TOWN/COMMUNITY – | Electorate | |
|--|------------------------|--|
| EXPENSES AS APPROVED BY Denbighshire County Council | | |
| Fees for the general conduct of the election and performance of all duties which a Returning Officer is required to perform under any order or other enactment relating to the election of councillors | | |
| 1. RETURNING OFFICER | Contested | Uncontested |
| For the general conduct of the election and performance of all duties which a Returning Officer is required to perform under any order or other enactment relating to the election of Councillors. | 170.00 | 55.00 |
| For each Electoral Division, Community/Town Council, Community/Town Council Ward | | |
| 2. DEPUTY RETURNING OFFICER | | |
| Deputising for the Returning Officer, attending to receive nomination papers, examining them and adjudicating on their validity; dealing with candidates; notifying candidates of decisions on nominations, publishing statements of persons nominated and attending to receive withdrawals. | 115.00 | 45.00 |
| For each Electoral Division, Community/Town Council, Community/Town Council Ward | | |
| 3. CLERICAL ASSISTANCE | | |
| For each Electoral Division, Community/Town Council, Community/Town Council Ward | | 35.00 |
| Up to 1,000 electors | 85.00 | |
| Up to 2,000 electors | 115.00 | |
| Up to 3,000 electors | 170.00 | |
| Up to 4,000 electors | 225.00 | |
| Over 4,000 electors | 280.00 | |
| 4. POLLING STATION STAFF | Single Election | Additional Fee for joint election |
| Presiding Officer | 195.00 | 40.00 |
| Poll Clerk | 115.00 | 25.00 |
| 5. CONDUCTING THE COUNT | D.R.O. only | Each Counting Assistant |
| For each Electoral Division, Community/Town Council, Community/Town Council Ward Count | | |
| Up to 500 electors | 45.00 | 25.00 |
| Up to 1,000 electors | 70.00 | 25.00 |
| Up to 2,000 electors | 90.00 | 30.00 |
| Up to 3,000 electors | 115.00 | 35.00 |
| Up to 4,000 electors | 135.00 | 40.00 |
| Over 4,000 electors | 160.00 | 45.00 |
| Recount costs | NIL | 50% of the above fees |
| 6. POSTAL VOTING AND POLL CARDS | | |
| Issue and Receipt of Postal Votes - £62.40 per 100 or part thereof – single issue £62.40 per 75 or part thereof – joint issue Issue of Poll Cards – Purchase and postage costs only | | |
| 7. TRAVELLING | | |
| Public transport if available, otherwise inland revenue tax free rate | | 45p per mile |
| 8. GENERAL | | |
| Printing, Stationery, Equipment, Postage, Hire of Premises as polling station and similar expenses associated with the conduct of the election | | Actual and necessary expenditure |
| TOTAL PAYABLE | | |

The staffing rates for local government elections was agreed at the meeting of Denbighshire County Council on 18th November 2003, it was also agreed that the rates would be periodically reviewed with the five other North Wales Authorities to achieve uniformity. The above rates were agreed on 29 September 2011.

This page is intentionally left blank

Report To: County Council

Date of Meeting: 11 September 2012

Lead Member: Hugh Irving, Lead Member for Customers & Communities

Report Author: David Davies, Community Engagement Manager

Title: **Armed Services Covenant**

1. What is the report about?

All Welsh local authorities have been asked (by the WLGA and others) to sign a community covenant with the Armed Forces which seeks to establish a commitment of care to serving Service personnel, their families and veterans. The aims of the Covenant are to encourage local communities to support the Service community in their area and increase awareness and understanding amongst the public of issues affecting the Armed Forces Community.

2. What is the reason for making this report?

A decision is required Council for our formal adoption of:

- a) an Armed Forces Community Covenant
- b) and for Services to actively endorse the Covenant and its obligations.

3. What are the Recommendations?

That Council endorse the Covenant and agree for arrangements to be made to formally launch the Covenant at a future Council meeting with representatives of the Armed Forces and interested representatives of the community present.

4. Report details.

4.1 A Community Covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community. It is intended to complement the national Armed Forces covenant which outlines the moral obligation between the nation, the government and the armed forces, at a local level.

The principle aims of a Community Covenant are to:

- ❖ encourage local communities to support the Armed Forces Community in their area
- ❖ nurture public understanding and awareness amongst the public of issues affecting the Armed Forces Community

- ❖ recognise and remember the sacrifices faced by the Armed Forces Community
- ❖ encourage activities which help to integrate the Armed Forces Community into social life
- ❖ to encourage the Armed Forces Community to help and support the wider community, whether through participation in events and joint projects or other forms of engagement.

4.2 In November 2011 the Welsh Government published their 'Package of Support for the Armed Forces Community in Wales' with a **key principle of ensuring that they suffer no disadvantage in accessing public services in Wales**. Both the Welsh and Central Government have expectations of the public sector in addressing issues affecting the Armed Forces community including:

- **social services** (mental health, combating stress, bereavement etc),
- **education** (school catchment areas),
- **housing** (Homebuy priority status, homelessness, housing advice etc),
- **benefits and tax** (council tax discount on Forces personnel who have second homes but live in MOD accommodation etc)
- **support after service** (e.g. Blue Badge scheme entitlement)
- **register of electors** (encouraging voting by proxy / post)

4.3 In Wales, there are estimated to be at least a quarter of a million members of the Armed Forces Community, which includes serving personnel, reservists and cadets as well as their families and ex-service personnel. To maintain a high profile, 'Champions' for veterans and Armed Forces personnel have been established in every Health Board and Trust in Wales. We are currently reviewing the role of 'Champions' within the Council so will defer any decision to appoint an 'Armed Services Champion' until the review has been concluded.

4.4 At its Council meeting on the 24th February 2012, the WLGA presented a report about a proposal for a Memorandum of Understanding between Welsh Local Government and the Armed Forces Community in Wales. The purpose of the report was to inform Members about the UK Government's Armed Forces Covenant and the Welsh Government's Package of Support for the Armed Forces Community in Wales and sought the opportunity to develop covenants. This was duly supported by Denbighshire.

The Welsh Government have also requested that each Local Service Board considers the recommendations outlined in the WLGA 'Memorandum of Understanding' and the Welsh Government 'Package of Support for the Armed Forces Community in Wales' as part of its strategic needs assessment.

4.5 If approved the Community Covenant will be a partnership agreement signed by the Chairman of the Council and a senior representative from the Services and representatives from the community i.e. Royal British Legion. A template for a Community Covenant is attached as Appendix I.

5. How does the decision contribute to the Corporate Priorities?

The formal signing of the covenant demonstrates our commitment to 'getting closer to our community' and along with the Royal Welsh Regiment receiving the Freedom of the County, underpins our relationship with the Armed Forces community and veterans residing in Denbighshire.

6. What will it cost and how will it affect other services?

The ethos underpinning the Covenant is that members of the Armed Forces community and veterans do not face disadvantage in accessing school places, housing and health care and other services provided by the authority.

It is anticipated that any costs, subject to their agreement will be borne by the individual Service.

The Ministry of Defence has made available a Community Covenant Grant Scheme to deliver financial support to projects at a local level which strengthen the ties or the mutual understanding between members of the Armed Forces Community and the wider community in which they live. £30m is available from the MOD until 2015, however it is envisaged that bids will be for smaller amounts of funding to support local projects that deliver tangible benefits.

7. What consultations have been carried out?

We have been in contact with neighbouring authorities and the Health Board who have either adopted the Covenant or are in the process of considering its adoption. The Council has had formal approaches from the Welsh Government and the UK Government's Welsh Affairs Select Committee seeking our endorsement. We have also responded to approaches by service organisations such as 'UK Veterans Affairs' that are monitoring local authorities approach to the adoption of a covenant.

SLT are of the view that:

- a political decision is required in endorsing the Covenant
- and that the council should adopt the principle that the armed services should not be disadvantaged when accessing our public services.

Cabinet have endorsed the principles of the Covenant with a recommendation that it be formally ratified by Council.

8. Chief Finance Officer Statement

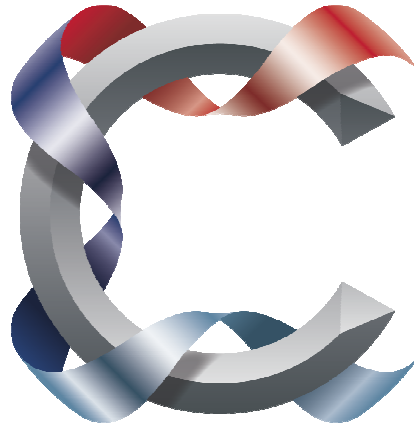
The costs associated with delivering the Covenant should be contained within existing budgets

9. What risks are there and is there anything we can do to reduce them?

Failure to formally adopt the Covenant will reflect negatively on our commitment to 'getting closer to the community'.

10. Power to make the Decision

This is a decision that Cabinet have agreed should be made by full council



Community Covenant

AN ARMED FORCES COMMUNITY COVENANT

BETWEEN

ABCD COUNTY COUNCIL, REPRESENTATIVES OF THE CHARITABLE
AND VOLUNTARY SECTORS,
THE CIVILIAN COMMUNITY OF *ABCD*

AND

THE ARMED FORCES COMMUNITY IN *ABCD* LOCATION

**We, the undersigned, agree to work and act together to
honour the Armed Forces Community Covenant.**

Signatories

(This page gives examples of the parties who may sign the Community Covenant. This is an example only and is not limited to the examples given)

Signed:

Signed:

Name:

Name:

Position Held:

Position Held:

Signed on behalf of the Armed Forces Community

Signed on behalf of ABCD Council

Date:

Date:

Signed:

Signed:

Name:

Name:

Position Held:

Position Held:

Signed on behalf of Armed Forces Charities

Signed on behalf of the Voluntary Sector

Date:

Date:

Signed:

Signed:

Name:

Name:

Position Held: County Manager

Position Held: Branch Chairman

Signed on behalf of the Business and Commercial Sector

Signed on behalf of the Primary Care Trust/NHS Body

Date:

Date:

SECTION 1: PARTICIPANTS

1.1 This Armed Forces Community Covenant is made between:

The serving and former members of the Armed Forces and their families working and residing in ABCD

And

ABCD County Council

And

The Charitable and Voluntary Sector

And

Other members of the civilian community

SECTION 2: PRINCIPLES OF THE ARMED FORCES COMMUNITY COVENANT

2.1 The Armed Forces Community Covenant is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces, at the local level.

2.2 The purpose of this Community Covenant is to encourage support for the Armed Forces Community working and residing in xxxx and to recognise and remember the sacrifices made by members of this Armed Forces Community, particularly those who have given the most. This includes in-Service and ex-Service personnel their families and widow(er)s in ABCD.

2.3 For ABCD County Council and partner organisations, the Community Covenant presents an opportunity to bring their knowledge, experience and expertise to bear on the provision of help and advice to members of the Armed Forces Community. It also presents an opportunity to build upon existing good work on other initiatives such as the Welfare Pathway.

2.4 For the Armed Forces community, the Community Covenant encourages the integration of Service life into civilian life and encourages members of the Armed Forces community to help their local community.

SECTION 3: OBJECTIVES AND GENERAL INTENTIONS

Aims of the Community Covenant

3.1 The Armed Forces Community Covenant complements the principles of the Armed Forces Covenant which defines the enduring, general principles that should govern the relationship between the Nation, the Government and the Armed Forces community

3.2 It aims to encourage all parties within a community to offer support to the local Armed Forces community and make it easier for Service personnel, families and veterans to access the help and support available from the MOD, from statutory providers and from the Charitable and Voluntary Sector. These organisations already work together in partnership at local level.

3.3 The scheme is intended to be a two-way arrangement and the Armed Forces community are encouraged to do as much as they can to support their community and promote activity which integrates the Service community into civilian life.

SECTION 4: Measures

4.1 *Detail regarding specific measures to be put in place could be inserted here, e.g. Civil/Military Partnership Boards, Welfare Pathway, etc*

CONTACT PERSONNEL AND TELEPHONE NUMBERS

MOD DCDS (Pers&Trg) Covenant Team

Email address: covenant-mailbox@mod.uk
Address: DCDS (Pers) Covenant Team
Zone D, 6th Floor
Ministry of Defence
Main Building
Whitehall
London
SW1A 2HB

In-Service representative(s)

Contact Name:
Title:
Telephone:
Address:

ABCD Council

Contact Name:
Title:
Telephone:
Fax:
Address:

Charities

Contact Name:
Title:
Telephone:

Address:

THE ARMED FORCES COVENANT

An Enduring Covenant Between

The People of the United Kingdom
Her Majesty's Government

– and –

All those who serve or have served in the Armed Forces of
the Crown

And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

Report To: Council

Date of Meeting: 11th September 2012

Lead Member / Officer: Cllr Hugh Evans

Report Author: Tom Booty, Rhyl Going Forward Programme Manager

Title: West Rhyl Housing Improvement Project (WRHIP)

1. What is the report about?

This report provides further details of the West Rhyl Housing Improvement Project (WRHIP), presented to Cabinet on 4th September 2012.

2. What is the reason for making this report?

£16,695,276 has been allocated by Welsh Government to deliver this project, with no requirement for capital funding from Denbighshire County Council. Council approval of the project is required in line with our Financial Regulations and Project Management Methodology.

3. What are the Recommendations?

That Council approve the project and delegate the following powers to the Project Board (see section 4.7 below):

- i. provide the strategic guidance and direction for the action-focused delivery of the overall project;
- ii. oversee the running and monitoring of the project to ensure that it is delivered to time and to budget;
- iii. allocate funding as necessary for each of the work teams within the parameters of the budget delegated on an annual basis from the Minister for Housing, Regeneration and Heritage;
- iv. monitor the project risk register.

4. Report details.

4.1 West Rhyl Housing Improvement Project (WRHIP)

The WRHIP aims to transform an area within the heart of West Rhyl, creating a new open space around which homes facing the green space will be remodelled or refurbished, with the possibility of some new housing. This will address the negative associations the area currently has, and improve investor confidence to create a

stable, sustainable housing market where the private sector invests without the need for ongoing public sector subsidy. Full details of the scheme are provided in:

- Appendix 1 – Project Brief – West Rhyl Housing Improvement Project
- Appendix 2 – WRHIP Block Plan
- Appendix 3 – Artist’s Impression of Green Space

The WRHIP is a partnership project between Denbighshire County Council, Welsh Government and Clwyd Alyn Housing Association. It is a continuation of the work already ongoing in West Rhyl under the North Wales Coast Strategic Regeneration Area (NWCRA), which is why a significant number of properties required for the delivery of this project have already been acquired with Welsh Government funding.

4.2 The Green Space

The investment centres around a new green space that will be created as part of the project. The creation of this green space responds to a long-standing community aspiration – evidenced in numerous consultation exercises over the years – to create a new green space in the heart of West Rhyl. The new green space is also the key element in transforming the way the area looks and is perceived. No designs exist yet, as it is the intention to develop the use and design of this space in partnership with the local community.

4.3 The Acquisition Programme

The project will acquire the properties around the planned new green space and work with Pennaf/Clwyd Alyn Housing Association and private sector developers to remodel and/or refurbish existing houses and build new homes and attract and retain economically active people. We will be seeking to acquire the properties by agreement, but acknowledge that we anticipate the use compulsory purchase powers to ensure that the properties required to deliver the project are brought into public ownership (please reference accompanying report on CPO).

Clearly most of the housing is currently occupied, and as part of this project we will be funding a Resettlement Officer whose role will be to assist residents identify and relocate to new accommodation. We will be seeking to relocate residents to the community of their choice, and the compensation package offered through the scheme should ensure that all reasonable costs of the move and disruption suffered are covered.

4.4 The type of housing to be created

Where large houses are retained, many will be remodelled to adapt them to single occupancy, family housing. Where smaller houses are retained (2/3 bedrooms), these will be refurbished to a high standard to create desirable homes for couples and small families. Where new homes are constructed by the private sector, we will be encouraging them to develop homes that will be attractive to families. In most instances we expect this to be three bedroom homes with gardens and off street parking. In all cases, be it remodelling, refurbishment or new build, we will be seeking to significantly improve the energy efficiency of the homes and reduce the requirement for ongoing maintenance to ensure their affordability.

Whilst it is recognised that proposed changes to the Welfare system may increase the demand for single occupancy households, a key objective of this project will be to reduce the number of such accommodation. Despite the Welfare Reform programme, this is still considered to be the right approach as it is the oversupply of this particular type of accommodation that is causing the imbalance in the housing market and creating the concentration of social and economic deprivation. That said, it is recognised that other parts of Rhyl beyond the project area will be impacted by the reform programme, and officers involved in delivering the project will be working with other relevant officers to try and ensure that the wider Rhyl area provides a balanced housing market.

4.5 Delivery Programme

An outline programme for the delivery of the individual blocks is attached:

- Appendix 4 – WRHIP Programme Plan – Jul 12

4.6 Project Management

A dedicated Denbighshire Project Manager has been appointed to coordinate delivery of the project. Under his direction a project team and various themed working groups have already been established. Progress of the project will be monitored through the processes and documentation associated with Denbighshire's Project Management Methodology.

4.7 Governance Arrangements

A Project Board has been established and the inaugural meeting of this group took place in July 2012. This is a high level, partnership board with membership drawn from the 3 key partners – Denbighshire County Council, Welsh Government and Clwyd Alyn Housing Association. Draft Terms of Reference, including details of membership, are attached as:

- Appendix 5 – WRHIP Terms of Reference

Denbighshire County Council membership of this Board is:

- Corporate Director – Economic & Community Ambition (*currently represented on the Board by Mohammed Mehmet*)
- Leader of Denbighshire County Council
- Lead Member for Regeneration (*currently same individual as above*)
- Rhyl West Ward Members (x 2)

The WRHIP Board will have the overall responsibility for the delivery of the project – both in overseeing operational delivery and in its fiscal management – as outlined in section 3 above. Effectively this will mean the Board will oversee the property acquisition programme, including the oversight of any required compulsory purchase process. The Board will authorise all spend on the project relating to individual elements such as property acquisition, although the day to day delivery of the project will be managed by the Project Manager in association with the Project Team

(referenced in section 4.6 above). The Project Board would have the authority to agree an acquisition above market value if they considered that this represented value for money in terms of officer time saved in prolonged negotiations and/or avoidance of the requirement to take compulsory purchase action. Similarly the Project Board would have the authority to change the scope of the project, for example by removing some properties from the acquisition programme, if for example funding were reduced or the acquisition programme costs escalated due to market pressures.

4.8 Conclusion

This is a bold, ambitious and expensive project, but given that previous public sector programmes and grant schemes have failed to regenerate the area, it is considered the best way of creating the lasting change the area so clearly requires. Addressing these long-standing issues will also help create a more positive impression of the town overall and thereby have more far-reaching regeneration benefits.

5. How does the decision contribute to the Corporate Priorities?

This project contributes to the proposed corporate priorities:

5.1: Priority 1 – Developing the Local Economy and Our Communities

By creating a more balanced community the project will reduce deprivation in this part of West Rhyl – one of the key outcomes of this priority. It will also address the negative associations of the area, boost private sector confidence in Rhyl, and stimulate further private sector investment and confidence in Rhyl creating new jobs and business opportunities.

5.2: Priority 6 – Ensuring access to good quality housing

This project will directly impact on the priority outcome of “*offering a range of types and forms of housing...to meet the needs of individuals and families*”.

6. What will it cost and how will it affect other services?

The costs (extracted from Appendix 1 - Project Brief – West Rhyl Housing Improvement Project) are summarised below:

| Please provide details of the capital funding requirement (not including amount already spent): | | | | |
|--|-------------------|-------------------|-------------------|------------------------|
| Enter details of cost element below: | 2012/13 | 2013/14 | 2014/15 | All Years Total |
| Property acquisition & demolition | £6,269,276 | £5,843,000 | £250,000 | £12,362,276 |
| Planning & Design | £100,000 | £500,000 | £0 | £600,000 |
| Urban Park Construction and landscaping | £0 | £0 | £2,620,000 | £2,620,000 |
| Neighbourhood Management | £15,000 | £15,000 | £10,000 | £40,000 |
| Communication | £25,000 | £25,000 | £25,000 | £75,000 |
| Staff Costs | £214,000 | £184,000 | £100,000 | £498,000 |
| Gap Fund Grants/Contingency | £0 | £80,000 | £420,000 | £500,000 |
| Total Project costs | £6,623,276 | £6,647,000 | £3,425,000 | £16,695,276 |

| Please provide details of proposed capital funding sources | | | | | |
|---|-------------------|-------------------|-------------------|-------------------|--------------------|
| Enter details of funding source | To date | 2012/13 | 2013/14 | 2014/15 | TOTAL |
| WG – Centrally Retained Capital | 0 | £5,000,000 | £5,000,000 | 0 | £10,000,000 |
| WG - NWCRA | £6,583,950 | £1,623,276 | £1,747,000 | £3,425,000* | £13,279,226 |
| TOTAL | £6,583,950 | £6,623,276 | £6,647,000 | £3,425,000 | £23,279,226 |

* funding for 2014/15 is not yet confirmed from NWCRA

As illustrated in the table above, the funding for the WRHIP is being provided by Welsh Government from a combination of Centrally Retained Capital Fund and funding from the North Wales Coast Strategic Regeneration Area (NWCRA). This funding has been allocated specifically for this project and is not available to be spent outside Rhyl or on another project.

Post-project delivery, there may be an ongoing revenue implication in relation to maintenance of the green space that will be created. Options of how to address this and ensure the space is well maintained will be considered as a key element of the design and planning process.

7. What consultations have been carried out?

The proposal for the green space arose from the detailed analysis and extensive consultation undertaken by the consultants DPP Shape in 2010 as part of their commission to prepare a Masterplan for West Rhyl. For details of subsequent consultation please see:

- Appendix 6 – Summary of Community Consultation & Communication

8. Chief Finance Officer Statement

This is clearly an ambitious and complex project. The risk register shows a number of risks which are deemed ‘amber’ and must therefore be subject to close scrutiny by the project board. It is fully funded by external sources and the budget appears sufficient for the proposed scale of the project. The nature of the project means that should any element overspend other elements can be reduced to compensate and as such there should be little risk of the Council needing to become financially involved. Its current exposure is limited to staff time for a couple of members of staff.

9. What risks are there and is there anything we can do to reduce them?

As the table in section 6 illustrates, the project is being delivered with external funding. There is a risk (detailed in the Risk Register) that the money is not forthcoming in future years (2014/15 funding not yet confirmed), or that changes in

the property market means the project will be under-funded. Whilst it is considered that the likelihood of this is low, in any case the council's financial exposure is low because the project is externally funded. If such a scenario did happen, the Project Board would have the authority to reduce the scope of the project in order to ensure that key outcomes and benefits are still delivered.

In a worse case scenario where a reduction in funding or rise in costs mean that the project would be undeliverable, the property held could be sold on the open market and some of the costs recovered. Such a decision would go beyond the scope of the Project Board and would need Council authority to close the project in this way.

Further project risks are detailed in:

- Appendix 7: WRHIP Risk Register

10. Power to make the Decision

Section 2 Local Government Act 2000

Sections 226 & 227 Town and Country planning Act 1990

Section 111 Local Government Act 1972

PROJECT BRIEF



The Project Brief is the first document developed to introduce a project. It should expand the initial concept or idea to broadly define the scope of the proposed project (objectives, outcomes and outputs), and provide an estimate of the resourcing time and costs associated with progressing the initiative.

If you require assistance completing this form please contact the Programme & Projects Team at projects@denbighshire.gov.uk or on extension 6076.

| | |
|-------------------------------|---|
| Project/Activity Name: | West Rhyl Housing Improvement Project |
| Programme: | Rhyl Going Forward – Neighbourhoods & Places |
| Workstream: | West Rhyl Regeneration |

| | | | |
|---------------------------|------------------------|----------------------|---------------------------|
| Head of Service: | Peter McHugh | Lead member: | Hugh Evans |
| Service Area: | Housing & Regeneration | LM Portfolio: | Regeneration |
| Form completed by: | Peter McDermott | Date: | 9 th July 2012 |

PROJECT TYPE

Please categorise your project type. Mark **one** box only.

| | |
|--|---|
| This Project Brief is for a work programme or block allocation (ie a collection of smaller works managed coherently together e.g. maintenance schemes, grant schemes, highway maintenance, etc) | |
| The project scored 0 to 4 and is categorised as SMALL | |
| The project scored between 5 and 10 and is categorised as MEDIUM | |
| The project scored over 10 and is categorised as LARGE | X |

Please complete the scoring matrix below to evidence your categorisation. This **is not** required if you have categorised the activity as a work programme or block allocation.

| Criteria: | Score 0 | Score 1 | Score 2 | |
|---|--|---|--|-----------|
| What is the total cost of the project? | Up to £50K OR Up to £150K (construction) | £50K to £150K OR £150K to £1mill (construction) | Over £150K OR Over £1 million (construction) | 2 |
| How long will it take to develop and implement the project? | Up to 3 months | 3 to 12 months | Over 12 months | 2 |
| Which stakeholders are involved? | Mainly internal | Internal & external | Stakeholder opposition | 2 |
| Has Denbighshire done this sort of project before? | Many times | Once or twice | Never | 2 |
| What is the reputational risk to Denbighshire if we make significant mistakes in project delivery or the project fails? | Low | Medium | High | 2 |
| What is the financial risk to Denbighshire if we make significant mistakes in project delivery or the project fails? | Low | Medium | High | 2 |
| Total Score: | | | | 12 |

BACKGROUND INFORMATION

This section should provide a brief description of the project/activity you propose to undertake and the reason it is required. You should assume that the reader has no background knowledge.

Aim & Outcome

This project aims to transform an area within the heart of West Rhyl, creating a new open space around which homes facing the green space will be remodelled or refurbished. This will address the negative associations the area currently has, and improve investor confidence to create a stable, sustainable housing market where the private sector invests without the need for ongoing public sector subsidy.

The Green Space

The investment centres around a new green space that will be created as part of the project. The creation of this green space responds to a long-standing community aspiration – evidenced in numerous consultation exercises over the years – to create a new green space in the heart of West Rhyl. The new green space is also the key element in transforming the way the area looks and is perceived, and should generate value in the surrounding properties in the same way Victorian and Edwardian Squares did for a previous generation. The area identified through the analysis and consultation is the block bounded by Aquarium Street, Abbey Street, Gronant Street and John Street. No designs exist yet, as it is the intention to develop the use and design of this space in partnership with the local community.

The Acquisition Programme

The project will acquire the properties around the planned new green space and work with Pennaf/Clwyd Alyn Housing Association and private sector developers to remodel and/or refurbish existing houses and build new homes and attract and retain economically active people. Many properties have already been acquired as part of the North Wales Coast Regeneration Area (NWCRA), and work is ongoing to continue this acquisition programme. We will be seeking to acquire the properties by agreement, but acknowledge that we anticipate the use compulsory purchase powers to ensure that the properties required to deliver the project are brought into public ownership.

Clearly most of the housing is currently occupied, and as part of this project we will be funding a Resettlement Officer whose role will be to assist residents identify and relocate to new accommodation. We have already a successful track record in achieving this type of relocation as 46 properties have already been acquired and residents relocated through the NWCRA. We will be seeking to relocate residents to the community of their choice, and the compensation package offered through the scheme should ensure that all reasonable costs of the move and disruption suffered are covered. Work to date on housing needs in the area indicate that the vast majority of residents wish to remain in Rhyl and at this stage we are reasonably confident that this can be accommodated within existing housing stock in the area. Thus fears about migrating “the problem” to other communities seems unfounded.

The type of housing to be created

Where large houses are retained, many will be remodelled to adapt them to single occupancy, family housing. In many cases this will mean reducing the size of the buildings, probably by demolishing the “outriggers” at the back of the properties. This approach will have a number of benefits:

- Reduce the number of houses in multiple occupation and with small, one bedroom flats;
- Reduce the homes to a sensible size for family housing (3 or 4 bedrooms, occasionally some 5 bedrooms);

- Remove the possibility of the houses being re-converted to multi-occupancy in the future;
- Create space at the rear of the properties for off street parking, waste storage and gardens;

Where smaller houses are retained (2/3 bedrooms), these will be refurbished to a high standard to create desirable homes for couples and small families.

Where new homes are constructed by the private sector, we will be encouraging them to develop homes that will be attractive to families. In most instances we expect this to be three bedroom homes with gardens and off street parking.

In all cases, be it remodelling, refurbishment or new build, we will be seeking to significantly improve the energy efficiency of the homes and reduce the requirement for ongoing maintenance to ensure their affordability.

The Specifics

Map 1 (attached) illustrates how the project area has been divided into six blocks:

- **Block One:** consisting of 2-36 (evens) Gronant St, 3-29 (odds) Aquarium Street, 13-15 (odds) John St, 26-38 (evens) Abbey St (scheduled for demolition 06/12). The properties in this block will be acquired and demolished to create the green space.
- **Block Two:** consisting of 3-31 (odds) Gronant St. These properties will be acquired and refurbished by Pennaf/Clwyd Alyn Housing Association and marketed as “Homebuy” properties, whereby residents will own majority of equity in the home.
- **Block Three:** consisting of 2-16 (evens) Aquarium St. The plan is here is to seek a private sector development partner in association with block 5. The presumption here is in favour of retaining the properties but remodelling them to reduce the floorspace and create good quality, large (4/5 bedrooms) family homes with gardens and off street parking at the rear. Other options may be considered depending on the response and interest from the private sector on the wider site (blocks 3 and 5). It is envisaged that the homes created through this scheme will be sold for owner occupation.
- **Block Four:** consisting of 14-24 (evens) John St. As with block 3, the intention here is to seek a private sector development partner to remodel these homes. The existing properties in this block are even larger than those in Block 3, and have limited opportunity to create amenity space to the rear. As such, the remodelling of these homes would most likely include some conversion to good quality apartments (2/3 bedroom) as well as single occupancy, family housing. Because of the smaller scale and nature of the proposals for this block, it is envisaged that the selection process for this block will be separate to that for Block 3/5, although the processes may run concurrently. It is envisaged that the homes created through this scheme will be sold for owner occupation.
- **Block Five:** consisting of 1-11 (odds) John Street, 18 Aquarium St, 50-57 West Parade. This is a significant site which fronts onto West Parade. With the exception of the properties on John Street the site has already been acquired through the NWCRA and the properties demolished. The proposal here is for a mixed use, new build development. Whilst housing is likely to form a significant element for the scheme, given the location on the sea front uses could also include hotel, leisure, offices or retail. We will be seeking a private sector partner (in conjunction with Block 3), and as such the end uses and form of the development will be determined through market viability and the planning process. It is envisaged that the homes created through this scheme will be sold for owner occupation.

- **Block Six:** consisting of 3-41 (odds) Abbey St, 10-24 (evens) Abbey St, 8-12 Hope Place. Given the diversity of type and tenure of housing in this area, a more opportunist approach will be taken. We will still be acquiring property in this block, and as and when a “cluster” of properties have been brought into public ownership the most appropriate scheme for that site will be considered. This could be a mix of remodelling and refurbishment, and could be for either owner occupation or Registered Social Landlord (RSL) accommodation. Either way, we will be seeking in the first instance to convert properties into single occupancy, family housing, but where this is not practical or achievable we will convert into apartments with good space standards.

In total the project will be looking to acquire 113, although 42 of these properties have already been acquired through earlier phases of the NWCRA.

The Funding Mechanisms

The project funding provides for the acquisition of all the properties within the blocks detailed above, but does not include for any refurbishment or development costs. For the blocks where we will be working with a private sector partner, the cost of new build and remodelling/refurbishment will be met by the private sector under the auspices of a Development Agreement. This will cap the level of developer profit that can be made and will detail the arrangements for the transfer of property ownership from public to private and the financial transaction associated with this. No detailed arrangements in this regard have been developed yet as these will be subject to detailed discussion and negotiation through the developer selection process, although the general principle that the refurbishment costs will be offset by the capital value of the property prevails.

The properties remodelled and/or refurbished by RSL's will be subject to separate arrangements, but the principles remain the same and the refurbishment funded by the RSL's.

Project Management

A dedicated Project Manager has been appointed to coordinate delivery of the project. Under his direction a project team and various themed working groups have already been established. The first meeting of the Project Board is anticipated in early Aug 2012. Progress of the project will be monitored through the processes and documentation associated with Denbighshire's Project Management Methodology.

Conclusion

This is a bold, ambitious and expensive project, but given that previous public sector programmes and grant schemes have failed to regenerate the area, it is considered the best way of creating the lasting change the area so clearly requires. Addressing these long-standing issues will also help create a more positive impression of the town overall and thereby have more far-reaching regeneration benefits.

OUT OF SCOPE

If this Project Brief is approved and a Business Case is to be developed, please detail any elements (eg. activities, functions, services, geographic areas) which will be specifically excluded from the project. Note that in-scope activity should have been defined in the Background Information section above.

Any other properties in West Rhyl **not** included in the six blocks described in the section Background Information above are **outside** the scope of this project.

OUTPUT

An output is what is physically created by the project eg a new or refurbished building, a policy or strategy document, a re-structured organisation or service, an event, a new software system installed, etc.

FOR WORK PROGRAMMES/BLOCK ALLOCATIONS YOU MUST ATTACH A SCHEDULE OF THE WORKS PROPOSED

- New Green Space (4500m2)
- Reduction of HMO units within the area currently approx. 34 with an estimated 182 accommodation units
- Remodelled homes 14 (radically altered to create single occupancy or better proportioned apartments)
- Refurbished homes 31 (refurbished internally and externally to improve quality of accommodation)
- New build homes to be determined in discussions with developer

OUTCOME

An outcome is what happens, or what should happen, as a consequence of delivering the output eg improved educational attainment, safer working practices, cheaper or more efficient service delivery, etc.

- A more balanced housing offer
- Improved appearance and perception of the area
- Ongoing private sector investment

INTER-DEPENDENCIES

Please provide further information if this project or activity will have dependencies with other projects, service reviews or council activities.

The following initiatives/projects are not contained within the scope of the WRHIP, but will be closely monitored to ensure that they coordinate and compliment the project:

- Neighbourhood Management
- SPG (Supplementary Planning Guidance)
- HMO Quality Improvement
- Supported Living Strategy
- Community Land Trust
- W. Rhyl Community Seeds

OVERARCHING AIMS / CORPORATE PRIORITIES

This section should identify how the project/activity supports Denbighshire's corporate priorities

Regeneration and Economic Development
Local Housing Strategy (West Rhyl identified as focus for action)
The Big Plan (Regeneration of Rhyl).

TIMESCALES

This section should outline the forecast timescales for the activity.

See attached Project Schedule

COLLABORATION

| | | | | | | | |
|----------------------------------|--|--|----------------------|-----|-----------------------------|----|---|
| Is this a collaboration project? | | | | Yes | X | No | |
| If yes, collaboration partner: | Conwy only | | Flintshire only | | Wrexham only | | |
| | Conwy & Flintshire | | Flintshire & Wrexham | | Conwy, Flintshire & Wrexham | | |
| | All North Wales | | NHS | | Other | | X |
| If other please comment: | <p>Key Partners:</p> <p>Welsh Government Pennaf Housing Association (Clwyd Alyn Housing Association)</p> <p>Other Partners:</p> <p>Local community and property owners Police, Fire Service Voluntary sector groups Local community groups</p> | | | | | | |

GEOGRAPHIC AREA

If appropriate, please indicate the geographic area where project activity will take place. Note that more than one area can be ticked. If the project activity is internal to the organisation (eg service reviews, policy or strategy development, etc) please tick the corresponding box.

| | | | | | | |
|--------------------------|------------------|---|--------------------------|--|------------|--|
| Geographic Area: | Rhyl | X | Prestatyn | | Elwy | |
| | Denbigh | | Ruthin | | Dee Valley | |
| | All Denbighshire | | Internal to organisation | | Other | |
| If other please comment: | | | | | | |

CAPITAL COSTS

The capital cost of a project is an important consideration in terms of whether or not it should proceed. Note that even some non-construction projects may have a requirement for capital costs. For example, to fund the acquisition of new ICT hardware or undertaking alterations to buildings.

- Any costs relating to ICT infrastructure and equipment should have been provided by ICT department.
- Any costs that relate to construction should have been provided by Design & Development or Building Services.

At this stage it is acceptable to present a cost range.

| | |
|---|--------------------|
| Estimated project capital cost or cost range | £23,279,226 |
|---|--------------------|

| Please provide details of any capital funding that has already been spent on the project: | |
|--|-------------------|
| Enter details of cost element below: | Total |
| Purchase & demolition costs to date* | £6,583,950 |
| TOTAL | £6,583,950 |

| Please provide details of the capital funding requirement (not including amount already spent): | | | | |
|--|-------------------|-------------------|-------------------|------------------------|
| Enter details of cost element below: | 2012/13 | 2013/14 | 2014/15 | All Years Total |
| Property acquisition & demolition | £6,269,276 | £5,843,000 | £250,000 | £12,362,276 |
| Planning & Design | £100,000 | £500,000 | £0 | £600,000 |
| Urban Park Construction and landscaping | £0 | £0 | £2,620,000 | £2,620,000 |
| Neighbourhood Management | £15,000 | £15,000 | £10,000 | £40,000 |
| Communication | £25,000 | £25,000 | £25,000 | £75,000 |
| Staff Costs | £214,000 | £184,000 | £100,000 | £498,000 |
| Gap Fund Grants/Contingency | £0 | £80,000 | £420,000 | £500,000 |
| Total Project costs | £6,623,276 | £6,647,000 | £3,425,000 | £16,695,276 |

| Please provide details of proposed capital funding sources | | | | | |
|---|-------------------|-------------------|-------------------|-------------------|--------------------|
| Enter details of funding source | To date | 2012/13 | 2013/14 | 2014/15 | TOTAL |
| WG – Centrally Retained Capital | 0 | £5,000,000 | £5,000,000 | 0 | £10,000,000 |
| WG - NWCRA | £6,583,950 | £1,623,276 | £1,747,000 | £3,425,000* | £13,279,226 |
| | | | | | |
| TOTAL | £6,583,950 | £6,623,276 | £6,647,000 | £3,425,000 | £23,279,226 |

* funding for 2014/15 is not yet confirmed from NWCRA

If necessary, please use the box below to provide any further details in relation to the capital funding information you have provided (eg any assumptions made, initial indications from funding bodies, etc).

| |
|---|
| <p>The Welsh Government Funding for this project has already been confirmed and allocated by Welsh Government.</p> <p>Costs above relate to public sector investment. The project will generate further (as yet un-quantified) private sector investment not included above relating to the investment in the refurbishment and new build elements of the scheme.</p> |
|---|

From the public sector investment detailed above it is also anticipated that a capital receipt of approximately £1,050,000 will return to the public sector (Welsh Government) via the sale of **Block Two** Gronant St South £300,000, and **Block Five** John St East/ West Parade £750,000

Staff costs and project revenue costs outlined above relate to key staff employed to deliver the project, including DCC Surveyor to undertake property acquisitions and a Resettlement Officer to help residents move. The costs above do not include the costs of the West Rhyl Project Coordinator (Peter McDermott) and the Rhyl Going Forward Programme Manager (Tom Booty) who are both funded by Denbighshire.

REVENUE COSTS

The revenue cost of a project is an important consideration in terms of whether or not it should proceed. Please indicate below the expected revenue impact of the project or activity.

| What is the impact of this project (once it has been delivered) in terms of the DCC revenue requirement for: | increase | neutral | decrease | not known |
|--|----------|---------|----------|-----------|
| • staff costs (salaries and associated)? | | ✓ | | |
| • energy costs (heating, lighting, ICT, etc)? | | ✓ | | |
| • other property related costs (rental, insurance, etc)? | | ✓ | | |
| • ongoing ICT costs (licences, etc) | | ✓ | | |
| • mileage of Denbighshire fleet vehicles? | | ✓ | | |
| • mileage for business travel by Denbighshire employees using their personal vehicles? | | ✓ | | |
| OVERALL REVENUE REQUIREMENT | | ✓ | | |

ADDITIONAL INFORMATION REQUIRED FOR CONSTRUCTION PROJECTS AND WORK PROGS:

| | | | | |
|--|-----|---|----|---|
| Will this project have a significant impact on reducing an existing building maintenance backlog? | Yes | | No | ✓ |
| Is this project creating a new facility (ie not replacing an existing facility) which will require additional maintenance/servicing funding? | Yes | ✓ | No | |

If necessary, please use the box below to provide any further details in relation to the revenue funding information you have provided (eg any assumptions made, estimates of potential revenue savings, income that may be generated by the project to offset revenue expenditure, etc).

Additional revenue costs only required for the duration of the project, and would include Property Services for valuation and acquisition works, Legal for conveyancing, etc. Costs for this will be contained within the project budget.

Post-project delivery, there may be an ongoing revenue implication in relation to maintenance of the green space that will be created.

There will be no revenue/maintenance implications in relation to the housing that have been remodelled/refurbished as these will be either privately owned or RSL owned.

EQUALITIES IMPACT

The Council has a duty to ensure compliance with the Equalities Act (2010) which is intended to protect individuals from unfair treatment and promote a fair and more equal society. The following section is designed to assess the possible equalities impact of the proposed project or activity. If you require further guidance on or assistance with completing this section please contact Denbighshire's Corporate Equalities Officer:

karen.beattie@denbighshire.gov.uk

| What is the expected impact of this project/activity in terms of the following equality groups: | positive | neutral | negative | not known |
|---|----------|---------|----------|-----------|
| • Age (younger and older people) | ✓ | | | |
| • Disability (physical, vision, hearing impairments, learning difficulties, mental health) | ✓ | | | |
| • Gender reassignment | | ✓ | | |
| • Marriage or civil partnership | | ✓ | | |
| • Race (including migrant workers, gypsy and travellers) | | ✓ | | |
| • Religion/Belief | | ✓ | | |
| • Sex including male, female, transgender) | | ✓ | | |
| • Sexual Orientation (lesbian, gay, bisexual, transgender)) | | ✓ | | |
| • Relationships between groups may require clarification | | ✓ | | |
| • Welsh Language and/or culture | | ✓ | | |

If you have indicated that the project or activity may have an impact on equalities (positive or negative) you may be required to complete an Equalities Impact Assessment (EqIA). Please contact the Corporate Equalities Officer for further information.

PRIVACY IMPACT

The Council has a duty to ensure compliance with the Data Protection Act (1998) whereby we are obliged to protect any personal information held about individuals, and the Freedom of Information Act (2000) which provides access by individuals to official information. The following section is designed to identify projects or activity that may involve dealing with the personal details of individuals (eg software systems that hold data about school pupils or social services clients). If you require further guidance on or assistance with completing this section please contact Denbighshire's Information Technology Security Officer:

kelly.waterfield@denbighshire.gov.uk

| Does this project/activity involve dealing with the personal details of individuals? | Yes | ✓ | No | |
|--|--|---|----|--|
| If yes please comment: | Relocation programme will involve dealing with and processing the personal details of individuals. | | | |

If you have answered yes to this question you may be required to complete a Privacy Impact Assessment. Please contact the Information Technology Security Officer for further information.

BIODIVERSITY IMPACT

The Council has a statutory duty to ensure compliance with the habitats regulations (as amended in 2007) and the biodiversity duties contained within the Natural Environment and Rural Communities Act (2006). The following section is designed to assess the possible biodiversity impact of the proposed project or activity. If you require further guidance on or assistance with completing this section please contact Denbighshire's Biodiversity Officer:

kate.taylor@denbighshire.gov.uk

| | | | | |
|--|------------|---|-----------|--|
| Will this project impact on a habitat that supports living organisms (plant or animal)? | Yes | ✓ | No | |
|--|------------|---|-----------|--|

If you have answered yes to the above question, please complete all the following biodiversity sections. If answered no please leave blank.

| | | | | | |
|--|--|------------|---|-----------|--|
| THREATENED/PROTECTED SPECIES | | Yes | ✓ | No | |
| Will this project impact on any protected or threatened species as defined in Denbighshire's Local Biodiversity Action Plan (LBAP)? | | | | | |
| If yes please comment: | Bat Colonies are possible. Will consult with DCC Biodiversity Officer. Overall the creation of a new green space is an opportunity to improve biodiversity | | | | |

If you have answered yes to this question you should consult with Denbighshire's Biodiversity Officer to develop an appropriate mitigation strategy.

| ALL SPECIES (including threatened/protected) | increase | neutral | decrease | not known |
|---|-----------------|----------------|-----------------|------------------|
| What is the expected impact of this project in terms of: | | | | |
| the number of plant species present? | | | | ✓ |
| the number of animal species present? | | | | ✓ |

CARBON IMPACT

The Council has a duty to ensure compliance with the Climate Change Act (2008) which commits us to reducing our carbon emissions by 34% by 2020 (using a 1990 baseline). The following section is designed to assess the possible carbon impact of the proposed project or activity. If you require further guidance on or assistance with completing this section please contact Denbighshire's Climate Change Officer:

helen.burkhalter@denbighshire.gov.uk

| What is the expected impact of this project in terms of: | increase | neutral | decrease | not known |
|---|-----------------|----------------|-----------------|------------------|
| • energy use for Denbighshire County Council buildings (electricity, gas, oil, LPG)? | | ✓ | | |
| • mileage of Denbighshire fleet vehicles? | | ✓ | | |
| • tonnes of business waste produced by Denbighshire County Council? | | ✓ | | |
| • mileage for business travel by employees using their personal vehicles? | | ✓ | | |

VERIFICATION:

Head of Service (or above):

I certify that:

- The project will address a service need and deliver benefits
- The project makes a necessary contribution to the overall strategy of the organisation
- The estimated cost can be justified by the anticipated improvement in services

And that I have assigned the following individuals into the key project roles:

| | | | |
|-------------------------|-----------------|------------------|--|
| Project Sponsor: | Peter McHugh | Position: | |
| Project Manager: | Peter McDermott | Position: | |

| | | | |
|-------------------|------------------------------------|------------------|--|
| Signature: | <i>Insert electronic signature</i> | Position: | |
| Name: | | Date: | |

Signatures should be electronic and the final version of the Project Brief pdf'd before submission.

Final version of this Project Brief should be submitted to:

***Programme & Project Team
Business Planning and Performance
County Hall, Ruthin***

This page is intentionally left blank



Block 6
REFURBISH

Block 2
REFURBISH

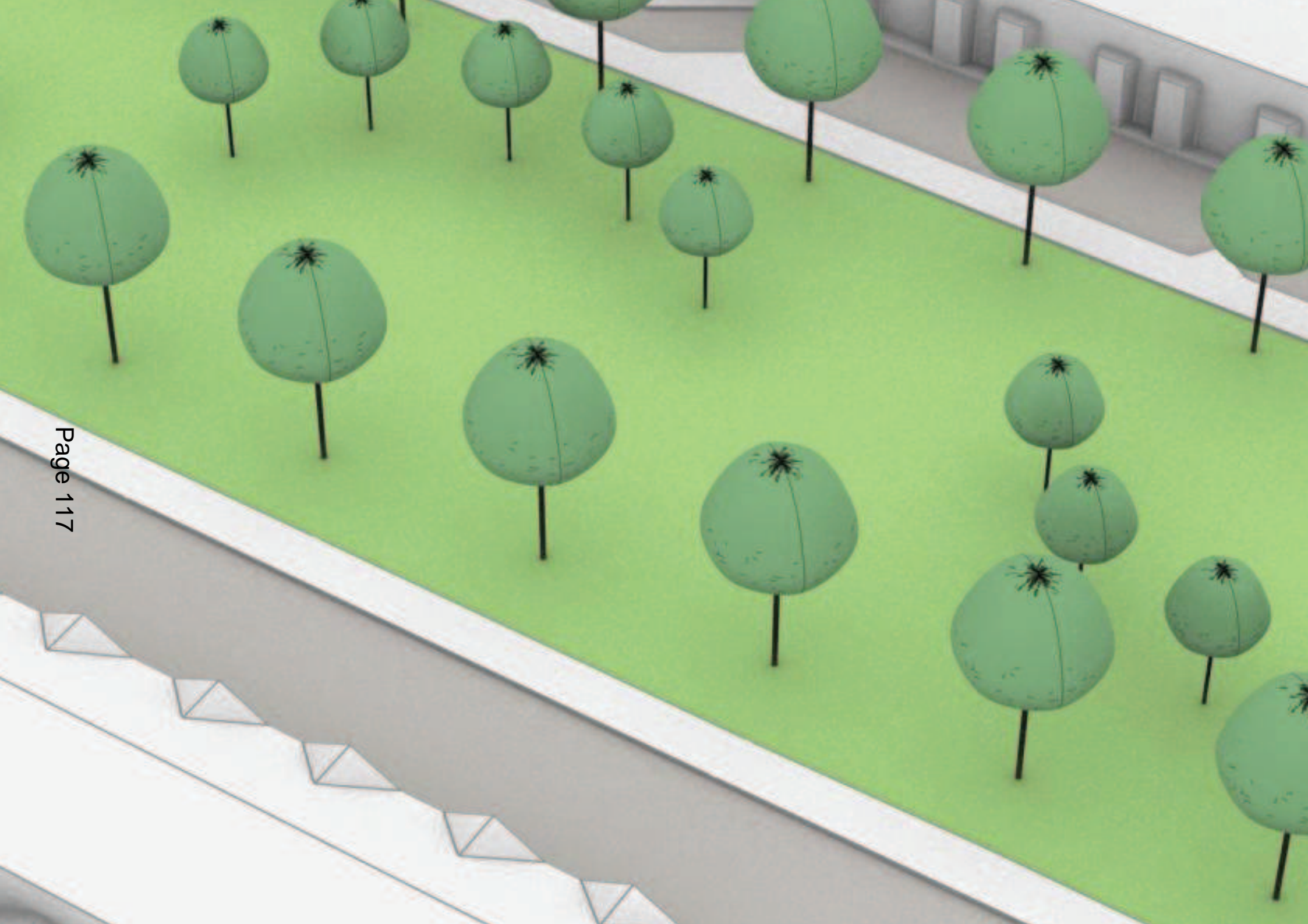
Block 3
REFURBISH

Block 4
REFURBISH

Block 5
RE-DEVELOPMENT

Block 1
URBAN PARK

This page is intentionally left blank



This page is intentionally left blank

This page is intentionally left blank

WEST RHYL HOUSING IMPROVEMENT PROJECT BOARD

- TERMS OF REFERENCE -

Introduction

The North Wales Coast Regeneration Area was established by the Deputy Minister for Regeneration on October 17th 2008. One of the key projects that has been pursued by the Regeneration Area Team over the past 3 years is the West Rhyl Housing Improvement Project (WRHIP) which aims to reduce the number of houses in multiple occupation in West Rhyl, increase the range of tenures, improve tenant choice and introduce green space into this highly urban environment. These Terms of Reference refer to the work of the Board that is being established to co-ordinate and manage the project.

Overall Aim

The WRHIP Board will have the overall responsibility for the delivery of the project – both in overseeing operational delivery and in its fiscal management. The Board's role will be to provide the strategic guidance and direction for the action-focused delivery of the overall project and brings together the key stakeholders who can enable change. The Board's Chair, who will be the Welsh Government's Senior Responsible Officer for the project, will monitor progress and report to the Wales Infrastructure Investment Plan Delivery Group.

The Board aims to achieve the successful delivery of the West Rhyl Housing Improvement Project within the 3 year timetable set out in the WRHIP (Phase 1- Gronant Street/Aquarium Street) Business Justification Case that was approved by Finance Minister in November 2011 and further confirmed in the May 2012 West Rhyl Housing Improvement Project Business Plan.

Phase 1 of the housing improvement scheme will focus on the redevelopment of Gronant Street, parts of Aquarium Street, John Street and Abbey Street, Rhyl enabling the remodelling of unfit housing and the creation of attractive

green space that supports the new demographic that West Rhyl is aiming to attract. The park will be surrounded by quality housing of appropriate type tenure through a programme of acquisition and conversion/ refurbishment

Funding of the order of £17m is required to complete the delivery of Phase 1 of the WRHIP over the period 2012-2015. The WRHIP Programme Board is being established to manage this expenditure which includes a £10m contribution from the Welsh Government's Centrally Retained Capital Fund.

The following will be established:-

- i) A dedicated WRHIP Board, supported by;
- ii) the WRHIP Co-Ordination Team; and
- iii) five work team sub-groups of the Co-Ordination Team that will work on:-
 - a) Property Acquisition
 - b) Resettlement and Supporting People
 - c) Neighbourhood Management
 - d) Planning, Design and Delivery; and
 - e) Communication and Community Liaison.

The aim will be to ensure that all partners work closely together to ensure that activity at all levels is co-ordinated and directed in accordance with the overall aims and objectives of the WRHIP Business Plan.

The Project Board

The Project Board is the strategic partnership for the WRHIP project and it is envisaged that the Board will meet every 3 months. The Board brings together senior representatives of the main organisations involved in the planning and delivery of the project.

The Board's role is to:-

- i) provide the strategic guidance and direction for the action-focused delivery of the overall project;
- ii) oversee the running and monitoring of the project to ensure that it is delivered to time and to budget;
- iii) allocate funding as necessary for each of the work teams within the parameters of the budget delegated on an annual basis from the Minister for Housing, Regeneration and Heritage;
- iv) monitor the project risk register.

It is proposed that the WRHIP Board should include representatives from all the main organisation who have the mandate to take decisions on behalf of their organisations on issues affecting the WRHIP project. These include:-

- Project Senior Responsible Officer (WG);
- North Wales Coast Regeneration Area Programme Director (WG);
- Senior Finance Officer (WG);
- Corporate Director - Economic and Community Ambition (DCC);
- Leader of Denbighshire County Council (DCC),
- Lead Member for Regeneration (DCC),
- Rhyl West Ward Members (2 x DCC)
- Chief Executive, Pennaf

The Board will be chaired by the Welsh Government's Senior Responsible Officer or his nominee.

In addition, supporting officers whose role is to advise the Board and prepare policy and project design options may attend from time to time

Decision Making Arrangements

The principles of adding value and mutuality underpin the work of the Board as it faces the challenges of improving the housing offer and amenity of West

Rhyl. In taking its decisions, the Board will, at all times, conduct its business openly and transparently. It will make rational decisions, based upon the principles of consultation, consensus and sustainability. Equally, the Board will acknowledge the principle of subsidiarity where the need for more locally based decisions is appropriate.

Functions of the Board

- To receive reports relating to its role as the Strategic Partnership for the West Rhyl Housing Improvement Project and make strategic choices for the area;
- To approve the Project's work programme;
- To approve any amendments to its present constitution or membership;
- To authorise budget .

An agenda indicating the order of business will be circulated to members and other stake holders, no less than five working days prior to the meetings of the Board.

Roles and Responsibilities of Board Partners

The Board's main partners are the Welsh Government, Denbighshire County Council and Pennaf Housing Group. Pennaf is the preferred RSL partner on the basis that it has a substantial local presence in West Rhyl and owns 11 properties within the target intervention area. A summary of the roles and responsibilities of each of the partner organisations within the WRHIP partnership are ascribed below :-

| Organisation | Role(s) | Responsibilities |
|--|--|--|
| Welsh Government | Strategic Leadership Strategic Project Management Primary Project Funder | Project Monitoring Audit against grant conditions |
| Pennaf Housing Group (<i>including Clwyd Alyn Housing</i>) | Acquisition/ Land Assembly Acquisition by Agreement | Property Management Affordable Housing Provision. |

| | | |
|-----------------------------|---|--|
| <i>Association)</i> | Development Planning Property Refurbishment Marketing | |
| Denbighshire County Council | Acquisition/ Land Assembly Community Engagement Development of Green Space Development Planning Marketing | Neighbourhood Management, Development of Supplementary Planning Guidance and Site Development Briefs, Compulsory Purchase Orders |

DRAFT

This page is intentionally left blank

Community Consultation and Communication

| Date & Time | Topic | Item / Event |
|---|--|--|
| 16 Jul - 31 Oct 2011 | RGF Delivery Plan | Plan and accompanying questionnaire in Rhyl library and on Denbighshire website |
| 18 July 2011 | RGF Delivery Plan | ITV Wales report/interview with Tom Booty |
| 23 Aug 2011 | RGF Delivery Plan | Article and Editorial in Daily Post |
| 4 Oct & 7 Oct 2011 | RGF Delivery Plan | Tom Booty - surgery for Rhyl Town Councillors |
| 24 Oct 2011 11am - 3pm | RGF Delivery Plan | Staffed exhibition in White Rose Centre |
| 26 Oct 2011 6pm | RGF Delivery Plan | Community Meeting at the Wellington Community Centre Plan of proposed green space shown and discussed |
| 27 Oct 2011 4 - 7pm | RGF Delivery Plan | Staffed exhibition in foyer of Morrison's supermarket |
| 14 Nov 2011 1.30-4.30pm | Housing Regeneration & Green Space | DCC and CAHA staff out on Aquarium Street with the step-up bus and door knocking (advertised in the local newspaper). Provided information leaflets and promoted the public event taking place at the town hall. Spoke with current residents and carried out housing needs mapping surveys. |
| 18 Nov 2011 9.30am-12.30pm | Housing Regeneration & Green Space | As above on the 14th November |
| 23 Nov 2011 1.00-5.00pm | Housing Regeneration & Green Space | A public drop-in information afternoon was held at Rhyl Town Hall staffed by DCC and CAHA officers. We provided information on the plans for W.Rhyl and once again carried out housing needs surveys with current residents. This event was advertised in the local newspaper and a leaflet letterbox drop was also carried out the week before. |
| April 2012 | Housing Regeneration & Green Space | Letterbox drop around the whole of Rhyl West 1 ward informing all residents of the regeneration plans. The leaflets included a detailed Q&A section for affected residents around the whole of Rhyl West 1 ward informing all residents of the regeneration plans. The leaflets included a detailed Q&A section for affected residents and a contact number for further discussion, advice and assistance. |
| 9 th May 2012 11am – 4.00pm | RGF Programme, housing regeneration & Community Land Trust | Key officers staffed the open day and launch event for the Foryd Community Centre in West Rhyl. The event included networking with professionals and community residents, but also involved interviews regarding the projects on the local radio station (Point FM) who were broadcasting from the centre. |

This page is intentionally left blank

Rhyl Going Forward WRHIP Headline

RISK REGISTER

July 2012



| | | | | | | |
|------------|---------------------|--------------------|------------|---------------|------------|-------------------|
| LIKELIHOOD | 5 Almost certain | 5 | 10 | 15 | 20 | 25 |
| | 4 Likely | 4 | 8 | 12 | 16 | 20 |
| | 3 Possible | 3 | 6 | 9 | 12 | 15 |
| | 2 Unlikely | 2 | 4 | 6 | 8 | 10 |
| | 1 Rare | 1 | 2 | 3 | 4 | 5 |
| | | 1 Insignificant | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
| IMPACT | | | | | | |

Page 129

| Risk No: | Date identified | Date last reviewed | Risk description & Mitigating Action | Risk Owner | L Score | I Score | Risk Score | Risk Trend | RAG Status |
|----------|-----------------|--------------------|--|-----------------|---------|---------|------------|------------|------------|
| 1 | 17/07/12 | 17/07/12 | <p>Finance – meeting spend profile</p> <p>Risk that the WG funding allocated to the West Rhyl Housing Improvement Area is not spent to profile year on year, resulting in money lost to the programme and the subsequent possibility of not having sufficient funding to complete/deliver the project.</p> <p>Action since last update:</p> <ul style="list-style-type: none"> • Project partners agree that 12 Project Application Forms (PAF) would be submitted to Project Board • Priorities in terms of blocks agreed • Work stream priorities agreed | Peter McDermott | 3 | 4 | 12 | STATIC | AMBER |

| | | | | | | | | | |
|---|----------|----------|---|-----------------|---|---|----|--------|-------|
| 2 | 17/07/12 | 17/07/12 | <p>Timing – Delivering the project on time</p> <p>Risk that we are unable to deliver the project within the tight timescales required.</p> <p>Action since last update:</p> <ul style="list-style-type: none"> ▪ Project manager working full-time ▪ Property acquisition block priority agreed ▪ CPO advice continues from Chris Skinner | Peter McDermott | 3 | 4 | 12 | STATIC | AMBER |
| 3 | 17/07/12 | 17/07/12 | <p>Stakeholders - Political Support</p> <p>Risk of Denbighshire County Council not taking ownership of the project both politically and organisationally.</p> <p>Action since last update:</p> <ul style="list-style-type: none"> • Report to Asset Management Group 5th July 2012 • Report to Strategic Investment Group 13th July 2012 • Report to Cabinet by Hugh Evans by 15th August 2012 • Setting up of first Project Board 20th July 2012 with membership made up of senior councillors, local councillors, senior executives from DCC, Clwyd Alyn and Welsh Government • Briefing session for Leader of DCC and Chief Executive of DCC prior to board meeting 19/7/12 | Tom Booty | 3 | 3 | 9 | STATIC | AMBER |
| 4 | 17/07/12 | 17/07/12 | <p>Stakeholders - Communication</p> <p>Risk that stakeholders are not well informed about the project's aims, objectives and activities leading to criticism and poor publicity</p> | Tom Booty | 3 | 3 | 9 | STATIC | AMBER |

| | | | | | | | | | |
|---|----------|----------|---|-----------|---|---|---|--------|-------|
| | | | <p>Action since last update:</p> <ul style="list-style-type: none"> ▪ See activity above (risk 1) ▪ Project team meetings ▪ Work stream groups organised ▪ Draft communications strategy in final stage preparation ▪ Neighbourhood office to open in development area October 2012 | | | | | | |
| 5 | 17/07/12 | 17/07/12 | <p>Staff - Insufficient Staff resources</p> <p>Risk that the project has insufficient staff capacity or capability to deliver this very complex project. Staff may also leave the project</p> <p>Action since last update:</p> <ul style="list-style-type: none"> • Recruitment of a Housing Lead by Welsh Government • Recruitment of Resettlement Officer by DCC • Engagement of Shelter to act as impartial advisors • Interview dates for Housing Lead July 2012 WG • DCC Surveyor working 100% on the project • Chris Skinner independent advise re CPO engaged | Tom Booty | 3 | 3 | 9 | STATIC | AMBER |
| 6 | 17/07/12 | 17/07/12 | <p>Benefits – Project may not deliver anticipated benefits</p> <p>Risk that the project, once delivered, might not deliver its aims for example a renewed confidence in the area. This risk is exacerbated by the proposed Welfare Reform which is likely to increase demand for smaller, one bedroom accommodation.</p> <p>Action since last update:</p> <ul style="list-style-type: none"> • Regular attendance at the Welfare Reform Group | Tom Booty | 3 | 3 | 9 | STATIC | AMBER |

This page is intentionally left blank

Agenda Item No.

Report To: Full Council

Date of Meeting: 11th September 2012

Lead Member / Officer: Gary Williams, Monitoring Officer

Report Author: Lisa Jones – Deputy Monitoring Officer

Title: Standards Committee Appointments

1. What is the report about?

To appoint for a further term the Community Council Member and one Independent (Co-opted) Member of the Standards Committee and to seek nominations for three County Councillors to sit on a Special Appointments Panel.

2. What is the reason for making this report?

The governing regulations regarding the composition of the Council's Standards Committee requires a committee of between five and nine members comprising persons who are independent of the Council, County Councillors and Town and Community Council Councillors. Due to the passage of time, and the legal time limits in which the Community Member and the Independent Members may serve, it is now necessary for two retiring Independent Members to be replaced, and also for the Community Member and one current independent member, to be re-appointed for a further term of office.

3. What are the Recommendations?

3.1 That Council makes the following appointments in respect of the Standards Committee: -

- (1) That the Town and Community Councillor, David Jones, Llanferres Community Council, be reappointed for one further term of office.
- (2) That the independent member, Paula White, be reappointed for a final term of four years.

3.2 That three County Councillors be appointed to sit on the Standards Committee Special Appointments Panel in order to, in the first instance, consider applications for the lay and community panel members; thereafter as a complete panel, to consider applications for the two independent Standards Committee member vacancies and make recommendations to Full Council.

4. Report details

4.1 Re-appointment of the Community Council Member

The Standards Committee Regulations require that before re-appointing the Town and Community Council representative, Town and Community Councils within the County and Community Council Associations should be consulted. This consultation period has now expired, and no responses were received. The current Community Council Member has expressed a desire to continue in the role and Council is invited to re-appoint.

4.2 Re-appointment of the Independent (Co-Opted) Member.

The Standards Committee legislation was amended in 2006 and since then members can serve a second consecutive term, which in the case of independent members, this is limited to four years. The independent member who is eligible to serve a further term has expressed a desire to continue in their role and Council is invited to re-appoint. In making the re-appointment for the one further term, the amended regulations now stipulate that there is no requirement to re-appoint through advertisement.

4.2 Establishment of a Special Appointments Panel

The Standards Committee Regulations also establish a Special Appointments Panel whose function is to consider applications for any vacancies for the independent (ie non Council) members, and to make recommendations to the Full Council. This Panel shall consist of not more than five panel members. One panel member must be a lay person, one member a community council member and up to three must be County Councillors.

This Panel meets only very occasionally when such a vacancy arises. Council is therefore requested to make these three appointments to this Panel in readiness for the recruitment process for the replacement independent members to be commenced. The regulations do not stipulate that this Panel should be politically balanced, however previous Councils have made politically balanced nominations, therefore this would equate to one Labour, one Independent and one Conservative.

5. How does the decision contribute to the Corporate Priorities?

A fully functioning and representative Standards Committee which upholds the high standards expected of members helps underpin the Council's exercise of its democratic functions.

6. What will it cost and how will it affect other services?

There are no implications for other services as a result of this report. There will be some direct advertising costs and Officer time in recruiting the two new independent members.

7. What consultations have been carried out?

The requisite statutory consultations have been carried out.

8. Chief Finance Officer Statement

The costs associated with the appointments are not significant and should be contained within existing resources.

9. What risks are there and is there anything we can do to reduce them?

The Council will be in breach of the governing legislation and will not have in place a committee to deal with any matters referred to it by the Public Services Ombudsman.

10. Power to make the Decision

The Local Government Act 2000; the Standards Committee (Wales) Regulations 2001 and the Standards Committee (Wales) (Amendment) Regulations 2006.

This page is intentionally left blank

| Meeting | | Item (description / title) | Purpose of report | Council Decision required (yes / no)? | Author – Lead member and contact officer |
|-------------------|---|--|--|---------------------------------------|--|
| | | | | | |
| 9 October | 1 | LDP Update | | | Graham Boase |
| | 2 | Joint Supplementary Planning Guidance on the Pontcysyllte Aqueduct and Canal World Heritage Site | To seek the adoption of the SPG | Yes | Eleri Evans / Graham Boase |
| | 3 | SPG West Rhyl | | | AL |
| | 4 | Corporate Plan 2012 – 2017 | For Council to approve the Plan | Yes | Alan Smith |
| | 5 | Economic Ambition Strategy | | | Graham Boase |
| | 6 | Policies and Procedures | | | |
| | 7 | Champions | | | Lisa Jones |
| | | | | | |
| 6 November | 1 | Policies and Procedures | | | |
| | 2 | Update on the Denbighshire LDP | To review the results of consultation on any additional sites for housing development and consider whether any additional sites should be forwarded to the | Yes | Graham Boase / Angela Loftus |

County Council Forward Work Plan

Agenda item No.

| Meeting | | Item (description / title) | Purpose of report | Council Decision required (yes / no)? | Author – Lead member and contact officer |
|--------------------|---|----------------------------|-------------------|---------------------------------------|--|
| | | | Inspector. | | |
| 4 December | 1 | Policies and Procedures | | | |
| 8 January | 1 | Policies and Procedures | | | |
| | | | | | |
| | | | | | |
| 5 February | | | | | |
| | | | | | |
| | | | | | |
| 26 February | | | | | |
| | | | | | |
| | | | | | |
| 9 April | | | | | |
| | | | | | |
| | | | | | |