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To:	Members of the Partnerships Scrutiny Committee	Date:	8 December 2017
		Direct Dial:	01824 712554
		e-mail:	democratic@denbighshire.gov.uk

Dear Councillor

You are invited to attend a meeting of the **PARTNERSHIPS SCRUTINY COMMITTEE** to be held at **9.30 am** on **THURSDAY**, **14 DECEMBER 2017** in **CONFERENCE ROOM 1A**, **COUNTY HALL**, **RUTHIN**.

Yours sincerely

G. Williams Head of Legal, HR and Democratic Services

PLEASE NOTE THAT THERE IS A BRIEFING FOR ALL ELECTED MEMBERS AT 9.30 A.M. IMMEDIATELY PRIOR TO THE MEETING

AGENDA

PART 1 - THE PRESS AND PUBLIC ARE INVITED TO ATTEND THIS PART OF THE MEETING

1 APOLOGIES

2 DECLARATION OF INTERESTS

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 MINUTES OF THE LAST MEETING (Pages 5 - 14)

To receive minutes of the Partnerships Scrutiny Committee meeting held on 2 November 2017 (copy attached).

10.05 a.m. – 10.10 a.m.

5 CONWY & DENBIGHSHIRE PUBLIC SERVICES BOARD'S WELLBEING PLAN 2018-2022 (Pages 15 - 56)

To consider a report by the Strategic Planning Team Manager (copy attached) for Committee to receive and agree the report and respond as a statutory consultee.

10.10 a.m. – 10.50 a.m.

6 PROGRESS REPORT - DENBIGHSHIRE CARERS STRATEGY 2016-19 (Pages 57 - 92)

To consider a report by the Commissioning Officer for Carers Service (copy attached) to provide information regarding progress on the development of the Strategy.

10.50 a.m. – 11.30 a.m.

~~~~~ BREAK (11.30 a.m. – 11.40 a.m.) ~~~~~

7 **REVIEW OF THE SINGLE POINT OF ACCESS (SPOA)** (Pages 93 - 110)

To consider a report by the Service Manager, Localities (copy attached) to provide an update on the performance of Denbighshire's Single Point of Access for Adult Social Care and Community Health Services.

11.40 a.m. – 12.15 p.m.

8 SCRUTINY WORK PROGRAMME (Pages 111 - 128)

To consider a report by the Scrutiny Coordinator (copy enclosed) seeking a review of the committee's forward work programme and updating members on relevant issues.

12.15 p.m. – 12.25 p.m.

9 FEEDBACK FROM COMMITTEE REPRESENTATIVES

To receive any updates from Committee representatives on various Council Boards and Groups.

12.25 p.m. – 12.30 p.m.

MEMBERSHIP

Councillors

Councillor Jeanette Chamberlain-Jones (Chair) Councillor Emrys Wynne (Vice-Chair)

Joan Butterfield Gareth Davies Melvyn Mile Andrew Thomas Hugh Irving Pat Jones Christine Marston Rhys Thomas David Williams

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All Councillors for information Press and Libraries Town and Community Councils This page is intentionally left blank

Agenda Item 4

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in CONFERENCE ROOM 1A, COUNTY HALL, RUTHIN on Thursday, 2 November 2017 at 10.00 am.

PRESENT

Councillors Joan Butterfield, Jeanette Chamberlain-Jones (Chair), Gareth Davies, Hugh Irving, Pat Jones, Christine Marston, Melvyn Mile, Andrew Thomas, Rhys Thomas, David Williams and Emrys Wynne (Vice-Chair)

Cabinet Lead Member – Councillor Bobby Feeley attended for items 5 and 6

Observers: Councillor Meirick Lloyd Davies and Councillor Graham Timms

ALSO PRESENT

Corporate Director: Communities (NS), Head of Community Support Services (PG), Commissioning and Tendering Officer (LD), Homeless Strategy Officer (EL), Chief Finance Officer (RW), Scrutiny Co-ordinator (RE) and Committee Administrator (SLW)

1 APOLOGIES

No apologies were received.

2 DECLARATION OF INTERESTS

Councillor Melvyn Mile declared a personal interest and Councillor Emrys Wynne declared personal interests in item 5, the Denbighshire Homelessness Strategy 2017-2021 & Denbighshire Supporting People / Homelessness Prevention Plan 2018/2019.

Councillor Gareth Lloyd Davies declared a personal interest in item 6, Pooled Budgets (Health & Social Care) – Progress Report.

3 URGENT MATTERS AS AGREED BY THE CHAIR

No urgent matters had been raised.

4 MINUTES OF THE LAST MEETING

The minutes of the Partnerships Scrutiny Committee held on 14 September 2017 were submitted.

RESOLVED that the minutes of the meeting held on 14 September 2017 be received and approved as a correct record.

5 THE DENBIGHSHIRE HOMELESSNESS STRATEGY 2017-2021 & DENBIGHSHIRE SUPPORTING PEOPLE / HOMELESSNESS PREVENTION PLAN 2018/2019

Councillor Emrys Wynne declared personal interests in this item as he is a private landlord in Denbigh and he is a JP who sits on the North East Wales DRR Panel.

Councillor Melvyn Mile declared a personal interest in this items as he will be a tenant of Grwp Cynefin in the near future.

The Lead Member for Social Care & Children's Services, Councillor Bobby Feeley, introduced the report (previously circulated).

She outlined the purpose of the Supporting People funding provided by the Welsh Government (WG) and the role of the Regional Collaborative Committee (RCC) in relation to Denbighshire's Strategy and Homelessness Prevention Plan. She emphasised that the Strategy was the county's first standalone Homelessness Strategy since the implementation of the Housing (Wales) Act 2014. Previous homelessness prevention work had been included as part of the broader Housing Strategy. Members were advised that both the Strategy and Prevention Plan before them had been consulted on widely by the Homelessness Prevention Team. The Homelessness Prevention Team was a dedicated team which focussed on working with individuals and families to avert them becoming homeless. Membership comprised of the former Supporting People Team and the Housing Solutions Team. Members commended the establishment of a dedicated team to mitigate against the risks of people becoming homeless and asked for details of the officers who worked as part of the Team. Officers undertook to provide this information, but advised that the first point of contact for an individual or a councillor with a homelessness query was the multi-disciplinary Single Point of Access (SPoA) Service. SPoA would then signpost the person enquiring to the most appropriate service(s) that could help them

Responding to members' questions the Lead Member and officers advised that:

- the Homelessness Strategy was a multi-agency strategy which required the co-operation of all Council services;
- at present the Supporting People (SP) element of the funding utilised to commission homelessness prevention services was 'ring-fenced' for those purposes. However, a recent WG announcement had indicated that from 2019 onwards the SP grant funding would no longer be 'ring-fenced', with consideration being given to developing a "super grant", incorporating the other Tackling Poverty funding streams, and the new Employment grant. This potentially could render elements of the Strategy undeliverable in future. Nevertheless local authorities had a statutory duty to deliver certain services to individuals who were, or at risk of becoming, homeless. No further information was available at present on the details of the recent WG announcement;
- the SP funding for 2018-19 was secure and had been confirmed on a national level, however confirmation was awaited of individual local authority funding allocations which may be subject to change;

- whilst the aim of reducing the number of households residing in temporary accommodation by 50% by 2021 did seem ambitious, officers were confident that with the establishment of the Homelessness Prevention Team, which had brought together specialists within the fields of homelessness and housing support, that this could be achieved;
- whilst it was acknowledged that integrating former offenders into the community was a successful means of reducing reoffending, former prisoners who presented themselves as homeless in Denbighshire would only be entitled to access housing support services if they could satisfy the 'local connection' test as per the Housing (Wales) Act 2014. As members were keen for this to be highlighted within the Strategy the Head of Community Support Services undertook to seek legal advice on whether reference could be included within the Strategy;
- to date one 'house share' project to meet the needs of young people had been piloted in Denbighshire. This approach had its complexities and was currently being evaluated and compared to schemes trialled in other areas;
- the 'house share' pilot to meet the needs of young people was completely separate to the supported housing schemes for people with learning disabilities and other supported living schemes for which there was a large and growing demand;
- young homeless people (16-17) would not be allocated a 'house share' or supported housing placement where they would share the facility with much older individuals, or vice-versa;
- The "Y Dyfodol" young people's supported housing project in Rhyl was currently being remodelled, to ensure that it appropriately met the needs of young people who were homeless or were threatened with homelessness. This was very much in line with the development of a "Positive Pathway" approach to supporting young people. The remodelled contract would commence in October 2018;
- the Council and its partners were actively, as part of the Strategy's delivery, looking at reducing its usage of bed and breakfast facilities to house homeless families and individuals by up to 50%. One of the reasons behind this was that it was felt that this type of accommodation was not suitable for families and not conducive with family life;
- whilst the majority of the bed and breakfast accommodation currently used • by the Council was located along the coastal belt, it did utilise accommodation elsewhere in the county as well. The location would depend on whom it was for, where it was required, and the reasons for placing people and families at the accommodation e.g. fleeing domestic violence etc. The type of B&B accommodation provided would depend on the size of the family unit, it could vary from a room within a hotel/guest house to a chalet on a residential holiday park. The Council would usually pay a lower rate than the tourist rate for the accommodation, however the rates would vary based on the size of the family unit - this approach was similar to the one applied in other local authority areas. The Council's Housing Enforcement Team and its Public Protection Department were responsible for ensuring that the properties commissioned were safe and of the required standards for accommodating people. Members requested that details be shared with them on the average cost per unit of temporary B&B accommodation commissioned by the Council;

- every effort would be made to ensure that temporary accommodation was found for everyone who presented themselves homeless and met the required criteria on the day they presented homeless. Having secured temporary accommodation the Homelessness Prevention Team would then work with the families/individuals, other Council's departments and external organisations to try and secure long-term housing solutions for the individuals concerned;
- the Housing (Wales) Act 2014 stipulated that the Council had 56 days from the day an individual/family approached the authority to notify them that they were at risk of becoming homeless to work with them to prevent them from losing their home, or if necessary, support them to secure suitable and sustainable accommodation. This was twice as long as under the previous Act, and a far more achievable target, which better allowed for early intervention and prevention of crisis point. It was therefore imperative that those who were at risk of losing their homes contacted the local authority as soon as they were aware of the risk e.g. on the day the eviction notice was served to enable officers to work with them to draw up a housing plan and assist them to access help and support;
- the Single Access Route to Housing (SARTH) application and allocation process seemed to be working well following some initial teething problems. From the Homelessness Prevention Team's perspective the new single application process was far simpler and assisted them with their work of supporting clients to find suitable housing solutions;
- that the Council, due to the need to have more flexibility in relation to the services provided, no longer operated a 'night shelter' for people sleeping rough who wanted to utilise it. Currently it operated 7 day emergency beds which were available to rough sleepers with no local connections and no support packages in place on a 3 day licence;
- the aim now was to develop a 'No Second Night Out' offer which would provide a more holistic approach towards supporting the entire needs of rough sleepers, some of which were extremely complex, to support them to reconnect with society and find housing that met their needs in the longterm. It was eventually hoped that the 'No Second Night Out' work, through the delivery of a variety of prevention work would develop into a 'No First Night Out' approach with a view to ending homelessness in the county. However, officers agreed with members that having no rough sleepers at all may not be achievable, as for some it was a cultural choice to sleep rough;
- the Homelessness Prevention Team dealt with all individuals who were either homeless or at risk of being made homeless, including children. If children were involved the Team would liaise closely with officers in Children's Services;
- an internal officer working group was currently working on the potential impact of the introduction of Universal Credit on Denbighshire residents. This Group was continuing the work of the Tackling Poverty Working Group which had operated during the term of the previous Council. In due course, this Group would in due course report on its work to one of the Boards that would be established to support the delivery of the Council's new Corporate Plan;
- that officers were working closely with Registered Social Landlords (RSLs) seeking them, at an early stage, to draw the services and support available

from the Homelessness Prevention Team to the attention of tenants who were at risk of being evicted at an early stage with a view to averting a crisis situation;

- an action plan to deliver the 2018-19 Supporting People/Homelessness Prevention Plan was in the process of being drawn up. The action plan's delivery would be reviewed and monitored on a regular basis by the Homelessness Prevention Planning Group;
- they were of the view that both the Strategy and Prevention Plan were deliverable and sustainable in the long-term, subject to the availability of funding. However, the uncertainty in relation to future SP funding, if included as part of the RSG funding, was a concern hence the reason why the Well-being Impact Assessment (WIA) for both the Strategy and Prevention Plan had scored 3 out of the possible 4 stars; and
- under the Strategy every effort would be made to provide a Service through the medium of Welsh to individuals wherever possible, as per the requirements of the county's Welsh Language Standards. Nevertheless, as was acknowledged in the WIA this could place additional pressure on the one fluent Welsh speaking member of staff in the Team, but every effort would be made to accommodate any requests received.

At the conclusion of the discussion members commended the Homelessness Prevention Team on their work and on the Strategy and Prevention Plan, emphasising the importance of educating people on financial matters, particularly financial planning and how to prioritise their spending with a view to reducing the risk of being made homeless. The Committee:

RESOLVED: -

- (i) to confirm that, as part of its consideration, it had read, understood and taken account of the Well-being Impact Assessments for both the draft Strategy and the Prevention Plan;
- (ii) having considered the draft Strategy and Prevention Plan, and subject to the above observations, to recommend to Cabinet that the Denbighshire Homelessness Strategy 2017-21 and the Denbighshire Supporting People/Homelessness Prevention Plan 2018-19 be approved and adopted; and
- (iii) to request that a progress report on the implementation of the Strategy and the delivery of the Prevention Action Plan be presented to the Committee at its meeting in May 2018

At this juncture (11.15 a.m.) there was a 15 minute break.

The meeting reconvened at 11.30 a.m.

6 POOLED BUDGETS (HEALTH & SOCIAL CARE) - PROGRESS REPORT

Councillor Gareth Lloyd Davies declared a personal interest as an employee of the Betsi Cadwaladr University health Board (BCUHB).

The Corporate Director: Communities/Statutory Director of Social Services introduced the report and appendices (previously circulated) which outlined the progress made to date in relation to the establishment of pooled budgets for specific health and social care services across the North Wales region. During her introduction the Director reminded members that the establishment of pooled budgets for specific services was a requirement under Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWB Act 2014).

Members were informed that for the purpose of developing pooled budget arrangements the North Wales Regional Partnership Board (NWRPB) had established a Regional Pooled Budgets Working Group, made up of specialist technical experts from both the Health Service and local authorities. This Group, chaired by Denbighshire's Director of Social Services, had been tasked with examining the potential benefits of establishing pooled budgets, the operation and management arrangements for pooled budgets, identifying any risks and mitigating actions associated with them and the establishment of governance arrangements etc. Denbighshire was well represented on the Group as its Director of Social Services chaired it and its Section 151 officer, Legal Services Manager, one of its Solicitors and a HR Specialist were members and technical advisors to the Group.

The Committee was advised that the NWRPB and Directors of Social Services across Wales were firmly of the view that pooled budgets should be viewed as a tool to support the journey towards integration not a form of integration in their own right. Whilst progress has been made in developing a regional integration agreement, work was still underway in respect of scoping and developing pooled budgets for specific service areas. A number of pilots were currently being conducted, or had recently concluded, to assess the practicalities of the utilisation of pooled budgets for delivering services in these areas. Whilst considerably more work was required in a number of these areas prior to the introduction of pooled resources, it had become evident that North Wales, similar to all other regions in Wales, would not be in a position to establish a pooled budget for care home provision from April 2018, and therefore would not comply with the Act's requirements. The Welsh Government's (WG) Minister for Social Services and Public Health had been notified of the position and had consequently permitted all Regional Partnership Boards an additional 12 months to comply with this requirement. She had also made it explicitly clear that she would consider intervening if this requirement was not complied with by April 2019. Members were advised that North Wales was ahead of the other regional partnerships in relation to progressing this requirement, but a large amount of detailed work and complex matters required to be worked through prior to an agreement being signed with regards to this particular pooled budget.

Responding to members' questions the Lead Member, Corporate Director and officers:

- requested members to raise directly with them any individual cases on which they had concerns about them being admitted into residential care/nursing care pending future medical treatment without undergoing a proper care/nursing care assessment;
- advised that the law in relation to pooled budgets for care provision did not currently permit the pooled budget to be delegated to individuals for them

to commission their own care package, all packages would require to be commissioned by Social Services/Health Service. Partnership boards were lobbying the Government for the law to be changed in relation to this;

- confirmed that neither Adult Mental Health Services nor Children and Adolescent Mental Health Services (CAMHS) were included within the scope of the pooled budget requirements of the SSWB (Wales) Act 2014. Nevertheless, an integrated Health and Social Services Mental Health Team was already in operation in Denbighshire under the provisions of Section 33 of the National Health Service (Wales) Act 2006 which permitted the Health Service and local authorities, where appropriate, to enter into a partnership agreement for the delivery of integrated services. One element of such agreements was the ability to pool funds to deliver an integrated service. A report on pooled budgets in accordance with this legislative provision had been presented to members at the Committee's meeting held on 14 September 2017;
- advised that the objective of the provisions of the SSWB (Wales) Act 2014 was to bring health and social care services closer together to improve the well-being of citizens;
- informed the Committee that there was an element of nervousness on the part of all local authorities in North Wales and the Health Board in relation to the development of pooled budgets, particularly given the financial situation faced by the Health Board at present and the financial constraints on local authority budgets;
- confirmed that local authorities across Wales had made representations to the WG Minister with regards to the practicalities of establishing pooled budgets for care home provision by 2018 due to the large amount of money that would be required to be paid into this pooled budget. Some were already doubting whether the April 2019 date was achievable, particularly bearing in mind the amount of work required to establish the budget, putting in place the necessary procedures, safeguards and establishing sound governance arrangements;
- emphasised that the NWRPB was not a decision-making body, any proposals formulated by the Board would require to be presented to each local authority and the Health Board's decision making bodies for implementation approval;
- advised they were confident that the conclusions of WIA undertaken in relation to the development of pooled budgets had been an accurate reflection of the proposals long-term sustainability, hence the reason for taking sufficient time and due care in exploring the legal and technical aspects associated with the establishment of pooled funds;
- agreed that the concept of pooled budgets was commendable, as was the aim of the Act - to integrate the delivery of care and well-being services for the benefit of service users and to improve outcomes for them. The greatest challenge would be to turn the vision into reality, particularly building a solid foundation to enable budgets to be effectively pooled and managed;
- advised that the SSWB (Wales) Act 2014 stipulated that all local authorities within a local Health Board footprint area were required to work together to improve social care services and the well-being of residents within that area i.e. for North Wales the six local authorities within the Betsi Cadwaladr

University Health Board (BCUHB) area. This did not prohibit local authorities from entering into agreements with other Health Boards if they wanted to do so. Earlier legislation that was still in force permitted local authorities to enter into partnership agreements to pool funds to deliver integrated services. Nevertheless, it was anticipated that establishment of such partnerships would be few and far between;

- acknowledged that the Health Board's footprint area encroached into the county of Powys, with patients from north Powys being referred to hospitals in BCUHB's area. It was confirmed that the Powys Teaching Health Board (PTHB) and its associated local authorities were no further forward than the NWRPB with the development of pooled budgets;
- confirmed that whilst the NWRPB was an operationally led Board its focus was the patients and citizens of the region. For this reason it sought technical, financial and legal advice from experts in the field. It was trialling a number of pilot projects in relation to pooled budgets with a view to identifying problems and good practice with the ultimate aim of establishing efficient and effective pooled budget arrangements; and
- confirmed that HR experts were involved with the pooled budgets group's work in order to identify HR related matters, such as staff's terms and conditions etc. if a proposal was made to include staffing and staffing costs in any pooled budget arrangements. It was emphasised that pooled budget arrangements did not have to include employment arrangements of staff, integrated working practices was sufficient.

At the conclusion of the discussion members:

RESOLVED:- subject to the above observations to

- *(i)* confirm that they had read, understood and taken account of the Well-being Impact Assessment as part of their consideration;
- (ii) note that North Wales as a region would not achieve the pooling of budgets for Care Homes by April 2018, whilst acknowledging the significant work underway across the region to develop work around integration and pooled budgets;
- (iii)recognise the resource requirements needed to complete the work involved with integration and pooled budgets within the timescales set out in the Act, including the potential costs and funding sources to deliver them; and
- (iv)request that a report on the progress made in developing and delivering pooled health and social care budgets and compliance with Section 9 of the Social Services and Well-being (Wales) Act 2014 be submitted to the Committee for consideration at its meeting in May 2018.

7 SCRUTINY WORK PROGRAMME

The Scrutiny Co-ordinator submitted a report (previously circulated) seeking Members' review of the Committee's work programme and provided an update on relevant issues.

During discussion it was:

- Agreed to invite all Lead Members for the Agenda items on the Forward Work Programme for the next Partnerships Scrutiny Committee meeting taking place on 14 December 2017. Unfortunately, the Leader, Councillor Hugh Evans would not be available but Lead Member, Councillor Julian Thompson-Hill would attend in his place.
- Agreed to add Denbighshire's Homelessness Strategy 2017-21 and the Supporting People/Homelessness Prevention Plan 2018/19 update to the Forward Work Programme for 3 May 2018 meeting.
- Provisionally, an update on the North Denbighshire Community Hospital Project in Rhyl be scheduled for 22 January 2018 meeting pending confirmation from BCUHB.
- Appendix 5 Schools Standards Monitoring Group were looking to update their terms of reference and change of membership. Councillor Emrys Wynne volunteered to sit on the Group as he was a retired teacher and had an interest in the Group's aims.

It was:

RESOLVED subject to the above to:

- (i) Confirm the Committee's forward work programme; and
- (ii) Appoint Councillor Emrys Wynne as the Committee's representative on the Council's School Standards Monitoring Group (SSMG)

8 FEEDBACK FROM COMMITTEE REPRESENTATIVES

At this juncture, the Chair, Councillor Jeanette Chamberlain-Jones stated she would be unable to attend the next two Strategic Investment Group (SIG) meetings due to being on holiday. She asked for someone to attend in her place. Councillor Joan Butterfield expressed an interest in attending the SIG meetings if she was able to confirm transport arrangements.

The meeting concluded at 12.35 p.m.

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Agenda Item 5

Report to:	Partnerships Scrutiny Committee
Date of Meeting:	14 December 2017
Lead Member / Officer:	Leader of Denbighshire County Council / Head Business Improvement & Modernisation
Report Author:	Strategic Planning Team Manager

Title: Conwy & Denbighshire Public Services Board's Well-being Plan 2018-2022

1. What is the report about?

The Conwy & Denbighshire Public Services Board's Well-being Plan 2018-2022.

2. What is the reason for making this report?

- 2.1 Under the Well-being of Future Generations Act (Wales) 2015 the Conwy & Denbighshire Public Services Board must be produce a Well-being Plan by May 2018. In developing this Plan there is a twelve-week statutory consultation period, and the local authorities' Scrutiny Committee is a statutory consultee.
- 2.2 Once the local well-being plan has been agreed the PSB will work on developing actions where a collaborative approach can have a significant impact.

3. What are the Recommendations?

- 3.1 To receive and support the report.
- 3.2 To respond to the consultation questions listed below (deadline of 22 January):
 - i. Do you agree with the Well-being Priorities the PSB is trying to achieve?
 - ii. Where do you think the combined power of the PSB could make a difference?
 - iii. Which priorities should we focus on first?
 - iv. Does anything in this draft plan need to change?
 - v. Have we missed anything in this plan?
 - vi. We want people to stay involved. How can we do this?
 - vii. Any other comments or ideas?
- 3.3 For collaboration to work effectively, the priorities and work of the PSB must be embedded in the work of Denbighshire County Council (and vice versa). Members are asked to consider how this could be done/strengthened; and
- 3.4 That the Committee confirms that it has read, understood and taken into account the Well-being Impact Assessment (Appendix B) as part of its consideration.

4. Report details

4.1 The Conwy & Denbighshire Public Services Board (PSB) was established in April 2016. Its establishment was driven by the Well-being of Future Generations (Wales)

Act 2015 (formerly there was a Local Services Board), which states that a PSB is statutory, and that it must work collaboratively to tackle important issues in the region that it covers. The PSB is committed to working collaboratively, and welcomes the fact that the legislation necessitates this approach.

- 4.2 Membership of the PSB includes:
 - Betsi Cadwaladr University Health Board
 - Community and Voluntary Support Conwy
 - Conwy County Borough Council
 - Denbighshire County Council
 - Denbighshire Voluntary Services Council
 - Natural Resource Wales
 - National Probation Service
 - North Wales Fire & Rescue Service
 - North Wales Police
 - Police and Crime Commissioner
 - Public Health Wales
 - Wales Community Rehabilitation Company
 - Welsh Government
- 4.3 Denbighshire County Council is represented on the board by the Leader and Chief Executive. The PSB is chaired by the Central Area Director of Betsi Cadwaladr University Health Board. The Vice Chair is the Chief Executive of Conwy County Borough Council.
- 4.4 Legislation states that the PSB's Well-being Plan must be agreed by the Board within twelve months of local government elections, which provides a deadline of 3 May 2018. Prior to that there must be a twelve-week consultation period, and the Plan must be approved by the Boards of each PSB member organisation (in Denbighshire County Council's case this will be Full Council, and the Plan is scheduled for discussion on 20 February).
- 4.5 The Plan (Appendix A) has been developed based on the evidence from the Wellbeing Assessment, and the County Conversation work that took place across both Conwy & Denbighshire. This is the same evidence base as was used to develop Denbighshire's own Corporate Plan 2017-2021. Hence there are synergies.
- 4.6 Legislation advises that the PSB's priority should reflect areas of work that require a collaborative response.
- 4.7 In January 2017 a workshop was held with PSB Members to review the evidence and develop some ideas for priority areas of work. These areas were organised according to Social, Cultural, Environmental and Economic themes.
- 4.8 Workshops on each theme took place in May 2017, where appropriate colleagues from across the public sector were invited to provide thoughts on how to address the issues and risks outlined under each theme.

- 4.9 A longlist of draft priorities was agreed by the PSB in July 2017, and work has taken place over the summer to draft a Plan. For each priority the Plan outlines the desired future state/goals; provides the current context; and illustrates the likely impact of a lack of intervention.
- 4.10 The PSB meets quarterly, and does not have any dedicated resource in terms of either finance or personnel. Hence, in this context, the Board has considered what role it can play in delivering its priorities in a way that is practical/achievable and effective.
- 4.11 As many of the PSB Members' organisational priorities are echoed in the PSB Wellbeing Plan (and this is a similar situation for some of Denbighshire's Corporate Plan ambitions) there would be duplication of effort if the PSB also commissioned work. Instead, where work in support of the PSB's priorities requires a collaborative effort (which is often), it was agreed that the PSB should take a leadership role to remove barriers to successful delivery.

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

Where there is overlap between the PSB's Well-being Plan and Denbighshire's Corporate Plan there should be opportunity to strengthen work in support of our corporate priorities due to the obvious commitment from partner organisations to work towards shared outcomes.

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

Support for the Public Services Board is typically provided from the Strategic Planning teams of partner organisations. These costs are absorbed by partner organisations.

7. What are the main conclusions of the Well-being Impact Assessment?

This impact assessment considers the impact of our approach to developing the Conwy & Denbighshire Public Services Board's local Well-being Plan for the area. We have engaged our residents and worked with stakeholders to shape 6 priorities and the ambition for each. Our Sustainable Development score is strong, but also tells us there are some further considerations that need to be made as the detail of the plan is developed and delivered by the Board. This Plan does not outline any activity, only a direction of travel. We would expect that any projects taken forward to realise the ambition outlined within it are individually impact assessed. The local Well-being Plan will seek to support the first 1000 days of life, help those struggling with mental health, and promote resilience in older people, utilising early intervention and preventative approaches. However, we must be careful not to replicate good work already taking place elsewhere.

We will also deliver a plan for community and environmental resilience through, in part, promoting understanding, access to information and maximising our assets. Our young people will also be supported to be resilient and aspirational, tackling barriers to skills, jobs, housing and educational inequality.

However, we feel that the focus of the priorities is over the medium term. We need to ensure communities and stakeholders have continued opportunity to be involved in the development of the plan, and in its implementation.

The proposed priorities are focussed on resilience for everyone and will prompt alternative approaches to prevent problems from occurring.

Overall the impact on the 7 well-being goals is positive. We need more information to determine the impact on a more equal Wales, and crucially, what we can do to maximise a positive impact for people with protected characteristics. There are potentially negative consequences on some protected characteristics and these could be addressed and managed to avoid them occurring. We have found there to be a neutral impact on Welsh language and culture, but note that the Welsh Language Strategies of partner organisations underpins all that we do. Please see Appendix B for a full report.

8. What consultations have been carried out with Scrutiny and others?

- 8.1 Development of the plan has been informed by residents during the County Conversation, and with professional colleagues as part of ideas-gathering workshops.
- 8.2 The Future Generations Commissioner's office have provided written feedback on the processes that have been followed. Please see Appendix C.
- 8.3 Since this draft has been approved for consultation, the draft Plan has been shared in Denbighshire at Cabinet Briefing and with SLT.
- 8.4 There is a list of statutory consultees at Appendix D, whose comments will be considered as the Plan moves nearer to completion.

9. Chief Finance Officer Statement

There are no additional resources allocated for the delivery of priorities. As the priorities are developed in more detail, the PSB will assess the allocation of staff capacity and or funding resources either from existing budgets or through grant applications.

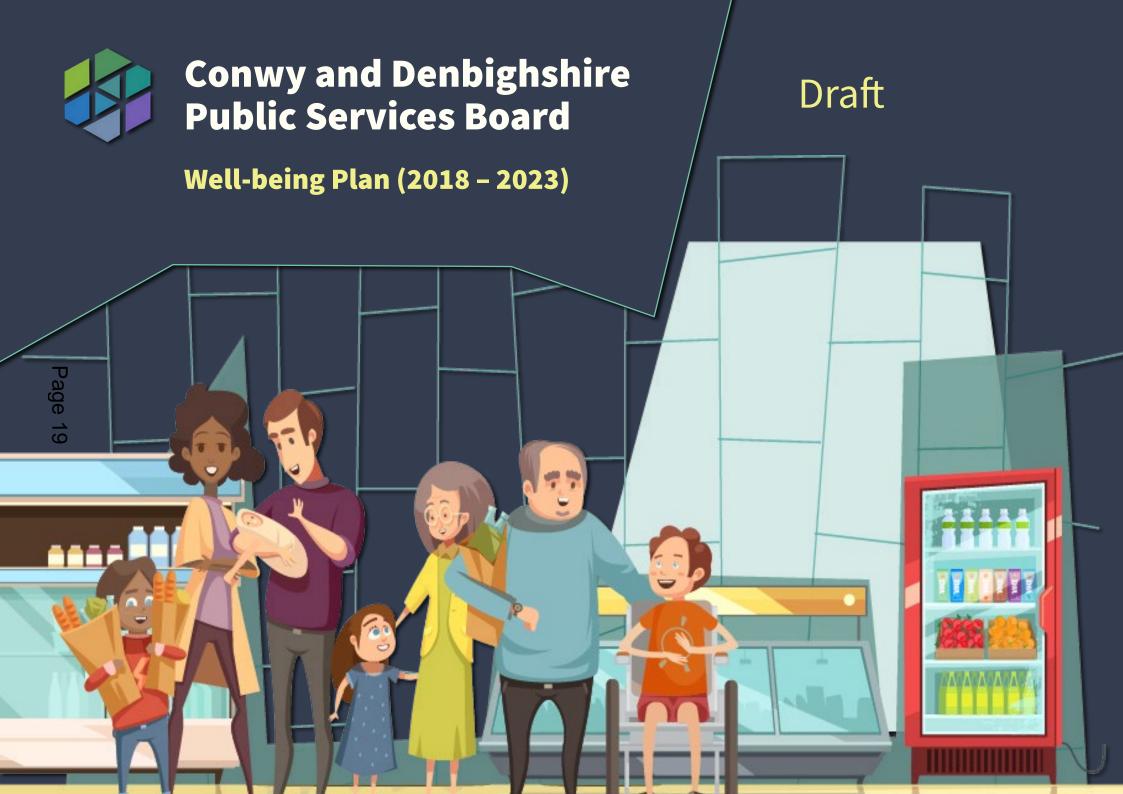
10. What risks are there and is there anything we can do to reduce them?

There is a risk that Denbighshire's priorities and the PSB's Well-being Priorities contradict one another.

11. Power to make the Decision

Well-being of Future Generations Act (Wales) 2015 Scrutiny's powers relating to the Public Services Board are outlined in Sections 7.3, 7.4.1, and 7.15.2.

Contact Officer: Strategic Planning Manager Tel: 01824 708079



Foreword

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I am pleased, on behalf of partners on the **Conwy & Denbighshire Public Services Board (PSB)**, to introduce this Local Well-being Plan for our two counties. It is the culmination of work that began in April 2016, and represents our conclusions on what we feel are the key areas that pose the greatest need or challenge for our communities, and where we feel the PSB can make the greatest contribution without duplicating good work already taking place within existing partnerships and organisations.

A lot of work has already taken place to get us to this point, but this is only the start of the PSB's journey. This plan is an outline of what it is we would like to achieve, but there is more work to be done to develop our programme of work, and we would welcome your input into this as part of our ongoing conversation with our communities. If you would like to be kept informed of our work, get involved or provide feedback to us, please see our contact details on the last page of this document.

The PSB has afforded public services an exciting opportunity to come together to challenge serious problems in our community areas – the Well-being of Future Generations (Wales) Act 2015 has enabled us to do this more effectively. We must of course be realistic about the financial constraints that our sectors are facing, but at the same time see this as a chance to effect real change and remain open to working in different ways. All partners on the board are communities to working collaboratively to deliver sustainable and effective services that prevent problems emerging in the long-term, and to supporting our communities to be prosperous, resilient and healthier in a more equal and globally responsible Wales of cohesive communities and vibrant culture.

Conwy and Denbighshire PSB is made up of a number of public sector organisations which include:

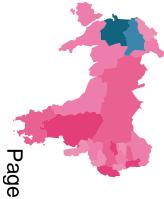


Hello

Conwy and Denbighshire Public Services Board wants everyone living here to enjoy well-being.



Well-being is about being healthy and happy in all areas of your life. Good physical and mental health but also good relationships and resilient communities.



Every county in Wales has a Public Services Board where public bodies work together to focus on the well-being of future generation.

Were set-up under the **Well-being of Future Generations (Wales) Act 2015**. It has seven goals that all plans need to work towards achieving:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

We want to know what you think about these priorities so we don't leave anything important out.



Conwy and Denbighshire services already work together to support people across our region.

So we took this opportunity to establish one single Public Services Board. This means we can use our resources better to meet needs now and in the future. We help services work together to improve:

cultural well-being
 economic well-being
 environmental well-being
 social well-being.

This is our **Well-being Plan** – it sets out the challenges communities face which we feel we can really improve by working together.

The plan focuses on 6 priority areas:

- 1. The First 1,000 days of life
- 2. Promoting community hubs
- 3. Promoting mental well-being for all ages
- 4. Promoting resilience in older people
- 5. Promoting environmental resilience
- 6. Raising resilient and aspirational young people

Well-being facts about Conwy and Denbighshire



Cultural Facts:

speak Welsh.



The combined population of Conwy and Denbighshire is

26% of the population

211,300



Social Facts:

40% of adults drink above the recommended guidelines at least once a week

Conwy & Denbighshire are ranked the **3rd** and **4th** highest in Wales for alcohol related hospital admissions.

54-58% of the population are obese or overweight.

35% of adults eat '5 a day' of fruit or vegetables.



Environmental facts:



Farmers manage over **75%** of the land.

Nearly **23,000** properties are at a significant risk of flooding.

Fuel poverty affects **7,600** households.

Woodlands cover **13.5%** of the counties.

Economic facts



11% are self-employed (compared to 9.2% in Wales).

38% are in public sector employment.

38% people have either a NVQ level 4, a degree or higher qualification.

15 million people visit each year. This brings in over **£1.2 billion** to the local economy.



1. Supporting the first 1000 Days of Life

The First 1000 days of life is the time from conception to a child's second birthday. We will look at ways partners can work together to support children to have the best start in life.

How things are

Risk factors in a child's first 1000 days include:

- age of mother
- contact with substances like alcohol, drugs or tobacco
- bad nutrition or diet
- inadequate antenatal care
- exposure to violence or abuse
- facing poverty or material disadvantage
- in consistent parenting
- Ror language development
- poor attachment and bonding with at least one adult.

Young mothers

2014 conception rates for under 18's:

30 per 1,000 in Conwy

31 per 1,000 in Denbighshire. (25.4 per 1,000 in Wales).

Low birth weight

8.3% of all live births in Denbighshire in 2016.5.5% of all live births in Conwy in 2016.

Infant mortality

5.1 per 1,000 births in Conwy.**4.7** per 1,000 births in Denbighshire (4 in Wales).

Poverty

Children 0-4 years living in poverty: **30%** in Conwy **31%** in Denbighshire.

Adverse Childhood Experiences (ACE) In Wales **1 in every 7**

adults have experienced four or more ACEs.

Just under 50% had experienced at least one.

If nothing changes

We'll miss the opportunity to support the development of healthy adults.

Children may not get support and may face lifelong health effects like heart disease diabetes and cancer.

More children could face ACEs.

If we don't tackle ACEs as early as possible we will face growing issues that place demands on services.

In certain areas, some families won't be able to get the same level of support.

Children will face health inequalities.

How things could be

If we focus on this priority we could have:

- the best possible outcome for every pregnancy
- children across the region achieving their developmental milestones
- children growing up in stable and healthy families
- fewer children exposed to or harmed by ACEs.

- → A Healthier Wales
- → A more Equal Wales
- → A Wales of Cohesive Communities

2. Promoting community hubs

We will look at ways for partners to work together to make sure we have strong, flexible communities.



How things are

People told us they value their communities. They value:

- community involvement
- services that promote well-being and independence.



They want advice and support to help groups to operate independently and successfully.

2¹⁰/₁₀ of Conwy & Denbighshire's population feel they're able to influence decisions affecting their local area (21% in Wales).

15-29 year olds

3,500 leave every year **3,000** move in

Pensioners

17% of houses are occupied by a single pensioner.



40.9% of pensioners don't have a car. This brings a risk of isolation.

If nothing changes

By 2039:

19% of the community will be 75+ **24%** will be under 25.

We will have fewer people of working age to support the needs of older people.

Due to changes in funding and cuts:

- public services will find it more difficult
- libraries, community centres, and other facilities will depend more on community support
- more people could feel unable to take part in decisions about their area.

Pensioners

Lone pensioner households will increase by **3,600** by 2039.

How things could be

If we focus on this priority we could have:

- thriving community groups and assets that meet needs
- services that work together better
- services that are better value for money
- people getting involved and having a say in improving services.

How this supports the Wellbeing of Future Generations (Wales) Act 2015:

 \rightarrow A prosperous Wales

- → A resilient Wales
- → A healthier Wales
- \rightarrow A more Equal Wales
- → A Wales of Cohesive Communities

3. Promoting good mental well-being for all

We will look at ways partners can work together to make sure everyone has mental well-being.



How things are



In the UK each year:

25% of people will have mental health needs. The most common issues are anxiety and depression.

In Wales each year

20% of the NHS expenditure goes on mental health services. A large number of **vo**ergency and hospital admissions are elated to mental health problems.

12.1 % of the population report being treated for a mental illness. There were:

• **9.8%** in Conwv



Self-harm

The number of assessments for children and young people more than **doubled** between 2012–13 and 2015-16.

For young people under 18, the rate of admission for mental health is **30% higher** than the rest of Wales.

If nothing changes

The number of people with poor mental health will rise by about 1,000 by 2035.

More people won't seek help.

We'll miss opportunities to step in early and avoid issues getting worse.

The well-being of our young people will deteriorate.

There will be more issues for families and services to deal with.

How things could be

If we focus on this priority we could have:

- more people doing things that improve their wellbeing
- fewer people suffering anxiety and depression
- less self-harming
- lower suicide rates
- less stigma around mental well-being.

- \rightarrow A Healthier Wales
- \rightarrow A more Equal Wales
- \rightarrow A Wales of Cohesive Communities

4. Promoting Resilience in Older People

We will look at ways partners can work together to make a long-term difference to opportunities for older people.



How things are

Life expectancy is increasing.

25% of our population are over 65 (20% in Wales).



People living with dementia registered with GP surgeries: **2011** – **1,700** patients it's now risen to:

2016 – **2050** patients.

Unaid care

There's a rise in unpaid care across the UK. Unpaid care is valued at **£132 billion per year.**

That's close to the UK health spend of **£134.1 billion each year.**



17% of houses are occupied by a single pensioner in this region. Many face fuel poverty.

If nothing changes

Services will have a lot more to do. This is because as people are living longer there will be more:

- health problems because of lifestyle choices like unhealthy eating and lack of exercise
- illnesses like Type 2 Diabetes and joint problems
- homes that can't meet people's needs without support
- loneliness and isolation.

Cuts to funding mean that's unsustainable and unaffordable.

We will carry on having a culture of public services dependency.

How things could be

If we focus on this priority we could have:

- more people prepared for their later years
- older people recognised and valued
- services and communities helping older people to do what matters to them
- services and communities working together better
- older people able to lead the life they want
- the resources and services needed for people to stay at home
- more choice in the housing sector
- support to adapt homes to meet needs
- communities which support people living with dementia.

- → A Healthier Wales
- → A more Equal Wales
- \rightarrow A Wales of Cohesive Communities.



5. Environmental Resilience

We will look at ways partners can work together towards environmental resilience. This includes preparing for future local climatic changes like flooding and reducing carbon impacts.



How things are

25,773 properties are in high risk flood zones:

- 23% of properties in Conwy
- **28%** of properties in Denbighshire.

75% of our land is agricultural land.



- **57%** of plants,
- **60%** of butterflies
- **40%** of bird species (State of Nature Report, 2016).

Economy

Agriculture contributes to our rural economy and employs: **20%** of people in rural Conwy and **15%** of people in rural Denbighshire. In 2015 15 million people visited Conwy & Denbighshire adding £1.28billion to the local economy.

> **UK target 80%** reduction in greenhouse gas emission by



If nothing changes

Our communities won't have the resilience to deal with the impacts of extreme weather from climate change. For example:

- the risk of flooding will continue or increase as extreme weather events become more frequent
- The long-term decline in biodiversity will continue. Habitats will suffer, which will impact on ecosystems
- land-use sectors will be unable to cope with new threats like the spread of new pests and diseases
- we fail to meet global targets to reduce greenhouse gas emissions.

We will continue to pass onto future generations a natural environment that's in a worse state than the one we inherited.

How things could be

If we focus on this priority we could:

- improve the management of flood risks & other weather extremes
- have communities that understand the value of the natural environment & how they can positively contribute
- consider environmental infrastructure in planning
- be seen as leaders for sustainability, supporting communities to develop renewable energy schemes
- have a thriving and resilient natural environment where wildlife flourishes
- have local produce market that's supported by local people, businesses and visitors.

- → A resilient Wales
- → A healthier Wales
- \rightarrow A more Equal Wales
- $\rightarrow\,$ A Wales of Cohesive Communities
- \rightarrow A globally responsible Wales

6. Raising resilient and aspirational young people

We will look at how partners can work together to support and nurture young people.



How things are

Conwy & Denbighshire 17.2% are aged 0-15

15% are aged 16-29.

Young people leave the area for different reasons including:

- education
- employment
- Brial and lifestyle.

Education



level 2 key stage 4: **53%** Conwy **57%** Denbighshire (58% in Wales).

Wages

This area has lower average weekly wages for full-time jobs:

- £469 Denbighshire
- **£485 –** Conwy
- **£498 –** Wales
- **£541–** UK

Overall household income levels are below the national average.

Employment

50% of businesses found school leavers were unprepared for work.

If we had a job for everyone of working age, we'd need **13,500** more jobs in the region.



Housing We need over **400** new homes each year. **314** were built in 2016.



If nothing changes

We will have fewer young people living here. By 2039:

16.3% will be aged 0-15 **13.5%** will be aged 16-29

Communities will be impacted by young people leaving the area.

There'll be a lack of the working age population to drive our economy.

Employers will face challenges. This includes the Health and Social Care sector that needs to replace an ageing workforce.

There'll be more demand for housing.

How things could be

If we focus on this priority we could:

- have communities that meet the needs of all ages
- have a more balanced age profile
- support young people's well-being, aspiration, resilience and 'life skills'
- have more job opportunities and support to start-up their own businesses
- have centres of excellence helping young people excel and move to the area
- work together with universities and higher education to give more opportunities
- enable young people to get on the property ladder
- reduce educational inequalities.

- → A prosperous Wales
- → A more Equal Wales
- ightarrow A Wales of Cohesive Communities
- → A Wales of vibrant culture and thriving Welsh Language

Next steps

The next step is deciding what actions to take to reach our priorities.



Focus groups

We will set up groups for the priorities. Their experience and knowledge will help us develop an action plan.

These groups will also help make sure that people in communities can continue to get involved in decisions and their views are listened to.

Checking it's working

We will develop a performance framework. It will have indicators to show us how well we're doing or if something needs to change.

Pa Scautiny

The vork we do is checked by a Scrutiny & Overview Committee in each Local Authority:

- in Denbighshire it's the **Partnership Scrutiny Committee.**
- in Conwy it's the **Finance & Resources Scrutiny committee.**

Reporting

The partners involved in this plan will report regularly to the Board. Then we will produce an annual report.

Join the conversation

Lots of people across Conwy and Denbighshire have already been involved in the Well-being Assessment. This helped us develop this plan.

We want people to have a say. There will be lots of ways to get involved including consultations, events and other activities.

We also have a **website** where you can:

- read the Well-being Plan
- read the Well-being Assessment
- find the minutes from board meetings
- read newsletters
- find information about our partners.



Questions



- 1. Do you agree with the Well-being Priorities that we're trying to achieve?
- 2. Where do you think the combined power of the PSB could make a difference?
- 3. Which priorities should we focus on first?

ာ သူ Genes anything in this draft plan need to change? သ

- 5. Have we missed anything in this plan?
- 6. We want people to stay involved. How can we do this?
- 7. Any other comments or ideas?





Thanks for reading this

You can send your answers to: Countyconversation@conwy.gov.uk



Public Services Board Development Officer Conwy County Borough Council Bodlondeb Conwy LL32 8DU

By 22nd January 2018

Or

Customers with hearing or speech impairments can contact any Council service by dialling 18001 before the number they require.



We're happy to provide this document in large print, audio and braille.

Please contact the Corporate Improvement and Development Team. This document is also available in Welsh.

Equality Questionnaire

To monitor the effectiveness of this engagement and make sure it's fair to all and free from bias, we would appreciate your cooperation in providing on an entirely **voluntary** basis, the information as requested below.

The information is **confidential** and **anonymous**. It will be used only for statistical monitoring purposes. It is separated from any correspondence received from you.

(Spoken):

Welsh

English

 Age Group: 0-15 16-24 25-34 35-44 45-54 55-64 65-74 75 and over efer not to say
 Sex: Male Female Prefer not to say

Gender Identity:

Do you consider yourself to be transgendered? Yes No Prefer not to say

Welsh British English Irish Scottish Northern Irish Other European (Please State) Other (Please State) Prefer not to say 4. Ethnic Group: White Black Chinese Indian Pakistani

3. National Identity:

6. Preferred Language

5. Preferred Language

6. Preferred Languag (Written):

Welsh English Braille Other (State if desired)

7. Disability:

Do you have a physical or mental health condition or other impairment that has lasted, or is likely to last at least 12 months, or is of a progressive nature:

- Yes
- No
- Prefer not to say

8. Religion:

Christian Buddhist Jewish Muslim Hindu Sikh Atheism None Other (State if desired)

9. Sexual Orientation:

Please indicate which term would best describe your sexual orientation: Heterosexual/Straight Gay man Gay woman/Lesbian Bisexual Other (state if desired)

Prefer not to say

10. Caring Responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of:

- Long term physical or mental ill-health/disability; or
- Problems related to old age Yes
- Prefer not to say

11. Marital Status:

Married In a same sex civil partnership Single Widowed Legally separated Divorced Widowed

Bangladeshi

Gypsy or traveller

Other (State if desired)

Mixed heritage

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Development of the Public Services Board's Wellbeing Plan

Wellbeing Impact Assessment Report

This report summarises the likely impact of a proposal on the social, economic, environmental and cultural well-being of Conwy and Denbighshire, Wales and the world.

Assessment Number:	78a
Brief description:	The Well-being of Future Generations Act (Wales) 2015 requires that Public Services Boards develop a local Well-being Plan for their area. The statutory publication date is May 2018. The development of the plans requires a collaborative approach with partners across Conwy and Denbighshire. The project also contains the following work streams: engagement and consultation, needs assessment, joint priority setting.
Date Completed:	18/10/2017 16:40:37 Version: 9
Completed by:	Nicola Kneale
Responsible Service:	Business Improvement & Modernisation, Denbighshire Council
Localities affected by the proposal:	Conwy and Denbighshire

IMPACT ASSESSMENT SUMMARY AND CONCLUSION

Before we look in detail at the contribution and impact of the proposal, it is important to consider how the proposal is applying the sustainable development principle. This means that we must act "in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs."

Score for the sustainability of the approach

Could some small changes in your thinking produce a better result?

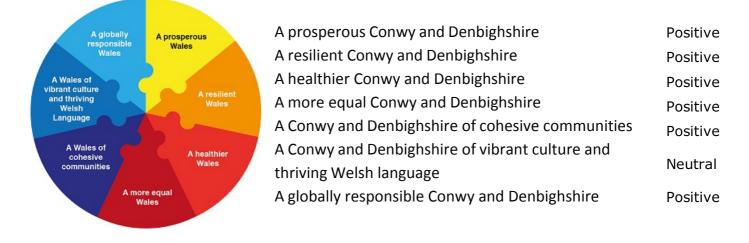


(3 out of 4 stars)

Actual score : 21 / 24.

Summary of impact

Wellbeing Goals



Main conclusions

This impact assessment considers the impact of our approach to developing the Conwy & Denbighshire Public Services Board's local Well-being Plan for the area. We have engaged our residents and worked with stakeholders to shape 6 priorities and the ambition for each. Our Sustainable Development score is strong, but also tells us there are some further considerations that need to be made as the detail of the plan is developed and delivered by the Board. This Plan does not outline any activity, only a direction of travel. We would expect that any projects taken forward to realise the ambition outlined within it are individually impact assessed. The local Well-being Plan will seek to support the first 1000 days of life, help those struggling with mental health, and promote resilience in older people, utilising early intervention and preventative approaches. However, we must be careful not to replicate good work already taking place elsewhere. We will also deliver a plan for community and environmental resilience through, in part, promoting understanding, access to information and maximising our assets. Our young people will also be supported to be resilient and aspirational, tackling barriers to skills, jobs, housing and educational inequality. However, we feel that the focus of the priorities is over the medium term. We need to ensure communities and stakeholders have continued opportunity to be involved in the development of the plan, and in its implementation. The proposed priorities are focussed on resilience for everyone and will prompt alternative approaches to prevent problems from occurring. Overall the impact on the 7 well-being goals is positive. We need more information to determine the impact on a more equal Wales, and crucially, what we can do to maximise a positive impact for people with protected characteristics. There are potentially negative consequences on some protected characteristics and these could be addressed and managed to avoid them occupation occupation and there to be a neutral impact on Welsh language and culture, but note that the Welsh Language Strategies of partner organisations underpins all that we do.

THE LIKELY IMPACT ON CONWY AND DENBIGHSHIRE, WALES AND THE WORLD

A prosperous Conwy and Denbighshire

Overall Impact	Positive
Justification for impact	There is plenty of scope to have significant positive impact on the prosperity of Conwy and Denbighshire.

Positive consequences identified:

We've not got detail at the moment but our proposed set of priorities highlights green technology in support of carbon reduction. This was very important to the community.

The proposed priorities around communities, young people and the environment will support our vision for the prosperity of our counties.

A priority focused on younger people aims to ensure that people in Conwy and Denbighshire have skills to work and access jobs. A focus on the environment could result in green job opportunities.

A stronger focus on community engagement could increase people's participation skills.

The draft priority around community hubs will be critical in ensuring the long term sustainability/ resilience of communities (socially and economically).

Unintended negative consequences identified:

We would need to work with communities to understand their aspirations for our environment. Some solutions can be divisive.

There could be a focus on young people at the expense of other age groups.

We are not clear how the proposed priorities will impact on childcare. If working patterns in the area change, our childcare provision locally may not meet the needs of parents and carers.

Mitigating actions:

Ensure that any proposals are developed through the involvement of our communities.

A resilient Conwy & Denbighshire

Overall Impact	Positive
Justification for impact	The overall impact is estimated to be positive. However, it is not yet clear if the priorities could result in a positive or detrimental impact on the environment, such as flooding or loss of habitat.

Positive consequences identified:

The current priorities reflect the strength of public telling about our environment and the links to

well-being.

There is a pledge to manage flood risk and encourage communities to take responsibility for their environment.

Green technology for carbon reduction is highlighted in the current set of proposed priorities. Having a priority around environmental issues could contribute to greater awareness and personal ownership of biodiversity and renewable technology.

Unintended negative consequences identified:

Increased use of our environment may pose challenges in terms of safeguarding species. As projects are scoped to deliver the Well-being Plan, a loss of habitat could be a risk factor and should be monitored.

An opportunity to influence overall energy consumption may risk being missed.

Mitigating actions:

As work continues to clarify and confirm activity, we will re-evaluate impact on this goal and consider how it can be designed to remove negative impacts and maximise opportunities.

A healthier Conwy & Denbighshire

Overall Impact	Positive
Justification for impact	The priorities are focussed on personal and community resilience and will contribute to improved health outcomes (physical and mental). There is potential to tackle health inequality (see "a more equal Conwy and Denbighshire"). However, we must be careful not to increase dependence on services.

Positive consequences identified:

Our priorities around supporting the first 1000 days, those struggling with mental health, and promoting resilience in older people should all contribute to improved mental and physical well-being outcomes for individuals. A focus on community hubs is also positive because they can support personal and community well-being. Teaching young people life-skills should also help enforce positive behaviours when it comes to eating, exercising and the consumption of drugs and alcohol. Advice on money management may also help reduce levels of stress and anxiety among young people. The draft plan proposes to promote the consumption of local produce, which should have positive health benefits (as well as environmental benefits).

The draft environment priority encourages greater community participation with the environment, which should bring health benefits in terms of engagement with leisure activity and exercise. Support for older and young people with housing could lead to measurable improvements in personal well-being.

Opportunities to change the way health care is delivered will be explored in the plan, aiming for communities and services that work better together.

Unintended negative consequences identified:

There is a risk that our focus on the first 1000 days of life, supporting those struggling with mental health, and promoting resilience in older people will replicate work that is already taking place elsewhere, and would not, therefore, be the pest use of valued resources. We also risk creating a dependence on services.

Mitigating actions:

We recognise that there is scope for greater community involvement in the way services are delivered to meet their needs. We must seek their involvement as our plans develop.

A more equal Conwy & Denbighshire

Overall Impact	Positive
Justification for impact	The overall impact is positive, though we recognise there my be areas of inequality that are not directly addressed through the PSB's plan. Poverty, for example, could continue to be a primary factor in inequality if the local economy grows/develops at a slower pace. Promoting access to housing or education for any one age group may limit access for others. We need to do some work to assess the impact of any proposed activities on people with protected characteristics, and this would happen as projects are developed.

Positive consequences identified:

The emerging priorities are addressing some known inequalities and issues in our counties (e.g. housing and young people, access to services) and the intention is to have a positive impact on people with protected characteristics. We know that supporting people with protected characteristics to access services will benefit their lives. For instance, supporting access to housing for the young and old could help with improved health outcomes. Making better use of our assets and community groups can have a recognised positive impact on disabled people, or people with limited access to goods and services.

A better range of stable jobs could result in better incomes and could lead to healthier lifestyles, and a reduction in ill-health (physical and mental). The emerging priorities intend to increase engagement/ interaction with our natural environment, and to support children and young people with life skills and resilience.

A better range of stable jobs could result in better incomes. Supporting younger people to be "work ready" could help.

Unintended negative consequences identified:

A focus on young people's skills could be to the detriment of other age groups (for example, older people). We need to ensure that our priorities are underpinned by 'accessibility' - making best use of different approaches and technologies. There is a risk that projects do not take into account people's needs, and could have limited impact, for instance, if digital services are not designed to meet people's needs. If alternative service delivery models are developed, they would need to ensure that there is understanding and inclusion of people with protected characteristics. We don't know if there could be a disproportionate negative impact on people with protected characteristics, other than age/disability.

We need to understand and maximise where possible, opportunities to tackle poverty.

Mitigating actions:

The PSB must involve communities in the development of all its activities and look at those projects, as they are developed, in relation to the public equality duty and the potential impact (negative and positive) on people with protected characteristics.

In impact assessing any individual projects, the PSB should consider the key areas of inequality highlighted in the Well-being Assessment and seek the advise of hard to reach groups and equality expertise.

A Conwy and Denbighshire of cohesive communities

Overall Impact	Positive
Justification for impact	People being active in their communities and participating emerged as big themes for our communities. The attractiveness of the environment was important to some people as well. Safe communities for children to play and safe facilities/safe places to live emerged to a limited extent, and was more important to some areas than others. We cannot foresee any negative impacts but this needs to be revisited as projects are developed.

Positive consequences identified:

There is a draft priority around promoting community hubs, which it is hoped will help create communities that are strong, caring, safe and resilient. Our priorities around the first 1000 days, older people and mental health also support a preventative approach to addressing health issues, as well as the promotion of community participation with the environment. We want a continual conversation with our communities and we want them to get involved and have a say in improving services. We hope teaching young people life-skills, providing volunteer and work opportunities will lead to greater community participation.

Unintended negative consequences identified:

None currently identified, but will be reviewed as projects develop.

Mitigating actions:

It can be difficult to gain participation from certain communities of interest or place. The Public Services Board's plans around engagement and participation will hopefully help with community cohesion.

A Conwy and Denbighshire of vibrant culture and thriving Welsh language

Overall Impact	Neutral
Justification for impact	Some older people were concerned about not being able to access services/support through the medium of Welsh. Many people said they valued Welsh language and culture as an asset. The current set of priorities have the potential to make rural communities more attractive places in which to live and work - this could stem the outward migration of young (welsh-speaking people, and also attract people into the communities. The overall impact remains to be seen and is, therefore, neutral.

Positive consequences identified:

Support for the Welsh language is a principle that will underpin all the work that we do, and our commitment to providing a bilingual service is capeled in the Welsh Language policies of partners.

At present there tends to be an outward migration of young people, particularly from rural communities. It is hoped that work to support communities, business and housing will improve the viability of our rural communities as places to live and work. It remains to be seen whether this can affect the outward migration of young (Welsh speaking) people, but the work has the potential to reverse the decline.

Unintended negative consequences identified:

None currently identified, but this will be reviewed as projects develop.

Mitigating actions:

The impact of our work must be monitored as we progress. Any projects taken forward should be impact assessed for their impact on the Welsh language.

A globally responsible Conwy and Denbighshire

Overall Impact	Positive
Justification for impact	Some people were interested in hub/satellite services and using assets so that they are multi-functional (e.g. a building could be a health clinic on a Monday, a court on a Tuesday), and using assets, like school mini-buses, when they are out of use during holidays. The potential for this is less clear although work on community hubs will involve better understanding how community assets are used. Our work to reduce carbon will have an impact on global plans to reduce carbon consumption and increase energy generation. Plans to promote local produce will also contribute positively here.

Positive consequences identified:

We need to find out if there could be positive impacts for local/national/international supply chains. There could be potential as the priorities develop.

We might also consider potential positive impacts around employment practices and employer's responsibilities.

A greater focus on well-being could impact on health services, housing, education, welfare, and environmental groups. Approaching these issues as a partnership will bring benefits.

Unintended negative consequences identified:

None currently identified, but this will be reviewed as projects develop.

Mitigating actions:

We need to explore the issues and opportunities highlighted above as projects develop.



02/08/2017

Advice from the Future Generations Commissioner for Wales: Conwy & Denbighshire PSB

Dear Conwy & Denbighshire Public Services Board and supporting officers,

Thank you for seeking my advice on how you might take steps to meet your draft well-being objectives. I understand that you're at the point of identifying draft objectives and steps from common themes and proposed actions that have emerged from your well-being assessment and subsequent workshops. As such, I cannot advise you on the steps you might take to meet your draft objectives but I can give you general advice on the steps you might seek to take to improve well-being around the common themes you've supplied my team, which are:

- 1. To continue with the interim priority of ensuring the first 1000 days of a child's life is safe, healthy with the opportunity to develop to their full potential.
- 2. The potential to develop community hubs, to foster greater local community activity by bringing residents and key organisations / services together to improve the quality of life and creating more resilient communities (link to 1 and 6).
- 3. To further develop social/green prescribing across Conwy & Denbighshire that supports a wide range of social, emotional and practical needs enabling people of all ages to thrive.
- 4. Good mental health and well-being is experienced by all ages.
- 5. Preparing for and maintaining older people's independence and well-being.
- 6. The need to work alongside individual communities at a local scale to develop 'community plans', which would encompass elements of climate change adaptability (better designed buildings), green infrastructure for outdoor recreation, sustainability and other socio issues; Links to proposal 2 and 10.
- 7. The potential to further develop and promote the use of 'natural' solutions to water management and associated environmental issues e.g. natural flood risk management.
- 8. The idea of developing a bespoke 'environmental standard' across all PSB members, and its promotion amongst other organisations working in Conwy and Denbighshire.
- 9. The potential to explore different behavioural change approaches to support our citizens to make positive lifestyle changes & choices to become more resilient
- 10. To further develop community planning in terms of democracy to ensure our communities are sustainable, resilient and engaged (links to 2 and 6).
- 11. The need to improve access to efficient and affordable transport options (Links to proposal 12.)
- 12. Promoting Conwy and Denbighshire as a place to live, work and enjoy. (Links to proposal 11)
- 13. Creating aspirational & emotional literacy amongst young people.

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My team have found talking to you regularly and attending one of your workshops has given them an understanding of how you work together as a Public Services Board (PSB); the method you have taken to wellbeing planning and your intentions to deliver the objectives and take steps in a different way. As they will have discussed with you, I was keen that my advice would be useful to you and the context within which you work, so I hope you have also found these regular touch-points helpful and that they have given you some guidance along the way.

I also wanted my response to your well-being assessment to be 'feed-forward', rather than 'feedback', helping you to consider how to approach continuous assessment and well-being planning. I have recently published <u>'Well-being in Wales: Planning today for a better tomorrow'</u>, which highlights key findings and recommendations for PSBs on the key areas of change needed to make better decisions for future generations. I am drawing on these reports in providing my advice to you.

As you know, in setting draft objectives and taking steps to meet them, PSBs must use the five ways of working to challenge business as usual and maximise their contribution to each of the seven national well-being goals. My advice is intended to help you consider how you might do this effectively and how you could demonstrate through your well-being plan that you have used the five ways of working to shape your steps. Therefore, my advice to you is about adopting different ways of working and specifically on the topics you have identified from your assessments to focus on, plus seeking to connect you with others who may be able to help. As my team have explained, the purpose of this advice is not to give you my opinion on your well-being objectives. These are determined and owned by you, as a collective PSB.

Advice on how you might take steps to meet your draft objectives:

In setting your objectives and steps for how you will meet them, I would like to understand what that step means for you in Conwy and Denbighshire; and what local or national evidence you have drawn on to take that action. Achieving the ambitions of this Act is about the 'what' and the 'how' i.e. <u>what</u> are you doing to contribute to our shared vision of the seven national well-being goals? <u>How</u> you are applying the sustainable development principle to shape your actions for Conwy and Denbighshire?

As such, setting objectives and steps is not business as usual. In the past, we have drawn out themes and priorities and written plans that show what we are doing anyway. Even now, despite the evidence in the assessments showing a range of alarming trends, it seems PSBs are only engaging in safe and non-contentious territory. To adapt your ways of working requires a fundamentally different approach and you need to give yourselves the time and space to question whether current approaches to public service delivery are fit for the future and explore key pressures and tensions in delivery for each of your objectives.

Practically, I would advise that for each of your objectives, you need to use a PSB meeting or create sessions to look at the five ways of working below and have an honest discussion about the tensions between policy issues

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and current practice within your organisations in relation to each objective. This should then drive your discussions on how you can take new approaches together in the steps you will take to meet your objectives and maximise contribution to the seven national well-being goals.

I would advise that you will need to demonstrate how your PSB has considered the following in relation to each of your objectives:

- Long-term: What do you understand about the long-term trends, opportunities, risks and likely scenarios for this issue? Are there current gaps in your data or understanding? What fore-sighting or future trends information do you need to understand this issue better? What capacity, confidence and expertise do you need to fill gaps in knowledge? My team are working with others to build capacity in this area and I would encourage you to use and add to the Welsh Government 'Future Trends' report resources, available through Objective Connect and by contacting David Thomas.
- **Prevention:** In considering this issue, do you have an understanding of what you are trying to prevent? What are the root causes of the issue and when would be the best point to intervene? Are you clear on whether it is primary prevention i.e. seeking to prevent something before it has even occurred; secondary prevention i.e. preventing something from getting worse; or tertiary prevention i.e. softening the impact of something that has ongoing effects; that is needed? This is the difference between encouraging someone to wear a bicycle helmet (primary prevention of head-injury); putting someone in the recovery position if they have fallen from their bike (secondary prevention of the injury worsening) and counselling after the accident (tertiary prevention to help ongoing injuries from worsening).

Many PSBs haven't used their assessments to fully understand both the current situation and the scale and nature of the response required. There are implicit messages in the data that need further exploration to better understand the causes and effects of key issues and trends to inform your steps.

• **Collaboration:** It is important that the people who sit around the PSB table can bring the best range of insights, constructive challenge, data and solutions to the PSB. Have you got the right people around the table, at the right level to make decisions around this issue? Who else might you need to be collaborating with to better understand this? As recommended in my report on the Well-being Assessments now is a timely opportunity to review the invited membership of the PSB and consider who are the 'unusual' suspects that you may need to work with to take steps to meet this objective?

In delivering the steps, how might your organisations collaborate? You will need to demonstrate how your PSB is considering the steps that need to be taken together and across organisational boundaries in order to effectively meet your objectives. This could include co-locating staff, breaking down traditional structures, arranging job-swaps and secondments and pooling resources.

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• Integration: For each objective, how are you going to move away from just doing something that meets the objective and instead, demonstrate that you are taking steps which maximise your contribution to each of the goals? Instead of looking at this issue in a traditional and general sense, have you looked at the definition for each of the goals to widen your understanding of well-being for this issue and the opportunities which might exist for meeting these goals through each of your objectives? How well do you understand the contribution your PSB makes at the moment to this objective? And do you understand how different is the contribution you will need to make going forward for this objective?

How can you plot what's going on elsewhere in your organisations, the strategies and plans at a regional or a national level, to connect with others on achieving this objective? In doing this, what barriers or tensions have arised and what steps can you (or others) take to remove them? Who else is needed around the PSB table to help you interconnect decision-making and improve well-being for this issue?

• **Involvement**: How are you going to demonstrate the way you have involved communities in defining the challenges and opportunities in meeting this objective? How are you taking steps to understand the lived experiences of people in your area and how is this shaping your actions? How are you actively seeking better ways of involving people in decision-making? How can you collaborate with members of the community in meeting these steps? As with the Social Care Wales Board, what options are there for involving people with lived experience on Boards and partnership groups?

I was impressed with the innovative approach you took to presenting your well-being assessment online and the ability to view information in different ways. This went some way to demonstrating that sustainable development connects the environment in which we live, the economy in which we work, the society in which we enjoy and the cultures in which we share, to people and their quality of life. I suggested in my feedback to your well-being assessment that you could build on this by providing more detail on the integration and interconnections between issues, and more detail on how tackling these issues could contribute to the seven goals.

Your common themes also show this interconnectedness, and I would encourage you to demonstrate your thinking about this in setting your objectives and steps. This will be particularly important in thinking about the relative roles of your different organisations in maximising your contribution to the goals. My advice is that you must show your workings - your rationale, explanation and the specific context of your objectives and steps for Conwy and Denbighshire.

As a PSB, it is important that you understand each other's motives and feel that the well-being plan reflects your shared vision for the future of Conwy and Denbighshire PSB. In order to gain this mutual understanding and respect of each other's professions; in some areas, PSB meetings are now PSB workshop sessions, taking place in each of the member organisation's workplaces or in a place relevant to the topic for discussion. I would encourage you to explore all options which facilitate a better understanding of each other's work and opportunities for better integration and collaboration.

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This leadership and mutual understanding at PSB permeates into the member organisations at all levels. I am keen to understand how different PSBs are supported across Wales and the impact that this has on well-being planning. Although not a 'water-tight' model, where support is multi-agency, this enables better resourcing of the PSB and, inevitably, allows easier integration between organisations, departments and issues. I am encouraged that your support team work regionally and that you have a collaborative PSB, but in order to truly own this plan and ensure the steps you take are understood and undertaken by the member bodies of the PSB, you may want to consider closer working arrangements or more formal secondments and co-location.

As above, you should also consider how to involve 'unusual suspects' and the people you serve in your work to gain a much richer picture of the effective steps you can take to meet your draft objectives. Across Wales, it is important that we move away from seeing PSBs as a local authority-led committee meeting and an opportunity to deliver services that are rooted in the reality of people's lives and that will benefit the well-being of future generations. This will require you, people in positions of leadership, to play your part in helping to drive the changes needed. I hope you continue to lead an intelligence-based approach to finding different solutions to how things have been previously done.

Many of the common themes you have drawn out are around building on community resilience and taking pride in your area; involving people in how you protect and enhance your natural environment; and enabling people to have a healthy start in life and be well throughout their lives into old age. I am encouraged to see that the actions identified in your workshops are around building on the strengths that already exist in these areas - the information, evidence and knowledge that services currently hold. However, I would advise that this extends to using the knowledge and lived experiences of people who live in your communities to help you find innovative solutions to improving well-being.

Enabling people to have a healthy start in life and be well throughout their lives into old age

A few of your common themes are around health and well-being throughout the life course. I can see that you have already been focusing on the first 1000 days as a priority area and your assessment provides detailed evidence of why this should be a focus for you. Pregnancy and the early years of life are often seen as a 'health issue' but I would advise you to take immediate steps towards better integration of services, co-locating teams, pooling resources and working in a way that makes sense for that community, aimed at the early years and their families. In setting out your collective steps to give people the best start in life, I would advise you to be specific about what you intend to do in your area i.e. What local evidence have you used to understand the specific areas of successful preventative interventions in different parts of Conwy and Denbighshire? What local services will be impacted if you actively redirect investment to the first 1000 days of a child's life?

Prevention is clearly at the centre of this draft objective and this begins with your organisations understanding the long-term effects of the worst start in life and how it affects your own organisation, whether you are Local Authority, Fire and Rescue officers, Police officers or third sector. The costs of not intervening early are

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enormous, both to the individual's life and to public services. <u>Late intervention services for young people are</u> <u>estimated to cost England and Wales £17bn per year</u> (£6bn on child protection and safeguarding, £5.2bn on crime and anti-social behaviour, £3.7bn on youth economic inactivity, £680m on school absence and exclusion, £610m on child injuries and mental health problems, and £450m on youth substance misuse).

Many things impact on the life chances of children and young people. For example, a <u>2013 review carried out by</u> <u>the London School of Economics for the Joseph Rowntree Foundation</u> found that children in lower-income families have worse cognitive, social-behavioural and health outcomes. Crucially, this study demonstrated that it was in part because they are poorer, not just because low income is correlated with other household and parental characteristics. How can the PSB collaborate with others to improve the economic well-being of families across the region? Your well-being assessment highlighted differing levels of wealth across the eleven community areas. How can these communities, in particular, be focused on? If we know that by the time children in some areas reach reception class in school, the circumstances of where they live already affects well-being, then we need to be intervening at a much earlier stage in responding to these trends.

As well as income, we know that maternal and familial health has a big impact on a child's life. Other themes emerging from your well-being assessment included good mental health and increasing community resilience. Between 10% and 20% of women develop mental health problems during pregnancy of within a year of giving birth. These illnesses are one of the leading causes of death for mothers during pregnancy and the year after birth. Despite this, women in around half of the UK have no access to specialist perinatal mental health services and in other geographical areas, services are inadequate. As you identified within your well-being assessment, a cross-agency approach to mental health services is needed and one such example is the <u>'Mums and Babies in Mind' project in England</u>, which has given a focus to local leaders to create a pathway across sectors that provide expectant and new mothers with the right support at the right time.

Enabling people to have a healthy start in life is not just down to you, but the families that children grow up in and the communities they live in, as well as the families they then start of their own. So, in considering what steps you might take, the <u>New Economics Foundation work</u> on investing in children might be helpful, which highlights the need to address both material wellbeing and external circumstances – such as housing, poverty, and schooling – as well as psychosocial well-being and inner resources. I have been working closely with the Children's Commissioner, to produce a toolkit on taking a child's rights approach to maximising contribution to the seven national well-being goals. This toolkit is in development and testing and will be available soon. The Commissioner's office would be happy to advise on engaging with children and young people and taking a child centred approach.

I would advise you to see this cost through the eyes of someone who has not received the early help that could have sent them on a different path. Only by understanding the lived experiences of people can we design services that are fit for current and future generations. One of your draft actions is around reviewing the thresholds of when people receive help and I would advise you to be brave in taking steps to shift resources to providing help

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earlier. This demands a more integrated approach, as often we treat the symptoms of adverse childhood experiences (ACEs), rather than the root causes. This means involving people in how they help themselves and taking a more holistic view of the people your organisations serve, instead of categorising people as a 'mental health patient', 'criminal', 'substance misuser' or 'domestic abuse victim'. The case studies <u>contained in this report</u> by Locality demonstrate the financial and social costs of not taking this holistic and preventative approach.

Alyson Francis, Director of the ACE Support Hub, has also recently worked with my office to write to you outlining that ACEs are not another thing to do, but an opportunity to reconsider how we deliver services together that make sense for the families receiving them. The ACE Support Hub could also act as a central place for PSBs to share practice, as almost all of the PSBs in Wales have discussed early years, children and ACEs in their draft objectives and steps.

Mental health and well-being and social / green prescribing have emerged as common themes for Conwy and Denbighshire. This links to your other themes of maintaining older people's independence, helping citizens to make positive behavioural changes and developing community hubs. Your analysis shows that Conwy experiences the highest rate of suicide in North Wales, at 14.4 per 100,000 population, and that Denbighshire is also higher than the Wales average (11.2) – compared to the Wales average of 9.2 per 100,000. The well-being assessments highlight a number of alarming trends, such as this one, which I would encourage you to question whether you are taking the right approaches and what needs to change. As currently drafted, I don't believe your draft actions are indicative of the step change needed and I would suggest that the draft actions that have come from your workshops to date on mental well-being are focused on business as usual. Although raising awareness of mental health issues is important, I urge you to think about how you challenge yourselves to make real service changes and demonstrate that you are maximising your contribution towards each of the seven national well-being goals.

This issue calls for earlier intervention and prevention, with approximately fifty percent of people with enduring mental health problems displaying symptoms by the time they are 14 years old, and many at a much younger age. If the symptoms are there at such an early age – what can be done to prevent the problems at later life? If we know that on average, the NHS spend over £21 million on the prescription of anti-depressants, how can we act earlier? As you have identified, social prescribing may offer an alternative and it is encouraging to see you identify this. This study, on social prescribing in Bristol, provides information on different models and gives some insight into the improvements in mental and general physical health.

Models of social prescribing can have multiple benefits, such as taking part in exercise classes can reduce older people's social isolation, as well as helping to prevent falls. <u>Natural Resources Wales' 'Actif Woods'</u> project has shown the range of positive effects taking regular walks in a group can have on health and well-being, with projects in Wrexham and Angelsey. What opportunities might there be to introduce similar programmes in Conwy and Denbighshire, which have positive outcomes for the maintaining the natural environment also? The recent BBC documentary, <u>'The doctor who gave up drugs'</u>, showed several examples of how alternative approaches to

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prescribing pills can have a more holistic, long-lasting positive impact on someone's life – with people getting physically fitter and healthier mentally without the reliance on prescriptions.

This also offers an opportunity to contribute to a Wales of vibrant culture and thriving Welsh language, through encouraging people to take part in cultural activities to help manage their illnesses. <u>The Arts Council for Wales'</u> <u>strategy</u> outlines some of the benefits involvement in creative activity can have on the population and the <u>Cultural Commissioning Programme, funded by Arts Council England</u>, seeks to help commissioners of public services understand how they can improve outcomes by integrating arts and cultural activities into a range of services, including mental health and wellbeing, older people and place-based commissioning. As such, there are benefits to collaborating with the national public bodies subject to the Act, such as Sport Wales, Arts Council for Wales, National Museum and National Library of Wales, who may be able to work with you on how your steps to meet this objective could maximise contribution to the goals. Please let my team know if you would like to connect with relevant individuals in these organisations.

Your well-being assessment outlines Conwy and Denbighshire is home to higher than average numbers of older people. As with many other parts of Wales, the future projections suggest that there will be more older people living in the area. I would encourage you to see these older people as an asset and consider how you might encourage their participation in community life. The <u>Older People's Commissioner</u> has provided examples of how we can all support people to age well in Wales. Much of this is around understanding and valuing the lived experiences of the older population, integrating services with an older person in mind and collaborating – breaking down barriers between your services to do things that make the most sense for older people.

I was interested to hear about an example local to you, where Betsi Cadwaldr staff took 'five days in a room' to consider how services for older people could be improved. I've heard that this forced focus on an issue broke down misunderstandings between services and enabled good changes to be made to service pathways. What have your PSB learnt from this exercise and how might it be replicated for other issues?

Involving people in how you protect and enhance your natural environment

<u>The recent Wildlife Trust Wales report</u> on green infrastructure examined the links between green infrastructure and economic growth, emphasising that it attracts inward investment, creates tourism opportunities and increases visitor spend. You have rightly identified that your two counties are areas of outstanding beauty and heritage. Snowdonia National Park, the Dee Valley, Conwy Castle, the coast and the rolling countryside of both areas are home to diverse wildlife and need to be seen as assets. Several of the themes you have identified link to protecting and enhancing your environment, involving people in a place-based approach to planning for the future. This is encouraging to see, but I would ask that you seek to understand your own roles and responsibilities as large organisations in protecting the environment for future generations, being clear in demonstrating how you have applied the five ways of working in the steps you will take to meet whatever objective is drafted. This will

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include how you plan, design and locate future developments (as part of your Local Development Plan), buildings, infrastructure and other public and community spaces.

Conwy and Denbighshire have already witnessed the impact of extreme weather events, with Prestatyn becoming flooded a fortnight ago; the devastating floods four years ago in St Asaph and Ruthin; and flooding last year in Conwy Valley and Llanrwst. You have rightly recognised in your assessment that the long-term impacts of our changing climate pose particular risks for your area including coastal erosion and loss of habitat for many of your species. You must demonstrate that you have used the seven national well-being goals to consider what action you can take to mitigate, manage or resolve these risks over the short, medium and long-term. This document produced a few years ago – <u>Working with a Changing climate</u> – published for the Clwydian Range and Dee Valley Area of Outstanding Natural Beauty may help you consider how to take action to adapt to climate change. It is a great example of how to communicate the impacts, including possible solutions, in a way that is easy to understand and I would encourage you to use this approach with wider communities.

As your draft actions suggest, collaborating with communities to reduce the likelihood and impact of flooding is crucial. Projects such as '<u>Rainscape' through Dwr Cymru</u> suggest ways that we can all mitigate the effects of floods. As one of your draft actions is 'Re-connecting people with the water environment', I think involving people in why this is such an important issue is critical if you are to affect change. Other communities are having a positive impact on their environment by taking charge and introducing renewable community energy schemes, building sustainable businesses and improving biodiversity. An extreme example includes the <u>Isle of Eigg in</u> <u>Scotland</u>, where the community are almost self-sustaining. Understanding the untapped potential of different communities might involve redirecting resources together to enable staff to spend more time on the ground, engaging and understanding the communities in different parts of the region to make positive changes to how the community plans together and anticipates climate change risk. As 75% of land is maintained by farmers, what support might they also need to better prepare and protect their land from flooding? How can collaborating with them encourage responsible land use?

Many of the more deprived areas in the counties are most at risk from flooding and erosion. Your assessment has rightly identified that rising sea levels put many areas of the region at high risk. <u>Current expected annual damage to residential properties in Wales is estimated to be £22 million</u>. In contrast, extreme weather could also cause droughts in the summer, meaning a shortage of water, declining bio-diversity and a knock-on effect for agriculture – one of the pillars of economic well-being in your area. The UK Climate Change Committee report predicts that the deadly heatwave of 2003 will be a normal summer by the 2040s, tripling related deaths with older people particularly at risk. How are you considering these links to your emerging theme of enabling older people to live independently and healthily? How are you using long-term scenarios to model what might happen to these communities if their streets, towns and parks are no longer there or struggling with reduced natural resources? What actions might you take now to contribute towards preventing these occurrences? <u>One example of investment in flood defences is the Lower Swansea Vale</u>, a £6.7m project which provides protection to 284 businesses and industrial premises employing more than 10,000 people.

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People have told you that they would like to see Conwy and Denbighshire become carbon neutral in future and more use of renewable energy. <u>The Welsh Government recently published</u> carbon emission levels subdivided by Local Authority. The highest emissions in Conwy and Denbighshire are due to road transport. One of your emerging themes is around more accessible and affordable transport options – how can this be informed by a need to reduce emissions from road traffic and improve walking, cycling and public transport infrastructure? How can you better listen to resident and staff motivations for using their cars, rather than active travel? Collaborating with people, including local transport providers, is needed to demonstrate how you are addressing each of the seven goals in tackling this.

I am really encouraged to see an emerging theme and actions around your collaboration as public sector leaders to develop an 'environmental standard' as a PSB. Change starts within your power, so I am hopeful that you seriously consider what can you do, as Chief Executive, Chair or Leader now to mitigate the effects of our loss of environment and be more globally responsible as a PSB. Although the public sector only accounts for a relatively small amount of Wales' emissions, you are uniquely placed to influence emissions far more widely in areas such as transport, energy, land use and procurement. I am encouraging all PSBs to look at how they can become more globally responsible and, in particular, their role in reducing emissions and using more sustainable. This is an opportunity to work across North Wales and nationally, as the Welsh Government recently made a commitment for the public sector to be carbon neutral by 2030 and have released a <u>Call for Evidence</u> to explore the most effective mechanisms for achieving this ambition. As a PSB already identifying commitments in this respect, I would urge you to consider and contribute before the deadline of 13th September.

This commitment recognises the work Natural Resources Wales (NRW) has undertaken through its Carbon Positive Project. Through calculating the organisation's net carbon impact, it found that over 80% of their emissions were indirect (i.e not due to energy use in its estate or its fleet) with 55% from the procurement of goods and services alone. This is an area which all organisations should be investigating further and I would expect to see the PSB actively pursuing opportunities to make carbon and cost savings through an invest to save approach. However, NRW also identified feasible options to reduce emissions and protect and enhance carbon stocks. For example, it found it could achieve up to 27% emissions saving from its vehicle fleet through adopting low emission transport options. This is an area you should also be considering and I am encouraged to see a draft action around electric public sector vehicles.

Together, you also have a large amount of public sector estate and a say in how public buildings are designed and refurbished. Having a consideration of how 'green' these buildings are, both in terms of energy efficiency and sustainable construction, is a quick win for you as a PSB. The <u>Wildlife Trust in Wales report into green</u> <u>infrastructure</u> outlines how green infrastructure delivers a wide range of proven, tangible, and cost-effective economic, social and environmental benefits.

Many other PSBs in Wales are seeking to make a difference in this way such as, Ynys Mon and Gwynedd PSB, the Vale of Glamorgan PSB, Powys PSB; Ceredigion PSB and Blaenau Gwent PSB.

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Building on community resilience and taking pride in your area.

Many of your themes highlight community ownership, building resilience, celebrating assets, fostering pride in your area and improving opportunities for people to stay, live and work in the region. Setting objectives and steps around these themes will require collaborating with partners you have not have engaged with before and making sure those around the PSB table have the right intelligence and insight to affect change.

I would suggest that you need to collaborate with Glyndwr University and other nearby higher education and further education institutions in the region. Collaborating with the businesses across North Wales would also be of benefit. What role can the North Wales Economic Ambition Board help in gathering intelligence and taking action with the PSB? What social responsibilities have the private sector adopted in the area? How are businesses coming together to drive positive, long-term change?

Your engagement highlighted a growing worry of young people leaving the area and a gap between the skills they have gained and the jobs that are available. Consider what skills students need now to equip them for the future? The <u>Future of Work report</u> suggests that creativity, connectivity, communication and problem-solving will be far more important than specific knowledge, with more project-based work in the future – rather than set employment. Furthermore, the report predicts that 65 percent of the children who are now starting school will find themselves working jobs as adults that don't even exist yet. <u>And, according to McKinsey</u>, technology could automate 45 percent of the tasks people are currently paid to do. Some rural parts of Japan and Canada have also experienced a decreasing young people's population, with many moving to the cities for more opportunities. <u>This</u> <u>World Economic Forum article</u> suggests that some of the answer may lie in bottom-up community initiatives that spark tourism for the area. Young people take a sense of pride and ownership in telling others about their heritage and in starting some scale business that benefit from flocks of tourists.

You have also identified a growing population of older people, with loneliness affecting males living alone, over the age of 50. How might you seek to tackle this over the long-term in the steps you are taking to improve people's involvement in community life? How can you use the collective resource of your 'staff on the ground' to help you identify social isolation? <u>Research by Ageing Well Wales</u> has shown that loneliness in older people is closely linked to poor mental and physical health, how can you maximise the benefits of increased involvement to improve the health of older people in your area? Solva Community Council are an interesting example of how volunteers and older residents have benefited from a scheme to reduce isolation and improve well-being (http://solvacare.co.uk/).

Most people will only get involved in something that directly impacts them, their family or the place where they spend time. I praised your well-being assessment for looking at community profiles, building on this intelligence will help you to understand the assets, opportunities and barriers of people helping themselves and improving their surroundings. The <u>Centre for Regeneration Excellence Wales' 'Deep Place' study in Tredegar</u> gives evidence

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on how an understanding of place can have multiple benefits. Often, people becoming involved in something they care about leads to much bigger outcomes – as is shown by the work that <u>'Nurture Development' do around Asset</u> <u>Based Community Development</u>.

Some of this is about encouraging behaviour change in your population, which many reports have found 'sticks' when people are involved in wider social and cultural activities together; for example, the <u>Nudjed 'Behaviour</u> <u>Change is a Team Sport'</u> report found getting people together increased exercise patterns. Their work has included successfully working with young mums in the South Wales Valleys to get them involved in more physical activity. Again, this is an opportunity to improve access to cultural activities and promote heritage, use of the Welsh language and encourage people to get together around local food and drink. I would advise the PSB to find and involve these existing networks, build on these successes and encourage existing community activists. In this respect, you should consider what role your local Town and Community Councils play in taking steps to help you.

Sometimes, we create the barriers to people accessing services and getting involved. As Conwy is a pilot for the Welsh Government funding flexibility on tackling poverty programmes, I would advise you to take this opportunity to see the services from the perspectives of people who use them. Do the way things currently work make sense for someone accessing services? Your draft actions include use of community assets to create 'hubs' and involving the community in plans around the environmental and social aspects of their area. Although having 'somewhere to go' is very important to most communities, consider how people may communicate and congregate in the future. Research shows that children aged between five and 16 years spend an average of six and a half hours a day in front of a screen; <u>28% of young people use social media</u> as their primary news source; <u>43% of 'millennials' are driven to make financial donations through social channels;</u> What sort of changes might you need to make to your organisational systems and policies to enable people to get more involved in communities and shape local services?

I would advise each of your organisations to commit to the National Participation Standards and note that <u>Participation Cymru</u> can support your officers in gaining the skills vital for effective and meaningful involvement. I would also advise you to look at the work of <u>Co-production Network Wales</u>, to help you identify and engage community leaders.

You will not be surprised to note that other Public Services Boards are also considering setting objectives around engagement, developing / sustaining strong social networks, fostering belonging and shaping services. In particular, you may wish to share ideas with Cwm Taf PSB; Carmarthenshire PSB; Newport PSB and Powys PSB, who have supplied me with similar draft objectives.

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I hope you have found this advice helpful in moving forward towards publishing a well-being plan for formal consultation. Please get in touch with my team if you want further contact details for any of the organisations and reports mentioned in this letter.

I am also learning the best ways to advise, support and monitor how public bodies are seeking to apply the five ways of working and maximise their contribution to the seven well-being goals, so I would welcome any feedback from you, supporting officers and the PSB Scrutiny Committee on how I have chosen to approach this statutory duty and the advice I have given.

I look forward to receiving your draft well-being plan and please keep in touch with me and my team.

Kind regards,



Sophie Howe



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Well-being of Future Generations (Wales) Bill

[AS PASSED]

PART 4

PUBLIC SERVICES BOARDS

CHAPTER 2

IMPROVING LOCAL WELL-BEING

Local well-being plans

43 Preparation of local well-being plans: further consultation and approval

(1) Before publishing its local well-being plan, a public services board must consult—

- (a) the Commissioner (having received advice from the Commissioner...);
- (b) its invited participants;
 - I. the Welsh Ministers;
 - II. the chief constable of the police force for a police area any part of which falls within the local authority area;
 - III. the police and crime commissioner for a police area any part of which falls within the local authority area;
 - IV. a person required by arrangements under section 3(2) of the Offender Management Act 2007 (c.21) to provide probation services in relation to the local authority area;
 - V. at least one body representing relevant voluntary organisations (whether or not the body is known as a County Voluntary Council).

(c) its other partners;

- I. a community council for a community in an area which (or any part of which) falls within the local authority area (but see also section 40);
- II. the Public Health Wales NHS trust;
- III. a Community Health Council for an area which (or any part of which) falls within the local authority area;
- IV. a National Park authority for a National Park in Wales any part of which falls within the local authority area;
- V. the Higher Education Funding Council for Wales;
- VI. an institution in the further education sector or the higher education sector situated in whole or in part within the local authority area;
- VII. the Arts Council of Wales;
- VIII. the Sports Council for Wales;
- IX. the National Library of Wales;
- X. the National Museum of Wales.

(d) such of the persons who received but did not accept an invitation from the board...;

(e) the local authority's overview and scrutiny committee;

(f) any relevant voluntary organisation as the board considers appropriate;

(g) representatives of persons resident in its area;

(h) representatives of persons carrying on business in its area;

(i) trade unions representing workers in its area;

(j) such persons with an interest in the maintenance and enhancement of natural resources in the board's area, as the board considers appropriate;

(k) any other persons who, in the opinion of the board, are interested in the improvement of the area's economic, social, environmental and cultural wellbeing.

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Agenda Item 6

Report to:	Partnerships Scrutiny Committee
Date of Meeting:	14 th December 2017
Lead Member/Officer:	Lead Member for Wellbeing & Independence/ Head of Community Support Services
Report Author:	Commissioning Officer for Carers Services
Title:	Progress Report - Denbighshire Carers Strategy 2016–19

1. What is the report about?

- 1.1 The report provides members with an update on the implementation of the Denbighshire Carers Strategy which was received for information by Scrutiny in January 2017. The Strategy was developed during 2016 by the multi-agency Denbighshire Carers Strategy Group, and sets out how the Group will work together to further develop support to Carers in Denbighshire in a way that addresses the local needs of Carers, within the context of new legislation and demographic changes. A link to the Strategy document appears at the end of the report.
- 1.2 The report also highlights other significant developments since the last progress report to Scrutiny in June 2017 that need to be considered alongside the implementation of the Strategy.

2. What is the reason for making this report?

To provide information regarding progress on the development of the Strategy. A Progress Report was provided to Partnerships Scrutiny on 22nd June 2017. A further progress report was requested for December 2017.

3. What are the Recommendations?

That scrutiny members:

- 3.1 consider the report and provide comments as appropriate in relation to how partners in Denbighshire are continuing to work together to further develop support to Carers in Denbighshire, within the context of increasing demand, new legislation and demographic changes.
- 3.2 continue to support and promote the achievements of the Strategy in order for Denbighshire Community Support Service (CSS) to meet its statutory obligations in regard to Carers, in partnership with statutory and third sector partners; and.
- 3.3 confirm that they have read, understood and taken account of the Well-being Impact Assessment (see link below) as part of their consideration.

4. Report details

- 4.1 The Strategy is under-pinned by new legislation, specifically the Social Services & Well Being (Wales) Act 2014 (SSWBA) and the Well Being of Future Generations (Wales) Act 2015.
- 4.2 The SSWBA requires a change in culture that provides a greater focus on promoting resilience, independence, self-care and community support. It recognises that Carers themselves have a preventative role, and gives them equivalent rights to other citizens in order to support and maintain this role in respect of the care and support of others. In progressing the requirements of the SSWBA, it has been important to include the support needs of Carers in the development

of Denbighshire's new asset based approach to assessing and meeting needs, as opposed to doing this in isolation.

- 4.3 Progress against the Strategy is documented in a Strategy Action Plan [Appendix 1] which captures actions for strategic and third sector partners to develop support for Carers in Denbighshire, and ensure compliance with new statutory legislation.
- 4.4 The Strategy Action Plan is set out against the SSWBA's outcomes for citizens, and places a focus on compliance with the Act. It is also mapped against Betsi Cadwaladr University Health Board's (BCUHB) Key Priorities for the Central region. The Action Plan has been updated (see Appendix 1), however, the following highlights some of the broader development areas:
- 4.4.1 Regional Developments Carers are a priority group for the North Wales Regional Partnership Board. Under the auspices of the Regional Collaboration Team, work has been carried out in recent months to map carers' services in North Wales. This has included meeting with and listening to carers' stories across the region. A draft report containing initial findings has now been compiled, and the findings have been submitted to the North Wales Carers Strategic Group. A workshop for partners will be held on 7th December in order to ensure agreement amongst partners on the way forward for the design and delivery of carers services in North Wales, with a strong focus on what is currently working well, and how partners can work better together to contribute to keeping carers healthy.
- 4.4.2 NEWCIS Lottery Project The provision of additional services for Carers in Denbighshire and Flintshire over the next three years is well underway. These services include counselling, advocacy and welfare rights advice. In addition respite breaks for Carers are being provided at Llys Awelon Extra Care Housing facility, in partnership with Denbighshire County Council and Grŵp Cynefin. Discussions are also underway to develop similar respite breaks at Nant y Môr, Prestatyn.
- 4.4.3 Denbighshire 'Talking Points' continue to develop. Good partnership working exists between Community Navigators, Single Point of Access and third sector organisations such as NEWCIS and Alzheimer's' Society to provide information and support for Carers. In addition, NEWCIS are now providing volunteers to support Talking Points across the county. Many of these volunteers are former Carers who want to give of their time to support other Carers.
- 4.4.4 Young Carers As agreed by Partnerships Scrutiny on 22nd June, the provision of Leisure Cards for young Carers has been be explored in partnership between Denbighshire Leisure Services, Children's Services and WCD Young Carers. This has been agreed in principle and partners are looking at the variety of options available to young Carers.
- 4.5 Additional Developments:

4.5.1 Denbighshire Corporate Plan 2017-22.

As part of the Council's priority to build 'Resilient Communities', the Council states that it will work with people and communities to build independence and resilience. This includes ensuring that all Carers in Denbighshire are well supported. This focus on Carers in Denbighshire is welcomed, and will provide an opportunity to further develop Denbighshire's approach to supporting Carers under the Social Services and Well Being (Wales) Act 2014, with the full backing of the Council. A Business Plan is currently being drawn up that will set out specific areas for development. These will include referrals from health partners and support for parent Carers. The business plan will also consider how support for Carers can be developed corporately. The development and implementation of the Business Plan will be overseen by the Corporate Programme Board for Resilience.

4.5.2 Carers Respite Grant

At the end of July 2017, Welsh Government informed Denbighshire Local Authority of a grant of £100,012 to fund additional respite opportunities to Carers. The grant must be spent in the current financial year. It was agreed between Heads of Service that 20% of the grant should be allocated to Children's Services to support young Carers and parent Carers. Following consultation with partners, a spend profile was agreed by senior management as below. At present there is no indication whether further funding will be available beyond March 2018. Detailed monitoring is required by Welsh Government of the outcomes of this additional funding.

- Adult Carers:
 - o Additional residential respite, day services and sitting services
 - Short Breaks voucher scheme for Carers who do not wish to have involvement with statutory services (pilot scheme with NEWCIS).
 - Additional funding for 'Shared Days' service for individuals with moderate to advanced dementia.
 - Recruitment of 'Shared Lives' families to provide respite for Carers of adults with learning disabilities.
- Children's Services (Young Carers and Parent Carers)
 - Short breaks for young Carers.
 - Support worker for children with a disability aged 8 18 years
 - Additional childcare for children with a disability under 8 years.

4.5.3 Carers Wales 'Track the Act' Briefing 2017 and Care and Social Services Inspectorate Wales 'In Support of Carers' 2017.

Denbighshire Community Support Services are currently considering the findings of these reports that were recently published following research and engagement with carers, to measure how local government in Wales are delivering on their new duties to Carers under the Social Services & Well Being (Wales) Act 2014. Whilst there is evidence of good practice across the region in regard to service provision including the provision of Information and Advice, there is some concern that, in transforming services in line with the new Act, Carers may have slipped down the agenda. Local Authorities need to ensure that Carers rights to an assessment and support is well understood. Although the reports do not highlight any areas of concern specific to Denbighshire, the findings have been mapped against current practice in Denbighshire (see Appendix 2). Any actions for Denbighshire will be considered alongside findings from Community Support Services' own quality assurance framework.

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

The Carers Strategy specifically contributes to the corporate priorities:

- **Connected Communities:** Communities are connected and have access to goods and services locally, online and through good transport links;
- **Resilient Communities:** The Council works with people and communities to build independence and resilience;

Carers make a valuable contribution to our communities in supporting the individuals they care for to remain independent. The continued development of the Strategy will seek to ensure that Carers themselves do not become vulnerable as a result of their caring role, and are supported to remain independent.

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

Any increase in demand on services will need to be managed within current budgets.

A measure of success of the SSWBA is likely to be a reduction in the number of Carers requiring a more in-depth assessment $\frac{1}{10}$ they are effectively supported at the onset of their

caring role. It is important that the impact on preventative services such as those provided by the third sector is monitored, and services re-aligned to meet demand.

7. What are the main conclusions of the Well-being Impact Assessment?

The main conclusions of the well-being impact assessment completed in January 2017 (Appendix 3 – please follow the link below) were that the Strategy will have a positive impact across all of the well-being goals, and this is reflected by the sustainable development score. The Strategy is particularly aligned with the SSWBA 2014, and the requirements of the new Act in relation to Carers who now have equal rights to the person they care for. The Strategy seeks to ensure that Denbighshire meets its new legal obligations to Carers, and achieves this by a meaningful partnership approach. This approach, together with Denbighshire's own asset based approach to meeting the requirements of the new Act, will ensure that all Carers will receive information, advice and assistance to help them achieve their own well-being outcomes. This in turn will have a positive impact on those for whom they care, and potentially the wider community. An updated assessment has not been undertaken for the purpose of this progress report.

8. What consultations have been carried out with Scrutiny and others?

A consultation process has not been carried out for the purpose of this progress report.

9. Chief Finance Officer Statement

A Chief Finance Officer Statement is not required for this update report.

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

The achievements of the Strategy rely heavily on partnership working which is overseen by the Carer Strategy Group to ensure progress continues.

11. Power to make the Decision

Scrutiny's powers with respect to this matter are set out in Section 21 of the Local Government Act 2000 and Section 7 of the Council's Constitution

Strategy Document:

https://moderngov.denbighshire.gov.uk/documents/s22607/CARERS%20STRATEGY%20-%20APP%201%20E.pdf?LLL=0

Well Being Impact Assessment:

https://moderngov.denbighshire.gov.uk/documents/s22609/CARERS%20STRATEGY%20-%20APP%203.pdf?LLL=0 **Denbighshire Carers Strategy**

June 2016 – June 2019

ACTION PLAN

Update November 2017

This action plan is integral to the Denbighshire Carers Strategy which was developed jointly between Denbighshire Local Authority, Betsi Cadwaladr University Health Board and third sector partners who have an interest in supporting Carers in Denbighshire. The action plan is a living document and as such will be subject to change as and when required.

The actions have been identified by members of the Carers Strategy Group, and evidenced by the needs of Carers they support.

The actions are mapped against the outcomes for citizens in the new Social Services and Well Being (Wales) Act 2014, and also the key themes of the Betsi Cadwaladr University Health Board's Plan for the Central Region (Conwy & Denbighshire).

Social Services and Well Being (Wales) Act Outcomes:	BCUHB Priorities for North Wales Central Region (Conwy and Denbighshire) :			
 Physical & Mental Health & Emotional Well-Being Education, Training & Recreation Contribution to Society 	 Improving Health & Wellbeing and health inequality. Working in Partnership Improving Outcomes of Care 			
 Domestic Family & Personal Relationships Protection from Abuse & Neglect 	 Respecting the individual and respect dignity. Listening and Learning from the experiences of the 			
 6. Securing Rights & Entitlements 7. Social & Economic Well-Being 	 individual. 6. How we use our resources. 			
8. Suitability of Living Accommodation	7. How we support, train and develop our staff			

List of abbreviations:

DCSG	Denbighshire Carers Strategy Group	WCD	Wrexham, Conwy & Denbighshire Young Carers Service
NEWCIS	North East Wales Carers Information Service	SSWBA	Social Services & Well Being (Wales) Act
DCSS	Denbighshire Community Support Services	САВ	Citizens Advice Bureau
CCO	Carers Commissioning Officer – Denbighshire	MIS	Management Information System
E&CS	Education & Children's Services	NWSSIC	North Wales Social Services Improvement Collaborative
BCUHB	Betsi Cadwaladr University Health Board	SCiP	Social Care in Partnership [NW Training Collaborative]
WCD	Wrexham, Denbighshire & Conwy Young Carers Service	SCWDP	Social Care Workforce Development Partnership

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
1.North Wales Population Needs Assessment	Establish links with responsible officers to ensure that organisations in Denbighshire are engaged in the process, and the PNA includes and reflects the needs of Carers in Denbighshire	All	All	All / Sarah Bartlett, Regional PNA Project Manager	July/August 2016	Needs assessment completed & submitted to WG by March 17. Draft Regional Business Plan for Carers drawn. Workshop event with partners 7/12/17 to agree way forward in design & delivery of Carers services across North Wales.
2.Ensure Carers understand the ethos and provisions of the new SSWBA	Review current information available to Carers, (across all sectors) ensuring that the messages fit with the new	All	1, 2, 4	All	June 2017	DCC leaflets & website revised New module for Carers on DEWIS complete & live.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	Act and Denbighshire's approach Training for Third Sector Staff on the new Act.	All		All / SCiP	September 16 onwards	Carers Wales booklet 'Carers & New Act' and regional leaflet et 'How do I Access Care & Support in North Wales' available locally and on line. Third Sector partners information updated. Training delivered by SCiP. Well attended by Third Sector staff. Some organisations eg NEWCIS, Crossroads have arranged own training. Further training

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	Arrange information and awareness raising sessions for Carers via groups and forums – possible use of Care Council for Wales training material.	All		All	January 17 onwards	requirements to be highlighted via Carers Strategy Group. Third Sector Partners to arrange via forums/groups. Development of Regional Leaflet for citizens – completed.
3.Ensure health and social care staff understand the implications of the new SSWBA in regard to Carers	Review current training modules and develop integrated training for LA and health cluster staff, reablement team, and complex disabilities team.	All	All	CCO/DCC Workforce Development	Nov/Dec 16 May 17	Training module for reablement staff & SPoA Staff completed. Agreement for awareness sessions to be to delivered to cluster staff on an ongoing basis.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	Further development of training for health staff			BCUHB – Carers Lead Officer	Nov 16 onwards	Use of NHS Carer E Learning module promoted for staff. Good uptake amongst mental health services staff. Pursuing mandatory training for health staff.
4. Ensure staff in education services understand the implications of the new SSWBA in regard to Carers, and in particular in regard to Young Carers	Carers and Young Carers to be included in relevant policies and procedures. Awareness raising with relevant staff.	1,2,3	1	WCD/E&CS Lead officers/CCO WCD	Dec 2016	Agreed associate membership of Families First Officer and WCD representation on the once per half term "Health and Well Being Group (School Settings 3 – 18)". Linking work on the Carers Strategy Action

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						Plan, particularly
	Target Health & Well Being			WCD		around Young
				WCD		Carers, with the
	Groups in schools to					work of the above
	identify Young Carers and					group (now
	refer for support					included in group's
						Terms of Reference.
						Reference.
						Young carers
						Pathway for
						Support agreed by
						Well Being Group.
						Rhyl High School
						involved in Carers
						Trust 'Young
						Carers in Schools'
						Initiative –
						includes training
						for staff on how
						young carers can
						be supported.
						Regional pilot
						scheme based on
						above model in

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						place with primary schools.
5. Ensure DCSS staff for adult services incorporate the needs of young carers in working practice	Develop good practice guidance and operational process for DCSS adult services staff	All	1,2,4,5	CCO / E&CS Lead Officer / SPoA Manager	Jan – Mar 17	Young Carers Pathway for Support included in guidance for DCSS staff.
6. Ensure Carers know how to access information and support for themselves and the person they care for.	Promoting access to Talking Points, [Clinics for complex disabilities*], DEWIS, Third Sector organisations and SPoA. [*Complex disabilities clinics have now merged with TPs]	All	1, 2, 4	All	Oct 16 Oct 16	Community Navigators inducted in Carer Awareness, process for Carers assessments, & third sector support available. Range of Carer information available in Talking Points.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						Joint working with NEWCIS to improve pathway for Carers between Talking Points, NEWCIS & Single Point of Access. Carers are offered appointment for assessment at Talking Points. Talking Points supported by NEWCIS staff &
	NEWCIS Lottery Bid –to include increased capacity for Well Being Officers to provide one to one support for Carers	All	1, 2, 4	NEWCIS	Apr 17	volunteers. Bid successful. Additional services commenced 1/4/17.

Delivery of 'Reaching Out' Programme for Carers of adults with serious mental health. (All Wales) All 1, 2, 4 Hafal & Caniad 2016 Campaign Hafal, Darkieleki	elopment Act	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
Mary Dei – further development of community based approach to identify, inform, advocate and involve Carers in Denbigh & surrounding areas.	Prog adul heal Mar deve com appi info invo	Arogramme for Carers of dults with serious mental ealth. (All Wales) Mary Dei – further evelopment of ommunity based pproach to identify, nform, advocate and hvolve Carers in Denbigh				2016 Campaign	Denbighshire piloted service resource pack for Carers to ensure it complements approach of SSWBA Currently considering delivery of future

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
7. Ensure communities in Denbighshire are 'Carer aware'	Agree priorities for NEWCIS Community Support Project	All	1, 2, 4	NEWCIS/CCO DCSS Talking Points Co-ordinator / All	Mar 17 Ongoing	NEWCIS Community Project ended 31.1.17. Evaluation completed. Agreement reached on sustainable elements of project inc. links with community based Carer links, Carers Leisure Card & Carer awareness training module for colleges. Resource Pack provided for Health & Social Care Tutors at Llandrillo College.
	Mary Dei – further development of		1,2,4			

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	community based approach to identify, inform, advocate and involve Carers in Denbigh & surrounding areas.			Mary Dei		Progress as highlighted in Action 6 Currently
						considering future delivery of their services.
8. Assessing the needs of adult Carers in line with the ethos and requirements of the new Act	Review DCC policy and procedures in line with requirements of new Act.	All	1, 2, 4, 5	CCO/DCSS Senior Man & Policy Officers	September 2016	North Wales Regional Policy in relation to Assessment & Eligibility for Managed Care & Support for adults, children & carers - developed jointly by all 6 LAs & BCU. Completed Sep 16. No separate policy for Carers as previously. Policy

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	Piloting the use of What Matters 2 to identify outcomes and support needs of Carers.	All	1,2,4,5	CCO/MIS Officers/ Carers Champions	September 2017	will be available on DCC website. Use of WM2 across whole
	Agree process for Carers eligible for formal support plan, including review process.	All	1,2,4,5	CCO/DCSS Senior Man & Policy Officers/MIS Officers	July 2017	service since reviewed to ensure more proportionate assessment approach. New process includes
					Apr 17	greater use of What Matters (1) and a Simple Support Plan for Carers requiring ongoing support. All practitioners
						trained in new process Guidance reviewed & amended.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	Evaluate the effectiveness of the Carers Champions pilot and agree a model/service specification for the future.	All	1, 2, 4, 5, 6, 7	CCO/NEWCIS	June – August 2016	Guidance links to regional policy on Assessment & Eligibility for Managed Care & Support. Ongoing scrutiny at Carers Panel in line with asset based approach resulting in innovative solutions in partnership with Carers.
	Review Carer Assessment tools and processes currently in use by CMHTs,	All	1, 2, 4, 5, 7	DCSS/CCO/CMHTs/ Hafal/Caniad	Mar 17	Evaluation of Carers Champions pilot, and service specification completed. Tender process also complete for new 3 year

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	in line with requirements of new Act.					contract. New service commenced 1/7/17.
						BCUHB auditing acute and community mental health services against Carers Triangle of Care (Carers Trust) and Action Plans being agreed to improve Carer awareness & support.
9. Assessing the needs of Young Carers in line with the ethos and	Joint working with current provider to ensure processes are in place in line with the new Act.	All	1, 2, 4, 5	E&CS Lead Officer / WCD	Jan 2017	Work has been ongoing between the Commissioning Group and the current provider

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
requirements of the new Act						since May/June 2016 to implement processes to gather information required by LAs for reporting in line with the New Act. This information is now available.
10. Ensure involvement of the carer in the assessment of the person with care needs, and consider the appropriateness of joint assessments	Review DCC policy and procedures in line with requirements of new Act	All	1, 2, 3, 4, 6, 7	CCO/DCSS Policy Officers	Jun 17	NW Regional Policy developed (see 8 above) for adults, children & carers. DCC 'Rolling Programme' in place to support staff in implementing new Act (Topics: Assessment & Eligibility Criteria;

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						Support Budgets; Continuing Health Care)
	Explore the benefits and feasibility of adopting a family conference model to situations within adult services where appropriate.			DCSG/DCSS Senior Officers	Jan 18	Delayed due to demands and priorities on implementation of new Act.
11.Support for Carers in Primary Care	Continued funding for third sector primary care facilitator posts. Agree priorities for posts for funding period	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 7	BCUHB/GP practices/Third Sector	Sep 2017	BCUHB & NEWCIS piloting Carer support post on Stroke Unit at Glan Clwyd Hospital.
12. Royal Alex Community Hospital Project	Involvement of Carers and Third Sector organisations in the design and development of services	1, 3, 4, 5, 6, 7	All	BCUHB	Summer 2016 onwards	Carer Strat Group consulted to inform BCUHB business case. BCU will maintain contact with group for input as

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						project progresses.
13. Development of Ty Nant (Prestatyn IACH) Primary Care Project	Involvement of Carers and Third Sector in the planning and development of services	1, 3, 4, 5, 6, 7	All	BCUHB	Summer 2016 onwards	Some peripheral involvement of third sector partners. Seeking steer via Denbighshire Partnership Thursday.
14.Access to independent professional advocacy for Carers	Ensure commissioning arrangements for adults will include provision for Carers.	1,4,5,6,7	1, 2, 4,	CCO/DCC Commissioning Officer – adults	Apr 16	Commissioning of service for over 65 complete & operational.
					Aug 17	Commissioning options for service for under 65's under discussion. Option to refer Carers to new NEWCIS service.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
	NEWCIS – Submission of Lottery Bid to include formal /regulated advocacy service			NEWCIS	Jun 17	NEWCIS bid successful. Service commenced 1/4/17.
	Explore gap in service for young carers not involved in statutory services.			DCSG	Autumn 2016	Young Carers eligible to access services of Young Advocate Officer (CADMAS – Conwy and Denbighshire Mental Health Advocacy Service) who are part of the Youth Support Consortium - link via Families First.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
15.Counselling services for Carers	NEWCIS – Submission of Lottery Bid to include counselling service for Carers	1,4,5	1, 2, 4	NEWCIS	Jun 2016	NEWCIS bid successful. Counselling service now being offered.
	Explore statutory provision of counselling services for Carers			DCSG	July 2017	For further discussion at regional level with health. Service currently available via NEWCIS and BCUHB Parabl service.
16.Ensure Carers have access to a range of training opportunities to support caring role	Agree joint approach Joint with workforce development, Health, CCO and 3 rd Sector.	2	1, 3, 5	All/DCC Workforce Development	July 17	Organisations supported to ensure details of all training entered onto DEWIS.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						Carer Representation agreed on local SCWDP group to identify training needs and co- ordinate provision.
17.Welfare Rights Information and Support	NEWCIS – Submission of Lottery Bid to include information and support on Welfare rights issues	1,6	1	NEWCIS	Jun 16	NEWCIS lottery bid successful. Service commenced 1/4/17. Carers can also access DCC commissioned service with Citizens Advice Denbighshire.
18. Increase capacity to support Young Carers (1:1 and group sessions)	Submit three year funding bid to Children in Need	All	1	WCD	June 2016	Bid successful. Funding for additional groups & outreach

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
10 Suggest for					0.4.2017	workers including additional works for Rhyl & Prestatyn – commenced Nov 16
19.Support for Carers of individuals of substance misuse	Map support currently available and identify any gaps in support	AII	1, 2, 5	CCO / Caniad/ Denbighshire Substance Misuse Team	Oct 2017	Links made with Denbighshire Substance Misuse (SMAT) team. Some consultation with Carers undertaken by SMAT team. Gap in service highlighted in Regional Population Assessment. For further discussion at regional level.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
20.Meeting the assessed needs of Carers	Development of support budgets for Carers.	1,2,3,4,7	1	CCO/DCC Commissioning – adults	July 2016 onwards	NW Regional Policy & Procedure for adults, children & Carers completed (see Action 8 above).
						Increase in number of Carers managing their own support budgets to meet their identified outcomes.
	Further develop the provision of flexible sitting services by the independent sector.				Oct 2017	DCSS piloting 'Bridging the Gap' short breaks voucher scheme with NEWCIS

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
						(working in partnership with local providers). Target group = Carers who don't want statutory intervention. Pilot funded by Carers Respite Grant.
	Review of DCC Policy and Procedure on Assessment and Meeting Needs				July – Oct 2016	Current guidance reviewed & amended.
21.Support for Carers when caring ends	Evaluation of 'bereavement support' model commissioned with NEWCIS	1,2,3,4,6	1, 5	NEWCIS / CCO /WFD	End June 2017	Good evaluation of model. Future provision will be considered based on demand.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
22. Support for Carers wanting to gain employment, re-train or re-enter workforce.	Development of North Wales Opus Project	1,2,3,6,7	1, 4	Ann Weir, DCC Comm Development Officer	Jan 17	Project officers recruited. Referral process commenced Feb 2017. Training on Carer awareness & services support offered.
23.Volunteering Opportunities for Carers	Support development of Volunteering Co-ordinator Post	1,2,3,7	1, 2, 5, 6, 7	NEWCIS	May 2016 onwards	NEWCIS Volunteer Co-ordinator now in post and actively recruiting Carers who wish to access volunteering opportunities. DCSS supporting NEWCIS to consider volunteering opportunities.

Development Area	Action	SSWB Outcomes	BCUHB Priorities	By Whom	By When	Progress
24. 'Tackling Poverty' Agenda	Ensure support for Carers including advice on finance and housing	1,4,5,6,7,8	1	CCO, WCD, CAB	Autumn 2017	Links established with Tackling Poverty Operational Group & Universal Credit Board to ensure Carers are considered across all elements of
					January 2018	work programmes. Information & Awareness sessions for third sector partner organisations to be arranged via Carers Strategy Group.

Appendix 2

Denbighshire Community Support Services

Summary of the Carers Wales 'Track the Act' Briefing 2 (published Sep 2017)

The following table sets out the most salient findings from the Track the Act programme which monitors the implementation of the Social Services and Well Being (Wales) Act 2014. It also includes Carers Wales' response to the findings, and provides a Denbighshire response together with actions that Denbighshire intend to take to further ensure that it is meeting its statutory obligations to carers in line with the requirements of the Act.

The findings of the report are based on:

- Freedom of Information requests to local government 7 local authorities didn't respond. For this reason, the information from the FOIs hasn't been collated and there are no comments on individual performance in case it distracted from their overall findings [Denbighshire provided a response from adults and children's services.]
- Carers 'Track the Act' survey 517 Carers completed the survey. Those who responded represent every Welsh council. There is no information, however, on how many responded from each county and which 'carer group' they represent. The majority of respondents were already in the social care system.
- Analysis of statistics published by Welsh government
- Review of council websites.

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
General		Despite the lack of response from	CSSIW report also calls for strategies to
		some councils, It would have been	be refreshed in line with the SSWBA
Some councils have well thought out		helpful if the data had been collated,	and have coherent commissioning
and clearly articulated strategies for		and compared with the last FOI in	plans. Denbighshire's Carers Strategy
ensuring they are meeting their		September 2016. It is difficult to see	2016-19 does reflect the SSWBA. It has
statutory duties.		at a glance how pertinent the findings	elements of commissioning within it
There are however significant		are to each local authority area and	but is not primarily a Comm Strategy.
differences between these strategies		what actions they might want to take.	
and consequently how councils are			

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
now delivering services on the ground.		Some additional profiling of the	All the FOI data, however, has been
This means carers experience a 'post		respondents (e.g. number of Carers	published, and all 6 NW authorities
code lottery' of how and when they		from each county, age, carer 'group'	provided a response. So it would be
are assessed, if at all, and the services		would have been helpful to enable	possible to get a regional picture.
they subsequently receive, if any.		councils to determine whether the	
This lack of consistency also obstructs		lack of consistency in fact relates to a	The data could be used to further
a clear view on whether councils are		specific carer group, and to help	inform the NW Carers Regional
delivering effective services.		councils to address this.	Business Plan in terms of consistency
			of approach and provision of services.
			Discuss report at Carers Strategy Group
			to gather views and any concerns.
			Take up Carers Wales offer to meet up & discuss challenges/opportunities under the Act/provide them with more detail on how DCC supports Carers.
Information Advice & Assistance	WG should	Denbighshire does gather this data,	Denbighshire currently gathers this data from SPoA & Paris systems.
Carers are happy with the advice	Review how the data it	however, the accuracy and	Manual statistics are gathered from
received from someone working for a	collects on IAA and carer's	completeness of performance	Talking Points.
council (or a third party acting on their	needs assessments can be	information for 2016/17 was	
behalf). Increasing numbers of carers	used to contract and	problematic due to the significant	Statutory assessments undertaken by
are also seeing information produced	compare the performance	changes in operational and systems	NEWCIS on behalf of DCC are all
by councils which is designed to	of councils.	practices which occurred	entered onto Paris.
support them in their role.		incrementally throughout the year,	
		some of which are still ongoing. These	Currently working on enabling NEWCIS
Research indicates that most councils	Local Government should	changes resulted from the transition	Well Being Officers to enter their own
still do not know how many carers they		to new ways of working in response to	assessments directly onto Paris if the
are providing IAA to. Although there is		the SSWBA.	Carer is in need of statutory assistance

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
no specific duty to collect this data, it seems counter intuitive that councils have chosen not to put in place systems that can collect relatively basic data given its importance.	Collect data on the number of carers contacting them		 (including the new voucher pilot scheme). This will streamline the process for Carers needing statutory assistance. Carers Data Book – manual tool to collate data across statutory & third sector. Could be more diligent about
Carer's Needs Assessment /' What Matters' Conversations	WG should Review the current use of	Prior to the SSWBA, we were aware	completing & keeping up to date.
From figures produced by WG on the number of assessments undertaken by each council, there remains significant unexplained variability in the level of assessments. The approach to providing CNAs varies	 'What Matters' conversations as carer's needs assessments in order to gather evidence of: i) Whether carers are given adequate written notice of an assessment, arranged 	that many Carers who were taken through a full statutory assessment process in fact only required basic information and signposting that was proportionate to their needs at the time so, in many respects, the proportionate approach under the Act has been welcomed.	 place, use the following opportunities to ensure staff are fully aware of referral & assessment process: SPoA Training - Carers services (two sessions in November) Carers Locality & Complex Dis Staff Meetings - update on
significantly between authorities, indicating that, despite training & support from WG, there isn't a national approach to how assessments are undertaken. This creates a 'postcode lottery' where carers in some areas will receive an assessment, and others won't.	at a convenient date, time and place for the carer ii) Whether carers are being offered support such as advocacy before they are assessed	In addition, historically, carers have said that the term 'assessment' can in itself be a barrier as it suggests an assessment of their ability to care (despite efforts to use the term <u>needs</u> assessments) so, again, a move away from the term 'assessment' was	 Carers services (requested by managers) Talking Points meetings with NEWCIS NEWCIS monitoring meetings & QA sessions
Where councils are using 'What Matters' conversations as an	 iii) Whether carers are aware that they are being assessed during 	welcomed.	

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
assessment process they may not be meeting their statutory duty to offer and undertake a Carer's needs assessment. The Act encourages	the 'What Matters' conversations iv) Whether sufficiently detailed records are	In line with the Act, the 'approach' should be the same across Wales for all citizens, including carers, i.e. a proportionate approach to establish	
relevant proportionate assessments but councils may be acting unlawfully if carers do not know the legal basis of the conversations or assessments they	being collected as part of 'What Matters' type carer's needs assessments.	'what matters' to the individual. It could therefore be argued that it is the councils <u>not</u> using the What Matters approach who are in fact	
the conversations or assessments they are having. Concern as to how the CNA process is working for carers of people under 18, including families with disabled children. FOI indicates that most Welsh councils do not capture any data on this group in part because systems are not set up to record if cared for is under 18 yrs.	 assessments. v) Whether the carer is given a duplicate copy of the records and is aware that they can raise any further concerns they may have. Local Government should Provide carers with a copy of their assessment. Require commissioned services to provide carers with a copy of their assessment. 	Matters approach who are in fact acting unlawfully. Perhaps it is the process rather than the approach that is causing concern. The list of actions for Welsh Government would apply irrespective of the approach, and should not be confined to those councils using the What Matters approach. A copy of Denbighshire's pathway for proportionate assessment of Carers is attached.	

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
Eligibility for Services The FOI data clearly indicates that	WG should Require councils to collect	In Denbighshire, we do not routinely	i) The Simple Support Plan
there is significant variability between authorities in this area. This variation may, however, may be in part due to some councils counting the support to carers within a package provided to the cared for whereas others separate it out, i.e. the carer's needs are being met through the 'cared for' support plan. This may be true, though it does obscure how many carers are having their needs met under the Act. It goes against the spirit of how the Act was framed and this may mean that councils are not meeting their statutory duties in this area.	 i) In the disabled person's plan that identifies if carers have been offered a carer's needs assessment, and if so how long ago the assessment took place. ii) In the disabled person's plan that identifies if carers needs have been meet through the disabled person's plan. 	monitor or count support to carers which is provided via the provision of domiciliary care, day services, or residential respite although this can be gathered manually if needed. Support for Carers is a by-product of these services. In Denbighshire, the only service which is delivered to the disabled person but counted as a Carer's service is a sitting service. The service is provided to meet an outcome identified by a Carer and is recorded on the Carer's support plan and regularly reviewed. However, there is always joint working with the disabled person's practitioner to ensure that the provision is appropriate for the disabled person.	requires practitioners to record Carer details, level of care and outcome of the offer of a carer's assessment. It doesn't ask how long ago the assessment took place. ii) Currently the Int Care & Support Plan doesn't ask for Carer details. Needs to be added. Practitioners may record as an outcome that a person's care needs should not impact on the Carer but there is no specific field for this.
Charging	Local government should		
There is concern that carers are being charged for services through the back door. Although councils no longer charge carers to access their services they are increasingly referring carers to paid-for services (third sector). These	Ensure transparency for audit and governance purposes, by publishing details of fees charged by organisations it refers to as part of a support plan.	In Denbighshire we are not aware that Carers are increasingly being referred to outsourced services that require a payment to access their services. It would be helpful if information could be provided on the location of the 20%	

Report Findings	Carers Wales response	Denbighshire Perspective	Considerations for Denbighshire
charges can accumulate in significant amounts of money which adds to carer poverty.		of carers who think they are being charged so that, if necessary, we can look into this in more detail.	
Carers Wales are concerned that this outsourcing of support needs to be recognised so it can be properly monitored and regulated for audit and governance purposes.			

Agenda Item 7

Title:	Report on the Review of the Single Point of Access (SPoA)	
Report Author:	Service Manager, Localities	
Lead Member/Officer:	Lead Member for Well-being and Independence/ Head of Community Support Services	
Date of Meeting:	14 th December, 2017	
Report to:	Partnerships Scrutiny Committee	

1. What is the report about?

This report provides current information about the Single Point of Access (SPoA) in Denbighshire following a recent review with partners. The full Review Report can be found at Appendix 1.

2. What is the reason for making this report?

To provide Members with an update on the performance of Denbighshire's Single Point of Access for adult social care and community health services. The report includes key messages regarding the success, the challenges and recommendations for the future based on a review initiated internally because of a changing context within community health and social care

3. What are the Recommendations?

That Members:

- 3.1 consider the report and continue to support and promote the development of SPoA as a way of meeting the corporate priorities for 2017-22 and the statutory duty to provide an Information, Advice and Assistance (IAA) Services as required by the Social Services & Well-being (Wales) Act 2014; and
- 3.2 take the opportunity to visit the SPoA to see how the service delivery model operates first hand.

4. Report details

4.1 The review was tasked with

- Making an assessment of need, based on demand activity to date
- Assessing how effectively and efficiently SPoA is delivering on its agreed purpose and outcomes
- Establishing if the delivery model is fit for purpose in 2017 and going forward.
- Recommending any changes to SPoA's approach and delivery that will deliver on what customers want (customers in the broadest sense) and make savings.
- 4.2 In tackling these issues we knew that Welsh Government (WG) and Betsi Cadwaladr University Health Board (BCUHB) would like the review to consider:

- SPoA's role in hospital discharge
- SPoA's fit with developing integrated community resource teams
- The cost of running SPoA
- Success measures
- 4.3 Overall, it is evident from the review that SPoA is delivering on its agreed purpose and outcomes.
 - Over the last 3 years the number of contacts/referrals to SPoA has doubled.
 - In relation to contacts for Information, Advice and Assistance there has been a staggering 386% increase in demand from 2015 to 2017.
 - 66% of all coordination and referral work in Quarter 1 & Quarter 2 2017 was to Community Health based services.
 - From 2015 to 2017 the number of referrals from GPs has increased by 83%.
 - The Information, Advice and Assistance function of SPoA has proved effective with between 35% and 40% of all contacts being enabled to remain outside the formal health and social care system [this excludes the work of Reablement and the Step Down Cluster].

The review has found that fundamentally the concept of SPoA is fit for purpose in 2017 and valued by stakeholders, however there is recognition that the model of delivery may need to adapt and evolve to fit with plans for the development of Community Resource Teams.

- 4.4 The review did highlight areas for improvement and development which has resulted in the following recommendations:
 - Establish and implement a robust quality assurance framework. One key measure of success will be a skilled, knowledgeable and confident SPOA team delivering an excellent IAA service.
 - Improve interface working with hospital and community based health and social care services.
 - Review and redefine the roles and skill mix in SPOA.
 - Make SPOA more accessible to support GP practices and promote public health messages.
 - SPOA to support the development of Talking Points and the Community Navigator Service.
 - Explore joint working opportunities with Conwy SPOA

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

SPoA supports several of the corporate priorities for 2017-2022:

- Everyone is supported in homes to meet their needs for example through having a centralised place for expertise regarding housing adaptations.
- Communities are connected and have good access to goods and services locally, on line or through good transport links through being a central referral point for health and social care community services.
- The Council works with people and communities to build independence and resilience through developing more informed and self-caring citizens.

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

A large proportion of the cost of SPoA to date has been funded by the Integrated Care Fund (\pounds 453,000 excluding the cost of the District Nurse which is claimed by BCU), with the remainder being an equal commitment met by contributions from the NHS and the Council (\pounds 38,000 each in 2016-17 and an anticipated reduced contribution of \pounds 24,000 in 2017-18)

7. What are the main conclusions of the Well-being Impact Assessment?

No Equality Impact Assessment has been undertaken for this report as there is no change to policy or service delivery as a result.

8. What consultations have been carried out with Scrutiny and others?

Consultations have been carried out with staff of partnership organisations as part of the review. A survey monkey was widely circulated to stakeholders which included members. The draft review report was then presented for discussion at Partnership Thursday on 26th October 2017. The revised report was then discussed at the Denbighshire Joint Locality Forum on 30th October 2017, where recommendations were finalised for the discussions at the Central Area Integrated Services Board on 13th November 2017.

9. Chief Finance Officer Statement

The SPoA is a key element of health and social care integration. The costs of the service are met predominately by grant support with equal contributions from the Council and the NHS and these are an existing cost commitment.

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

- 10.1Agreement for future funding has been difficult to achieve and if, as anticipated it will be funded by the recurrent Integrated Care Fund, there is always a risk that this can be withdrawn or re-directed to other areas. The revenue budget within Denbighshire has been reduced and offered up as savings as a result of the availability of the Integrated Care Fund. Denbighshire County Council employs nearly all the staff so this needs to be mitigated with a more formal partnership agreement.
- 10.2A further risk is a potential lack of agreement about the role/model of SPOA as the Community Resource Teams develop.

11. Power to make the Decision

Scrutiny's powers with respect to this matter are set out in Section 21 of the Local Government Act 2000 and Section 7 of the Council's Constitution.

Contact Officer:

Service Manager Localities – Community Support Services Tel: 01824 712341 This page is intentionally left blank

Denbighshire Single Point of Access (SPOA)

Review Report

Date: November 2017

Authors: Christopher Roberts (Community Services Partnership Manager) and Jane Moore (Service Manager – Locality Services)

Contents

- 1. Summary
- 2. Introduction
- 3. Current Service Provision
- 4. How effectively and efficiently is SPOA delivering on its agreed purpose and outcomes
- 5. Is the delivery model fit for purpose in 2017 and going forward?
- 6. Recommendations

1. Summary

SPOA is the single point of access for assessment and care co-ordination for preventative, rehabilitative and longer-term health and social care support for adults across Denbighshire. A significant element of the service is the provision of Information, Advice and Assistance (IAA) to citizens and other professionals. SPOA is a crucial cog to facilitate the integration agenda, working closely with primary/ secondary care teams and third sector to reduce duplication and empower citizens of Denbighshire in managing their health and wellbeing.

The main purpose for undertaking a review of SPOA is two -fold, firstly to establish how effectively and efficiently SPOA is delivering on its agreed purpose and outcomes and secondly to establish if our model of delivery is fit for purpose in 2017 and going forward.

Our approach to the review involved a thorough baseline assessment, adopting Vanguard's Model of Check (6 Steps) (see Appendix 1). Such activity necessitated the engagement of all key stakeholders, which included a stakeholder survey (see Appendix 2).

Overall, it is evident from the review that SPOA is delivering on its agreed purpose and outcomes. Over the last 3 years the number of contacts/ referrals to SPOA has doubled. The Information, Advice and Assistance function of SPOA has proved effective at enabling citizens to remain outside the formal health and social care system. The review has found that fundamentally the concept of SPOA is fit for purpose in 2017 and valued by stakeholders, however there is recognition that the model of delivery may need to adapt and evolve to fit with plans for the development of Community Resource Teams.

On a recent visit the Improvement and Development Manager for Social Care Wales commented on SPOA's professionalism and ability to navigate the various systems. Social Care Wales is leading on the development of a National IAA competency

framework. The Community Services Partnership Manager has been invited to help develop the framework, which will be implemented as part of SPOA's planned Quality Assurance Framework.

The review did highlight areas for improvement and development which has resulted in the following recommendations:

- Establish and implement a robust quality assurance framework. One key measure of success will be a skilled, knowledgeable and confident SPOA team delivering an excellent IAA service.
- Improve interface working with hospital and community based health and social care services.
- Review and redefine the roles and skill mix in SPOA.
- Make SPOA more accessible to support GP practices and promote public health messages.
- SPOA to support the development of Talking Points and the Community Navigator Service.
- Explore joint working opportunities with Conwy SPOA

2. Introduction

SPOA is the single point of access for assessment and care co-ordination for preventative, rehabilitative and longer-term health and social care support for adults across Denbighshire. A significant element of the service is the provision of Information, Advice and Assistance (IAA) to citizens and other professionals. SPOA is a crucial cog to facilitate the integration agenda, working closely with primary/secondary care teams and third sector to reduce duplication and empower citizens of Denbighshire in managing their health and wellbeing.

We wanted to be reassured that this important job is being done as effectively and efficiently as possible. Operational since June 2014, SPOA has continuously evolved, developing new partnerships and undertaking new central functions for Denbighshire health and social care services. SPOA is our response to the Social Care & Well Being Act in delivering IAA and we wanted to be certain that we are delivering an IAA service that meets Welsh Government Quality Standards. We also needed to understand how SPOA fits with new developments, such as the Community Resource Teams, Community Navigators and Talking Points. It was also important to know how SPOA was performing in supporting our hospitals with discharge and prevention of admission.

In times of competing demands for resources, SPOA has to add value to the health and social care system. A key part of the review was to see if we could run a more efficient SPOA and we looked closely at all the roles that make up the whole of the service. As such the parameters for this review is Denbighshire SPOA including both core and wider SPOA.

The review involved a thorough baseline Assessment, adopting Vanguard's Model of Check (6 Steps) (see Appendix 1). Such activity necessitated the engagement

of all key stakeholders, which included a stakeholder survey (see Appendix 2).

Our review was tasked with:

- Make an assessment of need, based on demand activity to date
- Assess how effectively and efficiently SPOA is delivering on its agreed purpose and outcomes
- Establish if the delivery model is fit for purpose in 2017 and going forward.
- Recommend any changes to SPOA's approach and delivery that will deliver on what customers want (customers in the broadest sense) and make savings.

3. Current Service Provision

3.1 For Denbighshire residents the SPOA, which has been active since June 2014, provides:

- **Information** about universal services and appropriate sign posting, enabling people to remain outside the formal health and social care systems where possible. This is in the language most suitable to their ethnic and cultural background.
- Advice from well trained and informed SPOA operators.
- Assistance which is given to help people access services such as telecare via a self-assessment processes or by a single visit to provide equipment for people who are hard of hearing.
- For those individuals requiring short term social care and community health services, **coordination** of services which support independence e.g. intermediate care, where individual professionals form a team around the person based on an integrated care and support plan.
- Seamless transfer into formal Social Care and Health system when necessary.

3.2 For staff/organisations the SPOA:

- Is a single referral point for community services, sharing information on individuals, where necessary and appropriate? SPOA promotes the use of the integrated assessment framework in Denbighshire and in particular the "What Matters?" conversation.
- Will be increasingly able to provide data about where there are pressures, blockages and gaps in services and pathways for service improvement or commissioning purposes.
- Provides one method of partner organisations meeting their responsibilities/duties to provide information about health and well-being by becoming a hub for excellent information about community services.
- Is an area for developing services and educating staff about new services and responsibilities e.g. by hosting champions or coordinators.

3.3 The SPOA service is currently available from 8.00am to 6.00pm Monday to Friday and Operators are available 10am to 4pm at weekends. It operates out of Russell House, Rhyl. SPOA is only closed on Christmas Day and Easter Sunday.

3.4 The ICT elements of the model include a bespoke telephone system with extended functionality to include recording, performance reports etc. Though sited in a Local Authority building, a Health network has been installed providing access to both Council and Health systems i.e. PARIS Myrddin, Therapy Manager, WPAS, including a bespoke SPOA database which is able to gather data about pressures, blockages and gaps the community in services/pathways, supporting service improvements and commissioning intelligence.

3.5 SPOA staff have also been an integral part of the development of Talking Points across the County, a new way of ensuring that citizens are offered an appointment at a venue in their local community if they need to see someone face to face. For the period 1st July 2016 to 30th June 2017 SPOA had arranged 507 appointments which prevented the need for an initial home visit and kept delays to a minimum. The Talking Point Coordinator is based within the Service and SPOA Operators or the Coordinators do attend sessions with Locality staff to support the public.

3.6 SPOA has continued to evolve providing a single point of access to an increasing range of services across Denbighshire or beyond. For example, collaborative working with Step Down Cluster to facilitate hospital discharge, Emergency Duty Team, North Wales Police & Fire Service in relation to Falls, Citizen Advice Bureau and Supporting People projects. There could, however, be more joint working with other services/organisations e.g. linking with the Conwy SPOA or with Denbighshire's Children and Family services. New and developing roles could include SPOA's fit with the future Community Teams.



3.7 Current Management & Staffing Structure

PurpleCommunity Services Partnership ManagerRedCore SPOAOrangeWider SPOA

3.7.1 SPOA hosts some key service coordinators/specialist advisors and works in tandem with Reablement and the Step down Cluster to form the hub for Denbighshire's intermediate care services

3.7.2 The staffing makeup of the SPOA is as follows:

- A professional decision-maker, with knowledge of both health and social care services in all sectors.
- 9 SPOA Operators who answer phone calls, make calls to gather further information; deal with face to face enquiries; process referrals; and input and retrieve data. They are trained to have skilled "What Matters" conversations with citizens, to help them explore options to meet their well-being needs and utilise their own resources, family and friends, community and third sector opportunities, before they are referred to statutory services (either Local Authority or Health). The operators are the conduits of IAA in supporting people to become better informed, more independent and self-caring
- A Team Leader who line manages the SPOA Operators and who is responsible for good quality information about services and establishing/ maintaining positive interface with all stakeholders.
- The Wider SPOA (shown in orange in the diagram) comprises of professionals each of which are engaged in their own specialist area of preventative work and offering 'on the spot' IAA support to the operators and to professionals working in the area. (Appendix 3)

3.8 Cost

A large proportion of the cost of SPOA to date has been funded by the Integrated Care Fund (£453,000 excluding the cost of the District Nurse which is claimed by BCU), with the remainder being an equal commitment met by contributions from the NHS and the Council (£38,000 each in 2016-17 and an anticipated reduced contribution of £24,000 each in 2017-18)

3.9 Changes to Service since outset

A key change has been the introduction of the Step Down Cluster, a team that focuses on facilitating hospital discharge and provides SPOA with the clinical leadership, which was lost when the last Community Services Partnership Manager left. The current manager is a social worker by back ground and has different specialist and valuable knowledge.

The Carers Champion post is no longer part of the wider SPOA however the Healthy Carers Worker is now integrated into the team which has helped with the in reach from carer support services and skilling up the SPOA hub operators to be knowledgeable about carer support.

The Falls service has expanded.

4. How effectively and efficiently is SPOA delivering on its agreed purpose and outcomes?

4.1 How much is SPOA doing?

It is evident from performance activity data that SPOA is delivering on its agreed purpose and outcomes. All partners are using SPOA, this includes Health, Social Care, Third Sector and Citizens.

The tables below offer an overview of activity and demand for the last three years, with a snap shot focus on Quarter 1 & Quarter 2 of each year for purpose of comparing.

4.1.1 SPOA tables showing demand, nature and trend of activity for Quarter 1 & 2 for the last 3 years (appendix 4a & b Core data)

Table 1 – T	Total number	of contacts/	referrals
		•••••••••••	

Year	Qtr 1 & 2 2015	Qtr 1 & 2 2016	Qtr 1 & 2 2017
Referrals/			
Contacts	5,450	10,248	10,809

Table 2 – Total number of GP referrals

Year	Qtr 1 & 2 2015	Qtr 1 & 2 2016	Qtr 1 & 2 2017
GP referrals	405	702	744

Table 3 - Nature of intervention and total numbers

Year	Qtr 1& 2 2015	Qtr 1& 2 2016	Qtr 1 & 2 2017
Information to	173	2243	1981
citizens			
Advice to citizens	150	246	142
Assistance to	16	335	200
citizens			
IAA provided by wider SPOA	240	192	494
Preventative	Not recorded	Not recorded	193
service (Step			
Down Cluster &			
Reablement)			
Coordination &	828	1005	1309
referral to			
Community			
Nursing			
Coordination &	1738	1464	1208
referral to Social			
Care (Localities)			
Coordination &	275	448	529
referral to BCU			
Community			
Therapies			
Coordination &	355	441	506
referral to Mental			
Health			

4.1.2 Headlines – performance data

- Over the 3 years the number of contacts/ referrals to SPOA has doubled.
- 66% of all **coordination** and referral work in Q1/Q2 2017 is to Community Health based services.
- In relation to contacts for **Information, Advice & Assistance** we have seen a staggering 386% increase in demand from Q1/Q2 2015 to Q1/Q2 2017

- The **Information, Advice and Assistance** function of SPOA is effective with between 35% and 40% of all contacts being enabled to remain outside the formal health and social care system [this excludes Reablement & Step Down Cluster] (appendix 6))
- From 2015 to 2017 the number of referrals from GPs has increased by 83%
- The range and number of tasks and referral pathways that SPOA is responding to has also increased. These include: Hospital discharge, Talking Points Referrals, Physiotherapy, SILs, Colleague requests for information, Supporting People, District Nurses, ECS, Community OTs (BCU), Hafod, Care Agencies, Telecare, Community Navigators, TAXI, PIP, Carers emergency card, Carers Assessments, CAB, Out of county referrals, Visual Impairment and CID 16s
- The operation of SPOA at weekends has not only enabled the operators to provide IAA to the public outside of Monday to Friday office hours but to facilitate hospital discharges. SPOA has facilitated between 3 to 5 weekend discharges a quarter by coordinating access to Health & Social Care Support Workers, which is a significant saving to BCU and a positive impact on the well-being of the citizen.

4.2 How well is SPOA doing?

To know how well SPOA is doing it was important to obtain feedback from stakeholders.

- 70% (24 out of 35) of stakeholders who responded to the survey stated that SPOA either delivered fully or in part on its original aims and objectives. The aspects valued by respondents included 'generally helpful', 'professional expertise', 'citizen contact', 'speedy response' and 'community navigators'. The key messages taken from the survey findings in terms of recommendations included greater promotion of SPOA, improve the quality of Information, Advice and Assistance, capitalising on the wider SPOA. (Appendix 2)
- Vanguard's '6 step check' was adopted with a range of stakeholders e.g. Glan Clwyd Step Down team, Talking Point Coordinator and the Reablement team. Studying the flow exercises were really valuable in identifying any 'pinch points' and agreeing the corrective action to be taken, so much so, the team has adopted this exercise as part of their ongoing quality assurance framework. To illustrate, the 6 step check was applied to a hospital discharge case, the key learning points that came from studying the flow included the need for quality referrals, as the impact of 'over prescribing' by the ward can delay the arrangements to facilitate discharge, which can lead to unfair blame targeted at SPOA. Secondly, the importance of thorough checking and coordination of the What Matters, and not to assume that ward staff would have undertaken any element of this. We also identified ways to improve the internal interface working with the Step Down Cluster, with more proactive chasing by SPOA operatives for key information thereby freeing up time for our Step Down Cluster and Reablement Seniors to focus on those things that 'only they can do'.

• Teams that interface with SPOA were approached directly for their views and feedback was positive. We know SPOA is proving to be a responsive and valuable service to District Nurses, the following quote is testament to that value:

Quote from Team Manager Community Nursing Team (South DCC):

'The SPOA provides community nursing staff with a single contact point, often useful to gather further information regarding our patients, in particular those new to the caseload.

SPOA is able to provide prompt and accurate information regarding which other agencies/services are involved with our patients.

The service has proven invaluable at times when issues have arisen with complex patients and the community team have needed to explore which other professionals/services are involved.

One example which has occurred on numerous occasions have been an 'abortive call' situation – DNs have been unable to gain access to a patient, SPOA have been able to access emergency contact details, check if 'Care Line' is in place, search the informatics systems to obtain next of kin details, confirmed if other agencies are involved. As community nurses, without access to IT whilst standing on someone' doorstep, this would otherwise necessitate a journey back to base/GP surgery thus wasting valuable time in what could be an emergency situation."

- GPs are a key stakeholder of SPOA, we know GPs refer to SPOA, and that this is reflective of all the practices. We also know that SPOA is valued by GPs and the ability to directly email a referral would be welcomed in addition to SPOA operating till 6.30pm to mirror GP hours. At a recent BCU Community Resource Team consultation event, a number of GPs and practice nurses were vocal in their support, identifying SPOA as a 'strength' in the SLOT exercise.
- In relation to SPOA delivering on its objective to offer a 'first contact, right response' service the review has identified many positive examples of where this has been the case, for example the speed at which carers assessments are processed, access to third sector services both directly and indirectly via the Well-being co-ordinator. The District Nurses enquiries are always processed immediately. The SPOA operators value the oversight from the SPOA Nurse to check and chase information to ensure complete (catheter bundles etc.). The SPOA operators continue to increase their knowledge of community based resources by attending weekly awareness sessions arranged by the Wellbeing Co-ordinator which facilitates a prompt IAA service. (appendix 5)
- A recent positive endorsement of SPOA's professionalism and ability to navigate the various systems came from the Improvement and Development Manager for Social Care Wales (Jackie Drysdale). Jackie recently spent a day

with SPOA to inform the work of Dr Inglis commissioned by Social Care Wales to develop a National IAA workers competency framework. The Community Services Partnership Manager will be a part of a working group to take this forward. SPOA welcomes the development framework, which will be a key feature of its planned Quality Assurance Framework.

- SPOA is attuned to the importance of learning and taking action when things go wrong. SPOA cannot afford to lose the confidence of its stakeholders, reputation is key for such a public facing service. An example of this is the processing of physiotherapy referrals in one batch with no prior warning to the Physiotherapy Team. Although an isolated incident, measures have been put in place to avoid this happening again. Note ably the recognition that SPOA is the responsibility of both BCU and Denbighshire and as in this case the Physiotherapy team should have been informed of the staffing difficulties so that they could 'in reach' and support SPOA. There are plans to establish a memorandum of understanding with the Physiotherapy Team with a view to improving communication and developing a shared understanding of expectations and processes. This will also be rolled out to other teams/ agencies that interface with SPOA.
- On 22nd August 17, 57 staff engaged in an engagement exercise to talk about the vision for Community Resource Teams (CRT). A few points were raised that were salient to this review, namely questioning how does SPOA fit with the concept of a CRT. In Prestatyn a concern was flagged around delays in referrals reaching District Nurses and incomplete information on referrals to Physiotherapy team. The current plan to develop MOUs will ensure that referrals are of good quality and are timely. In the longer term, once co-located CRTs are in existence discussion should be on the merits of having a shared referral point in existence (appendix 7)
- A challenge that has been flagged in the review is the ability of SPOA to provide a service in welsh 7 days a week. This stems from the difficulty in recruiting operatives who are competent in the Welsh language.
- The survey findings identified the need to improve the quality of IAA in relation to Social Care and Health Services. However the quality of IAA in relation to third sector and community resources is high. The plan is to therefore replicate the approach. The Team Leader has been tasked with improving IAA through joint supervision sessions that will alternate between study follow exercises and a focus on IAA. We envisage that the IAA competency framework once produced will serve to crystalize this plan.
- The survey also highlighted that there is a perception that SPOA is "short staffed". We recognise that the demand on SPOA has increased over the last 3 years, as supported by the activity data but we will be looking to get smarter on how we operate, for example organising rotas around demand and exploring a reduction in staffing at weekends.

- Due to recruitment issues there was no Falls Prevention Team from January 2017 to July 2017 this negatively impacted on preventative services.
- There has been no mechanism to formally capture the feedback from Citizens. Although informal feedback has been largely positive it is not scientific. A customer service dashboard was piloted to obtain this feedback, 5 citizens chose to engage during the 3 month trial. It was useful to highlight individual examples of good practice and lessons to be learned. A decision has been taken to continue with the dashboard. Overall, the review did flag the need for a robust quality assurance framework to be introduced, which encompasses all strands from regularly obtaining customer feedback and an improvement plan for individuals and the team as a whole.

4.3 Does SPOA offer value for money?

- There is a demand for SPOA and this is increasing. Over the last 3 years this has doubled with a staggering 386% increase in demand for IAA. There is anecdotal evidence that SPOA is effectively enabling people to remain outside formal health and social care services. SPOA's funding has remained the same since its inception in 2014, so one could argue that in 2017 SPOA is offering value for money.
- The review did consider possible efficiency savings, however with the increasing demand a serious consideration can only take place with the realisation of the blue print for the Community Resource Teams. If the vision for a CRT is to see the co-location of District Nurses, Social Workers, Occupational Therapists and Physiotherapists and a shared referral point is in scope to develop, then arguably SPOA could relinquish elements of its function of coordination, this in turn could impact on the size of SPOA. It is only once the CRT vision is agreed and working processes defined that we can give serious consideration to efficiency savings and skill mix of the team.
- However, the review did raise the question of weekend working. Currently, owing to the lone working policy 2 staff work the weekend shifts. The total cost of weekend working is estimated at £21,893.60 per annum. Although demand is low at weekends it affords operators the time to catch up with the necessary weekly tasks (non-urgent) as well as process new work that comes in at the weekend. If weekend working was to stop this work would need to be done in the week and this necessary work would take about 5 hours which would equate to a deduction of £3,829.80 from the saving. There may be some scope for this work to be completed by an administrator. If this was the case the costs of completing this work in the week would be less.
- More in line with our shared vision for 24/7 working another option would be to relocate weekend working, this would then necessitate only one worker to be on duty. The favoured location would be with GP out of hours and a feasibility study will be carried out to see if this will work. The hours saved could either be viewed as a financial saving or be used within the week to bridge the gap

between the end of SPOA working day and the opening time of the GP Out of Hours (6pm - 6.30pm).

- The review also considered the individual roles that make up SPOA. It was found that there is some overlap in the Job description for the team leader (grade 10) and the Community Services & Partnership Manager. There may be some future mileage in considering whether there is a need for a Team Leader but this would require certainty of long term funding for the Step Down Cluster Team Manager, our clinical and hospital discharge lead. If the post is lost the expectations of the role would revert back to the Community Services Partnership Manager. As this review has highlighted the need to improve the quality of the IAA function and with the eagerly awaited IAA competency framework there is a stronger case to develop rather than decrease the Team Leader role.
- Other efficiencies could be made by administration staff being employed rather than an operators to complete certain functions. This will be tested in the coming weeks and will be reviewed in relation to effectiveness.

5. Is the delivery model fit for purpose in 2017 and going forward?

'Ensure primary care and community nursing care are working together with social care' – Primary and Community Services Strategic Programme - Dr C D V Jones CBE Feb 2010

Dr Jones' key message still resonates today with BCU and Denbighshire County Council, as this is our agreed strategic direction.

SPOA fits with a raft of local, regional and national policy drivers that all point to the test of delivering health and social care services to a population experiencing significant demographic change at a time of considerable financial challenge. To list just a few:

- Setting the direction; healthcare in North Wales is changing (BCUHB Service redesign plans)
- Sustainable social services a framework for action
- A framework for delivering integrated health and social care for older people with complex needs
- North Wales statement of intent; and
- Social Services and Well- Being (Wales) Act 2014
- BCU Care Closer to Home Strategy?

SPOA was one of the first steps in delivering on a joint vision with BCU to have a fully integrated health and social care community service model. We are still on that journey as we progress the development of Community Resource Teams (CRT). At the recent BCU CRT consultation events it was clear that many stakeholders including District Nurses, GPs etc. viewed SPOA as an essential and integral part of the future.

Most importantly SPOA delivers on the statutory duty to provide IAA as required by the Social Services & Well- being (Wales) Act.

To conclude, the Review has found that fundamentally the concept of SPOA is fit for purpose in 2017, however there is recognition that the model of delivery may need to adapt and evolve to fit with plans for CRTs.

6. Recommendations

The following recommendations have stemmed from this review:

6.1 Establish and implement a robust quality assurance framework.

A key measure of success will be a skilled, knowledgeable and confident SPOA team delivering an excellent IAA service. The framework will include individual and group supervisions, where focus will be on driving up the quality of IAA, specifically the knowledge base on community health and social care service provision. Undertaking regular Study Flow exercises to check on process and identify corrective action will be part of the framework, as will the sign up to the customer service dashboard for individual and service improvement.

A key part element of our quality assurance approach will be to fully support the development and implementation of the National IAA competency Framework.

6.2 Improve interface working with hospital and community based health and Social care services.

-The Community Services Partnership Manager to lead on developing memorandums of understanding (MOUs) with teams/ services that interface with SPOA .The aim is to improve working relations and processes by having better communication with a shared and agreed understanding of realistic expectations. It is hoped that this will also seek to encourage greater ownership of SPOA with more in-reach and support from key stakeholders.

- Findings from the Vanguard's model of check (6 steps) to study flow will inform conversations to develop MOUs

6.3 Review and redefine the roles and skill mix in SPOA.

- Ensure that roles such as the District Nurse and Social Worker are effectively supporting the function of SPOA and in particular the hub operators in the changing health and social care context

- Test whether administration staff could be employed instead of operators for certain functions.

- Be part of the discussions to agree the vision for CRT and the detail of functions.

6.4 Make SPOA more accessible to support GP practices and promote public health messages

- Establish the option for GPs to send referrals by email.

- Undertake a feasibility study to base one SPOA hub operator with GP OOH (out of hours) at the weekend. The saving on the need for only one operator at weekends to be used to extend SPOA operating times to 6.30pm Monday to Friday to dove tail with GP OOH

- Establish links with Public Health and increase the knowledge base of the team on this topic.

6.5 SPOA to support the development of Talking Points and Community Navigators

- The Community Services Partnership Manager to be a member of the Community Led Innovation Forum. The forum will define and implement an agreed co-delivered service model building on the development of Talking Points aligned to the Community Led Conversations principles harnessing the outcome of the Talking Points review.

6.6 Explore joint working with Conwy SPOA

Reference / Appendix

- 1- Vanguard Approach
- 2- Stakeholder Survey
- 3- Views of SPOA Operatives
- 4- A & B Core data
- 5- Perception of partners
- 6- case examples
- 7- CRT engagement visits

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Agenda Item 8

Report to:	Partnerships Scrutiny Committee
Date of Meeting:	14 December 2017
Lead Officer:	Scrutiny Co-ordinator
Report Author:	Scrutiny Co-ordinator
Title:	Scrutiny Work Programme

1. What is the report about?

The report presents Partnerships Scrutiny Committee with its draft forward work programme for members' consideration.

2. What is the reason for making this report?

To seek the Committee to review and agree on its programme of future work, and to update members on relevant issues.

3. What are the Recommendations?

That the Committee considers the information provided and approves, revises or amends its forward work programme as it deems appropriate.

4. Report details

- 4.1 Section 7 of Denbighshire County Council's Constitution sets out each Scrutiny Committee's terms of reference, functions and membership, as well as the rules of procedure and debate.
- 4.2 The Constitution stipulates that the Council's scrutiny committees must set, and regularly review, a programme for their future work. By reviewing and prioritising issues, members are able to ensure that the work programme delivers a member-led agenda.
- 4.3 For a number of years it has been an adopted practice in Denbighshire for scrutiny committees to limit the number of reports considered at any one meeting to a maximum of four plus the Committee's own work programme report. The aim of this approach is to facilitate detailed and effective debate on each topic.
- 4.4 In recent years the Welsh Government (WG) and the Wales Audit Office (WAO) have highlighted the need to strengthen scrutiny's role across local government and public services in Wales, including utilising scrutiny as a means of engaging with residents and service-users. From now on scrutiny will be expected to engage better and more frequently with the public with a view to securing better decisions which ultimately lead to better outcomes for citizens. The WAO will measure scrutiny's effectiveness in fulfilling these expectations.

- 4.5 Having regard to the national vision for scrutiny whilst at the same time focussing on local priorities, the Scrutiny Chairs and Vice-Chairs Group (SCVCG) recommended that the Council's scrutiny committees should, when deciding on their work programmes, focus on the following key areas:
 - budget savings;
 - achievement of the Corporate Plan objectives (with particular emphasis on the their deliverability during a period of financial austerity);
 - any other items agreed by the Scrutiny Committee (or the SCVCG) as high priority (based on the PAPER test criteria – see reverse side of the 'Member Proposal Form' at Appendix 2) and;
 - Urgent, unforeseen or high priority issues
- 4.6 <u>Scrutiny Proposal Forms</u>

As mentioned in paragraph 4.2 above the Council's Constitution requires scrutiny committees to prepare and keep under review a programme for their future work. To assist the process of prioritising reports, if officers are of the view that a subject merits time for discussion on the Committee's business agenda they have to formally request the Committee to consider receiving a report on that topic. This is done via the submission of a 'proposal form' which clarifies the purpose, importance and potential outcomes of suggested subjects. No officer proposal form has been received for consideration at the current meeting.

4.7 With a view to making better use of scrutiny's time by focussing committees' resources on detailed examination of subjects, adding value through the decisionmaking process and securing better outcomes for residents, the SCVCG decided that members, as well as officers, should complete 'scrutiny proposal forms' outlining the reasons why they think a particular subject would benefit from scrutiny's input. A copy of the 'member's proposal form' can be seen at Appendix 2. The reverse side of this form contains a flowchart listing questions which members should consider when proposing an item for scrutiny, and which committees should ask when determining a topic's suitability for inclusion on a scrutiny forward work programme. If, having followed this process, a topic is not deemed suitable for formal examination by a scrutiny committee, alternative channels for sharing the information or examining the matter can be considered e.g. the provision of an 'information report', or if the matter is of a very local nature examination by the relevant Member Area Group (MAG). No items should be included on a forward work programme without a 'scrutiny proposal form' being completed and accepted for inclusion by the Committee or the SCVCG. Assistance with their completion is available from the Scrutiny Co-ordinator.

Betsi Cadwaladr University Health Board

- 4.8 The Health Board has accepted the Committee's invitation to send representatives to the Committee's next meeting on 22 January 2018 for the purpose of discussing the progress made with the development of the North Denbighshire Community Hospital project.
- 4.9 Confirmation has also been received that Board representatives are willing to meet with the Committee to discuss the findings of the reviews into the alleged abuse on the Tawelfan Ward. Both inquiry reports into Tawelfan are expected to be published in early March 2018. Originally it was anticipated that Board representatives could

attend the Committee's May meeting for this discussion. Unfortunately May's Partnerships Scrutiny Committee meeting is scheduled for the same date as a meeting of the Health Board. Consequently, the Board has offered to attend the Committee's June meeting for this purpose. The Committee is asked to confirm these arrangements.

Cabinet Forward Work Programme

4.10 When determining their programme of future work it is useful for scrutiny committees to have regard to Cabinet's scheduled programme of work. For this purpose a copy of the Cabinet's forward work programme is attached at Appendix 3.

Progress on Committee Resolutions

4.11 A table summarising recent Committee resolutions and advising members on progress with their implementation is attached at Appendix 4 to this report.

5. Scrutiny Chairs and Vice-Chairs Group

Under the Council's scrutiny arrangements the Scrutiny Chairs and Vice-Chairs Group (SCVCG) performs the role of a coordinating committee. The Group is scheduled to hold its next meeting on 18 January 2018.

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

Effective scrutiny will assist the Council to deliver its corporate priorities in line with community needs and residents' wishes. Continual development and review of a coordinated work programme will assist the Council to deliver its corporate priorities, improve outcomes for residents whilst also managing austere budget cuts.

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

Services may need to allocate officer time to assist the Committee with the activities identified in the forward work programme, and with any actions that may result following consideration of those items.

8. What are the main conclusions of the Well-being Impact Assessment? The completed Well-being Impact Assessment report can be downloaded from the <u>website</u> and should be attached as an appendix to the report

A Well-being Impact Assessment has not been undertaken in relation to the purpose or contents of this report. However, Scrutiny's through it work in examining service delivery, policies, procedures and proposals will consider their impact or potential impact on the sustainable development principle and the well-being goals stipulated in the Well-being of Future Generations (Wales) Act 2015.

9. What consultations have been carried out with Scrutiny and others?

None required for this report. However, the report itself and the consideration of the forward work programme represent a consultation process with the Committee with respect to its programme of future work.

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

No risks have been identified with respect to the consideration of the Committee's forward work programme. However, by regularly reviewing its forward work programme the Committee can ensure that areas of risk are considered and examined as and when they are identified, and recommendations are made with a view to addressing those risks.

11. Power to make the decision

Section 7.11 of the Council's Constitution stipulates that scrutiny committees and/or the Scrutiny Chairs and Vice-Chairs Group will be responsible for setting their own work programmes, taking into account the wishes of Members of the Committee who are not members of the largest political group on the Council.

Contact Officer:

Scrutiny Coordinator Tel No: (01824) 712554 e-mail: <u>rhian.evans@denbighshire.gov.uk</u> Note: Items entered in italics have <u>not</u> been approved for submission by the Committee. Such reports are listed here for information, pending formal approval.

Meeting	Lead Member(s)	lte	em (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
Monday, 22 January 2018	Cllr. Bobby Feeley	1.	North Denbighshire Community Hospital Project (tbc)	To update the Committee on the progress made with the development of the facility and the expected timescale for its delivery	The delivery of a modern facility in the north of the county for the delivery of integrated health and social care services	BCUHB	November 2017
1 March							
3 May	Cllr. Bobby Feeley	1.	Homelessness Strategy and Prevention Plan	To report on the progress to date in implementing the Homelessness Strategy 2017-21 and delivering the Homelessness Prevention Action Plan 2018-19 (including the latest position with respect of future Supporting People funding)	 (i) Support the delivery of the Strategy and Plan to ensure that everyone is supported to live in homes that meet their needs; (ii) assurances that plans are being developed to mitigate any risks associated with the withdrawal of 	Phil Gilroy/Liana Duffy/Eirlys Lloyd	November 2017

Meeting	Lead Member(s)	lte	em (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
	Cllr. Bobby Feeley	2.	Pooled Budgets (Health and Social Care)	To monitor the progress achieved to date with the development and delivery of pooled budgets for specified areas of health and social care services (with particular focus on the results of pilot projects and the development of governance arrangements)	the protection afforded in recent years to Supporting People funding for homelessness prevention work The development of efficient and effective delivery of health and social care services and ensuring compliance with the statutory provisions of Part 9 of the Social Services and Well-Being Act (Wales) 2014	Nicola Stubbins/Richard Weigh	November 2017
28 June 2018	Cllr. Bobby Feeley	1.	Tawelfan (tbc)	To consider the findings of the HASCAS and Ockenden reports with respect to the failings in care and treatment of patients on the ward	The identification of lessons learnt from what happened at Tawelfan for the purpose of safeguarding the Council and residents against	HASCAS/BCUHB/Nicola Stubbins	By SCVCG October 2015

Meeting	Lead Member(s)	lte	em (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
					such failings in care in future		
	Cllr Mark Young	2.	CCTV Partnership	To report on the progress made in establishing new arrangements between the Denbighshire CCTV Partnership and Cheshire West and Chester Council and their effectiveness in delivering a CCTV service for the north Denbighshire area and any potential options for extending the service to other areas of the county	Securing effective arrangements which deliver a viable CCTV service that supports the delivery of the Council's priorities of developing the local economy, clean and tidy streets and protecting vulnerable people	Emlyn Jones/Graham Boase	June 2017
13 September	Cllr. Bobby Feeley	1.	Protection of Vulnerable Adults Annual Report 2017/18	To consider the POVA annual report, and information in place to meet the statutory requirements of the Social Services and Well-being Act 2014 and an evaluation of the financial and resource impact of the Supreme Court's 2014 Judgement on deprivation of liberty on the Service and its work	An evaluation of whether the Authority is meeting its statutory duty with respect to adult safeguarding and has sufficient resources to undertake this work along with the additional work in the wake of the Supreme Court's judgement	Phil Gilroy/Alaw Pierce/Nerys Tompsett	September 2017

Meeting	Lead Member(s)	Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
	Clir. Mark Young	2. Community Safety Partnership [Crime and Disorder Scrutiny Committee]	To detail the Partnership's achievement in delivering its 2017/18 action plan and its progress to date in delivering its action plan for 2018/19. The report to include financial sources and the progress made in spending the allocated funding.	Effective monitoring of the CSP's delivery of its action plan for 2017/18 and its progress to date in delivering its plan for 2018/19 will ensure that the CSP delivers the services which the Council and local residents require	Alan Smith/Nicola Kneale/Sian Taylor	September 2017
8 November						
20 December						
Jan/Feb 2019						

Future Issues

Item (description / title)	Purpose of report	Expected Outcomes	Author	Date Entered
Update following conclusion of inquiry undertaken by the National Crime Agency in to historic abuse in North Wales Children's' Care Homes	To update the Committee of the outcome of the National Crime Agency (NCA) investigation in to the abuse of children in the care of the former Clwyd County Council, and to determine whether any procedures require revision.	Determination of whether any of the Council's safeguarding policies and procedures need to be revised in light of the NCA's findings	Nicola Stubbins	November 2012

For future years

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Information/Consultation Reports

Information / Consultation	Item (description / title)	Purpose of report	Author	Date Entered

<u>06/12/2017 - RhE</u>

Note for officers – Committee Report Deadlines

Meeting	Deadline	Meeting	Deadline	Meeting	Deadline
22 January 2018	8 January 2018	1 March	15 February	3 May	19 April

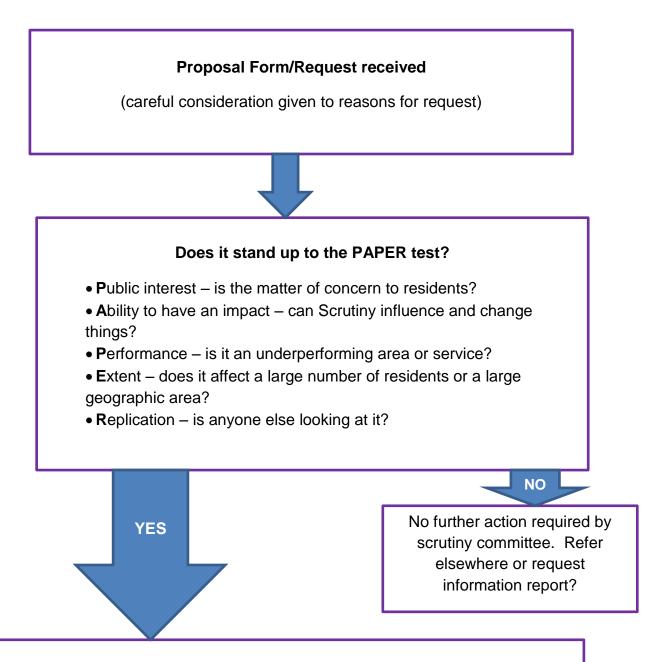
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Appendix 2

Member Proposal Form for Scrutiny Forward Work Programme						
NAME OF SCRUTINY COMMITTEE						
TIMESCALE FOR CONSIDERATION						
ТОРІС						
What needs to be scrutinised (and why)?						
Is the matter one of concern to residents/local businesses?	YES/NO					
Can Scrutiny influence and change things? (if 'yes' please state how you think scrutiny can influence or change things)	YES/NO					
Does the matter relate to an underperforming service or area?	YES/NO					
Does the matter affect a large number of residents or a large geographical area of the County (if 'yes' please give an indication of the size of the affected group or area)	YES/NO					
Is the matter linked to the Council's Corporate priorities (if 'yes' please state which priority/priorities)	YES/NO					
To your knowledge is anyone else looking at this matter? (If 'yes', please say who is looking at it)	YES/NO					
If the topic is accepted for scrutiny who would you want to invite to attend e.g. Lead Member, officers, external experts, service-users?						
Name of Councillor/Co-opted Member						
Date						

Consideration of a topic's suitability for scrutiny



- Determine the desired outcome(s)
- Decide on the scope and extent of the scrutiny work required and the most appropriate method to undertake it (i.e. committee report, task and finish group inquiry, or link member etc.)
- If task and finish route chosen, determine the timescale for any inquiry, who will be involved, research requirements, expert advice and witnesses required, reporting arrangements etc.

Meeting		Item (description / title)	Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
12 Dec	1	DCC Homelessness Strategy 2017-21	To approve the Homelessness Strategy	Yes	Councillor Bobby Feeley / Liana Duffy
	2	Supporting People/Homelessness Prevention Plan 2018/19	To approve the annual plan.	Yes	Councillor Bobby Feeley / Liana Duffy
	3	Employment Policies	To consider a number of employment policies for adoption	Yes	Councillor Mark Young / Catrin Roberts
	4	Managed Service for the Provision of Agency Workers	To seek approval to commence a procurement for the supply of temporary staff for use by DCC	Yes	Councillor Julian Thompson- Hill / Gary Williams / Helen Makin
	5	Local Bus Service Contracts	To award the local bus service contracts	Yes	Councillor Brian Jones / Peter Daniels
	6	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh
	7	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
23 Jan	1	Housing Rent Setting & Housing Revenue and Capital Budgets 2018/19	To seek approval for the proposed annual rent increase for council housing	Yes	Councillor Julian Thompson- Hill / Richard Weigh / Geoff Davies

Meeting		Item (description / title)	Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer	
		and to approve the Housing Revenue Account Capital and Revenue Budgets for 2018/19				
	2	Recommendations of the Strategic Investment Group	To seek Cabinet support of projects identified for inclusion in the 2018/19 Capital Plan	Yes	Councillor Julian Thompson- Hill / Richard Weigh	
	3	Budget 2018/19 – Final Proposals	To consider a report setting out the implications of the Local Government Settlement 2018/19 and proposals to finalise the budget for 2018/19	Yes	Councillor Julian Thompson- Hill / Richard Weigh	
	4	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh	
	5	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator	
27 Feb	1	CPO of the Former North Wales Hospital, Denbigh	To seek a decision regarding the CPO	Yes	Councillor Brian Jones / Gareth Roberts	

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
	2	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh
	3	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
20 Mar	1	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh
	2	Items from Scrutiny Committees		Tbc	Scrutiny Coordinator
24 Apr	1	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh
	2	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
22 May	1	Rhyl and Prestatyn Business Improvement Districts	To consider the full business case relating to the establishment of business improvement districts	Yes	Councillor Hugh Evans / Mike Horrocks

Meeting		Item (description / title)	Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
	2	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson- Hill / Richard Weigh
	3	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator

Note for officers – Cabinet Report Deadlines

Meeting	Deadline	Meeting	Deadline	Meeting	Deadline
December	28 November	January	9 January	February	13 February

Updated 22/11/17 - KEJ

Cabinet Forward Work Programme.doc

Appendix 4

Progress with Committee Resolutions

Date of Meeting	Item number and title	Resolution	Progress
2 November 2017	5. The Denbighshire Homelessness Strategy 2017-2021 & Denbighshire Supporting People/Homeless Prevention Plan 2018-19	 <i>RESOLVED: -</i> (i) to confirm that, as part of its consideration, it had read, understood and taken account of the Wellbeing Impact Assessments for both the draft Strategy and the Prevention Plan; (ii) having considered the draft Strategy and Prevention Plan, and subject to the above observations, to recommend to Cabinet that the Denbighshire Homelessness Strategy 2017-21 and the Denbighshire Supporting People/Homelessness Prevention Plan 2018-19 be approved and adopted; and (iii) to request that a progress report on the implementation of the Strategy and the delivery of the Prevention Action Plan be presented to the Committee at its meeting in May 2018 	officers were informed of the Committee's observations and recommendations. Cabinet will consider the Strategy and Plan, including Scrutiny's observations, at its meeting on 12 December 2017. Progress report has been scheduled into the
	6. Pooled Budgets (Health & Social Care) – Progress Report	 <i>RESOLVED:-</i> subject to the above observations to (i) confirm that they had read, understood and taken account of the Well-being Impact Assessment as part of their consideration; 	The Lead Member and officers have been advised of the Committee's views and a further progress report has been scheduled

(ii)	note that North Wales as a region would not achieve the pooling of budgets for Care Homes by April 2018, whilst acknowledging the significant	forward work programme
	work underway across the region to develop work around integration and pooled budgets;	•
(iii)	recognise the resource requirements needed to complete the work involved with integration and pooled budgets within the timescales set out in the Act, including the potential costs and funding sources to deliver them; and	
(iv)	,	