

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1a, County Hall, Ruthin on Thursday, 8 November 2018 at 10.00 am.

PRESENT

Councillors Jeanette Chamberlain-Jones (Chair), Gareth Davies, 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 agenda items 5, 6 & 7

Observer – Councillor Glenn Swingler

ALSO PRESENT

Corporate Director Communities (NS), Performance and Business Manager (JM), Service Manager – Community and Business Services (AH), Scrutiny Coordinator (RE) and Committee Administrator (KEJ)

Betsi Cadwaladr University Health Board Representatives (attended for agenda items 5 & 6) – Bethan Jones, Area Director: Central Area; Gareth Evans, Director Clinical Services Therapies and Alison Kemp, Assistant Area Director of Community Services

1 APOLOGIES

Councillors Joan Butterfield and Hugh Irving

2 DECLARATION OF INTERESTS

The following members declared a personal interest in agenda items 5 and 6 –

Councillor Gareth Davies – Employee of Betsi Cadwaladr University Health Board
Councillor Emrys Wynne – Member of the Community Health Council

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 20 September 2018 and Special Partnerships Scrutiny Committee held on 1 October 2018 were submitted.

Matters Arising –

Special Partnerships Scrutiny Committee (1 October 2018) – The Chair reflected upon the positive meeting held with Health Board officials to discuss the findings of the investigations with regard to the Tawelfan Ward at Ysbyty Glan Clwyd. The written responses to the questions raised at that meeting and additional supplementary reports provided by the Health Board had been previously circulated as part of the Committee’s Information Brief together with the Board’s Dementia Strategy for 2018 – 2020.

RESOLVED that the minutes of the meetings held on 20 September 2018 and 1 October 2018 be received and confirmed as a correct record.

5 DENBIGH INFIRMARY

The Chair welcomed Bethan Jones (Area Director: Centre), Gareth Evans (Director Clinical Services – Therapies) and Alison Kemp (Assistant Director Community Services) from Betsi Cadwaladr University Health Board (BCUHB) to the meeting for discussion on Health Service related business items.

Denbigh Infirmary – the Assistant Director Community Services, via a PowerPoint presentation, briefed the Committee on the background to the decision to close the upstairs Lleweni Ward at the Infirmary having undertaken fire safety checks in accordance with guidance received from the Welsh Government (WG) in the wake of the Grenfell Tower fire tragedy. The fire safety checks had identified “poor compartmentation and the presence of a first floor ...constructed from timber joists and lath and plaster” at the two hundred year old building. On this basis the fire safety assessors had concluded that “considering the number of mobility impaired patients and the limited number of staff, even following the completion of the remedial works, [the] building [would] still present an extremely challenging situation to manage safely during a fire incident requiring vertical evacuation”. Based on this information a decision was taken initially to suspend 10 of the 17 beds on Lleweni Ward in order to minimise any risks associated with an evacuation. To compensate for the loss of community beds in Denbigh 5 additional inpatient beds were opened in Ruthin Hospital, and remedial work, i.e. fire alarm panel, zoning and compartmentation in ceiling void etc. was undertaken on the ground floor area of the Infirmary building. Whilst this work was taking place a detailed survey of the hospital building was undertaken by a fire safety consultancy. The consultancy’s brief was to determine the quality of compartmentation within the original hospital building and the level of fire resilience afforded by the building’s construction. This survey found that there were significant defects within the compartmentation of the original hospital building at both first floor and roof level. This meant that it did not comply with current fire safety regulations and therefore the current fire evacuation strategy for the first floor, which was based on horizontal evacuation and reliance on compartmentation, was compromised and therefore did not comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005. As a result a decision was taken to suspend the use of the remaining 7 inpatient beds on the upstairs ward and to suspend the use of the midwifery led delivery room. She emphasised that whilst the first floor was deemed no longer suitable for inpatient beds, etc., it did not mean that it could not be used for other purposes.

In taking the above decision the Health Board engaged with a wide range of stakeholders, including local and national politicians, the Community Health Council (CHC), staff, trade unions, local authority staff and the hospital's League of Friends. It also agreed longer term arrangements with Ruthin GPs to cover the additional beds at Ruthin Community Hospital and redeployed a small number of staff mainly to Ruthin Hospital. As a consequence of the loss of beds work was also commissioned to identify alternative inpatient capacity and explore alternative pathways to inpatient care.

NHS Specialist Estates Department was currently in the process of identifying high level costs required to make the first floor area compliant with health and safety regulations, including fire safety standards. It was already known that major structural work would be required and that whilst this work was taking place it would impact on the ground floor accommodation. Due to the need to meet modern health service standards it was already envisaged that not all of the 17 beds, lost following the closure of Lleweni Ward, would be able to be re-provided on the ground floor of the hospital. It was anticipated that an additional four to six beds would eventually be opened on the ground floor of the hospital. Two options had been shortlisted as potential solutions on how these additional beds could be provided. One entailed the conversion of the current physiotherapy area into a beds bay/ward with the physiotherapy provision re-locating to another part of the hospital site. The other option was the construction of an extension. Both of these options would entail a bid to WG for capital funding in order for them to be realised. Health Board officials emphasised their commitment for services to be provided at Denbigh Infirmary in future. In recent months the Board had invested in a number of facilities related investment projects, i.e. installing a new boiler, upgrading external lighting and paving. The facility currently provided an array of valuable community based services to the local area, including in-patient beds, outpatient clinics, x-ray services, a minor injuries unit (MIU), audiology, physiotherapy, an Intravenous (IV) Therapy Suite and various screening services. In future Community Dental Services were looking to consolidate its services on the site, whilst x-ray services had recently increased its sessions by providing two additional sessions which had resulted in the hospital now having a full time X-ray Service. The use of the IV Suite was increasing as were visits to the MIU, which had registered a 22% increase in the number of attendees during the period April to October 2018 compared to the previous six monthly period. On average a total of 50 patients a month were cared for in in-patient beds at Denbigh Infirmary and Ruthin Hospital. At present there were no staff vacancies in the Denbigh Infirmary. Health Board officials had recently met with representatives from the hospital's very proactive League of Friends to discuss their ideas for future services at the hospital. They had identified a couple of schemes for the Health Board to explore further and had requested that the first floor area be utilised as soon as possible for the purpose of providing some kind of services rather than remain empty and prompt speculation and fears regarding the hospital's long-term future.

In response to members' questions Health Board officials –

- advised that North Wales Fire and Rescue Service had also undertaken a fire safety inspection at the hospital in recent months

- confirmed that the existence of wooden joists to support the floor of the first-floor area would impede the ability of staff to be able to safely evacuate the upper floor ward using the approved horizontal evacuation procedure in the event of a fire. Compliance with regulations and safety procedures were therefore essential. A recent fire in a care home in North Wales had highlighted this problem. That incident was currently being investigated by the Health and Safety Executive (HSE)
- confirmed that modern standards relating to the provision of space for in-patients on hospital wards would make it impossible for the Board to replace the number of beds lost at the Infirmary with a corresponding number of new beds. Nevertheless the Health Board was committed to re-instating some of the 'lost' beds through the provision of potentially 4 to 6 additional beds on the downstairs ward (Famau Ward)
- advised that to facilitate the provision of the additional beds on Famau Ward a business case would require to be compiled and costed for submission to WG to seek capital funding for the project, as the cost of remodelling and construction work would probably be in excess of £1m
- informed the Committee that when costings were available and a draft business case had been compiled the Board would consult with residents, the Council and other stakeholders on the most appropriate facility to develop in order to meet community needs and demands. The project would incorporate facilities to support effective partnership working and projected future community health service provision needs
- confirmed that dignity and privacy requirements were now an integral part of the design process for new or refurbished healthcare facilities
- advised that, despite BCUHB having circa 60 fewer community beds available in Denbighshire as a result of the closure of Prestatyn Community Hospital, the Royal Alexandra Hospital and Lleweni Ward at Denbigh Infirmary in recent years, there was not a shortage of community beds in the county to meet local need. Through more effective bed management and the availability of an enhanced care package at home for patients the demand for in-patient beds had reduced. It was now acknowledged that longer periods in hospital contributed towards the loss of muscle ability and led to greater levels of confusion amongst patients, this was often referred to as 'Pyjama Paralysis'. Through effective working with Social Services the Health Service was able to get patients home earlier and via the services of the Community Resource Team (CRT) was able to support them in their own homes
- confirmed that, whilst the aim was to get people wherever possible back home as soon as possible, the Health Board acknowledged that community beds needed to be available for those who needed them and patients nearing the end of their lives would be able to choose where they wanted to be during their final days
- advised that whilst the Conwy and Denbighshire council areas had the highest number of elderly residents in North Wales it had the lowest incidents of delayed transfer of care (DToC). Nevertheless this was not a reason for having no community hospital beds at all. Community hospital in-patient and other facilities had a pivotal role to play in convalescent care and rehabilitating people and getting them ready to return home. It was envisaged that residential homes would in future have a role to play in convalescence care and rehabilitating patients

- confirmed that the Home Enhanced Care Service (HECS) was developed following the closure of the Royal Alexandra Hospital as a method of providing in-patient type care, similar to what was being provided at community hospitals, to patients in their own homes
- reaffirmed that the Health Board had no pre-determined plan for closing the community hospital in Denbigh. It did however need to establish the type of health facility the town and its surrounding area would require for the future, including which services would need to be delivered from the site. Once that had been determined proposals and plans would need to be drawn-up in order to deliver a fit for the future provision in the town. It was important to remember that a "community hospital" was much more than in-patient beds, although in-patient beds were an important part of any such facility
- advised that the NHS Wales' Specialist Estates Department was expected to be in a position to provide the Health Board with indicative high level costs for the refurbishment work required on the ground floor area and Lleweni Ward by the end of November 2019. Work would then commence on drawing up an outline business case for the proposed future development to submit to WG as part of the bid for capital funding for the project. No firm timeframe could be given on the length of time it would take to secure the necessary funding, but it was anticipated that this would take a minimum of three years to secure before construction on site could start. Nevertheless, in line with the League of Friends wishes, Health Board officials were keen to make use of the former Lleweni Ward area in the interim to avoid leaving it empty. Consideration would be given to possibly locating the CRT there on a temporary basis, perhaps bring the Community Therapists there to help facilitate the 'step down' service (similar to what was currently happening in both Rhyl and Ruthin) whilst re-locating the District Nursing Team to the lodge building on the site. Health board officials invited Committee members and local members to contact them with their ideas of which services could be provided on the site either on a temporary basis or as part of the planned future long-term provision for Denbigh, and
- confirmed that the cost of re-providing some more in-patient beds, to replace the ones closed at the Infirmary, would be explored and considered before consideration was given to providing them elsewhere.

The Chair of the Denbigh Member Area Group (MAG), Councillor Rhys Thomas, advised the Committee that the local MAG was monitoring the situation at the hospital closely, particularly the number of in-patient beds available there as they had concerns that the Health Board had a tendency to remove bed provision at various hospitals prior to replacement services being established and operating at full capacity. Health Board officials were due to attend the January 2019 meeting of the MAG to discuss progress in relation to the Infirmary.

At the conclusion of the discussion the Committee –

RESOLVED, *subject to the above –*

- (a) *to receive the information on the current position with regards to Denbigh Infirmary, and*

- (b) *that a further report be presented to the Committee in the Spring of 2019 on the indicative costs identified for the purpose of providing additional beds at the hospital, outlining the progress made with developing a business case for the future provision of services at the site, and detailing future long-term plans for the facility.*

6 CAPITAL PROJECTS UPDATE: NORTH DENBIGHSHIRE HOSPITAL PROJECT, RUTHIN CLINIC AND CORWEN HEALTH CENTRE

The Health Board's Director Clinical Services – Therapies gave the Committee a presentation outlining the progress achieved to date in relation to three major capital projects in Denbighshire. He outlined the background to each project and advised that with respect of the current position –

Corwen Health Centre

- a fit for purpose facility which provided a high quality environment for primary care services and enhanced dental services had opened on the site in Corwen on 12 October 2018, with an official opening scheduled for 29 November 2018. The site also had potential to accommodate a broader range of health related services
- the Health Board had awarded £1.48m towards the project from its Discretionary Capital Allocation
- the Centre now housed a GP practice which had the added facility of consulting rooms for trainee doctors, specialist GP led cardiology services, two dental surgeries, district nursing services, health services, physiotherapists, podiatry services along with services for mental health and substance misuse, and
- with a view to expanding the services further work was underway to recruit additional dental staff and to assess whether there was a potential to increase the Voluntary Sector's (Third Sector) presence on the site to support the Health Service's work in the area.

Mount Street Clinic, Ruthin

- in 2016 a Primary Care Estates review had identified that this facility was not fit for purpose. Due to its poor condition of repair the Health Board concluded that spending circa £750k to undertake maintenance and upgrading work on the building would not equate to an effective use of resources and would not deliver a long term solution to meet future needs in the Ruthin area
- a strategic decision was taken to bid for £1.7m of WG capital funding for the purpose of delivering primary care services close to patients' homes through the relocation of the services currently delivered at the clinic on the Ruthin Community Hospital site with a possibility of delivering other health services at the new site in due course
- at present the proposals were to relocate the GP practice, Health Visitors, School Nurses and Community Mental Health (CMH) practitioners from the current Clinic site to the Ruthin Hospital site. The Community Dental team were currently considering two options, whether to relocate to the Ruthin Hospital site or to utilise current facilities available at both Denbigh and Corwen and deliver a mobile service where appropriate, whilst the Welsh Ambulance Service Trust

(WAST) was in discussions with North Wales Fire and Resource Services (NWFRS) to explore possibilities in relation to delivering their services from a shared facility. Work was also underway to examine the potential of delivering additional services from the relocated facility at Ruthin Hospital, i.e. secondary/community care activity such as pulmonary rehabilitation services for the south of the county, well-being activity and services to support training for rural GPs

- several stakeholder events had already been held to gauge community interest and support for the new service model and potential take-up of proposed 'new' services. It was anticipated that all of these events would be concluded before Christmas 2018. Designers were currently preparing to produce design briefs for the proposals along with costings and a business case was being written with a view to securing the WG capital funding for the project. It was anticipated that the Health Board would consider the business case at its March 2019 meeting prior to it being submitted to WG for approval. Subject to no timetable slippages and WG capital funding being approved it was envisaged that the building work could commence during the summer of 2019, with the final services being transferred from the current Mount Street clinic site to the facility at Ruthin hospital during the spring or summer of 2020
- reassured members that there was no cause for concern with respect to the proposals to relocate community dental services from Mount Street Clinic, Ruthin to Denbigh and Corwen and provide a mobile service. The same level of service would be available to patients in Ruthin and surrounding areas and they would be given the choice of where they would prefer to access those services, in Denbigh or Corwen, or if either was not accessible to them they could request a mobile service to their own home, and
- confirmed that community hospitals such as Ruthin had in recent years taken on a number of extra services. Denbigh's new IV suite delivered a range of specialist IV services, i.e. Chemotherapy, services for the Walton Centre etc. it was anticipated that other specialist services may be provided in the community/community hospital setting in future and staff were being trained to deliver these specialist services.

North Denbighshire Community Hospital, Rhyl – a copy of the Outline Business Case (OBC) for this project, which had been considered and approved by the Health Board at its meeting on 1 November, and subsequently submitted to WG for approval had been circulated to members with the Committee meeting papers.

- the revised OBC approved by the Board addressed the three main areas which the WG had asked to be included in the document, namely how the project proposal fitted-in and contributed to the Health Board's overall strategy and vision for delivering health care services in North Wales, details of the proposed new facility's revenue affordability and how the Board proposed to safeguard and use the Grade II listed former Royal Alexandra Hospital building as part of its plans for the site
- the OBC provided information on the proposed services that would be delivered at the new facility, including a 28 inpatient bed ward with a multi-disciplinary assessment unit, same day minor injuries and minor illnesses service, outpatients clinics, an IV Therapy Suite, diagnostics and therapy services, community dental services, sexual health services, integrated older persons

mental health outpatient services, Single Point of Access (SPoA)/integrated working base, Child and Adolescent Mental Health Service (CAMHS), administration support for integrated teams and a community hub (to include a café, Third Sector facilities and meeting rooms)

- the current projected timeline for the project was to receive the WG's response and subsequent approval of the revised OBC by no later than the end of January 2019. This would enable the Full Business Case (FBC) to be submitted to WG by March 2020, with a view to construction work starting on the site during September 2020 and the new build being delivered by the end of March 2022. Following this it was expected that the refurbishment work on the former Royal Alexandra Hospital would be completed by December 2022.

Responding to members' questions Health Board Representatives –

- confirmed that costings for all above projects were done by qualified cost advisers who applied a specific formula when undertaking costing exercises. The costings quoted in the OBC took into account potential inflationary cost increases
- confirmed that the estimated costs for the proposed new North Denbighshire Community Hospital project had increased significantly between the time that the Strategic Business Case (SBC) had been compiled in 2013 and the present OBC, from £22.2m to £40.24m. There were three main reasons for this, all of which were detailed in the OBC document circulated to the Committee
- advised that the timeline given for progressing the North Denbighshire Community Hospital project and other projects through to their completion was dependent upon each stage within the projects being approved/delivered on time. The milestone dates at present were based on these assumptions
- advised that workforce planning was taking place with a view to staffing the new facility in Rhyl. The workforce planning for the facility was multi-faceted, staff for a number of the services that would be delivered at the facility were already in post, and it would be a matter of relocating them to the facility. Recruitment of new staff would mainly centre around staffing for the ward, and managing the day to day running of the facility and estate. The Health Board regularly undertook local recruitment exercises and participated in national recruitment initiatives
- confirmed that whilst a number of the services at the North Denbighshire Community Hospital would be nurse or nurse practitioner led, medical advice would be easily accessible to them if required
- outlined the range of services provided at an Ambulatory Care Unit (ACU), which could potentially be developed on the North Denbighshire Community Hospital site if the ACU pilot project currently being trialled at Llandudno proved to be successful. These were services, such as treatment for urinary tract infections (UTIs), Chronic Obstructive Pulmonary Disease (COPD) etc. which currently entailed the patient attending a District General Hospital (DGH). If the pilot at Llandudno was successful ACUs could be operated on a number of sites across North Wales in order to alleviate pressures on the DGHs. Patients would attend on a daily basis using either their own transport, public transport or where required transport would be provided. The patients would be monitored and if their condition did not respond to the treatment given or worsened they could be 'stepped-up' to the most appropriate in-patient unit

- advised that they did not at present envisage an ACU being available anywhere else but Rhyl in Denbighshire for the foreseeable future, as for the service to be effective it needed to be located in an area that was densely populated. Nevertheless, its location should not be a barrier to residents from other areas of the county from accessing its services if it was the nearest ACU to their home, and
- advised that the work to develop the FBC for the North Denbighshire Community Hospital project would include detailed analysis in relation to car parking provision and public transport links to the facility. Exploratory work already undertaken had identified that the site was fairly well served by public transport. The Health Board envisaged that the demolition of the temporary buildings on the current Royal Alexandra Hospital site would realise additional land which was earmarked for car parking for the hospital. In addition there were chargeable public car parks nearby, chargeable car parking facilities on the promenade and free on-street parking on nearby side streets. The Board was also developing and a Green Travel Plan and exploring the possibility of 'buying' Alexandra Road from the Council to facilitate its 'de-adoption' which would provide safe and easy access between the former Royal Alexandra Hospital site and the new health facility site and potentially realise additional space for vehicles to park.

During the discussion members registered their concerns that some of the facilities inherited by the current Health Board seemed not to have been subject to stringent business planning processes during their design to ensure that they would be fit for the future. As a result the Board was now having to invest significantly in order to provide suitable accommodation from which services could be delivered. Members requested Board officials to ensure that all proposed new facilities would be fit for the future and adaptable to meet changing needs and expectations in the future.

At the conclusion of the discussion the Committee thanked Health Board officials for attending to update members on the progress to date with the above capital projects and answering their questions in relation to them.

RESOLVED, *subject to the above –*

- to receive the information on the current position in respect of the North Denbighshire Hospital, Ruthin Clinic and Corwen Health Centre capital projects, and*
- request that the Health Board further brief the Committee on all capital projects in Denbighshire, including the North Denbighshire Community Hospital project, Corwen Health Centre, Ruthin Clinic and the development of the Community Resource Teams (CRTs) during the Spring of 2019.*

At this juncture (12.05 p.m.) the meeting adjourned for a refreshment break.

Introducing the report and appendices (previously circulated) which updated members on the Council's progress to date in delivering its Homelessness Prevention Action Plan, the Lead Member for Well-being and Independence informed the Committee that the Council's aim was to prevent homelessness. In its bid to achieve this objective a multi-service and multi-agency approach had been adopted with a view to supporting people who were at risk of being made homeless from becoming homeless. Also attached to the report was Denbighshire's draft Supporting People/Homelessness Prevention Commissioning Plan 2019-222, which outlined how the Council proposed to develop and remodel support projects in the county over the next three years to support people who were either homeless or at risk of being made homeless. Confirmation was still awaited from WG on the amount of Supporting People grant funding the Council was to be awarded for 2019-2022, whilst a budget cut was not anticipated for next year the Council as part of its budget planning had built in a 5% budget cut contingency into the delivery plan.

Responding to members' questions the Lead Member, Corporate Director: Communities and the Homelessness Prevention Commissioning Officer –

- confirmed as a matter of routine that, when compiling the Commissioning Plan and Action Plan, officers built in a 5% cut contingency plan into its budget assumptions. For the forthcoming year this had been done on the basis of potential efficiency savings and the re-configuration of services to deliver more homeless prevention work rather than intervention work. It was widely acknowledged that prevention work in the long-run cost less than reactive intervention work
- confirmed that the Service worked very closely with Canolfan Dewi Sant in Rhyl, which provided shelter and support to individuals and families experiencing homelessness. The Council's Homeless Officer and its Citizen Engagement Officer visited the Centre on a regular basis. In addition the authority commissioned services at the centre
- referred to the shift in focus to a more proactive preventative service, e.g. by a Criminal Justice Homelessness Prevention Officer visiting prisoners before they were discharged from prison to prevent them leaving prison and immediately presenting themselves as homeless
- advised that the Service was currently working with around 500 households in Denbighshire at present in relation to housing and homelessness matters
- advised that there were a variety of reasons why individuals and families were at risk of losing their home, i.e. drug/alcohol/substance misuse, welfare reform, financial difficulties/debt, the effect of adverse childhood experiences (ACE). Hence the reason taken to reconfigure the team to enable them to give more specialised prevention support
- emphasised that every individual who contacted the Service was a vulnerable person
- illustrated, via a case study, the effectiveness of the Homelessness Prevention Officer post hosted by the Revenues and Benefits Service (Civica) in the Job Centre in helping people manage their debts and plan their finances in order to prevent a crisis occurring
- confirmed that the Annual Homelessness Prevention Day had been well attended during which a number of personal experiences were shared. The

feedback received following the event had been positive. Nevertheless there would always be areas for improvement. As a result of this event stronger links were being forged between internal partners with a view to strengthening working practices to prevent situations escalating into crises

- advised that the competitive tender process undertaken for the provision of supported housing had been undertaken in accordance with the Council's Contract Procedure Rules (CPR). A new provider had been appointed. The majority of 'supported units' had transferred over from the previous provider to the new appointed provider. However, six units had not transferred over, and the new provider was committed to delivering suitable accommodation in place of the units which had not transferred. Some staff had transferred over to the new provider under Transfer of Undertakings (Protection of Employment) (TUPE) Regulation arrangements. The Council was monitoring closely the contract's delivery in line with its contract monitoring procedures and regular meetings were being held with the provider to support compliance with the tender specification requirements
- confirmed that whilst there were some individuals/families in the south of the county being supported to avoid them becoming homeless, the majority of cases receiving support were in the north of the county
- advised that whilst the report presented to the Committee focused on people over the age of 18, the Service had figures on 16 to 18 year olds who were at risk of becoming homeless. The Service worked with them via the Young People's Positive Pathways project
- confirmed that the Service had a severe weather protocol in relation to homelessness which it invoked when severe weather was forecast, and
- advised that a report would be published in the near future on how the Authority proposed to end the use of non-suitable accommodation to house homeless individuals and families.

Members suggested that future reports and Commissioning Plans should include actual numbers in addition to percentage figures when referring to individuals/families/households supported by the Service and its partners, as this would assist the Committee to gauge the extent of the problems and to see the extent of the homelessness problem in the county and whether any trend was developing. They also requested that both English and Welsh versions of the Commissioning Plan were proof-read in order to eliminate basic spelling and grammar errors and that an information report be provide to them on Prison Leavers and the Homelessness Service.

In congratulating the Service on its work and the support it provided for vulnerable families and individuals, members emphasised the need to progress the objectives of the Single Access Route to Housing (SARTH) work and the importance for the Council to commence its plans to build more social housing in the county.

At the conclusion of the discussion the Committee –

RESOLVED, subject to the above observations and the provision of the requested information –

- (a) *to support the delivery of the Homelessness Prevention Action Plan, to ensure that everyone is supported to live in homes that meet their needs;*
- (b) *that it was assured that plans were being developed for mitigating any risks associated with future changes to Supporting People funding;*
- (c) *that its comments and recommendations be included in the report on the Commissioning Plan scheduled to be presented to Cabinet at its December meeting, and*
- (d) *that an Information Report be prepared for circulation to members on Prison Leavers and the Homelessness Services.*

8 SCRUTINY WORK PROGRAMME

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

During the ensuing discussion –

- items on the work programme for the December meeting were reaffirmed and it was agreed to invite the relevant Lead Cabinet Members to attend; the Corporate Director Communities submitted her apologies for that meeting advising that the Corporate Director Economy and Public Realm would attend in her place
- it was noted that the Scrutiny Chairs and Vice- Chairs Group had not directed any matters to the Committee during their last meeting
- the Scrutiny Coordinator confirmed that proposals for the joint scrutiny arrangements of the Conwy and Denbighshire Public Services Board had now been approved by both Councils and would be progressed by officers; Group Leaders would be approached to appoint a total of eight representatives (non-Cabinet members) for the Joint Scrutiny Committee based on political balance
- it was noted that work was underway to compile the information report on young carers requested by the Committee at their meeting on 20 September 2018 which would be circulated to members in due course
- it was confirmed that reports requested by the Committee under the previous agenda items would be added to the work programme
- the Chair encouraged all members to attend the meeting of the Corporate Parenting Forum scheduled for 2.00 p.m. on Tuesday, 11 December 2018 in Conference Room 1b, County Hall, Ruthin.

RESOLVED that, subject to the above, the forward work programme as detailed in Appendix 1 to the report be approved.

9 FEEDBACK FROM COMMITTEE REPRESENTATIVES

The Chair reported upon her recent attendance at the Communications and Marketing Service Challenge advising that the service was performing well – she encouraged members to read the notes of the meeting once they became available.

Councillor Melvyn Mile advised that he had attended the Business Improvement and Modernisation Service Challenge on 2 October, the notes of which had been previously circulated as part of the Committee's Information Brief.

RESOLVED that the verbal reports be received and noted.

The meeting concluded at 1.00 p.m.