

PARTNERSHIPS SCRUTINY COMMITTEE

Minutes of a meeting of the Partnerships Scrutiny Committee held in Conference Room 1A, County Hall, Ruthin on Thursday, 4 April 2019 at 10.00 am.

PRESENT

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

Observers – Councillors Meirick Davies and Mark Young

ALSO PRESENT

Chief Executive (JG), Head of Community Support Services (PG), Scrutiny Coordinator (RE) and Committee Administrator (KEJ)

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

1 APOLOGIES

Councillors Hugh Irving and Andrew Thomas
Councillor Bobby Feeley – Lead Cabinet Member for Well-being and Independence
Nicola Stubbins – Corporate Director Communities

2 DECLARATION OF INTERESTS

Councillor Gareth Davies declared a personal interest in agenda items 5 and 6 because he was an employee of Betsi Cadwaladr University Health Board

3 URGENT MATTERS AS AGREED BY THE CHAIR

No urgent matters had been raised.

4 MINUTES OF THE LAST MEETING

The minutes of the Partnerships Scrutiny Committee held on 14 February 2019 were submitted.

Matters Arising – Page 9, Item 5 Environmental Enforcement Provision – The Chair pointed out that a link to the report presented to Cabinet in September 2018 on 'Options for Delivering the Enforcement of Environmental Crime' had been included in the Committee's Information Brief (previously circulated to members).

RESOLVED that the minutes of the Partnerships Scrutiny Committee held on 14 February 2019 be received and confirmed as a correct record.

5 DENBIGH INFIRMARY

The Chair welcomed Betsi Cadwaladr University Health Board's (BCUHB) Director of Clinical Services – Therapies and Assistant Director of Community Services to the meeting to discuss the future provision of services at Denbigh Infirmary. Apologies had been received from the Area Director: Centre BCUHB (Bethan Jones).

Introducing the presentation the Health Board's Assistant Director of Community Services provided the Committee with a brief overview of the background to the closure of the ward at Denbigh Infirmary, including information on the detailed fire surveys and inspections undertaken and their findings which had resulted in work being commissioned to establish the costs and timescales for making the ward fit for purpose again. This work had identified eight potential options for future re-provision of services at the Infirmary. These were the –

- refurbishment of the existing first and ground floor areas to re-provide 14 beds at an estimated cost of £10m to £11m, within an anticipated timescale of 3 years
- demolition and rebuilding of the ground and first floor area to re-provide 16 beds at an estimated cost of £11m to £12m, within an anticipated timescale of 3 years
- relocation of the Physiotherapy Department to another part of the hospital to enable the creation of a 4 bed bay at an estimated cost of between £1.2m to £1.4m, within an anticipated timescale of 2 years
- construction of a new 5 bed ward between the current MacMillan Suite and the Clinic building at an estimated cost of between £1.2m and £1.3m, within an anticipated timescale of 2 years
- construction of a new 6 bedroom ward at an estimated cost of between £4.5m and £5m, within an anticipated timescale of 3 years
- demolition of the kitchen area and ward area above and the rebuilding of a 6 bed ward at an estimated cost of between £3.5m and £4m, within an anticipated timescale of 3 years
- conversion of the conservatory adjacent to the MacMillan ward into a single bedroom unit without a bathroom at an estimated cost of £100k, within an anticipated 12 month timescale
- relocation of the maternity room to a ground floor location at an estimated cost of between £350k and £400k within an anticipated 12 month timescale.

Further work was currently being undertaken in relation to the identified options.

If following detailed analysis a decision was taken to proceed to re-provide the whole ward this would necessitate the closure of the entire hospital site while the work was being undertaken. To ensure that there was sufficient community beds available within the area whilst the re-provision work was underway the work could not be commenced until such time as the new North Denbighshire Hospital was open. Nevertheless, some work on the site could be undertaken in the meantime. Local county councillors and the Infirmary's League of Friends were keen that the ward was not left empty in the meantime as they felt that it sent out the wrong message about the site's future, therefore the Health Board and the County Council had recently agreed that members of the joint health and social care Community

Resources Team (CRT) for the Denbigh area should be based at the former Lleweni Ward at the Infirmary until any refurbishment and re-provision work was ready to be commenced. The CRT would relocate elsewhere when the refurbishment work was due to begin.

Members were advised by the Assistant Director of Community Services that Health Board officials had recently met with members of the Denbigh Member Area Group (MAG) to discuss the future of the Infirmary. At that meeting MAG members had asked the Health Board to consider wider options for the site in conjunction with Denbighshire County Council and the other partner organisations. Since that meeting the Health Board had been successful in securing some Integrated Care Fund (ICF) funding to facilitate exploratory work in relation to mapping out a joint vision for integrated health, well-being and social care services for the Denbigh area.

Responding to members' questions Health Board officials –

- confirmed that consideration had been given when Lleweni Ward closed to the potential of re-providing beds on a temporary basis in specialist mobile units. Due to the limited space available on site and the need to continue with the delivery of other services at the hospital the re-provision of beds in mobile units had been deemed unsuitable. If a decision was taken to demolish and rebuild the ground and first floor wards it would certainly be inappropriate to attempt to deliver hospital in-patient services from mobile units on a site which would also be a construction site. In addition hospital wards/in-patient beds would require easy access to ancillary services, this would not be possible if they were located on a construction site;
- advised that they were of the view that the Health Board would have more leverage to secure Welsh Government (WG) capital funding for the development of the Denbigh Infirmary site if any proposed project was a joint venture with the local authority for the purpose of delivering integrated health, social care and well-being services. If the proposal was only to refurbish the current premises the Health Board would be less likely to be able to secure WG funding and would therefore need to fund the costs from within its own budget. Discussions were currently underway with both Denbighshire County Council and Grŵp Cynefin with a view to developing a health and care vision for Denbigh as a basis for compiling a robust business case to apply for WG funding. The ICF grant money would help facilitate this exploratory work as well as work with the wider community to determine a vision for the area and the facilities required to deliver the vision;
- informed the Committee that to date the Health Board had secured grant funding for healthcare developments in Rhyl, Corwen and Prestatyn, it was now focussing on the Denbigh area;
- confirmed that following the Grenfell Tower fire the WG had instructed all Health Boards to inspect all in-patient facilities which were above single storey in height. It was this detailed inspection, in accordance with WG instructions, which had rendered the upstairs ward at the Infirmary unsuitable for inpatients due to the method by which it could be evacuated in the case of an emergency. In line with the requirements of the Fire and Rescue Services Act 2005 the hospital did have a fire evacuation plan in place which entailed a horizontal

evacuation plan for the first floor ward. Albeit that this plan, in recent years, had been endorsed by all fire safety inspectors, the Health Board's own inspectors and those employed by the Fire and Rescue Service, it did not meet the requirements of the new guidelines published by WG post the Grenfell Tower disaster. The Health Board was required to deliver its services in premises which were compliant with WG safety standards;

- advised that the first survey undertaken of the building, during the summer of 2017, had discovered that the lack of fire compartmentation on the upstairs ward was a risk and consequently 10 beds (2 x 5 bed bays) had been withdrawn. This survey had concluded that the 7 remaining beds on the ward could only be used by patients who were sufficiently mobile to walk in the event of an evacuation. However, a further more detailed survey had rendered these beds not sufficiently safe in the event of a fire and consequently the entire ward had been closed for inpatient occupation;
- confirmed that the take-up of maternity services at the Denbigh Infirmary, when it was open, was in the region of 10 to 12 per annum. The services available there were similar to those available for home births. Whilst consideration could be given to whether or not to continue with this service as part of the site's future development it was important to bear in mind that an educational bursary was available for students who were born at the Infirmary;
- advised that they were keen to work with the local authority, Grŵp Cynefin and the town's four GP surgeries to develop a holistic health, social care and well-being vision for the town with services being provided in an easily accessible facility as well as delivered in residents' own homes with a view to supporting independence and building resilience;
- confirmed that, despite it being one of the oldest hospitals in Wales, the Infirmary was not at present a listed building;
- advised that Health Service Estates personnel had explored a number of potential structural solutions that would enable the upstairs ward to re-open. The only viable option would be for the ward's wooden floor to be replaced with a concrete floor. However due to the building's age and fabric it was unlikely that the current building's foundations would be sufficient to support an elevated concrete floor. Consequently, current outline proposals for the building's refurbishment included the erection of a steel frame as part of the capital investment plan;
- advised that the community healthcare needs in the Denbigh area were different to those in the north of the county as the demography of the local area was different. Residents in the central part of the county were far more likely to have family network support available to them, and
- confirmed that whilst any future major project to redevelop the entire site would be required to follow the three stage WG capital projects procedure it was anticipated that in the Infirmary's case this process would not be as protracted a process as the one for the North Denbighshire Community Hospital, as the vision for Denbigh was already a collaborative one and the lessons in business case planning which had been learnt from the North Denbighshire project should aid the development of the business case for Denbigh.

The Council's Head of Community Support Services advised that the local authority was acutely aware that there would be a growing need in the area in future for elements of nursing care as well as specialist dementia care – both at home and in

a residential/nursing home setting. The Council was therefore keen to work with the Health Board and partners in order to secure fit for purpose services for residents for the future. At the conclusion of the discussion the Committee –

RESOLVED to –

- (a) *receive the information and presentation on the work undertaken to date in relation to the future provision of services at Denbigh Infirmary;*
- (b) *support the efforts underway to develop a health, social care and well-being vision for the Denbigh area, and*
- (c) *request that the Committee be updated on the progress made with developing the vision and business cases to realise it.*

6 HEALTH BOARD CAPITAL PROJECTS UPDATE

Betsi Cadwaladr University Health Board officials had been invited to the meeting to update the Committee regarding progress with capital projects in Denbighshire.

The Health Board's Director Clinical Services – Therapies gave the Committee a presentation on the progress made with respect of the work to develop a Health and Well-being Campus for the north Denbighshire area on and around the site of the former Royal Alexandra Hospital in Rhyl. He advised that the WG had approved the Health Board's Outline Business Case (OBC) for the campus in January 2019 and consequently the Board was now in the final stages of developing the Full Business Case (FBC) for the project. This entailed checking its robustness and the building and service models' design and tendering arrangements, with a view to submitting the FBC to WG by March 2020. During the presentation he described the proposed service model and its benefits for the area and its residents which would include –

- integrated working between primary and community care to support urgent/same day care, which would reduce the impact on the Emergency Department (ED) at Ysbyty Glan Clwyd;
- providing capacity for cluster practices to manage demand in primary care;
- increasing the provision of services open after 5pm in the area;
- enhancing collaboration between health partners, the local authority, third sector and the community by optimising the use of resources through the integration and co-location of multi-agency or multi professional teams and improving the recruitment and retention of staff;
- a 21st Century health and well-being campus that provided a range of care pathways through from self-management to in-patient care beds;
- education, information and preventative services;
- a range of ambulatory outpatient services with an emphasis on care closer to the home that should deliver a better experience for the patient and reduce the number of conveyances to the district general hospital;
- an integrated approach to meeting the physical and mental health needs of older people with a view to reducing the impact on wards at Ysbyty Glan Clwyd

and maximising recovery and reablement to aid independence and the reduce the need for institutional type care; and

- the retention and refurbishment of the original Royal Alexandra Hospital building. Whilst this had increased the cost of the project and had complexities attached to it, its inclusion in the project plans was in itself an acknowledgement of the building's historic and cultural importance to the town. Of the £40m awarded by WG for the development of the entire campus, approximately £7m to £8m would be invested in the original building to completely overhaul its electrical and heating systems, restore its exterior and to undertake some light internal refurbishment to accommodate support staff and multi-agency teams, such as the Single Point of Access (SPoA) Service and the Child and Adolescent Mental Health (CAMHS) Service. The building's listed status restricted the options for any major refurbishment work to be undertaken to enable modern healthcare services to be delivered from the building.

The Committee was advised that the focus of the new campus would be to provide

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- a same day care centre;
- outpatient clinics;
- inpatient beds;
- intravenous therapy suite (IV suite);
- diagnostics;
- therapy services;
- Community Dental Services;
- Sexual Health Services;
- Older Persons Mental Health Outpatient Service; and
- a community hub to include a café, third sector provision and meeting rooms to support the local community

It was proposed that the Project Board would re-form in the near future to progress and refine the final business case for submission to WG by March 2020, with a view to it being approved during June 2020 to enable the new building to be opened in April 2022 and the refurbishment of the former hospital building to be completed by the end of 2022.

Responding to members' questions Health Board representatives –

- advised that workforce planning and staffing requirements would be addressed as part of the final business case for the hospital. As the facility would not open until 2022 it gave the Health Board an opportunity to effectively plan its workforce requirements and ensure it had staff with the appropriate qualifications on the campus when it opened. The Health Board's workforce planning was in line with and complemented the national workforce planning in place for health service staff. Of the 60 full-time posts that would be required to operate the new campus, 25% of them would be non-medical posts;
- informed members that it was anticipated that a number of the posts at the campus would be filled from within the local community, others would be taken by staff who had relocated to Holywell Community Hospital following the

withdrawal of in-patient services at the Royal Alexandra Hospital. The challenge would lie with filling the professionally qualified posts. However, effective workforce planning and recruitment campaigns should ensure that these posts were filled in time for the facility's opening. The existence of the project to deliver the facility would influence the number of training places that would be available for the various disciplines required;

- advised that shortage of appropriately qualified staff in a number of health related professions was a national and international problem, not one that was unique to North Wales. The situation was continually being reviewed with a view to effective marketing of the local environment and education offer in order to attract qualified people to work in the area. Work was also underway with partners, including Registered Social Landlords (RSLs) with a view to securing local housing for health workers within a reasonable walking/cycling distance to their work base. In the Rhyl area it was envisaged that this approach would support the regeneration work in the area;
- advised that work was also underway with Schools of Medicine in the North West of England to try and attract students from those establishments to consider practicing in North Wales once qualified;
- confirmed that contingencies to cover potential cost increases, including inflation costs, would be built into the FBC;
- advised that major capital projects of this type were subject to a protracted business planning process before they could be delivered. They had to follow the process set out by the WG, which was a three stage process. In addition, similar to all building projects they had to comply with the local planning authority process to obtain planning permission for new buildings etc. A further complexity in this particular case was the existence of the original listed building and the requirement to preserve it. This, along with the time lapse since the wards' closure, had resulted in the cost for the project rising from original estimate of £22m to the current £40m figure;
- confirmed that a substantial amount of money had been invested in recent years in educational and placement opportunities for medical students in North Wales, however the population of the area was not large enough to sustain the development of a medical school for the area;
- recognised that car parking facilities was a perennial problem at the majority of health care facilities. In a bid to ease such pressures on the North Denbighshire campus the Health Board was developing a 'green transport' plan for the facility, the site was also well served by public transport, had a number of public car parks nearby and there was on-street parking in the vicinity. In addition, as part of the planning application process, the Board would be seeking to de-adopt Alexandra Road which effectively split the site into two. If this was permitted the road area would increase the number of parking spaces available on-site; and
- confirmed that the new facility would be a nice, welcoming, fit for purpose building but would not include any unnecessary adornments or features. The existing Chapel facility in the original building would remain, as this was also a listed building.

The Committee was then given a presentation on the progress achieved to date in relation to the proposed capital project to re-provide services currently being delivered from The Clinic in Mount Street, Ruthin.

A Health Board primary Estates Review in 2016 had identified this facility as not fit for purpose due its poor state of repair. Whilst initial consideration had been given to undertaking some essential refurbishment work on the building, because of its poor state of repair and its time-limited fabric it was decided that a medium to long-term solution was required for delivering the services housed there. In early 2017 the WG confirmed the availability of £1.7m to support the transfer of services currently delivered from the Clinic to another location in the town, subject to the development of a business case for the project. The proposal for delivering these services in the Ruthin area fitted in with the Health Board's strategic direction and vision for delivering services in the community, closer to the patient's home.

As this project was on a much smaller scale than those for both the north Denbighshire and the Denbigh area it would entail a single stage business case process for the Health Board to access the capital funding on offer. The option favoured by the Health Board and its partners for delivering the services, currently delivered from the Clinic facility, would be to relocate the majority of the services to Ruthin Community Hospital. The services under consideration included the GPs surgery, Health Visitors, School Nurses and the Community Mental Health Team. The Community Dental Service was currently considering two options – to relocate to the Community Hospital site or to utilise current facilities available to them in both Corwen and Denbigh in addition to providing a mobile service to the Ruthin area. The Welsh Ambulance Service Trust (WAST) was pursuing options to share a facility in the town with North Wales Fire and Rescue Service, a practice already adopted in other areas of North Wales. WAST favoured this option as access from the Community Hospital site was not of a sufficient standard when reacting to emergencies. The business case for this project would also include provision for using the facility as a base to deliver more secondary and community care activities, well-being activities and for using it as a facility to support rural GP training.

A number of stakeholder engagement events and workshops had been held as part of the project's development. In addition a Health Impact Assessment had been undertaken and representatives from the Health Board had met with Community Health Council (CHC) representatives to discuss whether the proposals required to be formally consulted upon. Health Estates design teams had completed their accommodation and service designs, these were currently being costed in readiness to be sent out for tendering during April 2019. Early cost indications should be available by May 2019 to enable the business case to be written and finalised for submission to the Health Board in July 2019, prior to being submitted to WG for approval in September 2019. If all business case timescales were met and approval given it was anticipated that the building work on the hospital site would commence during the winter of 2019/20, with the final transfer of services from The Clinic site being achieved during the winter of 2020.

Responding to members' questions Health Board representatives –

- advised that the aim of the Health Board's proposed Estate Strategy, 'Living Healthier, Staying Well', was to ensure that the Health Board's buildings were fit for purpose and provided a safe and effective environment to meet the clinical and business needs. In the longer term the Strategy would provide the Board

with an opportunity to eliminate high, significant and moderate backlog maintenance work;

- confirmed that The Clinic site once vacated and demolished would form part of an asset transfer agreement with the Council, which would also see the Council transfer part of the former schools site adjacent to the Community Hospital to the Health Board for the purpose of extending the car parking facilities at the hospital; and
- advised that the business case which was in the process of being compiled would be robust. It would include costs for preparing the land which formed part of the former school sites for car parking facilities as well as the costs for developing primary care services on the hospital site.

At the conclusion of the discussion the Committee welcomed the proposed developments in Ruthin and –

RESOLVED to receive the presentations and to request that the Committee be updated on developments in relation to both the North Denbighshire and Ruthin capital projects before the end of the calendar year.

At this juncture (11.45 a.m.) the meeting adjourned for a refreshment break.

7 SCRUTINY WORK PROGRAMME

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

During the ensuing discussion –

- it was noted that the Committee's next scheduled meeting on 23 May coincided with the European Parliamentary Elections and would need to be rescheduled in the event that they were held in the UK
- items on the work programme for the May meeting were reaffirmed and it was agreed to invite the relevant Lead Cabinet Members to attend; it was also confirmed that a representative from Betsi Cadwaladr University Health Board would attend for the item on Children and Adolescent Mental Health Services (CAMHS)
- the Scrutiny Coordinator asked that completed member proposal forms on potential scrutiny topics be submitted approximately one week before the next meeting of the Scrutiny Chairs and Vice Chairs Group scheduled for 25 April – it was suggested that the Police be invited to a future scrutiny meeting to discuss policing in the county and Councillor Gareth Davies agreed to submit a member proposal form in that regard
- it was confirmed that the update on Denbigh Infirmary and other Health Board Capital Projects requested by the Committee under the previous agenda items would be added to the work programme for December.

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

8 FEEDBACK FROM COMMITTEE REPRESENTATIVES

Councillor Rhys Thomas reported upon the Education and Children's Services Service Challenge held the previous day which had been a good meeting with lots of searching questions. Discussion focused on the budget, looked after children and the Council's parenting responsibilities, safeguarding issues and school places. Further detailed notes of the meeting would be circulated to members in the usual manner in due course. In response to a question from Councillor Joan Butterfield, Councillor Thomas confirmed the 2% savings required from schools had been discussed at the lines of inquiry meeting with the challenge meeting focusing largely on the service responsibilities. The Chief Executive added that assurances had been provided regarding the robust financial management of schools' budgets with financial recovery plans in place for those schools in deficit.

RESOLVED that the verbal report be received and noted.

The meeting concluded at 12.12 p.m.