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Cyngor sir ddinbych denbighshire County Council

To: Members of the Partnerships Scrutiny Committee

Date: 2 November 2018

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 **10.00 am** on **THURSDAY, 8 NOVEMBER 2018** in **CONFERENCE ROOM 1A, COUNTY HALL, RUTHIN**.

PLEASE NOTE THAT THERE IS A BRIEFING FOR ALL ELECTED MEMBERS AT 9.15 A.M. IMMEDIATELY PRIOR TO THE MEETING.

Yours sincerely

G. Williams
Head of Legal, HR and Democratic Services

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 7 - 20)

To receive the –

(a) minutes of the Partnerships Scrutiny Committee held on 20 September 2018 (copy enclosed), and

(b) minutes of the Special Partnerships Scrutiny Committee held on 1 October 2018 (copy enclosed).

5 DENBIGH INFIRMARY

To receive a presentation from Betsi Cadwaladr University Health Board representatives regarding the future plans for the provision of services at Denbigh Infirmary following the closure of Fammau ward.

10.10 a.m. – 10.50 a.m.

6 CAPITAL PROJECTS UPDATE: NORTH DENBIGHSHIRE HOSPITAL PROJECT, RUTHIN CLINIC AND CORWEN HEALTH CENTRE (Pages 21 - 162)

To receive an update from Betsi Cadwaladr University Health Board representatives on progress made in respect of capital projects relating to North Denbighshire Hospital (Business Case enclosed), Ruthin Clinic and Corwen Health Centre.

10.50 a.m. – 11.30 a.m.

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7 HOMELESS PREVENTION ACTION PLAN UPDATE AND DRAFT COMMISSIONING PLAN 2019-22 (Pages 163 - 210)

To consider a report by the Homelessness Prevention Commissioning Officer (copy enclosed) detailing progress made with delivery of the Action Plan and presenting the draft Denbighshire Supporting People/Homelessness Prevention Commissioning Plan prior to its submission to Cabinet.

11.45 a.m. – 12.10 p.m.

8 SCRUTINY WORK PROGRAMME (Pages 211 - 230)

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.

12.10 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.

MEMBERSHIP

Councillors

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

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

COPIES TO:

All Councillors for information
Press and Libraries
Town and Community Councils

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LOCAL GOVERNMENT ACT 2000

Code of Conduct for Members

DISCLOSURE AND REGISTRATION OF INTERESTS

I, (*name*)	
a *member/co-opted member of *(*please delete as appropriate)*	**Denbighshire County Council**

CONFIRM that I have declared a ***personal / personal and prejudicial** interest not previously declared in accordance with the provisions of Part III of the Council's Code of Conduct for Members, in respect of the following:-
*(*please delete as appropriate)*

Date of Disclosure:	
Committee (*please specify*):	
Agenda Item No.	
Subject Matter:	
Nature of Interest: *(See the note below)**	
Signed	
Date	

*Note: Please provide sufficient detail e.g. 'I am the owner of land adjacent to the application for planning permission made by Mr Jones', or 'My husband / wife is an employee of the company which has made an application for financial assistance'.

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PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1a, County Hall, Ruthin on Thursday, 20 September 2018 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

Observer : Councillor Alan James

ALSO PRESENT

Corporate Director: Communities (NS), Head of Community Support Services (PG), Team Manager: Safeguarding (NT), Commissioning Officer – Carers Services (CW), Scrutiny Co-ordinator (RhE) and Committee Administrator (SJ)

1 APOLOGIES

Apologies of absence were received from Councillor Bobby Feeley, Lead member for Well-being and Independence.

2 DECLARATION OF INTERESTS

Councillor Emrys Wynne and Councillor Joan Butterfield declared personal interests in agenda item 5- Annual report of safeguarding adults in Denbighshire 1st April 2017 – 31st March 2018.

3 URGENT MATTERS AS AGREED BY THE CHAIR

No urgent matters were raised.

4 MINUTES OF THE LAST MEETING

The minutes of the Partnerships Scrutiny Committee meeting held on the 28 June 2018 were submitted.

RESOLVED *that the minutes of the Partnership Scrutiny Committee held on the 28 June 2018 be received and approved as a correct record.*

5 ANNUAL REPORT ON SAFEGUARDING ADULTS IN DENBIGHSHIRE 1ST APRIL 2017- 31ST MARCH 2018

In the absence of the Lead Member for Well-being and Independence the Head of Community Support Services introduced the Team Manager: Safeguarding's Annual Report on Safeguarding Adults in Denbighshire for the period 1st April 2017

to 31st March 2018, copies of which had been published and circulated in advance of the Committee's meeting.

During his introduction the Head of Service informed members that the report, the format of which had been amended in line with previous suggestions made by the Committee, outlined the legislative requirements relating to safeguarding, the improvements achieved during the year in relation to the consistency and quality of safeguarding work and the processes in place to address any safeguarding concerns brought to the Council's attention, along with details of the number of referrals received in the county during 2017-18. As in previous years, and in line with the national trend, the number of adult protection referrals had increased during 2017-18. Nevertheless the 8% increase in 2017-18 in comparison to 2016-17 was considerably less than the increase of 48% recorded in 2016-17 compared to 2015-16. The Head of Service detailed the safeguarding 'headlines for 2017-18' listed in the report advising members that in response to concerns raised by Care Inspectorate Wales (CIW) on the quality of strategy meeting minutes and their potential to provide a sufficient audit trail, significant improvements had been made in relation to this aspect of the work, with minutes now including evidence of formal outcomes and action plans with agreed timescales for completion being produced.

The Head of Service assured the Committee that the Council's performance against the only national performance indicator (PI) relating to adult safeguarding – the number of enquiries completed within 7 working days – which stood at 67% was not the 'best' or 'worst' performance in Wales. He emphasised that this indicator encompassed all aspects of dealing with the enquiry, including the conclusion of all administrative tasks which was to an extent dependent upon partner organisations completing their paperwork and submitting them to the Council on time. It was important to understand that, whilst the Council's performance in relation to the PI did not seem that good, the Council's priority was to ensure the safety of the vulnerable individual. If there was evidence to suggest that an individual was at risk of any type of harm, action would be taken on the day the evidence came to light. Prior to responding to members' questions the Head of Service explained the Deprivation of Liberty Safeguards (DoLS) requirements and the potential implications of the reform proposed in the new UK Mental Capacity (Amendment) Bill (MCA Bill) on DoLS, which will see them replaced with a scheme which will be known as the Liberty Protection Safeguards. Denbighshire's performance in relation to DoLS activity during 2017-18 was in line with other Welsh local authorities. He also expanded on the Council's key objectives in relation to adult safeguarding for the current reporting year.

Responding to the Committee's questions the Head of Service and the Team Manager: Safeguarding:

- confirmed that the introduction of the Social Services and Wellbeing (Wales) Act 2014 and its associated processes in relation to safeguarding had probably contributed to the increase in the number of safeguarding referrals in recent years. It was also widely accepted that public knowledge and perception of what constituted a violation of a vulnerable person's life and their rights had also led to an increase in referrals;
- advised that the 'quality' of an adult safeguarding referral to the Council could also affect the Authority's ability to meet the 7 working day deadline for

concluding an enquiry, as the provision of insufficient information required additional enquires to be initiated prior to the investigation commencing. Any suggestion that a criminal act had taken place would require the Police to conclude their investigation before the Council could complete its inquiry. Consequently, the 7 day target would not be met, particularly in complex cases and those which involved partner organisations. Nevertheless, safeguarding actions will have been initiated to move the vulnerable person out of harm's way if there was any initial evidence to suggest that they were subject to any type of abuse e.g. physical, mental, emotional, financial etc.;

- informed members that the Council was committed to improving performance against the Welsh Government's (WG) PI and was aspiring to complete 85% of enquiries received within the 7 working day target, in comparison to the current 67% and where that was not possible the robust recording mechanism put in place would clearly capture the reasons for non-compliance with the PI. All authorities acknowledged that 100% compliance within the 7 working day target would never be achievable due to the complexities and nature of the work involved. Nevertheless, the North Wales Safeguarding Board whose membership comprised of representatives from all agencies dealing with safeguarding issues was committed to improving performance and facilitating better and speedier working relationships between agencies. With a view to realising this ambition it had published a guidance to agencies on how they could work together to improve performance and deliver better outcomes for vulnerable individuals who were at risk;
- confirmed that whilst one of the case studies included in the report focussed on an allegation of financial abuse in relation to a 'lasting Power of Attorney', this type of abuse was no more prevalent in recent years than it was some years ago;
- reassured members that the fact that 'paid employees' accounted for 69% of the individuals who had allegations of abuse of vulnerable adults made against them was not alarming, as 'paid employees' worked in a closely regulated service which had stringent procedures to follow if an allegation was made. These employees at times supported their clients in intimate situations therefore were more at risk of allegations being made against them. Each allegation was thoroughly investigated. If patterns of allegations or concerns were identified the Council's Commissioning Staff would place the providers into escalating concerns status and monitor them closely. Until such time as any shortcomings had been rectified the Council would not place new residents into those establishments or commission any further services from that provider;
- confirmed that if an allegation of abuse against a carer or healthcare provider member of staff had been proven Disclosure Barring Service (DBS) checks would debar them from being employed in the care and health service sector in future. A nationwide registration system for all care workers was due to be launched shortly. Under this system any care worker who had allegations of abuse proven against them would lose their registration and would therefore be unable to be employed in the sector for the duration of their registration ban;
- advised that whilst there would never be sufficient monies available to enable the Service to deliver all it wanted to deliver, it was nevertheless

better resourced staff-wise now than in recent years, more contract monitoring staff were employed and teams were working together better in a bid to safeguard vulnerable residents; and

- confirmed all local authority and private residential or nursing homes were inspected regularly and rigorously by Care Inspectorate Wales (CIW) who would as part of the inspection process identify any shortcomings or irregularities, including those associated with their recruitment processes.

At the conclusion of the discussion the Committee:

Resolved:

(i) subject to the above observations to acknowledge the important nature of a corporate approach to the safeguarding of adults at risk, and the responsibility of the Council to view this as a key priority area and place it alongside the commitment and significance given by Denbighshire to safeguarding children at risk;

(ii) that future annual reports also include case studies to which satisfactory solutions were not found in addition to those to which satisfactory outcomes were realised; and

(iii) that, in due course, an Information Report be prepared and circulated to Committee members on the contents of the Mental Capacity (Amendment) Bill, and its implications for the Council and residents

At this juncture (10.35 a.m.) there was a 10 minute break

The meeting reconvened at 10.45 a.m.

6 PROVISION OF RESPITE CARE ACROSS DENBIGHSHIRE

In the Lead Member's absence the Head of Community Support Services introduced the Commissioning Officer: Carers Services report (previously circulated). The report, provided in response to a request from the Committee, outlined the provision and availability of respite services for Denbighshire citizens who had care and support needs to enable their carers to receive periods of respite. Both the Head of Community Support Services and the Commissioning Officer: Carers Services, as part of their introduction:

- explained the definition of 'respite' in the context of adult social care;
- gave an overview of the respite provision available for adults aged 18 years and over, which included older people and people with complex physical and/or learning needs;
- highlighted the emphasis placed on carers and carers needs in the Social Services and Well-being (Wales) Act 2014 (SSWB (Wales) Act) and the responsibilities placed on individuals and local authorities under the Act to meet carers' needs;

- outlined Denbighshire's approach towards meeting the Act's requirements and adhering to its ethos in relation to carers' services; and
- gave an overview of the demographic and commissioning challenges faced by the Council in a bid to comply with the legislative requirements, along with information on the work underway regionally in a bid to meet those needs via sustainable integrated services across North Wales.

Denbighshire was fully committed towards supporting carers in the county to the best of its ability. This commitment was reinforced by the inclusion in the Corporate Plan, under the Resilient Communities priority, of an ambition to "ensure all carers in Denbighshire are well supported". With a view to delivering this goal a Carers Strategy and cross-service action plan had been drawn up to ensure that all services were able to identify carers and support their needs as part of their everyday business.

Responding to members' questions officers:

- advised that it was estimated there was circa 11,600 carers (of all ages) across the county;
- advised that not every 'carer' considered themselves to be a 'carer', a significant number considered it to be their 'duty' to care for a family member. Some of these individuals did not wish to have a 'carer's assessment' done, and the Act was clear that no one should be compelled to have a carer's assessment. It was the Council's duty to make provision for such assessments for those who wanted them and to promote their availability, the availability of carers services and the ethos of the Act to residents;
- acknowledged that not all carers were content with the services available to them, despite this a number were extremely reluctant to inform the Council about the types of services which they would find useful;
- emphasised that 'carers assessments' were no longer complex form filling exercises, they now centred around a 'What Matters' conversation with the carer with a view to exploring what outcomes they desired and how best to achieve those outcomes;
- advised that respite provision was not confined to the 'cared for' person having to enter a residential or nursing home for a specified period of time, they could be cared for in a number of different settings including within their own home, extra care provision, sitting services, day services. Appendix 3 to the report listed the current models of respite care services available across Denbighshire. The types of provision and services available, including flexible services, changed on a regular basis in order to meet individual choices and demands;
- confirmed that a regional group of officers and stakeholders were currently exploring how best to deliver respite services for 'cared for' people with complex needs, mainly complex health needs. The Health Service would generally fund these type of respite services under their duty of care under the Act;
- assured the Committee that all Council employed social care staff had received training on the SSWB (Wales) Act 2014 and its requirements in relation to social care services. The Health Board should have also provided similar training to its staff in relation to the Act;

- advised that Carers Assessors would generally use the 'What Matters' conversation method for assessing a carers needs. However, if it transpired that the carer's needs were greater than could be effectively determined by using the 'What Matters' approach, with the carer's permission a more detailed Carer's Support Plan Assessment would be undertaken;
- advised that the most recent North Wales Social Care and Well-being Needs Assessment had estimated that approximately 10% of school children were 'young carers'. However, officers were of the view that the actual number of school age carers was higher. The Council's Education and Children's Services had processes in place to try and identify 'young carers' via the schools with a view to ensuring that adequate and sufficient support was available to them to ensure their educational and social outcomes were achieved. An information report specifically on 'Young Carers' would be compiled and circulated to the Committee;
- confirmed that the Council, as part of its Corporate Plan commitment, was actively exploring innovative ways of meeting the growing demand for carers' support services despite budgetary constraints. The Integrated Care Fund (ICF) contained a specific element of funding for carers' services and there was a separate Carers Grant available from the WG which the Council could draw upon. Part of the new approach to Carers Services was the entire family concept, which meant that the cared for and carer's immediate family formed part of the assessment with a view to ensuring that the provision met everyone's needs and supported the family unit;
- confirmed that legislation obliged local authorities to identity the needs of carers and to support the meeting of the identified needs;
- advised that whilst the Council had agreed to protect the social care budget against any cuts for the 2019-20 financial year, the Service would still need to meet inflationary costs and staff pay increases from within its allocated budget;
- advised that the aims of the SSWB (Wales) Act 2014 were very much in line with the Council's vision for social care in the future, which was to support and enable individuals to achieve better outcomes and live independently for as long as possible. The models of respite listed in Appendix 3 to the report reflected the diverse needs of carers and those they cared for. The types of respite provision available and commissioned changed on a regular basis as the assessment conversation focussed on the carers' needs, their desired outcomes and how those outcomes could be met. Part of that conversation included exploring what resources they had both financially and within their community to realise the desired outcomes;
- confirmed that the vacancy numbers in care homes in the county (Appendix 5 to the report) fluctuated on a regular basis;
- confirmed that in the past 'respite care' had generally entailed the ' cared for' person going into residential or nursing care for specific period of time. This was no longer the case, whilst the 'cared for' could enter a residential or nursing home for a period of respite if they wished, there were a variety of other types of respite services available in the community to meet both their and their cares' needs;
- advised that the availability of community-based services, such as the one operated by volunteers at Capel y Waen near St. Asaph, were well run and attended. Whilst the Council did provide the operators with an annual grant

payment it was considerably less than what it would cost the Council to operate a similar service;

- advised that if a crisis situation arose in relation to a carer and/or the person they cared for the Council would respond immediately. Whilst it could not guarantee that the 'cared for' person or carer could receive the desired services immediately the 'cared for' person would have their needs responded to as a matter of urgency and the desired services would be sourced as soon as practically possible;
- confirmed that whilst carers had a right to receive a 'carer's assessment' and to seek identified needs to be met, the 'cared for' person also had to consent for alternative care to be provided for them; and
- gave an overview of the national charging policy for social care services, advising that the Council could only charge an individual who was not in permanent residential care up to £80 per week for social care services provided to them. The £80 per week figure was set nationally by the WG. They undertook to circulate a website link to all Committee members to the Council's social care charging policy.

Prior to concluding the discussion the Chair congratulated officers on the 'Support Budgets' information leaflet (Appendix 2 to the report) which in the Committee's view was very clear and user-friendly. On the Committee's behalf she also thanked the Commissioning Officer: Carers Services for her dedication to carers in the county and for her service to the Council and wished her all the very best in her imminent retirement. The Committee:

Resolved: subject to the above observations to –

(i) acknowledge the range and availability of respite services provided in Denbighshire to support individuals with care and support needs, and their Carers, within the context of current legislation and demographic changes;

(ii) continue to support and promote the development of support for Carers in order for Denbighshire Community Support Services (CSS) to meet its statutory obligations in regard to Carers, and to support the Council in delivering its corporate priority of developing resilient communities; and

(iii) request that an Information Report be prepared and circulated to Committee members detailing the number of known young carers across the county and outlining the services and support available to them via Education and Children's Services and other Council services, along with the work being undertaken corporately with a view to supporting young carers in line with the ambition laid out in the Corporate Plan and identifying 'hidden' young carers to offer them appropriate and sufficient support.

7 SCRUTINY WORK PROGRAMME

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

A copy of the “Member’s proposal form” had been included in Appendix 2. The Scrutiny Co-ordinator requested that any proposals be submitted to herself. The Cabinet Forward Work Programme had been included as Appendix 3, the table summarising recent Committee resolutions, advising on progress with their implementation, had been attached as Appendix 4.

The Scrutiny Co-ordinator confirmed a special committee meeting had been scheduled for October 1st 2018. Members were reminded that representatives Betsi Cadwaladr University Health Board (BCUHB) would be in attendance to answer questions relating to the recently published reports on the Tawel Fan Ward. Members asked that a link to previous reports be circulated prior to the meeting.

RESOLVED *that subject to the above, the Forward Work Programme be approved.*

8 FEEDBACK FROM COMMITTEE REPRESENTATIVES

No feedback from committee representatives were raised.

Councillor Emrys Wynne took the opportunity to welcome back Councillor Jeanette Chamberlain-Jones as Chair following her absence.

The Chair thanked all members for their wishes and thanked Councillor Emrys Wynne for overseeing the role of Chair during recent months.

The meeting concluded at 11.45 a.m.

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a Special meeting of the Partnerships Scrutiny Committee held in Conference Room 1A, County Hall, Wynnstay Road, RUTHIN, LL15 1YN on Monday, 1 October 2018 at 2.00 pm.

PRESENT

Councillors Joan Butterfield, Jeanette Chamberlain-Jones (Chair), Andrew Thomas, Rhys Thomas, David Williams and Emrys Wynne

Councillor Bobby Feeley (Lead Member for Well-being and Independence)

Observers: Councillors Martyn Holland, Alan James, Glenn Swingler and Mark Young

ALSO PRESENT

Chief Executive (JG), Corporate Director: Communities (NS), Head of Community Support Services (PG) and Scrutiny Co-ordinator (RhE)

Betsi Cadwaladr University Health Board Representatives: Gary Doherty (Chief Executive Officer), Andy Roach (Director of Mental Health and Learning Disabilities) and Deborah Carter (Associate Director of Quality Assurance)

1 APOLOGIES

Apologies were received from Councillors Gareth Davies, Hugh Irving, Pat Jones, Christine Marston and Melvyn Mile.

2 DECLARATION OF INTERESTS

Councillors Joan Butterfield and Emrys Wynne declared a personal interest with respect of the business under discussion at the meeting.

3 URGENT MATTERS AS AGREED BY THE CHAIR

No urgent item notifications had been received.

4 TAWELFAN

The Chair welcomed the representatives from the Betsi Cadwaladr University Health Board (BCUHB) to the meeting for the discussion.

Members' were reminded of the findings of the Health and Social Care Advisory Service's (HASCAS) investigation and other associated investigations into the care and treatment provided at the Tawelfan Ward at Ysbyty Glan Clwyd, links to which had been included on the agenda for the meeting. A copy of the eight main questions which the Committee had prepared at an earlier meeting had been

shared with Health Board officials in advance of the meeting to enable them to provide comprehensive replies to them at the meeting. Earlier on the day of the meeting the Health Board had provided the Committee with links to a number of reports discussed at Health Board meetings relating to the findings of the reviews, these had been public documents for some time and members would most probably be familiar with their contents.

Health Board officials confirmed that they would answer members' questions as comprehensively as possible during the meeting and also undertook to provide written answers to the questions raised.

Prior to answering the Committee's questions BCUHB representatives provided some background and context to the investigations commissioned with respect of Tawelfan. They confirmed that the process had been protracted due to the number of investigations being undertaken. There had been two HASCAS investigations, one overarching investigation and one specifically for affected families. The latter was continuing. As part of this review 108 individual patient reports had been prepared and reviewed. This work included working with families, if family members existed and were willing to work with the reviewers. If evidence of harm to the patient was found set national procedures were followed to investigate those cases. If required reviewers had met with family members on a number of occasions as part of the review process. The reviews were undertaken at a pace that was appropriate to the family and included aspects which the family felt were important to them. In some cases representatives from the Community Health Council (CHC) and/or advocates of the family's choice had been present.

Officers advised that following publication of HASCAS and Ockenden reports it was important that the Health Board responded appropriately to them. As part of its response the Board had established two high level boards to move things forward and realise improvements. These were:

- The Improvement Group (chaired by the Director of Nursing); and
- The Stakeholder Group

both of which were overseen by the Health Board, were examining matters such as improving staff recruitment, improvements to buildings and facilities, and raising dementia awareness amongst staff across the Health Board.

Responding to the Committee's questions Health Board officials:

- advised that costs associated with the closure of the ward were minimal and the building was maintained as part of the hospital's own maintenance programme. The major cost associated with the closure of the Tawelfan ward lay with the expenditure incurred in placing some patients on a temporary basis in appropriate care settings outside of the Health Board's area. In addition to being costly such placements were not ideal for the patient or their family;
- confirmed that discussions were currently underway with the Welsh Government's Estates Team regarding redesigning the former Tawelfan ward building as part of wider proposals to significantly redesign the Ablett Unit. These plans, which included the provision of a fit for purpose

dementia-friendly building, did not propose to use the Tawelfan Ward for clinicial purposes in future. More information on these proposals should be available by Christmas 2018, with the redesigned accommodation hopefully being completed within three years;

- advised that all health authorities were presently exploring the best model for delivering dementia services, which included dementia care nursing services, therapeutic services and enhanced care services. To date BCUHB had invested in dementia trained staff and currently had over 30 dementia support workers in post
- confirmed that out of area placements for people with mental health problems did peak during 2016/17, at a cost of approximately £3m to the Health Board. This was £3m which the Health Board did not have in its budget for this purpose, therefore it caused pressures elsewhere in BCUHB. They were pleased to report that out of area placements had reduced significantly since 2016/17 and where out of area placements were used every effort was made to repatriate them closer to their family as soon as was practically possible. Nevertheless, the main driver behind out of area placements was the patient's best interest first and foremost;
- advised that significant capital investment had been made by the Health Board at other sites across the region which accommodated patients with dementia and similar medical conditions e.g. the investment made in the Bryn Hesketh Unit at Colwyn Bay Community Hospital in order to bring it up to national recommended staffing standards for these types of wards;
- confirmed that, in order to meet the growing demand for services, the Health Board had continually increased the amount it spent on adult mental health services in the region. During the period between 2012/13 and 2016/17 the amount spent on these service in the Health Board area had increased by 22%. BCUHB consistently spent above the WG recommended ring-fenced amount (the minimum recommended amount) on primary and secondary mental health services in North Wales. Officials undertook to provide members with the actual figures relating to these statements;
- acknowledged that the investigations had taken some considerable time from their commencement to their conclusion, and that this had meant that some staff members had been suspended for a number of years. Every effort had been made by the Board to try and support these staff members throughout the process as the Board had a duty of care towards them as employees i.e. some staff members had been offered opportunities to retrain etc. The investigation/disciplinary processes relating to the last of these suspensions were now nearing conclusion;
- confirmed that mortality reviews had been undertaken in relation to patients who had passed away on the ward during the period in question
- confirmed that the Health Board had a pathway in place to facilitate opening a dialogue with families immediately an individual was diagnosed with dementia. This pathway was based on The Alzheimer's Society Guidance and was highlighted at memory clinics as well at throughout all services, in particular acute services;
- advised that under the care pathway families could, if they wished, appoint an independent advocate to act on the patient and their behalf;
- acknowledged that an Accident and Emergency Department setting was not an ideal environment to treat a patient with dementia. The Board was at

present attempting to resolve this by ensuring that a doctor who had dementia specialist training was available to be called upon if required to assist in assessing the patient's medical needs and balance them with their psychological needs to ensure that appropriate treatment was administered as soon as possible;

- confirmed that if a dementia patient required to be transferred to an acute hospital ward, based on the patient's mental capacity and the need on the mental health service ward at the time, a mental health trained nurse would accompany them. Some dementia patients had one to one care at times. Every effort was made when transferring a patient to an emergency or acute hospital setting to inform staff of the patient's dementia/mental health condition with a view to them minimising upset and disruption to the patient;
- advised that a number of the HASCAS recommendations had been broken down by the Health Board into 'sub-recommendations' to enable them to be allocated to very senior Health Board personnel to action and progress improvements within the services for which they were responsible;
- confirmed that all patient documentation required to be up to date and accurate in order to mitigate against the risk of their care pathway being disrupted. The aim eventually would to be have all documentation completed and stored electronically;
- confirmed that at present approximately 40% of community beds were currently occupied by dementia patients. With a view to supporting these patients the Health Board had recruited more dementia support workers to work within the community hospitals. Nevertheless, it was acknowledged under the Board's Dementia Strategy that individuals suffering with dementia were better managed within the environment of their own home wherever possible;
- advised that the Health Board was currently undertaking some work on improving patient handover, including handing over procedures in relation to patients suffering with dementia. They were exploring some useful practices used in the aircraft industry and how they could be modified for use in a healthcare setting;
- confirmed that the Health Board did not use the 'Liverpool Care Pathway (LCP) for the Dying Patient' on the Tawelfan Ward. Whilst acknowledging that there had been both good and bad examples of end of life care at Tawelfan and that staff had tried their best to get things right at the time, in hindsight this had not always worked. Since then a clinical risk assessment process had been devised to better identify when end of life care was appropriate and how best to deliver that care. It was also important for all nursing staff, not only mental health/dementia staff, to be trained on how to deliver dignified end of life and palliative care;
- advised that with a view to addressing areas of concern across all of the Health Board's services a 'central dashboard' was being developed which would act as an 'early warning system' on areas of risk and concern to enable the Board to intervene and support those services at the earliest opportunity;
- advised that the 'Consultant Dementia Nurse' post had been created to provide input at a strategic level into the dementia care pathway. The postholder was charged with delivering the Dementia Strategy, supporting nurse specialists, arranging dementia awareness and skills training to staff

across the Health Board and strengthening safeguarding practices for patients suffering with dementia. Acknowledging the workload associated with this post the Health Board was currently in the process of recruiting a second 'Dementia Consultant Nurse';

- undertook to share the Board's Dementia Strategy with the Committee;
- confirmed that the Health Board was currently working towards making dementia awareness training mandatory for all staff;
- confirmed that the Board was confident that it had sufficient funding to deliver specialist dementia care, the problem currently was being able to recruit sufficient numbers of qualified staff to deliver the care required. To improve the care provided and ensure continuity for the future the Board needed to be able to recruit permanent specialist staff and be less reliant on expensive locum and agency staff;
- acknowledged that recruiting and retaining health service staff was a national problem and not confined to the North Wales area. Highly skilled individuals were attracted to working as locums or working abroad due to the salaries paid. In addition there were not sufficient numbers of young people entering the higher education system to train in medicine or related professions and those who did train in these disciplines were enticed to remain in the vicinity of their medical school once they qualified. Hospitals close to long established medical schools rarely encountered recruitment problems. However, BCUHB's area had a lot to offer newly qualified medical practitioners and the area's amenities did attract some health practitioners. The Health Board was currently working with the both Bangor and Glyndŵr universities in a bid to have more specialist training available in the area;
- advised that with a view to addressing staff shortages in certain skill areas the Health Board was running an upskilling and development programme. Training was delivered in a number of different formats e.g. in groups, face to face, e-learning etc., the possibilities of working with partners to deliver some training was also currently being explored. The Board also sent representatives to job fairs etc. with a view to attracting young people into healthcare careers;
- advised that currently some considerable training was being undertaken in relation to the Mental Health Act and the Mental Capacity Act, including the differences between both acts and the requirements of both acts;
- confirmed that the Health Board was currently funding, supporting and monitoring some dementia patients residing in highly specialist dementia nursing homes. This practice released hospital beds for patients with medical needs. However, there was a shortage of highly specialist homes for dementia nursing care in the area;
- gave assurances that every effort had been made to close the 'gap between the Board and the ward' and vice-versa. Leadership in mental health services had been significantly strengthened. Weekly 'Putting Things Right' meetings were held, any incidents which occurred were discussed at these meetings. The Director of Mental Health and Learning Disabilities spent a minimum of half a day a week on a mental health ward for the purpose of escalating any concerns drawn to his attention to a higher level. At the time Tawelfan closed no Director with responsibility for mental health services served on the Board. This had since changed with the Director of Mental

Health and Learning Disabilities reporting to the Board on matters within his services on a weekly basis;

- advised that the latest staff survey results indicated that Health Service personnel felt that the Board's interaction with staff had improved significantly within the last four years. However, the Board would not be complacent in this respect and was aiming for further improvement in this area;
- advised that with a view to reducing the amount of paperwork involved in healthcare and addressing the perception that senior nurses were in offices completing administrative processes and not on the wards, the Board was currently piloting some technological devices in a bid to release nurses to undertake more operational work. Latest policies and procedures would be available on these devices and it was therefore anticipated that up to 20% of nurses' time could be released to undertake more 'ward' based work. A similar pilot undertaken in the Wirral area had proved extremely successful; and
- advised that the plans for the proposed new 'North Denbighshire Community Healthcare Facility', in Rhyl, did not include specialist dementia care beds. The 28 beds proposed in the plans were for a broader elderly care pathway. There would be an older people's mental health care clinic on site along with other clinics and patients would have access to community mental health care services. The facility itself would be purposely designed to be dementia friendly. Work was currently underway on the revised business case for the project and on evidencing why the proposed model was fit for purpose.

Prior to the conclusion of the discussion the Committee thanked Health Board representatives for their honesty and candour when answering members' questions. Members enquired if the Health Board was satisfied with its working relationship with Denbighshire County Council in relation to health and social care services and the interface between them. The Board's Chief Executive Officer confirmed that a good working relationship existed between both organisations, a view which was echoed by the Lead Member for Well-being and Independence and the Head of Community Support Services. Both organisations wanted to get things done more effectively and efficiently for their patients and service-users in order to improve their well-being and support their families.

Committee members acknowledged that no one was in a position to change what had happened in the past, but sincerely hoped that the lessons learnt would safeguard against a similar situation arising in future.

The Committee:

Agreed: - to note the information provided and thanked Health Board officials for attending the meeting to discuss the issues raised and answering members' questions.

Meeting concluded at 4.15pm

Outline Business Case

North Denbighshire Community Hospital

Betsi Cadwaladr University Health Board

November 2018

Draft for Board Approval

Contents

1. Executive Summary

1.1 Introduction

This Outline Business Case (OBC) proposes the investment of £40.24 million in the development of a North Denbighshire Community Hospital (NDCH) in Rhyl, creating a healthcare and well-being campus on and around the site of the Royal Alexandra Hospital (RAH).

The project will deliver a range of expanded and redesigned services within new and existing facilities on the RAH site, supporting regeneration plans for the local area. The scheme is informed by various national and local drivers, notably "A Healthier Wales: Our Plan for Health and Social Care", and the Health Board's overarching 10-year clinical strategy, "Living Healthier, Staying Well" (LHSW). It supports the shift of resources to community settings, the movement of care closer to home, the development of seamless multi-agency services and the emphasis on a well-being system. It also fulfils the commitments made by the Health Board in 2013 following public consultation as part of "Healthcare in North Wales is Changing" (HCiNWiC). Specifically, it was agreed as part of that consultation that an inpatient facility would be provided following the closure of Prestatyn Community Hospital in 2013 and closure of inpatient wards at the RAH in 2010.

Subject to the approval of this case, the Full Business Case will be submitted in March 2020. The new build elements of the proposal are planned to open in April 2022, and the refurbishment of the existing hospital will be completed in December 2022.

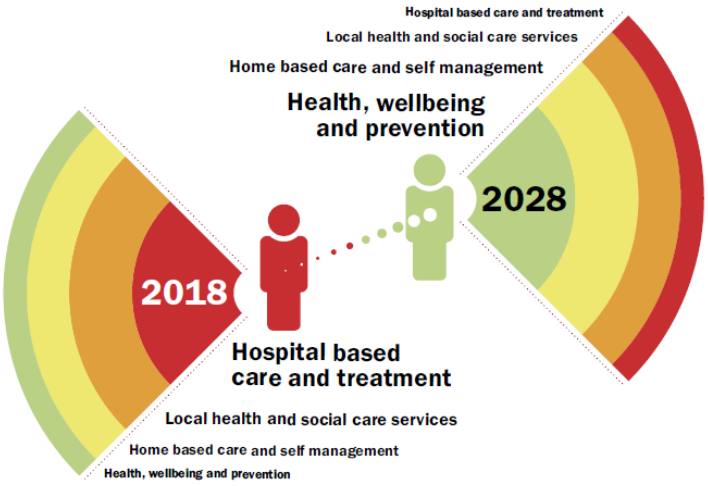
1.2 The Strategic Case

This section describes the investment objectives of the scheme, sets out how the project fits with national and local strategies, makes the case for change, and specifies the scope of the project.

The investment objectives are as follows:

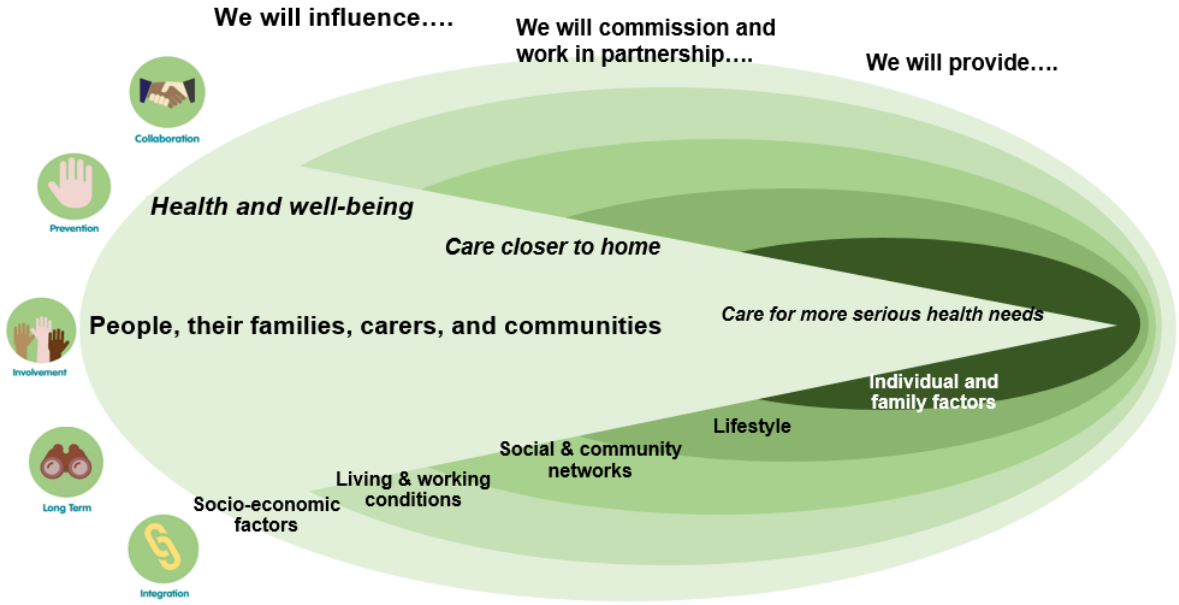
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population;
2. To further develop multi-agency, integrated, responsive primary and community care services in the area;
3. To increase the range of local services, thereby reducing the reliance on the DGH;
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff;
5. To move care closer to people's homes, including inpatient bed based care;
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act.

Nationally the key strategic drivers behind these objectives are outlined in: A Healthier Wales; The Well-being of Future Generations Act (Wales); The Social Services and Well-being Act (Wales); Our Plan for a Primary Care Service for Wales; and the Inquiry into Primary Care Clusters, National Assembly for Wales. In particular A Healthier Wales outlines a vision which includes the shift of resources to community settings, the movement of care closer to home, the development of seamless services and the emphasis on a well-being system. This is summarised in the following diagram:



Locally the primary strategic drivers are articulated in Living Healthier, Staying Well (LHSW), the Health Board's overarching 10-year clinical strategy, approved in 2018. This includes a strong emphasis on Care Closer To Home, in line with A Healthier Wales.

LIVING HEALTHIER, STAYING WELL:



A key element of that programme is the creation of a series of Health and Well-being Centres, the largest of which is defined as "a medium to large local campus, based around existing Primary care practices, Health Centres or Community Hospitals". The following table summarises the envisaged range of services, all of which will be provided at NDCH:

H&WB Centre Services	Level 1	NDCH
Rehabilitation and re-ablement providing both inpatient and day facilities	✓	✓
Outpatient / Assessment appointments	✓	✓
Higher level services including advanced diagnostics e.g. x-ray	✓	✓
Minor Injuries and Illness services	✓	✓
Access to consultant expertise through a Virtual Ward Round	✓	✓
Telehealth facility	✓	✓
Access to multidisciplinary team	✓	✓
GP services will have additional wrap around from community services	✓	✓
Navigation and Triage service	✓	✓
Social prescribing	✓	✓
Health promotion	✓	✓
Access to information and advice	✓	✓

The project is also aligned to the strategies of other organisations - in particular the local authority's plans for the regeneration of Rhyl and the need to provide a solution to the sustainability of the Royal Alexandra Hospital building.

The case of need is driven by the gap between the future service model, as articulated in both A Healthier Wales and LHSW, and the current service provision in

North Denbighshire. It also takes account of the poor physical condition of the Royal Alexandra Hospital. This has resulted in the following scope for the project:

- Re-provision of community beds in Rhyl, including repatriation of beds which transferred to Holywell and Denbigh when Prestatyn Community Hospital and the RAH wards closed
- Provision of a Same Day service to reduce admissions and support the reduction of A&E attendances at YGC
- The potential provision of an Ambulatory Care Unit, subject to the outcome of the pilot being implemented in Llandudno
- Provision of a Treatment Zone to support BCUHB's changing model of care for community nurses to undertake more complex activity in a community hospital setting
- Provision of a Level 1, 2 and 3 sexual health service
- Provision of an enhanced outpatient therapy service
- Provision of a Day Therapy Assessment Unit (IV Suite) to provide care closer to home for those living in the Rhyl and Prestatyn area
- Re-provision and extension of the Community Dental Service
- Re-provision and extension of Radiology services
- Re-provision of services currently undertaken on the RAH site:
    - Outpatients
    - Older People's Mental Health Services
    - Adult Psychology Services
- Provision of Advice and Information through third sector presence onsite and close working with the Community Resource Team, co-located on the campus
- Delivery of preventative programmes such as smoking cessation to support self-management
- Creation of multi-disciplinary accommodation to enable integrated working between primary, community, local authority and third sector care
- Car parking enhancements
- Improvement to the physical environment for patients and staff, including achieving a greater level of statutory compliance

1.3 The Economic Case

The Economic Case focuses on the main options available for delivering the objectives of the scheme, in order to identify the option which gives the best Value for Money.

A long-list of potential options has been evaluated, looking at: scope; service solution; service delivery; implementation; and funding. The analysis concluded that all shortlisted options should be for a single stage implementation funded by public capital, with the clinical services provided by the Health Board. It is also clear, following discussion with the Local Authority, that any planning application made in regard to this project would need to include the future of the RAH, and that an unoccupied building on the sea front would not support the regeneration plans for the area. All shortlisted options therefore locate the development on the RAH site, with a combination of refurbishment and new building. Four options were shortlisted, and the following is a brief summary of the evaluation.

1. **The Status Quo – or business as usual**: this does not address any of the objectives of the project, but is included as a baseline against which the other shortlisted options are compared.

2. **Refurbish and extend the RAH to provide clinical and office accommodation. Provide the full scope of services outlined in the strategic section of the case**: this design was the preferred way forward in the SOC. However a more in-depth analysis, undertaken by Interserve following the approval of the SOC, indicates that issues with the exisiting building would significantly constrain the design and prove costly.

3. **Refurbish the RAH and provide a new build on the site for clinical accommodation. Provide a greater scope of services than is outlined in the strategic case:** the range and scale of services included in the scope of the project has been determined through a rigorous process of analysis, and an increase (e.g. providing more than the 28 inpatient beds proposed) cannot be justified as value for money.

4. **Refurbish the RAH and provide a new build on the site for clinical accommodation. Provide the full scope of services outlined in the strategic case**: this design means that clinical services will be delivered in new fit for purpose accommodation, with office accommodation provided in upgraded facilities in the RAH. The condition of the RAH building will be improved, and the solution supports the regeneration plans for the area. It delivers the full scope of the project, and is the preferred option.

1.4 The Commercial Case

This section of the OBC outlines the proposed contract strategy in relation to the preferred option. The aim of the Commercial Case is to secure the optimal deal for the preferred option.

In accordance with the Welsh Government NHS Infrastructure Investment Guidance the required services have been procured via the *Designed for Life: Building for Wales 3 Framework.* The key appointments are as follows:

- Interserve Construction Limited has been appointed as the Supply Chain Partner who will undertake the construction;
- Gleeds Management Services are providing Construction Project Management;
- Gleeds Cost Management are the Cost Advisors.

The contract will be the National Engineering Contract 3 (NEC 3) Option 3.

The full commercial case outlines: the approach adopted to risk transfer, the charging mechanisms, the proposed contract lengths; and the procurement strategy and implementation timelines. In summary, the implementation timeline is as follows:

Milestones	Key Dates
Submission of Outline Business Case	November 2018
WG Approval of Outline Business Case	January 2019
Submission of Full Business Case	March 2020
Approval of Full Business Case	June 2020
Commissioning – new clinical build	April 2022
Complete refurbishment of RAH	December 2022

1.5 The Financial Case

The purpose of this section is to set out the financial implications of the preferred option (as outlined in the Economic Case) and the proposed deal (as described in the Commercial Case).

In terms of capital, the total cost of the scheme is **£40.24 million**.

From a revenue perspective, the full year costs from 2023, when the building is complete and the service model fully implemented, is as follows:

Revenue Costs	**Current Costs (£000s)**	**Proposed Costs (£000s)**	**Variance (£000s)**
Inpatient Facilities (excludes costs of ACU)	0	1,542	1,542
Same Day Care Service	0	268	268
Treatment Zone/Outpatients	398	398	0
Therapies: Outpatients	621	621	0
Older People Mental Health (Day Services)	230	230	0
Day Therapy Assessment Unit	0	176	176
Dental	779	779	0
Sexual Health	495	495	0
Clinical Support	192	395	203
Estate and Facilities Costs	411	1,000	589
Sub Total	***3,126***	***5,904***	***2,778***
Contingency	0	15	15
Depreciation Charge	351	1,164	813
TOTAL	**3,477**	**7,083**	**3,606**

This will be afforded from a range of sources, as follows:

	£000s
Total Additional Cost	**7,083**
Existing Funding	3,477
WG Depreciation Charge Funding	813
Net Additional Revenue Costs	**2,793**
Reduction in escalation beds within the Acute Hospital setting	337
Reduction in Nurse Bank & Agency costs through improved recruitment and productivity	107
Community bed variable-cost savings through efficiencies and productivity	135
Savings from the closure of community dental clinics and transfer into NDCH	16
Impact of NDCH on CHC activity; the clinical model for the NDCH is expected to provide enhanced step up / step down facilities directly impacting on the level of patients discharged from Glan Clwyd directly into CHC packages, thereby generating further cash-releasing CHC savings for re-investment	200
Alternative community hospital beds - 10 beds at Holywell and 6 at Denbigh were opened when beds were originally closed in RAH, with the intention of releasing these resources back to NDCH when complete	385
Primary Care Treatment Zone to be funded from the Primary Care Pathfinder resources, given its clear and direct link to reducing the pressures on primary care services within the area	130
Sub-Total Savings / Alternative Funding Sources	**1,310**
Net Revenue Shortfall (before Care Closer to Home)	**1,483**
Maximising the benefits of the Care Closer To Home strategy to further reduce escalation beds, DTOC, improve Average Length of Stay and Patient Flow, and through a reduction in other community hospital beds	**894**
Net Revenue Shortfall	**589**
Covering:	
Estates and Facilities (net increase and retaining RAH)	**589**

In summary, the case entails a net increase in revenue costs in four years' time of £589,000. This net increase recognises the estate and facilities cost implications of developing a new build and retaining the existing RAH site. The strategic case for this development reflects a critical part of the Board's overall future clinical services model, in particular the intent to provide care closer to home and reduce dependence on the acute sector. Living Healthier Staying Well sets out plans to transform the way in which services are delivered in North Wales to ensure excellent outcomes for patients and a stable and sustainable workforce. This strategy will be delivered within the overall financial resource which is available to the Health Board. The early development of the North Denbighshire Community Hospital will bring additional costs and these costs will be managed as part of the Board's overall longer term financial strategy of returning to a sustainable recurring financial position, in a timescale to be agreed with Welsh Government.

1.6 The Management case

This part of the Business Case addresses the achievability of the scheme. It sets out the actions that will be undertaken to ensure the successful delivery of the project.

The project will be managed in line with BCU's Procedure Manual for Managing Capital Projects, which outlines: the project governance framework; the approach to engagement and communication; the project plan; the arrangements for benefits realisation; the approach to the management of risk; and post-project evaluation.

1.7 Recommendation and Conclusions

This OBC builds on the case outlined in the SOC. The strategic case for change has been updated to reflect the latest thinking in terms of models of care to support care closer to home, and fulfils the Health Board's commitments following the closure of Prestatyn Hospital as part of Healthcare in North Wales is Changing. The economic case provides a robust assessment of both the service model options and the physical build solutions and reaches a clear preferred option in which the appropriate range and scale of services are provided through a combination of a new-build clinical facility and office accommodation in a refurbished RAH. The analysis outlined in the case gives robust capital and revenue costs. The management case provides

assurance that the project is achievable, and that the known risks and issues are being robustly managed. This business case is recommended for approval.

2. Structure and Contents of the Document

There are three key stages in the development of a project business case. These are: the Strategic Outline Case (SOC); the Outline Business Case (OBC); and the Full Business Case (FBC). The SOC establishes the strategic context, makes a robust case for change and provides a suggested way forward. The SOC for this scheme was approved in 2013. The purposes of this OBC are to:

- Identify the option which optimises value for money (VfM)
- Prepare the scheme for procurement
- Put in place the necessary funding and management arrangements for the successful delivery of the scheme.

The FBC: sets out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme. Subject to OBC approval, the FBC for this case will be produced in March 2020.

The Outline Business Case has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the *Five Case Model,* and comprises the following key components:

- The **Strategic Case** section - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme
- The **Economic Case** section - this demonstrates that the organisation has selected a preferred option which optimizes public value for money
- The **Commercial Case** section - this outlines that the preferred option will result in a viable procurement and well-structured deal
- The **Financial Case** section - this demonstrates that the preferred option will result in a fundable and affordable deal

- The **Management Case** section - this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

3. The Strategic Case

3.0 Introduction

The purposes of the Strategic Case are: to explain how the scope of the project fits within the existing business strategies of the organisation; and to provide a compelling case for change, in terms of existing and future operational needs.

The Strategic Case is split into three sections:

A: A brief summary of key strategic changes since the production of the SOC in 2013

B: The strategic context: this contains an overview of BCUHB. It also confirms that there is a strategic fit between the proposed project and both national and local policies and objectives

C: The case for change: this section summarises the investment objectives, highlights the challenges with the status quo, outlines the potential scope of the project, and summarises the benefits, risks, constraints and dependencies of the project.

Part A: Strategic Changes since the Production of the SOC

There have been various developments in the strategic environment in the five years since the SOC was approved in 2013. Most notably 2018 saw the publication of both "A Healthier Wales: Our Plan for Health and Social Care" by Welsh Government, and the Health Board's overarching 10-year clinical strategy, "Living Healthier, Staying Well" (LHSW). These national and local strategies both confirm that the key drivers for the SOC – the shift of resources to community settings, the movement of care closer to home, the development of seamless services and the emphasis on a well-being system – remain fundamentally unchanged. This brief summary of the key strategic drivers is expanded on in part B.

There have, however, been important developments in both the local context and specific strategies for individual services in the last 5 years, which have resulted in changes to the scope of the project. These include:

- The changing model of care for Older People Mental Health inpatients

- The evolution of the model of care for supporting people to stay independent for longer, and therefore reduce hospital admissions
- Changes in the scope required for this project to respond to the decisions made as part of the YGC Re-Development project, which has affected both therapies and sexual health services
- Changes in the requirements for Dental services
- A review of the bed numbers required for the local population.

The specifics of these changes are outlined in section C, which describes the revised scope of the project.

Part B: Strategic Context

3.1 Organisational overview

BCUHB was established on 1st October 2009 and is the largest health organisation in Wales providing a full range of primary, community, acute and mental health services for a population of approximately 700,000 across North Wales and some parts of North Powys. BCUHB is responsible for the operation of three Acute Hospitals as well as 19 community hospitals, over 90 health centres, clinics, community health team bases and mental health units.

BCUHB employs approximately 16,500 staff and has an annual revenue budget of about £1.3 billion. The Board's operational management structure consists of three Area Directorate teams: West (Gwynedd and Ynys Môn); Centre (Conwy and Denbighshire) and East (Flintshire and Wrexham). Each acute hospital has its own Hospital Directorate team managing Wrexham Maelor Hospital, Ysbyty Glan Clwyd (Rhyl) and Ysbyty Gwynedd (Bangor).

This business case focuses on the provision of a range of community and mental health services in North Denbighshire, which is part of the Central Area. The coastal locality of North Denbighshire includes Rhyl, Prestatyn, Rhuddlan, Dyserth and surrounding villages. Some residents of Abergele and Kinmel Bay also use

community services at the Royal Alexandra Hospital in Rhyl, as do some people from St. Asaph, Bodelwyddan and parts of North Flintshire.

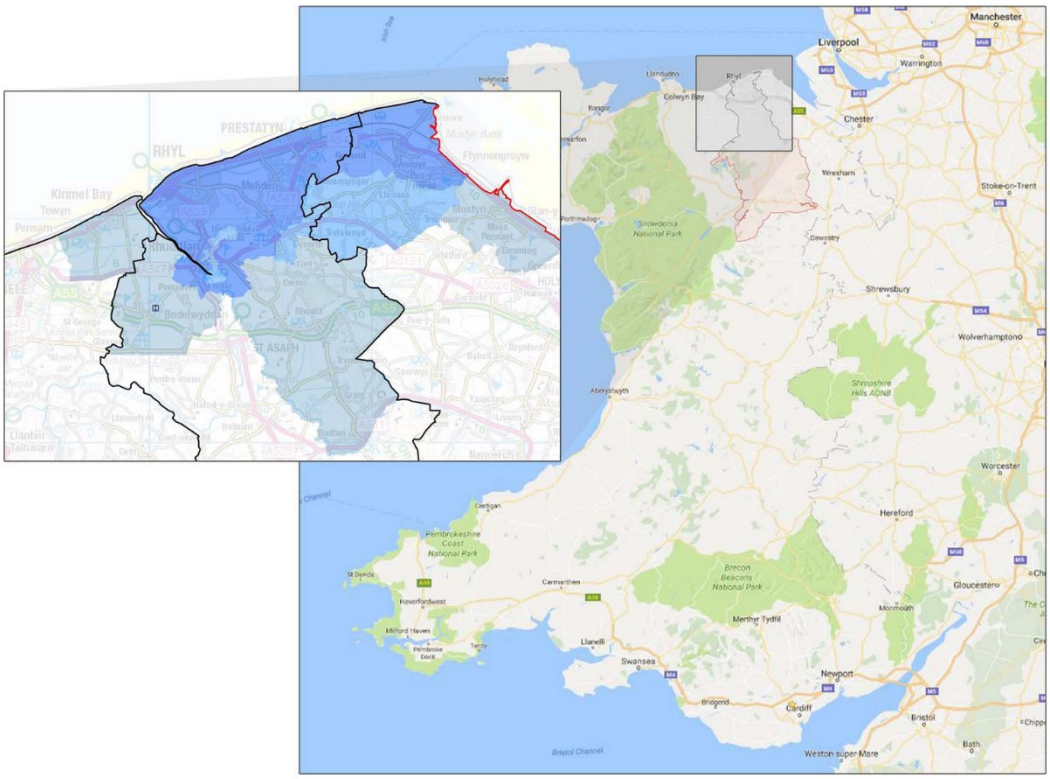


Figure 1: Map of North Denbighshire

3.1.1 Primary Care

There are currently 6 GP practices delivering primary care services in North Denbighshire:

Practice	Address
Clarence Medical Centre	West Kinmel Street, Rhyl LL18 1DA
Healthy Prestatyn Iach	Ty Nant, Nant Hall Road, Prestatyn LL19 9LG
Park House Surgery	26 Nant Hall Road, Prestatyn LL19 9LN
Madryn House Surgery	6 Madryn Avenue, Rhyl LL18 4RS
Lakeside Medical Centre	203 Wellington Road, Rhyl, LL18 1LR
Kings House Surgery	Kings Avenue, Rhyl LL18 1LT
Healthy Rhuddlan Iach	Rhuddlan Surgery, 7 Vicarage Lane, Rhuddlan, LL18 2UE

Table 1: GP Practices in North Denbighshire

Primary care services in the locality are facing increasing pressures and, as such, need to transform the way services are provided. These challenges include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in a large increase in consultations, especially for older patients
- workforce pressures including recruitment and retention challenges
- challenges associated with provision of a mixed economy of GMS and hospital managed practices
- increasing pressure on NHS financial resources
- the need to address inequalities in access of primary care

One of the aims of this project is to alleviate the growing pressures by enabling general practice to play an even stronger role at the heart of more integrated

community services that deliver better health outcomes, a more holistic model of care, excellent patient experience and the most efficient possible use of resources.

This project aims to improve integration with primary care in the following ways:

- The service model offers the opportunity to treat minor injuries and minor ailments at the hospital and this could reduce pressure on an already over-burdened primary care service
- GPs will manage the inpatient beds occupied by their patients and this model will enable an easier transfer into community settings for many patients, reducing the average length of stay.
- Collaboration with GPs will engender a sensitive and appropriate local service appreciated by patients, carers and families, as GPs are well placed to understand and respond to the overall needs of the people they know.
- Activities such as leg ulcer management, wound care, phlebotomy and ear syringing will be delivered under one roof, affording efficiency through scale of service and helping to sustain GP practices
- The Community Resource Team onsite will work closely with the Primary Care cluster. Onsite presence of local GPs will engender closer working relationships with Primary care at the heart of the community response.

3.2 Demography and Health Needs

There are a number of significant issues affecting the North Denbighshire locality which impact on the shape of future service provision for this community. A particular feature of the population is the significant proportion of older people and the high levels of multiple-deprivation.

Population

The population of Denbighshire is 94,800. 20% of residents are over the age of 65. Older persons are disproportionately affected by chronic conditions. The Welsh Health Survey in 2015 reported that 82% of respondents aged 65 years and over have a chronic condition. 54% of this cohort suffer from two or more co-morbidities. If current trends continue the number of people living with chronic conditions will

continue to increase in the future, with people living longer and developing more than one chronic condition[1].

StatsWales [2] projections show that the number of over 65s living in Wales will rise by 27% over the next 20 years. It is anticipated that Denbighshire's overall population is projected to increase by 2.7% (around 2,500 people) by 2039. The population aged 75 years and over is projected to increase by 7,500, while the population aged 18 to 74 years is projected to decrease by 4,800.[3] These population changes, which are mirrored across North Wales, inform the agreed clinical model to move healthcare delivery out of hospital settings and into local communities.

Deprivation

The link between deprivation and poor health is well recognised. People in the most deprived areas have higher levels of mental illness, hearing and sight problems, and long-term conditions, particularly chronic respiratory diseases, cardiovascular diseases, Type 2 diabetes and arthritis. Healthy life expectancy in males is 19 years lower in the most deprived areas of Wales compared with the least deprived areas; in females the gap is 18 years[4].

The Welsh Index of Multiple Deprivation 2014[5] highlights that Rhyl West has high levels of deprivation. For example, Rhyl West 1 area has the 4th highest level of income deprivation in Wales. The coastal towns of Rhyl and Prestatyn are home to communities which are amongst the most deprived in Wales with high levels of health, housing and income deprivation, and high levels of multiple deprivation exist particularly in the areas of West/South West/East Rhyl, Abergele and Kinmel Bay.
The focus on health, well-being and education will have a positive impact on prevention of health issues associated with areas of social deprivation and poverty.

[1] Public Health Wales Observatory (2013) GP Cluster Profiles: Betsi Cadwaladr University Health Board
[2] https://gov.wales/docs/statistics/2016/160929-local-authority-population-projections-2014-based-en.pd
[3] North Wales population assessment Draft 0.1 24 November 2016
[4] Public Health Wales Observatory (2013) GP Cluster Profiles: Betsi Cadwaladr University Health Board
[5] https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en

Tourism

The towns of Rhyl and Prestatyn in North Denbighshire are tourist resorts. Consequently the number of people accommodated in the towns rises in the summer months. Analysis of Emergency Department data at YGC shows that there is a spike of those with postcodes outside of North Wales during peak holiday season. This equates to an average of nine additional people per day during holiday season from April to September, peaking at 15 during August. It more than doubles the footfall from local Rhyl/Prestatyn postcodes during August and increases by nearly one-third during other peak season months, supporting the development of the Same Day Service to be delivered from the proposed NDCH in order to divert activity from the YGC Accident and Emergency department.

3.3 Business strategies

3.3.1 National Policy Drivers

This section of the business case outlines the national policy context which has informed the development of the proposal. It briefly summarises the following key national policies, and their relevance to the case:

- The National Strategy A Healthier Wales which builds on the Parliamentary Review of Health and Social care in Wales, 2018 ('Parliamentary Review')
- The Well-being of Future Generations Act (Wales) 2015
- The Social Services and Well-being Act (Wales) 2014
- Our Plan for a Primary Care Service for Wales (2015)
- Inquiry into Primary Care Clusters, National Assembly for Wales (October 2017)

The National Strategy A Healthier Wales, 2018 ('A Healthier Wales')

A Healthier Wales builds on the Parliamentary Review. It sets out the vision to deliver against four mutually supportive goals, 'the Quadruple Aim'. They are to:

- improve population health and well-being through a focus on prevention;
- improve the experience and quality of care for individuals and families;

- enrich the well-being, capability and engagement of the health and social care workforce; and
- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

It also outlines ten national design principles to drive change and transformation:

- **Prevention and early intervention** – acting to enable and encourage good health and well-being throughout life; anticipating and predicting poor health and well-being.
- **Safety** – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.
- **Independence** – supporting people to manage their own health and well-being, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.
- **Voice** – empowering people with the information and support they need to understand and to manage their health and well-being, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.
- **Personalised** - health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.
- **Seamless** - services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.
- **Higher value** - achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and

which is delivered by the right person at the right time; less variation and no harm.

- **Evidence driven** - using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.
- **Scalable** - ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.
- **Transformative** - ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.

The Well-being of Future Generations (Wales) Act 2015 (WFG Act)

The WFG Act requires all public bodies to change the way they work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle, and meeting the 7 Well-being Goals (see figure below):

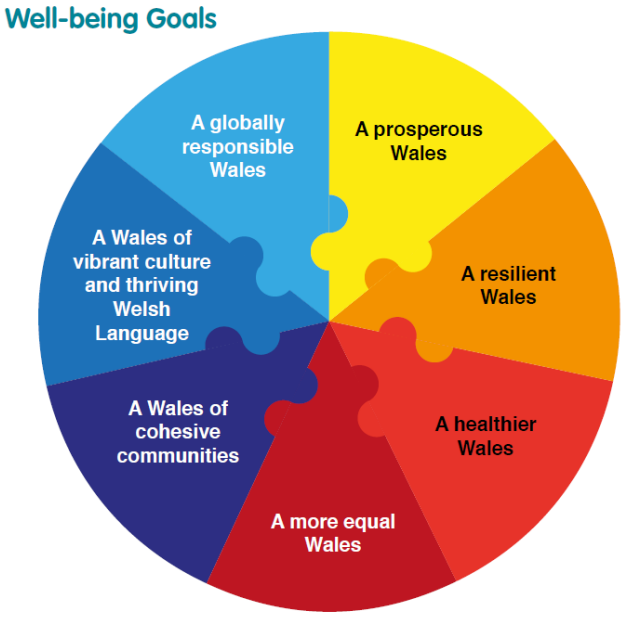


Figure 2: Well-Being Goals

By considering the 7-well-being goals, BCUHB can better meet the needs of its current population without compromising the ability of future generations to meet their own needs. Sustainable developments connect the environment in which we

live, the economy in which we work, the society which we enjoy and the cultures that we shared to the people that we serve and their quality of life.

The Social Services and Well-being (Wales) Act 2014 (SSWB Act)

The Social Services and Well-being (Wales) Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support. Its aim is to maximise each individual's well-being by increasing their sense of control; strengthening their resilience and ability to access resources to cope when needed. People will have more say in the care and support they receive. The Act also promotes a range of help available within the community to complement and reduce the need for formal care.

The 6 Local Authorities and the Health Board have developed a Population Needs Assessment which describes the care and support needs of the North Wales population. The assessment has informed the development of the Health Board's "Living Healthier Staying Well" strategy (described below) and informs the development of this project.

The implementation of the Act requires a significant cultural and behavioural shift within the Health Board, especially in relation to working with the public with other strategic partners. The co-location of Community Teams, including the Single Point of Access offering information, advice and assistance at the new hospital, represents an opportunity to create conditions which can improve the well-being of both current and future generations in North Wales.

Our Plan for a Primary Care Service for Wales (2015)

In 2015, Welsh Government published "Our Plan for a Primary Care Service for Wales up to 2018." This highlighted the current and prospective challenges in the strategic environment in which the NHS in Wales operates. In particular:

- The challenges of the economic environment in which the NHS is operating
- The pressures of increased demand in Primary Care, as a result of the success of drug treatment in enabling the population to live longer. In addition, more people are being diagnosed with one or more long term conditions like

diabetes and dementia and frail older people increasingly have more complex needs

- Rising public expectations
- A demographic picture of the GP workforce which indicates that significant numbers of GPs are coming close to retirement age at the same time as parts of Wales are experiencing difficulty in recruiting GPs

Underpinning this plan, the overall principles are defined as:

- Prevention, early intervention and improving health, not just treatment
- Co-ordinated Care where generalists work closely with specialists and the wider support in the community to prevent ill health, reduce dependency and effectively treat illness
- Active involvement of the public, patients and their carers in decisions about their care and well-being
- Planning services at a community level of 25,000-100,000 people which the King's Fund has determined as the optimum size for planning and provision of Primary Care
- Prudent Healthcare

The WG Plan details the need for GP practice cluster networks to develop their local plans to improve the health and well-being of the population and to reduce health inequalities. The cluster architecture of North Wales, consisting of 14 clusters, is therefore key to shaping how services are delivered in the future and in determining the key milestones for delivery.

North Denbighshire Cluster members have been closely involved in the development of this proposal. The local practices are playing a key role in the development of integrated Community Resource Teams for the local area, working closely with Therapy services, District Nurses, Social Care and Children's Services Teams to deliver a holistic service, wrapped around and responding to the needs of the individual and with local knowledge and understanding of people and place at the heart of the service model. This ethos will be an integral aspect of the seamless service provision in the new hospital and the links will be tightened between Community and Hospital teams through co-location and active GP involvement in

bed management, the Same Day Service and the Community Resource Team onsite.

Additional Welsh Guidance

Other significant national policy drivers which have influenced this proposal are listed below:

- Together for Mental Health – A Strategy for Mental Health and Well-being in Wales', Welsh Government (2012)
- Together for Health, Welsh Government, 2012, placing primary and community services at the heart of the health care delivery; emphasising the importance of prevention, early diagnosis and high quality services, with patient feedback as a key driver for continuous improvement
- Setting the Direction: Primary and Community Services Strategic Delivery Programme 2010, (Welsh Government)
- Designed to Add Value: A Third Dimension for One Wales: A strategic direction for the third sector in supporting Health and Social Care, 2008, (Welsh Government)
- Designed for Life, Welsh Assembly Government, 2005
- Beyond Boundaries: Citizen Centred Local Services for Wales; Welsh Assembly Government, 2005
- The Welsh Language Measure (Wales) 2011
- Taking Wales Forward (2016-2017)

3.3.2 Local Strategic Drivers

This section of the business case outlines the key local drivers that inform the business case. Some of them are the local interpretation and application of the national policies outlined above. Others are more specific to the circumstances in North Denbighshire, such as the impact of the Glan Clwyd Hospital Redevelopment project.

Living Healthier, Staying Well

"Living Healthier, Staying Well" (LHSW) is the Health Board's overarching ten-year clinical strategy, approved in May 2018. It describes how health, well-being and healthcare might look in ten years' time and how we will start working towards this now. Having a clear and well thought out strategy will help us to achieve our objectives for the NHS in North Wales and contribute to sustaining safe, effective patient care. It is driven by the following set of key principles which will be applied to everything we do:

- We promote equality and human rights
- We will actively provide Welsh language services to address the needs of our welsh speaking population in line with the Welsh Language (Wales) Measure 2011
- We will work together with local authorities, other services and organisations, including third sector
- We listen to what matters to people and involve them in decisions
- We will address the needs of individuals and their carers
- We use evidence of what works so we can improve health and learn
- We work to improve services
- We use our resources wisely (finances, buildings and staff)
- We will work with the principles of prudent healthcare

We will also ensure that the strategy programmes are consistent with, and will help us work towards, the Quadruple Aim as set out in a "Healthier Wales: our plan for Health and Social Care".

Delivering the strategy will be supported by partnership working with people and partner organisations and other public services, the third sector, independent organisations.

The Strategy is structured around three main programmes:

<u>Health Improvement and Health Inequalities</u>

We will use our influence to promote health and well-being, physical, mental and emotional, for all. We will focus on the broader aspects of health improvement and

prevention, and seek to support those with the greatest health needs first. This sits alongside our contribution to the Well-being Plans developed for the broader population by the Public Service Boards.

Care Closer to Home

As and when people begin to need support or health care to stay healthy, we will provide as much of this close to people's homes as is safe and effective to do so. Care Closer to Home (CCTH) will work with people to prevent, detect early and manage physical and mental health needs. This also recognises the broader factors that influence health. This sits alongside the partnership plans for provision of care and support to individuals and their carers – for example, veterans, and people with learning difficulties or disabilities – which are being developed with the Regional Partnership Board.

Care for More Serious Health Needs

When health needs are more serious and people need hospital care, from more specialist teams working in the community. People want the safest and highest quality of care possible and a good experience. They will be treated by the right person, in the right place, at the right time and with the right facilities.

The strategy recognises the importance of adapting the planning and delivery of services to the differing needs of people at different stages of life. There are two supporting frameworks which have been developed to reflect this:

- Children and young people – supporting the best start in life
- Ageing well – supporting people aged 50 and over to stay healthy and independent as long as possible

Together with a further strategic framework to reflect the importance of addressing holistic health needs:

- Mental health and well-being

The Care Closer to Home programme and the three supporting frameworks will be taken forward through partnership working, as part of the North Wales Region Partnership Board.

This business case responds to the drive to provide CCTH in particular.

Care Closer to Home

The scope of CCTH is very broad; it places the person and carer, whenever appropriate, at the centre with all available primary and community services (and some secondary care services) inputting and co-ordinating care and support to meet identified needs. Needs can range from information, advice and education through to more specific interventions such as diagnostics, minor injury services, community-based inpatient "step up" and step down" care and respite. The principal elements of this service model across North Wales include:

- Targeted prevention & self-care
- Putting the person at the centre, always starting with "what matters" to the individual and wrapping services round the person
- Supporting well-being, improve health and address inequalities in health
- Developing Community Resource Teams (CRTs), enabling integration of primary and community care and social care delivery
- Enhanced Care at Home service, an extended multi-professional community nursing service, enabling more people to remain at home for care or to return home sooner, when a period of hospital admission might otherwise be needed (In time this service will be part of the role of CRTs)
- Moving care from acute hospitals to community locations, for example, a wider range of outpatient and diagnostic services, supported by integrated community teams
- Developing a network of strategic hospital hubs that provide more consistent and reliable inpatient, outpatient, X-ray, therapies and 7-day minor injury services.

<u>Health and Well-being Centres</u>

The definition of Health and Well-being centres is where a range of services are available with co-location of other service providers, and could include primary care, community services e.g. minor injuries and illness services and step-down beds. Health and Well-being Centres have been further categorised following public engagement, into three levels. The service definition for a Level 1 Health and well-

being Campus best fits the proposed scope of service for North Denbighshire, defined as: "...medium to large local campus, based around existing Primary care practices, Health Centres or Community Hospitals".

There is a public commitment to deliver a new service model for the local population and LHSW was widely consulted on. Inpatient beds at Prestatyn Community Hospital were closed in May 2013 following the outcome of an earlier public consultation with a commitment to offer a new model of care in the community. The service model will support and underpin primary care sustainability, in line with the National Assembly for Wales' Inquiry (2017) into Primary Care. The service model proposed is based on close collaboration between primary care and community services with the aim of encouraging independence, self-reliance and prevention in the locality. This will be strengthened by close on-site integration of Social Care and Third Sector partners.
It is envisaged that NDCH will be an integral part of the health care system in the BCUHB central area, providing a source of referral to and from YGC and an extension to primary care services.

The table below shows a summary of services in Level 1 Centres and where the NDCH proposal is aligned to this model:

H&WB Centre Services	Level 1	NDCH
Rehabilitation and re-ablement providing both inpatient and day facilities	✓	✓
Outpatient / Assessment appointments	✓	✓
Higher level services including advanced diagnostics i.e. x-ray	✓	✓
Minor Injuries and Illness services.	✓	✓
Access to consultant expertise through a Virtual Ward Round	✓	✓
Telehealth facility	✓	✓
Access to multidisciplinary team	✓	✓
GP services will have additional wrap around from community services	✓	✓
Navigation and Triage service	✓	✓
Social prescribing	✓	✓
Health promotion	✓	✓
Access to information and advice	✓	✓

Table 2: Services in Level 1 Centres and proposal for NDCH

Integrated Community Resource Teams (CRTs)

The primary and community services elements of this programme cover a broad spectrum of care and support. This includes a wide network of services and teams:

- General Practice (General Practitioners – GPs - and the wider practice team);
- Pharmacists;
- Optometrists;
- Community dentists;

- Therapists;
- Community nursing and health visiting teams;
- End of life and palliative care support;
- Primary and Community mental health services;
- Intermediate care;
- “Step up” and “step down” care as a bridge between community and hospital;
- Community inpatient care;
- Rehabilitation.

Integrated health and social care services are a key part of this network, as is close working with third sector, independent sector and community groups which are important assets within the community setting.
The multi–disciplinary team will offer flexibility and responsiveness. The link between the GP, the community and the hospital will be central to improving outcomes and a sense of involvement in the decisions which affect patients - and the quality and responsiveness of services they receive.

The figure below, from the North Wales response to “A Healthier Wales”, illustrates the pivotal role of the CRT:

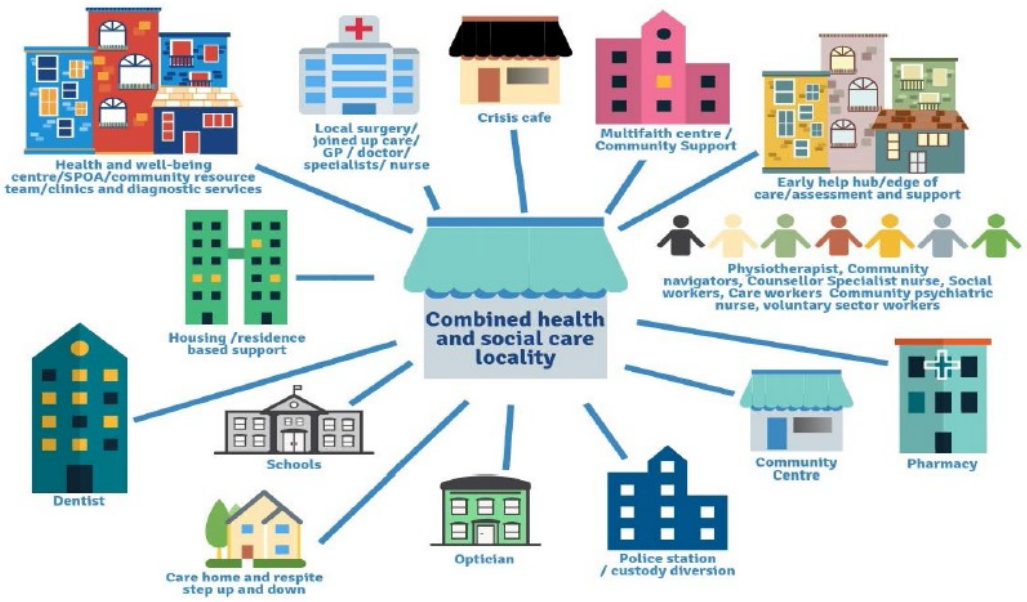


Figure 3: North Wales response to A Healthier Wales

Integrated Service Model

The vision for better and more sustainable healthcare rests on community based models that are co-ordinated around people's needs and what matters to the individual, as illustrated by the examples below:

- Prevention and early intervention
    - Professionals will take every opportunity to prevent poor health or prevent deterioration, enabling individuals to stay healthier for longer
    - The integrated approach will enable professionals from a range of disciplines to assess and determine how best to enable people to achieve well-being outcomes and what matters to them
- Integrating health and social care
    - The wider primary and community services teams will work increasingly collaboratively, involving a range of professionals, ensuring that the skills and role of all professionals are maximized
    - Core data will be logged only once and shared between professionals
    - More "combined" roles will be developed across health and social care to reduce multiple/duplicate visits to people in the community
- More specialist community-based care
    - "Step up" care will be provided where a person needs more support to prevent admission to hospital or nursing care. This could be through an enhanced level of intermediate care from the community teams or in a community hospital setting
    - "Step down" care will support people to be safely discharged from acute hospital care when they are medically fit to do so but may need additional rehabilitative or recuperative care
    - Early discharge planning upon admission to an acute or community hospital
    - The Virtual Ward is similar to a ward in a hospital environment in that it has a structure of both clinical and administrative staff that coordinates and provides direct care to patients. The main difference is that the actual ward does not physically exist to house all the patients in one location, the care is provided in the individual patient's own home

- A team of clinical staff, with the assistance of the operational support staff, provide responsive assessment, monitoring, investigations, support and education for patients to prevent unnecessary hospital admission or to facilitate early supported discharge from hospital; or as an alternative to an acute admission where appropriate.
- A virtual ward round using VC technology to enhance patient care, increase the capacity and increase accessibility to consultant expertise for GPs and ward staff. In turn this has the potential to reduce the length of hospital stay and transfers to District General Hospitals with a saving in costs to the NHS.
- Specialists who have traditionally been hospital based will play a greater role in supporting primary and community services to care for people closer to home.
- The role of the Welsh Ambulance paramedics in delivering more care at home and outside hospital will be developed.

Cluster Development

It is becoming more evident that the development of the Primary Care Clusters is key to make the necessary changes required in the NHS, as set out in A Healthier Wales.

As part of the CCTH programme we will develop Clusters from a collection of GP based services to a full range of agencies, professionals and services to collaborate in offering flexibility and responsiveness to improve health outcomes.

The mature cluster will provide holistic care for their community by offering a range of generalist skills in-house and bringing specialist skills into the team when needed. The model supports co-ordinated care for the entire population, making referrals only when necessary and returning people to the care of the primary care team as soon as possible. New professional roles, therefore, have the potential to not only contribute significantly to the sustainability of primary care, but also to impact on the unprecedented demand and pressures on unscheduled and scheduled care services in the acute setting.

Local Authority

This scheme provides an opportunity to work in collaboration with partners to preserve the health and well-being of future generations. The new NDCH enables joint working of partners across health, the Council, and voluntary sector, to support positive changes in services and the well-being of:

- people with mental health needs
- people with learning disabilities
- older people with health and social care needs
- children and families
- people with health and social care needs in the criminal justice system.

The project is being developed with Denbighshire County Council (DCC), Conwy County Borough Council, (as some residents of Abergele and Kinmel Bay also use community services in the locality) and Denbighshire Voluntary Services Council (DVSC). As outlined earlier, the scheme will enable co-location of Community Resources Teams and will entail joint working in the community between Community Health services, Primary care and social services. It is expected that a single Integrated Assessment, based on an understanding of what matters to each service users, will be used in the hospital and community settings. Infrastructure will be in place to better enable sharing of information and a shared understanding between partners of individuals' needs and how best to support people to meet their well-being outcomes.

Planning

BCUHB recognises the local significance of the RAH building and its responsibility to ensure that it forms an integral part of the new community hub proposed on this site. BCUHB has had a preliminary discussion with DCC in relation to this development, during which it was agreed that any planning application made in regard to the site would provide a solution to the sustainability of the RAH building to ensure that it does not become derelict. This also supports public opinion and the views of the local MP and Welsh Assembly Member.

Regeneration

Neptune Developments Ltd was appointed in February 2015 to develop concepts to assist Denbighshire County Council (DCC) in revitalising leisure and facilities along the Rhyl coastline. The waterfront development is part of recreating Rhyl as a place where people want to live and visit, and follows on from other key investments such as Foryd Harbour, West Rhyl urban park, new housing and key investments in the Promenade.

The proposed scheme is currently split into five distinct zones along the Rhyl coast:

- The Cultural & Hospitality Zone: refurbishment of the Pavilion Theatre, construction of new hotel and family pub/restaurant, demolition of the Sun Centre and potential replacement with a facility to complement the Pavilion. These developments are in progress
- The Active Leisure Zone: creation of new commercial outdoor activities in the area between Memorial Garden and the outdoor Events Arena
- The Family Entertainment Zone: construction of Town Plaza with high quality public realm and restaurant zone, positioned by the existing cinema and around the Sky Tower, which is proposed for refurbishment as a static light beacon. The proposals for this zone also incorporate revisions to the Children's Village and Underground Car Park areas
- The Aquatic Centre: new leisure facility to replace the former Sun Centre, to be located next to the Family Entertainment Zone
- The Town Centre: developments to ensure the regenerated Waterfront links appropriately to the Town Centre to ensure footfall flows into this area

The public response was overwhelmingly positive to the proposals presented. Leader of Denbighshire, Councillor Hugh Evans OBE, who is also the Cabinet Lead Member for the Economy, said: "These proposals will regenerate the Rhyl Waterfront, adding new attractions, consolidating existing ones and introducing missing commercial elements, all of which it is anticipated will significantly increase footfall in Rhyl; both from visitors but importantly also from Rhyl, Denbighshire and wider North Wales residents"[6].

[6] https://www.denbighshire.gov.uk/en/resident/news/February-2016/Rhyl-waterfront-developments-move-to-the-next-stage.aspx

The proposed NDCH development is fully aligned with the local authority's regeneration plans for the area, not only through the creation of a state of the art new build community facility on the waterfront but also by the renovation and refurbishment of the existing RAH.

Mental Health and Dementia Strategies

BCUHB is committed to the delivery of high quality, person-centred care to people identified or assessed as having known or suspected dementia and those affected by it. The North Wales Mental Health Strategy and the BCUHB Dementia Strategy support the Health Board's overall strategy for health, well-being and healthcare, Living Healthier, Staying Well and the development of these strategies has been shaped by a number of national and local policies and drivers.

In summary, services will be delivered by:

- supporting a local emphasis for the commitment to creating 'dementia supportive communities' within our organisation
- respecting the voice of people affected by dementia
- consulting and listening to the people who access our services and developing plans in co-production with services users, their carers and families
- ensuring services available are accessible and responsive to the needs of the community we serve, working in partnership with local public, private and voluntary sector organisations
- ensuring clinical models help earlier identification of needs and intervention, to reduce the likelihood of escalation and distress and support recovery;
- underpinned by a commitment to support outcome-focused, intelligent and data-driven care.

The Community Mental Health and Older People's Mental Health teams will be co-located at the new hospital and will work together to ensure care is wrapped around each individual. Understanding and knowledge of people's needs will feed into the care and support offered throughout the hospital, particularly in outpatient services and in-patient care, where it is important to understand the mental health of frail,

older people when treating physical needs. This ethos will also influence the development of services provided at home by community teams co-located on site.

Ysbyty Glan Clwyd Redevelopment Project

YGC is the district general hospital for the central area of North Wales. The acute hospital service has a total of 684 beds, with a full range of specialties. The main drivers for the redevelopment project are:

- The removal of asbestos from the building
- To enable YGC to focus on delivering acute care in a fit for purpose building

Due to the reconfiguration of services associated with this scheme, the proposed new NDCH is required to support the sustainability of the DGH through integrated services in Therapies and Sexual Health and meet the needs of patients with minor ailments and injuries locally, closer to home.

Part C: The case for change and proposed scope

3.4 Introduction

This section of the business case provides a detailed account of the problems and service gaps associated with existing arrangements, and outlines the proposed solutions. It incorporates the changes that have happened since the production of the SOC in 2013.

3.4.1 Royal Alexandra Hospital building

The development of the NDCH project centres on the Royal Alexandra Hospital (RAH) site, and what role the hospital will take in the future. This section describes the environmental challenges facing the current delivery of services from this site.

The RAH was built as a children's hospital and convalescent home opened in the 1890s and is a Grade II listed building of historical significance to the local community. Cadw (the Welsh Government's historic environment service working for an accessible and well-protected historic environment for Wales) has listed the RAH as a building that is "an excellent example of a hospital building. It represents a clear expression of the established orthodoxy of its period in its adoption of the pavilion

plan; the massing of the building and the loose symmetry of its detail clearly articulate its functions, while its special purpose is stressed by the incorporation into the design of extensive integral balconies. The chapel, with its richly crafted interior, is a special feature of the building. Its siting on the sea front and its plan; notable for the integral open balconies and verandas of the west wing; reflected the importance then attached to fresh-air treatment"[7].

Figure 4: Photograph of the RAH circa 1902

Part of BCUHB's well-being goals (from the "Well-being of Future Generations (Wales) Act 2015") is to encourage a society that promotes and protects culture. However, incorporating the existing building into the "vision" for the proposed NDCH presents its own particular challenges, as follows:

- Grade II listed building status has placed limitations on the building beyond what had been originally assumed
- Constraints arising from being unable to remove or adapt internal walls or doorways in the RAH building have adversely affected the flexible use of space. This means that services and staff have, in some instances, been allocated space that is larger or smaller than required
- Remedial action is required to ensure that the RAH building meets health and safety standards such as the removal of asbestos, the provision of compliant

[7] CADW listed buildings database

M&E supplies, replacement of some but not all windows, basic repairs to stonework and replacement of guttering where necessary

- Many parts of the hospital are unoccupied and in a poor state of repair, which presents challenges in providing services to the required quality and safety standards
- The infrastructure is out-dated and not suited to modern healthcare. Safety is of the highest priority. As medical care becomes more complex this has an impact on where and how services can safely be delivered

The resolution of these infrastructure issues is a key part of the scope of the case.

3.4.2 Community Beds

The NDCH scheme forms part of a wider programme of changes to services in North Wales which focus on the shift of care from acute to community settings. This programme was the subject of formal engagement and consultation as part of BCUHB's strategy "Health Care in North Wales is Changing" (HiNWiC) and agreed by the Board in January 2013. Driven by this strategy the Board agreed a series of service changes, including the closure of the 12 hospital beds at Prestatyn Community Hospital. In addition to this, the inpatient beds at RAH had already been closed in June 2010 due to quality of environment and fire code compliance deficiencies. BCUHB has given a clear public commitment to re-provide community beds in the locality as part of this project. In the meantime, those patients from North Denbighshire who still require community based care must now travel to Colwyn Bay, Holywell, Denbigh or Ruthin, none of which could be considered close to home for those people.

The SOC supported this commitment to provide access to community beds in the locality for patients requiring additional care which cannot be delivered safely in their own home. Beds were to be used to 'step up' the intensity of care required from the community and to allow patients to be discharged safely from a District General Hospital prior to returning home.

As part of the development of this OBC, further bed modelling has been undertaken to establish the required number of community beds. This modelling has taken into

account BCUHB's revised model of care set out under "Care Closer To Home", which aims to:

- Focus on health promotion and management
- Encourage independence and re-ablement
- Improve integration of health and social care within designated Community Resource Teams, leading to more efficient patient pathways and treatment plans

By focusing on these key objectives BCUHB aims to:

- reduce the average length of stay from slightly over 28 days (in BCUHB's current Community Hospitals) to 21 days
- reduce the number of avoidable admissions
- Promote independence by supporting people in the community and at home wherever practicable

As part of this revised model the Home Enhanced Care Service (HECS) provides both 'step up' and 'step down' care for patients in their own homes which includes patients living in a nursing or residential home where this is their normal/current place of residence. There are currently 15 'virtual' HECS beds within the North Denbighshire area and all patients are managed by the Multi-Disciplinary Team (MDT) through a virtual ward round to ensure that each patient has an agreed care plan which details their care over a 24 hour period, including weekends where this is appropriate and required by the patient. This care plan will be initiated by the GP who will agree this with the Advanced Nurse Practitioner and, through him/her, with the wider Enhanced Care (EC) team to ensure that the care plan is delivered by the most appropriate professionals within the EC Team.

Over a 12 month period the North Denbighshire Enhanced Care service undertook 11,906 visits, which incorporates the services of GPs, Advanced Nurse Practitioners, District Nurses, Occupational Therapists, Physiotherapists, Social Workers and Healthcare Support Workers.

The table below highlights the number of admissions over a 12 month period from Rhyl and Prestatyn:

Treatment Site Code	Total Patients from Rhyl/Prestatyn	Bed Days for Rhyl/Prestatyn Patients	No. of Beds in the Hospital
Colwyn Bay Community Hospital	149	5824	42
Denbigh Community Hospital	218	5252	44
Holywell Community Hospital	128	4249	44
Ruthin Community Hospital	32	1156	22
GRAND TOTAL	**527**	**16481**	**152**

Table 3: Assessment of Bed Numbers

The total number of bed days available is 152*365 = **55,480**, of which 30% of the actual capacity (**16,481**) are utilised by patients from Rhyl and Prestatyn. This demonstrates that 527 admissions per annum are currently utilising a community bed as a step down from the DGH.

A review of these admissions highlighted that of these 20 will continue to use orthopaedic beds in Ruthin leaving the cohort at 507. It is anticipated that a further 15% (76 patients) could be diverted from a DGH bed through enhanced Community services and would therefore not require a community bed leaving the cohort at 431. Of these, it is anticipated that a further 20% will no longer require a “step down” facility due to improved discharge arrangements and discharge alternatives. Based on this assessment and revised admissions the NDCH project would need to accommodate **346** admissions per annum.

BCUHB’s intention is to reduce the average length of stay from 28 days to a more sustainable 21 days. This supports local and national trends to reduce length of stays and focus on re-ablement and independence. The rationale behind this thinking is as follows:

- Early accessibility of services within the community which support the climate of CCTH
- Enhanced Primary care support and monitoring

- Discharge planning from admission with a rapid response of multi-agency working, involving the patient and their family/carer(s)

The table below highlights the bed requirement **based on 346 admissions per annum** on a 21 day average length of stay at 85% Occupancy:

Admissions	Inpatient Bed Days	Target Bed Occupancy	Target Average Length of Stay	Required Beds at 85% occupancy
346	7,266	85%	21	24

Table 4: Predicted required beds at 85% occupancy

The projected growth in the local population, particularly the increase in the number of older people, suggests that it would be prudent to include an additional 4 beds for future flexibility. 28 beds are therefore being proposed for NDCH, to be configured as a 22 single ensuite bedrooms, and two 3-bedded bays.

3.4.3 Ambulatory Care Unit

The building design now includes space for the provision of an Ambulatory Care Unit (ACU). The purpose of an ACU is to provide assessment and treatment for adults with sub-acute care needs close to patients' homes and so avoid admission to inpatient beds. Assessment and treatment are provided by medical, nursing and therapy staff.

The rationale for such a development is as follows:

A person who has frailty issues typically presents in crisis with the 'classic' frailty syndromes of delirium, sudden immobility or a fall (and subsequent unsafe walking) and is often admitted to hospital. However, there is evidence that rapid medical assessment, followed by specific treatment, supportive care and rehabilitation, is associated with lower mortality, greater independence and reduced need for long-term care. The development of an ACU in a community hospital setting can offer the following potential benefits:

- Reduced hospital admissions and attendance at ED
- More local response to patient needs
- Speed of referral for patient; from GP to unit and home again in same day

- Not de-compensating older patients with confinement in bed, e.g., older people typically lose between 10% to 15% muscle mass during a week in bed
- Preventing dependence on Inpatient beds
- Encouraging independence and re-ablement, in line with the strategic direction of "Living Healthier Staying Well"
- A focus on co production of re-ablement/treatment plan with the patient in line with "Social Services and Well-being (Wales) Act (2014)"
- Mitigation of risk of secondary infections in vulnerable adults from long hospital stays

This service model is currently being trialled at Llandudno Hospital. There will be a preliminary evaluation in the spring of 2019, and a full review when it has been open for 12 months (October 2019). The results of the evaluation will be considered as the Full Business Case is developed, and a judgement made about whether an ACU should be included, and if so the shape and scale of the service.

3.4.4 Same Day Service

In line with the commitment to provide care closer to home, BCUHB plans to make services such as Minor Injuries Services available within 40 minutes' drive for nearly all of the population in North Wales. At present many minor injuries for North Denbighshire residents are treated at YGC in the Emergency Quarter (EQ), where 25% of attendances are by people from the North Denbighshire locality. This adds significantly to the pressures on the EQ.

The proposal for North Denbighshire therefore now includes provision of a Same Day service to respond to demand for treatment of minor injuries and minor ailments in the locality. This was not included in the scope of the SOC. Service users will be able to access the Same Day service on referral by a GP or other healthcare practitioner; or walk in and receive treatment the same day. This offers the following benefits:

- Diverting the equivalent of 2 patients per hour away from YGC; it is estimated that NDCH could treat nearly 11,000 people per annum
- A reduction in demand on the ambulance service from patients with minor injuries;

- Relieving the pressure on YGC at peak times and during the holiday season
- A reduction in demand on GP practices. The service will be fully integrated with primary care but will predominantly be delivered by nurse practitioners, nurses and support staff
- The addition to the portfolio of community services benefiting an area of social deprivation; The potential to co-locate GP Out of Hours to assist with the existing workload, particularly during the evenings

This proposed development is strongly supported by the A&E Department team at YGC, the General Practices within the North Denbighshire cluster and local elected representatives in Rhyl.

3.4.5. Treatment Zone

The original SOC scope included a community nurse clinic, incorporating leg ulcer, continence and Doppler services. Since then, the scale and complexity of services undertaken by community nurses has increased significantly. This includes the management of long-term conditions. As a result, the size and scope of the proposed service at the RAH has been increased and the physical location re-badged as a treatment zone. The Community nurse led services will also include Phlebotomy and Wound Care delivered in clinics, to complement the services delivered at home.

As well as the benefit of increasing the range of services available, the presence of a greater number of community nurses on site will also increase efficiency by allowing cross-cover for other services on the site, including the Same Day Service and outpatients.

3.4.6. Sexual Health

The current provision of sexual health services in Denbighshire is split across two sites: the RAH (Level 1 services) and YGC (Level 2 and 3 services). The SOC scope of services allowed for Level 1 services (e.g. HIV and sexually transmitted infection (STI) testing and routine contraception advice) to continue to be provided at the RAH, delivered as part of the outpatient clinic.

However, it was noted in the YGC Re-development Project that Level 2 and 3 services (including ongoing management of HIV, complicated contraception, vulval pain, psychosexual services, child protection issues, sexual assault and high risk populations) no longer needed to be delivered in an acute setting, and that they could safely be delivered in a community setting.

Therefore, the sexual health service scope has changed to include Level 1, 2 and 3 services to be delivered from the proposed NDCH, which will reduce the number of ambulatory patients at YGC, improve the flexibility of clinic times, improve laboratory throughput and provide capacity for future growth at the hospital.

The benefits of providing the enhanced service at the proposed NDCH include:

- Streamlined care pathway
- Improved access for patients, some of whom have difficulties travelling to YGC
- Service delivery and staffing efficiencies due to co-location of service
- Simplified record management, with records kept on one site
- Improved staff support and opportunities for clinical supervision
- Improved team building and understanding of each other's roles
- Access to more efficient point of care testing
- Ability to run sub-specialty clinics in conjunction with Primary Care, such as menopause and erectile dysfunction
- Ability to stream patients into "Test No Talk" (a confidential sexual health screening service for people who don't think they have put themselves at risk or have any signs of infection, but would just like peace of mind. They are not examined, or asked any questions; they just test and go)
- Improved vaccination rates as unable to do vaccinations in Level 1 Hepatitis B/Human Papilloma Virus (HPV) at RAH at present.

3.4.7 Physiotherapy Services

The Physiotherapy department is located on the ground floor of the RAH and provides ambulatory or outpatient services to patients with a wide variety of conditions including:

- Musculoskeletal (muscle, bones and joints)
- Orthopaedics (pre and post-operative or post trauma)
- Respiratory (management of breathing issues post infection or disease and rehabilitation to improve function)
- Maternity
- Continence
- Falls and general mobility issue
- Pain management
- Cardiac rehabilitation
- Rehabilitation for patients with Stroke or other neurological conditions

Although located on the ground floor, if using the main car park, patients enter at basement level. There is a long way to walk to their appointment if using the lift, as it is located at the opposite end of the building to the department, which is not ideal for this patient group.

The accommodation currently comprises:

- 12 curtained physiotherapy bays
- Treatment room (laser and women's health)
- Treatment room (upper limb rehab, including splinting facilities)
- 1 small gym area used for education sessions for cardiac and pulmonary rehab, neurological out patients, paediatric outpatients, some mobility assessments and other disciplines such as speech and language therapy and dietetics
- 1 large gym with standard gym equipment and treatment plinths

There are insufficient rooms for individual treatment and private conversation. Not all North Denbighshire residents can be seen here and have to attend clinics at YGC and Denbigh Community Hospital. Since the production of the SOC the decision has been made to transfer more of the Therapies service out of Glan Clwyd into the RAH, in line with shifting care closer to home.

3.4.8 Diagnostics (X-Ray and Ultrasound)

The X-Ray department is located on the basement level of the RAH and provides a walk in X-Ray service to all patients having a referral for a general or dental X-Ray. The existing department comprises:

- X-Ray Room
- OPG (Orthopantomography) Room – which gives a wide view x-ray of the lower face

The accommodation is of reasonable quality, however the department has some accessibility issues and its configuration impedes the throughput and flow of patients. The service would like to offer ultrasound services at the RAH, but there is insufficient space to accommodate this within the current configuration.

3.4.9 Children's Services

Children's services are based on the first and second floor of the RAH, providing physiotherapy, occupational therapy and CAMHS (Child and Adolescent Mental Health) services. The accommodation is badly configured for a modern service and the environment is of a poor quality for both patients and staff, symptomatic of the generally poor fabric of the RAH building.

3.4.10 Health and Social Care Services

There is health and social care office accommodation located on the first floor of the RAH. The area accommodates a Community Resource Team (CRT) serving Rhyl and the surrounding area – the Community team supporting Prestatyn is based near to the Healthy Prestatyn Iach managed practice. The CRT is starting to develop stronger working relationships between District Nurses, Adult Social care and the Third Sector and the local Primary care Cluster Team. Further investment is planned from Integrated Care Fund to enable better integration with Primary Care and development of information sharing and information management to ease collaborative working. The redevelopment of the site will enable provision of accommodation for the Single Point of Access (SPOA). This team serves the county of Denbighshire, takes referrals and re-routes for community support from community Health and Social care and directly from citizens. The SPOA enables

prevention of escalating needs and offers information, advice and assistance to support citizens to achieve their own well-being goals.

3.4.11 Outpatients

The outpatient service is delivered from a neighbouring building, Glan Traeth, which also accommodates Older People's Mental Health teams. This comprises 13 clinical rooms including 2 Audiology rooms. This building (pictured below) has been in use as an outpatient facility since December 2017. The accommodation is a temporary solution following decant and demolition of a prefabricated building adjoining the RAH. This extension has been demolished, as it was no longer fit for purpose and could no longer support the delivery of outpatient services due to its lack of compliance with health and safety, privacy and dignity and infection control.

Figure 5: Photograph of Outpatient Department Temporary Building

There is no scope for expansion in the Glan Traeth setting.

OPD Services include:

- General Outpatients
- Audiology
- Ophthalmology
- Sexual Health
- Third Sector

The building is not appropriate for long term use as a modern Outpatients facility, and the intention is to re-provide these services in modern accommodation

3.4.12 Mental Health Services

The two Glan Traeth buildings are situated next to the RAH site; separated by Alexandra Road. One building houses the Outpatients Service, as outlined above, and the Community Older Person's Mental Health Team's offices. The remaining building accommodates the Older People's Mental Health Specialist Day Service, Memory Service, and the Alzheimer's Society. Some of the smaller rooms are not fit for purpose and the largest day service room is compromised by being a thoroughfare to other rooms. The Community Mental Health Team and Alzheimer's Society rooms are situated on the first floor, with no wheelchair access.

In terms of the service, the SOC stated that the inclusion of Mental Health Services for Older People within the scope of the project would be subject to the outcome of a separate review being undertaken by the Mental Health and Learning Disabilities Clinical Programme Group. This would be an opportunity to improve service provision for inpatient beds in the locality as well as improve the base for older person's day services and community mental health teams working in the wider community.

The "Strategic Review of Older People's Mental Health Services" report (Flynn and Eley Associates) dated 19 November 2014, stated that the principles embedded in the Audit Commission's statement were:

- inpatient care provides specialist expertise, with intensive levels of assessment, monitoring and treatment that cannot be provided elsewhere; this requires the full range of multidisciplinary expertise in an environment suitable to meet the needs of older patients who may have physical co-morbidities or major cognitive and perceptual problems
- access to physical healthcare is essential, with robust arrangements for geriatric medical liaison; this should be on a reciprocal basis and the Royal College of Psychiatrists recommends that ideally mental health beds should be located on general hospital sites

- community services must be in place to provide proper alternatives to inpatient care, to prevent unnecessary hospital admission and facilitate timely discharge

It was therefore concluded that the older people's mental health community team and day service should be based in the proposed NDCH, but that the inpatient service should be delivered from a district general hospital. The provision of inpatient OPMH beds will be addressed in the Ablett Unit business case, which will be completed by the end of 2018. There are no dedicated OPMH beds at the site, though that some inpatients may have attendant mental health needs and the integrated OPMH Team onsite will better enable the services to respond. The inclusion of this service into the overall scope will allow for improved integration with other services including the ward team to provide a more holistic model of care for older people and the multi-agency Community Resource Team, located at the site.

3.4.13 Community Dental Services

Figure 6: Photograph of Edith Vizard Building

The community dental service is delivered from the Edith Vizard Building on the RAH site, opened in 1908 as a nurses' home, from three dental surgeries, in addition to a mobile unit delivering the latex allergy service.

There are 88 dental surgeries in North Wales, 4 orthodontic practices and a total of 262 dentists. BCUHB currently has the second worst access rate in Wales (49.8%) as opposed to the Welsh average of 55% (Cardiff and Vale University Health Board has the best at just over 60%). The Health Board has commissioned additional activity for the delivery of an additional 8,000 patient places.

The building is no longer practical for the service, which provides treatment and care for a wide and very diverse group of patients, "priority patients" who are unable to

obtain the more specialised and tailored care that they require within the primary dental services. The adult patients treated include:

- learning disabilities patients
- patients with physical disabilities
- patients with challenging behaviour
- patients with mental health problems
- patients with severe medical conditions
- patients with terminal care needs
- patients with neurological and/or sensory impairment
- adolescents leaving Special Schools
- older patients with frailty and memory issues

The teams also provide care for a range of vulnerable groups, such as those:

- who are homeless
- with substance misuse issues
- who have sought asylum from oppression

The SOC scope assumed that the community dental services undertaken in the Edith Vizard Building would be re-provided as existing; i.e., three dental surgeries and a mobile unit (delivering the latex allergy service). The scope has now been extended to include 6 surgeries, for the following reasons:

- BCUHB has commissioned the delivery of an additional 8,000 patient places, a proportion of whom will be seen at the proposed NDCH in order to improve access rates
- The plan is to transfer of services from Prestatyn Dental Clinic, which is a single surgery with identified environmental challenges including difficult access for patients with disabilities
- This will create the potential to transfer further community dental clinics and further rationalise the Estate.

The proposed NDCH aims to be a “Centre of Excellence”, offering the following:

- Routine care for vulnerable patients
- Out of Hours Emergency Dental Care

- Specialist services in the fields of Special Care Dentistry, Sedation and GA assessment and other specialised services such as paediatric dentistry, orthodontics, oral surgery, and an endodontic service which it is intended will transfer from Mold (along with the specialist microscope)
- Provision of OPG facilities needed to support the service will also be incorporated in the adjacent X-Ray department; intra-oral X-Ray machines will be available in the surgeries
- Training programmes for clinicians; one or more Dental Core Trainees and a Specialist Trainee in Special Care Dentistry who need to work alongside the specialists or experienced dentists. Other cadres will also be attending on training programmes from time to time, such as Dental Nurses and Dental Therapists/Hygienists
- The centre will also serve as a base for domiciliary care and screening and the domiciliary/screening equipment to support this work needs to be stored there

3.4.14 Prevention and early intervention

There is now an increased focus on prevention and early intervention. The North Denbighshire campus design therefore includes a well-being Information Point in the foyer, to be staffed by voluntary organisations, and provide information and advice on local community activities and groups. There are 2 large meeting rooms designated for Third Sector groups and activities to help improve the health of local people and support them to live healthier lives. These activities will include:

- Smoking Cessation Services
- Alcohol Screening
- NHS Health Checks such as glucose testing and cholesterol
- Pre-diabetes and obesity programme – helping our local communities address the food, nutrition and exercise improvements they need through a number of initiatives and support programmes.
- Better breathing programme – asthma, COPD and other breathing conditions can have a huge effect on the sufferer, better breathing programmes will be

developed in the local community including exercise and physio programmes, singing groups, smoking cessation courses, etc.

3.4.15 Offices

An element of the original SOC was to promote integrated working not only among clinical teams but also with community and third sector services. This scope has increased and will see NDCH develop as a 'healthcare campus' where multi-disciplinary teams can be co-located on a single site linked closely to clinical accommodation.

Currently the office accommodation at RAH is configured to use general management, community and support services administration. However, it is envisaged that the new hospital campus will provide enhanced accommodation, including:

- Administration offices for clinical teams based at NDCH
- Hot-desk offices and resources for community and third sector service providers
- Supporting accommodation including meeting and interview rooms to improve accessibility, integration and promote working in partnership
- Increased office space for integrated community teams and single point of access

The RAH building currently accommodates some 270 staff, some of whom will be re-accommodated in new clinical environments when ready. In redeveloping the RAH site as part of the campus, the intent is to make best use of the available space to accommodate staff who need to be on site to support the new hospital, alongside other, multi-disciplinary community services such as the Community Resource Team. For example, there is provision of clinical space for OMPH services in the new hospital and staff offices and medical records, including Community Mental Health services will be based in the original RAH building. A key purpose of this building will be to enable the integration between Community Teams, including the Single Point of Access for information, advice and assistance, and engender closer multi-agency working.

The design intent with respect to the RAH is to utilise the existing layout and accommodation to best advantage with the minimum of alteration. The majority of the building will be to support staff in delivering clinical services with approximately 14% required for direct patient care. The clinical element will comprise counselling and interview rooms. There will be no accommodation to support invasive treatment. As a consequence, whilst the specification and scope of the works will ensure that the building meets all statutory requirements, NHS design guidance (i.e. WHBNs and WHTMs) will be reviewed and the design will be proportionate to the risks identified and derogations agreed as appropriate.

3.4.16 Car Parking

The RAH site has approximately 150 car parking spaces; 12 at the front of the building and approximately 138 to the rear of the building (of which 19 are disabled) where the main entrance is accessed. Car parking is a major concern on the site with an already limited number of spaces being compounded by:

- Lack of demarcation lines for car parking bays; leading to inappropriate parking
- Numbers being reduced due to inaccessibility caused by flooding
- Inappropriate use of the car park; by those not attending RAH

There is the opportunity to increase capacity by demolishing on site extraneous buildings.

3.5 Potential business scope

Based on the analysis of issues with current arrangements outlined above, a summary of the scope of the project is as follows:

- Re-provision of community beds in Rhyl, including repatriation of beds which transferred to Holywell and Denbigh when Prestatyn Community Hospital and the RAH wards closed
- Provision of a Same Day service to reduce admissions and support the reduction of A&E attendances at YGC
- The potential provision of an Ambulatory Care Unit, subject to the outcome of the pilot being implemented in Llandudno

- Provision of a Treatment Zone to support BCUHB's changing model of care for community nurses to undertake more complex activity in a community hospital setting
- Provision of a Level 1, 2 and 3 sexual health service
- Provision of an enhanced outpatient therapy service
- Provision of a Day Therapy Assessment Unit (IV Suite) to provide care closer to home for those living in the Rhyl and Prestatyn area
- Re-provision and extension of the Community Dental Service
- Re-provision and extension of Radiology services
- Re-provision of services currently undertaken on the RAH site:
    - Outpatients
    - Older People's Mental Health Services
    - Adult Psychology Services
- Provision of Advice and Information through third sector presence onsite and close working with the Community Resource Team, co-located on the campus
- Delivery of preventative programmes such as smoking cessation to support self-management
- Creation of multi-disciplinary accommodation to enable integrated working between primary, community, local authority and third sector care
- Car parking enhancements
- Improvement to the physical environment for patients and staff, including achieving a greater level of statutory compliance.

3.6 Objectives and Main benefits criteria

This section describes the objectives of the project and main outcomes and benefits associated with the implementation of the potential scope in relation to business needs.

Drawing on the strategic aims of BCUHB and the infrastructure investment criteria as defined in the NHS Wales Infrastructure Guidance (WHC(2015)012), the Project Board agreed the following investment objectives:

- To provide safe and sustainable services in response to the current and future health and well-being needs of the local population
- To further develop multi-agency, integrated, responsive primary and community care services in the area
- To increase the range of local services, thereby reducing the reliance on the DGH
- To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff
- To move care closer to people's homes, including inpatient bed based care
- To improve economic, social , environmental and cultural well-being, as outlined in "The Future Generations Act"

In terms of the benefits the four categories of benefit are as follows:

- CRB: Cash Releasing Benefits
- Non-CRB: Non-Cash Releasing Benefits
- QB: Quantifiable Benefits
- Non-QB: Non-Quantifiable or Qualitative Benefits

The following table summarises the benefits arising from each of the investment objectives:

Investment Objective		
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population		
Stakeholder group	Benefit	Category
Patients	An increase in self-management in the local population enabled, through education, information and preventative services offered in partnership with social services and the third sector	Qualitative (Non QB)

Health Board Staff: Clinical & Non-Clinical	meets national and local policy objectives to develop services which focus on community well-being	Qualitative (Non QB)
Health Community/Others	Supports the delivery of '*Healthcare in North Wales is Changing'*, Betsi Cadwaladr University Health Board, (2012)	Qualitative (Non QB)
	Avoidance of costs from harm and complications of hospital episodes	Quantifiable

Table 5: Benefits Criteria based on Investment Objective 1

Investment Objective		
2. To further develop multi-agency, integrated, responsive primary and community care services in the area		
Stakeholder group	Benefit	Category
Patients	Best outcomes for patients – quality of care is enhanced, in terms of the model of care and seamless pathways of care	Qualitative (Non QB)
Health Board Staff: Clinical & Non-Clinical	Efficient use of resources enabled through co-location and collaborative working	Qualitative (Non QB)
Health Community/Others	Prudent healthcare and the early intervention/prevention agenda in social care supported.	Qualitative (Non QB)
	Re-ablement of service users on the Ward and ACU to return home safely, preventing avoidable in-patient bed admissions	Quantifiable (QB)

	Admission avoidance to secondary care, reducing the number of A&E attendances - 15% transfer admissions from YGC. 9,000 admissions @ Cost per attendance of £179 x marginal rate	Non-cash releasing
	Reduced pressure on the Welsh Ambulance Services NHS Trust (WAST) through care closer to home. 11% of admissions to Same Day service result in avoidance of transport conveyance	Non-cash releasing

Table 6: Benefits Criteria based on Investment Objective 2

Investment Objective		
3. To increase the range of local services, thereby reducing the reliance on the DGH		
Stakeholder group	Benefit	Category
Patients	Patients will benefit from improved access to healthcare	Qualitative (Non QB)
Health Board Staff: Clinical & Non-Clinical	Step up care from GP referral will reduce some admissions into YGC. 76 (20%) fewer patients pa staying an average of 11 days each in YGC at £376 per day	Non-cash releasing
Health Community/Others	Support delivered to 9000 service users per annum the Same Day/Urgent Centre, which provides care closer to home and reduces pressure on the DGH and Primary Care.	Quantifiable (QB)

Table 7: Benefits Criteria based on Investment Objective 3

Investment Objective		
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff		
Stakeholder group	Benefit	Category
Patients	Patients will benefit from the improved physical environment in terms of: Functional suitability; Fire safety compliance; Accessibility; Ease of use for those suffering from Dementia; Reduced risk of infections.	Quantifiable (QB)
Health Board Staff: Clinical & Non-Clinical	The building will meet key Welsh Health Technical Memoranda (WHTM) and Welsh Health Building Note (WHBN) requirements.	Quantifiable (QB)
	Recruitment, retention and well-being of staff enhanced	Quantifiable (QB)
Health Community/Others	The community will benefit from a modern purpose-built building	Qualitative (Non QB)
	National Estate Key Performance Indicators achieved	Quantifiable (QB)

Table 8: Benefits Criteria based on Investment Objective 4

Investment Objective		
5. To move care closer to people's homes, including inpatient bed based care		
Stakeholder group	Benefit	Category
Patients	Independence of patients enabled in an environment which supports co-production and asset-based approach to re-ablement and promotes continuity in relation to carer involvement.	Qualitative (Non QB)
	Repatriation of assumed 10% patients in LL18 and LL19 postcodes receiving IV treatment at Llandudno General Hospital (LGH) - average cost per non elective short stay of £833	Non cash-releasing
Health Board Staff: Clinical & Non-Clinical	Working climate for innovation, AP and R&D created. The opportunity is created to add value through knowledge transfer through collaboration and co-location of staff.	Qualitative (Non QB)
	Community beds available for LL18 and LL19 patients (transferring from Holywell Community Hospital and Denbigh Community Hospital)	Non cash-releasing
Health Community/Others	Increased provision of services operating after 17:00 and at the weekend.	Qualitative (Non QB)
	Avoidance of need for private sector placement (nursing/residential home) reducing Continuing Health Care costs	Quantifiable

Table 9: Benefits Criteria based on Investment Objective 5

Investment Objective		
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act		
Stakeholder group	Benefit	Category
Patients	Ease of Access Improved building quality	Qualitative (Non QB)
Health Board Staff: Clinical & Non-Clinical	Recruitment and retention Supports a Campus model of Care	Quantifiable (QB)
Health Community/Others	Supports the councils regeneration plans for the area Emotional attachment	Qualitative (Non QB)

Table 10: Benefits Criteria based on Investment Objective 6

3.7 Main risks

The risk register is attached as an appendix. The main business and service risks associated with the scope for this project are:

- Unexpected changes in service capacity/demand
- Failure to the model of care, in particular the integration of services
- Recruitment and retention of the workforce
- Affordability

The table below highlights these key service risks from the analysis documented in the Risk register in the Appendices.

Main Risk	Counter Measures
Design: Planning Implications of Design	• Engagement commenced during development of Technical Options and throughout development of OBC. Membership from Local Authority on project board
Development: Challenging programme – risk of design changes	• Change Control process followed as per BCUHB capital procedure and DFL framework
Implementation risks • Failure to meet the model of care, in particular the integration of services • Recruitment and retention of the workforce • Affordability (Budget not achievable)	• Framework for Care Closer to home to be developed with partners. Engagement through Regional; Partnership Board. Ongoing representation at project board and team. • Detailed workforce strategy and implications included below. • Mitigation and alternative funding streams confirmed within Financial Case to be monitored through Project Board. Benefits of Care Closer to home strategy to be maximised to further reduce escalation beds, improve average length of stay and patient flow.
Operational risks • Unexpected changes in service capacity/demand	• Service model and demand management framework to be put in place through care Closer to Home programme, linking to our Unscheduled Care work in acute settings. This model to enable flexibility to respond to service demand.

Table 11: Main risks and counter measures

3.7.1 Workforce

Focusing on workforce, it is envisaged that the development of the proposed NDCH will generate an opportunity to create a place that is desirable to work in. However, BCUHB like all other NHS organisations across the UK has to compete within a challenging labour market. As a result, we have a number of strategies in place to ensure we attract local, national and international candidates. These include creating our own attraction and recruitment website and brand - Train Work Live North Wales

which showcases what it is like to work for the Health Board in the words of our own employees and what it is like to live and work in North Wales. We attend careers events and fairs locally and nationally and have a strong social media presence.

We offer a number of different routes into the Health Board from schemes to supporting the local community back into work, through to apprenticeships, supported training places, return to practice and utilisation of the Certificate of Eligibility for Specialist Registration for doctors. Strong links remain with educational establishments across North Wales and we work in partnership with local colleges and universities who offer a wide range of courses. We also work with education and training providers further afield to encourage students to come and work in North Wales.

Internal development is also key and a ‘grow our own ‘approach is very much encouraged with support for staff to move from unqualified to qualified roles. We also work with schools across North Wales to promote careers within Health and Social Care with particular emphasis on the importance being able to communicate in the medium of Welsh. Other initiatives include working with our overseas colleagues who may have qualified friends and family who wish to relocate to North Wales.

In terms of retention we have various initiatives which impact on staff retention these include a staff recognition scheme; a staff listening model which ensures staff are involved in service improvement, contributing to ideas and resolve issues; Staff Achievement Awards, and Staff Engagement Ambassadors and Listening Leads within departments. The Health Board also provides a range of learning and development opportunities for all staff to ensure continuous development of knowledge and skills and career progression opportunities are available.

Effective teamwork and collaboration are fundamental to the delivery of continually improving, high-quality care. Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in ways of caring for patients, lower levels of stress, absenteeism and turnover, and more consistent communication with patients . The NDCH will create the environment where the workforce have the opportunity to enhance their skills in

working in multi-disciplinary teams, extend their roles within community settings and provide more personalised care. It is envisaged that the proposed NDCH will facilitate:

The work style to be underpinned by an ethos of “working with, not doing to”

Users to make a difference to the quality of service they receive when they participate in the delivery of the service themselves. One approach, which emphasises the importance of the collaboration between service providers and users, is co-production. It is also known as co-creating services, whereby service recipients are involved in different stages of the process, including planning, design, delivery and audit of a public service.

The training and encouragement of staff to promote enabling solutions for service users which actively support their ongoing independence – e.g. encourage a patient to walk to the toilet rather than fetch a commode for them. This is in line with philosophy of the “Social Services and Well-being (Wales)” Act 2014 which requires co-production with citizens

Co-production to challenge the assumption that service users are passive recipients of care and recognises their contribution in the successful delivery of a service (Cahn, 2000). At the same time, it involves the empowerment of front-line staff in their everyday dealings with customers (Needham and Carr, 2009). Co-production will also involve those who care for service users and will enable them to participate in deciding how an individual’s healthcare needs may be met, building from what matters to each individual to design personal care plans

3.8 Constraints

The project is subject to the following constraints:

- The RAH is a Grade II listed building of significant historic significance to the local community and will need to be refurbished to an appropriate standard as part of any development on the site

- The available site area is limited with little room for expansion, meaning any proposed new build solution is constrained by existing site boundaries

3.9 Dependencies

- Any solution on the RAH site will require planning permission, as the current footprint of the buildings on site are not of a sufficient size or condition from which to provide modern healthcare services. In developing the design a series of meetings have been held with the planning authority and contact made with other agencies including CADW and Welsh Government. The design addresses the requirement of the planning authority that any planning application made in regard to the site would provide a solution to the sustainability of the RAH building to ensure that it does not become derelict. The scope and extent of the works have been developed in consultation with DCC conservation officers. Full planning permission will be sought as part of the development of the FBC.

- The development of the NDCH service scope is dependent on the following services transferring much of its activity from YGC, in line with the YGC Re-Development project:
  - Sexual Health
  - Therapies Outpatients

4. The Economic Case

4.1 Introduction

The Economic Case is the technical core of the business case and is a fundamental requirement as it fulfils HM Treasury's requirements on how to demonstrate value for money. This section of the business case focuses on the main options available for delivering the required services. These options are evaluated, and the option which gives the best Value for Money (VfM) is established. The Economic Case of the original SOC has been reviewed and refined and has been tested against the following "long list to short list" criteria:

- Do any of the options fail to deliver the spending objectives and critical success factors for the project?
- Do any of the options appear unlikely to deliver sufficient benefits, bearing in mind that the intention is "to invest to save" and to deliver a positive net present value?
- Are any options clearly impractical or unfeasible?
- Is any option clearly inferior to another, because it has greater costs and lower benefits?
- Do any of the options violate any of the constraints (e.g. clearly unaffordable)?
- Are any of the options sufficiently similar to allow a single representative option to be selected for detailed analysis?
- Are any of the options clearly too risky?

As a result of the review, we have made amendments to a number of the long-list options and developed a revised set of short-list options.

4.2 Critical Success Factors

The Critical Success Factors (CSF's) are the attributes which are essential to the successful delivery of the scheme. The Project Team identified the following critical success factors for the project:

Critical Success Factors	How well does the option……..
Strategic Fit and Business Needs (Strategic Case)	• meet and support the over-arching aims of local and national strategy/legislation
Potential Value for Money (Economic Case)	• maximise the return on the required investment in terms of the economy • minimise associated risks
Capacity and Capability (Commercial Case)	• deliver the required level of service and functionality
Potential Affordability (Financial Case)	• deliver the project within the ascribed capital and revenue envelope
Potential Achievability (Management Case)	• deliver the project within the agreed timescale • deliver an operational, fit-for-purpose facility • satisfy the level of skills required to deliver the project successfully

Table 12: Critical Success Factors

4.3 Long-List of Options

The long list of options for the original SOC was generated by a workshop held on 19 February 2013, in accordance with best practice contained in the Capital Investment Manual.

The options in the long list were all developed to be consistent with the key strategic decisions taken by BCUHB in January 2013 following the Healthcare in North Wales is Changing (HCiNWiC) public consultation. BCUHB then gave their approval to a series of recommendations/changes to the way health care services are delivered in

North Wales including the closure of inpatient beds at PCH. BCUHB also confirmed the development of a new, integrated NHS Community Hospital; replacing PCH, the RAH and some other health service facilities in the area including Glan Traeth, Lawnside Child and Adolescent Mental Health Service and dental clinics in the area. The new hospital would also reduce the number of beds needed at YGC.

4.3.1 Long-List Development

When developing the long list, BCUHB took into account the change in service scope, as detailed in Section 3.6 including:

- The changing model of care of caring for Older People Mental Health inpatients in a district general hospital setting
- The changing model of care for supporting people to stay out of hospital
- The potential changes in scope required to respond to the decisions made as part of the YGC Re-Development project

Subsequently a further options workshop was held on 24 October 2016 to review, validate and update the original long list of options. Attendees of this workshop were as follows:

Name	Title
Gareth Evans	Project Director (Clinical Director, Central Area)
Stephanie O'Donnell	Project Manager, Central Area
Ian Howard	Assistant Director, Strategic Analysis and Development
Mark Jenkinson	Older Persons' Mental Health Programme Manager
Dilys Percival	Assistant Area Director for Therapy Services, Central Area
Sandra Naughton	Locality Manager, Community Services, Denbighshire County Council

Table 13: OBC Option Appraisal Team

The revised long list of options was developed and categorised under the headings of Scope, Technical Solution, Service Delivery, Implementation and Funding as follows.

4.3.2 Scoping Options

In accordance with the Treasury Green Book and Capital Investment Manual, the do nothing/status quo/option has been considered as a baseline for potential Value for Money. Within the broad scope outlined in the strategic case, the following main options have been considered:

- Option 1.1: Maintain Status Quo
- Option 1.2: SOC Scope (reference point)
- Option 1.3: the Minimum Scope
- Option 1.4: the Intermediate Scope
- Option 1.5: the Maximum Scope

Service	1.1 Status Quo	1.2 SOC Scope	1.3 Minimum Scope	1.4 Intermediate Scope	1.5 Maximum Scope
Same Day Service	×	×	×	✓	✓
Treatment Zone	×	×	×	✓	✓
Sexual Health	✓ Level 1	✓ Level 1	✓ Level 1	✓ Enhanced Level 2/3	✓ Enhanced Level 2/3
District Nurse Clinic	×	✓	✓	✓ (inc.in Treatment Zone above)	✓ (inc.in Treatment Zone above)
Third Sector	✓	✓	✓	✓	✓
Diagnostics	✓ X-Ray	✓ X-Ray	✓ X-Ray	✓ X-Ray & Ultrasound	✓ X-Ray & Ultrasound

Service	1.1 Status Quo	1.2 SOC Scope	1.3 Minimum Scope	1.4 Intermediate Scope	1.5 Maximum Scope
Community Dental	✓	✓	✓	✓	✓
Outpatients	✓	✓	✓	✓	✓
OPD Therapies	✓	✓	✓	✓	✓
Older People Mental Health Community Day Service	✓	×	✓	✓	✓
Inpatient Therapies	×	✓	✓	✓	✓
IV Therapy	×	✓	✓	✓	✓
Community Inpatient Beds	×	✓ 30-Bed Ward	✓ 30-Bed Ward	✓ 28-Bed Ward plus ACU	✓ 30-Bed Ward
Older People Mental Health Beds	×	✓	×	×	✓
Children's Services	✓	✓	✓	✓	✓
Office Accommodation:	✓	✓	✓	✓ plus additional	✓ plus additional

Service	1.1 Status Quo	1.2 SOC Scope	1.3 Minimum Scope	1.4 Intermediate Scope	1.5 Maximum Scope
Integrated Health and Social Care Community Teams				teams	teams

Table 14: Potential Scope of Services

4.3.2.1 Option 1.1: Status Quo

There will not be a new Community Hospital development with in-patient beds in the locality. Services will continue to be provided as they currently are, i.e., there would be no replacement of the services which were delivered from Prestatyn Community Hospital (PCH). Inpatient step-up or step-down care will be provided either from community hospitals in neighbouring localities or at YGC. Other community healthcare services will be provided either from local satellite bases or facilities in adjacent localities. There will be no further opportunity for enhancement or co-location with Social Care services or third sector. Essential maintenance will be carried out to RAH over the lifetime of the project but it will not be brought up to modern standards.

Advantages	Disadvantages
Less capital investment required.	Not aligned to the *Living Healthier, Staying Well* strategy or other local and national policy guidance.
	Does not allow for integration or co-location of social and community services or third sector.
	Current accommodation does not allow for expansion in range or capacity
	Recruitment/retention difficulties may

	lead to workforce shortages.
	Does not respond to the specific healthcare needs/requirements of the local population.
	Existing buildings are not fit for purpose, and infrastructure is unsuitable for the provision of modern healthcare service delivery.
	Existing sites present fragmented access to services; preclude greater one-stop approach being developed.

Table 15: Advantages and Disadvantages of Option 1.1

4.3.2.2 Option 1.2: SOC Scope

The scope of services identified in the SOC was reviewed, resulting in the following advantages and disadvantages:

Advantages	Disadvantages
Some change to current accommodation that enables improved Health Board services.	Not aligned to the "Living Healthier, Staying Wel"l strategy or other local and national policy guidance, such as the inclusion of a Same Day Service
Some reduction in fragmented accessibility of current sites.	Does not respond to the change in model of "Care Closer To Home", supporting people to stay out of hospital such as the Treatment Zone and the Emergency Ambulatory Care Unit
	Does not take into account changes in scope as a result of the YGC Re-Development Project regarding therapies and sexual health
	Does not support the model of care of caring for Older People Mental Health inpatients in a district general hospital setting

Table 16: Advantages and Disadvantages of Option 1.2

Due to the developments highlighted above (Section 0), the SOC scope does not fully allow BCUHB to respond to the key drivers in the "Living Healthier, Staying Well" strategic framework, particularly provision of "Care Closer to Home". This leads to an unbalanced service model where only some of the changes have been made and current service delivery in the locality is limited in scope.

4.3.2.3 Option 1.3: Do Minimum

For the minimum option, the project team considered services that could potentially be removed from the SOC scope. There was a consensus that the Older People

Mental Health beds could be removed from the scope, as work is being undertaken for their provision within a district general hospital setting. This resulted in the following advantages and disadvantages:

Advantages	Disadvantages
Supports the model of care of caring for Older People Mental Health inpatients in a district general hospital setting	Not aligned to the Living Healthier, Staying Well strategy or other local and national policy guidance, such as the inclusion of a Same Day Service
Some change to current accommodation that enables improved Health Board services.	Does not respond to the change in model of Care Closer To Home, supporting people to stay out of hospital such as the Treatment Zone and the Multi-disciplinary Assessment Unit
Some reduction in fragmented accessibility of current sites.	Does not take into account changes in scope as a result of the YGC Re-Development Project regarding therapies and sexual health
	Some Capital Investment required

Table 17: Advantages and Disadvantages of Option 1.3

4.3.2.4 Option 1.4: Intermediate Scope

For the intermediate option, service issues that were recognised as disadvantages in options 1.1 and 1.2 (above) were added to the scope. This resulted in the following advantages and disadvantages:

Advantages	Disadvantages
Aligned to the strategic framework "Living Healthier, Staying Well" and other local and national policy guidance	Capital Investment required
Responds to the change in model of care for supporting people to remain at home such as the Treatment Zone and the Ambulatory Care Unit.	
Takes into account changes in scope as a result of the YGC Re-Development Project regarding therapies and sexual health	
Supports the model of care of caring for Older People Mental Health inpatients in a district general hospital setting	
Enables the integration/co-location of social and community services and third sector	

Table 18: Advantages and Disadvantages of Option 1.4

4.3.2.5 Option 1.5: Maximum Scope

For the maximum option, the project team considered incorporating all of the services in all of the scopes (above) as a comparator. This resulted in the following advantages and disadvantages:

Advantages	Disadvantages
Aligned to the strategic framework "Living Healthier, Staying Well" and other local and national policy guidance	Does not support the model of care of caring for Older People Mental Health inpatients in a district general hospital
Responds to the change in model of care for supporting people to remain at home such as the Treatment Zone and the Multi-disciplinary assessment Unit	Capital Investment required
Takes into account changes in scope as a result of the YGC Re-Development Project regarding therapies and sexual health	
Supports the model of care of caring for Older People Mental Health inpatients in a district general hospital setting	

Table 19: Advantages and Disadvantages of Option 1.5

4.3.2.6 Overall Conclusion: Scoping Options

The table below summarises the assessment of each option against the investment objectives and critical success factors:

Option:	**1.1**	**1.2**	**1.3**	**1.4**	**1.5**
Description:	Status Quo	SOC Scope	Minimum	Inter-mediate	Maximum
Investment Objectives					
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	×	✓	×	✓	×
2. To further develop multi-agency, integrated, responsive primary and community care services in the area	×	✓	✓	✓	✓
3. To increase the range of local services, thereby reducing the reliance on the DGH	×	×	×	✓	✓
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff.	×	✓	✓	✓	✓
5. To move care closer to people's homes, including inpatient bed based care.	×	✓	✓	✓	✓
6.To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act	×	✓	✓	✓	✓

Critical Success Factors					
Strategic Fit and Business Needs (Strategic Case)	×	×	×	✓	×
Potential Value for Money (Economic Case)	×	×	×	✓	✓
Capacity and Capability (Commercial Case)	×	×	×	✓	✓
Potential Affordability (Financial Case)	✓	✓	✓	✓	✓
Potential Achievability (Management Case)	✓	✓	✓	✓	✓
Summary	Taken Forward	Discounted	Discounted	Preferred	Possible

KEY	×	does not meet	✓	partially meets	✓	meets

Table 20: Assessment of Scoping Options

Option		Findings
Scope		
1.1	Do Nothing	**Possible:** This option does not meet the principal needs of the scheme as defined in the investment objectives and critical success factors. However it has been retained as a comparator.
1.2	SOC Scope	**Discounted:** This option fails to meet the majority of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.3	Do Minimum	**Discounted:** This option fails to meet the majority of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.4	Intermediate	**Preferred:** This option would meet all of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.5	Do Maximum	**Possible:** This option partially meets the needs of the scheme as defined in the investment objectives and CSFs.

Table 21: Scoping Options Findings

4.3.3 Technical Solution Options

4.3.3.1 Introduction

The following technical solution options were considered during the workshop:

	New Build	Royal Alexandra Hospital	Offices
1	new build (clinical and offices)	retain	in new build
2	new build (clinical and offices)	dispose	in new build
3	new build (clinical and offices)	demolish	in new build
4	extension to RAH	retain	part of new extension and RAH
5	new build (clinical)	retain	refurbish RAH

6	new build (clinical)	dispose	lease off-site
7	new build (clinical)	retain	lease off-site
8	new build (clinical)	demolish	lease off-site
9	new build (clinical)	dispose	buy off-site
10	new build (clinical)	retain	buy off-site
11	new build (clinical)	demolish	buy off-site
12	new build (clinical)	dispose	build off-site offices
13	new build (clinical)	retain	build off-site offices
14	new build (clinical)	demolish	build off-site offices
15	new build (clinical)	dispose	build on-site offices
16	new build (clinical)	retain	build on-site offices
17	new build (clinical)	demolish	build on-site offices

Table 22: Technical Solutions Options

Following discussion it was agreed that it would not be feasible to demolish or dispose of RAH for the following reasons:

- The building is Grade II listed and is of local historic significance
- Planning advice received suggests that any planning application made in regard to this project should consider/include RAH and that an unoccupied building on the sea front would not support the regeneration plans for the area
- Public feedback indicates a strong level of emotional attachment to RAH

Therefore, any available options which would render RAH surplus to requirements have not been short-listed.

It was also agreed that office accommodation is required to be on-site, close to clinical services in line with multi-disciplinary working and the “Care Closer To Home” framework for service delivery, set out in BCUHB’s “Living Healthier, Staying Well” strategy. A key investment objective for the NDCH development is to further develop multi-agency, integrated, responsive primary and community care services in the

area. For this reason a 'Campus' solution is preferred which will support integrated working and the option of providing off-site offices was discounted.

Following this review, four options were identified as being viable for the long list. This range of options considers the technical solutions in relation to the preferred scope. The range of technical solution options are detailed below:

- Option 2.1: Refurbish and extend RAH
- Option 2.2: 100% New Build (clinical and office accommodation)
- Option 2.3: New Build clinical/refurbish RAH for office accommodation
- Option 2.4: New Build clinical/build separate on-site office accommodation

4.3.3.2 Option 2.1: Refurbish and Extend RAH

This Option (developed as the preferred way forward following SOC approval) involves refurbishing RAH to provide clinical and office accommodation as well as providing a new build extension to house diagnostic services and Wards which would not practicably fit within the existing hospital building envelope.

Advantages	Disadvantages
The RAH would benefit from fabric improvements and remain an integral part of the NDCH campus	Higher levels of capital investment required to provide clinical accommodation within the existing building
Co-location of staff administration areas to clinical areas	The existing building constraints of RAH would make it difficult to refurbish into modern fit for purpose clinical accommodation and some services would still fail to meet current health care guidelines
Would support the regeneration plans for the area and satisfy the planning authority	The infrastructure upgrades necessary to refurbish RAH for clinical accommodation would prove complex and costly

Advantages	Disadvantages
	The existing building has significant access and fire evacuation issues which would need to be addressed as part of any refurbishment

Table 23: Advantages and Disadvantages of Option 2.1

4.3.3.3 Option 2.2: 100% New Build (clinical and office accommodation)

This option explores the opportunity to develop a single new build solution. This would mean that the RAH would not form part of the solution and could potentially be disposed of or form part of a future investment for BCUHB.

Advantages	Disadvantages
Services would be provided in new fit for purpose accommodation	The available site area would not accommodate all of the required services without developing a multi storey solution which may not be acceptable to the planning authority
	This option does not address the existing RAH building
	This option does not take advantage of the economic benefits of housing offices in purpose built accommodation

Table 24: Advantages and Disadvantages of Option 2.2

4.3.3.4 Option 2.3: New Build clinical/Refurbish RAH

This option considers the disadvantages associated with option 2.2 involving a smaller new build solution exclusively for clinical accommodation whilst including RAH as part of the overall 'Campus' by refurbishing it to house on site office accommodation.

Advantages	Disadvantages
Clinical services would be provided in new fit for purpose accommodation	Potentially high capital costs associated with refurbishing RAH (although

	refurbishment for office accommodation would be more cost effective than a clinical refurbishment)
Office accommodation would be provided locally in upgraded facilities within RAH	
The RAH would benefit from fabric improvements and remain an integral part of the NDCH campus	
Would support the regeneration plans for the area and satisfy Planning	

Table 25: Advantages and Disadvantages of Option 2.3

4.3.3.5 Option 2.4: New Build clinical/Build separate On-Site office accommodation

As above this option includes the development of a new build solution for clinical accommodation but explores the advantages and disadvantages for building a separate purpose built office building. This would mean that the RAH would also be maintained by BCUHB but not form part of the 'Campus' solution.

Advantages	Disadvantages
Clinical services would be provided in new fit for purpose accommodation	This option does not address the existing RAH building
Office accommodation would be provided locally in new fit for purpose accommodation	
Potentially lower Capital investment required	

Table 26: Advantages and Disadvantages of Option 2.4

4.3.3.6 Overall Conclusion: Technical Solutions Options

The table and narrative below summarises the assessment of each option against the investment objectives and critical success factors.

Option:	2.1	2.2	2.3	2.4
Description:	Refurbish and Extend RAH	100% New build (clinical & offices)	New build (clinical) & refurbish RAH for offices	New build (clinical) & build on site offices
Investment Objectives				
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	✓	✓	✓	✓
2. To further develop multi-agency, integrated, responsive primary and community care services in the area	✓	✓	✓	✓
3. To increase the range of local services, thereby reducing the reliance on the DGH	✓	✓	✓	✓
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff.	✓	✓	✓	✓
5. To move care closer to people's homes, including inpatient bed based care.	✓	✓	✓	✓
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act	✓	✓	✓	✓
Critical Success Factors				

Option:	2.1	2.2	2.3	2.4
1. Strategic Fit and Business Needs (Strategic Case)	✓	✓	✓	✓
2. Potential Value for Money (Economic Case)	✓	×	✓	×
3. Capacity and Capability (Commercial Case)	✓	✓	✓	✓
4. Potential Affordability (Financial Case)	✓	×	✓	×
5. Potential Achievability (Management Case)	✓	×	✓	×
Summary	**Possible**	**Discounted**	**Preferred**	**Discounted**

KEY	×	does not meet	✓	partially meets	✓	meets

Table 27: Assessment of Technical Solutions Options

Option		Findings
Technical Solution		
2.1	Refurbish and Extend RAH	**Possible:** This option partially meets the principal needs of the scheme as defined in the investment objectives and critical success factors
2.2	100% New Build (clinical and office accommodation)	**Discounted:** This option partially meets the principal needs of the scheme as defined in the investment objectives, but not the critical success factors
2.3	New Build clinical/Refurbish RAH	**Preferred:** This option would meet all of the principal needs of the scheme as defined in the investment objectives and critical success factors. Delivery and complexity are acceptable but require capital funding
2.4	New Build	**Discounted:** This option partially meets the principal

Option		Findings
Technical Solution		
	clinical/Build separate On-Site office accommodation	needs of the scheme as defined in the investment objectives, but not the critical success factors

Table 28: Technical Solutions Options Findings

4.3.4 Service Delivery Options

4.3.4.1 Introduction

The following range of options considers the technical options for service delivery in relation to the preferred scope and solution. The range of service delivery options are detailed below:

- Option 3.1: In House – management and delivery of services by the Health Board.
- Option 3.2: Outsource – management and delivery of services by an external organisation.
- Option 3.3: Strategic Partnership – a managed arrangement between the Health Board to jointly manage and deliver services

4.3.4.2 Option 3.1: In House

This option describes the services delivered by the Health Board, and managed by the Health Board.

Advantages	Disadvantages
The Health Board retains overall responsibility and control of service delivery.	Service delivery risks remain with the Health Board
Expertise is retained/managed within the Health Board	
Staffing resource is retained/managed by the Health Board.	

Table 29: Advantages and Disadvantages of Option 3.1

4.3.4.3 Option 3.2: Outsource

This option describes the service being delivered by an organisation outside the Health Board.

Advantages	Disadvantages
The bulk of service delivery risks are transferred to the provider.	Loss of control, staff and expertise; professional accountability in specialist professions and accountability for the Health Board in the execution and delivery of its statutory responsibilities.
Potential to deliver services for which internal expertise does not exist.	Requires complex contractual models, which currently do not exist or do not comply with Welsh Government policy.

Table 30: Advantages and Disadvantages of Option 3.2

4.3.4.4 Option 3.3: Strategic Partnership

This option describes a strategic partnership arrangement for the provision of services between the Health Board and other organisations (e.g.: consideration of a strategic partnership agreement with an outside organisation to help in the provision of services).

Advantages	Disadvantages
Shared responsibility of service delivery and risk.	Potential for problems to arise over integration of services; professional accountability in specialist professions and accountability for the Health Board in the execution and delivery of its statutory responsibilities.
Potential to deliver services for which internal expertise does not exist.	May requires complex contractual models, which currently do not exist or do not comply with Welsh Government policy.

Table 31: Advantages and Disadvantages of Option 3.3

4.3.4.5 Overall Conclusion: Delivery Options

The table below summarises the assessment of each option against the investment objectives and critical success factors.

Option:	**3.1**	**3.2**	**3.3**
Description:	In House	Outsource	Strategic Partnership
Investment Objectives			
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	✓	×	×
2. To further develop multi-agency, integrated, responsive primary and community care services in the area	✓	×	×
3. To increase the range of local services, thereby reducing the reliance on the DGH	✓	×	×
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff.	✓	×	×
5. To move care closer to people's homes, including inpatient bed based care.	✓	×	×
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act	✓	✓	✓
Critical Success Factors			
1. Strategic Fit and Business Needs (Strategic Case)	✓	×	×
2. Potential Value for Money (Economic Case)	✓	×	×
3. Capacity and Capability (Commercial	✓	?	?

Option:	3.1	3.2	3.3
Case)			
4. Potential Affordability (Financial Case)	✓	?	?
5. Potential Achievability (Management Case)	✓	?	?
Summary	**Preferred**	**Discounted**	**Discounted**

KEY	×	does not meet	?	unknown	✓	meets

Table 32: Assessment of Service Delivery Options

Option		Findings
Service Delivery		
3.1	In-House	**Preferred:** This option provides the most acceptable solution in terms of use of staff, skills and resources.
3.2	Outsource	**Discounted:** This option has been discounted as it fails to deliver integration of services.
3.3	Strategic Partnership	**Discounted:** This option has been discounted as it is unclear whether it delivers integration of services, and because of the increased complexity and achievability issues.

Table 33: Service Delivery Options Findings

4.3.5 Implementation Options

4.3.5.1 Introduction

This range of options gives consideration for implementation in relation to the preferred scope, service solution and method of service delivery. The range of implementation options is detailed below:

- Option 4.1: Single Stage – All service changes delivered within a single phase.
- Option 4.2: Phased – Service changes are implemented in multiple phases.

4.3.5.2 Option 4.1: Single Stage

This option assumes that all the required services could be delivered within the initial phase(s) of the project

Advantages	Disadvantages
Faster Implementation	
Potentially lower costs	

Table 34: Advantages and Disadvantages of Option 4.1

4.3.5.3 Option 4.2: Phased

This option assumes that the implementation of the required development and services would be phased.

Advantages	Disadvantages
	Phased approach takes longer to implement and delays benefits.
	Potentially higher Capital costs

Table 35: Advantages and Disadvantages of Option 4.2

4.3.5.4 Overall Conclusion: Implementation Options

The table below summarises the assessment of each option against the investment objectives and critical success factors

Option:	**4.1**	**4.2**
Description:	Single Phase	Phased
Investment Objectives		
1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population	✓	✓
2. To further develop multi-agency, integrated, responsive primary and community care services in the area	✓	✓
3. To increase the range of local services, thereby reducing the reliance on the DGH	✓	✓
4. To deliver services in an environment which is fit for purpose and enhances health and well-being for service users and staff.	✓	✓
5. To move care closer to people's homes, including inpatient bed based care.	✓	✓
6. To improve economic, social, environmental and cultural well-being, as outlined in The Future Generations Act	✓	✓
Critical Success Factors		
1. Strategic Fit and Business Needs (Strategic Case)	✓	✓
2. Potential Value for Money (Economic Case)	✓	×
3. Capacity and Capability (Commercial Case)	✓	×
4. Potential Affordability (Financial Case)	✓	×
5. Potential Achievability (Management Case)	✓	×
Summary	**Preferred**	**Discounted**

KEY	×	does not meet	✓	meets

Table 36: Assessment of Implementation Options

Option		Findings
Implementation		
4.1	Single Phase	**Preferred:** This option provides the best balance of cost, implementation timescale and earlier delivery of benefits
4.2	Phased	**Discounted:** This option is discounted due to potential increased cost and complexity, which is unnecessary to maintain service delivery in this project.

Table 37: Implementation Options Findings

4.3.6 Funding Options

The range of options considers the choices available for funding and financing the scheme in relation to the preferred scope, technical solution, method of service delivery and implementation. The ranges of funding options available are detailed below:

- Option 5.1: Private Funding – The scheme is delivered via a 3rd party developed scheme utilising private capital monies.
- Option 5.2: Public Funding – The scheme is delivered via the NHS Capital Expenditure Programme.

Welsh Government has confirmed that, subject to the submission of a satisfactory business case, this scheme will be publically funded and owned as part of the NHS All-Wales Capital Programme. It is clear that the Health Board is not in a position to absorb the revenue pressures that alternative means of funding would entail.

Option	Scope	Findings
Funding		
5.1	Private Funding	**Discounted:** Third Party Development funding has been excluded as a viable funding option as the Health Board is not in a position to absorb the revenue pressures that this would entail.
5.2	Public Funding	**Preferred:** This scheme will be publicly funded and is part of the NHS Capital Expenditure Programme.

Table 38: Implementation Options Findings

4.3.7 The Long List: Inclusions and Exclusions

The long list has appraised a wide range of possible options.

Option		Findings
Scope		
1.1	Status Quo	**Possible:** This option does not meet the principal needs of the scheme as defined in the investment objectives and critical success factors. However it has been retained as a comparator.
1.2	SOC Scope	**Discounted:** This option fails to meet the majority of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.3	Do Minimum	**Discounted:** This option fails to meet the majority of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.4	Intermediate	**Preferred:** This option would meet all of the principal needs of the scheme as defined in the investment objectives and critical success factors.
1.5	Do Maximum	**Possible:** This option partially meets the needs of the scheme as defined in the investment objectives and critical success factors.
Technical Solution		
2.1	Refurbish and Extend RAH	**Possible:** This option partially meets the principal needs of the scheme as defined in the investment objectives and critical success factors.
2.2	100% New Build (clinical and office accommodation)	**Discounted:** This option does not meet the principal needs of the scheme as defined in the investment objectives and critical success factors
2.3	New Build clinical/Refurbish RAH	**Preferred:** This option would meet all of the principal needs of the scheme as defined in the investment objectives and critical success factors. Delivery and

Option		Findings
Scope		
		complexity are acceptable but require capital funding.
2.4	New Build clinical/Build separate On-Site office accommodation	**Discounted:** This option does not meet the principal needs of the scheme as defined in the investment objectives and critical success factors
Service Delivery		
3.1	In-House	**Preferred:** This option provides the most acceptable solution in terms of use of staff, skills and resources.
3.2	Outsource	**Discounted:** This option has been discounted as it fails to deliver integration of services.
3.3	Strategic Partnership	**Discounted:** This option has been discounted as it is unclear whether it delivers integration of services, and because of the increased complexity and achievability issues.
Implementation		
4.1	Single Phase	**Preferred:** This option provides the best balance of cost, implementation timescale and earlier delivery of benefits
4.2	Phased	**Discounted:** This option is discounted due to potential increased cost and complexity, which is unnecessary to maintain service delivery in this project.
Funding		
5.1	Private Funding	**Discounted:** 3PD funding has been excluded as a viable funding option as the Health Board is not in a position to absorb the revenue pressures that this would entail.
5.2	Public Funding	**Preferred:** This scheme will be publicly funded and is part of the NHS Capital Expenditure Programme.

Table 39: Long List Inclusions and Exclusions

4.3.8 Preferred Way Forward

The *preferred* and *possible* options identified above have been carried forward into the short list for further appraisal and evaluation. All the options that were *discounted* as impracticable have been excluded at this stage. On the basis of this analysis, the recommended short-list for further appraisal within this business case is as follows:

	Option 1	Option 2	Option 3	Option 4
Scope	Status Quo	Intermediate	Intermediate	Maximum
Technical	Status Quo	2.3	2.1	2.3
Service	In-house	In-house	In-house	In-house
Implementation	Single Phase	Single Phase	Single Phase	Single Phase
Funding	Public	Public	Public	Public

Table 40: Preferred Way Forward

4.4 Economic Appraisal of Short-Listed Options

This section provides a detailed analysis of the main costs and benefits associated with each of the shortlisted options. The benefits are evaluated in terms of:

- a qualitative benefits analysis;
- an analysis of the monetised benefits – cash releasing and non-cash releasing;
- a risk analysis

4.4.1 Qualitative Benefits Appraisal

A workshop was held on 10 November 2016 to evaluate the qualitative benefits associated with each option. Attendees of this workshop were as follows:

Name	Title
Gareth Evans	Project Director (Clinical Director, Central Area)
Stephanie O'Donnell	Project Manager, Central Area
Ian Howard	Assistant Director, Strategic Analysis and Development
Neil Bradshaw	Assistant Director of Strategy – Capital
Alison Kemp	Head of Community Services, Central Area

Table 41: Workshop attendees

Following this workshop key decisions were then validated through the Project Board.

4.4.1.1 Methodology

The appraisal of the qualitative benefits associated with each option was undertaken by:

- identifying the benefits criteria relating to each of the investment objectives
- weighting the relative importance (in %s) of each benefit criterion in relation to each investment objective
- scoring each of the short-listed options against the benefit criteria on a scale of 0 to 10
- deriving a weighted benefits score for each option

4.4.1.2 Qualitative Benefits Criteria

The qualitative benefits criteria were defined as follows for each investment objective:

Criteria	Sub Criteria
Clinical & Environmental Quality & Safety	• Best outcomes for patients; quality of care is enhanced, in terms of the model of care and seamless pathways of care • Right care, right place, right time • Patient safety is enhanced, in terms of infection prevention and control, operating risks and other safety measures • Improved clinical outcomes for patients • Ability to provide safe, evidence-based services • Focus on prevention and self-management • Development of service which supports the reduction of inpatient admissions and reduces length of stay • Improved patient satisfaction • Compliance with Welsh Health Building

Criteria	Sub Criteria
	Notes/Welsh Health Technical Memoranda • Improve quality of environment • Improved privacy & dignity • Improved staff satisfaction and recruitment and retention • Appropriate infrastructure; number and quality of staff, right equipment, IT systems, medical records
Clinical Sustainability	• Keeping people healthier for longer • As much care as possible is delivered within North Wales • Supporting the delivery of Living Healthier Staying Well • Delivery of Prudent Healthcare and the early intervention/prevention agenda in social care • Reducing demands on existing inpatient beds • Reducing pressure on primary care and DGH • Definitive care plan prior to discharge • Maintaining people's independence
Integration/Efficiency	• Increase opportunity for multi-agency/partnership working • Increased clinical efficiency • Improved access to services; primary and secondary care • Less duplication • Improved teaching and shared learning • Co-location; physically and mentally • Efficient use of resources • Flexibility of workforce • Improved skill mix • Improved patient pathways

Criteria	Sub Criteria
Deliverability	• The model can be delivered within existing constraints e.g. workforce to deliver the model is available • Model of care realistic and achievable within a reasonable timeframe • Transition to the model of care can be delivered safely thereby minimising risk to service provision in the interim • Deliverable within reasonable timescales (12-18 months)
Corporate Responsibility	• Improve recruitment and retention of staff • Supports DCC regeneration plans for the local area • Recognises the emotional attachment to RAH by locals • Development of a health campus solution • Ability to provide support to families who are away from their local area; providing practical and emotional support • Increased well-being for the community

Table 42: Non-Financial Benefits Criteria

4.4.1.3 Weighting of Criteria

The weightings given to each of the criteria are shown below:

Criteria	Weighting
Clinical Quality and Safety	30
Sustainability	20
Integration/Efficiency	20
Deliverability	10
Corporate Responsibility	20
Total	100

Table 43: Weighting of Criteria

4.4.1.4 Benefit Scoring

Benefits scores were allocated on a range of 0-10 for each option and agreed in discussion by the workshop participants to confirm that the scores were fair and reasonable.

A score of zero indicated that the option failed to satisfy the criteria in any respect. A score of ten indicated that the option satisfied the criteria perfectly.

4.4.1.4.1 Option 1

Clinical Quality and Safety - The quality of the current service is recognised however, the Status Quo option could not achieve the best outcomes for patients, fully meet standards, enhance patient safety or comply with Health Building Notes (HBNs). It provides no opportunity for further integration therefore improving access to services and clinical pathways for patients. This option was scored as **2**.

Clinical Sustainability – Maintaining the Status Quo will not support the new model of care, and is not aligned to Living Healthier Staying Well or other local and national policy guidance. This option was scored as **1**.

Integration and Efficiency – The current model does not allow for further integration of services therefore improving clinical efficiencies. This option was scored as **1**.

Deliverability – Maintaining the Status Quo is achievable however, this will increasingly have capital and revenue implications for BCUHB. This option was scored as **8**.

Corporate Responsibility – As is the nature of the Status Quo option it does not offer any opportunity to make significant improvements either to the existing fabric of the building or to the service model in order to improve the health and well-being of the community. It does however maintain the use of RAH. This option was scored as **2**.

4.4.1.4.2 Option 2

Clinical Quality and Safety – The intermediate scope is recognised as providing the ‘best fit’ with the strategic objectives and allows for improved outcomes for

patients, enhanced patient safety and compliance with healthcare standards including HBNs. The build option allows the development of a 'Campus' with clinical services being delivered from new fit for purpose accommodation, however, clinical teams office base would be in a separate building which was considered a potential disadvantage. This option was scored as **8**.

Clinical Sustainability – The intermediate scope is recognised as providing the 'best fit' with the strategic objectives and allows for improved outcomes for patients, enhanced patient safety and compliance with healthcare standards including HBNs. This option was scored as **9**.

Integration and Efficiency – The build option allows the development of a healthcare 'Campus' allowing for improved integration and clinical efficiency. However clinical and administration would be housed in different buildings which was considered potentially less efficient than a single building solution. This option was scored as **8**.

Deliverability – It was felt that this option represents the best balance between benefits and potential Capital cost requirements. This option was scored as **7**.

Corporate Responsibility – This option addresses all of the sub criteria for this benefit. For staff, it would allow the integration of teams and support the creation of a health 'Campus' thus improving recruitment and retention. By refurbishing RAH it not only supports DCC regeneration plans for the area but recognises the historic significance of the existing building. This option was scored as **9**.

4.4.1.4.3 Option 3

Clinical Quality and Safety – As in option 2 the intermediate scope is recognised as providing the 'best fit' with the strategic objectives and allows for improved outcomes for patients. However, as this build option includes refurbishing RAH for clinical accommodation and the design would be constricted by the existing structure of the building some functionality and compliance would be compromised. This option was scored as **6**.

Clinical Sustainability – As above, the scope of this option provides the best strategic fit, however there were some concerns regarding the use of RAH for clinical use as it limits the flexibility and adaptability for any future development in care models. This option was scored as **8**.

Integration and Efficiency – A single site option potentially provides closer proximity for staff between clinical and administrative functions; however the design would be affected by the inherent inefficiencies of the existing building. This option was scored as **7**.

Deliverability – This option involves refurbishing and extending RAH this would mean making significant improvements to the access around the building and specifically evacuation routes making it more complex to deliver. This option was scored as **5**.

Corporate Responsibility – As option 2 this option addresses many of the sub criteria for this benefit. For staff, it would allow the integration of teams and support the creation of a health 'Campus' thus improving recruitment and retention. By refurbishing RAH it not only supports DCC regeneration plans for the area but recognises the historic significance of the existing building. However, the option was scored lower due to the constraints of refurbishing the existing building for clinical use and a potential increase in Capital Costs. This option was scored as **8**.

4.4.1.4.4 Option 4

Clinical Quality and Safety –This option includes the addition of OPMH beds which does not support the model of care of caring for Older People Mental Health inpatients in a district general hospital setting. This option was scored as **5**.

Clinical Sustainability – As above the maximum scope does not recognise changing models of care especially around Older People Mental Health patients and is therefore not a sustainable model. This option was scored as **6**.

Integration and Efficiency – As in Option 2 this build option allows the development of a healthcare 'Campus' allowing for improved integration and clinical efficiency. However clinical and administration would be housed in different buildings which was considered potentially less efficient than a single building solution. In addition to this the maximum scope option was considered less efficient in terms of strategic fit. This option was scored as **6**.

Deliverability – As this option contains enhanced scope (which does not support the model of care of caring for Older People Mental Health inpatients in a district general hospital setting) it would mean a larger building area and therefore increased capital costs. This option was scored as **5**.

Corporate Responsibility - As options 2 and 3 this option addresses many of the sub criteria for this benefit. For staff, it would allow the integration of teams and support the creation of a health 'Campus' thus improving recruitment and retention. By refurbishing RAH it not only supports DCC regeneration plans for the area but recognises the historic significance of the existing building. However, the option was scored lower due to the enhanced scope. This option was scored as **7**.

4.4.1.5 Summary of Results

The results of the benefits scoring against each option are detailed below:

Benefit Criteria	Weighting	Score				Weighted Score			
		Opt 1	Opt 2	Opt 3	Opt 4	Opt 1	Opt 2	Opt 3	Opt 4
Clinical & Environmental Quality & Safety	30	2	8	6	5	60	240	180	50
Clinical Sustainability	20	1	9	8	6	20	180	160	120
Integration/ Efficiency	20	1	8	7	6	20	160	140	120
Deliverability	10	8	7	5	5	80	70	50	50
Corporate Responsibility	20	2	9	8	7	40	180	160	140
Total	**100**	**14**	**41**	**34**	**29**	**220**	**830**	**690**	**580**
Ranking		4	1	2	3	4	1	2	3

Table 44: Summary of Results

4.4.1.6 Sensitivity Analysis

A sensitivity analysis has been undertaken to test the robustness of the ranking of the options. The methods used were:

- Equal weighting
- Exclusion top ranked criteria
- Switching values

Undertaking the sensitivity analysis shows that the preferred option would not be different under any of the alternative methods.

4.4.2 Financial Benefits Appraisal

The costing assumptions for the economic appraisal of financial benefits are outlined below. The methodology is based upon the information provided by the DoH using the Generic Economic Model (GEM) for OBCs. The assumptions included within the model are:-

- Prices are maintained at a constant rate and are not inflated/indexed each year with 2018/19 as the baseline
- Capital and lifecycle costs are exclusive of VAT
- Revenue costs exclude the depreciation charge
- The cash flow has been discounted over a 30 year period for the do minimum option and 60 years for the other options
- The cash flow factor applied is 3.5% up to 30 years and 3% thereafter.

4.4.2.1 Cost/price base

Capital costs are at base index of 195. Revenue costs are indexed at 2017/18 prices.

4.4.2.2 Appraisal Period

The proposed development is a combination of new build and refurbishment works and as such the appraisal has been undertaken over a period of 60 years plus the construction phase in line with Department of Health (DoH) guidance.

4.4.2.3 Summary of NPC and EAC Appraisal

Summary of NPC and EAC Appraisal				
	Option 1	**Option 2**	**Option 3**	**Option 4**
	(£000's)	**(£000's)**	**(£000's)**	**(£000's)**
NPV	79,267	116,001	116,534	150,264
EAC (Equivalent Annual Cost)	4,087	4,398	4,418	5,697
Ranking	**1**	**2**	**3**	**4**

Table 45: Summary of NPV and EAC Appraisal

The detailed economic appraisals for each option are attached in the relevant appendix.

4.4.2.4 Risk Assessment

A risk register was originally developed in 2014/15 by stakeholders including senior clinicians, service managers, and representatives from workforce management and planning. A risk assessment workshop was held in November 2016. The workshop participants were core project team members and they reviewed the key risks identified. Stakeholders were also asked to provide feedback on relevant risk sections independently. This was done during October/November 2016. It was agreed that the following risks should be assessed against each of the options:

- Service Capacity/Demand
- Achieving the ambition with relation to the model of care and integration of services (OPMH, multi-disciplinary assessment)
- Workforce demands
- Affordability of the case

4.4.2.4.1 Service Capacity/Demand

This risk relates to the demographic trend to increasing numbers of older people in the locality and the attendant health and well-being needs of this cohort in what is an area of social deprivation. The number of older people will increase by 2029 by 22%[8] and it is reasonable to expect a similar increase in demand for services throughout the hospital, in particular on the inpatient Ward. The ability to sustain service delivery is reliant on the ability to change focus towards re-ablement and maintaining the independence of service users. The Intermediate service scope enables integration of services, both multi-agency and multi-disciplinary, whilst the maximum scope is a more traditional model segregating services rather than wrapping them round the service user.

[8] "North Wales Population Assessment", November 2016 (North Wales Social Services Improvement Collaborative). Aligned to Social Services and Well-being (Wales) Act, Part 9, 2014.

4.4.2.4.2 Model of Care

This is related to the ability to change the way in which services are delivered in line with current strategies. The BCU Health Board's "Living Healthier Staying Well" strategy commits to the strategic aim of providing care closer to home for inpatients and outpatients and including access to day services and multi-agency services delivered at home. This shift away from hospital based care responds to the direction set out in "A Healthier Wales: Our Plan for Health and Social Care"[9].

4.4.2.4.3 Workforce Demands

There are currently no Inpatient beds, nor same day service, nor IV Therapies available in North Denbighshire outside the DGH. It is acknowledged that the NHS in Wales is working within a changing environment and in challenging times in respect to a range of workforce challenges, in particular recruitment of staff. There are skills shortages in some areas of service delivery, a number of which are UK wide. BCUHB, aligned to the vision of the Strategic Workforce Framework for the Public Service in Wales "Working Together for Wales, is meeting these challenges through a range of initiatives. BCUHB has set out its long term workforce requirements including staffing needs of the North Denbighshire development, as part of its annual workforce planning process. In addition, through development of Community Resource Teams, (CRTs), such as the emerging CRT based at the RAH site, BCU is working with partner organisations to deliver a sustainable workforce for the future through the development of combined roles, such as Health and Social care Support Workers and integrated roles in Occupational Therapy for example. In addition BCUHB supports the commissioning of competence based programmes for non-registered staff leading to the creation of new and extended roles such as the Associate Practitioner. Furthermore traditional models of care, such as ward staffing being based on nurse and nursing support staff only, are being reviewed and the concept of multi-disciplinary staffed wards with a wider blend of registered and non-registered staff rostered into the ward establishment is under consideration.

[9] https://gov.wales/topics/health/publications/healthier-wales/?lang=en

4.4.2.4.4 Affordability

The SOC was originally developed as part of the Health Board's strategy in "Healthcare in North Wales is Changing". Elements of the strategy included planned repatriation of beds from other community hospitals after beds at the Royal Alexandra Hospital were closed in 2010 due to fire code deficiencies.

4.4.2.4.5 Key Risks Identified

The relative risks of the four shortlisted options have been considered. The key risks associated with each option are identified in the following table:

Risk	**Option 1**			**Option 2**			**Option 3**			**Option 4**		
	Impact (I) X Likelihood (L)= Total											
	I	L	Total	I	L	Total	I	L	Total	I	L	Total
Service Capacity/ Demand	9	9	81	9	3	27	9	5	45	9	3	27
Model of Care	9	9	81	9	5	45	9	5	45	9	7	63
Workforce	7	9	63	7	6	42	7	6	42	7	6	42
Affordability	6	3	18	6	6	36	6	8	48	6	9	54
TOTAL			**243**			**150**			**180**			**186**
Ranking	**4**			**1**			**2**			**3**		

Table 46: Risk Assessment

4.5 Optimism Bias

The risk associated with optimism bias is considered to be relatively low on the basis that:

- The design is well advanced
- There has been (and continues to be) good stakeholder engagement, resulting in a full identification of stakeholder requirements

It is therefore proposed to manage project capital risk through the 10% contingency sum with no adjustment for optimism bias.

4.6 Preferred Option

The table below summarises the key outcomes and rankings of the qualitative benefits, the monetised benefits and the risk appraisals of the shortlisted options:

Appraisal	Option 1	Option 2	Option 3	Option 4
Qualitative	4	1	2	3
Financial	1	2	3	4
Risk	4	1	2	3
Overall Ranking	**3**	**1**	**2**	**4**

Table 47: Overall Assessment

Following an economic, benefits and risk appraisal of each option, it was concluded that **Option 2** was the preferred way forward: an integrated community hospital facility with NHS inpatient beds that brings together a range of health, social care and third sector services over extended hours, 7 days a week. The NDCH clinical services will be provided in a new build facility supported by administration space provided in a refurbished RAH. The sensitivity analyses of the monetised and qualitative benefits confirm the rankings and the conclusion.

5. The Commercial Case

This section of the OBC outlines the proposed contract strategy in relation to the preferred option outlined in *Section 3: The Economic Case*. The aim of the *Commercial Case* is to secure the optimal deal for the preferred option. In accordance with national guidance the contract will be the National Engineering Contract (NEC) 3 with target cost.

5.1 Procurement Strategy

The Supply Chain Partner (SCP) has been appointed via the Designed for Life: Building for Wales 3 Framework (DfL3) with the main objectives of the framework being:

- Obtain Best Value for Money in procuring major health capital developments
- Implement the Welsh Government's construction policy to ensure that the NHS in Wales complies with best practice models of procurement based on long-term strategic partnerships
- Ensure that NHS Wales becomes an exemplar client for all major construction procurement projects
- Create an environment of collaborative working and continuous improvement that utilises strategic partnerships with integrated supply chains

Through the attainment of these objectives the framework will ensure that construction projects are delivered with improved success factors in terms of:

- Lower design and construction costs
- Reduced programme of design and construction
- Higher quality of design and construction and less defects
- Greater predictability in relation to cost and programme
- Reduced accident rate on site
- Higher sustainability ratings
- Community benefits

5.1.1 Required Services

The expected cost of the works requires that the Board utilise the national DfL3 framework and procure the following support:

- Construction Project Manager
- Cost Advisor
- Supply Chain Partner (construction contractor)

NWSSP Specialist Estate Services (NWSSP – SES) have supported and advised the Board on the appropriate procurement processes.

In accordance with the appropriate DfL3 framework invitations to tender where sought from the companies identified within the appropriate national framework. Tender submissions where evaluated on the basis of cost and quality and each company was invited to attend an interview in support of their tender. The interviews, together with the company's written submissions, sought to assess their proposed team, their experience of similar commissions and their approach to the project. Tenders were evaluated by a small team comprising the Project Director, Service Leads and the leads for Capital Development and Operational Estates together with support from NWSSP – SES.

Following the above procurement process the BCUHB has confirmed the following appointments:

- Construction Project Manager: Gleeds Management Services
- Cost Advisor: Gleeds Cost Management
- Supply Chain Partner (construction contractor) Interserve Construction Ltd

5.1.2 Service Streams and Required Outputs

A Design Annexe is attached as a separate document which captures the scope and content of the potential deal and includes:

- the business areas affected by the procurement
- the business environment and related activities
- the business objectives relevant to the procurement
- the scope of the procurement

- the required service streams
- the specification of required outputs
- the requirements to be met, including: essential outputs, phases, performance measures, and quality attributes
- the stakeholders and customers for the outputs
- the possibilities for the procurement – including options for variation in the existing and future scope for services
- the future – potential developments and further phases required

5.2 Contractual Arrangements

The form of contract will be the NEC 3 Option C with Target Cost that is utilised within the DfL3 Framework. The contractual relationships between the various parties are subject to the rules and regulations of the framework.

The NEC contract has been chosen as the contract type to be utilised under the framework. The NEC contract will be applicable to both appointment of the Supply Chain Partners and Support Consultants. The Support Consultants will enter into the NEC Professional Services Contracts (PSC) with the BCUHB

5.2.1 Contract Duration

The proposed contract length for the project is 24 months from Full Business Case approval to handover (timescales are provided in Section 0 below). Partnership between the SCP and the BCUHB will continue twelve months after project completion and handover, ensuring any defects have been made good.

5.2.2 Implementation Timescales

The project programme is attached as an appendix. A schedule of key dates is summarised below:

Milestones	Key Dates
Submission of Outline Business Case	November 2018
WG Approval of Outline Business Case	January 2019
Submission of Full Business Case	March 2020
Approval of Final Business Case	June 2020
Commencement of Construction Works	September 2020
Completion of Construction Works – new clinical build	March 2022
Commissioning – new clinical build	April 2022
Complete refurbishment of RAH	December 2022

Table 48: Schedule of Key Dates

5.2.3 Potential Payment Mechanisms

The DfL3 framework ensures that a collaborative working model will be adopted. It is therefore expected that the charging mechanisms in respect of this project will be covered within the framework agreement.

The framework will require a Guaranteed Maximum Price (GMP) and will also stipulate the requirement for a staged payment mechanism, which would normally be monthly via valuation. Once approved by open book the Construction Project Manager would issue an interim certificate for payment.

5.2.4 Potential Risk Apportionment

The general principle is that risks should be passed to *the party best able to manage* them subject to Value for Money (VfM). This section provides an assessment of how the associated risks might be apportion between the BCUHB and the appointed Supply Chain Partner (SCP) and Project Manager (PM).

The risk register details how the risks have been apportioned between the BCUHB and the SCP. The risk register was generated by following the NWSSP-SES Standard Risk Register Template, adding scheme specific risks and the apportionment of the risks between the BCUHB and SCP agreed at an initial risk workshop and updated at regular intervals throughout the process.

Risk Category	Potential Allocation		
	BCUHB	SCP	Shared
Design Risk			✓
Construction Risk		✓	
Transition & Implementation Risk	✓		
Availability & Performance Risk	✓		
Operating Risk	✓		
Revenue Risks	✓		
Termination Risks			✓
Technological Risks			✓
Control Risks			✓
Residual Value Risks	✓		
Financial Risks			✓
Legislative Risks	✓		
Other Project Risks			✓

Table 49: Risk Allocation

5.3 Personnel Implications

As the service delivery is to be provided in house, it is not anticipated that TUPE (Transfer of Undertakings {Protection of Employment} Regulations {1981}) will apply to this investment as outlined above.

6. The Financial Case

This section sets out the financial case for the proposed development, including an assessment of the revenue affordability of the preferred option. The preferred option has a total projected capital cost of **£40,241,000**. The capital cost, subject to approval, will be fully funded by the Welsh Government.

The case presents opportunities for cash-releasing savings as the impact of new service models take effect, but entails an initial net increased revenue cost of £2.8 million compared to current expenditure, which can be reduced to a net increase of £0.6 million after the delivery of cash-releasing saving. This net £0.6 million recognises the estate and facilities cost implications of developing a new build and retaining the existing RAH site The strategic case for this development reflects a critical part of the Board's overall future clinical services model, in particular the intent to provide care closer to home and reduce dependence on the acute sector. The Board's strategy ("Living Healthier, Staying Well" which includes "Care Closer to Home") sets out plans to transform the way in which services are delivered in North Wales to ensure excellent outcomes for patients and a stable and sustainable workforce. This strategy will be delivered within the overall financial resource which is available to the Health Board. The early development of the North Denbighshire Community Hospital will bring additional costs as set out in this business case and these costs will be managed as part of the Board's overall longer term financial strategy of returning to a sustainable recurring financial position, in a timescale to be agreed with Welsh Government.

There is an assumption that Welsh Government will fund the increased depreciation charge of £813,000, which does not form part of the net revenue shortfall, together with the projected impairment cost of £10.6 million following a revaluation of the capital asset on completion.

The development opportunities are projected to deliver non-cash releasing benefits which are reflected within the economic case but do not form part of the affordability assessment.

6.1 Capital and Revenue Requirements

6.1.1 Capital Costs

The capital costs of the preferred option are broken down as follows:

Capital Cost Summary	Preferred Option (£000s)
Works Costs	26,848
Fees	5,461
Non-Works Costs	1,342
Equipment Costs	3,759
Quantified Risk Contingency	3,741
Less: VAT Recovery	(910)
TOTAL	**40,241**

Table 50: Capital Cost Summary

The capital costs include the provision of a new build, light refurbishment of the Royal Alexandra Site and a provision for decant facilities during construction included under non-works costs. The total capital costs do not include costs incurred for work undertaken previously to bring the scheme to OBC stage. These costs total £682,000.

The £40.24 million is an increase from the estimate in the SOC of £22.2 million. There are three main reasons for this. First, the more detailed work undertaken at OBC stage has established that the original proposal to refurbish and extend the RAH for clinical use has established that issues with the existing building would significantly constrain the design and prove costly. Second, the square meterage for the original scope was under-estimated. Third, the increase in the scope of the scheme outlined in the strategic case has increased the size of build required.

6.1.2 Revenue Costs

The revenue costs of the preferred option are broken down as follows:

Revenue Costs	Current Costs (£000s)	Proposed Costs (£000s)	Variance (£000s)
Inpatient Facilities (excludes costs of ACU)	0	1,542	1,542
Same Day Care Service	0	268	268
Treatment Zone/Outpatients	398	398	0
Therapies: Outpatients	621	621	0
Older People Mental Health (Day Services)	230	230	0
Day Therapy Assessment Unit	0	176	176
Dental	779	779	0
Sexual Health	495	495	0
Clinical Support	192	395	203
Estate and Facilities Costs	411	1,000	589
Sub Total	***3,126***	***5,904***	***2,778***
Contingency	0	15	15
Depreciation Charge	351	1,164	813
TOTAL	**3,477**	**7,083**	**3,606**

Table 51: Revenue Costs

Costs are based upon a 2018/19 price base and show the annual recurrent revenue costs of the development. Additional non recurrent costs totalling £244,000 over two years are projected to address the running costs of decanting and dual running. A provision is also included for any potential training costs as there is a projected increase in staffing of 62 WTEs.

6.1.2.1 Inpatient Facilities

Costs are based upon a total ward establishment of 28 beds with a nurse compliment of 33.46 WTEs and are based upon a traditional ward model at this stage, but include a provision for extended day and 7 day working. Further work to develop the Ambulatory Care Unit (ACU) solution will be further explored and refined during the development of the FBC.

6.1.2.2 Same Day Care Service

Costs are based upon an extended day working 7 days per week which is nurse led and includes provision for diagnostic support.

6.1.2.3 Day Therapy Assessment Unit (IV)

Costs are based upon a similar service model operating in Llandudno Hospital, with an extended day working 5 days per week and assumes a potential throughput of 400 treatments per month.

6.1.2.4 Clinical Support

The increase in cost relates to diagnostic and therapy support to cover the inpatient facilities.

6.1.2.5 Estate and Facilities

The increase in cost results from the development of a new facility which will include new catering services and other support costs linked to the ward together with the requirement to retain a significant portion of the existing RAH site. These costs will be reviewed when further detail is available to maximise the energy and maintenance efficiencies of a new build.

6.1.2.6 Contingency

A small contingency is included at OBC stage to allow for unquantified costs such as the impact of patient transport for the proposed new development.

6.1.2.7 Depreciation Charge

The depreciation charge is based upon the capital costs of the new build after allowing for an impairment value reduction of 30% and adjusts for the impact of proposed demolition of parts of the existing site.

6.1.2.8 Movement in Revenue Costs from SOC to OBC

The SOC assumed no increase in costs. The movement in cost of £3,585,000 can be explained as follows:

- The assumption that this will give additional inpatient bed capacity and will not be a transfer from existing sites equates to £1,760,000 (before delivery of new cash releasing savings and includes the contingency)
- The introduction of a same day service equates to £268,000
- The inclusion of costs for an IV therapy unit equates to £176,000
- The retention of the existing site together with an increase footprint equates to £589,000 for estates and facilities and £813,000 for depreciation charges

The proposal formed part of the community service review associated with “Health Care in North Wales is Changing” (HCiNWiC) with savings totalling £979,000 at current prices made from the closure of PCH, together with savings in the acute sector. In addition, funding transfers following the closure of beds from the RAH to Holywell and Denbigh Hospitals totalling £628,000 at current prices were noted and assumed to transfer back. Both elements totalling £1,607,000 at current prices would have previously been offset against the proposed additional cost.

6.2.1.9 Benchmarking of Costs

The following benchmarking analysis compares the direct inpatient cost per day of the new development with neighbouring community hospitals. The proposed costs are mid-range and reflect the size of the ward. The budgeted nurse per bed ratio is also mid-range:

Ward Comparators	No of Beds	Cost Per Bed Day	Nurse/Bed Ratio
Holywell	44	167	1.10
Colwyn Bay	42	172	1.08
North Denbighshire	**28**	**185**	**1.20**
Denbigh	39	192	1.25
Ruthin	22	225	1.23

Table 52: Benchmarking of Costs

6.1.3 Funding Streams and Assessing Affordability

The capital costs of the proposal are assumed will be fully funded by the Welsh Government.

The revenue costs are proposed to be covered through a number of funding streams. These include savings and efficiency schemes, transfer of existing budgets and services and the recognition of service developments which will feed into the Integrated Medium Term Plan for the Health Board.

The following table provides a summary of the assessment. Further supporting analysis is included within the financial appendix**:**

Affordability Assessment	**£000s**
Total Additional Cost	**7,083**
Existing Funding	3,477
WG Depreciation Charge Funding	813
Net Additional Revenue Costs	**2,793**
Reduction is escalation beds within the Acute Hospital setting	337
Reduction in Nurse Bank & Agency costs through improved recruitment and productivity	107
Community bed variable-cost savings through efficiencies and productivity	135
Savings from the closure of community dental clinics and transfer into NDCH	16
Impact of NDCH on CHC activity; the clinical model for the NDCH is expected to provide enhanced step up / step down facilities directly impacting on the level of patients discharged from Glan Clwyd directly into CHC packages, thereby generating further cash-releasing CHC savings for re-investment	200
Alternative community hospital beds - 10 l beds at Holywell and 6 at Denbigh were opened when beds were originally closed in RAH, with the intention of releasing these resources back to NDCH when complete	385
Primary Care Treatment Zone to be funded from the Primary Care Pathfinder resources, given its clear and direct link to reducing the pressures on primary care services within the area.	130
Sub-Total Savings / Alternative Funding Sources	**1,310**
Net Revenue Shortfall (before Care Closer to Home)	**1,483**
Maximising the benefits of the Care Closer To Home strategy to further reduce escalation beds, DTOC, improve AvLOS and Patient Flow, and through a reduction in other community hospital beds	**894**
Net Revenue Shortfall (Table 1)	**589**
Covering:	
Estates and Facilities (net increase and retaining RAH)	**589**

Table 53: Affordability Assessment

6.1.3.1 Depreciation Charge

It is assumed Welsh Government will fully fund the additional £813,000 depreciation charge in line with other strategic business cases approved previously.

6.1.3.2 Savings

New cash releasing and efficiency savings are outlined below. The assessment excludes savings made in previous years linked to HCiNWiC:

6.1.3.2.1 Ward Efficiencies

There is an expectation that savings will be incurred in bank and agency costs within the DGH resulting from escalation bed reductions totalling £337,000. There is also an expectation that there will be non-pay variable cost savings of £135,000 within the Centre Area to include a review of costs paid to external providers

6.1.3.2.2 Staffing Efficiencies

There is an expectation that savings will be incurred in bank and agency staff within the Centre Area through improved capacity and the ability to recruit and retain staff. A 10% target of existing costs above budget equates to £107,000.

6.1.3.2.3 Estate and Facilities Efficiencies

The increased costs are indicative at this stage and will be reviewed when further detail is available to maximise the energy and maintenance efficiencies of a new build. Marginal cash releasing savings of £16,000 from clinic transfers have been included within the assessment.

Savings from the existing RAH site are projected at 20% and have been netted against the additional costs of the new build. Backlog maintenance savings are projected as £5.47m and will form part of the capital cost of the status quo option. Assuming a 15 year profile of cost, this would give a potential capital discretionary cost saving of £365,000 per annum.

6.1.3.2.4 Ambulatory Care Unit (ACU)

The assessment does not presently include the cost benefit evaluation of the ACU.

6.1.3.2.5 Development Cost Pressures to IMTP

The remaining shortfall of £589,000 would mean a cost pressure to BCUHB to address the proposed development opportunities, recognising the commitment made as part of HCiNWiC with previous savings incurred..

6.2 Impact on the Balance Sheet

The business case assumes that funding will come via the conventional route and not through the Private Finance Initiative (PFI). It is anticipated there will be an impairment adjustment against the capital cost once the District Valuer (DV) revalues the site. The impairment is estimated to be £10.6 and is subject to final assessment by the DV. The impairment is after fully utilising the revaluation reserve associated with the site and is assumed this will be funded by the Welsh Government as a funding flow adjustment in line with similar requests in previous years.

7. The Management Case

This section of the Business Case addresses the achievability of the scheme. It sets out the actions that will be undertaken to ensure the successful delivery of the scheme in accordance with best practice.

7.1 Programme and Project Management Strategy

The project management arrangements for capital projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The project will be managed in accordance with PRINCE 2 project management methodology to enable a well-planned and smooth transition to the new service models. There will be a strong focus on the delivery of the objectives and benefits.

7.2 Project Framework

7.2.1 Reporting Arrangements

The project delivery organisation structure is detailed below:

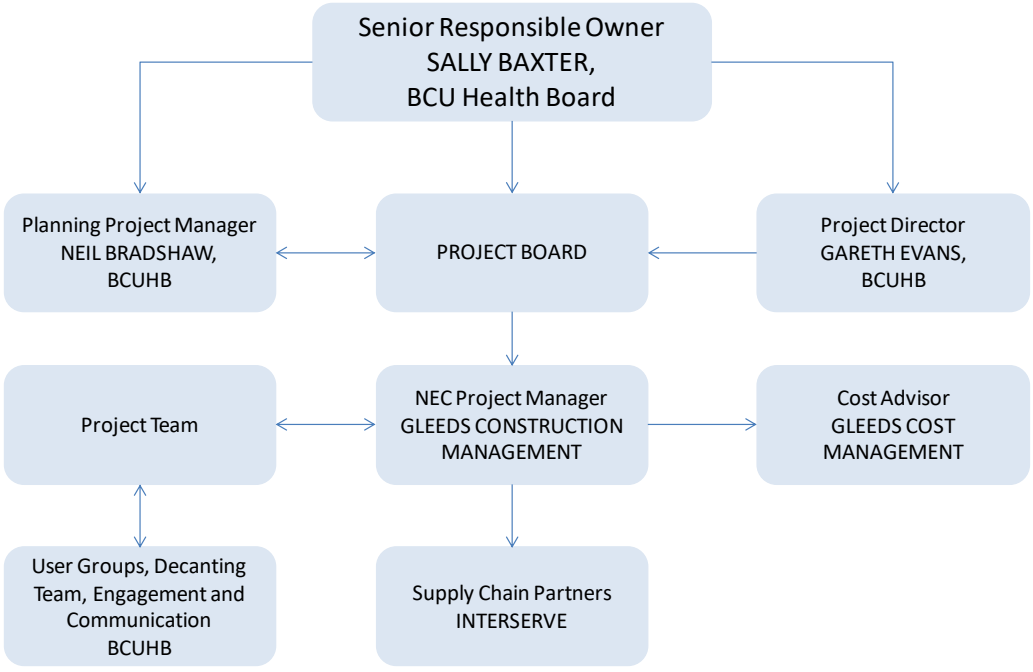


Figure 7: Project Structure

7.2.2 Project Board

The Project Board is responsible to the Capital Programme Sub-group (CPSg) reporting to the Executive Team for the overall direction and management of the Project, and has responsibility and authority for the Project within the remit of the Business Case.

The Project Board is the project's 'voice' to the outside world and is responsible for any publicity or other dissemination of information about the project. The Project Board approves all major plans and requests authorisation for any major deviation from agreed Stage Pans from the CPSg. It is the authority that signs off the completion of each Stage as well as requesting authority to start the next Stage. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and external bodies. In addition, it approves the appointment and responsibilities of the Project Manager and any delegation of its Project Health Check responsibilities.
The Project Board has the following responsibilities:

- At the beginning of the project:
    - approving the start of the project via acceptance of the Project Execution Plan
    - agreement with the Project Manager on that person's responsibilities and objectives
    - confirmation with CPSg of project tolerances
    - specification of external constraints on the project, such as quality assurance
    - approval of an accurate and satisfactory Project Execution Plan, including that it complies with relevant User standards and policies, plus any associated contract with the supplier
    - delegation of any Project Healthcheck roles
    - commitment of project resources required by the next Stage Plan
- As the project progresses:
    - provision of overall guidance and direction to the project, ensuring it remains within any specified constraints

  - review of each completed stage
  - confirm approval of progress to the next stage
  - review of Stage Plans and any Exception Plans
  - requesting approval of Exception Plans causing major deviation from the Stage Plan
  - 'ownership' of the identified risks, as allocated at plan approval time – that is, the responsibility to monitor the risk and advise the Project Manager of any change in its status and to take action, if appropriate, to ameliorate the risk
  - approval of changes
  - compliance with Health Board directives
  - equipment purchase (Group 2, 3 and 4)
  - liaison with external bodies
- At the end of the project:
  - assurance that all products have been delivered satisfactorily
  - assurance that all Acceptance Criteria have been met
  - approval of the End Project Report
  - approval of the Lessons Learned Reports (Post Project Evaluation and Benefits Realisation) and the passage of this to the appropriate standards group to ensure action
  - decisions on the recommendations for follow-on actions and the passage of these to the appropriate authorities
  - project closure notification to corporate management

The Project Board directs the project and is ultimately responsible for assurance that the project remains on course to deliver the desired outcome of the required quality to meet the Business Case defined in the Project Execution Plan.

Roles and Responsibilities: the roles and responsibilities to be undertaken are broadly as set out in the Healthcare Capital Investment Manual (HCIM) and as described by the PRINCE2 methodology. Briefly these are as follows:

Investment Decision Maker (IDM) - shall be the BCUHB.

Ownership of Project - The ownership of the project shall be vested in the Senior Responsible Officer (SRO) who shall be the appropriate Executive Director as selected by the Chief Executive. The SRO for this project is Sally Baxter, Acting Director of Strategy.

Project Board - The membership of the Project Board shall be: the Project Director, the Senior User, the Senior Supplier and the Financial Lead as described below:

Project Director – is the primary decision maker responsible for the overall governance and direction of the project. The Project Director for this project is Gareth Evans, Director Clinical Services, Therapies, BCUHB.

Senior User – who is responsible for the specification of the needs of all those who will use the final product(s), for user liaison with the project team and for monitoring that the solution will meet those needs within the constraints of the Business Case in terms of quality, functionality and ease of use. The Senior User for this project is Alison Kemp, Assistant Director, Community Services, Central Area, BCUHB

Senior Supplier – who is responsible for ensuring that all of the necessary resources required to deliver the project are provided in a timely manner. The Senior Supplier for this project is John Walker - Project Manager, Gleeds

Finance Lead – the Financial Planning Manager responsible for ensuring robust financial management. The Financial Planning Manager for this project is Nigel McCann, Assistant Director, Finance, Central Area, BCUHB.

7.2.3 Project Director

The Project Director is responsible for the Project, accountable to the SRO, supported by the Senior User and Senior Supplier. The Project Director's role is to ensure that the project is focused throughout its lifecycle on achieving its objectives and delivering a product that will achieve the agreed benefits. The Project Director has to ensure that the Project gives value for money, ensuring a cost-conscious approach to the Project, balancing the demands of business, user and supplier.

Throughout the project, the Project Director 'owns' the Business Case.

7.2.3.1 Specific Responsibilities

- Oversee the development of the Project Brief and Business Case

- Ensure that there is a coherent project organisation structure and logical set of plans
- Authorise User expenditure and set stage tolerances
- Monitor and control the progress of the Project at a strategic level, in particular reviewing the Business Case continually (e.g. at each end stage review)
- Ensure that any proposed changes of scope, cost or timescale are checked against their possible effects on the Business Case
- Ensure that risks are being tracked and mitigated as effectively as possible
- Brief SRO/CPSg about project progress
- Organise and chair Project Board meetings
- Recommend future action on the Project to SRO/CPSg if the project tolerance is exceeded
- Approve the End Project Report and Lessons Learned Report and ensure that any outstanding issues are documented and passed on to the appropriate body
- Approve the sending of the project closure notification to corporate management
- Ensure that the benefits have been realised by holding a post-project review and forward the results of the review to the appropriate stakeholders.

The Project Director is responsible for overall business assurance of the Project – that is, that it remains on target to deliver products that will achieve the expected business benefits, and that the Project will be completed within its agreed tolerances for budget and schedule. Business assurance covers:

- Validation and monitoring of the Business Case against external events and against Project progress
- Keeping the Project in line with User strategies
- Monitoring Project finance on behalf of the User
- Monitoring the business risks to ensure that these are kept under control
- Monitoring any supplier and Contractor payments

- Monitoring changes to the Project Execution Plan to see whether there is any impact on the needs of the business or the Business Case
- Assessing the impact of potential changes on the Business Case and Project Execution Plan
- Constraining User and supplier excesses
- Informing the Project of any changes caused by a programme of which the Project is part (this responsibility may be transferred if there is other programme representation on the project management team)
- Monitoring stage and Project progress against the agreed tolerances

If the Project warrants it, the Project Director may delegate some responsibility for the business assurance functions.

7.2.4 Senior User

The Senior User is responsible for the specification of the needs of all those who will use the final product(s) / facilities, for user liaison with the project team and for monitoring that the solution will meet those needs within the constraints of the Business Case in terms of quality, functionality and ease of use.

The role represents the interests of all those who will use the final product(s) / facilities of the project, those for whom the product will achieve an objective or those who will use the product to deliver the benefits. The Senior User role commits user resources and monitors products against requirements. This role may require more than one person to cover all the user group interests. For the sake of effectiveness the role should not be split between too many people.

7.2.4.1 Specific Responsibilities

- Ensure the desired outcome of the Project is specified
- Make sure that progress towards the outcome required by the users remains consistent from the user perspective
- Promote and maintain focus on the desired project outcome
- Ensure that any User resources required for the Project are made available
- Approve Product Descriptions for those products that act as inputs or outputs (interim or final) from the supplier function or will affect them directly

- Ensure that the products are signed off once completed
- Prioritise and contribute User opinions on Project Board decisions on whether to implement recommendations on proposed changes
- Resolve User requirements and priority conflicts
- Provide the User view on Follow-on Action Recommendations
- Brief and advise User management on all matters concerning the Project

The assurance responsibilities of the Senior User are that:

- Specification of the User's needs is accurate, complete and unambiguous
- Development of the solution at all stages is monitored to ensure that it will meet the User's needs and is progressing towards that target
- Impact of potential changes is evaluated from the User point of view
- Risks to the Users are constantly monitored
- Quality checking of the product at all stages has the appropriate User representation
- Quality control procedures are used correctly to ensure products meet user requirements
- User liaison is functioning effectively.

Where a project's size, complexity or importance warrants it, the Senior User may delegate the responsibility and authority for some of the assurance responsibilities.

7.2.5 Senior Supplier

The Senior Supplier represents the interests of those designing, developing, facilitating, procuring, implementing and possibly operating and maintaining the project procedures. The Senior Supplier is accountable for the quality of products delivered by the supplier(s). The Senior Supplier role must have the authority to commit or acquire supplier resources required.

7.2.5.1 Specific Responsibilities

- Agree objectives for supplier activities
- Make sure that progress towards the outcome remains consistent from the supplier perspective

- Promote and maintain focus on the desired Project outcome from the point of view of supplier management
- Ensure that the supplier resources required for the Project are made available
- Approve Product Descriptions for supplier products.
- Contribute supplier opinions on Project Board decisions on whether to implement recommendations on proposed changes
- Resolve supplier requirements and priority conflicts
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts
- Brief non-technical management on supplier aspects of the project

The Senior Supplier is responsible for the specialist integrity of the Project. The Supplier assurance role responsibilities are to:

- Advise on the selection of development strategy, design and method
- Ensure that any supplier and operating standards defined for the Project are met and used to good effect
- Monitor potential changes and their impact on the correctness, completeness and integrity of products against their Product Description from a supplier perspective
- Monitor any risks in the production aspects of the Project
- Ensure quality control procedures are used correctly, so that products adhere to requirements.

If warranted, some of this assurance responsibility may be delegated to separate supplier assurance personnel. Depending on the particular customer/supplier environment of a Project, the customer may also wish to appoint people to carry out assurance on supplier products.

7.2.6 Project Manager

The Project Manager has the authority to run the Project on a day-to-day basis on behalf of the Project Board within the constraints laid down by the board.

The Project Manager's prime responsibility is to ensure that the Project produces the required products, to the required standard of quality and within the specified

constraints of time and cost. The Project Manager is also responsible for the Project producing a result that is capable of achieving the benefits defined in the Business Case.

7.2.6.1 Specific Responsibilities

- Manage the production of the required products
- Direct and motivate the Project Team
- Plan and monitor the Project
- Agree any delegation and use of Project Assurance roles required by the Project Board
- Produce the Project Execution Plan
- Prepare Project, Stage and, if necessary, Exception Plans in conjunction with Team Managers and appointed Project Assurance roles and agree them with the Project Board
- Manage the risks, including the development of contingency plans
- Liaise with the related projects to ensure that work is neither overlooked nor duplicated
- Take responsibility for overall progress and use of resources and initiate corrective action where necessary
- Be responsible for change control and any required configuration management
- Prepare and report to the Project Board through Highlight Reports and End Stage Reports
- Liaise with the Project Board or its appointed Project Assurance roles to assure the overall direction and integrity of the Project
- Agree technical and quality strategy with appropriate members of the Project Board
- Prepare the Lessons Learned Report
- Prepare any Follow-on Action Recommendations required
- Prepare the End Project Report
- Identify and obtain any support and advice required for the management, planning and control of the project

- Be responsible for Project administration
- Liaise with any suppliers or account managers

7.3 Project Plan

The project plan is the document which describes how, when and by whom a specific milestone or set of targets will be achieved. It is the detailed analysis of how identified targets, milestones, deliverables and products will be delivered to timescales, costs and quality. A copy of the project plan is attached as an appendix.

The project programme is attached. It is anticipated that the implementation milestones will be as follows:

Milestones	Key Dates
Submission of Outline Business Case	November 2018
WG Approval of Outline Business Case	January 2019
Submission of Full Business Case	March 2020
Approval of Final Business Case	June 2020
Commencement of Construction Works	September 2020
Completion of Construction Works – new clinical build	March 2022
Commissioning – new clinical build	April 2022
Complete refurbishment of RAH	December 2022

Table 54: Schedule of Key Dates

7.4 Use of Special Advisors

7.4.1 Asbestos

Due to the age and condition of the existing hospital building, the site was identified as having a high potential for containing asbestos. Environmental Essentials (EEL) has been appointed to survey the existing building fabric for the presence of asbestos.

7.5 Change Management Strategy and Plan

The main aim here is to assess the potential impact of the proposed change on the culture, systems, processes and people working within the investing organisation.

The strategy, framework and plan for dealing with change management are as follows:

- Based on the principle of involvement and inclusion: service managers and user representation have been fully involved in the process of achieving short-listed options and the design development.
- Any HR implications that are a result of preferred options will be managed in accordance with the BCUHB's' Organisational Change policy.
- A detailed change management plan will form part of the strategy for implementing any service changes: the next stage in the overall process of change. This will be documented in the Full Business Case.
- The arrangements for contract management are as set out within the Designed for Life: Building for Wales Framework agreement and these arrangements are as per the JCT Design & Build Contract (2011)

The procurement process is described within *Section 3: The Commercial Case.*

7.6 Benefits Realisation Strategy

This action is concerned with putting in place the management arrangements required to ensure that the project delivers its anticipated benefit or required rate of return.

It will set out arrangements for the identification of potential benefits, their planning, modelling and tracking. It also includes a framework that assigns responsibilities for the actual realisation of those benefits throughout the key phases of project.

The strategy, framework and plan for dealing with the management and delivery of the project benefits will be detailed within the Benefits Realisation Plan as part of the FBC. The plan provides details of who is responsible for delivery of the specific benefits, how and when they will be delivered and what activity needs to be undertaken to deliver them.

7.6.1 Benefits Realisation Plan

The Benefits Realisation Plan states the benefits of the project, the category of each benefit (in economic terms), how they will be measured and quantified, and who is responsible for their realisation.

The benefits are also closely linked with the scheme's six core Investment Objectives, as the delivery of those objectives should result in the range of benefits associated with them.

As outlined in Welsh Government guidance, an evaluation will be undertaken to review and evaluate the success of the project against its original objectives and success criteria. The achievement of these benefits will form the basis of that review. The initial review will be undertaken within fifteen months of the completion and handover of the project. The assurance review framework will be discussed and agreed with Welsh Government as the project progresses.

7.7 Risk Management Strategy

The Health Board is required to undertake a comprehensive assessment of the risks associated with the Preferred Option. The approach is shown in the diagram below:

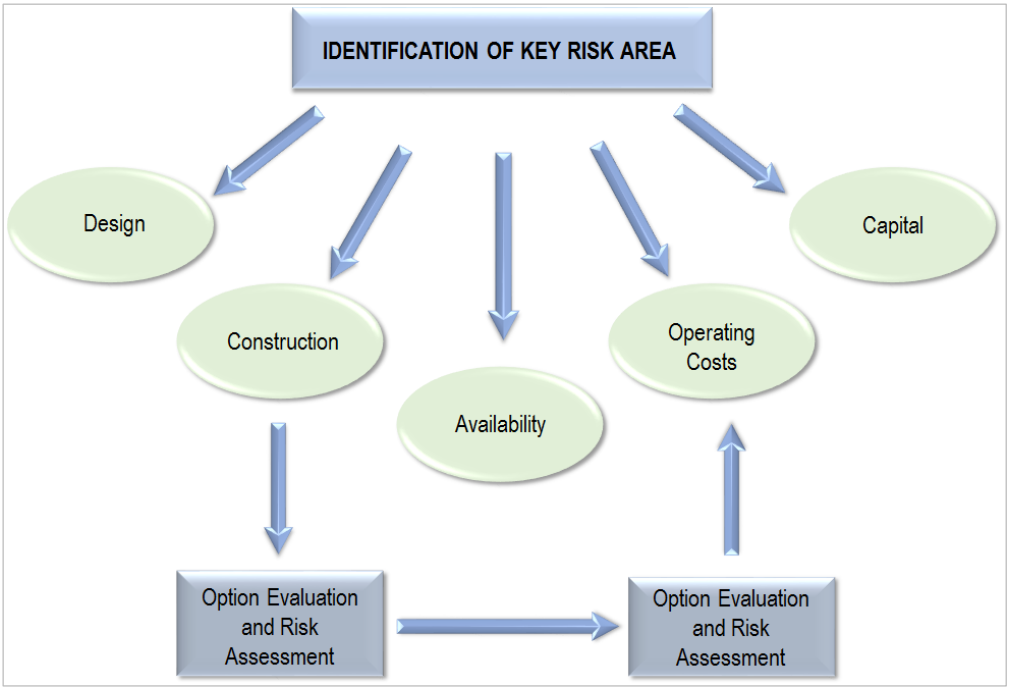


Figure 8: Risk Management Approach

The risk management strategy is based upon the following principles:

- Identifying the possible risk in advance, putting in place mechanisms to minimise the likelihood of risks occurring and their associated adverse effects
- Having processes in place to ensure up to date, reliable information about risks is available, and establishing an ability to effectively monitor risks
- Establishing the right balance of control is in place to mitigate the adverse consequences of risks, should they materialise
- Setting up decision-making processes, supported by a framework of risk analysis and evaluation

The Project Board has identified and quantified the key risks associated with the preferred option. All identified risks have been apportioned to either the Health Board or SCP and mitigating strategies identified in the risk register. This will be monitored on a monthly basis by the Project Board for the life of the project. It is the project manager's responsibility to manage the risk register.
A copy of the Project Risk Register is attached.

7.8 Post Project Evaluation Arrangements

The purpose of post project evaluation (PPE) is twofold:

- Firstly, to improve project appraisal at all stages of a project from preparation of the business case through to the design, management and implementation of the scheme. This is often referred to as the 'project evaluation review' (PER)
- Secondly, to appraise whether the project has delivered its anticipated improvements and benefits. This is often referred to as the 'post implementation review' (PIR)

The outline arrangements for Post Implementation Review (PIR) and Project Evaluation Review (PER) have been established in accordance with best practice guidelines.

7.8.1 Introduction

All NHS organisations have a duty to evaluate Capital projects where they cost more than £1m, to duly learn from them and to report the findings of the evaluation to the

Welsh Government. Guidance has been produced for undertaking Post Project Evaluation (PPE) as part of the Capital Investment Manual, and subsequent to that, a toolkit for evaluating design proposals has been produced.

The project will be evaluated by undertaking the following investigations:

- Review of the strategic case made for the project to confirm that it is still relevant
- Review of the benefits detailed in the Benefits Realisation Plan and confirmation that they have been met
- Review of the Business Case capital costs to confirm that the capital costs were robust
- Review of the Project Programme and adherence to it throughout the life of the project

These investigations will focus on the following stakeholder groups:

- Clinical Users / Staff: for their views on whether they were sufficiently involved in the planning of the scheme, to confirm that the design met their clinical needs, and to confirm that project plans ensured minimum disruption to clinical services.
- Health Board Project Board: for their views on the overall project from planning through the building phase and ultimately to commissioning and handover.
- Patients: for their perspective on the new services

7.8.2 Framework for Post-Project Evaluation

The Health Board is fully committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- The Health Board – in using this knowledge for future projects including capital schemes
- Other key local stakeholders – to inform their approaches to future major projects
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement effective

NHS guidance on PPE has been published and the key stages which are applicable for this project are:

- Evaluation of the project procurement stage
- Evaluation of the various processes put in place during implementation
- Evaluation of the project in use shortly after the new unit is opened
- Evaluation of the project once the new unit is well established

The detailed plans for evaluation at each of these 4 stages will be drawn up by Health Board in consultation with its key stakeholders. This section will also set out how these arrangements will be managed, how information will be disseminated and in what timescale.

The methods used will include the following:

7.8.2.1 Stage 1: Evaluation – Project Procurement

The objective of the evaluation at this stage is to assess how well and effectively the project was managed from time of Business Case approval. This would include evaluation of the financial objectives in terms of capital projections.

It is planned that this evaluation will be undertaken within six months of Business Case approval and will examine:

- The effectiveness of the project management of the scheme
- The quality of the documentation prepared by the Health Board
- Communications and involvement during procurement
- The effectiveness of advisers utilised on the scheme
- The efficacy of NHS guidance in delivering the scheme
- Perceptions of advice, guidance and support from Welsh Government, the Region, and NHS Shared Services Partnership

7.8.2.2 Stage 2: Evaluation – Implementation

The objective of this stage is to assess how well and effectively the project was managed from the time of Business Case approval through to the commencement of operational commissioning.

It is considered that this should be undertaken six months following operational commissioning of the unit.

- The effectiveness of the Health Board project management of the scheme
- The effectiveness of the project management of the scheme
- Communications and involvement during construction
- The effectiveness of the joint working arrangements established by the project partner and the Health Board project team
- Support during this stage from other stakeholder organisations including Welsh Government, Region, NHS Shared Services Partnership and any others as appropriate

7.8.2.3 Stage 3: Evaluation – Project in Use

Evaluation of the project once services are well established, considering the benefits achieved by the Health Board as indicated in the business case objectives, and set out in the Benefits Realisation Plan, at 12 months after opening.

It is proposed that this stage of the evaluation be undertaken up to 12 months after the completion of operational commissioning of the scheme in order that as many of the lessons learnt are still fresh in the minds of the project team and other key stakeholder. The evaluation at this stage will examine:

- The effectiveness of the Health Board project management of the scheme
- The effectiveness of the project management of the scheme
- Communications and involvement during commissioning and into operations
- The effectiveness of the joint working arrangements established by the partner and the Health Board project team
- Support during this stage from other stakeholder organisations – Welsh Government, Region, NHS Shared Services Partnership and any others as appropriate
- Overall success factors for the project in terms of cost and time etc
- Extent to which it is felt the design meets users' needs – from the viewpoint of patients / carers and staff

7.8.2.4 Stage 4: Evaluation – Project is Well- Established

- It is proposed that this evaluation is undertaken about two to three years following completion of commissioning. The evaluation at this stage will examine:
- The effectiveness of the joint working arrangements established by the partner and the BCUHB team
- Extent to which it is felt the design meets users' needs – from the viewpoint of patients / carers and staff

7.8.2.5 Management of the Evaluation Process

The process will be managed by the Health Board Project Team. All evaluation reports will be made available to all participants in each stage of the evaluation once the report has been endorsed by the Health Board. The majority of the work will be undertaken by the BCUHB project team.

The BCUHB project team will seek to ensure that they keep abreast of projects which have been fully evaluated when in use and which have utilised the latest PPE guidance. The Health Board will then take a view of the extent to which external support is required and make a submission to local commissioners based on the evidence which is available with regard to costs.

7.8.2.6 Gateway Review Arrangements

The OGC Gateway Process examines programmes and projects at key decision points in their lifecycle. It looks ahead to provide assurance that the programme and projects can progress successfully to the next stage; the Process is seen as best practice by public sector bodies. The value of the OGC Gateway Review is recognised by Health Board and we intend to utilise the *peer reviews* in which independent practitioners from outside the project use their experience and expertise to examine the project post commissioning.

8. Conclusion and Recommendation

This OBC builds on the case outlined in the SOC. The strategic case for change has been updated to reflect the latest thinking in terms of models of care to support care closer to home. The economic case provides a robust assessment of both the service model options and the physical build solutions and reaches a clear preferred option in which the appropriate range and scale of services are provided through a combination of a new-build clinical facility and office accommodation in a refurbished RAH. The analysis outlined in the case gives robust capital and revenue costs, and demonstrates affordability. The management case provides assurance that the project is achievable, and that the known risks and issues are being robustly managed. This business case is recommended for approval.

9 Appendices

9.1 Appendix A: Risk Register

9.2 Appendix B: Sensitivity Analysis

9.3 Appendix C: Economic Appraisals

9.4 Appendix D: Financial Analysis

9.5 Appendix E: Programme

9.6 Appendix F: Benefits Realisation Plan

9.7 Appendix G: Estates Annex

9.8 Appendix H: Equality Impact Assessment

Report to:	**Partnerships Scrutiny Committee**
Date of Meeting:	**8th November 2018**
Lead Member/Officer:	**Lead Member for Wellbeing and Independence/ Head of Community Support Services**
Report Author:	**Homelessness Prevention Commissioning Officer**
Title:	**Homelessness Prevention Action Plan Update and draft Commissioning Plan 2019-22**

1. What is the report about?

1.1. The progress to date on delivering against the Homelessness Prevention Action Plan, incorporating actions required by the Denbighshire Homelessness Strategy 2017-21; the Denbighshire Supporting People / Homelessness Prevention Annual (Commissioning) Plan, and the recommendations of the Welsh Audit Office report: 'How Local Government Manages Demand – Homelessness' (January 2018).

1.2. The draft Denbighshire Supporting People/Homelessness Prevention Commissioning Plan 2019-22, which outlines how we propose over the next 3 years to develop and remodel support projects in Denbighshire which support people who are homeless or threatened with homelessness.

2. What is the reason for making this report?

2.1. To report on the progress to date in implementing the Homelessness Prevention Action Plan (including the latest position with respect of future Supporting People funding). It was agreed at Scrutiny in November 2017 that a progress report on the implementation of the Strategy and Plan (the Action Plan) be presented to the Committee on a six-monthly basis.

2.2. To share the draft Denbighshire Supporting People/Homelessness Prevention Commissioning Plan for pre-Cabinet decision by Scrutiny.

3. What are the Recommendations?

That Scrutiny:

3.1. supports the delivery of the Homelessness Prevention Action Plan, to ensure that everyone is supported to live in homes that meet their needs;

3.2. is assured that plans are being developed to mitigate any risks associated with future changes to Supporting People funding.

3.3. provides comments and recommendations prior to the Commissioning Plan going to Cabinet in December.

4. Report details

4.1. The Denbighshire Homelessness Prevention Team and their partners continue to develop and work to a broad action plan, based on the Denbighshire Homelessness Strategy 2017-21 (the Strategy) and the Supporting People/Homelessness Prevention Annual Commissioning Plan 2018/19 (the Plan), as well as the recommendations of the Welsh Audit Office report: 'How Local Government Manages Demand – Homelessness' (January 2018).

4.2. The Strategy, which provides the over-arching direction, has been developed, and is being delivered, in accordance with the statutory requirement placed on us as a Local Authority by the Housing (Wales) Act 2014. The Strategy must be delivered in partnership across Council departments and with our external partners, if we are to be successful in achieving its vision: To end homelessness in Denbighshire. This is all the more imperative given budgetary pressures in Homelessness Prevention.

4.3. The table in Appendix 1 provides an overview update on key actions for 2017/18 and 2018/19, grouped under over-arching priority areas based on a collation of priorities set out in the Strategy, the Plan, and the eight recommendations of the WAO report, as follows:

- 4.3.1. Develop a Holistic Homelessness Prevention Service, that is psychologically informed
- 4.3.2. Prevention of Homelessness Against the Main Causes, including tackling poverty
- 4.3.3. Reduce the use of Temporary Accommodation and seek to end the use of Bed & Breakfast Accommodation
- 4.3.4. Improve Access to Accommodation
- 4.3.5. Develop an integrated approach to supporting people with multiple/complex needs
- 4.3.6. Prevent Youth Homelessness, including embedding a 'Positive Pathway' approach
- 4.3.7. Citizen Involvement
- 4.3.8. The sustainability of housing related support, including maximising existing provision

4.4. The draft Supporting People/Homelessness Prevention Commissioning Plan 2019-22 follows on from the last Commissioning Plan for 2018/19. We are required by Welsh Government to submit a 3 yearly Commissioning Plan/annual updates to the Regional Collaborative Committee in January of each year. The Plan gives an overview of our priorities and plans for 2019-22, primarily relating to Supporting People grant commissioned service development - why we are doing what we are doing, and what this means for the people it affects. The Commissioning Plan is a key part of us delivering against the Homelessness Strategy.

4.5. The Annual Plan will also include a full annual spend plan for the Supporting People Grant; however it is not possible to produce a spend plan until our budget is confirmed by Welsh Government. While we do not anticipate any cuts in 2019/20, as in previous years however, we will contingency plan for cuts of 5%, including by negotiating efficiency savings, and re-configuration of existing services. We will always to seek to

mitigate any cuts as far as possible through careful planning and negotiation with service providers and other stakeholders, locally and regionally

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

Both the Action Plan and the Commissioning Plan contribute to supporting Denbighshire's Corporate Plan 2017-22 in the following areas:

- Everyone is supported to live in homes that meet their needs
- The Council works with people and communities to build independence and resilience
- Younger people want to live and work here and have the skills to do so

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

6.1. The ongoing and future actions required will have significant implications for the statutory homelessness budget, and the Supporting People Grant - the latter of which is currently ring-fenced from Welsh Government; the former coming from central Community Support Services budget.

6.2. As with any such strategy/action plan/Commissioning Plan, significant resource investment will be required. This will be managed within the existing allocated budgets; however there will be also be a requirement for the Homelessness Prevention Team to work and invest collaboratively with both internal and external partners. Any such plans will be developed and managed via relevant channels, including the Homelessness Prevention Planning Group. It's also vital that we achieve buy-in at all levels, including corporately.

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

7.1. Wellbeing Impact Assessments have already been completed for the Action Plan (relating to the Strategy and Commissioning Plan 2018/19) and shared with Scrutiny and Cabinet in 2017.

7.2. A Wellbeing Impact Assessment for the draft Homelessness Prevention/Supporting People Commissioning Plan 2019-22 was completed 11/09/2018 via the Homelessness Prevention Planning Group. It scored the Plan 28 points out of 30 in terms of its sustainability, and identified that it made a positive contribution to all of the 7 wellbeing goals (with strategies identified to address any unintended negative consequences).

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

8.1. The Strategy is primarily based on the findings of the 2016 Homelessness Review, which was informed by significant consultation. The Strategy itself was then primarily developed by the multi-agency Homelessness Prevention Steering Group, with additional input from the Homelessness Prevention Planning Group. It was also subject to a formal consultation period (13/07/2017 – 10/08/2017), during which time feedback was sought from citizens, service providers, and our other partners. It was also consulted on at the 2017 Annual Homelessness Prevention Day in August, which was well attended by citizens and other stakeholders. Following Partnerships Scrutiny

Committee's meeting in November 2017, the Strategy was approved by Cabinet in December 2017. Since this time the Action Plan has continued to be monitored by the Homelessness Prevention Planning Group, as well as being brought to Scrutiny in May 2018.

8.2. The priorities and actions set out in the Commissioning Plan have been informed by a range of information we gather throughout the year, including the views of citizens, with our Citizen Involvement Officer working closely with projects to make sure people have their voices heard. 2018 was also the first year that our annual homelessness prevention event (which links closely with and feeds into our service planning) was co-produced with people with lived experience. At each stage of the Plan's development, the Homelessness Prevention Planning Group have been consulted and given sign-off. The Plan was also subject to a formal consultation period (21/09/2018 – 02/11/2018).

9. Chief Finance Officer Statement

Cost implications will become clearer as actions within the Plan develop and should be contained within existing resources. Whilst Supporting People grant funding levels are thought to be fixed overall in the short term, changes to policy or distribution may have an impact in future. The council's general approach is to pass reductions in grant funding through to the service area being provided.

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

10.1. Despite recent budget announcements from Welsh Government, stating that the Supporting People grant will not be reduced at a national level, Welsh Government may still continue with the redistribution formula of the SP Grant. This would mean a grant reduction for Denbighshire in future.

10.2. We must also await confirmation of the arrangements for the recently confirmed merged housing support grant, and contribute to its development wherever possible, to ensure that front-line homelessness prevention services are protected. Guidance from Welsh Government is at present inconclusive.

10.3. Ongoing planning is taking place in Denbighshire to mitigate any future grant reduction, to ensure the Action Plan and Supporting People commissioning remain financially viable and within the resources available.

11. Power to make the Decision

Section 7.4.2(b) of the Council's Constitution outlines Scrutiny's powers in respect of scrutinising and reviewing the Council's performance in relation to its policy objectives, performance targets and/or particular service areas.

Contact Officer:
Homelessness Prevention Commissioning Officer
Tel: 01824 712304

Appendix 1 – Homelessness Prevention Summary Action Plan

The Denbighshire Homelessness Prevention Team continue to develop and work to a broad action plan, as below, based on the Denbighshire Homelessness Strategy 2017-21 (the Strategy) and the Supporting People/Homelessness Prevention Annual Commissioning Plan 2018/19 (the Plan), as well as the recommendations of the Welsh Audit Office report: 'How Local Government Manages Demand – Homelessness' (January 2018). The Strategy, which provides the over-arching direction, has been developed, and will be delivered, in accordance with the statutory requirement placed on us as a Local Authority by the Housing (Wales) Act 2014. The Strategy must be delivered in partnership across Council departments and with our external partners, if we are to be successful in achieving its vision: To end homelessness in Denbighshire. This is all the more imperative given budgetary pressures in Homelessness Prevention.

Priority Area	Progress since 2017	Future Actions & Considerations for 2018/19
Develop a Holistic Homelessness Prevention Service, that is psychologically informed	• Remodelled four Supporting People (SP) contracts, creating one Multi-Disciplinary Homelessness Prevention project that commenced 1st June 2018. The project provides holistic homelessness prevention support to people with a range of needs. • Homelessness Prevention Officers have chosen individual specialisms (e.g. mental health) to lead on. • PIE development - All of the Team (and a lot of our commissioned services) have had Psychologically Informed Environment (PIE) training – we are committed to developing all of our services to become PIEs. • We have developed a number of joint homelessness prevention protocols with key agencies, e.g. Shelter Cymru, Children's Social Services. • Case file systems have been improved to allow for more streamlined and needs-led service delivery. • We have developed a user friendly homelessness prevention advice leaflet, and are working on improving our other resources. • Co-production meeting 21st September to develop new homelessness assessment form/process, informing a a much more integrated and psychologically informed process, which focusses on what matters to the individual. We have begun to trial a much more conversation-based approach. • Following a successful pilot, we have now have in place a full-time Triage Officer – providing first contact information, advice and assistance for people experiencing housing problems.	• We will continue to look at opportunities to remodel commissioned services, to ensure they deliver multi-disciplinary support that is needs-led. Currently considering opportunities for Hafal services. • Further work to be undertaken to improve our online presence (including developing online tools, supporting people to help themselves). We will work with ICT and Communications to reach SOCTIM four star rating. Regular planning meetings taking place. • A range of Homelessness Prevention Service Key Performance Indicators are currently being developed and will be in place in soon - ensuring high standards of delivery across a broad range of service functions. • Clear service standards will also be published, also incorporating the findings of the service review in line with the Equal Ground Standard (see Citizen Involvement priority area, below). • Further development of PIEs, to include further staff training around areas such as ACEs (adverse childhood experiences), complex trauma and motivational interviewing, and beginning to use reflective practice with the support of the new Social Worker.

	• We have recruited a Social Worker in the Homelessness Prevention Team. Starting in October 2018, they will be supporting the team to develop more holistic ways of working with citizens.	• Some further joint protocols with key partners to be developed/finalised.
Prevention of Homelessness Against the Main Causes, including tackling poverty	• There is now a clear corporate commitment to tackle homelessness and its causes in Denbighshire • Community Navigator post commenced in 2018; foremost in response to the introduction of Universal Credit, they are based primarily in the Job Centre, offering early intervention advice, support and assistance to prevent homelessness. Some really positive outcomes have already been achieved. • Universal Credit awareness training offered to all Homelessness Prevention (including commissioned services) staff in 2017/18. • Criminal Justice Homelessness Prevention Officer post commenced in 2018, ensuring the effective delivery of the Prisoner Pathway, ensuring early intervention and coordinated support and accommodation options to prevent homelessness amongst people leaving prison. • Working closely with employment support agencies, including Working Denbighshire projects, to ensure that people who are homeless or threatened with homelessness are able to access employment opportunities. This includes supporting the development of work experience opportunities. • Pre-eviction protocol developed with Community Housing. • Continued work to improve relationships with private sector landlords, including dedicated tenancy sustainment support for people moving on from temporary accommodation, and an improved landlord offer. • KPIs including very low level eviction targets are being included in all new SP contracts. • Paperwork and processes have been updated to ensure/allow for more creative options to be explored to prevent homelessness (e.g. use of the Homelessness Prevention Fund). • Awareness raising of mediation, with this often being a key element of a support offer to prevent homelessness due to relationship (e.g. family, landlord) breakdown. A Wallich mediation worker now sits within the Homelessness Prevention Team one day a week.	• Training programme to be developed in 2018/19, to ensure homelessness prevention awareness amongst key agencies. We will need to consider how YouTube/social media could effectively be utilised for this awareness raising. • Domestic Abuse homelessness prevention services to be reviewed/developed in 2018/19 in line with new commissioning guidance/expectations from Welsh Government. We'll engage with DCC Strategic Planning, continue to attend the Regional Commissioning Group, and engage with our DA services to ensure any developments are in line with strategic and operational priorities. • Pre-eviction protocol to be finalised with other RSLs. • Ongoing work to allow the focus to really shift from reaction to prevention – resources and partnership working will be key to this.

	• We continue to closely monitor emerging needs (significantly revising our needs mapping system in 2017 to ensure a more valid and reliable picture of needs to inform service commissioning and delivery). This includes equality and diversity monitoring, which informs Team training (e.g. transgender awareness training). Also currently undertaking a supported housing needs analysis piece of work, undertaking an in-depth qualitative and quantitative analysis of a sample of supported housing referrals to gain a better understanding of emerging needs, and how far supply meets need and demand.	
Reduce the use of Temporary Accommodation and seek to end the use of Bed & Breakfast Accommodation	• Work commissioned with Imogen Blood and Associates consultancy to review and undertake an options appraisal for our use of emergency temporary accommodation – due to conclude early November 2018. • Support service remodels and key performance indicators have been developed to support statutory homelessness functions, including swifter move on from, and preventing the use in the first place of, temporary accommodation. • Protocol developed with the Single Pathway (Supporting People referrals Team) to ensure everyone in temporary accommodation can access Supporting People support where needed. • Continued close working with SARTH (Single Access Route to Housing).* • Continued work to improve availability in the private sector via improving landlord relations and developing the landlord offer. • Significant work undertaken to reduce rent arrears amongst people in temporary accommodation, ensuring that arrears will not be a barrier to move on. As a result of this work we have seen a significant reduction in arrears, going from £10,336.99 in May 2017 to £2,940.36 by the end of that financial year. • Projects with Public Protection and Crest commenced in 2018, supporting the provision of quality move on accommodation – ensuring compliance with legal standards, and that accommodation is also of a standard to improve wellbeing, and that people are equipped with the skills and confidence to maintain their home (e.g. undertaking practical maintenance tasks).	• DCC corporately will need to make decisions around funding of temporary accommodation / sourcing alternative options – this is not something that the Homelessness Prevention Team can do in isolation. • Targets around reducing the use of B&B accommodation will be incorporated into the Homelessness Prevention KPIs (as referenced above) • *Further work is needed to ensure a fully coordinated approach between SARTH and the Homelessness Prevention Team. • We will explore procurement options, including the possibility of obtaining tender exemptions to trial the use of serviced private landlord accommodation as emergency temporary accommodation. This will also be informed by the TA report from Imogen Blood and Associates.

Improve Access to Accommodation	• Public Protection and Crest posts, and emergency temporary accommodation review work, as above. • Key performance indicators including target time frames for sourcing accommodation are being included in all new/amended Supporting People contracts. • Obtained grant funding for 5 internal and external homelessness prevention staff members to be trained in delivering the 'Renting Ready' course, equipping people who are homeless or threatened with homelessness with the skills and confidence to sustain a tenancy (e.g. manage bills, cook on a budget etc.) Renting Ready courses now successfully being rolled out. • KPIs including target levels of citizen access of Renting Ready are being included in all new/amended Supporting People contracts. • Better landlord offer has been developed and will be rolled out imminently, to incentivise private sector landlords to offer their accommodation to homeless households. • We have reviewed the two rent bond schemes in Denbighshire and reduced duplication across the two to maximise resources and outcomes.	• Work to be done around our move-on process/protocol, establishing better pathways for citizens who may come through temporary accommodation/supported housing/who need to access alternative accommodation. This will be particularly informed by the temporary accommodation report findings, and we will also be informed by the Homeless Link Guidance and best practice for move-on protocols. • Working with Communities, Assets and Housing, to be involved in work around utilising empty homes. • To enhance our needs mapping, inform commissioning, and development of housing-led approaches, we are in the process of undertaking an in-depth supported housing needs analysis, as described above.
Develop an integrated approach to supporting people with multiple/complex needs	• Secured dedicated high standard temporary accommodation for people with serious mental health issues, working closely with mental health services to provide specialist support packages. • Continued close working with mental health services, including close working with hospital discharge, attending ward rounds etc. Homelessness Prevention is also represented on the Together for Mental Health Strategy Local Implementation Team, working to implement the Strategy and develop joined up approaches across Health, the Local Authority and third sector to supporting people with a broad range of mental health support needs. • Integrated Housing First feasibility study completed in 2018 – currently awaiting confirmation of available funding from Welsh Government (verbal confirmation received, just waiting on written confirmation), then we will look to recruit Housing First posts to work across Denbighshire and Conwy. • Developed a Tenancy Enabler service in the DCC Complex Disabilities Team, enabling people with learning disabilities / acquired brain injury / autistic spectrum	• Developing the multi-agency Denbighshire Homelessness Forum is a priority. With the loss of the Homelessness Strategy Officer, we will need to consider resources to get the Forum off the ground. • A lot of joined up working will be needed to develop an integrated Housing First service, based on the findings of the consultancy/development work in 2017/18. • We must continue to explore options for best supporting people with serious alcohol use problems, including looking at options around safe drinking environments offering holistic support, and learning from Alcohol Concern's 'Blue Light' multi-agency harm reduction agenda. • We'll explore opportunities to develop a MEAM (Making Every Adult Matter) approach to

	disorder to move on to more independent accommodation, reducing the demand on statutory managed care/support services. • Developing a risk-based approach to our contract monitoring and reviewing, including incorporation of key performance indicators in new/amended Supporting People contracts, which allows a more complexity informed outcomes focus, i.e. providers are not financially penalised for failure to meet KPIs – rather we are primarily using them to help us better understand the challenges citizens and providers may face, including the various accountabilities/influences in terms of achieving outcomes.	coordinating support for people with complex needs. Further work to be undertaken with the Single Pathway Team to reduce the admin burden/processes, allowing a greater focus on individual needs and circumstances, to coordinate the best service offer. • While full funding flexibility is no longer going to be rolled out, we will work with our tackling poverty funding stream partners to develop better integration of our service offers, in particular for families, young people and people with domestic abuse related support needs. Scoping exercise around domestic abuse services/gaps is currently in progress. • Further work to develop a fully risk-based approach to monitoring/reviewing our contracts.
Prevent Youth Homelessness, including embedding a 'Positive Pathway' approach	• Developed a Young People's Positive Pathway Project – a partnership between Homelessness Prevention, Children's Services and Youth Justice – providing dedicated homelessness prevention interventions and support for all young people (up to 25) presenting as homeless/at risk of homelessness to DCC. As a result of the project's development, in 2017/18, between quarter and quarter 3, referrals for formal support reduced significantly from an average of 83% to 39% - with young people being empowered to use their own strengths and resources, and remain in the family home wherever possible. Full team (Coordinator and 2 support workers) now in place as of July 2018. • The House share previously managed by Homelessness Prevention will now be a dedicated house share for young people, managed by the Positive Pathway project. • The Dyfodol young people's supported housing project continues to be remodelled, with the Collaborative Agreement for the new service having commenced in October 2018. The new service is, and will be further, better geared up to supporting young people with a range of needs, offering more appropriate accommodation to best safeguard and improve the wellbeing and other outcomes of young people supported. CAMHS has very much come on board, providing advice and training, as has Barnardo's substance misuse service.	• Improving employment opportunities for young people continues to be absolutely vital, so that they are able to afford to live in their own accommodation. We will support the trial project offering DCC catering work experience placements, being lead on by DCC strategic employment. • We must work alongside DCC Housing Strategy and other partners to consider options for shared accommodation in future. • Community housing accommodation to be identified that can be solely maintained for 16/17 year olds – work needs to be done to ensure a joined up commitment and understanding of roles and responsibilities across key partners, including Homelessness Prevention, Children's Services etc. • We are starting to explore opportunities with our Tackling Poverty and other partners to develop

		better support for children/young people affected by domestic abuse. Scoping exercise ongoing.
Citizen Involvement	• DCC Homelessness Prevention Citizen Involvement Policy finalised in 2017 – setting out our commitments and service standards in relation to meaningful involvement and co-production in all that we do. • As part of reviewing our overall service in line with Equal Ground Standard, our Citizen Involvement Officer carried out a piece of work to help us better understand people's experiences throughout their journey, from the point that they first approach Denbighshire Homelessness Prevention, through to living in temporary accommodation and planning for move-on – how they felt, what was working, and what needed to change. • Citizen Involvement Officer and Commissioning Officer have begun to work far more closely, including joint visits to meet supported housing residents, to ensure that citizen feedback is a much more organic part of our commissioning. • Homelessness Prevention Planning Group agreed the ring-fencing of a small pot of Supporting People grant to facilitate meaningful co-production. • The Homelessness Prevention annual event, 'Homes and Hopes', was successfully co-produced. This also very much feeds into SP Planning. Citizens have also been far more significantly involved in informing the content of the draft Commissioning Plan for 2019-22.	• Homelessness Prevention service review in line with the Equal Ground standard to continue. The work undertaken by the Citizen Involvement Officer with people in TA will be further rolled out – and will inform our commissioning/service development/training. • We will work to support the setting up of a citizen advisory board ('shadow board' to Homelessness Prevention Planning Group). To start with, the group who worked with us to co-produce the annual event will be invited to develop this. • We will need to monitor the financial arrangements for co-production to inform funding decisions next year.
The sustainability of housing related support, including maximising existing provision	• The Supporting People and Homelessness Prevention Teams merged in 2017, enabling a far more integrated approach and maximisation of resources, supporting greater sustainability. This also puts us in an advantageous position in terms of future funding changes - the merged housing support grant (incorporating Supporting People grant, statutory homelessness and Rent Smart Wales enforcement), which will be in place for at least 3 years from 2019. • We now have less dependency on the SP Grant for Homelessness Prevention roles – from April 2018 all Grant Administration Staff are funded via, and sit within, central Community Support Services. • We have critically reviewed the activities undertaken by the Homelessness Prevention Officers, to determine aspects of work that can be completed by other roles within the service. This has helped to inform the development of the triage pilot and the Community Navigator post. • We are also working to ensure that commissioned services best complement statutory functions, including via the key performance indicators incorporated into	• We must await confirmation of the arrangements for the recently confirmed merged housing support grant, and contribute to its development wherever possible, to ensure that front-line homelessness prevention services are protected. Guidance from Welsh Government is at present inconclusive. • DCC Strategic Employment and Strategic Planning are leading on preparations for the grant changes, which we will support throughout the year. We are currently attending monthly meetings, and considering options as set out in the draft 2019-22 Commissioning Plan (these options currently relate to the full flexible funding as the housing support grant was announced after the start of the consultation; however, we will still be exploring opportunities for

	each new SP contract, and rolling out a programme of awareness raising/training on the work of the Homelessness Prevention Team amongst all of our commissioned services. • Supported housing needs analysis, as above. • We have self-assessed our service according to the WAO 'Key considerations for local authorities in managing demand' checklist, which has informed elements of this action plan	better joined up commissioning with the relevant funding streams in any case). • We will be continuing with the supported housing needs analysis, aiming to have a report concluded by the end of the financial year. • We will need to consider how we can make sure supported housing works better for people in temporary accommodation, while at the same time ensuring that allocations are always made based on greatest need. We will be informed by the findings of the (Imogen Blood) Emergency Temporary Accommodation Review, as well as the supported housing needs analysis.

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Denbighshire Supporting People/ Homelessness Prevention

Commissioning Plan
2019-22

Contents

Version	**0.1**
Date	**September 2018**
Status	**First draft**

1. INTRODUCTION

Homelessness means being without a safe, secure place to live.

This includes things like living in unsuitable/unsafe or temporary accommodation, 'sofa-surfing', accessing emergency beds/night shelters, and sleeping rough.

For many, it can mean having to face and deal with a number of difficult and traumatic experiences.

Homelessness or risk of homelessness can happen, and continue, for many different reasons, including evictions (not necessarily because of any fault of the tenant), relationship/family breakdown, being unable to cope because of experiencing traumas or other support needs, and people just not having enough money to keep their home, perhaps because of a job loss or changes to benefits.

Homelessness can affect anyone, including families, single people, and young and old – though it will often go hand in hand with poverty, and it is likely to have the greatest impact on people with more limited support networks, and people experiencing multiple disadvantage.

"Homeless people are not socially inadequate, they are just people without homes"
(Citizen)

cefnogipobl supportingpeople
supporting independence
cefnogi annibyniaeth

Supporting People is a Welsh Government Programme, funding support projects for people 16+ who are homeless or at risk of homelessness.

In Denbighshire we have a range of projects[1], including fixed-site supported housing and floating support (where a support worker is based out in the community), supporting over 1,000 people at any one time.[2]

Denbighshire Supporting People is aligned with statutory homelessness, as the Denbighshire Homelessness Prevention Team.

We aim to prevent homelessness wherever possible, taking person-centred approaches and working with the community and our partners to identify and tackle its causes, and empower people to live as independently as possible.

This Plan gives an overview of our priorities and plans for 2019-22 - why we're doing what we're doing, and what this means for the people it affects.

[1] For full details of these projects, please see our directory of services on the Denbighshire County Council website.
[2] Excluding alarm services, of which there are 1,192 units.

Our Vision

An end to homelessness in Denbighshire

Our Mission Statement

We will work together to deliver quality support, empowering people to live independently and prevent homelessness

Our Key Principles

- **Everyone deserves a safe place to live**
- **Early intervention and prevention of crisis point wherever possible**
- **Co-production and meaningful involvement – people with lived experience at the heart of all we do**
- **Psychologically informed ethos and approaches**
- **Focus on person-centred outcomes – not process**
- **Transparency and equality of access to the right support**
- **Continued learning and development – developing and promoting best practice to end homelessness**

Support is always person-centered, but can include help with things like:

- **Achieving safety, security and better quality of life**
- **Developing independent living skills**
- **Taking control of finances, e.g. support with budgeting, addressing arrears, accessing money advice**
- **Accessing other helpful support and opportunities, including employment / training / education / volunteering**

"I don't think I could have done Without the support. I feel like there is a light at the end of the tunnel now."
(Citizen)

"The support I received has helped to give me the confidence and the strength to deal with life."
(Citizen)

We play a vital role in the delivery of key support legislation:

- **The Housing (Wales) Act 2014**, and **Social Services & Well-being (Wales) Act 2014** have brought about real changes to the ways people are supported. Early intervention and prevention, and empowerment of people to take control of their own lives are central to both Acts.
- **The Well-being of Future Generations (Wales) Act 2015** means that plans must be sustainable and increase wellbeing. This also means a prevention focus, looking at short and long-term needs, and partnership working.
- **The Violence Against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015** highlights the importance of early intervention to prevent victims of this kind of violence and abuse becoming homeless in the first place, as well as the importance of supporting survivors to stay in their own homes wherever possible.
- **The Renting Homes (Wales) Act 2016** means some new rights and responsibilities for tenants and landlords - so it's important that people can access good advice and support where needed.

We also support other national and local plans and agendas, including:

National and regional plans/strategies, including Crisis' 'Everybody In: How to end homelessness in Great Britain'; the Supporting People Regional Strategic Plan; the Ten Year Homelessness Plan for Wales 2009-2019; the North Wales Domestic Abuse Strategy; the Together for Mental Health in North Wales Strategy, and the WG Rough Sleeper Action Plan

Denbighshire plans/strategies, including the Denbighshire Homelessness Strategy; the Housing Strategy, the Corporate Plan; the Wellbeing Plan; the Supporting Independence in Denbighshire agenda, and the Care and Support at Home Strategic Plan.

Equality and diversity, including Denbighshire's Strategic Equality Plan and the Welsh Language Standards; we also support the 2025 movement, with its aim of ending avoidable health inequalities in North Wales by the year 2025.

Crisis' Definition of Homelessness Ended[3]

1. No one sleeping rough.

2. No one forced to live in transient or dangerous accommodation such as tents, squats and non-residential buildings.

3. No one living in emergency accommodation such as shelters and hostels without a plan for rapid rehousing into affordable, secure and decent accommodation.

4. No one homeless because of leaving a state institution such as prison or the care system.

5. Everyone at immediate risk of homelessness gets the help they need to prevent it happening.

[3] 'Everybody In: How to end homelessness in Great Britain': https://www.crisis.org.uk/media/238959/everybody_in_how_to_end_homelessness_in_great_britain_2018.pdf

The 'Jones family' had already experienced facing homelessness when their landlord had decided to sell the property. With support they'd found a new home, but with the introduction of a new benefit cap in 2016, this home became completely unaffordable – with Housing Benefit dropping from £535 to £91 a month. **The risk of rapid rent arrears and homelessness became very real. Existing mental health support needs worsened, and the** whole family's wellbeing was suffering.

With a Supporting People project's help, working in partnership with key agencies, the family were able to explore their options and make the decisions which were right for them. **Part of this was a successful claim for PIP, and this also meant that one of the parents, having been put in touch with the Opus project, found secure employment - not only** boosting the family's income, **but greatly** increasing their confidence and self-esteem. **With much increased security and wellbeing, including better mental health support in place, the family are now in a much better place; however they remain acutely aware, in a time of austerity and welfare reform, that** circumstances can quickly change **- and with this in mind they continue to look at ways to secure their financial future as much as is in their control.**

When 'Amy' discovered that her mother was very ill, she decided she would move in with her, to help her out and allow Amy and her children to spend some quality time with her. Having made the move, and looking to get things in order at her new address, Amy discovered that, because of welfare benefit rules, **her living with her mother was going to have a significant impact on her mother's income. At the risk of** facing poverty, **the family reluctantly agreed that Amy and her children would have to move back out of her mother's home.**

Following initial questions around intentionality of homelessness, with the help of Shelter Cymru Amy secured help from Statutory Homelessness, and was offered temporary accommodation. In uncertain and stressful circumstances, **including sometimes being accommodated far away from her children's schools, the Homelessness Prevention Team will continue to try to find somewhere suitable for Amy now, and support her to achieve** safety and security for her and her children in the long term.

Availability of suitable, affordable accommodation is a barrier **not just for Amy, but for many in similar circumstances.**

3. OUR FIVE STRATEGIC PRIORITIES

The DCC Homelessness Strategy 2017-2021

The vision of the Strategy is simple: **To end Homelessness in Denbighshire.** Doing this through **early intervention**, **prevention**, and providing **quality accommodation and support** is central to our priorities. We worked closely with our partners to develop the Denbighshire Homelessness Strategy, and accompanying action plan, which sets out all of Denbighshire's priorities and plans for tackling and ending homelessness. This Commissioning Plan focusses on the commissioned service development aspects of implementing the Strategy[4].

The sustainability of housing related support

We face a number of current and future challenges in keeping our support affordable and effective, including **public spending cuts**, **welfare reform** and **uncertainty around future Supporting People funding**. We must work together to be creative and resourceful, and ensure our approach is **needs-led** for both the **short and long-term**. Alongside Cymorth Cymru and our other partners in the sector, we must also have a **strong voice in campaigning** for policy reform and developments, to make sure support continues wherever needed.

Co-production & Citizen Involvement

People with lived experience must have meaningful opportunities to shape support delivery and development. Guided by our Citizen Involvement Policy, we'll continue to work to offer informal and formal opportunities to ensure that co-production and involvement is at the heart of all we do. This will include creating better informal and formal arrangements for citizens to be involved in service planning, e.g. via the Homelessness Prevention Planning Group.

Tackling Poverty

We know that **homelessness and poverty will often go hand in hand**, and that each bring their own stresses and traumas. With new challenges brought by welfare reform, it is vital that we focus on supporting people out of poverty in **new and creative** ways. We must work closely alongside specialist **employment support** and **money advice services**, and explore opportunities through groups including the Tackling Poverty Strategic and Operational Groups.

Joint-Commissioning/ Collaboration

With prospective changes to Supporting People funding, including the possibility of the Grant going into the Early Intervention & Prevention Support Grant, we must carefully plan to ensure we **maximise the opportunities more flexible funding may bring**, while making sure that **vital homelessness prevention support is protected**. We'll also continue to explore opportunities for pilot regional projects via the **Regional Collaborative Committee,** supporting the implementation of the **Regional Strategic Plan.**

[4] For the full Denbighshire Homelessness Strategy 2017-21, please see the Denbighshire Homelessness Prevention website.

We look at lots of information to identify needs and demand, and develop our support. This includes:

The views of people with lived experience – With our Citizen Involvement Officer working closely with projects to make sure that people have meaningful opportunities to feedback and shape support.

The views of our other partners – Including project staff, and other people we work with.

Formal consultation – Including as part of service reviews and decommissioning decisions, and consultation on each Commissioning Plan.

Information from our Single Pathway Team – Who coordinate all support referrals, ensuring equality of access to the right support.

Project monitoring and reviews – All of our projects are regularly monitored and reviewed, to identify any areas for improvement, and learn from good practice.

Other information - Including Outcomes and PMR data, Statutory Homelessness figures, the Population Assessment, and other studies and reports.

The Annual Event

Every year we put on a 'Homelessness Prevention Day' (name change TBC!) – an opportunity for people with lived experience, our projects and other partners to gather together to talk about what matters to them, and contribute to what this Plan looks like.

Picture to be inserted

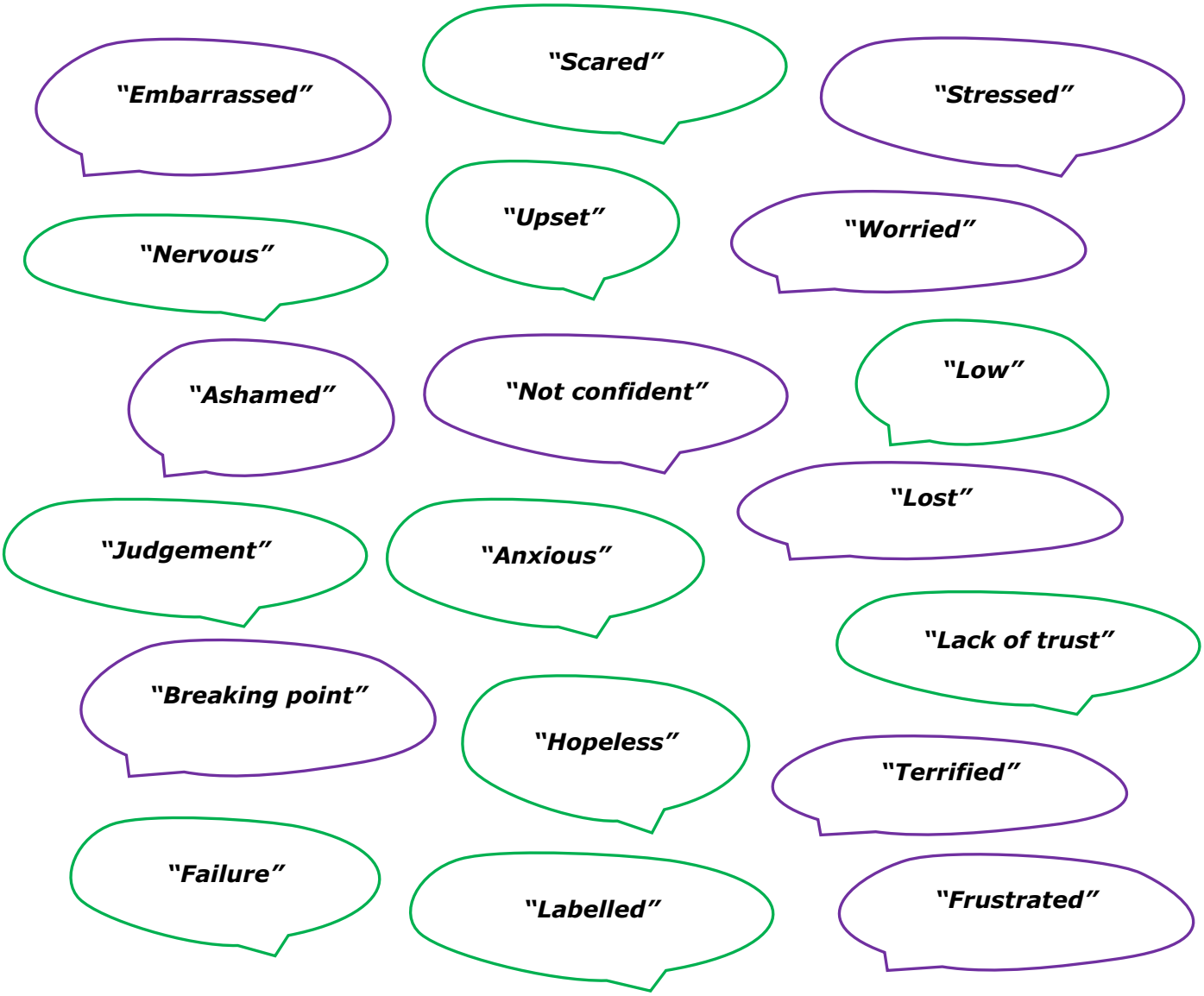
We also look at potential unmet need, including:

- **Changing our needs mapping process** – replacing the previous 'Needs Mapping' form with a more comprehensive and dynamic approach to investigating need and demand.
- **Piloting of an annual Unmet Need survey in 2017**
- **Reviewing supported housing needs** – with a case study approach, investigating individual needs and circumstances of people in supported housing, to ensure we're offering the right range of services to provide needs-led support.

5. MORE PEOPLE' S STORIES

In 2018 our Citizen Involvement Officer carried out a piece of work to help us better understand people's experiences throughout their journey, from the point that they first approach Denbighshire Homelessness Prevention, through to living in temporary accommodation and planning for move-on – how they felt, what was working, and what needed to change.

These are some of the key words people used to describe how they felt when they had to initially present as homeless.



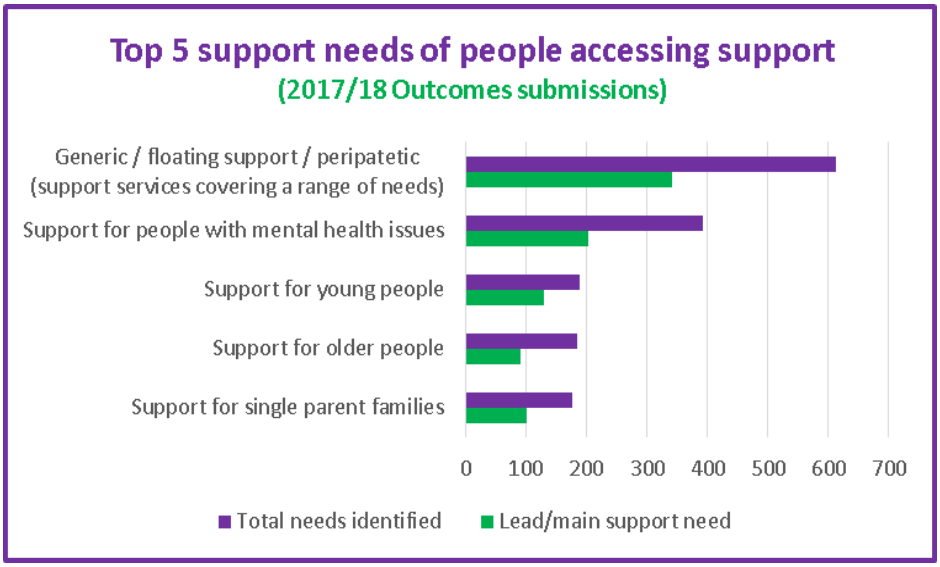
We know that experiencing homelessness can be extremely traumatic.

To best support people, including ensuring our services are approachable and that people seek help before crisis point, we must work to understanding people's traumas and focus on people's strengths.

1. General Support Needs and Demand (including generic services for people with a range of needs)

What we know

- **Demand for support is high**. Our Pathway Team has had to keep an unprecedented waiting list for support over the last year.
- There is highest demand for **'generic', multi-disciplinary support**.
- There are **numerous barriers to securing accommodation**, including a lack of affordable and/or adequate standard accommodation, discrimination against people in receipt of benefits, and because of other characteristics (e.g. age, having children), and landlords requiring guarantors.



- We're seeing **increasing complex needs/ multiple disadvantage**.
- People are really **struggling to manage their money**.

> ***"The problems are probably the same but on a larger scale, e.g. lack of finances, substance misuse problems... We have had to adapt to taking people with more complex needs, who have poor finances."***
> *(Support provider)*

- We need **better communication and coordination between services**. Too many people slip through the net. Improving awareness and communication between services and citizens is vital.
- Some of our **emergency temporary accommodation is not fit for purpose**, and people are also **staying in temporary accommodation for too long** - because of a lack of suitable move-on accommodation, including supported housing (where appropriate).
- 'Traditional' floating support doesn't work for everyone, and/or at each stage of a person's journey. We've seen a need for **urgent crisis support**, as well as services that can offer more **flexible, ad-hoc support** (which isn't necessarily time-limited). People also want **peer support**, and to be able to **build their own support networks**.
- People who are **LGBTQ+ are disproportionately affected** by homelessness (particularly younger people who may have recently told their family), and risk of homelessness due to domestic abuse, and discrimination.

> ***"All the paperwork – it can feel like you're signing your life away."***
> *(Citizen)*

- Evidence shows us the massive successes people can achieve when support services work in a **psychologically informed**, and **person-centred outcomes focussed way**. Many services are currently **too process driven** – as support commissioners we've had to recognise our role in creating process driven environments.
- **Activities to improve wellbeing**, helping people to stay **motivated**, **feel valued**, and have **hope**, are highly valued and highly effective elements of support.

> ***It gives you something to do, I've always been interested in growing plants and stuff like that when I was a kid... basically it helps you fit in with society again.***
> *(Citizen)*

What we'll do

i. We'll continue to develop risk-based reviewing and greater flexibility in contracts, **shifting the focus from process to outcomes**, to ensure support is maximised and proportionate, and available where needed most. This will also include promoting **activities to increase confidence and wellbeing** as a key element of support. We will also consider opportunities to develop **payment by results**.

ii. We'll develop services that are complementary to more 'traditional' floating support, for example **flexible services** that people can dip in and out of, **short-term crisis support**, and opportunities for **peer** and **community support.**

iii. We'll work to ensure that **supported housing is available where it is needed most** – that priority is given to people who are homeless, in the greatest need. We'll learn from work undertaken in 2018 to map people's journeys through supported housing, and consider how we can achieve **greater consistency in assessing need and priority**, e.g. through exploring opportunities such as the 'Mainstay' system.

iv. We'll learn from work undertaken in 2018/19 to review and complete an **options appraisal for our use of emergency temporary accommodation**, to inform future temporary accommodation commissioning and development of move-on options.

v. We'll work with our partners in the private and social rented sectors to **support move-on into quality accommodation**. We'll learn from pilots in 2018/19 with DCC Housing Enforcement and Crest Cooperative around ensuring the quality of accommodation, as well as helping us to **better understand the barriers to move-on** into quality accommodation. We'll also continue to roll-out **Renting Ready** training.

vi. We'll take a progressive stance, ensuring that our support is always available and designed to best meet the needs of people with protected characteristics. We will continue to work with the Ending Youth Homelessness Group to ensure we are **offering the right support to people who are LGBTQ+**. We will also **review our assessment paperwork** to ensure we're asking the right questions, in the right way, and we'll ensure **all staff have access to up to date training**.

vii. We'll continue to embed **psychologically informed** ways of working, supporting staff to work in a **trauma informed** way, including recognising and understanding the impact of **adverse childhood experiences**, focussing on relationships and person-centred outcomes (not paperwork, processes etc.), and maximising **people's own strengths and resources**. Developing psychologically informed environments is a journey, which we know requires dedication and investment – there must be **buy-in at all levels**.

What are Psychologically Informed Environments (PIEs)?

PIEs involve helping people to understand where behaviours come from, allowing people to work more creatively and effectively. This means thinking not only about what our physical environments look like, but how we communicate, respond to challenging situations, and shape our support.

There are 5 key elements to consider when developing PIEs:

- **Relationships** (quality relationships, not processes, are at the heart of PIEs)
- **Developing a psychological framework** (e.g. trauma informed, CBT, eclectic)
- **The physical environment** (e.g. colours, light – non-institutional & welcoming)
- **Staff training and support**
- **Evidence-based practice**

viii. We'll work to improve **coordination and knowledge of other key support services**, re-launching the **Denbighshire Homelessness Forum**, and exploring opportunities for **hub/one-stop-shop** style day services.

ix. We'll also explore opportunities to develop a **MEAM** (Making Every Adult Matter) approach to coordinating support for people with complex needs.

x. We'll develop better ways to commission **'off-the-shelf' projects**, to make sure that any underspend identified can be used most **creatively and effectively**.

"Getting the confidence to confront your own demons and your own past… It's scary to think about doing it… if [project worker] hadn't been there and helped me, pushed me towards it, I wouldn't have bothered, wouldn't have done it. I hope if I confront my past, then my future will be a lot better…. Just trying to concentrate on that, and hope that in the future, I can get a nice flat, get a job, I can live a better life."

The difference a PIE makes

"She came to the GP with me… but the most important thing about this is not that she came, but she thought about it beforehand. She knew I'd struggle to sit in the waiting room, so she didn't just sit with me, she brought a crossword book to distract me. We did crosswords together whilst I was waiting, and because of that I made it, and was seen by the GP."

Young person, describing what it can feel like in a project where approaches, including paperwork/recording, aren't yet psychologically informed:

"It feels like you're in prison… I feel like a 'Sim', from the game"

We're working closely with this project to develop it into a PIE.

2. Welfare Reform

What we know

- Changes to welfare benefits in recent years including the **'bedroom tax'**, the **cap on family allowance**, and the **shared room rate for under 35s** have all impacted on people's ability to find/maintain an affordable home.
- The introduction of **Universal Credit** has had a huge impact nationally. We know there are pros and cons to UC, and while campaigns have achieved some successes in addressing some problems, challenges remain.
- We've seen some real successes in a Supporting People funded **early intervention pilot** based at Rhyl Job Centre, offering advice and assistance around UC, to **prevent crisis point**.

What we'll do

i. We'll learn from the Job Centre pilot to inform future commissioning, and look at how we can **reach more people earlier on to prevent crisis point**.

ii. We'll **support our projects** to make sure they're geared up to help people understand and manage new benefit arrangements, and are able to **prevent any difficulties from escalating**. An important part of this is **training** – we offered UC training to all project staff in 2018, and we'll keep an eye on the need for refresher training.

3. Education, Employment, Training & Volunteering

What we know

- Most people want to be able to develop and be active in their community. When people experience homelessness and/or related support needs, especially **poverty** and **complex trauma** – coupled with a tough job market - this can be far **more difficult to achieve**.
- **Outcomes** in this area achieved by people accessing Supporting People services are at the **lowest levels**, compared with other Outcomes areas.
- It can be **difficult for people in supported housing** where enhanced Housing Benefit is claimed (the majority of cases) to work full time, because of **Housing Benefit rules**.

> ***"You feel like you want to work, but you're being held back."***
> *(Citizen)*

- It's vital that education, employment and training is **accessible for everyone** - not least because it can **open the door to affordable, quality accommodation**.
- This is a **high priority area for DCC** corporately.

What we'll do

i. We will **work with our projects** to review options to better allow and encourage people to take up employment when in supported housing. **Nobody in any of our project should be discouraged from taking up employment, or excluded from the support they need if they do find work.**

ii. We'll **work closely with employment support partners** including Opus and Communities for Work to **develop opportunities and address barriers**.

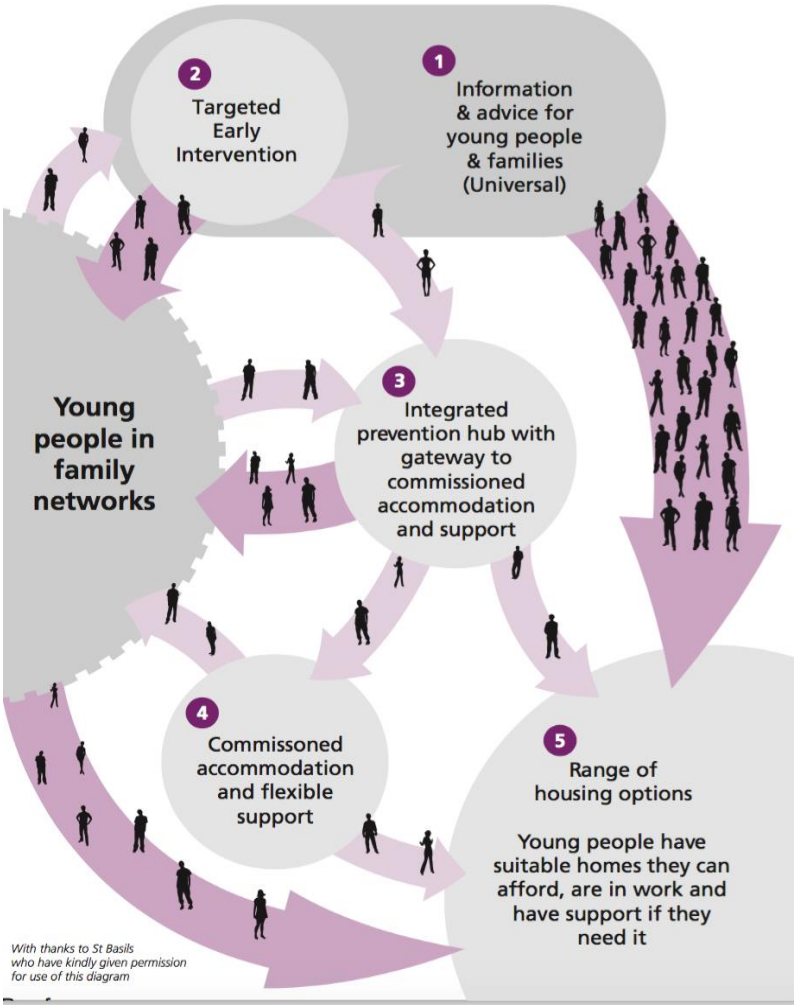
iii. We'll support the development of **DCC work experience placements**.

iv. We'll support the **sharing of volunteer opportunities** available via our provider organisations – looking at opportunities for collaboration.

4. Young People (16-25)

What we know

- Young people are amongst the most **disadvantaged** in our society when it comes to **affordable housing options** and general **welfare benefit entitlement**.
- Young people are presenting with **increasing complex needs** and **multiple disadvantage**.
- Many young people can **only afford to share with others**. This can have its pros and cons.
- DCC have committed to further developing a **Young Person's Positive Pathway model** (see diagram ⟶), which has been strategically adopted by Welsh Government. The **Positive Pathway Project**, a partnership between Children's Services, Homelessness Prevention and Youth Justice, has achieved some real successes over the last year, offering interventions at the point of presentation to DCC Homelessness Prevention - taking a **strengths-based approach** and diverting young people from the need for formal services.



- **Prevention of youth homelessness is a huge priority**. Interventions such as family mediation to allow a young person to remain at home wherever possible can achieve the best outcomes for all involved.

What we'll do

i. In partnership with Clwyd Alyn Housing Association, we'll continue to **develop the remodelled Dyfodol project**, ensuring it offers the most appropriate and psychologically informed support offer for young people with a range of needs.

ii. With a full staff team in place from 2018, we'll continue to **embed and develop the Positive Pathway project**. This will include development of the Young People's Pathway shared house.

iii. We'll explore what opportunities there might be through flexible funding to develop better, more **joined up early intervention**.

iv. We'll make sure **young people continue to be involved** in all of our Positive Pathway model developments, including being informed by the **DVD** made by TAPE and young people in our supported housing in 2017.

"Living in supported accommodation, it's quite hard because I miss my family. I miss my dog as well... [On my first day] I didn't really speak to anybody, as I didn't really know what do to, how people were. But it turned out everyone was quite sound, and I started speaking after a couple of days."

(Young person, one of the stars of the 2017 Young People's Supported Housing DVD)

5. Domestic Abuse

What we know

- Survivors experiencing **multiple disadvantage**, particularly those with substance use issues, are **not always able to access refuge** services.
- There are very **limited refuge spaces for men** in Denbighshire.
- While there's a lot of evidence highlighting the need for **support for children** of parents experiencing/fleeing domestic abuse, this support is **very limited** in Denbighshire.
- Many survivors have **mental health related support needs**. Symptoms of PTSD can often be mis-diagnosed/missed.
- Courses such as the **Freedom Programme** and **Recovery Toolkit** can achieve extremely positive outcomes, particularly around confidence, coping mechanisms and independence – as well as offering an important forum for peer support.

> ***"I would truly recommend the programme to anyone who was wanting to progress with their future and wellbeing".***
>
> (Survivor who completed the Recovery Programme in 2018)

- Victims are **not always able to be supported to remain in their own homes** when they would like to. This can come down to a lack of resources and joined up working to adequately ensure their safety.
- There's a **lack of awareness** of domestic abuse support services.
- Funding arrangements are changing. There is a big focus **on regional commissioning**.

What we'll do

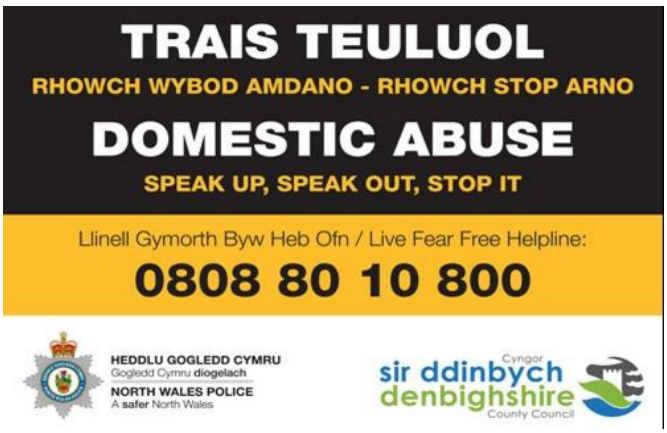
i. We'll look at options to develop existing provision so that it is **accessible and appropriate for people who may currently be excluded** (especially survivors with multiple disadvantage and men). This will include consideration of developing further **self-contained refuge units** – both dispersed and semi-communal, to meet a range of support needs and allow greater choice.

ii. We'll support **partnership working between mental health and domestic abuse** services, including looking into training needs.

iii. We'll explore what opportunities there might be, particularly through flexible funding, to **develop much needed support for children**.

iv. We'll support the further rolling out of the **Freedom Programme** and **Recovery Toolkit**.

v. We'll **promote awareness** of available support, including the Live Fear Free helpline.



vi. We'll support regional working, and the strengthening of links between VAWDASV forums and local Homelessness Prevention planning – to **ensure joined up approaches** to service development. This must also include developing better provision for allowing survivors to remain in their home when they wish.

vii. We'll also make sure we and all project staff are trained up in line with the **National Training Framework**.

6. Mental Health

What we know

- Approximately a **third of all people accessing our projects** identify that they have mental health support needs. Support needs tend to increase for people in the most chaotic circumstances, for example, rough sleepers. We're also seeing generally increasing **complex/high level mental health needs and crises**.
- Suitable accommodation can be **critical in promoting recovery**. But people with mental health issues may face **additional barriers** to finding/maintaining accommodation, e.g. if unable to share, and because of **stigma**. Mental health issues are also strongly linked to **social inequalities**. People living in **poverty** are more exposed to a number of risks that can seriously impact on mental health, including poor housing, homelessness and debt.
- The impacts of many mental health issues, including experiencing suicidal thoughts, PTSD, personality disorder and dual-diagnosis, are **not always well understood** in homelessness prevention (and other) services, including in relation to the impacts for engagement with support, and assessing needs.
- There are **barriers to accessing mental health services**, which are **exacerbated** by experiencing homelessness/chaotic circumstances, and stigma.
- **Partnership working and communication is vital**. Communication from the earliest possible stage (e.g. if a person is being discharged with nowhere to stay) gives the best chance for planning the best support/accommodation. **This doesn't always happen in reality.**
- **Greater integration and flexibility** is needed in housing related support services to best support people at various stages of their journey, e.g. people leaving secure units with higher level needs, and people who may dip in and out of services.
- With funding secured from Welsh Government we've developed two **successful, psychologically informed mental health temporary accommodation flats**. Delivered in partnership with Health, the service offer works to prevent delayed discharge, and hospital readmissions.

> ***"I want to be assessed by the Mental Health Team, but need to sort out a GP first... [When homeless] they don't want to know. You end up coming out of there feeling worse."***
> *(Citizen)*

What we'll do

i. We'll develop **closer working relationships** with Community Mental Health Teams, to share learning and improve day to day communication, to ensure we're **better able to respond when people are in crisis**, and best able to support people with a variety of mental health issues. This will include exploring options for possible co-location.

ii. We'll support the 2025 movement, with its aim of ending avoidable health inequalities in North Wales by 2025. We'll also promote a **strength-based approach** to supporting people with mental health issues, working to **address stigmas** and promote **compassionate mental health**.

iii. We'll review options for (re-)developing a **hospital-based homelessness post**, considering what opportunities there may be for regional commissioning.

iv. We'll also work to **raise awareness amongst ward staff** around homelessness prevention – the need to ask the right questions and share information at the right time.

v. We'll evaluate options to develop more **integrated support** (particularly with Health). Alongside this we'll consider remodel opportunities to ensure projects are **accessible to those in greatest need**, e.g. looking at the balance of primary/undiagnosed and secondary mental health support – but ensuring that flexibility doesn't compromise the ability to meet particular needs.

vi. Building on the success of the **dedicated mental health flats**, we'll look to **further develop this provision**, exploring funding opportunities and working in continued partnership with Health.

vii. We'll take a close look at **training needs**, particularly to make sure we're able to **ask the right questions**, e.g. in relation to suicide, and understand how to **assess risk and respond**. As part of this we'll also need to look at our assessment paperwork.

viii. We'll support the delivery of the North Wales **Together for Mental Health Strategy**, including via the Local Implementation Team.

7. Families

What we know

- Families represent a relatively **high proportion of people accessing our support projects**. Single parent families support is in the top 5 lead/main needs identified.
- According to our PMR (Performance Monitoring Returns) the number of households with dependent children accessing our projects has **risen by around 27%** in 2017/18.
- Some families have been hit massively by the **benefit cap** introduced in late 2016. The new benefit rules mean that some families will lose all entitlement to Housing Benefit, with some others receiving a negligible amount. This has left many families simply **unable to afford their homes** – facing a real risk of **debt** and **poverty**, and having the difficult task of sourcing alternative, affordable accommodation.
- Families often have to **spend too long in temporary accommodation**, which isn't always fit for purpose. This can be because of a **lack of suitable housing** for families. This includes a **lack of supported housing**, especially larger families.
- Taking a **holistic view** of family support, including coordination of support services, is vital to **prevent problems** from occurring and re-occurring, including in relation to **ACEs** (adverse childhood experiences).

What we'll do

i. We'll continue to develop **better supported housing options** for larger families.

ii. We'll also ensure that **all of our floating support is accessible** to people with dependent children – to meet increasing demand, and ensure that there is equality of access for families.

iii. We'll learn from work in 2018/19 to review and complete an **options appraisal for our use of emergency temporary accommodation**, to inform future temporary accommodation commissioning and development of move-on options for families.

iv. We'll promote partnership working with specialist advice services such as Citizens Advice and the Benefits Advice Shop – to ensure that families affected by the benefit cap can **access the right advice and guidance to prevent crisis point**.

v. We'll explore what options there may be, particularly in the context of flexible funding, to develop **greater coordination between family support services**, to enable a more holistic and needs-led approach.

vi. We'll ensure that all projects have had quality **training around ACEs**.

ACES Include:

- **Physical, emotional & sexual abuse**
- **Physical & emotional neglect**
- **Being exposed to violence & substance abuse**
- **Parents going through divorce**
- **Relatives with mental health issues**
- **Incarcerated relatives**

Risks include:

- **Homelessness**
- **Missed work**
- **Alcohol/substance abuse & smoking**
- **Criminal justice involvement**
- **Mental health problems & suicide attempts**
- **Various health issues, including diabetes, cancer, STDs, stroke, heart disease, COPD, broken bones & obesity**

8. Prison Leavers & People With a History of Offending

What we know

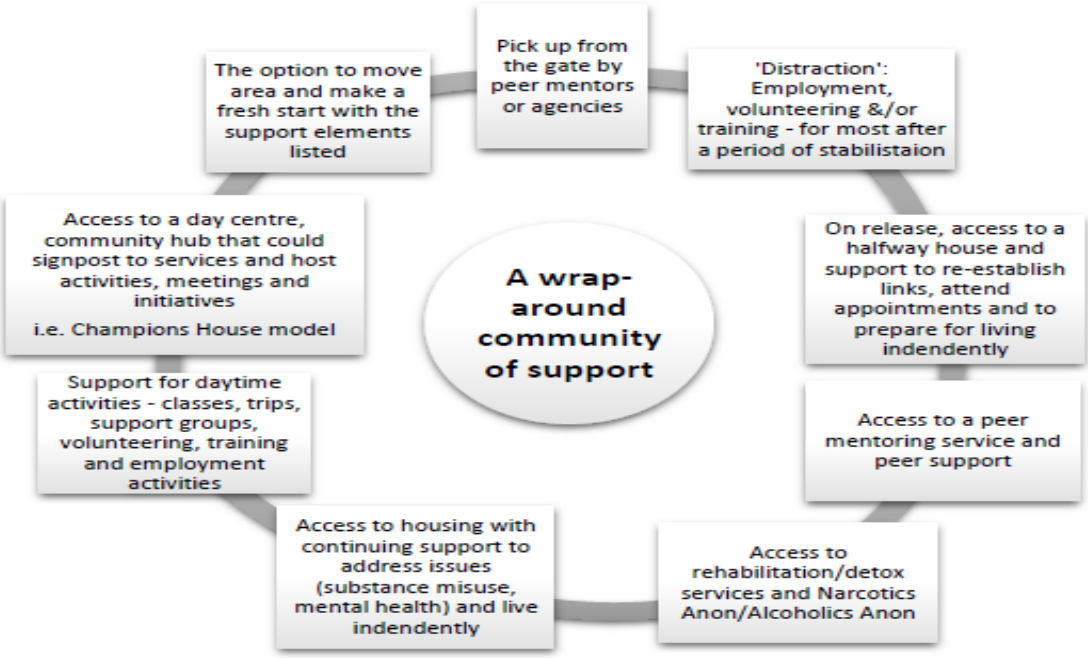
- The importance of suitable accommodation and support in helping to **reduce the likelihood of re-offending** is well established. A **National Pathway** for prison leavers is in place, which has supported more effective resettlement - but there remain **challenges**, often linked to a lack of coordination and information sharing between key services.

- Approximately **13%** of people referred for Supporting People support in 2017/18 had a history of offending. This is an **increase of around 5%** against the previous year.

- People leaving prison are **no longer automatic 'priority need'**, therefore are less likely to be offered accommodation via statutory Homelessness. When they are, they are **most likely to be offered B&B type accommodation**, at least in the short term. Supported housing is not always immediately available for people leaving prison, which may be because of a lack of suitable spaces, or because of a lack of planning.

- People leaving prison can have a variety of needs, but are particularly likely to have **mental health and/or substance misuse support needs**, and are also likely to have experienced **unsettled life circumstances** before entering prison.

- Research commissioned by the Regional Collaborative Committee in 2017 found that people leaving prison felt they needed this **wrap-around community of support**:



What we'll do

i. Following the recruitment of a **dedicated prison resettlement Homelessness Prevention Officer** in 2018, we'll work to create better opportunities to prevent homelessness for people leaving prison. This must include **supporting better, joined up planning**, so that **supported housing is a viable option for people on release**.

ii. We'll also continue to attend the **North Wales Prisoner Resettlement Group**, supporting the ongoing development and embedding of the National Pathway.

iii. We'll review **training needs**, and promote **strengths-based** risk assessments and support plans, as part of our development of PIEs. We must also support particularly close **partnership working** with substance use and mental health support services, as well as promoting employment and other wellbeing support.

9. Rough sleeping

What we know

- Many rough sleepers face a combination of problems, in addition to homelessness, which can often include mental health issues, substance use problems and challenging behaviour. These issues can be **complex and mutually reinforcing**, often having their roots in **entrenched disadvantage**, and leaving people **socially and economically excluded**.

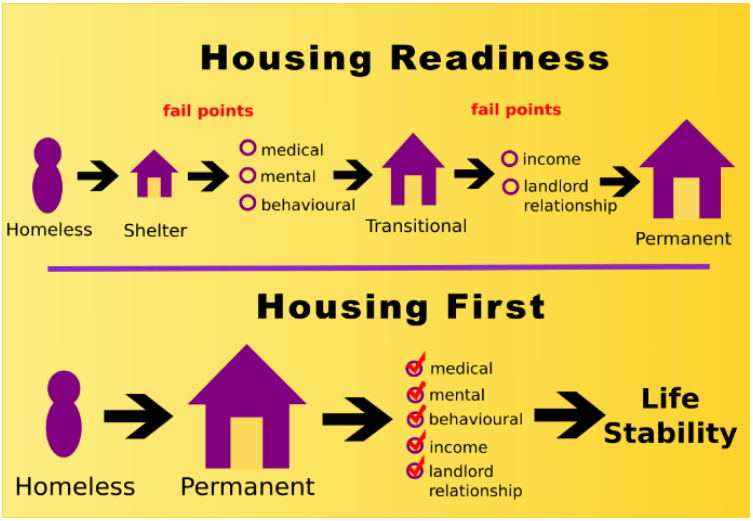
- While we have seen a rise in rough sleeping nationally, demand for our emergency beds project (Ty Golau) has **remained high**, though quite steady. The profile of people accessing has however slightly changed – **more young people** are using the emergency beds, and we are seeing **increasing complex needs/multiple disadvantage**.

- **Traditional support services do not work for all rough sleepers**, given often chaotic circumstances and more complex needs. Rough sleepers can often find themselves **furthest away from the support** they need most, and rates of re-presentation to services amongst rough sleepers are high. Responses to rough sleeping must therefore be **creative** and **assertive**.

> ***"[What's needed is] somebody there linking you in and saying 'look, this guy really needs this help... is there any way we can cut the red tape?"***
> *(Citizen)*

- **Prevention of rough sleeping** wherever possible is a key priority. Where a person has had to sleep rough for whatever reason, **rapid intervention** to provide them with a safe place to sleep offers the best chance to prevent further rough sleeping and trauma.

- **Housing First** is founded on the principle that **housing is a basic human right**. It means secure accommodation is provided as soon as it's available (rather than after a period of support, e.g. in supported housing) – then holistic wrap-around support is put in place. Evidence shows that Housing First works, and - following the feasibility study completed in 2018 - that **Housing First can work in Denbighshire and Conwy**. Working with key partners including Health will however, be vital to the success of the project.



What we'll do

i. We'll **commission a Housing First pilot**, in collaboration with Conwy County Borough Council, and in partnership with key partners such as Health. We are committed to developing at least an initial 5 units of Housing First accommodation and support in Denbighshire by the end of 2019.

ii. We'll **enhance existing services** to ensure they're best placed to respond to need, including considering the possibility of a 'sit up' service, and coordinating responses to StreetLink rough sleeper reports. We'll also promote the use of StreetLink.

iii. We'll continue to fund the Ty Golau **personal budget**, offering creative and bespoke ways to support move on and recovery from rough sleeping.

iv. We'll work to develop a **'No First Night Out'** approach, including targeted intensive support where people are at risk of spending a first night on the streets.

v. We'll continue to contribute to work to **review day services** - to ensure a best practice, consistent approach to ending rough sleeping.

10. Drug and alcohol use

What we know

- Not everyone who has problems with alcohol or drugs becomes homeless, and not every homeless person has problems with drug or alcohol; however, **homeless people disproportionately experience drug/alcohol use related support needs**.
- Drug or alcohol problems can sometimes play a causal role in a person becoming homeless – but at the same time, people will use drugs or alcohol to **help them try to cope with the traumas of homelessness**.
- Approximately **15%** of people accessing Supporting People services identify that they have alcohol or other substance use related support need.
- Support needs tend to increase for people in the most **chaotic circumstances**, for example, rough sleepers. '**Street drinking**' (of which those who participate may or may not be homeless) has also been an issue in Rhyl in particular for some years. For these individuals, support referral patterns can point to a '**revolving door**'.
- People with drug or alcohol issues can become **excluded from the support services** they need, because of behaviours and difficulties in engaging with traditional support. Exclusion from services can also be a particular issue for people with **co-occurring mental health issues**, who can end up feeling stuck in the middle of mental health and substance use services. Without the right support, it can be **even more difficult for people to deal with their homelessness situation**.
- Evidence shows us that properly managed **safe drinking environments** can have a significant positive impact on an individual's drinking/drug use and other support needs (including homelessness), as well as levels of anti-social behaviour and crime.

> ***"If an area lacks wet provision, its response to street homelessness is likely to be incomplete."***
>
> (Shelter)

- '**Cuckooing' can have a devastating impact on a person's safety and ability to keep their home**. Victims of cuckooing do not necessarily have their own drug/alcohol related support needs, but we know that transient drug dealers, running their drug trading routes known as 'county lines', will target vulnerable people – taking over their homes, threatening their safety, and potentially forcing them out.

What we'll do

i. We'll ensure that **nobody is excluded from our support because of drug or alcohol issues**. This will include the continuing shifting of focus **to person-centred outcomes** (rather than process), and ensuring that our services can offer **flexible, multi-disciplinary support** to people with a variety of support needs (e.g. co-occurring mental health and substance use). We will also work with our projects to review drug/alcohol use policies, to ensure that risk measures are proportionate and **not exclusionary**. Promotion of an **underpinning harm reduction** approach will be key here.

ii. We'll continue to offer support in tackling street drinking issues, working closely with the Police and other partners to ensure that Denbighshire's response is not limited to criminal justice - that we **respond to the root causes and support needs** of individuals experiencing these chaotic, and often traumatic lifestyles and circumstances.

iii. We'll continue to **push for consideration for local safe drinking environments**. We will build on our existing evidence base and explore options for development, working closely with the Area Planning Board and the local community.

iv. We'll **raise awareness of cuckooing and its impacts**, ensuring that both staff and the people we support can recognise the signs and try to prevent problems from escalating.

11. Learning disabilities & difficulties, Autistic Spectrum Disorder and acquired brain injury

What we know

- Going through services, with all of the paperwork, meetings etc. can be difficult to understand. When a person has impaired cognitive ability for whatever reason, it can be **even more difficult to understand and navigate the various services and expectations**. There are for example some **unique challenges** that individuals may face in relation to communication, relationships, and physical environment. There are also a lot of adults who struggle to read. And **sometimes people do not feel they have their voices heard**.

- Some people may also be unable to find suitable employment because of their support needs. When a person needs to claim benefits, they may face an **additional barrier** to securing suitable accommodation, when **landlords are unwilling to accept benefits**.

What we'll do

i. We'll ensure that our processes, paperwork etc. are **accessible for everyone**. This will include co-producing new homelessness assessment paperwork in 2018 – which will be integrated, proportionate, and psychologically informed.

ii. We'll consider what opportunities there may be for advocacy type support - **support for all people who may struggle to understand during the homelessness assessment process**, to ensure that people are communicated with in the best way so that they understand what will happen, and always have their voices heard.

iii. We'll continue to commission and learn from the Complex Disabilities **Tenancy Enabler** service, recognising that specialist knowledge and approaches can be required to effectively support individuals in some of the unique challenges they may face.

iv. Supporting People funding to the DCC Community Living service will continue to reduce every year, as agreed in 2013. This will not impact upon the support people receive.

12. Older People

What we know

- Older people can sometimes need some **practical help and support to regain or improve independence**, and ultimately **remain in their own homes**. Residential care is important, but not for everyone - it can be totally disproportionate for some older people's needs.

- The Supported Independent Living Service now works closely alongside the DCC Reablement service, to offer a **proportionate and streamlined service** to people who may have a range of care/support needs to enable them to stay in their own home.

- Older people are especially **vulnerable to loneliness and social isolation** – which can have a serious effect on health, wellbeing, and a person's ability to look after themselves and their home.

What we'll do

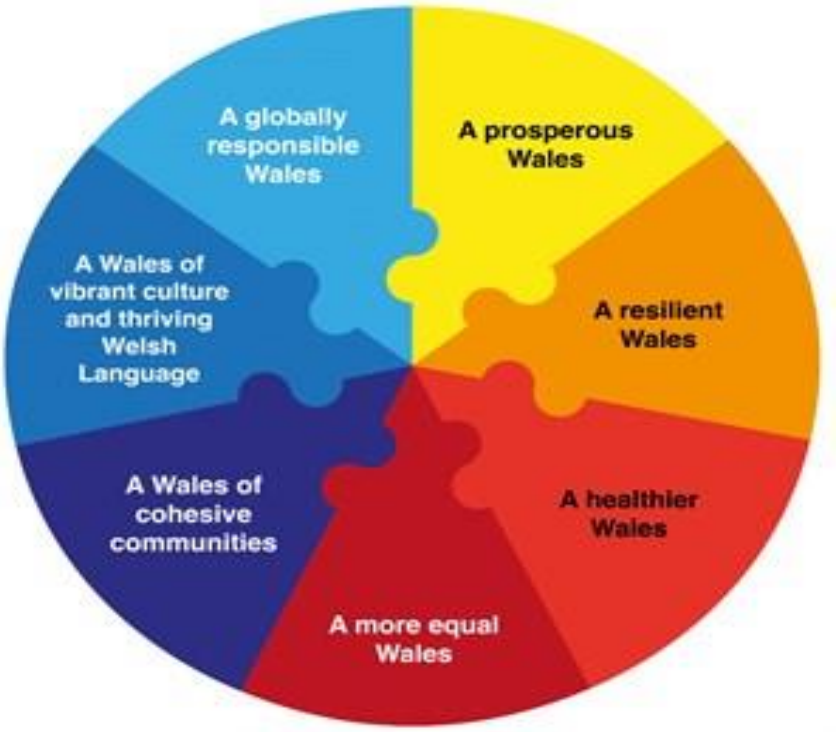
i. We'll **invest further into Reablement**, recognising the importance of taking a holistic and streamlined approach to enabling older people to remain in their own homes.

ii. In our move to more person-centred outcomes-focussed and psychologically informed ways of working, we will encourage **greater creativity and flexibility of approaches** to combat loneliness and prevent its associated impacts on health and independence.

To be inserted during consultation

To be inserted during consultation

A Wellbeing Impact Assessment is a tool we use to help us evaluate the impact of a new idea, policy, report or project. It helps us to consider ways to strengthen the contribution we can make to the wellbeing of future generations, looking at the 7 wellbeing goals identified in the Wellbeing of Future Generations (Wales) Act 2015:



A Wellbeing Impact Assessment for the draft Homelessness Prevention/Supporting People Commissioning Plan 2019-22 was completed 11/09/2018. It scored the Plan 28 points out of 30 in terms of its sustainability, and identified that it made a positive contribution to all of the 7 wellbeing goals (with strategies identified to address any unintended negative consequences). The Assessment will be reviewed was reviewed following the close of the Plan's formal consultation period.

9. SPEND PLAN

To be inserted once confirmed by Welsh Government

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Homelessness Prevention/Supporting People Commissioning Plan 2019-22

Well-being Impact Assessment Report

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

Assessment Number:	495
Brief description:	A three year plan, outlining our priorities and intentions for commissioning and development of homelessness prevention support services in Denbighshire.
Date Completed:	Version: 0
Completed by:	
Responsible Service:	
Localities affected by the proposal:	Whole County,
Who will be affected by the proposal?	Citizens and staff involved in homelessness prevention support in Denbighshire.
Was this impact assessment completed as a group?	Yes

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

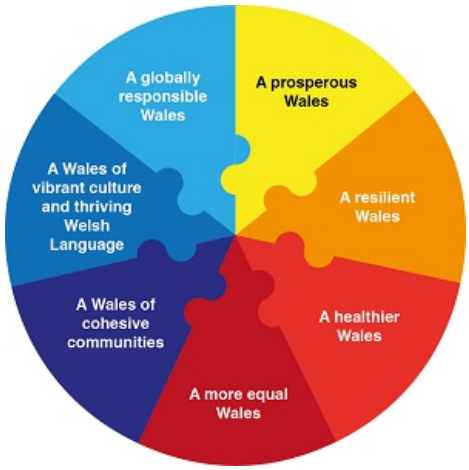
(3 out of 4 stars) Actual score : 28 / 30.

Implications of the score

Our inability to plan for the much longer term has brought our score down - this is owing to the fact that we are funded on an annual basis, and the uncertainty around future funding regimes. We can only try to mitigate this by planning as sustainably as possible, understanding population trends and needs, as well as taking a strengths-based approach, helping people to build their own support networks.

Summary of impact

Well-being Goals	
A prosperous Denbighshire	Positive
A resilient Denbighshire	Positive
A healthier Denbighshire	Positive
A more equal Denbighshire	Positive
A Denbighshire of cohesive communities	Positive
A Denbighshire of vibrant culture and thriving Welsh language	Positive
A globally responsible Denbighshire	Positive



Main conclusions

Evidence to support the Well-being Impact Assessment

☐ We have consulted published research or guides that inform us about the likely impact of the proposal
☐ We have involved an expert / consulted a group who represent those who may affected by the proposal
☐ We have engaged with people who will be affected by the proposal

THE LIKELY IMPACT ON DENBIGHSHIRE, WALES AND THE WORLD

A prosperous Denbighshire

Overall Impact	Positive
Justification for impact	The Plan takes a long-term, holistic view of tackling homelessness and providing quality accommodation and support.
Further actions required	In terms of the possibility of redundancies, as with any contract which goes out to tender, TUPE regulations will be adhered to. We will also continue to engage with affected providers and the wider market, through consultation on any significant remodels, and further Meet the Buyer events. We will always fundamentally ensure that any remodels are needs-led. In terms of more provision being based in the North, we are working to develop more supported housing options in the South (within existing contracts), and all of our floating support can work with people across the county. We are also working to ensure more flexible service delivery across the board, which will include statutory homelessness being more mobile, and consideration of options for hub/one-stop-shop type services.

Positive impacts identified:

A low carbon society	The Plan sets out how we need to develop more multi-disciplinary support, shifting the focus from process to outcomes, which may include consideration of further merging of contracts. Having less contracts would result in greater efficiencies, which we could reasonably expect would have a positive impact on reducing energy/fuel consumption.
Quality communications, infrastructure and transport	The Plan details that we'll work to improve coordination and knowledge of other key support services, re-launching the Denbighshire Homelessness Forum, and exploring opportunities for hub/one-stop-shop style day services.
Economic development	Education, employment, volunteering and training are key areas for development outlined in the Plan. We will continue to work with projects to identify and challenge barriers in this area, working closely with employment support services, e.g. Communities for Work, Opus etc. Offering larger (merged) contracts should also offer more sustainability, as well as increase opportunities for community benefits.
Quality skills for the long term	As above, education, training, employment and volunteering are continuing key priorities, which includes the promotion and development of work experience placements. Offering larger (merged) contracts should also offer more sustainability, as well as increase opportunities for community benefits.
Quality jobs for the long term	As above, education, training, employment and volunteering are continuing key priorities, which includes the promotion and development of work experience placements. Offering larger (merged) contracts should also offer more sustainability, as well as increase opportunities for community benefits.
Childcare	We will continue to ensure that our support is available to all, including people with children - the nature of our support does not necessitate childcare. In supporting people to achieve outcomes in education, employment, volunteering and training, we will be working closely with our Tackling Poverty Partners to ensure that child care schemes can be utilised.

Negative impacts identified:

A low carbon society	
Quality communications, infrastructure and transport	The majority of homelessness prevention support provision is based in the North.
Economic development	
Quality skills for the long term	
Quality jobs for the long term	With merging any contracts there is the possibility of redundancies.
Childcare	

A resilient Denbighshire

Overall Impact	Positive
Justification for impact	The Plan focuses on the importance of partnerships with agencies such as DCC Housing Enforcement and other Housing colleagues.
Further actions required	In relation to the possibility of losing current supported housing properties, we will consider this carefully in any tender processes, and ensure that best use is made of existing properties wherever possible. We will liaise with Housing Strategy where needed to investigate opportunities for sustainable development, and be informed by the Local Development Plan. Any property development will be undertaken in line with relevant planning regulations.

Positive impacts identified:

Biodiversity and the natural environment	The Plan sets out how we need to develop more multi-disciplinary support, shifting the focus from process to outcomes, which may include consideration of further merging of contracts. Having less contracts would result in greater efficiencies, which we could reasonably expect would have a positive impact on reducing energy/fuel consumption.
Biodiversity in the built environment	The Plan sets out how we will continue to work closely with DCC Housing Enforcement (including learning from a pilot SP services support project in 2018/19) to ensure that all accommodation identified via homelessness prevention support services is safe and of a good standard.
Reducing waste, reusing and recycling	DCC Homelessness Prevention prioritizes online promotion (rather than leaflets etc.) wherever possible. The Plan itself will be available online.
Reduced energy/fuel consumption	The Plan will support and work alongside DCC's other corporate priorities, and as such, Homelessness Prevention staff are committed to agile working - supporting more flexible service offers.
People's awareness of the environment and biodiversity	
Flood risk management	As above, will be working closely with DCC Housing Enforcement to ensure that accommodation is safe and of a good standard. Homelessness prevention support would also be key in responding to any flood crisis, supporting displaced households.

Negative impacts identified:

Biodiversity and the natural environment	
Biodiversity in the built environment	With possible future remodeling of contracts, it may be that certain properties (for supported housing) cannot be retained, therefore new developments may be necessitated. Our priority around building psychologically informed environments may also require some physical development, e.g. building improvements, decorating etc.
Reducing waste, reusing and recycling	
Reduced energy/fuel consumption	
People's awareness of the environment and biodiversity	
Flood risk management	

A healthier Denbighshire

Overall Impact	Positive
Justification for impact	People's physical and emotional health are key outcome areas for homelessness prevention support. The Plan has a distinct focus on the need for us to develop our services to be more psychologically informed, as well as more multi-disciplinary - homelessness prevention support that is trauma informed and holistic.
Further actions required	

Positive impacts identified:

A social and physical environment that encourage and support health and well-being	Further development of psychologically informed environments is a key priority set out in the Plan. These focus on helping people to understand where behaviours come from, allowing people to work more creatively and effectively - involving thinking not only about what our physical environments look like, but how we communicate; respond to challenging situations, and assess and meet need. The Plan is influenced by and helps to support the Social Services and Wellbeing Act and Wellbeing of Future Generations Act. We will also continue to contribute to the 2025 movement, established to end avoidable health inequalities in North Wales. We also continue to work to develop opportunities to better support people with substance use support needs, e.g. developing safe drinking environments.
Access to good quality, healthy food	All homelessness prevention support helps people with things such as menu planning, cooking well on a budget etc. We will also continue to work closely with our Tackling Poverty partners to address poverty in Denbighshire, including food poverty.

People's emotional and mental well-being	All homelessness prevention support works to help people to improve their emotional and mental wellbeing. The Plan sets out how we will work to build better working and info sharing arrangements with the CMHT and ward staff, supporting better knowledge and support approaches, and better enabling early intervention and prevention of homelessness. We will also be exploring options for more integrated mental health support; considering training and joint working opportunities, as well as supporting the delivery of the North Wales Together for Mental Health Strategy, and the 2025 movement.
Access to healthcare	Citizens leading a healthy and active lifestyle is one of the outcomes SP projects are required to report on (as part of the National Outcomes Framework). Citizens are frequently supported by SP services to access healthcare, e.g. their GP. Additionally, as above, we have outlined a number of plans to support people with mental health issues to better access the support they need.
Participation in leisure opportunities	As outlined in the Plan, • Activities to improve wellbeing, helping people to stay motivated, feel valued, and have hope, are highly valued and highly effective elements of support. We'll continue to develop risk-based reviewing and greater flexibility in contracts, shifting the focus from process to outcomes, to ensure support is maximised and proportionate, and available where needed most. This will include promoting activities to increase confidence and wellbeing as a key element of support.

Negative impacts identified:

A social and physical environment that encourage and support health and well-being	
Access to good quality, healthy food	
People's emotional and mental well-being	
Access to healthcare	
Participation in leisure opportunities	

A more equal Denbighshire

Overall Impact	Positive
Justification for impact	Our homelessness prevention support services fundamentally work to tackle homelessness - which goes hand in hand with poverty. With our shift towards person-centred outcomes, not process, and developing services that are more multi-disciplinary, our impact should be one of breaking down more barriers to support/independence, and allowing more people to access the right help so that they can improve their situations.

Further actions required	We must be clear that multi-disciplinary support is not about treating everyone the same - it must acknowledge and embrace diversity, and ensure that support offers are always entirely person-centred, regardless of characteristics/individual support needs. To achieve this we must ensure that any service remodels are done in close consultation with citizens and projects, to identify and address any unintended negative consequences. We must also ensure that staff have access to the right training. We will also ensure that more specialist support approaches, where needed, can remain specialist (e.g. the Tenancy Enabler service).

Positive impacts identified:

Improving the well-being of people with protected characteristics. The nine protected characteristics are: age; disability; gender reassignment; marriage or civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation	Our Plan is influenced by the Strategic Equality Plan. Links between poverty (and homelessness) and certain protected characteristics are well established; as a Tackling Poverty partner, we have a clear focus on tackling homelessness and its underlying causes. Our outlined continued move to more multi-disciplinary support, shifting the focus from process to outcomes, will continue to remove barriers to access which can currently be created by specific eligibility criteria.
People who suffer discrimination or disadvantage	We know that many people who experience homelessness/risk of homelessness suffer discrimination and disadvantage. The Plan has a focus on highlighting and mitigating the impacts of things like welfare reform, and the barriers people may face to accessing support/accommodation, e.g. people with mental health issues, rough sleepers, people with substance use issues, and people leaving prison. We will be developing a Housing First offer, based on the principle that housing is a basic human right, and working to remove the barriers/fall points that people who are furthest away from traditional support services may experience. We will also be working to ensure that a harm reduction approach is embedded across our services - that no one is excluded from our services because of substance use issues. We will also continue to support the delivery of the 2025 movement.
Areas with poor economic, health or educational outcomes	Our projects work in areas of high deprivation, including West Rhyl. Supporting people to improve their economic, health and educational outcomes is part of the core business of homelessness prevention support, as captured in the Plan. This includes working in partnership with employment support services such as Opus and AdTrac, and supporting the development of work experience opportunities.
People in poverty	As above.

Negative impacts identified:

Improving the well-being of people with protected characteristics. The nine protected characteristics are: age; disability; gender reassignment; marriage or civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation	There is the risk, if remodels aren't undertaken properly, that more bespoke approaches could be lost if support need-specific (e.g. substance use support) services become multi-disciplinary. We must acknowledge that individuals with particular characteristics/specific support needs may require a more bespoke approach.
People who suffer discrimination or disadvantage	
Areas with poor economic, health or educational outcomes	
People in poverty	

A Denbighshire of cohesive communities

Overall Impact	Positive
Justification for impact	Access to safe and suitable accommodation, as well as resilience & empowerment, are 2 of the key strands of the approach to achieving the vision of the Plan (and the Homelessness Strategy) - to end homelessness in Denbighshire.
Further actions required	In relation to the possibility of losing current supported housing properties, we will consider this carefully in developing specifications and in any tender processes, ensuring as far as possible that best use is made of existing properties. We will liaise with Housing Strategy where needed to investigate opportunities for sustainable development, and be informed by the Local Development Plan. We will liaise with DCC Housing/Planning regarding the possible impacts on B&B's, there may be potential opportunities for regeneration.

Positive impacts identified:

Safe communities and individuals	All of our projects support the safety of individuals and others (this is a specific area captured in the SP outcomes framework). We know that homelessness/risk of homelessness may often go hand in hand with increased vulnerability. The Plan outlines how we will continue to work closely with DCC Housing Enforcement, including commissioning a pilot project with them in 2018/19, to ensure that all accommodation sourced via all homelessness prevention support is safe and of a good standard. We are also better developing our response to supporting people leaving prison, including a dedicated Criminal Justice Homelessness Prevention Officer, to work closely alongside prisons, Police and Probation service. We will also continue to contribute to the North Wales Prisoner Resettlement Group. We also continue to develop a Young People's Positive Pathway model, ensuring that all young people are safeguarded and offered the right support at the right time to prevent homelessness/being unsuitably housed. Alongside this we will continue to promote trauma informed ways of working, including identifying, understanding and mitigating the impacts of adverse childhood experiences. We also continue to work towards a fully risk-based approach to our project reviewing - this involves project risks being identified and measured, which informs when and how we review. For example, where projects are assessed as lower risk, a lighter-touch review may take place - and as a general rule, higher risk projects would be reviewed first.
Community participation and resilience	Co-production with and involvement of people with lived experience is our central strategic priority. Citizens will be involved in a much more meaningful way in homelessness prevention service planning going forward. We are also co-producing this year's annual homelessness prevention event, which is a key part of the development of the Commissioning Plan.
The attractiveness of the area	One of our key priorities is developing psychologically informed environments - and element of this is improving the physical environments of support projects, e.g. building improvements, decorating etc. Another key priority is developing better temporary accommodation options, including looking to end the use of unsuitable B&B type accommodation - this should have a positive impact in terms of development, tourism etc. The Plan, alongside the Denbighshire Homelessness Strategy 2017-21, will also support the Denbighshire Housing Strategy and Development Plan.
Connected communities	We will be developing better opportunities for peer/community support. We'll also be working to improve coordination and knowledge of other key support services, by re-launching the Denbighshire Homelessness Forum, and exploring opportunities for hub/one-stop-shop style day services.

Negative impacts identified:

Safe communities and individuals	
Community participation and resilience	
The attractiveness of the area	With the move towards more multi-disciplinary support potentially resulting in further service remodels, it may be that certain properties (for supported housing) cannot be retained, therefore new developments may be necessitated. It is therefore possible that some buildings could become dis-used. Also, reducing/ending the use of unsuitable B&B temporary accommodation may impact negatively on some local businesses, which could have the potential to lead to some deterioration.

Connected communities	

A Denbighshire of vibrant culture and thriving Welsh language

Overall Impact	Positive
Justification for impact	The Plan outlines how we will continue to work to ensure that our support is available to people with all support needs, characteristics etc. With person-centred approaches, and a focus on wellbeing, our support offers should always support people to communicate in the way they're most comfortable, as part of what matters to them.
Further actions required	All jobs are advertised at the very least as Welsh desirable. All commissioned projects are expected to have a Welsh language policy. We have shared materials such as the 'Welsh on the Wall' poster with commissioned projects. We will liaise with the DCC Welsh Language Officer and Welsh Language Champions as needed.

Positive impacts identified:

People using Welsh	Homelessness Prevention has adopted the 'active offer' and Denbighshire Welsh Language Standards - it is expected that all of our commissioned services will offer support in Welsh or English. The Plan, as well as all public information, will be available in both Welsh and English.
Promoting the Welsh language	As above.
Culture and heritage	We will be promoting activities in the community to increase confidence and wellbeing as a key element of support.

Negative impacts identified:

People using Welsh	Not all support staff are able to speak fluent Welsh. There could therefore be a high level of demand for Welsh speaking staff.
Promoting the Welsh language	
Culture and heritage	

A globally responsible Denbighshire

Overall Impact	Positive
Justification for impact	Ending homelessness, the fundamental aim of the Plan, naturally sits within the upholding of human rights - everyone has a fundamental human right to housing, which ensures access to a safe, secure, habitable, and affordable home with freedom from forced eviction. Ending homelessness, and the focus on prevention, means that the burden on other statutory services will be reduced.
Further actions required	In relation to the possibility of smaller suppliers being excluded, if any contracts are merged we will be encouraging consortium bids where possible, we will offer further 'Meet the Buyer' events, and will also ensure compliance with TUPE. We will liaise with DCC Housing/Planning regarding the possible impacts on B&B's, there may be potential opportunities for regeneration.

Positive impacts identified:

Local, national, international supply chains	Having remodeled, potentially larger contracts would mean increased opportunities for contracts to incorporate significant community benefits.
Human rights	The provision of quality accommodation and support naturally sits within the upholding of human rights - everyone has a fundamental human right to housing, which ensures access to a safe, secure, habitable, and affordable home, with freedom from forced eviction. This will be supported by our close working and pilot project with DCC Housing Enforcement – which will also make sure that all landlords worked with are registered with Rent Smart Wales, ensuring that people are trained in their rights and responsibilities when renting out a property to tenants. Our development of a Housing First offer is also founded on the principle of housing being a basic human right.
Broader service provision in the local area or the region	Partnership working is fundamental to the Plan, and the focus on prevention means that the burden on statutory services (e.g. Health and criminal justice) in particular will be reduced. The Plan also outlines our intentions to explore opportunities for partnership commissioning (particularly in the context of flexible funding), and regional collaboration (e.g. Housing First). We will also continue to contribute to meeting the priorities of the Regional Development Plan. This will include supporting the development of regional working and projects, as identified by the group throughout the year.

Negative impacts identified:

Local, national, international supply chains	
Human rights	
Broader service provision in the local area or the region	It is possible that offering larger contracts may exclude some smaller suppliers from the market. Reducing the use of B&B's as temporary accommodation could have a negative impact on some local businesses.

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Report to:	**Partnerships Scrutiny Committee**
Date of Meeting:	**8 November 2018**
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 Scrutiny Proposal Forms

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 decision-making 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.

Cabinet Forward Work Programme

4.8 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

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

Conwy and Denbighshire Public Services Board

4.10 This Committee at its meeting on 28 June 2018 considered a report and a proposed terms of reference for a joint scrutiny committee from Conwy and Denbighshire councils to scrutinise the area's Public Services Board. The proposals and draft terms of reference have now completed their journey through both councils' democratic structures. On 18 October Conwy County Borough Council agreed to the establishment of a joint scrutiny committee and its proposed terms of reference. Denbighshire County Council at its meeting on 23 October approved the establishment of a joint committee and the draft terms of reference. Officers will now commence the administrative work required to facilitate the setting up of the joint committee.

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 met on 25 October 2018. No items were referred by the Group at that meeting to this Committee's for consideration.

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 website 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: rhian.evans@denbighshire.gov.uk

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)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
20 December	**Cllr. Tony Thomas**	1.	AONB Management Plan	To consider the AONB's long term Management Plan and how it supports and complements the Council's Corporate Plan. The report also to include how WG proposals relating to national parks and AONBs etc. would affect the local AONB, including the proposed process and timescale for any changes	Assurances that both Plan's complement each other and support each other's' aims, objectives and aspirations	Tony Ward/Howard Sutcliffe/Huw Rees	By SCVCG June 2018
	Cllr. 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 (rescheduled September 2048)

Meeting	Lead Member(s)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
14 February 2019	**Cllr Mark Young**	1.	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 Resilient Communities priority	Emlyn Jones	June 2017 (rescheduled May 2018)
	Leader	2.	North Wales Growth Bid Phase 2 – Governance Agreement (provisional scheduling)	To examine the governance agreement between the six North Wales local authorities and other parties in respect of the operation of the North Wales Economic Ambition Board during the implementation of the North Wales Growth Deal prior to its submission to Cabinet and County Council	An understanding of all parties' roles and responsibilities, their obligations to each other, financial and other liabilities, and the arrangements for monitoring the Board's performance to aid the development of future scrutiny arrangements for the Board and its work	Gary Williams	By SCVCG September 2018
4 April							

Meeting	Lead Member(s)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
23 May 2019	**Cllr. Bobby Feeley**	1.	Support Budgets for People with Eligible Care and Support Needs	To report on the progress made in developing, promoting and rolling-out support budgets for people eligible to receive them (the report to include case studies, anticipated and unanticipated problems with their development, solutions implemented, associated costs and lessons learnt from the process)	Delivery of the Council's corporate priority relating to building resilient communities and fulfilment of the objectives of the SSWB (Wales) Act 2014	Phil Gilroy	May 2018
11 July	**Cllr. Bobby Feeley**	1.	Health and Social Care – Pooled Budgets (unless developments merit its presentation at an earlier date)	To report on the progress made in relation to developing and establishing pool budgets across North Wales to conform to the requirements of Part 9 of the Social Services and Well-being (Wales) Act 2014, including in the exercise of care home accommodation functions	Assurances that the authority is complying with legislation and delivering seamless, service-user focussed services in partnerships with other local authorities and the health whilst realising value for money for Denbighshire and taking appropriate	Nicola Stubbins/Richard Weigh/Bethan Jones-Edwards	June 2018

Meeting	Lead Member(s)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
					measures to protect itself from financial and reputational risks		
12 September	**Cllr. Mark Young**	1.	Community Safety Partnership **[Crime and Disorder Scrutiny Committee]**	To detail the Partnership's achievement in delivering its 2018/19 action plan and its progress to date in delivering its action plan for 2019/20. 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 2018/19 and its progress to date in delivering its plan for 2019/20 will ensure that the CSP delivers the services which the Council and local residents require	Alan Smith/Nicola Kneale/Sian Taylor	September 2018
	Cllr. Bobby Feeley	1.	Annual Report on Adult Safeguarding 2018/19	To consider the annual report on adult safeguarding, 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	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	Phil Gilroy/Alaw Pierce/Nerys Tompsett	September 2018

Meeting	Lead Member(s)	Item (description / title)		Purpose of report	Expected Outcomes	Author	Date Entered
				of liberty on the Service and its work	Supreme Court's judgement		
7 November							
19 December							

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

Information/Consultation Reports

Information / Consultation	Item (description / title)	Purpose of report	Author	Date Entered
Information Report *(potentially summer/autumn 2019)*	Mental Capacity Amendment Bill	To provide the Committee with information on the contents of the Bill and its implications for the Council and residents, including any changes to current service provision and arrangements the Council proposes to make in order to comply with the changes in legislation	Phil Gilroy	September 2018
Information Report November 2018	Young Carers	To provide information on the: (i) number of known young carers across the county; (ii) the services and support available to them via Education and Children's Services and other Council services; (iii) the work being undertaken corporately with a view to supporting young carers in line with the ambition laid out in the Corporate Plan and identifying 'hidden' young carers to offer them appropriate and sufficient support	Nicola Stubbins/Karen Evans	September 2018

26/10/18 - RhE

Note for officers – Committee Report Deadlines

Meeting	**Deadline**	Meeting	**Deadline**	Meeting	**Deadline**
20 December	**6 December**	14 February 2019	**31 January 2019**	4 April	**21 March**

Appendix 2

Member Proposal Form for Scrutiny Forward Work Programme	
NAME OF SCRUTINY COMMITTEE	
TIMESCALE FOR CONSIDERATION	
TOPIC	
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

Proposal Form/Request received

(careful consideration given to reasons for request)

Does it stand up to the PAPER test?

- **P**ublic interest – is the matter of concern to residents?
- **A**bility to have an impact – can Scrutiny influence and change things?
- **P**erformance – is it an underperforming area or service?
- **E**xtent – does it affect a large number of residents or a large geographic area?
- **R**eplication – is anyone else looking at it?

NO

No further action required by scrutiny committee. Refer elsewhere or request information report?

YES

- 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.

Cabinet Forward Work Plan

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
20 Nov	1	Corporate Plan 2017-2022 (Q2)	To review progress against the performance management framework	Tbc	Councillor Julian Thompson-Hill / Nicola Kneale
	2	Grant award for property acquisitions on West Parade and Sussex Street in Rhyl	To seek approval for acceptance of a grant award from Welsh Government for property acquisitions on West Parade and Sussex Street, Rhyl	Yes	Councillor Julian Thompson-Hill / Russell Vaughan
	3	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson-Hill / Richard Weigh
	4	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
18 Dec	1	Denbighshire County Council Waste & Recycling Model	To seek approval to develop/implement a new model for waste and recycling service, subject to confirmation of funding from Welsh Government	Yes	Councillor Brian Jones / Tony Ward / Tara Dumas
	2	North Wales Construction Framework 2	To appoint contractors for the project	Yes	Tania Silva

Cabinet Forward Work Plan

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
	3	Homelessness Prevention/Supporting People Commissioning Plan 2019-22	To approve the Commissioning Plan prior to its submission to the Regional Collaborative Committee and Welsh Government in January 2019	Yes	Councillor Bobby Feeley / Liana Duffy
	4	Sustainable Drainage Systems (SuDS) Approval Body (SAB)	To seek Cabinet approval for the establishment of a Sustainable Drainage Systems Approval Body	Yes	Councillor Brian Jones / Wayne Hope
	5	Finance Report	To update Cabinet on the current financial position of the Council	Tbc	Councillor Julian Thompson-Hill / Richard Weigh
	6	Items from Scrutiny Committees	To consider any issues raised by Scrutiny for Cabinet's attention	Tbc	Scrutiny Coordinator
22 Jan 2019	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
26 Feb 2019	1	Denbighshire's Replacement	To consider a	Tbc	Councillor Brian Jones /

Cabinet Forward Work Plan

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
		Local Development Plan – Draft Pre Deposit (preferred strategy) for consultation.	recommendation to Council.		Angela Loftus
	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
26 Mar 2019	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
30 Apr 2019	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
28 May 2019	1	North Wales Growth Bid	To approve the governance	Yes	Councillor Hugh Evans /

Cabinet Forward Work Plan

Meeting	Item (description / title)		Purpose of report	Cabinet Decision required (yes/no)	Author – Lead member and contact officer
		Governance Agreement 2	arrangements in relation to the implementation of the growth deal.		Graham Boase / Gary Williams
	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

Future Issues – date to be confirmed

Item (description/title)	***Purpose of report***	***Cabinet Decision required (yes/no)***	***Author – Lead member and contact officer***
Rhyl Regeneration Programme re-launch	To support the future arrangements regarding the regeneration of Rhyl	Yes	Councillor Hugh Evans / Graham Boase

Note for officers – Cabinet Report Deadlines

Meeting	***Deadline***	*Meeting*	***Deadline***	*Meeting*	***Deadline***

Cabinet Forward Work Plan

November	***6 November***	*December*	***4 December***	*January*	***8 January***

Updated 30/10/18 - KEJ

Cabinet Forward Work Programme.doc

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Appendix 4

Progress with Committee Resolutions

Date of Meeting	Item number and title	Resolution	Progress
20 September 2018	**5. Annual Report on Safeguarding Adults in Denbighshire 1st April 2017 – 31st March 2018**	***Resolved:*** *(i) subject to the above observations to acknowledge the important nature of a corporate approach to the safeguarding of adults at risk, and the responsibility of the Council to view this as a key priority area and place it alongside the commitment and significance given by Denbighshire to safeguarding children at risk;* *(ii) that future annual reports also include case studies to which satisfactory solutions were not found in addition to those to which satisfactory outcomes were realised; and* *(iii) that, in due course, an Information Report be prepared and circulated to Committee members on the contents of the Mental Capacity (Amendment) Bill, and its implications for the Council and residents*	The Lead Member and officers have been informed of the Committee's observations and recommendations. See Information/Consultation report section in Appendix 1 attached re request for an information report in mid to late 2019
	6. Provision of Respite Care Across Denbighshire	***Resolved:*** *subject to the above observations to –* *(i) acknowledge the range and availability of respite services provided in Denbighshire to support individuals with care and support needs, and their Carers, within the context of current legislation and demographic changes;* *(ii) continue to support and promote the development of support for Carers in order for*	The Lead Member and officers have been informed of the Committee's observations and recommendations.

			Denbighshire Community Support Services (CSS) to meet its statutory obligations in regard to Carers, and to support the Council in delivering its corporate priority of developing resilient communities; and	
		(iii)	*request that an Information Report be prepared and circulated to Committee members detailing the number of known young carers across the county and outlining the services and support available to them via Education and Children's Services and other Council services, along with the work being undertaken corporately with a view to supporting young carers in line with the ambition laid out in the Corporate Plan and identifying 'hidden' young carers to offer them appropriate and sufficient support.*	See Information/Consultation report section in Appendix 1 attached re request for an information report, which will be available in the near future