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## AGENDA

<b>Committee</b>	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
<b>Date and Time of Meeting</b>	WEDNESDAY, 8 MARCH 2017, 5.00 PM
<b>Venue</b>	COMMITTEE ROOM 4 - COUNTY HALL
<b>Membership</b>	Councillor McGarry (Chair) Councillors Ali Ahmed, Carter, Ralph Cook, Chris Davis, Magill and Sanders

*Time approx.*

### 1 **Apologies for Absence**

To receive apologies for absence.

### 2 **Declarations of Interest**

To be made at the start of the agenda item in question, in accordance with the Members' Code of Conduct.

### 3 **Minutes** (*Pages 1 - 6*)

To approve as a correct record the minutes of the meeting held on 18 January 2017.

### 4 **Regional Partnership Board : Progress Update** (*Pages 7 - 66*)

5.00 pm

- (a) Councillor Susan Elsmore – Cabinet Member Health Housing and Wellbeing will be in attendance and may wish to give a statement;
- (b) Tony Young, (Director of Social Services), Amanda Phillips (Assistant Director of Adult Social Services), Rachel Jones (Assistant Director Integrating Health & Social Care) will be in attendance to provide a presentation to Members;
- (c) Judith Hill (Cardiff & Vale UHB – Head of Integrated Health) has been invited to attend;
- (d) Members question and answer session.

- 5**      **Rough Sleepers Strategy Pre Decision Scrutiny** (*Pages 67 - 148*)      5.50 pm
- (e) Councillor Susan Elsmore – Cabinet Member Health Housing and Wellbeing will be in attendance and may wish to give a statement;
- (f) Sarah McGill, (Director of Communities, Housing and Customer Services) and Jane Thomas (Assistant Director of Communities and Housing) will be in attendance to answer Members' questions;
- (g) Members question and answer session.
- 6**      **Progress re Dementia Friendly Communities - Briefing Report**      6.45 pm  
(*Pages 149 - 156*)
- 7**      **Committee Business** (*Pages 157 - 210*)      6.55 pm
- 8**      **Way Forward**      7.10 pm

**Davina Fiore**

**Director Governance & Legal Services**

Date: Thursday, 2 March 2017

Contact: Andrea Redmond, 029 2087 2434, a.redmond@cardiff.gov.uk

***This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg***

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

18 JANUARY 2017

Present: County Councillor McGarry(Chairperson)  
County Councillors Ali Ahmed, Carter, Chris Davis, Magill and Sanders

50 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ralph Cook.

51 : DECLARATIONS OF INTEREST

Councillor Sanders declared a personal interest in Item 5 as she has a family member in receipt of domiciliary care via direct payments.

52 : MINUTES

The minutes of the meeting held on 7 December 2016 were agreed as a correct record and signed by the Chairperson.

53 : ADULT SAFEGUARDING

The Chairperson welcomed Councillor Elsmore Cabinet Member (Health, Housing and Wellbeing), Tony Young Director Social Services, Amanda Phillips, Assistant Director Adult Social Services and Alys Jones Operational Manager Safeguarding to the meeting.

The Chairperson also welcomed Superintendent Stephen Jones – South Wales Police; Sheila Harrison, Acting Deputy Executive Nurse Director, Cardiff & Vale University Health Board and Linda Hugh-Jones (Head of Safeguarding, Cardiff & Vale University Health Board) to the meeting.

The Chairperson invited the Cabinet Member for Health, Housing and Wellbeing to make a statement in which she said that she welcomed the scrutiny of this item, there had been many changes and Members would hear from colleagues about the current arrangements.

The Chairperson invited the Director of Social Services to make a statement in which he said that a great deal had been done in the past one year and although there was still lots to do, currently Cardiff was in a much better position.

The Chairperson invited questions and comments from Members:

- Members asked what had changed in practical terms in the past year to change the model to respond to the Act. Officers advised that the Act placed a duty to identify Adults at risk, there was criteria to define this. There was now also a duty to report adults at risk on the Council and Partners, Members

and Staff; there were also authorised officers in each authority to undertake orders, these officers were fully trained. The service manager in Adult Safeguarding was the lead role in managing these officers. The Adult Practice Review replaces Serious Case Review cases and there were now Adult and Child Practice Reviews where case groups were formed. In the Act there was a duty to establish regional boards, this was up and running, there have been three workshops held to establish and identify the roles and responsibilities and key tasks of the Board.

The Director added that previous meetings had not been particularly effective as no priorities were identified and everything was deemed urgent; now there were two key areas, Domiciliary/Residential Care and Dementia Care, where officers think they can make a difference and included work around Operation Jasmine. He added that there had also been changes in Operations, more robust leadership and approach to holding providers to account. The Board was reasonably well established and meets purposefully with a focus on key priorities, giving a better grip on operational delivery. The POVA team were now co-located in the MASH where there was a joint business unit to provide support.

Linda Hugh-Jones -Head of Safeguarding, Cardiff & Vale University Health Board stated that the UHB was committed to partnership working, had participated in the workshops, were involved in the MASH and had agreed to the business case.

Superintendent Stephen Jones – South Wales Police stated that over the last 12 months officers at a minimum Chief Superintendent level had attended the Board meetings, played a bigger part and were more confident in using the POVA channels; there was a robust professional challenge and this was welcomed in such an important matter.

- Members asked in relation to Governance arrangements, how partners within an organisation feed up to the Board and take a regional approach. Officers advised that under the Board there were sub-groups with representatives from all partners; the Act guidance was for 4 sub-groups: Training, Audit, Community Engagement and Practice Review. These meet regularly to ensure engagement with partners and also to identify any specific thematic issues to be addressed.
- Members asked about the relationship between the Regional and All Wales Board; the Director advised that there was no legislative account to the National Board but they meet periodically, regional annual reports are taken to the National Board and there was no concern about visibility, accountability or challenge. A member of the National Board sits on the Regional Board. A Member raised the possibility of the Regional Board suggesting to the National Board that the latter take a role in providing national data definitions regarding POVA, to help to ensure consistent application of terms and categories, such as Not Proven, across Wales. The Director of Social Services offered to feed back this idea to the National Board representative.
- Members made reference to prevalence and awareness raising, noting that there were still a large number of people suffering abuse who are still not



reached, particularly in the BME, Mental Health, Addiction and Homelessness sectors. It was also noted that there was no clear upfront way on the front page of the Council's website to report concerns. Officers agreed that there was under reporting and that this needed to improve. There was currently a recruitment process under way for a post to support both boards, the role would include community engagement and promote safeguarding; there was more work to be done in the Community and activities were planned across the City. In relation to Children, Officers were visiting mosques and providing information regarding safeguarding as well as lots of other engagement activities to raise awareness. The Director added that there was also the Corporate Safeguarding Board and that everyone has a role to play including Members who had had training provided and which would be provided to new Members in the new Administration.

Members were advised that the UHB worked very closely with the local authorities in relation to referral forms and improving the quality of referrals; there had been joint training for dedicated lead managers in Cardiff and the Vale Health Boards and full day training had been provided on Adults at Risk including Domestic Violence in older people.

- Members asked for more information on the engagement with the Mosques and were advised that work was being done with the Muslim Council for Wales to raise and endorse safeguarding procedures, particularly in relation to Children, this was joint working with the Police.
- Members noted their role in relation to safeguarding as they often have unsupervised access with vulnerable adults, and noted the importance of essential DBA checks and safeguarding training, which some Members considered should both be mandatory.
- With reference to Operational working, investigations and providing evidence, Members considered it would be helpful if social services Officers were trained to PACE standards. Officers agreed the importance of joint training across the partners.
- Members discussed the WASPI protocol and it was noted that this was refreshed in readiness for the MASH as there was a duty to share information.
- Members expressed concerns with self funders as only assessment done by the care provider with no social care involvement; Members were concerned that if the family disengages then a person could be left isolated. Officers noted that there was no differentiation between self funders and managed accounts if there were safeguarding issues; this did however come back to peoples duty to report and improved awareness in communities to encourage responsibility for vulnerable individuals.
- Members asked how the Board responds to issues of Safeguarding against the Council and were advised that this would be dealt with via a statutory complaints procedure to the Director/Ombudsman; if any issues were identified then it would trigger the Safeguarding procedures. The Director of Social Services also stressed that there are system checks and balances, with

planning, supervision, sign off processes for packages of care, review of packages, regular monitoring etc.

- Members asked if thresholds were related to measures of harm and were advised that currently there was a new POVA threshold, with the new Act changing the definition from significant harm to potential to be at risk. Historically, the threshold had been set too high, lots of referral were dismissed as inappropriate and significant harm evidence was needed; under the Act, no evidence is needed, potential risk now or in the future is enough.
- Members noted that the report was draft and asked if it had now been finalised and all data included. The Director stated that the substance had been agreed, more information was needed for the action plan and that the document would be a business plan rather than a report.

AGREED – That the Chairperson on behalf of the Committee writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

#### 54 : DIRECT PAYMENTS PRE DECISION SCRUTINY

The Chairperson welcomed Councillor Elsmore Cabinet Member (Health, Housing and Wellbeing), Tony Young Director Social Services, Sarah McGill Director Communities Housing and Customer Services, Amanda Phillips Assistant Director Adult Services, and Denise Moriarty Strategic Lead Planning Officer Learning Disabilities (Cardiff & Vale) to the meeting.

The Chairperson invited the Cabinet Member to make a statement in which she said that a quarter of the people receiving Direct Payments were children and therefore the report to Cabinet was in the names of the Cabinet Members for both areas.

The Chairperson invited questions and comments from Members:

- Members sought clarification on whether the tender sought bids from one or two providers and what the rationale behind this was. Officers advised that it was for 1 or 2 providers; they had previously considered just 1, however after market testing and to ensure capacity and sustainability across the market as Cardiff's biggest purchaser of Direct payments, they considered it best to increase to 1 or 2 to ensure that the market can respond to requirements. If 2 providers were appointed, there would be a 50/50 split.
- Members asked that, given Domiciliary Care Market issues of staffing, what was being done to stop the current problems. Officers advised that the issue was part of a wider national issue and there was a campaign to promote caring as a career; work was also being done with into-work services, with a career pathway being put in place.

The Cabinet Member advised that she had received a report from Communications that there had been over 30,000 hits on the adverts on Facebook and Twitter in the last month.

- Members asked if there was a picklist of services that could be funded by Direct Payments, as they had received feedback via a recent visit to a Cheshire Home that there were issues with the current picklist. Officers advised that there were options under the supporting and managed accounts sections; what people can choose from Direct Payments have changed in the Act allowing creativity in their use. The pick list is for the list of support required, rather than a pick list of what is covered by Direct Payments.
- Members noted the open procedure for procurement and asked if there was any other procurement route; Officers advised that as they are working to a tight timescale the consensus was that the most suitable option was the open option.
- Members noted the three year contract plus an extra three years and sought clarification on whether this was a block of three years or whether it was renewed year on year. Officers advised that it was a three year contract from day 1 then an additional block of three years.
- Members asked how the council ensured direct payment recipients were not put under pressure and left vulnerable. Officers stated that it was important to clarify the role of the Council/Provider; the Council would visit all service users before they were referred through and would inform/explain everything to them therefore it was potentially safer. It was added that there were mechanisms in place to trigger a review of Direct Payments if they were not being used as they should be as agreed by the case manager.
- Members referred to the tight timescales and asked why this was not identified as a risk in the Cabinet Report. Officers advised that paragraph 28 of the report identifies the timescales and there are contingencies in place but these are not included in the report. The Cabinet Member explained that she had been in the room when discussions were held about contingency planning.
- Members asked if there were enough resources to manage the service and were advised that there were efficiencies to be made and that there was a pressure bid in for a dedicated post.
- Members asked how Safeguarding would be included and were advised that it would be part of the specification, this was business as usual as in previous tenders.
- Members asked for further information on the training pathway for personal assistants. Officers advised that there would be general training from the Direct Payments organization, then specific training for the individual, for example specialist training in Autism. Care Standards were looking at qualification for Personal Assistants, and this would be helpful in attracting people to the market.
- Members sought clarification that after the first point of contact, there would be three visits by the Council before being referred through to the Direct payments; they were advised that this was the case. Officers added that Direct payments are for people with Care/Support needs and therefore people

are assessed, consultation with community colleagues is undertaken and then a decision is made.

- The Cabinet Member stated that the three year plus further 3 year block contract would be subject to regular reviews and monitoring.

AGREED – That the Chairperson on behalf of the Committee writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

## 55 : COMMITTEE BUSINESS REPORT

This report provided the Committee with the latest update on correspondence. The Committee received copies of correspondence sent and received in relation to matters previously scrutinised by this Committee.

Members were provided with an update from the Committee's Performance Panel and were advised that the deep dive on Disabled Adaptation had been completed and would be brought to a future scrutiny committee.

The Scrutiny Officer advised Members of some changes to the timelines on the work programme.

RESOLVED: To:

- Note the content of the correspondence schedule and request a further response from Cllr Derbyshire as the response received does not answer all the questions raised by Councillor Clark at a previous meeting; Note the feedback from the Performance and Budget Monitoring Panel;
- Instruct the Scrutiny Officer to forward the email received regarding the Building Maintenance Framework timeline amendments.

## 56 : DATE OF NEXT MEETING

The next meeting of the Community and Adult Services Scrutiny Committee is scheduled for 13<sup>th</sup> February 2017 at 2.30pm in CR4 County Hall (Budget Scrutiny).

**CITY AND COUNTY OF CARDIFF  
DINAS A SIR CAERDYDD**

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**

**8 MARCH 2017**

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**CARDIFF & VALE OF GLAMORGAN REGIONAL PARTNERSHIP BOARD:  
PROGRESS REPORT**

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**Purpose of Report**

1. To provide Members with background information to inform their scrutiny of the Cardiff and Vale of Glamorgan Regional Partnership Board, established in accordance with Part 9 Social Services and Well Being (Wales) Act 2014, (hereafter referred to as 'the Act').
  
2. This report sets out the following:
  - A summary of the requirements of the Act with regard to the Regional Partnership Board;
  - An overview of the arrangements put in place in Cardiff to meet the requirements.
  
3. The following documents are attached as appendices:
  - **Appendix A** – Governance Structure for Regional Partnership Board
  - **Appendix B** – Terms of Reference and Membership – Regional Partnership Board
  - **Appendix C**– Population Needs Assessment: Executive Summary
  - **Appendix D** – Integrated Health and Social Care Partnership newsletter
  - **Appendix E** – Intermediate Care Funding Summary
  - **Appendix F** – Delayed Transfer of Care work stream – performance overview.

## **Summary of the requirements of the Act re Regional Partnership Boards**

4. Part 9 of the Act deals with partnerships, co-operation and integration. It requires the establishment of a Regional Partnership Board for each region in Wales; the region for Cardiff is 'Cardiff and the Vale of Glamorgan'. It requires local authorities to make arrangements to promote co-operation with their relevant partners and others in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social services function.
  
5. Part 9 of the Act provides for partnership arrangements between local authorities and local health boards for the discharge of their functions. It also provides Welsh Ministers with regulation making powers in relation to formal partnership arrangements, resources for partnership arrangements (including pooled funds) and partnership boards.
  
6. The purpose of Part 9 is to improve outcomes and well-being of people as well as improving the efficiency and effectiveness of service delivery. The key aims of co-operation, partnership and integration are described in the Statutory Guidance as:
  - To improve care and support, ensuring people have more say and control
  - To improve outcomes and health and wellbeing
  - Provide coordinated, person centred care and support
  - Make more effective use of resources, skills and expertise.

7. The objectives of the Regional Partnership Boards are to ensure that partners work effectively together to:
  - Respond to the population needs assessment, carried out in accordance with section 14 of the Act
  - Implement the plans for each of the local authority areas covered by the board, which local authorities and local health boards are required to prepare and publish under section 14A of the Act
  - Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act
  - Promote the establishment of pooled funds where appropriate.
  
8. The Regional Partnership Boards are required to prioritise the integration of care and support services with health services in relation to:
  - Older people with complex needs and long term conditions, including dementia
  - People with learning disabilities
  - Carers, including young carers
  - Integrated Family Support Services
  - Integrated services for children with complex needs due to disability or illness, and for children and young people with mental health problems. This includes transition arrangements from children to adult services.
  
9. The Regional Partnership Board must also ensure that pooled funds are established and managed for the exercise of care home accommodation and family support functions, as well as for functions that will be exercised jointly as a result of an assessment carried out under section 14 of the Act. Pooled funds in relation to care home accommodation are required from 6 April 2018.

10. The Statutory Guidance lists those who must be members of the Regional Partnership Board and sets out that regions can co-opt persons to be members of the Board as appropriate.
11. There is a requirement that the Regional Partnership Board prepares and submits to Welsh Minister an annual report on the extent to which the Board's objectives have been achieved. The first report must be prepared and submitted by April 2017 and must include how the Board has engaged with service users or groups representing service users.
12. The Act requires local authorities and local health boards to jointly assess the following, via a population needs assessment (PNA):
- The extent of the care and support needs of the local population
  - The extent of support needs for carers
  - The extent to which those needs are being met
  - The range and level of services needed to meet the care and support needs identified
  - The range and level of preventative services needed.

### **Overview of arrangements in place in Cardiff**

13. The following work has been undertaken to ensure Cardiff Council meets the requirements of the Act to establish a Regional Partnership Board and work to integrate health and social care:
- Appointment of a Chair and agreed membership of the Board
  - Agreed terms of reference and governance arrangements
  - Workshops, focusing on member induction and locality working
  - Analysis of existing work streams and projects and agreement on future priorities
  - Completion of the population needs assessment.



14. The governance structure, terms of reference and membership of the Cardiff and Vale of Glamorgan Regional Partnership Board are shown in **Appendices A and B** of this report. These show that the Regional Partnership Board oversees the various work streams to integrate health and social care services. These also show that the Regional Partnership Board links to the Cardiff Public Services Board, Cardiff Council's Cabinet and the Cardiff and Vale University Health Board.

15. The Executive Summary of the population needs assessment is attached at **Appendix C**. The assessment is draft, pending approval by the local authorities and Cardiff and Vale University Health Board; it is due to be considered by Cardiff Council's Cabinet on 16 March 2017. Once the population needs assessment is agreed, the Regional Partnership Board has responsibility to ensure the local authorities and local health board work together to prepare an Area Plan that sets out *'the range and level of services the local authorities and local health board propose to provide, or arrange to be provided, in response to the population assessment'*<sup>1</sup>.

16. The newsletter attached at **Appendix D** provides a useful summary of the work to integrate health and social care services, as at October 2016. It includes a list of Intermediate Care Fund (ICF) projects, on page 4 of **Appendix D**. The Welsh Government's ICF provides funding to enable more joined up health and social care services and is focused on the following:

- revenue funding to support older people to maintain their independence and remain in their own homes;
- revenue funding to establish new integrated services for children and adults with autism, learning disabilities and complex needs; and
- capital funding to complement the revenue funding.

*Further details of the ICF funded projects are provided in **Appendix E**.*

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<sup>1</sup> Draft Statutory Guidance in relation to Area Plans under Section 14A – page 1.

17. In addition to the ICF projects, the following integrating health and social services projects are also being undertaken:

- Joint Commissioning Project
- Locality Working
- Patient Flow: Home First (to reduce Delayed Transfers of Care)
- Welsh Community Care Information System.

*A brief summary of these projects is shown at page 5 of **Appendix D**.*

18. At **Appendix F**, Members will find a briefing on Delayed Transfer of Care, which was presented to the Strategic Leadership Group<sup>2</sup> on 26 January 2017. The briefing provides performance information, both current and comparative over time, presented by the Delayed Transfer of Care category measures. These include:

- The total number of delays
- Number of delays within mental health, medicine, specialist and surgical services
- Number of delays for patients aged 75 years or older
- Number of delays from patients who are out of the Health Board area
- The main reasons for delays.

19. At section 3 of the report, **page 3 of Appendix F**, the report details partnership work underway to address Delayed Transfers of Care. This includes: a Home First Plan; and ICF funded projects, such as Integrated Discharge Team, Discharge to Assess, expanded Community Resource Teams, Preventative Interventions, Single Point of Access and Housing Solutions.

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<sup>2</sup> The Strategic Leadership Group comprises senior leaders from Cardiff and Vale University Health Board, Cardiff Council, the Vale of Glamorgan Council and the third sector. Its role is to ensure that the strategy set out by the Regional Partnership Board is translated into action across the Partnership.

## Way Forward

20. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing may wish to make a statement. Members will receive a presentation on the progress of the Regional Partnership Board. Members will have the opportunity to ask questions of the following officers:

- Tony Young – Director of Social Services
- Rachel Jones – Assistant Director, Integrating Health and Social Care
- Amanda Phillips – Assistant Director of Social Services – Adults.
- Judith Hill – Head of Integrated Care – Cardiff and Vale University Health Board.

21. As part of the scoping exercise for this scrutiny, Members identified that they particularly wished to focus on work to date by the Regional Partnership Board to integrate health and social care services, partnership work to tackle Delayed Transfer of Care, pooled funding and the use of Intermediate Care Funding.

## Legal Implications

22. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

## **Financial Implications**

23. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

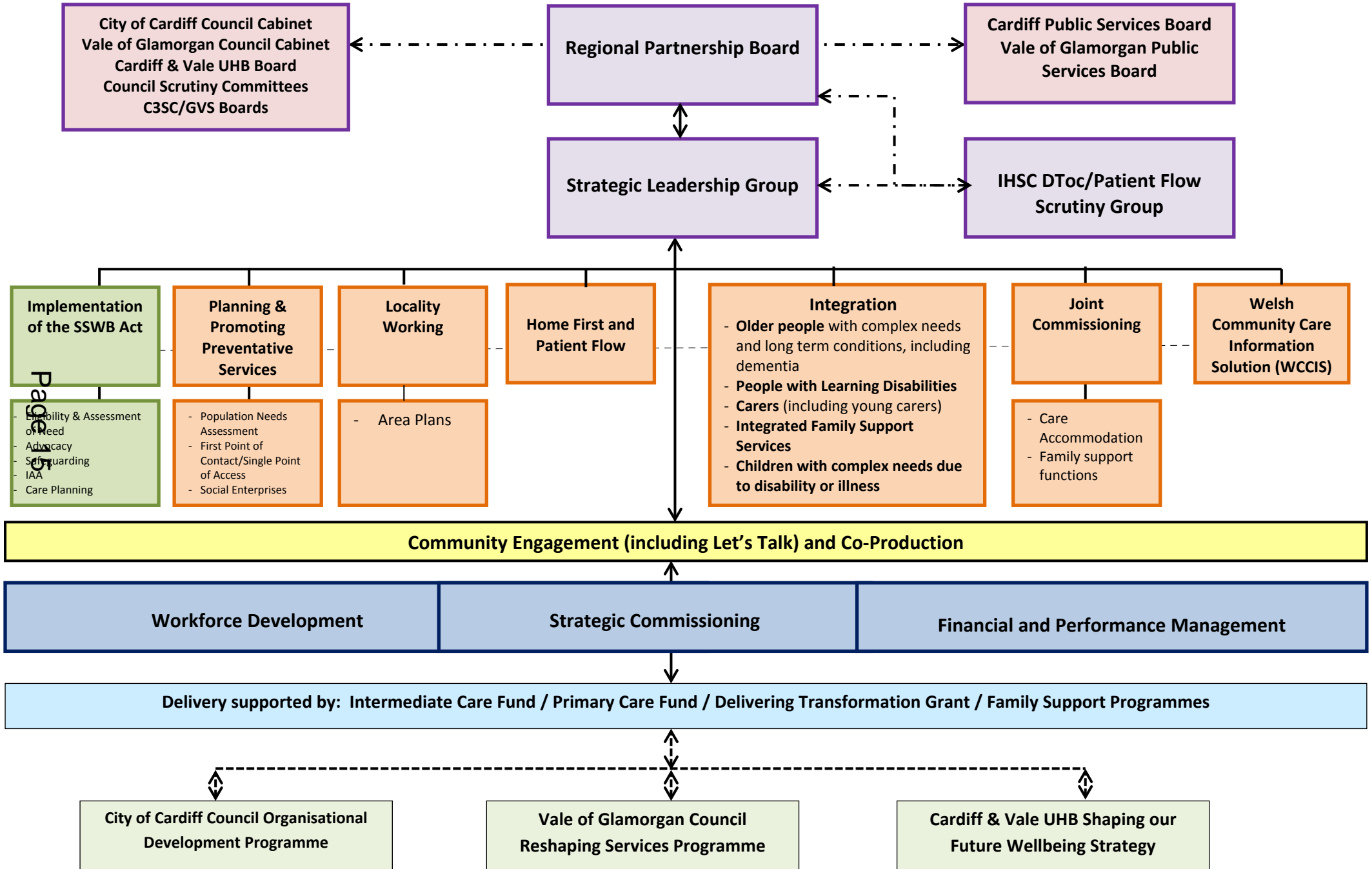
## **RECOMMENDATIONS**

The Committee is recommended to:

- I. Consider the information provided in the report, appendices and at the meeting
- II. Agree any comments and observations committee wishes to make to the Cabinet.

**DAVINA FIORE**  
**Director of Governance and Legal Services**  
2 March 2017

# Cardiff & Vale of Glamorgan Regional Partnership Governance Structure



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## Cardiff and Vale Regional Partnership Board: Terms of Reference

### 1. BACKGROUND

The Part 9 Statutory Guidance (Partnership Arrangements) of the Social Services and Well-being (Wales) Act 2014 (the Act) and the Partnership Arrangements (Wales) Regulations 2015 set out the main requirements, purpose and responsibilities of the Regional Partnership Board.

These Terms of Reference supplement these documents and set out specific local detail for the Cardiff and the Vale Regional Partnership Board.

### 2. PURPOSE

The purpose of the Cardiff and Vale Regional Partnership Board is to ensure the partnership bodies work effectively together to:

- Respond to the population assessment carried out in accordance with section 14 of the Act;
- Implement the plans for each of the local authority areas covered by the Board which local authorities and local health boards are each required to prepare and publish under section 14A of the Act;
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements in accordance with their powers under section 167 of the Act;
- Promote the establishment of pooled funds where appropriate;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region;
- Prepare an annual report for Welsh Ministers on the extent to which the board's objectives have been achieved;
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this;
- Inform the development of the Cardiff and Vale of Glamorgan Public Service Board's Wellbeing Plans and support delivery in response to the requirements of the Wellbeing of Future Generations Act 2015.

The Regional Partnership Board will prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs due to disability or illness;
- Establishment of pooled funds in relation to family support functions from 2016 and care home accommodation by 2018.

### **3. DELEGATED POWERS AND AUTHORITY**

The Regional Partnership Board is authorised by the Cardiff and Vale University Health Board and the City of Cardiff County Council and Vale of Glamorgan Council to deliver the requirements of Part 9 of the Act.

The Regional Partnership Board has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Partnership Board.

### **4. MEMBERSHIP**

The Regional Partnership Board must include:

- At least one elected member of each of Cardiff City and County Council and Vale of Glamorgan Council;
- At least one member of Cardiff and Vale University Health Board;
- The persons appointed as Directors of Social Services under section 144 of the Act in respect of Cardiff City and County Council and Vale of Glamorgan Council, or their nominated representatives;
- A representative of Cardiff and Vale University Health Board;
- Two persons who represent the interests of the third sector organisations in the area covered by the Regional Partnership Board;
- At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board;
- One person to represent people with needs for care and support in the area covered by the Regional Partnership Board;
- One person to represent carers in the area covered by the Regional Partnership Board;
- One representative of each of Cardiff Third Sector Council and Glamorgan Voluntary Services;
- One representative of a national third sector organisation.

Officers, organisations or individuals will be invited to attend as required, or may be co-opted to be members of the Regional Partnership Board as appropriate.

A Chair and two Deputies from the University Health Board and the two Local Authorities will be selected from amongst the membership on an annual basis.

### **5. MEETINGS**

Meetings will be quorate when the minimum membership (paragraph 4) set out in the Statutory Guidance is achieved.



## Frequency of Meetings

Board Meetings will be held 3 times per year. The Partnership's Strategic Leadership Team will meet at intervening periods between the Regional Partnership Board meetings, in part to ensure that any required decisions/actions required at short notice can be undertaken with joint agreement from the 5 organisations pending final approval by the Partnership Board at the diarised time.

In addition to the Board Meetings, Development sessions and/or Workshops will be undertaken to develop the priorities of the Partnership's work programme. The focus and frequency of these sessions will be agreed by the Board as required.

## Secretariat

Minute taking duties will be performed by the Partnership Support Officer with oversight from the Assistant Director for Integrating Health & Social Care.

## Agenda Items

- Agenda Items should be submitted to the secretariat at least one calendar month before each Partnership Board meeting;
  - Papers will be structured using an agreed format;
  - The draft agenda will be shared with all members for approval 2 weeks before each meeting;
  - Papers will be distributed a minimum of 5 working days before each meeting.
6. **TERMS OF REFERENCE** will be reviewed on an annual basis.

*April 2016*

### Membership of the Cardiff and Vale of Glamorgan Regional Partnership Board

Required Membership	Cardiff and the Vale of Glamorgan Membership
At least one elected member from the City of Cardiff and the Vale of Glamorgan local authorities;	<p><b><u>City of Cardiff Council</u></b></p> <ul style="list-style-type: none"> <li>• Cllr Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing <b>(Chair of the Regional Partnership Board)</b></li> <li>• Cllr Sue Lent, Deputy Leader and Cabinet Member for Early Years, Children and Families</li> <li>• Paul Orders, Chief Executive</li> </ul> <p><b><u>Vale of Glamorgan Council</u></b></p> <ul style="list-style-type: none"> <li>• Cllr Neil Moore, Leader of Vale of Glamorgan Council <b>(Vice Chair of the Regional Partnership Board)</b></li> <li>• Cllr Bronwen Brooks, Cabinet Member for Housing, Social Care and Health</li> <li>• Cllr Stuart Egan, Older People’s Champion</li> <li>• Rob Thomas, Managing Director</li> </ul>
At least one member of the Cardiff and Vale University Health Board	<p>Maria Battle, Chair of Cardiff &amp; Vale University Health Board <b>(Vice Chair of the Regional Partnership Board)</b></p> <p>Marcus Longley, Vice Chair of the Cardiff and Vale University Health Board</p>
The persons appointed as Directors of Social Services under section 144 of the Act in respect of the City of Cardiff Council and Vale of Glamorgan Council, or their nominated representatives	<p>Tony Young, Director of Social Services, City of Cardiff Council</p> <p>Phil Evans, Director of Social Services, Vale of Glamorgan Council</p>
A representative of Cardiff and Vale University Health Board	<p>Sharon Hopkins, Interim Chief Executive, Cardiff and Vale University Health Board</p> <p>Abigail Harris, Director of Planning and Strategy, Cardiff and Vale University Health Board</p>

Two persons who represent the interests of the third sector organisations in the area covered by the Regional Partnership Board	Sheila Hendrickson-Brown, Chief Executive Officer Cardiff Third sector Council (C3SC) Rachel Connor, Chief Executive Officer Glamorgan Voluntary Service (GVS)
One Person who represents the interests of national third sector organisations ( <i>for both Older People and Children &amp; Young People</i> )	Suzanne Davies, Cluster Services Manager, Action for Children Jeff Hawkins, Chief Executive of Age Connects -Cardiff and the Vale of Glamorgan; Chair of Age Connects Wales; and Vice Chair of Age Alliance Wales
At least one person who represents the interests of care providers in the area covered by the Regional Partnership Board	Malcolm Perrett, Vice Chair of Care Forum Wales
One person to represent people with needs for care and support in the area covered by the Regional Partnership Board	Andrew Templeton, Chief Executive, YMCA
One person to represent carers in the area covered by the Regional Partnership Board	James Livingstone, Carers Development Officer, Vale of Glamorgan Council and Carer
Other representation	Estelle Hitchon, Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust

### Secretariat

Partnership Secretariat	Rachel Jones, Assistant Director – Integrating Health & Social Care, Cardiff & Vale UHB Meredith Gardiner, Programme Manager – Health & Wellbeing, Cardiff & Vale UHB Rachel Armitage, Partnership Support Officer, Cardiff & Vale UHB
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**December 2016**

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## Cardiff and the Vale of Glamorgan

### Population needs assessment

*for the Social Services and Wellbeing (Wales) Act 2014*

An assessment of the care and support needs of people  
living in Cardiff and the Vale of Glamorgan,  
by listening to residents and local professionals  
and reviewing service and population data

#### Version control

Version no.	Date	Comments
Draft	13 Feb 2017-3	Final draft of text. For approval by Cardiff Council and Vale of Glamorgan Council.

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# Executive summary

## Background to the assessment

The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on local authorities and Local Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. This is a report of the that assessment, for the region covering Cardiff and the Vale of Glamorgan. The Act and its statutory guidance requires the presentation of the report under a number of themed headings.

The assessment was undertaken at the same time as the Wellbeing Assessments in each local authority area, required under the Wellbeing of Future Generations (Wales) Act 2015. Wherever possible evidence from the assessments has been shared and the assessments inform each other.

## How the assessment was undertaken

The assessment was undertaken between February 2016 and January 2017. The aim was to identify the key care and support needs, prevention issues, and assets (such as people, buildings, organisations or services which contribute to enhancing or maintaining wellbeing) in the region.

Information was brought together from a number of sources: public surveys tailored to the audience; focus group interviews with local residents; a survey of local professionals and organisations providing care or support, including the third sector; service and population data; key documents, and previous work. Engagement work was carried out under the 'Let's Talk' brand.

A series of workshops with lead professionals in the area were held in November 2016 to start to collate and interpret the findings.

The work was overseen by representatives from the City of Cardiff Council and the Vale of Glamorgan Council, and Cardiff and Vale University Health Board, and reported to the Regional Partnership Board for Cardiff and the Vale of Glamorgan. Learning from the assessment process is included in the future recommendations in the document.

## Background demography

In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan. The population of the Vale is projected to increase by around 1% over the next 10 years; however this masks significant growth in the number of people aged 65 or over. The population of Cardiff is projected to increase by around 10% over the next 10 years, or around 35,000 additional people. While much of this growth is among people aged 65 or over, there is also projected to be considerable growth in the number of children and young people aged under 16.

The population of South Cardiff is ethnically very diverse compared to the rest of Wales. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

There are stark and persistent inequalities in Cardiff and the Vale of Glamorgan. A man living in one of the most deprived parts of Cardiff can expect to live 24 fewer years in good health compared with someone in one of the least deprived areas. In the Vale of Glamorgan a man living in one of the most deprived areas can expect to live 21 fewer years in good health compared with someone in one of the least deprived areas.

## Key findings

Detailed findings across eleven population groups are presented in the main report. A number of findings were common to one or more of these groups, and addressing these is recommended as a priority. Underlying each of these issues is the broader and persistent issue of **inequality** between and within our communities. The cross-cutting findings are:

### Care and support needs

- **Improving information and access to services** including access to information about support and services available; timely access to mental health and primary care services; accessibility of services and information; transport to aid access to services; improving awareness, signposting and access to different forms of advocacy
- **Tackling social isolation and loneliness** across our populations, but especially older people
- **Support for carers** including support for young and adult carers, and respite for young and adult carers
- **Improving transitions** between children's and adult services
- **Links with education** including improving involvement and engagement with schools; and vocational educational opportunities, apprenticeships and adult learning
- **Appropriate housing** to meet individuals', and to enable people varied to remain independent needs as they age
- **Community involvement** including increasing engagement with individual care and support plans; engagement with service planning and design; and supporting volunteers and volunteering
- **Dementia** meeting the needs of people with dementia and their carers
- **Joining up / integrating services** across the statutory sector and working with the third sector, including improved communication between services
- **Substance misuse** including responding to changing patterns of misuse

### Prevention issues

- **Building healthy relationships** including emotional and mental health, sexual health; prevention of child sexual exploitation (CSE); support for children and young people affected by parental relationship breakdown
- **Practical life skills** including financial skills (for all ages)
- **Healthy behaviours** including tobacco use, alcohol, diet and physical activity
- **Healthy environment and accessible built environment** including tackling air pollution, and making it easier for people, particularly older people and those with disabilities or sensory impairment, to get around

### Assets

- **Social capital** including positive social interactions, dementia-friendly communities, volunteers, self-care
- **Buildings and services** including community hubs, one-stop shops and libraries, Dewis Cymru
- **Organisations** including third sector organisations, community groups, statutory services including community pharmacies, multi-stakeholder partnerships
- **Physical environment** including access to green space

## What happens next



The scale and breadth of the care and support needs and prevention issues identified in this assessment are significant and should not be under-estimated. Part of the next stage in addressing the issues presented will be to understand the best mechanisms for delivering action against each. This will feed into corporate planning processes, Area Plans, and other mechanisms as appropriate.

It will be necessary to flesh out what is achievable, and in what time frame, for each issue; as well as whether the issue aligns with existing statutory responsibility for delivery.

There will also be a need to prioritise what the public sector itself has the capacity and resource to directly deliver. This assessment and the Social Services and Wellbeing Act itself present a new opportunity to work increasingly closely with third sector organisations including charities, social enterprises and co-operatives, and communities themselves by building on their assets, to jointly meet the needs of the population.

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# Cardiff and Vale of Glamorgan

## Integrated Health and Social Care Newsletter October 2016

Welcome to the first edition of our quarterly newsletter for the Integrated Health and Social Care Partnership in Cardiff and the Vale of Glamorgan! The newsletter aims to update you on the partnership working taking place to improve the health and well-being of citizens throughout our region, by developing integrated services and ensuring effective care and support is in place for our residents.

Our work is governed by the **Regional Partnership Board** which brings together representatives from Cardiff and Vale University Health Board, Cardiff City Council, Vale of Glamorgan Council, Welsh Ambulance Service Trust, Carers, the third sector and independent service providers throughout our region. Together we aim to improve outcomes for citizens ensuring that, wherever possible, people in our community:

- stay healthy and are able to prevent ill health in the community;
- have control of their own care and remain independent;
- receive safe, seamless care in response to individual need.

This is a challenging and exciting agenda and we look forward to updating you on our progress.

**Cllr Susan Elsmore, Cabinet Member for Health, Housing and Wellbeing, City of Cardiff Council and Chair of the Regional Partnership Board.**



### Our region

Within Cardiff and Vale of Glamorgan we have three Localities: **Cardiff North and West**, **Cardiff South and East**, and the **Vale of Glamorgan**. Each Locality has three Primary Care/GP clusters. Local authorities and partners work within Neighbourhoods which are geographically the same as clusters.



**Cardiff and Vale of Glamorgan Locality and Neighbourhood Structure**

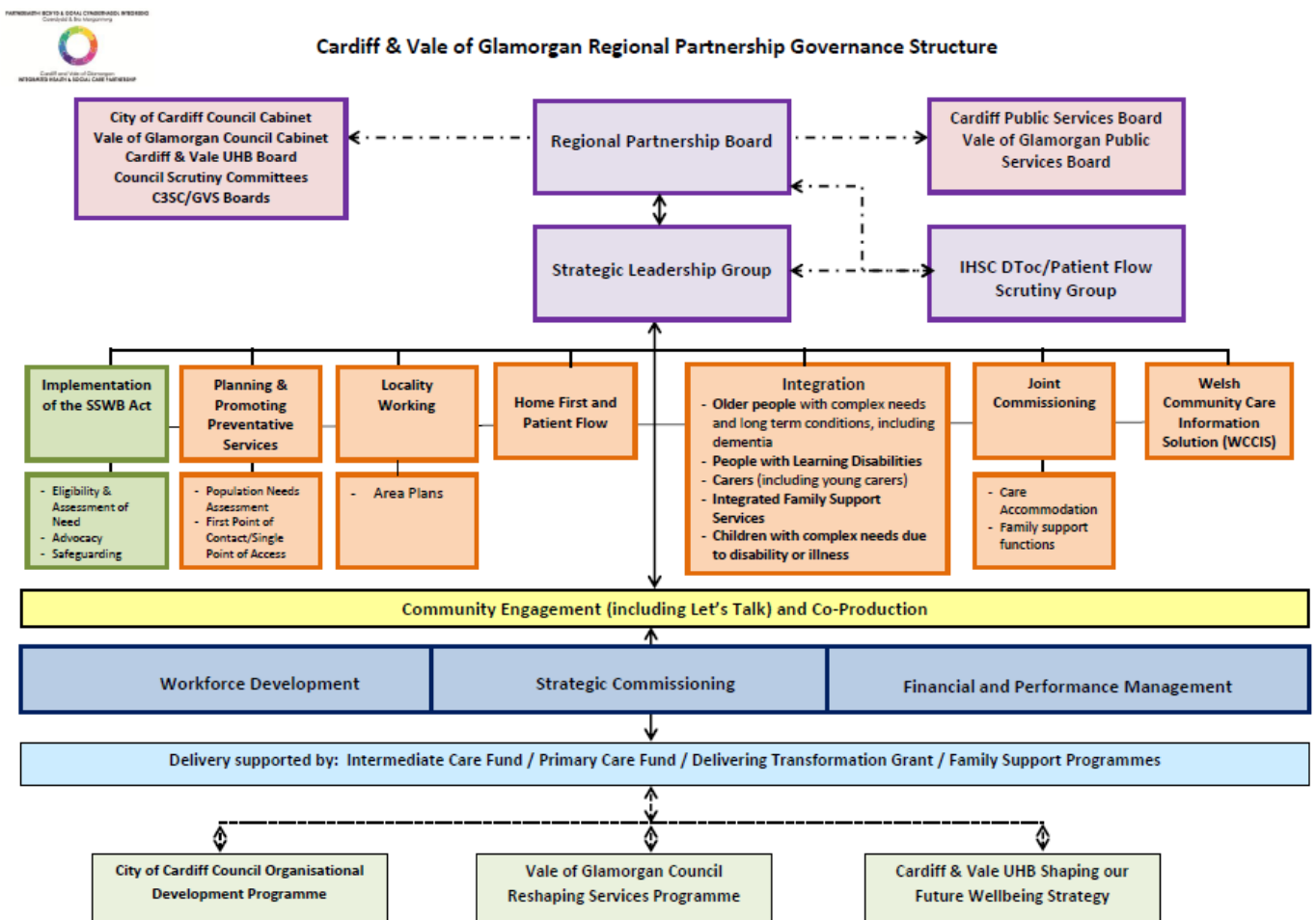
<b>Inside this Issue:</b>	
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# IHSC Governance Structure

Our Partnership is structured to deliver various workstreams which together help to bring about the integration of key services across Cardiff and the Vale of Glamorgan. The **Regional Partnership Board** oversees the activities of all the partners involved and is supported by the **Strategic Leadership Group (SLG)** to ensure delivery.

The **SLG** comprises senior leaders from the UHB, Cardiff Council, Vale of Glamorgan Council, and third sector partners who ensure that the strategy set out by the Regional Partnership Board is translated into action across the Partnership.



September 2016

Together, we will:

- ◆ Gain a better understanding of local needs and resources;
- ◆ Encourage service providers to work better together to develop integrated experiences for citizens;
- ◆ Work with communities to develop local solutions to improve the lives of residents;
- ◆ Align resources (financial and people) to focus on population outcomes which span service and organisational boundaries





Getting in on the Act

#GetTheAct  
www.ccwales.org.uk



## Social Services and Well-being (Wales) Act

This Act came into force on 6 April this year and is set to transform the way that health and services are delivered in Wales.

It seeks to enhance the well-being of people who use our services and gives individuals more influence over how they receive care. In particular it aims to provide care and services as close to home as possible and gives powers to ensure that partners use their resources effectively and reduce duplication.

**Want to learn more? Go to:**

<http://www.ccwales.org.uk/getting-in-on-the-act-hub/>

Care Council Wales has developed a range of resources to support training and awareness of the Act and what it will mean for citizens and staff. Information modules include:



### Introduction to the Social Services and Well-being (Wales) Act 2014

- Overview of the Act, its principles and intentions.
- How it relates to other legislation



### Part 9: Co-operation and Partnership

- What's required by the Act
- Roles and responsibilities



### Governance Arrangements

- Good practice governance
- Effective decision making



### Strategic Transformation

- Key themes of the transformation agenda
- Tools for transformation
- The Leadership Task

**let's talk  
amser siarad**

[www.cardiffandvaleuhb.wales.nhs.uk/lets-talk](http://www.cardiffandvaleuhb.wales.nhs.uk/lets-talk)  
or call: 029 2087 3443

**Let's Talk** is gathering feedback on what services, advice and support are helpful in promoting people's health and well-being and maintaining independence in order to inform the region's Population Needs Assessment.

Information you provide will help us to better understand any gaps in existing services, advice and support; and anything which people have found helpful in slowing or preventing problems. We also want to understand which groups and places in communities help people with their health, well-being and maintaining independence.

**Please encourage everyone living in Cardiff and the Vale of Glamorgan to complete the survey. A new organisational stakeholder survey will also be available shortly at the same website!**



## Intermediate Care Fund

The Intermediate Care Fund (ICF) is fundamental in securing the integration of key services across our community to ensure that we offer an effective service to our citizens throughout Cardiff and the Vale of Glamorgan. It **aims** to:

- Reduce unscheduled admissions to hospital;
- Provide solutions for accelerated discharge from hospital;
- Support the delivery of an information, advice and assistance service;
- Develop preventative services and trial new models of working such as social enterprises and third sector brokerage;
- Provide solutions for reablement of service users to independence;
- Support integrated health and social care services;
- Delivery prudent health and social care.

This year, the ICF is funding the following **revenue workstreams**:

- ◆ **Preventative interventions** to promote independence at home through financial and practical advice and support;
- ◆ **Single point of access/First point of contact** a single point of contact to community health, social services and housing;
- ◆ **Accommodation solutions** with step down housing and support;
- ◆ **Discharge to Assess** – a suite of services providing domiciliary and residential options for patients who require further assessment and rehabilitation but do not require to be in an acute hospital bed. This is due to come on line from end of October 2016.
- ◆ **Enhanced Integrated Discharge Team** provision across the University Hospital of Wales and University Hospital Llandough;
- ◆ Integrated services for people with **Learning Disabilities and Children with Complex Needs**;
- ◆ Integrated services for people with **autism**.

In addition, **capital funding** has also been approved to provide support for delivery of the following:

- ◆ **Monitoring devices** to enable enhanced independence at home;
- ◆ Additional **step down flats**;
- ◆ **Respite provision** for people with learning disabilities and children with complex needs;
- ◆ **Improvements to Day Centres** for respite and preventative service provision;
- ◆ Provision for the **co-location of the Mental Health Community Crisis Team (REACT)**;
- ◆ Support for the delivery of an **Acute Assessment Unit at UHW**;
- ◆ Expansion of **CRT accommodation**.

For further information please contact [Meredith.gardiner2@wales.nhs.uk](mailto:Meredith.gardiner2@wales.nhs.uk)

*“The additional income is a great help and assists in paying towards the telecare service. We wouldn’t have known about the services discussed if the Visiting Officer hadn’t advised us about them. We also feel we know where to come should we need anything further.”*

**Client Feedback to the Accommodation Solutions Team**



*Example of property improvement by Care and Repair via Accommodation Solutions.*

*“Since you have been helping me I now have enough money to buy the things I need, such as double-handed cups and adapted cutlery. I can also afford a cleaner to do the things I cannot myself: I am so happy about this.”*

**Visually impaired client with rheumatoid arthritis after using the Preventative Interventions Project**





## Joint Commissioning

Following a Partnership workshop in May 2016, a new Joint Commissioning Project Board has been established to meet the SSWB Act requirement of established pooled funds for care accommodation by 2018.

Data collation across the region has commenced to inform the baseline, including participation in a National “Day of Care Home” Audit which took place on 1<sup>st</sup> August. For further information, please contact

[Rachel.Jones41@wales.nhs.uk](mailto:Rachel.Jones41@wales.nhs.uk)

## Locality Working



The Regional Partnership Board workshop took place in July to consider how we improve service provision and make it more local to the people who need our services. We will be working with citizens, local communities, organisations and partners to shape and deliver local services which meet the needs of different areas. Our aims are for people in Cardiff and Vale of Glamorgan to have improved health and well-being and for health inequalities to be reduced. For further information, please contact [Rachel.Jones41@wales.nhs.uk](mailto:Rachel.Jones41@wales.nhs.uk)

## Patient Flow: Home First



The Partnership is pleased to welcome Judith Hill as the new Head of Integrated Care working across the region. As part of her role, Judith will be working with partners to update and implement the next phase of our Home First Plan to reduce Delayed Transfers of Care. Judith's focus will be upon developing services to expedite the progress of citizens using our acute and/or long term care services and, where possible, to reduce the number of people who require those services. Judith can be contacted at:

[Judith.a.hill@wales.nhs.uk](mailto:Judith.a.hill@wales.nhs.uk)

## Welsh Community Care Information Solution (WCCIS)



This new information system is under development to enable all Health Boards and Councils in Wales to share information about patients or clients. Eventually, the information system will replace the community information systems used by individual organisations, such as PARIS, Swift and CareFirst.

This will enable the development of a single record, regardless of which organisation the staff work for. There has been consultation across Wales about what is required and it has been decided to use “CareDirector” as it has the functionality necessary to support community health, mental health and social care services.

It is planned that the system will be implemented across Cardiff and the Vale of Glamorgan in the Autumn of 2017. **For more information contact:**

[Bryn.Harries@wales.nhs.uk](mailto:Bryn.Harries@wales.nhs.uk)



## OTHER NEWS



**Dewis Cymru**  
Have choice and take control

After two successful publicity events in Cardiff and the Vale of Glamorgan, DEWIS will be updating its data banks with information on many more local services which will be of use to citizens and staff. Why not take a look on <https://www.dewis.wales>.

**The Kings Fund**

**Can social care survive the breadline?** This King's Fund event discussed the pressures facing social care services and the resulting impact on the NHS. A new report was launched investigating the effect of public spending reductions on social care services over the last five years:

<http://www.kingsfund.org.uk/events/can-social-care-survive-breadline>



**Welsh Government: Taking Wales Forward 2016-2021** Welsh Government has just announced its programme of work for the next 5 years. See here for more details:

<http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf>

## IHSC on the Move: a new base for the Team at Cardiff Royal Infirmary



The IHSC team has now moved to its new base on the 2nd Floor above the main entrance at Cardiff Royal Infirmary.

The new accommodation will provide space for the team along with a meeting room for 10 people and hot desk facilities for partners to use.

### Contact the IHSC Team:

- ◆ **Rachel Jones:** Assistant Director, Integrating Health and Social Care. [Rachel.Jones41@wales.nhs.uk](mailto:Rachel.Jones41@wales.nhs.uk). Tel: 029 2033 5444
- ◆ **Meredith Gardiner:** Programme Manager for Health, Social Care and Well-being. [Meredith.Gardiner2@wales.nhs.uk](mailto:Meredith.Gardiner2@wales.nhs.uk) Tel: 029 2033 5975
- ◆ **Rachel Armitage:** Partnership Support Officer. [Rachel.Armitage@wales.nhs.uk](mailto:Rachel.Armitage@wales.nhs.uk) Tel: 029 2033 5071

GET  
— IN —  
TOUCH



[www.cardiffandvaleuhb.wales.nhs.uk/integrated-health-and-social-care](http://www.cardiffandvaleuhb.wales.nhs.uk/integrated-health-and-social-care)



[@cv\\_ihscpsip](https://twitter.com/cv_ihscpsip)



[hscintegration@wales.nhs.uk](mailto:hscintegration@wales.nhs.uk)



## ICF Revenue 2016-17

2016-17 WG Funding Allocation	Service	Description	Allocation (£)
Frail Older People:	Preventative Interventions	Provision of holistic prevention services in relation to income, financial assessments, advice re. telecare, disabled adaptations, slips/trips/falls and housing, locality working, dementia friendly region, along with third sector support to address social isolation.	566,000
	First Point of Contact (FPOC) / Single Point of Access (SPOA)	<p>The Cardiff-based, FPOC provides signposting, information and advice on preventative services within the Cardiff area. The service includes a range of Visiting Officers, Contact Telephone team personnel and 2wte social worker posts.</p> <p>The Vale-based SPOA provides a single point of access for various health, local, authority and third sector services across the Vale and in some cases the Cardiff and Vale region. The service includes social care officers, customer service reps, district nursing team, social workers, occupational therapy and a third sector broker.</p>	<p>FPOC: 371,000</p> <p>SPOA: 539,000</p> <p><b>Total: 910,000</b></p>
	Enhanced Community Support and Discharge to Assess Pathways	<p>A range of services to promote a community-based approach to onward assessment, care and support:</p> <ul style="list-style-type: none"> <li>- Enhanced community resource team</li> <li>- Social Work Bridging Teams across Cardiff and the Vale</li> <li>- Commissioning Support</li> <li>- Domiciliary Discharge to Assess (supports transition of patients from hospital to home, assessing ongoing needs in the patient's home setting).</li> <li>- Residential Discharge to Assess (2 community based Assessment Units to support transition of patients from hospital to home, assessing ongoing needs in a residential, non-hospital setting. Cardiff has an 8 bedded unit whilst the Vale has a 6 bedded unit, both with therapeutic support.</li> </ul>	1,502,000
	Accommodation Solutions Project	Housing re-settlement officers and Occupational Therapists, working with hospital staff to assess and plan for individual housing needs in preparation for their discharge including a rapid response adaptation programme and 9 step up / step down housing units (6 in Cardiff, 3 in the Vale).	600,000
	Integrated Discharge	Provision of Social Workers, Social Work	

	Service / Universal Transfer Service.	Assistants and Voluntary Sector Discharge Support Officers to provide ward based discharge support.	529,000
<b>Learning Disability and Complex Needs:</b>	Learning Disabilities / Children with Complex Needs	<p>Range of service developments designed to pilot integrated working between health, social care and the third sector with a view to establishing best practice. In summary the services include:</p> <ul style="list-style-type: none"> <li>- Enhanced <b>multi-agency workforce</b> for complex needs, piloting an integrated approach for children with the most complex needs.</li> <li>- <b>Supported accommodation</b> for complex needs to reduce the need for out of area placements.</li> <li>- <b>Enhanced day opportunities</b> providing regional access to existing day opportunities for individuals excluded as a result of complex needs.</li> <li>- Bespoke family-based <b>respite provision.</b></li> <li>- <b>Learning disability enablement service</b> to review current packages of care with the aim of providing community-based alternatives.</li> <li>- Learning Disability <b>Front Door Services</b> providing access to first level information services.</li> <li>- <b>Regionalising neuro-development services</b> in line with education provision.</li> <li>- <b>Transition support</b> services for neuro-development.</li> <li>- Bespoke 1:1 and group activities for young people to learn and embed <b>independent living skills.</b></li> <li>- <b>Enhanced parenting support</b> for families with children with ADHD / ASD.</li> <li>- Support services for <b>parents with learning disabilities.</b></li> <li>- Programme support.</li> </ul>	1,775,000
<b>Autism:</b>	Integrated Services for Autism	Implementation of National Integrated Autism Service (IAS) across Cardiff and the Vale of Glamorgan in line with Welsh Government strategy.	204,000
<b>Welsh Community Care Information System (WCCIS)</b>	Development support for WCCIS	In response to Welsh Government correspondence, the Partnership has made provision for WCCIS development support.	201,000
<b>Infrastructure</b>	Infrastructure	Management costs / Project support /Partnership Co-ordination / Pharmacy.	349,00
<b>TOTAL: £6,372,000</b>			<b>6,636,000*</b>

\*The budget indicates a small over commitment which has been managed through in year monitoring and slippage in some projects. The budget has been re-profiled throughout the year to reflect any delays (e.g. due to recruitment) and a balanced budget is forecasted for the end of year.

**ICF Capital 2016-17**

<b>2016-17 funding allocation –</b>	<b>Service</b>	<b>End of year projected Outcome(s)</b>
£100,000	Assisted living technology	Reduction in service demand through provision of a number of devices to be confirmed following completion of procurement exercise.
£300,000	Step Down Accommodation	Reduction in service demand and support of joint developments through the provision of 2 extra care units and Primary Care Office accommodation within the Vale of Glamorgan and 1 step down flat within Cardiff.
£185,000	Re-modelled Day Service	Re-modelling of current facilities to provide enhanced day centre provision and reduce demands upon the NHS and social care services.
£250,000	Integrated Services for People with Learning Disabilities and Complex Needs – Respite Units.	Initial identification and preparation for the development of new respite facilities to reduce demand and support joint developments.
£300,000	Ambulatory Emergency Care Unit.	Reduction in service demand by contributing to the development of a Unit to stream and treat and existing cohort of patients presenting to the Emergency Unit on a daily basis.
£150,000	Integrated Community Mental Health Teams for Older People's Mental Health Services.	Reduction in service demand and supporting joint developments by contributing to the development of shared accommodation for Community Mental Health Teams.
<b>Total: £1,291,000</b>		

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## Briefing on Delayed Transfers of Care (DToC) Strategic Leadership Group, 26<sup>th</sup> January 2017

### Current Performance Status: December 2016

#### 1. Situation

Indicator	December 2016 Position	Comparison to previous month (RAG)	Comment
Total number of delays	61	Green	<ul style="list-style-type: none"> <li>➤ Decrease of 17 patients as the total is 78 for November 2016.</li> <li>➤ This is a 13% decrease on the same period last year when DToCs were 70</li> </ul>
Number of delays over the age of 75	41	Green	<ul style="list-style-type: none"> <li>➤ Decrease of 8 patients from the total of 49 in November 2016.</li> <li>➤ This is a c.0% improvement against the Dec 2015 position of 41.</li> </ul>
Number of bed days lost as result of delay.	1960	Green	<ul style="list-style-type: none"> <li>➤ Decrease of 103 days from November 2016</li> <li>➤ Increase of 246 days from the Dec 2015 position of 1714.</li> </ul>

#### 2. Background

- **22** of these patients are within **mental health services**, a decrease of **5** patients since the previous month. These delays are in the main attributable to capacity issues within the Move On Team which impacts upon the QA process, placement sourcing and the appeals process.
- The remaining patients rest within acute, **non mental health** services, **30** of whom are within Medicine.
- **38** of the delayed patients live in Cardiff, whilst **21** reside within the Vale of Glamorgan. **2** of the delayed patients are from Out of Area.
- The three main reasons for delay are **choice (24 patients)**, **health (23 patients)** and **social (10 patients)**. Whilst the choice of care home accounts for a significant number of DToCs, the lack of available and suitable care home beds restricts the choice for families.

The following graph details the DToC position since April 2015 and although the number has decreased over the past month focussed work needs to continue, particularly over the coming winter months; however, of note there does remain a significant reduction in the position as compared to this time last year

- Along with many regions across Wales, the Partnership continues to face significant emergency pressures across our services:
  - The UHB continues to experience significant pressures across all hospitals. Domiciliary care capacity is improving although the capacity to meet increased demand still remains a concern.
  - The average number of service users supported by home care within the CRT at any given time is approximately 230; at present they are supporting almost 280, placing significant pressure and risk upon the service as a whole.
- **Target:** the Partnership has identified a target of DTOCs in 2016/17, aiming to achieve a 25% reduction on the February 2016 position (**79 delays**), which has once again been achieved this month.

**Appendix 1** provides an overview of the latest performance figures submitted to Welsh Government for activity during October 2016.

## 2. Assessment and Action

### 2.1 Health Related Issues and Actions

#### **Weekly Review of DTOCs**

The weekly DTOC review meeting chaired by Head of Integrated Care continues as a mechanism to review cases and offers challenge to process, problem solve and escalate constraints both occurring in non mental health and mental health directorates.

#### **Patient Choice /Disputes**

In order to support the ward based teams in the management of the very difficult and complex disputed cases the internal escalation process continues within Medicine Clinical Board to ensure senior overview of the cases. Case conference type meetings have been held with agreed actions to expedite discharge where possible in Medicine, Surgical and Specialist Clinical Boards. A series of case reviews is planned Chaired by Head of Integrated Care, to discuss with MDT s every case which has been included in two or more DTOC audit cycles.

#### **Mental Health Assessment Issues**

Recruitment processes continue to ensure full establishment within the Move On team, and the weekly review meeting chaired by Head of Integrated Care , continues to review cases and offer challenge to process, problem solve and escalate constraints and develop contingency plans to address capacity issues.

#### **Delivery Unit Report**

Delivery and Support Unit audit recommendations continue to be reviewed and work is now planned to consider the outcomes of the National Care Home placement audit .The Head of Integrated Care continues to have responsibility for the overview of both aspects of this work, working in close conjunction with Clinical Boards and senior Health Board colleagues. Further development and training is planned to reinforce the messages of effective discharge planning.

## 2.2 Social Care Issues and Actions

### Domiciliary Care Capacity

Domiciliary Care capacity remains a concern both in Cardiff and Vale, both organisations are currently experiencing high demand for complex packages of care which also continue to be more difficult to source.

### Nursing Home Capacity

EMI Nursing Home capacity continues to be of concern within **Cardiff and the Vale**. Within **Cardiff** a number of care providers are currently being managed via the Escalating Concerns procedure which has affected capacity across the area. The Escalating Concerns procedure is being followed as quickly as possible in order to increase capacity whilst ensuring safe and effective services for citizens.

## 3. Partnership Response

### ICF Funded Projects

Projects funded via the ICF continue to be on track. The Integrated Discharge Team (IDT) is now working across the organisation and the Discharge Support Officers are all in post along with the Nurse to support education and development. These posts work in conjunction with the additional Social Workers. However recruitment continues to secure the appointment of further Assistant Social Worker roles. The ICF supported Discharge to Assess residential model has commenced and has been successful in supporting a small number of patients within the community.

### Home First Plan

The Partnership continues to implement a Home First agenda to improve both the number of delayed transfers of care and the flow of citizens across our services the agreed Home First plan is provided for information as **Appendix 2**.

This regional plan is the latest version of the Delayed Transfers of Care Action Plan which has been updated to provide an overview of arrangements to:

- focus the development of services to expedite the progress of citizens using our acute and / or long term care services and;
- where possible, to reduce the number of people who require those services.

The elements within the plan were identified by the Whole Systems Partnership to identify areas where further integration of services would be of mutual benefit to partners and citizens.

- **First contact (FC) i.e. when people present with a potential need**
- **Ongoing support (OS) i.e. when people have an ongoing, though relatively stable, set of needs**
- **Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need**
-

### Intermediate Care Fund

The ICF (ICF) projects are all now at varying stages of implementation with anticipated state of readiness in time to support the additional demand of winter pressures.

The SLG has previously been made aware of the agreed projects which include:

- Preventative services aligned across the region to maximise opportunities to prevent escalation of need to hospital admission;
- Alignment of a single point of access service across both Local Authorities;
- Expansion of existing integrated Community Resource Teams
- Expansion of Community Resource Team to support a residential discharge to assess model
- Expansion of a multi-disciplinary Integrated Discharge Team;
- Continued accommodation solutions model;
- Various services for the care of patient's dementia.

Both the Head of Integrated Care (Operations) and the Assistant Director for Integrating Health and Social Care, continue to work across Cardiff & Vale UHB, Cardiff Council and Vale of Glamorgan Council, driving forward the discharge agenda and integration agenda in order to reduce the number of delayed transfers of care and facilitate the prompt discharge of Patients working with Partners to secure effective out of hospital services.

Collaborative work continues to support work associated with reducing admissions and assisting in improving the discharge process.

Examples include:

- **Preventative Interventions** - First point of contact to provide information, advice and signposting to local events and team of Independent Living Officers to help people remain in their own homes:
  - **Over 2909 calls have been made to the service since April 2016 of these an average of 25% were referrals from Health partners**
    - **94%** felt able to remain living in their own home
    - **92%** felt the services provided had improved their quality of life
    - **£3.079m** additional unclaimed welfare benefits released to Cardiff citizens though income assessment during this financial year
- **Single Point of Access** – provision of integrated locality social care and community health services. Services include Adult social services, Locality Community Health Services, District Nursing, GP Out of Hours, Dental Helpline, Podiatry, Nurse Assessor Team, Elderly Care Assessment Service, Generic Continence Services, equipment requests etc
- **Housing Solutions Team**



- **401 referrals** have been made to the Housing Solutions Team since April 2016 from a variety of ward and hospitals across the UHB region.
  - **177** patient discharges have been assisted directly by the team.
  - Provision of **8 Step Down Flats** have been used by patients as interim accommodation following a hospital stay - **32** of these people had been listed as Delayed Transfers of Care. It is estimated that in total **1258 bed days** have been avoided through the use of Step Down Accommodation.

The **Primary Care Fund** is also being utilised to good effect with 7 day working for Community Resource Teams implemented from January 2016



## **Appendix 1**

### **Delayed Transfers of Care - Latest Month's Census -21 Dec 2016**

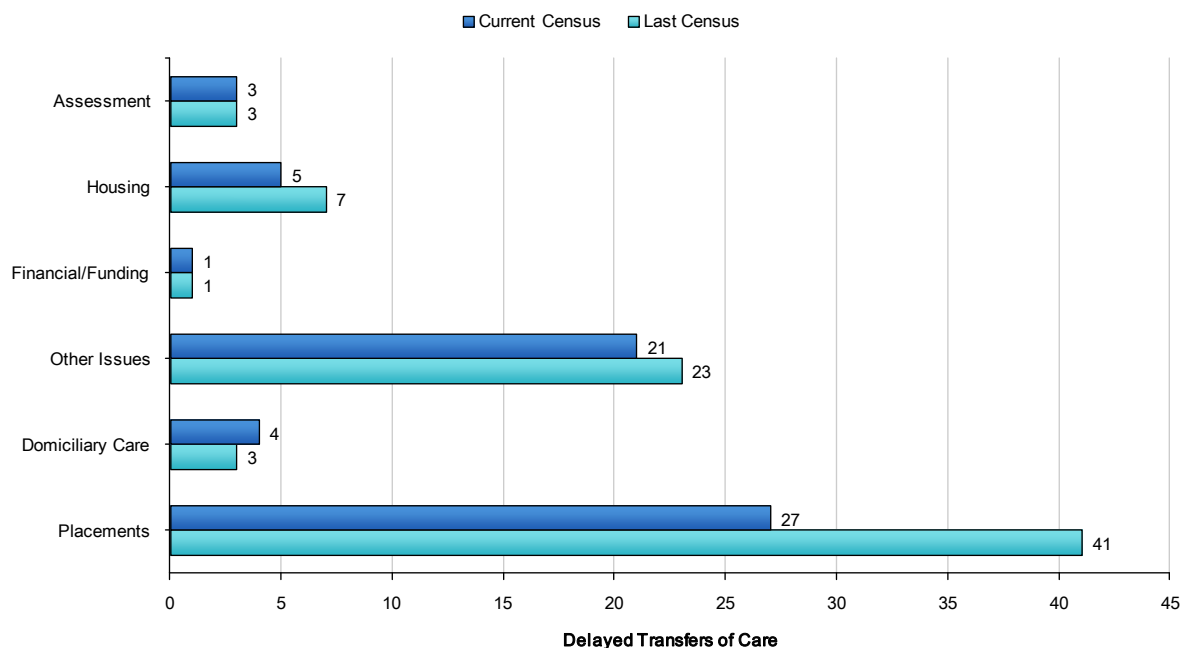
#### **Introduction**

A delayed transfer of care (DTOC) is experienced by an inpatient occupying a bed in an NHS hospital who is ready to progress to the next stage of care but is prevented from doing so for one or more reasons. The arrangements for transfer to the next stage of care can either be within or outside of the NHS. Timely transfer and discharge arrangements are important as delays lead to poor patient experience and increased operational pressures on the whole unscheduled care system. The two Current Internal Targets for the number of DTOCS agreed by the Partnership are a 25% reduction on June 2015 position of 82 Patients and a 25% reduction on February 2015 position of 117 Patients. The Target for the number of bed days Lost is a 25% reduction on June 2015 position 2305.

#### **Key Messages for December 2016**

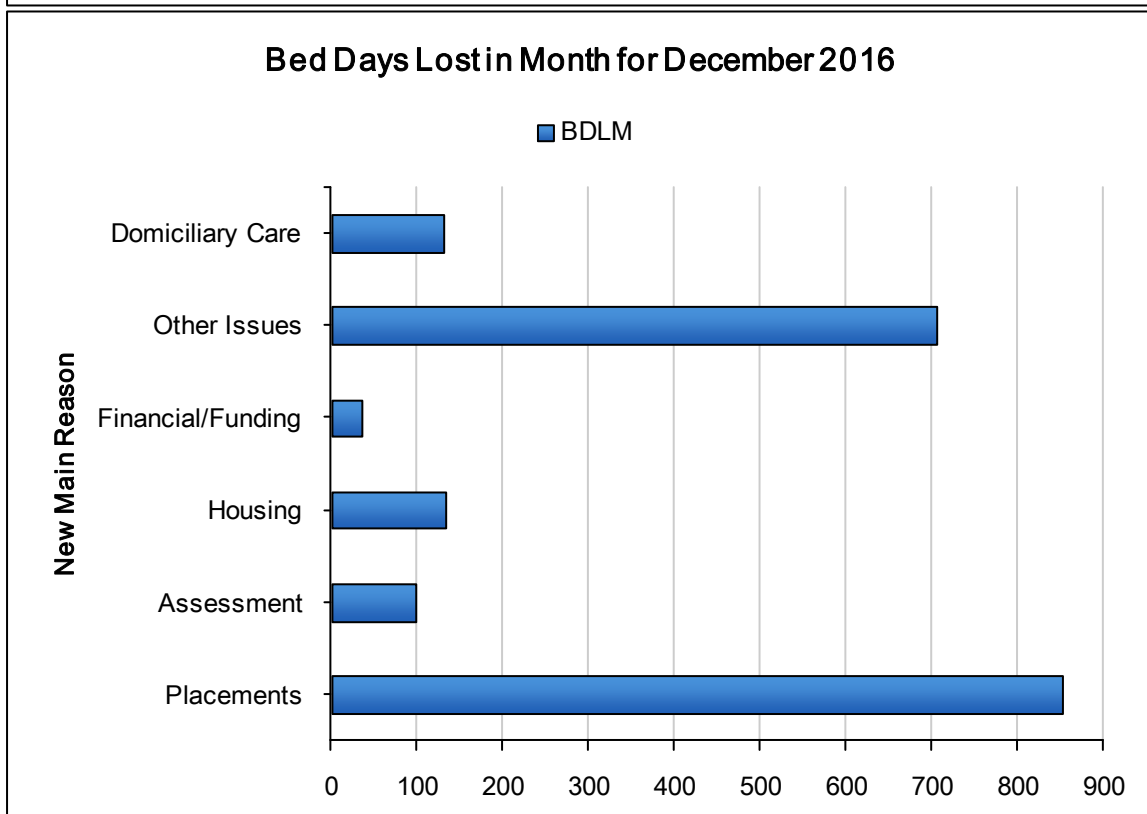
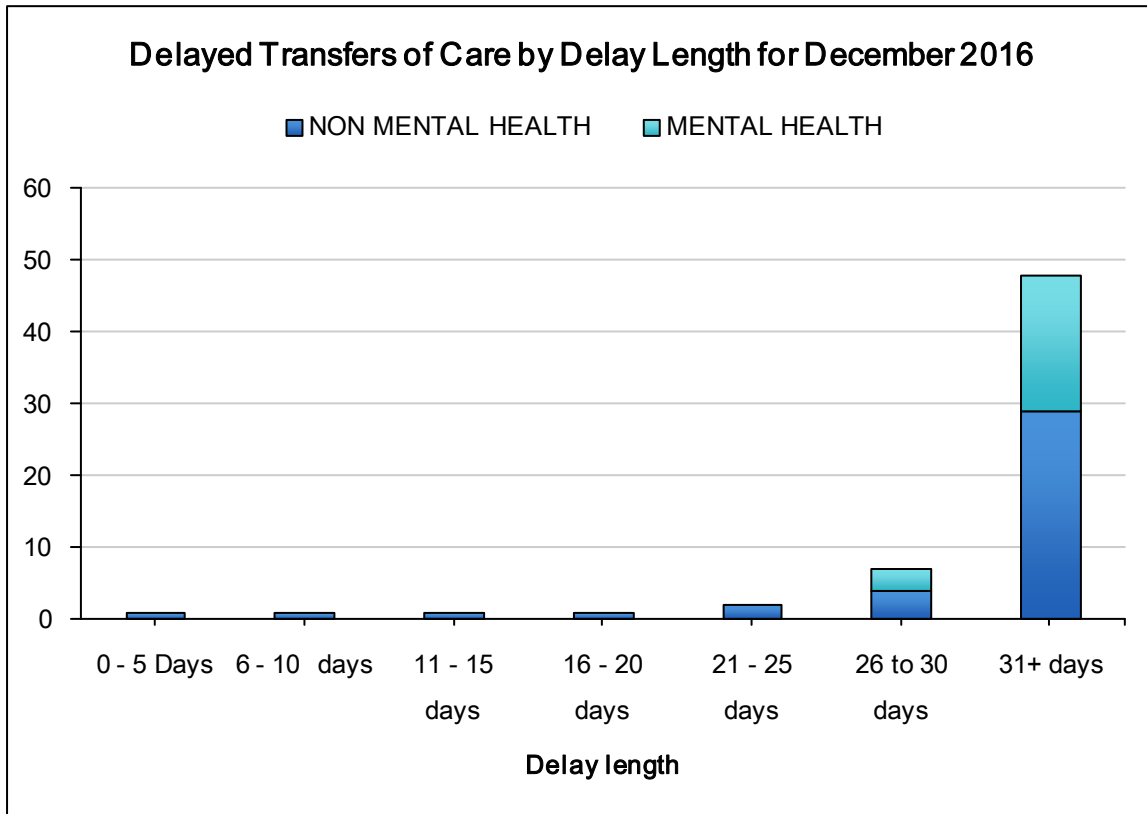
- The total number of DTOCS for December 2016 is 61 compared to 78 for November 2016, a decrease in month of 22%
- The number is 13% lower than the same period last year ( 70)
- The total number of DTOCS Aged 75+ for December 2016 is 41 compared to 49 for November 2016 a decrease in month of 16%
- The Number of Bed Days Lost for December 2016 is 1,960 compared to 2,063 for November 2016 a decrease in month of 5%
- Change from last Month, Mental Health (Decrease of 5), Specialist (Decrease of 1), Surgery (Increase of 1) and Medicine (Decrease of 12)

### Section 1: Delayed Transfers of Care – Current position as of December 2016 Compared to Previous Month

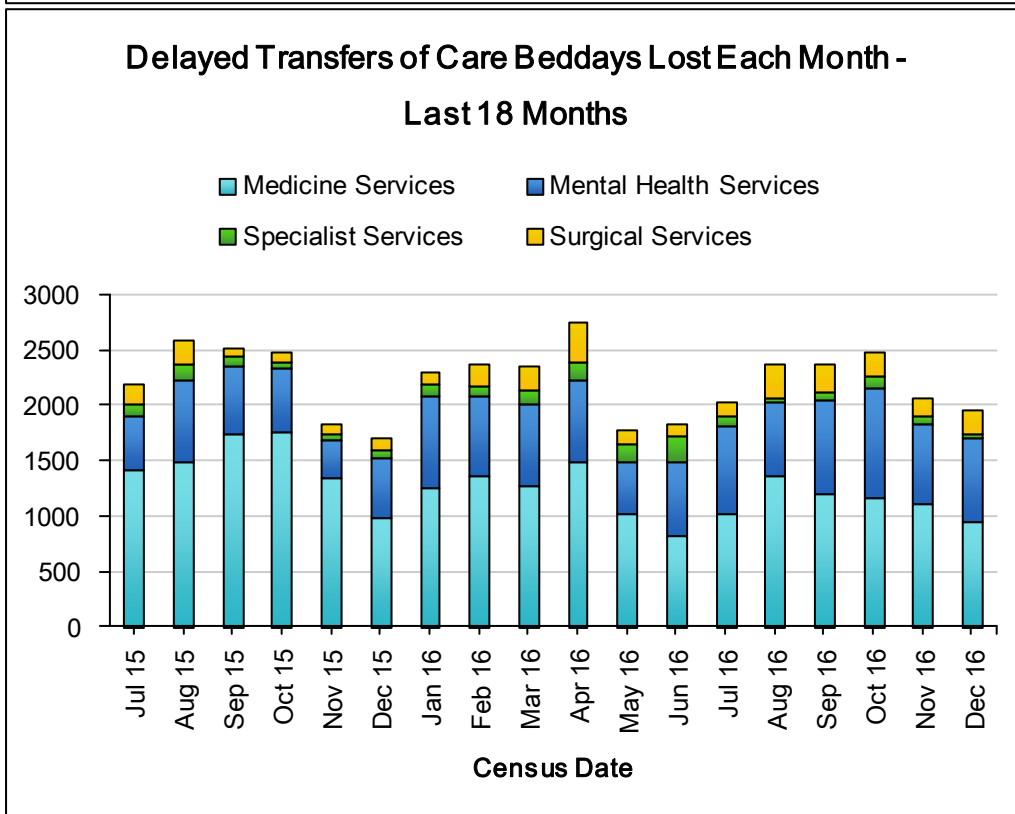
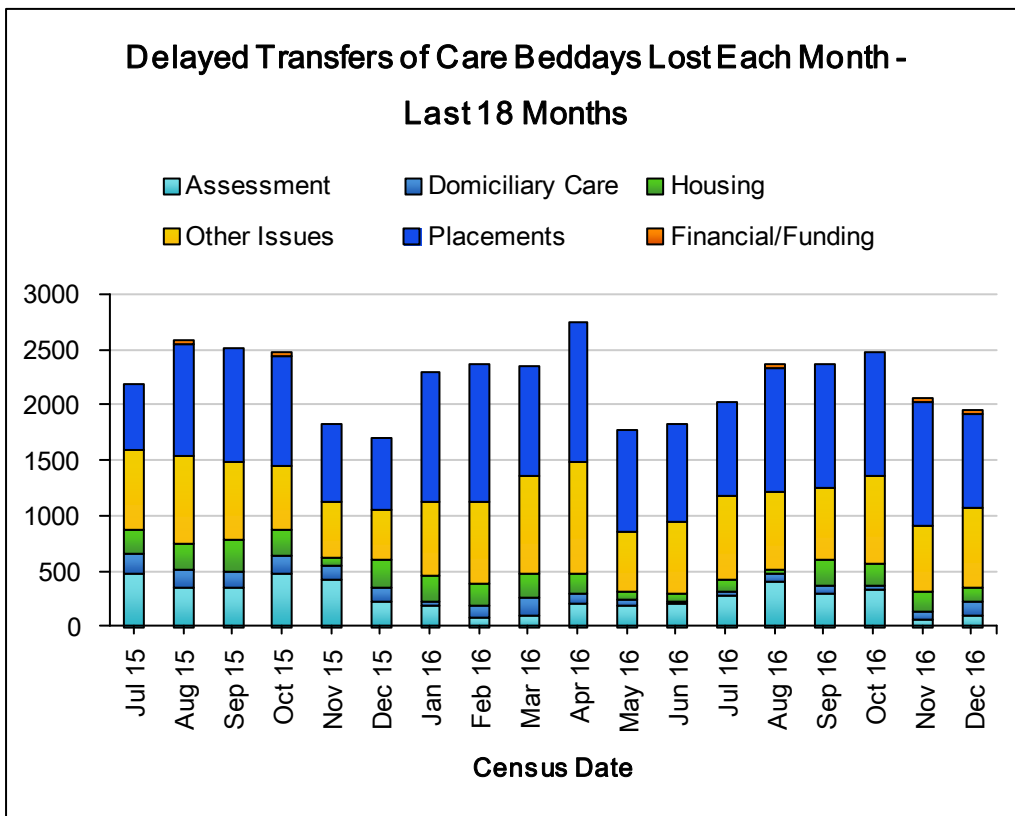


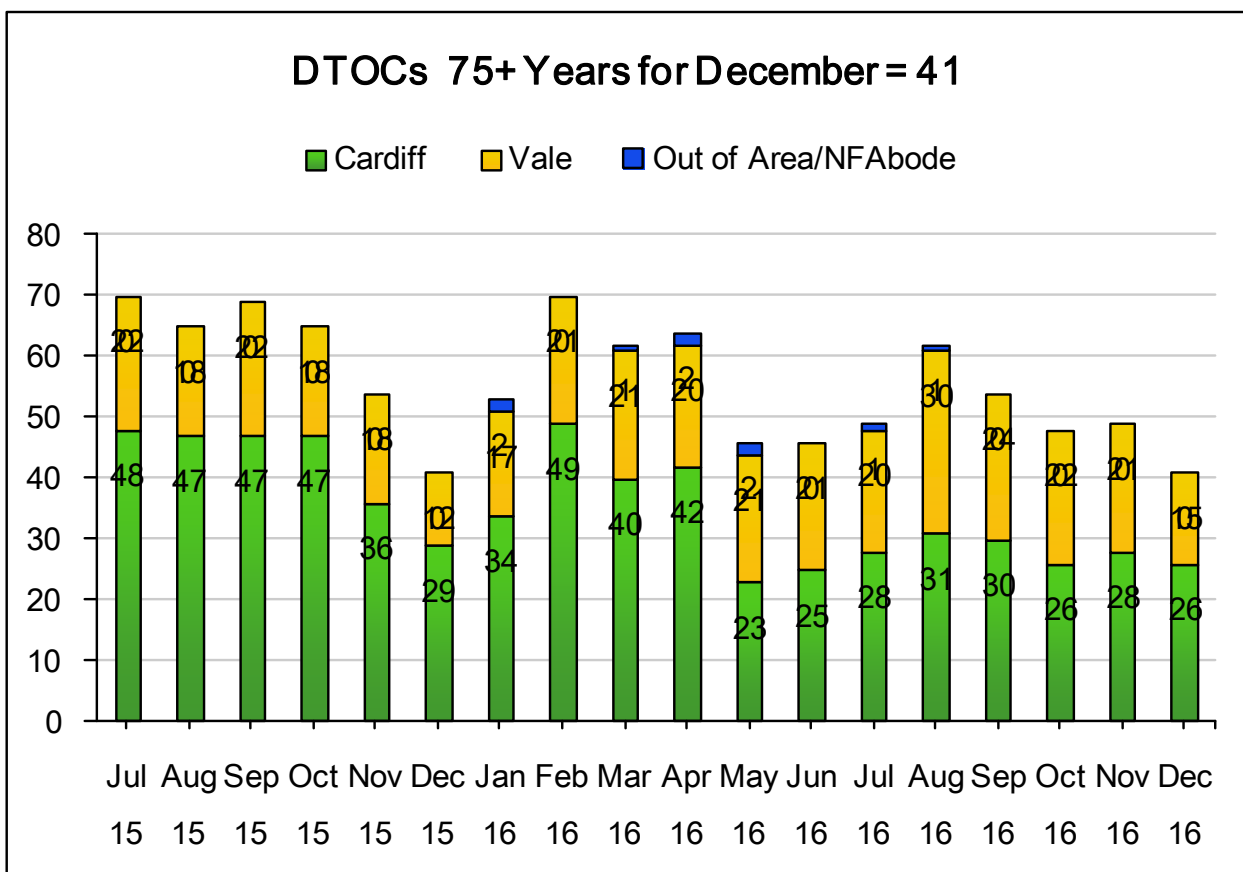
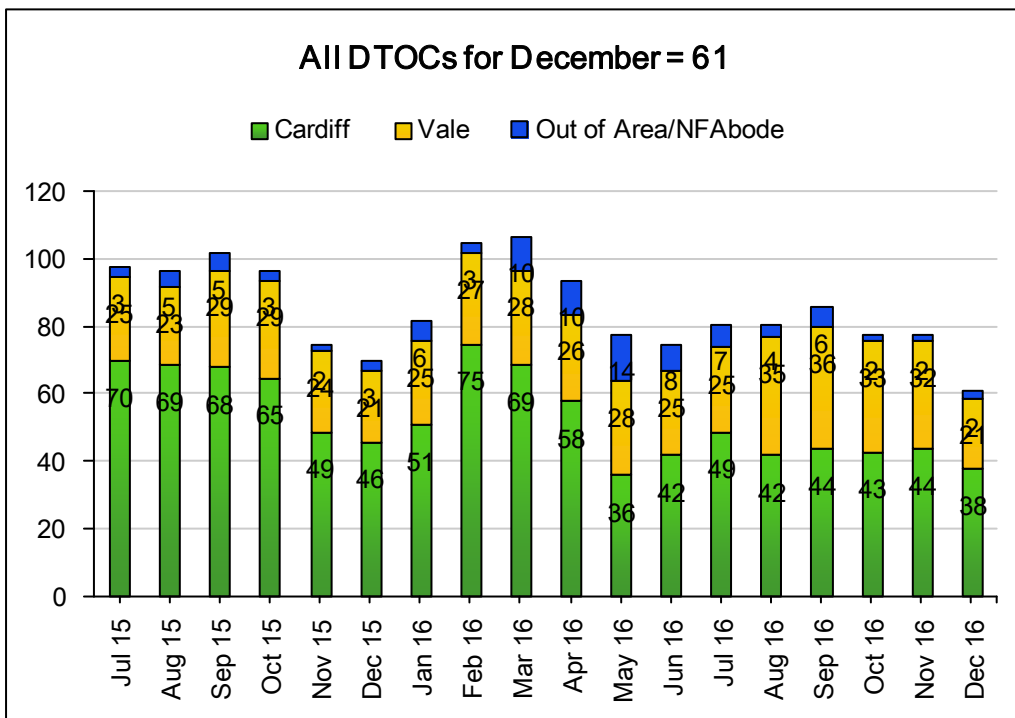
Breakdown of Overall DTOC reasons for Current Month against Previous Month	Cardiff Residents		Vale Residents		Out of Area Residents		Not Known		CurrTotal	Last Total
	Current Census	Last Census	Current Census	Last Census	Current Census	Last Census	Current Census	Last Census		
Assessment	2	3	1	0					3	3
Housing	3	5	1	1	1	0	0	1	5	7
Financial/Funding			1	1					1	1
Domiciliary Care	3	2	1	1					4	3
Other Issues	13	17	7	5	1	1			21	23
Placements	17	17	10	24					27	41
Placements EMI	6	8	2	12					8	20
Placements Nursing Home	3	1	4	7					7	8
Placement Arrangements	1	3	0	1					1	4
No Placement Identified	2	0	4	3					6	3
Placement Other	5	5	0	1					5	6
<b>Total</b>	<b>38</b>	<b>44</b>	<b>21</b>	<b>32</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>61</b>	<b>78</b>

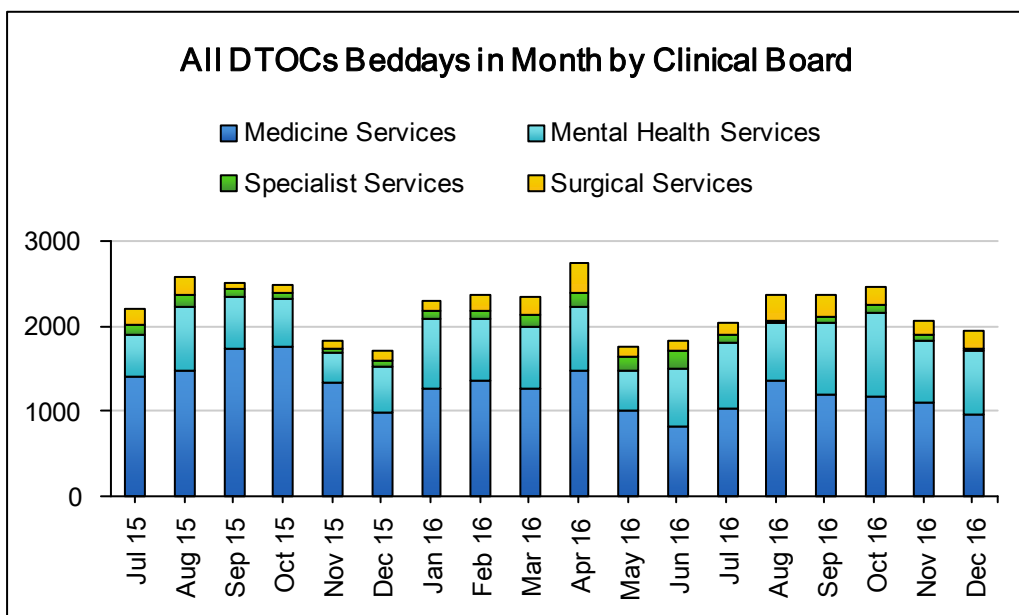
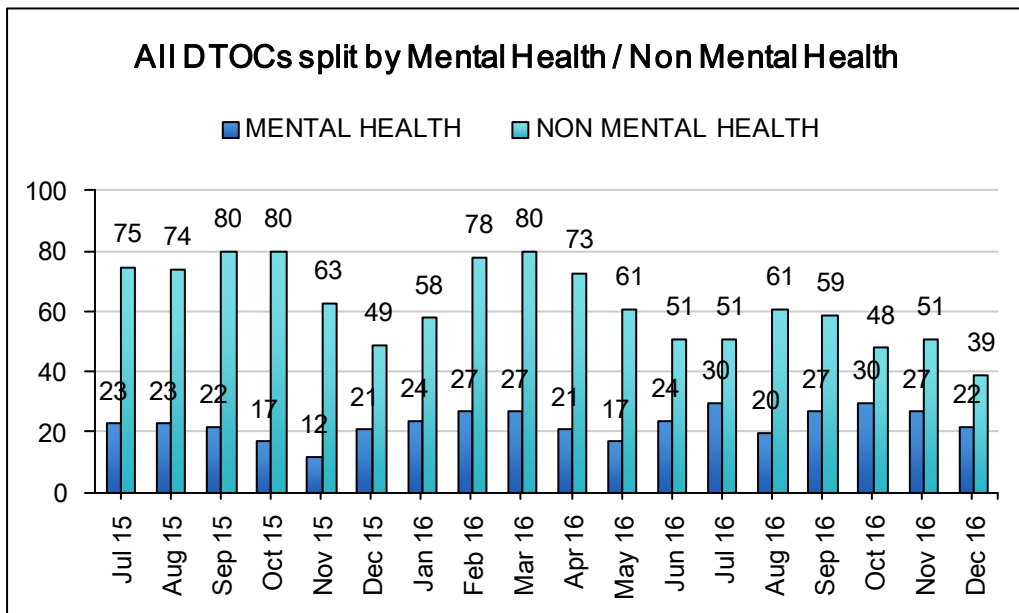
**Section 2: Breakdown of Delay Reasons and Bed Days Lost – December 2016**

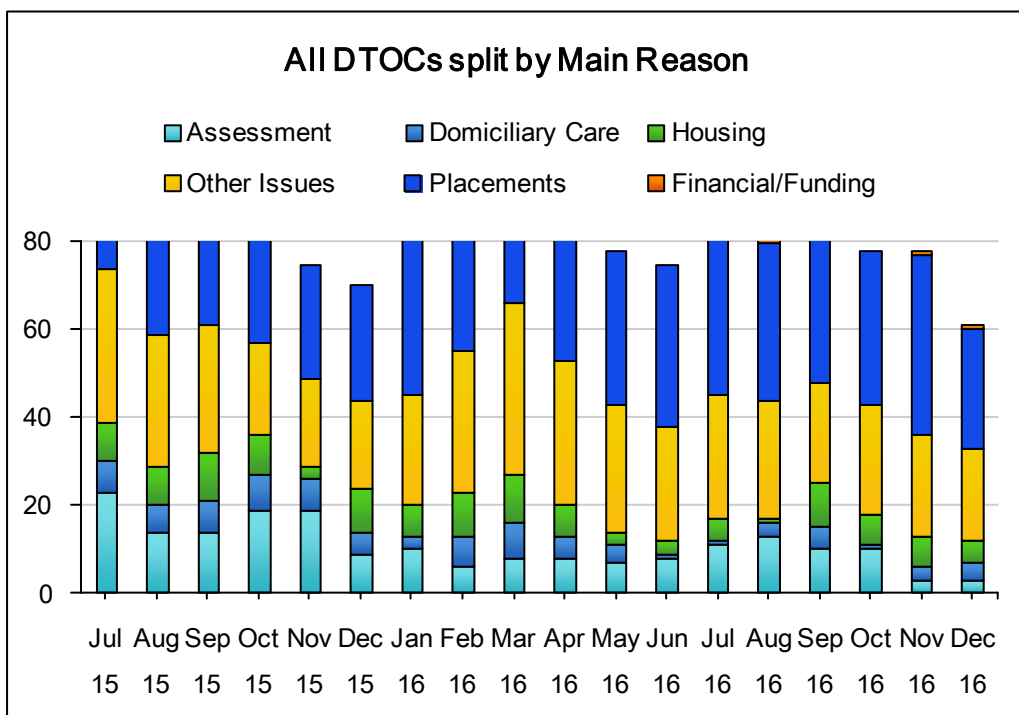
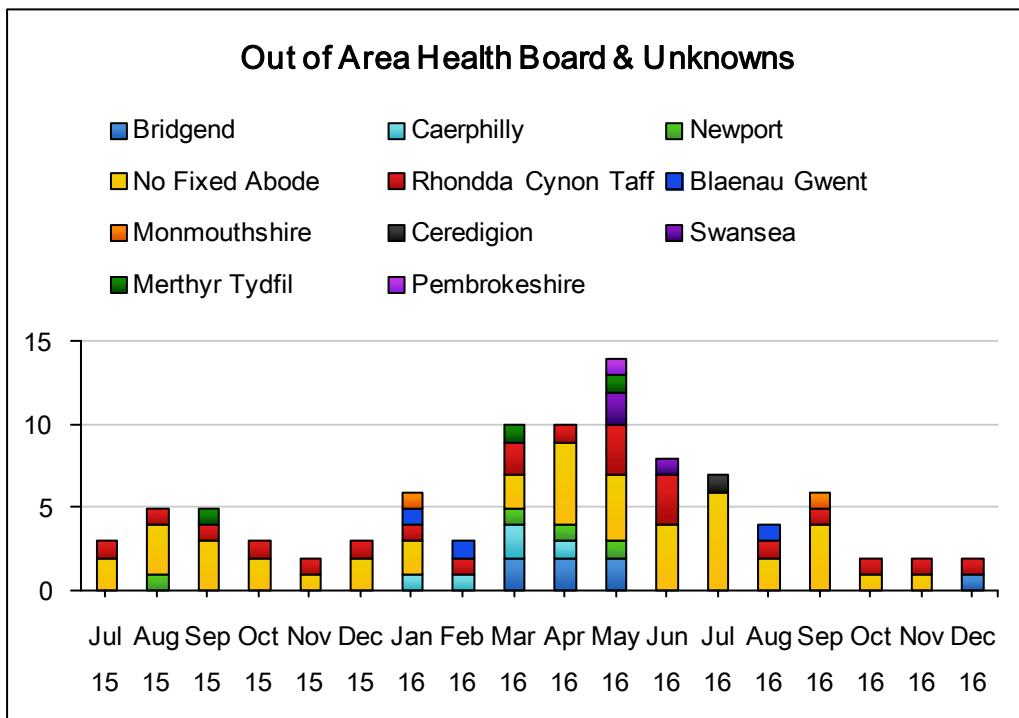


**Section 3: 18 Month Trend Analysis of Number and Reasons for Delay**

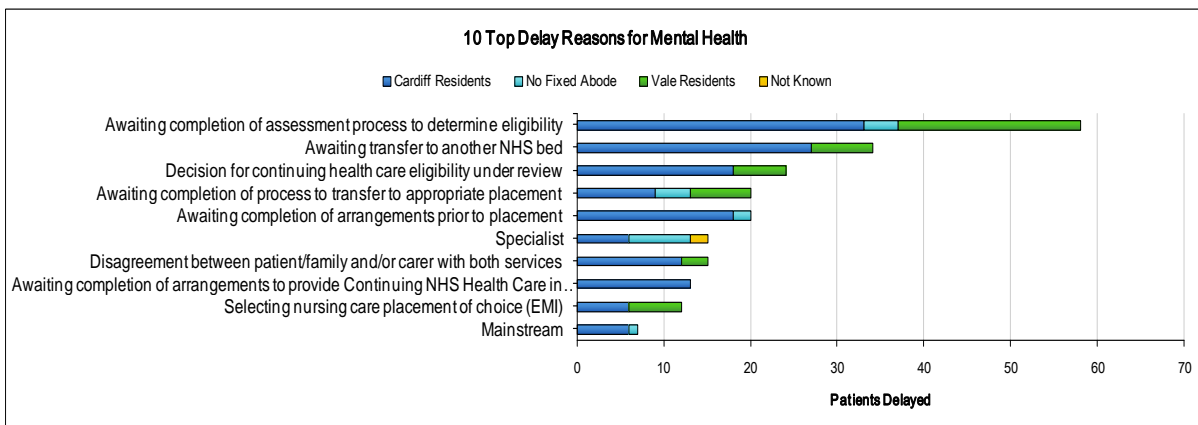
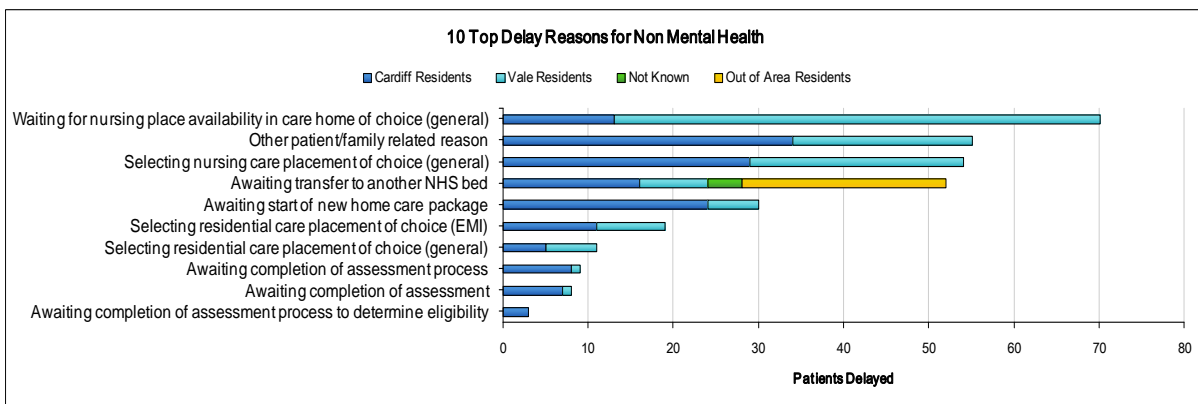
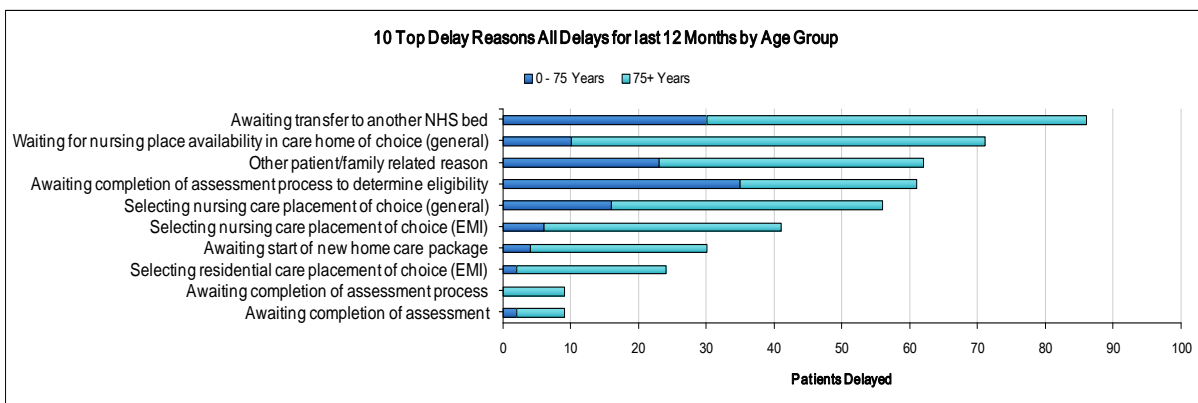
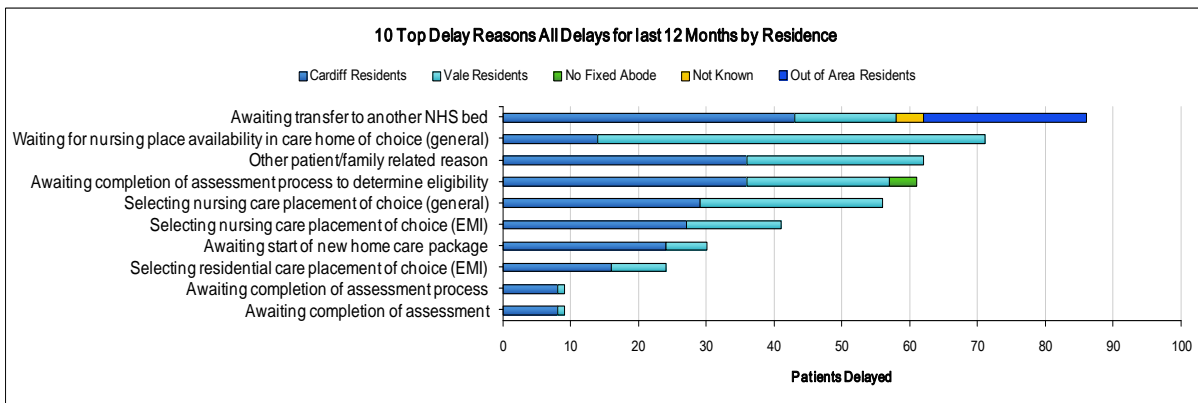


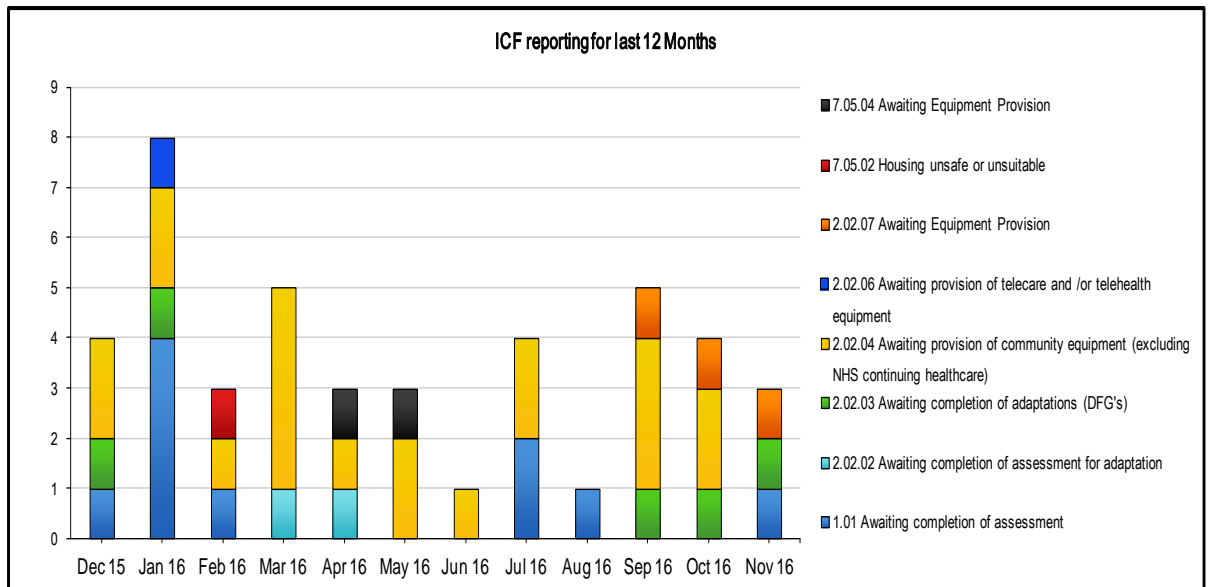












## Appendix 2: Home First Plan – December 2016 Update Home First Plan – December 2016 Update

### 1. INTRODUCTION

This regional plan is the latest version of the Delayed Transfers of Care Action Plan which has been updated to provide an overview of arrangements to:

- focus the development of services to expedite the progress of citizens using our acute and / or long term care services and;
- where possible, to reduce the number of people who require those services.

To achieve these aims, the plan outlines a variety of focused pieces of work to address key stages in the citizen journey when the need for additional support and care is required. The stages were identified in work by the Whole Systems Partnership to identify areas where further integration of services would be of mutual benefit to partners and citizens. These are:

<b>First contact (FC) i.e. when people present with a potential need</b>	<i>Users first contact with services may arise at different levels of need, which means this part of the system requires a high level of connectivity with statutory and third sector services. Increased connectivity will facilitate getting the individual to the right professional first time and assist in demand management through the provision of advice and sign posting to third sector and community resources. First contact may also result directly in the need for a Comprehensive Assessment (CA).</i>
<b>Ongoing support (OS) i.e. when people have an ongoing, though relatively stable, set of needs</b>	<i>These needs are not necessarily low, just stable. This service function should have a significant preventative or enabling element and should be provided in partnership with both the patient/client and, where appropriate, their carer.</i>
<b>Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need</b>	<i>Responding to crisis or exacerbation to ensure optimum recovery or rehabilitation of either a single condition or the cumulative effect of multiple needs. This service function requires timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.</i>
<b>Comprehensive Assessment (CA) i.e. when people experience a significant and permanent stepped change</b>	<i>Assessment, care planning and prescription is undertaken for people entering the care system or at points of recognisable transition as their needs change. Such services ensure that people with complex needs receive the right support on an ongoing basis as well as at times of significant change or crisis. This function often needs a degree of specialisation and therefore coordination is very important. It requires high levels of connectivity in order to avoid duplication or missed opportunities for appropriate care and support.</i>

**At each point, our aim is to return the citizen to, or as close to their own home, as possible.** The Home First Plan is intended to provide a strategic overview of the work that is underway to reduce delayed Transfers of care and improve the overall care of citizens who require care and support. It forms a fundamental component of the Patient Flow workstream within the Integrated Health and Social Care (IHSC) Partnership for Cardiff and the Vale of Glamorgan.

## 2. GOVERNANCE FRAMEWORK

The Governance structure to deliver implementation of this plan is overseen by the Regional Partnership Board and comprises key partners across Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, the Third Sector and independent service providers.

A Scrutiny Task Group consisting of the UHB Chair, and both Council Cabinet Leads for Adult Services oversee progress on a quarterly basis.

The Chief Operating Officer holds responsibility for Patient Flow on behalf of the Partnership with delegated responsibility to the Head of Integrated Care. An outline of the Governance arrangements is provided as **Appendix 1**.

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	November 2016 Update
Assurance of partnership-wide governance arrangements for patient flow.	Instigate Scrutiny Task Group	March 2015	IHSC Partnership	<b>Complete</b>
	Initiate Regional Partnership Board to include responsibility for Patient Flow.	April 2016	IHSC Partnership	<b>Complete</b>
	Appoint Head of Integrated Care as delegated lead for Home First Plan.	June 2016	IHSC Partnership	<b>Complete:</b> post commenced October 2016.
Assurance of partnership-wide policies for Patient Flow and Choice	Approve Discharge (Patient Flow) Policy for 2016-17	June 2016	Head of Integrated Care	<b>Delayed:</b> Policy is now in draft form and will be sent for formal consultation over the next few weeks.
	Implement Choice Protocol as part of Discharge Policy (to include public facing communications campaign).	May 2016	Chief Operating Officer, UHB	<b>In progress:</b> Protocol re-drafted and legal advice received. Further development underway to ensure compliance with Social Services and Wellbeing (Wales) Act 2014 before being launched formally as part of Discharge Policy.

### 3. OPERATIONAL ARRANGEMENTS

The IHSC Strategic Leadership Group maintains oversight of progress via this Home First Plan to ensure a strategic fit with other integration objectives. An Operational Group, chaired by the Head of Integrated Care meets on a monthly basis to progress operational issues in relation to the management of Delayed Transfers of Care. This work is supported by weekly meetings with operational-level, multi-disciplinary staff to review all Non Mental Health and Mental Health patients with a length of stay of 100 days and over.

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	November 2016 Update
Assurance of partnership-wide operational arrangements for patient flow.	Delegation to Strategic Leadership Group for onward monitoring of Home First Plan	April 2016	IHSC Partnership	Complete
	Appoint Head of Integrated Care as delegated lead for Home First Plan.	June 2016	IHSC Partnership	<b>Complete:</b> post commenced October 2016.
Assurance of performance monitoring to support Home First Plan	Revise local monthly performance monitoring proforma to include trend analysis in addition to in-month performance.	October 2016	DTOC Operational Group	<b>Complete:</b> Final version now in circulation
	Appointment of Data Analyst to support development of Home First Data as part of wider Partnership Dashboard.	September 2016	IHSC Partnership	<b>Complete:</b> post commenced end October 2016.
	Implement full use of clinical workstation as a tool to monitor discharge across a multi-agency environment.	Ongoing roll out.	Deputy Director of Nursing, UHB	<b>In progress.</b> Training undertaken and compliance protocol implemented to ensure thrice daily updates with positive feedback.

## DELIVERY PLAN

## 4.1 First contact (FC) i.e. when people present with a potential need AND Ongoing support i.e. when people have an ongoing, though relatively stable, set of needs

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	December 2016 Update
There is a need to ensure a structured approach to maintaining the health and wellbeing of people in the community to prevent, wherever possible, their escalation of need.	Evaluate current initiatives funded through the ICF and PCF in 2015-16 to gauge effectiveness.	10.03.16	Programme Manager, Health Social Care and Wellbeing, UHB	<b>Complete.</b> Ongoing review of outcomes for 2016/17 schemes are being monitored to inform investment in 2017/18
	Establish ICF funded region-wide preventative intervention priorities for 2016-17 to include day opportunities, assistive technology, rapid response adaptations, locality working, befriending and establishing a Dementia Friendly Region.	Sep 2016	Assistant Director, Housing and Communities, Cardiff Council	<b>In progress.</b> Work programme initiated, supported by capital investment to provide new assistive technology and enhanced community centre accommodation.  A range of initiatives to further support preventative interventions have also been approved in principle over the winter period. This includes the development of Good Gym across Cardiff and the Vale, support for Dementia Friendly Llanishen and signposting support for CaVAMH and the British Red Cross.
Increased connectivity will facilitate getting the individual to the right professional first time and assist in demand management through the provision of advice and signposting to third sector and community resources. Assurance of comprehensive	Evaluate the Vale of Glamorgan Single Point of Access and Cardiff First point of Contact, both funded through the ICF in 2015-16 to gauge effectiveness.	10.03.16	Programme Manager, Health Social Care and Wellbeing, UHB	<b>Complete.</b> Ongoing review of outcomes for 2016/17 are being undertaken to inform investment in 2017/18.
	Develop First Point of Contact / Single Point of Access arrangements across Cardiff and Vale.	March 2017.	Head of Adult Services/Vale Locality Manager, UHB; Operational Manager for	<b>In progress.</b> Work programme initiated. The Partnership is working to identify an admission avoidance pilot with WAST colleagues over the winter

assessment in promoting wellbeing is required.			Preventative Services, Cardiff Council	period.
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### 3.2 Crisis response (CR) i.e. when people have a crisis or short lived exacerbation of need

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	August 2016 Update
Need to ensure timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.	Implement 7/7 FOPAL in EU to interface with 7/7 CRT service as part of ICF investment priorities in 2016-17.	Sep 2016	Head of Operations and Delivery, Medicine Clinical Board, UHB	<b>Delayed.</b> Proposal to implement 7/7 day FOPAL service prepared but on hold as anticipated Older People / Mental Health Fund was unforthcoming.  1wte FOPAL nurse has been approved as part of ICF slippage for 2016-17.  Further plans are also underway to extend the FOPAL team to provide additional immediate support to enable patients to return to their own home during out-of-hour periods. This will provide additional occupational therapy and care support to carry out visits to provide equipment, ensure safe environment re-establish at home for patients who may not require the care element of CRT over the winter period.
	Undertake needs analysis of 7/7 FOPAL requirement in MEAU as part of ICF investment priorities in 2016-17.	Sep 2016	Head of Operations and Delivery, Medicine Clinical Board, UHB	<b>Delayed.</b> Proposed to implement 7/7 day FOPAL service prepared but on hold as anticipated Older People / Mental Health Fund was unforthcoming.
	Inpatient Integrated Assessment processes to be reviewed and performance indicators established for ongoing monitoring.	June 2016.	Head of Integrated Care, UHB / Deputy Director of Nursing.	<b>In progress.</b> Assessment Documentation in final consultation stage when complete will inform completion of agreed Discharge Policy.
	Implement full use of clinical workstation as a tool to monitor	Ongoing roll out.	Deputy Director of Nursing, UHB	<b>In progress.</b> Compliance protocol implemented to ensure thrice daily updates with positive feedback.

	discharge across a multi-agency environment.			Work ongoing to support the introduction of Simple/Supported/Complex discharge notification
Need to ensure timely, co-ordinated and personalised responses that are able to minimise the extent to which the outcome from such events is either an inappropriate admission to hospital or an admission to long-term care when alternative support at home could have been provided.	Establish partner-wide training programme for discharge planning across the organisations.	March 2017	Head of Integrated Care, UHB/ Locality Manager North/West Cardiff, UHB	<b>In progress:</b> Nurse now appointed to support Education and Training programme .Education programme now under development .Advice and information session currently being held weekly on both UHW and UHL sites.



#### 4.3 Comprehensive Assessment (CA) i.e. when people experience a significant and permanent stepped change

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update
<p><i>Assessment, care planning and prescription is undertaken for people entering the care system or at points of recognisable transition as their needs change. Such services ensure that people with complex needs receive the right support on an ongoing basis as well as at times of significant change or crisis. This function often needs a degree of specialisation and therefore coordination is very important. It requires high levels of connectivity in order to avoid duplication or missed opportunities for appropriate care and support.</i></p>	<p>Establish the Discharge to Assess model of care (Domiciliary, residential).</p>	<p>Sep 2016</p>	<p>Clinical Board Director of Operations / Deputy Director of Primary, Community and Mental Health, PCIC, UHB</p>	<p><b>Suspended:</b> Discharge to Assess model of care in both a domiciliary setting using ICF monies has been suspended. <b>Complete:</b> Residential Discharge to assess models are now in operation both in the Vale and Cardiff .</p>
	<p>Establish enhanced Accommodation Solutions team and additional step down housing.</p>	<p>Oct 2016</p>	<p>Director of Environment &amp; Housing Services, Vale of Glamorgan Council</p>	<p><b>In progress:</b> Recruitment to embed Accommodation Solutions teams across the Region is underway. Additional step down accommodation in place by end March 2017.</p>
	<p>Domiciliary Care: stabilise market (financial and quality issues) and inform new longer term care model across the region.</p>	<p>Current implementation</p>	<p>Assistant Director (Adult Services) Cardiff Council.  Head of Adult Services/Vale Locality Manager, UHB  Interim Head of Service, Vale of Glamorgan Council.</p>	<ul style="list-style-type: none"> <li>• Actions being taken forward to include establishment of a bridging team; ongoing engagement with providers and review of brokerage systems</li> <li>• Locality focussed pilot being undertaken in supported accommodation in a ward of Cardiff to trial new approach</li> <li>• Outcomes based commissioning exercise to commence in the Vale of Glamorgan with providers – now initiated.</li> <li>• Introduction of minimum hourly rate introduced to try to stabilise the market in the Vale of Glamorgan to commence from 1<sup>st</sup> October, 2016.</li> </ul>
	<p>Care Homes – Older People – deliver</p>	<p>Current Implem</p>	<p>Assistant Director – Integrating Health and</p>	<ul style="list-style-type: none"> <li>• Following a Partnership workshop in May on joint commissioning, a new Joint Commissioning Project</li> </ul>

	<p>requirements of Social Services and Well-Being Act - Part 9.</p>	<p>entation .</p>	<p>Social Care.</p>	<p>Board has been established to meet the SSWB Act requirement of developing pooled budgets for care accommodation by 2018.</p> <ul style="list-style-type: none"> <li>• Data collation across the region has commenced to inform the baseline and this will also include the WG Care home census on 1<sup>st</sup> August</li> <li>• The region has participated in the WG workshop on developing pooled budgets for care accommodation by March 2018</li> <li>• Working group reconvened to discuss fee setting for 2017-18 for Care Home Placements.</li> </ul>
	<p>Care Homes – Younger Adults</p>	<p>Current implementation</p>	<p>Interim Head of Service, Vale of Glamorgan Council.</p> <p>Assistant Director (Adult Services) Cardiff Council.</p> <p>Head of Outcomes Based Commissioning, Cardiff &amp; Vale UHB</p> <p>Integrated Operational Change Manager, Cardiff and Vale of Glamorgan Children’s Services</p>	<p>The 2 Cardiff and Vale of Glamorgan LAs and HB are signed up to the OJEU Notice for the IHSCCP Framework contract for care homes for younger adults with LD / MH needs and independent hospitals.</p> <p>Following the IHSCCP Programme Board on 5<sup>th</sup> September, Partners will be considering the implications of utilising the framework before any formal decision is made.</p> <p>As part of the Regional Programme established for Integrated Services for People with Learning Disabilities and Children with Complex needs (with support from ICF Funding) services are being developed for:-</p> <ul style="list-style-type: none"> <li>- <b>Supported accommodation for young adults with complex needs</b> –providing local and specialised accommodation for young adults with learning disabilities working towards lower cost delivery models of care and support at the earliest opportunity.</li> <li>- <b>Bespoke flexible respite provisions</b> – To support</li> </ul>

				and maintain carers to be able to continue in their role. Adult Placement Schemes delivered regionally would provide more adults with the opportunity to receive their respite locally in a home based community environment. Existing provision will be enhanced in order to deliver this. For individuals who require more specialised respite, a remodelling of provision on a regional basis is required which this model would support.
	Intermediate Care – establish evidence based intermediate care services across Cardiff and Vale of Glamorgan.	Current implementation	Assistant Director – Integrating Health and Social Care.	The Intermediate Care Fund for 2016-17 is being utilised as a pooled budget across the Cardiff and Vale region to further support key areas of work in relation to the priority areas, including an improved whole system approach supporting early intervention and prevention; accommodation solutions; first point of contact and single point of access; integrated discharge teams; discharge to assess models; integrated autism service and a joint service for learning disabilities and complex needs. An ICF Programme Board has been established to review progress and identify opportunities for maximising collaboration across the whole system and prioritising any slippage within the Programme. Each project is reporting outcomes using Results Based Accountability. Provision of capital funding has now been confirmed for the next 4 years. However, concerns remain regarding the uncertainty / prioritisation of revenue funding going forward and the impact this has on recruitment and establishment of new services.
	Ensure delivery of WCCIS across region.	Autumn 2017	Deputy Clinical Board Director, PCIC,	<b>In progress:</b> Programme team now in place to undertake preparatory work for WCISS with regular updates to Implementation Group.

			UHB	Further investment has now been allocated via the ICF for 2016-17 and future years to support ongoing development.
	Establish shared accommodation for Mental Health Move-on team	December 2017	Mental Health HOD.	<b>In progress:</b> capital development using ICF monies underway.

#### 4.3 Comprehensive Assessment (CA) i.e. when people experience a significant and permanent stepped change

Issue	Strategic Intention / Key action	Time-scale	Suggested Lead / Decision body.	Update
<p><i>Assessment, care planning and prescription is undertaken for people entering the care system or at points of recognisable transition as their needs change. Such services ensure that people with complex needs receive the right support on an ongoing basis as well as at times of significant change or crisis. This function often needs a degree of specialisation and therefore coordination is very important. It requires high levels of connectivity in order to avoid duplication or missed opportunities for appropriate care and support.</i></p>	Establish the Discharge to Assess model of care (Domiciliary, residential).	Sep 2016	Clinical Board Director of Operations / Deputy Director of Primary, Community and Mental Health, PCIC, UHB	<p><b>Suspended:</b> Discharge to Assess model of care in both a domiciliary setting using ICF monies has been suspended.</p> <p><b>Complete:</b> Residential Discharge to assess models are now in operation both in the Vale and Cardiff .</p>
	Establish enhanced Accommodation Solutions team and additional step down housing.	Oct 2016	Director of Environment & Housing Services, Vale of Glamorgan Council	<p><b>In progress:</b> Recruitment to embed Accommodation Solutions teams across the Region is underway. Additional step down accommodation in place by end March 2017.</p>
	Domiciliary Care: stabilise market (financial and quality issues) and inform new longer term care model across the region.	Current implementation	Assistant Director (Adult Services) Cardiff Council.  Head of Adult Services/Vale Locality Manager, UHB  Interim Head of Service, Vale of Glamorgan Council.	<ul style="list-style-type: none"> <li>• Bridging team will be established fully by end January 2017 with ongoing engagement with providers and review of brokerage systems</li> <li>• Locality focussed pilot being undertaken in supported accommodation in a ward of Cardiff to trial new approach</li> <li>• Outcomes based commissioning exercise commenced in the Vale of Glamorgan with providers.</li> <li>• Introduction of minimum hourly rate introduced to try to stabilise the market in the Vale of Glamorgan commenced from 1<sup>st</sup> October, 2016.</li> </ul>
	Care Homes – Older People – deliver requirements of Social Services and Well-Being Act - Part 9.	Current Implementation	Assistant Director – Integrating Health and Social Care.	<ul style="list-style-type: none"> <li>• Following a Partnership workshop in May on joint commissioning, a new Joint Commissioning Project Board has been established to meet the SSWB Act requirement of developing pooled budgets for care accommodation by 2018.</li> <li>• Data collation across the region has commenced to</li> </ul>

				<p>inform the baseline and this will also include the 'Day of Care Home' Audit which took place on 1<sup>st</sup> August.</p> <ul style="list-style-type: none"> <li>• Participation in WG Care home census on 1<sup>st</sup> August</li> <li>• Working group reconvened to discuss fee setting for 2017-18 for Care Home Placements;</li> <li>• Draft Population Needs Assessment presented to Regional Partnership Board in January 2017.</li> </ul>
	Care Homes – Younger Adults	Current implementation	<p>Interim Head of Service, Vale of Glamorgan Council.</p> <p>Assistant Director (Adult Services) Cardiff Council.</p> <p>Head of Outcomes Based Commissioning, Cardiff &amp; Vale UHB</p> <p>Integrated Operational Change Manager, Cardiff and Vale of Glamorgan Children's Services</p>	<p>The 2 Cardiff and Vale of Glamorgan LAs and HB are signed up to the OJEU Notice for the IHSCCP Framework contract for care homes for younger adults with LD / MH needs and independent hospitals.</p> <p>Following the IHSCCP Programme Board on 5<sup>th</sup> September, Partners will be considering the implications of utilising the framework before any formal decision is made.</p> <p>As part of the Regional Programme established for Integrated Services for People with Learning Disabilities and Children with Complex needs (with support from ICF Funding) services are being developed for:-</p> <ul style="list-style-type: none"> <li>- <b>Supported accommodation for young adults with complex needs</b> –providing local and specialised accommodation for young adults with learning disabilities working towards lower cost delivery models of care and support at the earliest opportunity.</li> <li>- <b>Bespoke flexible respite provisions</b> – To support and maintain carers to be able to continue in their role. Adult Placement Schemes delivered regionally would provide more adults with the opportunity to</li> </ul>

				receive their respite locally in a home based community environment. Existing provision will be enhanced in order to deliver this. For individuals who require more specialised respite, a remodelling of provision on a regional basis is required which this model would support.
	Intermediate Care – establish evidence based intermediate care services across Cardiff and Vale of Glamorgan.	Current implementation	Assistant Director – Integrating Health and Social Care.	<ul style="list-style-type: none"> <li>• The Intermediate Care Fund for 2016-17 is being utilised as a pooled budget across the Cardiff and Vale region to further support key areas of work in relation to the priority areas, including an improved whole system approach supporting early intervention and prevention; accommodation solutions; first point of contact and single point of access; integrated discharge teams; discharge to assess models; integrated autism service and a joint service for learning disabilities and complex needs.</li> <li>• An ICF Programme Board has been established to review progress and identify opportunities for maximising collaboration across the whole system and prioritising any slippage within the Programme. Each project is reporting outcomes using Results Based Accountability.</li> <li>• Draft Population Needs Assessment presented to Regional Partnership Board in January 2017.</li> <li>• Concerns remain regarding the uncertainty/prioritisation of the funding going forward and the impact this has on recruitment and establishment of new services.</li> </ul>
	Ensure delivery of WCCIS across region.	Autumn 2017	Deputy Clinical Board Director, PCIC, UHB	<b>In progress:</b> Programme team now in place to undertake preparatory work for WCIS with regular updates to Implementation Group.

	Establish shared accommodation for Mental Health Move-on team	December 2017	Mental Health HOD.	<b>In progress:</b> capital development using ICF monies underway.
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**CITY AND COUNTY OF CARDIFF  
DINAS A SIR CAERDYDD**

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**

**8 March 2017**

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**PRE DECISION SCRUTINY OF: CARDIFF ROUGH SLEEPERS STRATEGY  
2017-2020**

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**Purpose of Report**

1. To give Members background information to aid the scrutiny of the draft report to Cabinet entitled 'Cardiff Rough Sleeper Strategy 2017-2020.' The full draft report is attached at **Appendix A** and has **three** appendices:
  - **Appendix 1** - The Cardiff Rough Sleeper Strategy 2017-2020
  - **Appendix 2** - Draft EEA Rough Sleeping Protocol
  - **Appendix 3** - Equality Impact Assessment.
2. The Cabinet is to consider the report and its recommendations regarding the Rough Sleeper Strategy 2017-2020 at their meeting on 16 March 2017. At this committee meeting Members will have the opportunity to hear from internal witnesses and to review the consultation responses received and changes made to the Strategy as a result; the consultation schedule is attached at **Appendix B**. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet.

**Background**

3. The Welsh Government 10 year Homelessness Plan, issued in 2009, contains a commitment to address rough sleeping in Wales as well as commitments in a number of related areas to enable homelessness in Wales to be addressed. Cardiff Council's Corporate Plan 2017-19 prioritises supporting people in vulnerable situations, including people who are homeless. Cardiff Council's

Housing Strategy 2016- 2021 contains a commitment to develop a Homelessness Strategy by 2018.

4. In 2006, Shelter published the following definitions of rough sleeping and street homelessness:

*‘**Rough sleeping** is defined by the Government as ‘people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or ‘bashes<sup>1</sup>’).’*

***Street homelessness** is a much wider term than rough sleeping, taking into account the street lifestyles of some people who may not actually sleep on the streets. Street homeless people are those who routinely find themselves on the streets during the day with nowhere to go at night. Some will end up sleeping outside, or in a derelict or other building not designed for human habitation, perhaps for long periods. Others will sleep at a friend’s for a very short time, or stay in a hostel, night-shelter or squat, or spend nights in prison or hospital.’<sup>2</sup>*

5. The Welsh Government annual count of rough sleepers shows an upward trend in Cardiff, from 26 individuals in 2014, to 30 in 2015 and 53 individuals in 2016. Monitoring by outreach services in Cardiff mirrors this upward trend, with numbers peaking in August 2016 at a weekly average of 60 individuals rough sleeping. Almost a third of those sleeping rough are ‘entrenched’ rough sleepers, in that they have been sleeping rough for more than 6 months. There are also a number of EEA<sup>3</sup> nationals sleeping rough in Cardiff.

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<sup>1</sup> A ‘bash’ is a makeshift shelter often comprised of cardboard boxes

<sup>2</sup> Extract taken from Shelter Factsheet, provided in full at Appendix A to the Street Homelessness report to this Committee on 2 October 2015

<sup>3</sup> EEA stands for European Economic Area

## **Issues identified in the Cabinet Report**

6. At **points 7-12, Appendix A**, the Cabinet Report identifies a number of issues that the proposed Strategy seeks to address. These include:

- The Council and partners need to increase early intervention efforts to swiftly identify and engage with those new to rough sleeping, diverting them away from the streets into accommodation and services.
- There is a need to co-ordinate and refocus all partners' efforts on ending and not reinforcing rough sleeping.
- There needs to be a review of accommodation to ensure it addresses client needs.
- There is a need for a joined up approach from statutory and third sector partners to address the issue with EEA nationals sleeping rough in Cardiff.
- All partners need to work together to reduce begging, which has increased in recent months; only some of these beggars are rough sleeping, many have temporary or settled accommodation.

## **Proposed Recommendations to Cabinet**

7. The report to Cabinet contains the following recommendations:

1. *'To agree the Cardiff Rough Sleeper Strategy 2017-2020 as set out at Appendix 1.*
2. *To delegate authority to the Director of Communities, Housing and Customer Service to enter into a joint protocol with Immigration Services and South Wales Police to address the issue of EEA Nationals sleeping rough in the city.'*

## Rough Sleepers Strategy

8. The proposed Rough Sleepers Strategy 2017-2020, attached as **Appendix 1** of **Appendix A**, sets out the Council's vision, four high level aims and the actions planned to achieve these. The Strategy outlines how people sleeping rough can receive support, advice and assistance. It identifies provision currently available and how this can be improved to deliver a more wraparound service.

9. The vision is:

*'To work towards ending rough sleeping in Cardiff'*

10. The four high level aims are:

- i) To work to understand the causes of rough sleeping*
- ii) To work with partners to ensure support is directed towards ending and not reinforcing rough sleeping*
- iii) To ensure early intervention to prevent rough sleepers becoming entrenched*
- iv) To develop a range of accommodation and support solutions tailored to individual needs.*

11. The Strategy has a chapter for each of the key aims as well as a section on addressing begging. It commences with some background information, covering the high level of housing need in Cardiff, the Council's legal responsibilities and duties, and research into the reasons for rough sleeping. A chapter follows this on identifying rough sleepers, which contains statistics for rough sleeping in Cardiff and comparator data across Wales and with some English cities.

12. Each of the chapters for the key aims starts by detailing the current situation and explains the need for the actions proposed in order to meet the key aim. The chapters provide information on services provided by the Council and partners, such as third sector organisations, faith groups and Health services.

13. All the actions detailed in the Strategy are summarised on **Pages 31-32, Appendix 1 of Appendix A**, under the heading 'We Will'. The Strategy states that these will be *'collated to inform an action plan to be taken forward and monitored in conjunction with the Cardiff Housing Strategy'* (**page 5, Appendix 1 of Appendix A**).

### **Consultation Undertaken**

14. There have been two phases of consultation undertaken to inform the development of the Rough Sleepers Strategy. Attached at **Appendix B** is a schedule detailing the responses received in both phases, presented in chronological order, with pages 1 – 6 showing the responses received in the first phase of consultation and pages 7 - 20 showing the responses received in the second phase of consultation. Members are asked to bear in mind that the comments and page numbers stated in the consultees responses refer to earlier drafts of the Strategy and so may not follow through to the final draft appendix to this report.

### **EEA Nationals**

15. At **points 14–16 Appendix A**, the Cabinet Report outlines the current position regarding EEA nationals sleeping rough in Cardiff and references the joint working protocol, attached as **Appendix 2 to Appendix A**, between the Council, Police and Immigration services. The Cabinet report states that the protocol *'formalises procedures for identifying and supporting EEA national rough sleepers to claim appropriate benefits, access employment and accommodation, or to voluntarily reconnect them to their country of origin. However, where clients disengage from services, or are assessed as unlikely to break the pattern of rough sleeping, information sharing will take place to facilitate administrative removal by Immigration Services.'*

## **Previous Scrutiny**

16. At their meeting in October 2015, this Committee carried out in depth scrutiny of the work underway to address street homelessness, with representatives from South Wales Police, Salvation Army, The Huggard and The Wallich as well as Cardiff Council witnesses. Members heard about work underway to remodel the homeless Gateway, to set up reconnection programmes to help those individuals without a local connection to Cardiff return home and to improve information and advice for care leavers.
17. Following the meeting, Members asked for, and received, an update at their meeting on 2 March 2016, specifically on progress with regard to EEA nationals, care leavers, remodelling the Gateway and increasing resources for street homelessness. At the same meeting, Members scrutinised the proposed Supporting People Commissioning Plan, which included additional resources for street homelessness.
18. The Committee's Performance and Budget Monitoring Panel recently carried out a review of the proposed rationale applied to target setting for homelessness indicators, including those regarding rough sleeping which are contained in the Corporate Plan 2017-19. Members also scrutinised the draft Corporate Plan 2017-2019 and Budgetary Proposals, which included additional resource for the homeless outreach team, at their meeting in February 2017.

## **Way Forward**

19. The item will commence with Councillor Susan Elsmore (Cabinet Member – Health, Housing and Wellbeing) being invited to make a statement. Sarah McGill (Director of Communities, Housing and Customer Services) and Jane Thomas (Assistant Director of Communities & Housing) will attend to assist in answering Members' questions.

## **Legal Implications**

20. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

## **Financial Implications**

21. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

## **RECOMMENDATIONS**

22. The Committee is recommended to:

- a. consider the information in the report, appendices and at the meeting;
- b. decide whether they would like to make any comments to the Cabinet on this matter in time for its meeting on 16 March 2017; and
- c. decide the way forward for any future scrutiny of the issues discussed.

**DAVINA FIORE**

**Director of Governance and Legal Services**

**2 March 2017**



**CITY OF CARDIFF COUNCIL  
CYNGOR DINAS CAERDYDD**

**CABINET MEETING: 16<sup>th</sup> March 2017**

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**CARDIFF ROUGH SLEEPER STRATEGY 2017-2020**

**REPORT OF DIRECTOR OF COMMUNITIES, HOUSING AND  
CUSTOMER SERVICES**

**AGENDA ITEM:**

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**PORTFOLIO:** HEALTH, HOUSING AND WELLBEING (COUNCILLOR  
SUSAN ELSMORE)

**Reason for this Report**

1. To seek approval of the Cardiff Rough Sleeper Strategy 2017-2020.
2. To seek delegated authority for the Director of Communities, Housing and Customer Service to enter into a joint protocol with Immigration Services and South Wales Police to address the issue of EEA Nationals sleeping rough in the city.

**Background**

3. The Cardiff Rough Sleeper Strategy 2017-2020 outlines how people sleeping rough, often with complex lives and issues, will receive appropriate advice, support, and homelessness assistance (**see Appendix 1**).
4. Monitoring shows that over the last 2 years, the number of people sleeping rough in Cardiff has steadily increased. Numbers peaked during August 2016, with 68 individuals recorded in one week with a weekly average of 60 individuals rough sleeping. These are the highest figures ever recorded in the city. The Welsh Government organises an annual count of rough sleepers, Cardiff's returns show an upward trend, with 26 individuals observed in 2014, 30 in 2015 and 53 in 2016. The increase in Cardiff is similar to the increases seen at many cities throughout the UK.
5. Sleeping rough detrimentally impacts on individuals' health and wellbeing. The longer someone remains on the streets, the more likely they are to engage in secondary issues such as begging or substance misuse. These associated anti-social behaviours can also impact on citizens, businesses and visitors to Cardiff. Research shows that many rough sleepers have complex needs and the provision of accommodation alone is not enough to address their issues.

6. There is a strong history of partnership working to assist those sleeping rough in the city and a significant level of service provision already exists such as The Rough Sleeping Intervention Team (Breakfast Run) operated by the Wallich, the Huggard Day Centre and Salvation Army Bus Project, while faith groups also provide additional assistance. The Council's Outreach Team works closely with these partner organisations to assist rough sleepers into statutory services. The Strategy acknowledges this partnership working and sets out how current service provision can be improved to deliver a more wraparound service to individuals with a clear focus on helping people to come off the streets.

## **Issues**

7. Around a third of Cardiff's rough sleepers are classed as 'entrenched', having been sleeping out for more than 6 months. The Council and partners need to increase early intervention efforts to swiftly identify and engage with those new to rough sleeping, diverting them away from the streets into accommodation and services.
8. Despite a number of agencies assisting rough sleepers in Cardiff, the services offered are not fully coordinated, and some risk perpetuating rough sleeping. There is a need to co-ordinate and refocus all partners' efforts on ending and not reinforcing rough sleeping.
9. Similarly, there is a considerable range of accommodation available to rough sleepers. Cardiff has 45 emergency bed spaces available all year round, supplemented by a further 52 bed spaces under 'Cold Weather Provision'. Cardiff's 5 single person hostels offer 216 bed spaces alongside housing-related support. Work is underway to review this provision to ensure it addresses client needs.
10. There is a significant issue with EEA nationals sleeping rough in the city, many of whom are not working and therefore are without recourse to public funds. There is a need for a joined up approach from statutory and third sector partners to address this issue.
11. There has also been a growth in the number of beggars in the city; only some of these beggars are rough sleeping, many have temporary or settled accommodation. Again all partners need to work together to reduce begging.
12. The Strategy sets out an overarching vision and high level aims as follows:

## **Vision**

To work towards ending rough sleeping in Cardiff.

## **Aims**

- To work to understand the causes of rough sleeping;

- To work with partners to ensure support is directed towards ending and not reinforcing rough sleeping;
- To ensure early intervention to prevent rough sleeping becoming entrenched;
- To develop a range of accommodation and support solution tailored to individual needs.

### **“We Will” Commitments**

To support these aims a large number of actions have been identified as “We Will” commitments. A summary of key commitments are set out below:

- Expand the Council’s Outreach Team to provide a case management approach to assisting those sleeping rough;
  - Strengthen the joint working response, coordinating and refocusing all partners’ efforts on getting people off the street;
  - Work towards “No First Night Out” for those who engage with services;
  - Review accommodation options for rough sleepers and further develop independent living solutions utilising the principles of Housing First;
  - Automatically refer rough sleepers who have been rough sleeping for 3 months into the multi-agency Vulnerable Persons Intervention Pathway;
  - Develop a specialist pathway through services for clients with mental health / substance misuse issues;
  - Build on the success of and ensure the sustainability of the Reconnection Service;
  - Refocus housing-related support services to address the needs of former rough sleepers;
  - Identify alternatives to begging which all partners can refer into and work with the Police to prevent and reduce persistent begging in the city.
13. An action plan will be developed with partners to take forward all the commitments set out in the Strategy and further consultation with partners will take place as the specific initiatives identified in the plan are taken forward.

### **EEA Nationals**

14. A significant proportion of rough sleepers are EEA nationals (around 20% when ‘cold weather provision’ is not in place). As these individuals are not able to access services the ability of the Council and its partners to assist them is limited, which perpetuates rough sleeping. The Salvation Army works with the Council to provide a Reconnection Service for rough sleepers with no local connection to Cardiff and has had significant success in reconnecting individuals to their home areas. Unfortunately many individuals will not engage with the Reconnection Service and therefore other alternatives need to be considered to address the growing number of EEA nationals sleeping rough.
15. As rough sleeping is considered an abuse of free movement rights, such individuals may be subject to administrative removal under Home Office procedures.

16. A joint working protocol between the Council, Police and Immigration has been prepared to reduce the numbers of EEA nationals sleeping rough in Cardiff. This formalises procedures for identifying and supporting EEA national rough sleepers to claim appropriate benefits, access employment and accommodation, or to voluntarily reconnect them to their country of origin. However, where clients disengage from services, or are assessed as unlikely to break the pattern of rough sleeping, information sharing will take place to facilitate administrative removal by Immigration Services. A copy of this draft protocol can be found at **Appendix 2**.

### **Consultation & Equality Impact Assessment**

17. Early consultation took place with key partners involved in the delivery of support services to rough sleepers and significant changes were made to the content and ambition of the Strategy. Further consultation then took place with a wider range of partners and the Strategy was further amended as a result.
18. An Equality Impact Assessment has been carried out on the Strategy. A copy of the EIA can be found at **Appendix 3**.

### **Reason for Recommendations**

19. Part 2 of the Housing (Wales) Act 2014 places a duty on local authorities to carry out local homelessness reviews and formulate local strategies. This includes an expectation for a specific strategic focus on rough sleeping. An action has been included in the Cardiff Housing Strategy 2016-2021 to develop a Homelessness Strategy by June 2018. This Rough Sleeper Strategy has been developed first however, to address the pressing issue of rough sleeping in Cardiff.
20. The Cardiff Rough Sleeper Strategy 2017-2020 will ensure that the Council has current and relevant strategic plans in place to address rough sleeping.
21. The EEA Protocol will formalise joint working procedures to reduce the number of EEA nationals sleeping rough in Cardiff.

### **Financial Implications**

22. The report proposes expanding the Council's Outreach Team. Any such additional employee costs will be met from Welsh Government Supporting People Grant and will need to be consistent with the terms and conditions of that grant.
23. The report proposes putting in place processes and interventions to make better use of existing support for rough sleepers provided by the Council and external partners. Any other new initiatives will need to be managed within existing Council Budgets.

## **Legal Implications (including Equality Impact Assessment where appropriate)**

24. Statutory duties relating to homelessness are placed on the Council by Part 2 of the Housing (Wales) Act 2014. These include duties relating to the provision of advice and assistance; prevention of homelessness; help to secure or provision of accommodation; and reviews and strategies.
25. Sound strategies and policies are based on adequate consultation with stakeholders and the consultation that has taken place is described in paragraph 17 of this Report.
26. In making decisions the Council has to satisfy its public sector duties under the Equality Act 2010. The Council must have due regard to the need to (1) eliminate unlawful discrimination (2) advance equality of opportunity and (3) foster good relations on the basis of protected characteristics.

Protected characteristics are:

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

27. The report identifies that an Equality Impact Assessment has been carried out and can be found at Appendix 3. The purpose of an Equality Impact Assessment is to ensure that the Council has understood the potential impacts of the proposal in terms of equality so that it can ensure that it is making proportionate and rational decisions having due regard to its public sector equality duty. The Cabinet must have due regard to the Equality Impact Assessment in making its decision.

## **RECOMMENDATIONS**

1. To agree the Cardiff Rough Sleeper Strategy 2017-2020 as set out at Appendix 1.
2. To delegate authority to the Director of Communities, Housing and Customer Service to enter into a joint protocol with Immigration Services and South Wales Police to address the issue of EEA Nationals sleeping rough in the city.

**Sarah McGill**  
**Director**

**16 February 2017**

*The following appendices are attached:*

- Appendix 1 - The Cardiff Rough Sleeper Strategy 2017-2020
- Appendix 2 - Draft EEA Rough Sleeping Protocol
- Appendix 3 - Equality Impact Assessment

*The following background papers have been taken into account*

DRAFT

# **DRAFT**

# **Cardiff Rough**

# **Sleeper Strategy**

# **2017-2020**





# Partners to the Cardiff Rough Sleeper Strategy 2017-2020:



**South Wales Police**  
**Heddlu De Cymru**



**HUGGARD**, Helping  
The Homeless



**0300 500 0914** [www.streetlink.org.uk](http://www.streetlink.org.uk)



**Immigration Enforcement**



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## Foreword



Along with partners, I am committed to significantly reducing rough sleeping in the city and will continue to bring about effective change. This Strategy aims to ensure that some of the most socially excluded people in Cardiff receive appropriate help and support when they need it most.

*Councillor Susan Elsmore*

Cabinet Member for Health, Housing & Wellbeing.

Welcome to the Cardiff Rough Sleeper Strategy 2017-20. The strategy recognises and builds on the excellent work that is already taking place to prevent and tackle rough sleeping, but I acknowledge that there are still too many people living on the streets in Cardiff. This document is a response to this issue and outlines the co-ordinated approach required to tackling and preventing rough sleeping in our city.

Sleeping rough is dangerous and can damage people's lives permanently. Life on the streets detrimentally impacts on physical and mental health and wellbeing and at present the average life expectancy of a rough sleeper is just 47 years of age, which is 30 years younger than the general population.

The longer an individual remains on the streets, the more likely that secondary issues such as begging, drugs or alcohol misuse can become an issue. These anti-social behaviours can also impact on citizens, businesses, workers and visitors to the city.

# Introduction

This Rough Sleeper Strategy will outline how people sleeping rough, often with complex lives and issues, can receive appropriate and accessible support, advice and homelessness assistance. It identifies what provision is currently available and how it can be improved to deliver a more wraparound service to the most vulnerable in society.

No-one chooses rough sleeping as a permanent lifestyle option. Many people will have held tenancies or been supported in specialist housing but have been unable to sustain or manage accommodation provided. This is often due to complex life experiences such as loss of job, family breakdown, bereavement, periods in care or prison, and serious health issues, or personal lifestyle choices such as substance misuse, criminal behaviour or street culture activities. These issues can often lead to a harmful cycle of multiple exclusions from services.

This document is structured around the 'customer journey' from identifying rough sleepers, engagement with services, provision of accommodation, through to independent living.

The Strategy sets out a number of ambitious activities to be undertaken by the Council and its partners over the next 3 years, listed as 'We Will' commitments throughout the document. These will be collated to inform an action plan to be taken forward and monitored in conjunction with the Cardiff Housing Strategy.

## Vision

This Strategy has the following ambitious vision:

***To work towards  
ending rough  
sleeping in  
Cardiff***

## Aims

This Strategy will deliver on the following aims:

To work to understand the causes of rough sleeping.

To work with partners to ensure support is directed towards ending and not reinforcing rough sleeping.

To ensure early intervention to prevent rough sleepers becoming entrenched.

To develop a range of accommodation and support solutions tailored to individual needs.

# Background

## Housing Issues in Cardiff

Cardiff Council and partners are facing unprecedented pressures to deliver accommodation options to those in the most housing need. These pressures come from reducing resources, high levels of homelessness, Welfare Reforms and a deceleration of housing development. The *Cardiff Housing Strategy 2016-2021* shows that:

- ⇒ There are nearly **8,300** households on the waiting list for social housing, of which 8% are homeless;
- ⇒ There are **450** new housing applications each month;
- ⇒ **2,700** families are living in severely overcrowded homes;
- ⇒ **600** homeless households are living in temporary accommodation or hostels including **378** families.

The Welsh Government provides Supporting People grant funding to assist vulnerable people to live independently and prevent homelessness. The Council administers the funds and commissions services such as hostels, refuges, supported housing schemes and tenancy support.

As both the capital and largest city in Wales, Cardiff experiences a high rate of homelessness. At the acute end, Cardiff has seen year on year increases in the number of rough sleepers.

- ⇒ Single night counts undertaken in London in 2016 recorded **964** rough sleepers, **23%** of the English national figure of **4,134**. Cardiff's 2016 single night count recorded **53** rough sleepers, representing **38%** of the Welsh total of **141**.
- ⇒ At **53** rough sleepers, Cardiff's 2016 single night count figure compares with areas such as Birmingham (**55**) and Bedford (**59**), but is not as high as Bristol (**74**) or Manchester (**78**). *Source: Rough Sleeping Statistics Autumn 2016, England (Dept for Communities & Local Government, 2017); National Rough Sleeper Count, November 2016 (Statistics for Wales, 2017).*

The challenge in taking forward services to rough sleepers and vulnerable people is to ensure consistent advice is given, that an awareness of all the services available is widespread and that collaboration is promoted wherever possible.



# Background

## Homeless Duties to Single Adults

New homelessness legislation was implemented on 28<sup>th</sup> April 2015 through Part 2 of the Housing (Wales) Act 2014. This Act places new duties on local authorities to help anyone seeking housing advice and assistance. The specific duties are:

### ***Duty to Provide Advice and Assistance:***

The Council has a duty to provide advice and assistance to anyone including persons from abroad. For rough sleepers this includes outlining the various accommodation options available, as well as support to access relevant benefits.

### ***Duty to Prevent Homelessness:***

The Council is required to work with eligible clients to try and prevent homelessness or secure alternative accommodation. For rough sleepers this may include facilitating mediation with family members or addressing issues such as rent arrears.

### ***Duty to Help to Secure Accommodation:***

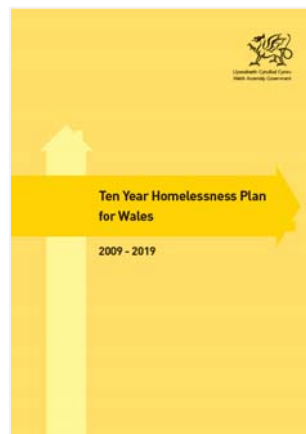
Where homelessness cannot be prevented, the Council must assist all eligible households to find suitable alternative accommodation. This may include assisting access into the private rented sector, or supported housing for those deemed vulnerable, as defined by the legislation.

### ***Duty to Secure Accommodation:***

Where alternative accommodation has not been found under the previous duties, most single people without dependents would fail to qualify under this duty, again unless they were deemed vulnerable. While the Council has no duty to provide it, Cardiff has access to a range of accommodation for single people (see page 23).

Although the wider duties do assist the majority of single homeless people, rough sleepers are not directly addressed within the Housing (Wales) Act.

However, Part 2 of the Act places a duty on local authorities to carry out local homelessness reviews and formulate local strategies. This includes an expectation for a specific strategic focus on rough sleeping. An action has been included in the Cardiff Housing Strategy 2016-2021 to develop a Homelessness Strategy by June 2018. This Rough Sleeper Strategy has been developed first to address the pressing issue of rough sleeping in Cardiff.



The Welsh Government *Ten Year Homelessness Plan for Wales 2009-2019*, identifies 5 key objectives that have helped to shape this Rough Sleeper Strategy:

- ⇒ Preventing homelessness wherever possible;
- ⇒ Working across organisational boundaries;
- ⇒ Placing the service user at the centre of service delivery;
- ⇒ Ensuring social inclusion and equality of access to services;
- ⇒ Making the best use of resources.



# Background

## Research

A number of research studies have been undertaken looking into the reasons for rough sleeping; the support needs of these individuals and experiences of violence and abuse on the streets.

The 2011 Joseph Rowntree Foundation report 'Tackling Homelessness and Exclusion—Understanding Complex Lives' explores the interaction between homelessness and other social issues. Evidence was collected by research projects in 7 UK cities, including Cardiff. The report identifies:

- A strong overlap between more extreme forms of homelessness and other support needs, with nearly half of service users reporting experience of institutional care, substance misuse and street activities such as begging, as well as homelessness.
- People with complex needs are at serious risk of falling through the cracks in service provision. There needs to be an integrated response across health, housing and social care.
- A need to move from compartmentalised and organisationally driven approach towards an individualised approach.

In 2016, Dr Peter Mackie of Cardiff University undertook research on 'Transitory Single Homelessness in Wales'. This study looked at the scale of movement of single homeless people, where they were coming from and the influences behind people seeking housing assistance in areas where they have no local connection.

Examples of the range of factors identified:

**Push** - loss of employment, transient lifestyle, relationship breakdown.

**Pull** - know someone in the area, a fresh start, belief that coming to the city would offer more services.

The 2016 Crisis study 'It's no life at all – Rough Sleepers' experiences of violence and abuse on the streets of England & Wales' conducted face to face interviews with 458 homeless people who had experienced rough sleeping in the previous 12 months. Focussing on the extent and impact of incidences of crime and anti-social behaviour, the report identified that:

- 77% were victims of anti-social behaviour
- 30% had experienced violence
- 6% had been sexually assaulted
- 45% had been intimidated or threatened with violence / force
- 56% had been verbally abused
- 51% reported damage to / theft of personal property.

The Wallich are currently undertaking consultation with existing and former rough sleepers in Cardiff, to identify the barriers they experienced when accessing accommodation and support services. The outcomes of this consultation will be considered by the Council to review pathways into services as necessary.

### ***We Will:***

- Continue to benchmark with other local authorities to review and adopt relevant best practice.
- Consider the findings of relevant research and pilot projects to inform future service provision.

# Identifying Rough Sleepers

## Reporting Rough Sleepers

The Council welcomes referrals from the public and professionals who have information or concerns about anyone they believe to be sleeping rough anywhere in the city. Dedicated contact options for the Homeless Outreach Team are advertised on the Council website ([www.cardiff.gov.uk/homelessnow](http://www.cardiff.gov.uk/homelessnow)), including a direct e-mail address ([roughsleeping@cardiff.gov.uk](mailto:roughsleeping@cardiff.gov.uk)). This referral route has proved effective in identifying previously unknown clients and/or locations.

Another option is the Streetlink Cymru service. This website and mobile phone app allows the public to report the location of a presumed rough sleeper to a central service. The information is then passed to the relevant Council who investigate and visit the location within 3 working days.

Unfortunately, not all referrals received contain sufficient detail to act upon the intelligence. Since its launch, Cardiff has received 401 referrals via Streetlink Cymru, of which only 2 have provided information on rough sleepers previously unknown to the Homeless Outreach Team.

**We Will:** Improve the visibility of the Homeless Outreach Team's contact details on the Council website.

## Ongoing Monitoring

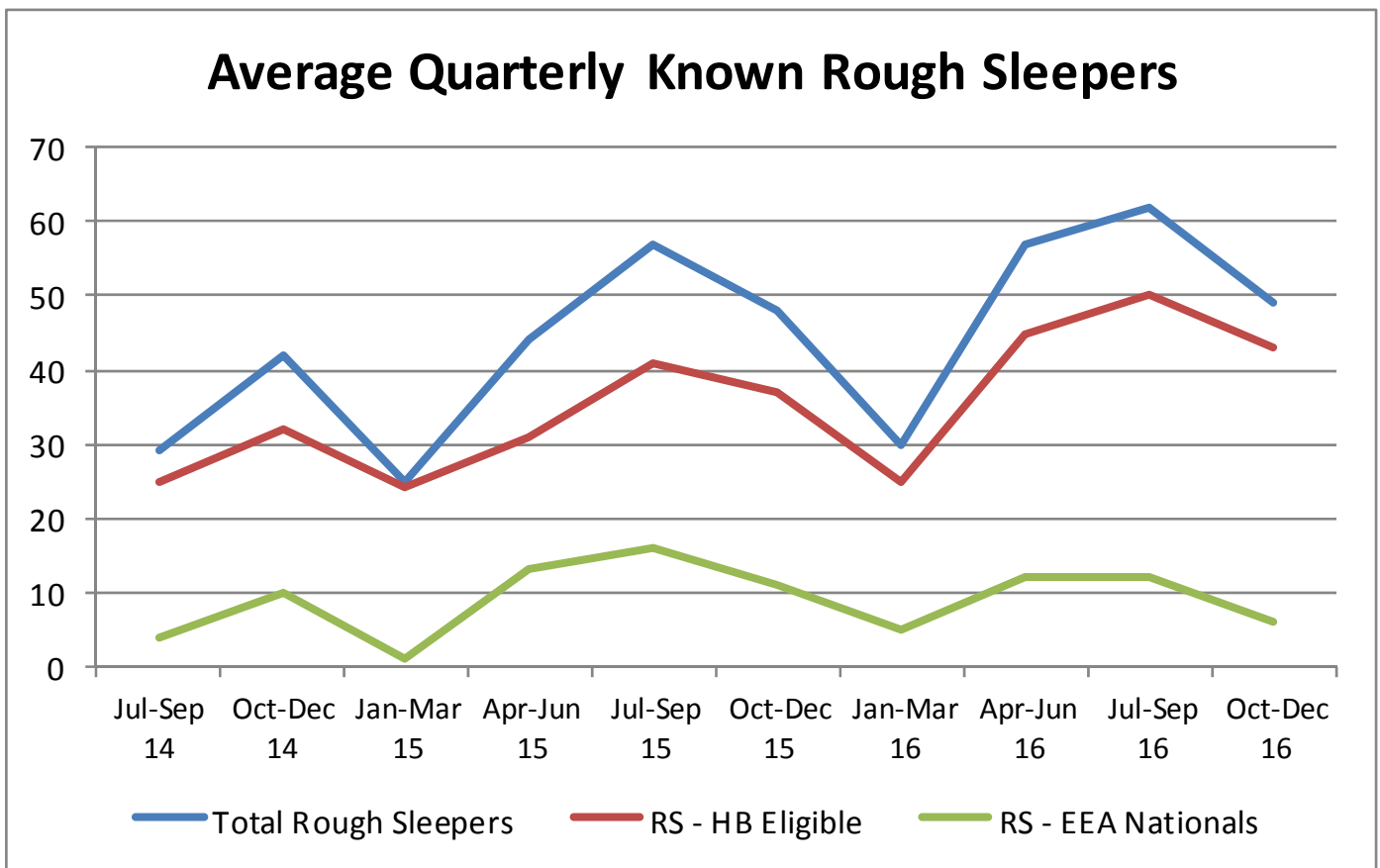
The Council's Homeless Outreach Team work alongside a variety of third sector organisations to seek out and support rough sleepers. Together with staff from The Wallich, Council outreach staff take breakfast to and engage with rough sleepers every morning at known locations.

Details of all individuals observed are recorded and data is combined with information from partners. Along with intelligence from the Police and other sources, this data builds up a picture of rough sleepers.

This daily monitoring shows that over the last 2 years, the number of people sleeping rough in and around the city centre has steadily increased. During one week in August 2016 this figure peaked at 68 individuals, with the whole of August averaging 60 individuals per week, the highest numbers ever recorded in Cardiff.



# Identifying Rough Sleepers



Source: Cardiff Council Homeless Outreach Team 2017

The graph demonstrates the changing trend of rough sleeping over the past 2 years. It shows seasonal fluctuations, with numbers decreasing in the winter months in line with Cold Weather Provision (see page 21). However, the overall trend is an upward one, with the exception of a levelling off of European Economic Area nationals sleeping out since April 2016.

## Client Demographics

As at 28th October 2016 there were 52 known individuals sleeping rough:

- 46 were males and 6 females;
- Almost half (25) were aged under 35;
- 37 were White Welsh; 3 White British; 1 White Irish; 1 Mixed Race and 10 were EEA nationals;
- A third (17) were classed as entrenched (see page 11);

- 26 people had a local connection to Cardiff; 11 to other South East Wales authorities; 3 to England; 10 to EEA countries; 2 were not known. Source: Cardiff Council Homeless Outreach Team 2016

This snapshot includes classifications of rough sleepers, as described below.

### Those New to Sleeping Rough

As the Welsh capital, Cardiff attracts many people wanting a new start. However, when jobs and housing are not as readily available as anticipated, some find the only option is to sleep rough. Similarly those already resident here who experience a significant life-changing event such as job loss or relationship breakdown with partner or parents, also may find themselves on the streets. With early identification these individuals can be supported and avoid the often harmful cycle of homelessness.



# Identifying Rough Sleepers

The Outreach Team aim to identify and engage with new rough sleepers on the same day and respond to all other referrals within a target of 3 days. Anyone wanting to access services will have immediate access to emergency bedspaces.

## Long Term Rough Sleepers

Whilst efforts are made to get people into accommodation at the earliest opportunity, due to a variety of reasons, a significant proportion of people sleeping rough do not engage with services. Whilst contact with most clients will result in positive change over time, there are still many individuals who have additional barriers and personal circumstances that can lead to a longer term problem. Chaotic lifestyles and complex needs can result in an inability to maintain accommodation once provided, or failure to maintain any form of accommodation for extended periods of time. For the purpose of this strategy, the group is split into two different categories:

### **Periodic Rough Sleepers:**

Clients who have 3 separate periods of rough sleeping. Such clients have multiple spells of rough sleeping and are recognised as being at high risk of becoming entrenched.

### **Entrenched Rough Sleepers:**

Clients who have been rough sleeping for 6 months or more. Currently, this applies to approximately a third of rough sleepers in Cardiff. Although entrenched, efforts continue to be made to engage and encourage people into services.

### **Case Study: Entrenched Rough Sleeper**

PJ was last accommodated in a hostel, which he abandoned as he found it too chaotic. He has slept rough ever since, a period of approximately 12 years. PJ has been made many offers of housing during this time, but has declined them all.

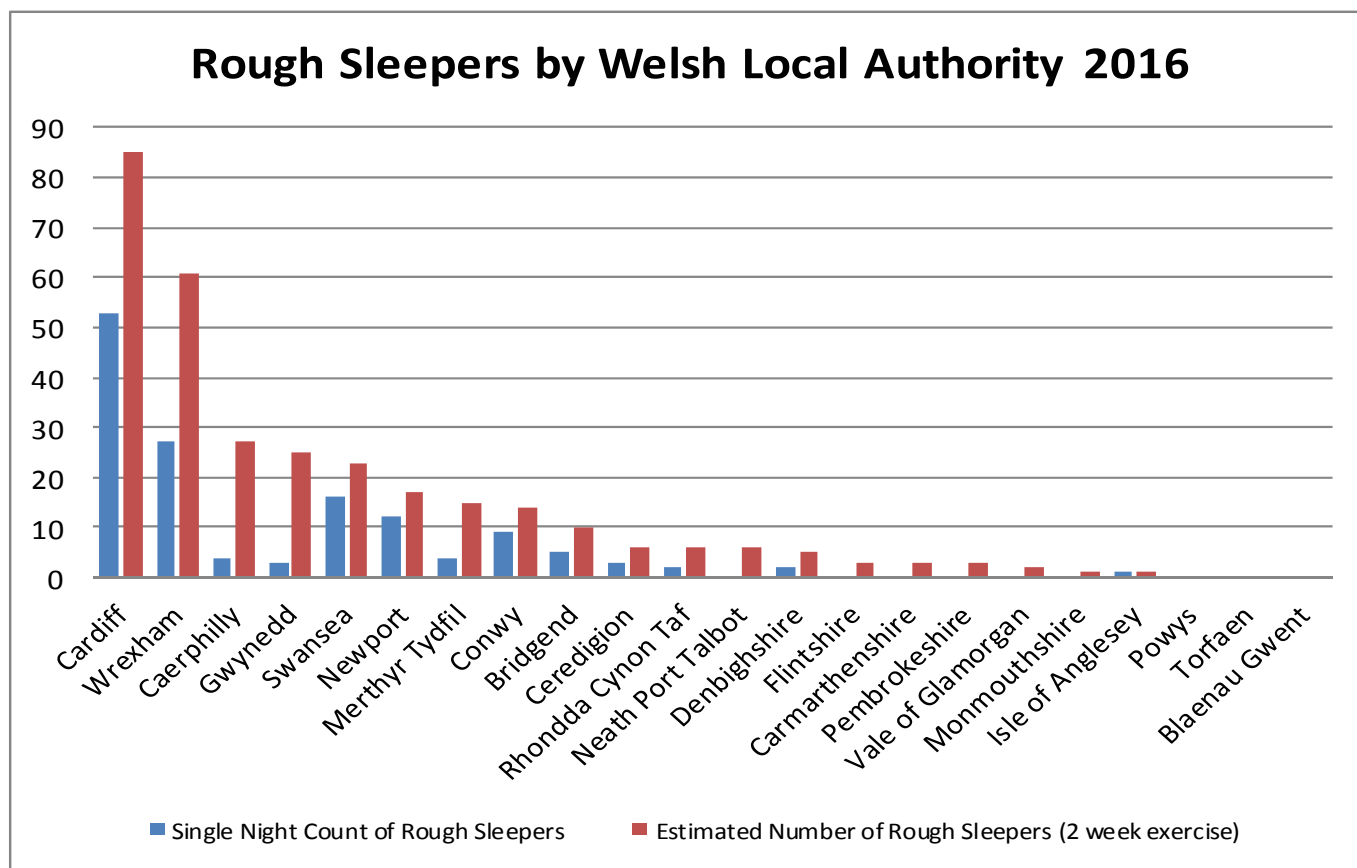
The Outreach Team continually remind PJ that he has options open to him but he gets easily annoyed if he feels pushed. The priority has to be to maintain a supportive, trusting relationship with him in order to keep him as safe and well as possible.

The Outreach Team assisted PJ to make claims for welfare benefits so he can now support himself with food and hot drinks through the day without having to access soup runs. PJ lives a very insular life; this is the way he copes with the mental health issues at the root of his street homeless lifestyle. PJ continues to be monitored for any signs of diminished mental capacity around his decision to live on the streets.

### European Economic Area (EEA) Nationals

Due to a change in legislation in January 2014, many single EEA nationals without worker status or recourse to public funds sleep on the city's streets. When Cold Weather Provision is not available, they comprise around 20% of all rough sleepers. These clients are still supported by the Homeless Outreach Team, however, their accommodation options are limited due to ineligibility for Housing Benefit and lack of employment.

# Identifying Rough Sleepers



Source: National Rough Sleeper Count, November 2016 (Statistics for Wales, 2017)

## Veterans

The Council is a signatory of the Armed Forces Covenant. Homeless assessment and outreach processes have been developed to identify those who present from the Armed Forces and ensure they are signposted to appropriate support.

## **Annual Count**

The Welsh Government requires local authorities to regularly report on the scale of rough sleeping in their area to inform national responses to this issue. A date is identified each year and, following set guidance, local authorities undertake a count of individuals sleeping rough during that night. This is supplemented with a two-week exercise to estimate numbers from all intelligence available.

The graph above shows the results of the 2016 Wales-wide count. Based on the estimated number of people sleeping rough over the *2 week period*, Cardiff was one of only four Welsh local authorities with a rate of over 2.0 rough sleepers per 10,000 households, compared to the Wales average of 1.0.

Cardiff's figures for the last 3 *single night counts* show an upward trend in the number of rough sleepers actually observed, with 26 individuals recorded in 2014, 30 in 2015 and 53 in 2016.

# Early Intervention Options

Cardiff has a wide variety of services delivered by the Council, third sector and voluntary organisations operating in the city, which support vulnerable people and those affected by homelessness. There is a need to better coordinate and focus these services on early identification of rough sleepers and taking timely and appropriate action to help people off the streets.

## The Homeless Outreach Team

The Council's Homeless Outreach Team goes out daily between 6am and 9pm to engage with people who are currently, or who are at risk of becoming, rough sleepers. The 'guide for homeless people in Cardiff' is given to all those encountered. Due to the nature of many clients, engagement can be difficult and requires perseverance from staff to connect with and support the client.

The Outreach Team works throughout the city with other outreach agencies, providing assistance to access accommodation options and services such as Health (both physical and mental) and Social Care where an issue is identified needing intervention. Although data is shared between services, an improved approach is required to fully record the interactions and offers of support made to individuals.

### We Will:

- Expand the Outreach Team to provide a case management approach to rough sleepers.
- Improve data sharing between agencies involved with rough sleepers.
- Work towards 'No First Night Out' for those who engage with services.

**Guide for homeless people in Cardiff**

**HANR Outreach Services**  
 (Advice and services for homeless and vulnerable adults). Housing Options Centre (HOC), Hansen Street, Cardiff, CF10 5DW  
 Freephone: 0808 100 1327

**Breakfast Run**  
 Daily service from 7am checking known sites in & around Cardiff. Based at the Old Museum toilets, Museum Avenue from 8.15am

**The Bus Project - Museum**  
 Sunday 5.30 – 8.00pm  
 Monday – Thursday, 6.30 – 9.00pm

**The Soup Run**  
 Every evening from 8pm, Charles Street (rear of M&S)

**Street Pastors**  
 Every Friday & Saturday night from 10pm - 4am in the City Centre.

**CARDIFF CAERDYDD**

# Early Intervention Options

## **Third Sector Services**

The following third sector services are grant funded by the Welsh Government and the Council and work closely with the Homeless Outreach Team.

### **Rough Sleeper Intervention Team**

This service, operated by The Wallich in partnership with the Council's Homeless Outreach Team, is more commonly known as the 'Breakfast Run'. Staff go out each morning to engage with rough sleepers through the provision of breakfast and other welfare items.

### **Bus Project**

Established in 2002, this service is delivered by the Salvation Army, Sunday to Thursday evenings every week. As well as access to out of hours emergency accommodation, this service also provides food, access to advice, advocacy, medical support including needle exchange and chaplaincy. The Bridge Project substance misuse outreach worker provides a surgery via the Bus Project and links in with all other outreach services.



### **Huggard Day Centre**

The facility provides an open access day centre for rough sleepers 365 days a year

where they can access a variety of advice and support, from basic welfare provision to diversionary activities and access to training and development. Services include:

- Reception Service: Meeting the immediate and basic needs of clients, supporting them to engage with accommodation and support services;
- Support and Rehabilitation: Addressing barriers to engagement and breaking dependence on street culture activities. Providing diversionary and development opportunities;
- Development and Training: Developing confidence, social skills and employability in an attempt to break the cycle of homelessness through an extensive range of activities and training.

The Huggard Day Centre has an Advocacy service which provides a direct access drop-in to deal with any issue a homeless or vulnerably housed person may present with. The advocate works closely with partner agencies and regularly receives referrals where specific support needs have been identified that can be a barrier to accessing accommodation or services, such as complicated benefit claims.

The Centre also provides a Substance Misuse project for rough sleepers that follows a harm reduction programme. This service provides low threshold, open access support from the provision of a needle exchange service to advice, support, stabilisation and engagement in formal treatment services.



# Early Intervention Options



## **Voluntary Provision**

There is also a range of voluntary and non-grant funded assistance available in Cardiff.

### **Faith Groups**

There is a long history of faith groups providing 'soup runs' for rough sleepers in the city, taking turns to give out hot food on weekday evenings. The services provided by faith groups has increased significantly in recent years to include approximately 12 cold weather beds in churches over the winter months, food parcels, free clothing, haircuts and personal hygiene products.

### **Street Pastors**

Cardiff Street Pastors initiative is delivered by local churches, working with the Police, the Council, Health and local businesses. Street Pastors are volunteers, trained to prevent anti-social incidents and support people to access services or transport. Cardiff Street Pastors recognise many of the entrenched rough sleepers and will offer blankets and signpost them to services.

### **Community Initiatives**

A range of different community-based initiatives provide services and assistance to rough sleepers, often on an ad-hoc basis.

### **Homeless Alliance**

The Homeless Alliance was formed in 2013 to try to coordinate these services alongside statutory and other partners.

## **Working Together to Get People Off the Streets**

There is clearly a wealth of services assisting rough sleepers. However this activity needs to be refocussed and better coordinated. A new approach is needed to divert people away from options which encourage dependency and reinforce rough sleeping, and to realign services towards helping people to achieve the confidence required to live independently.

More can be done to further integrate current provision, using partners' respective specialisms to support homeless people. For example, Faith groups may be best placed to befriend individuals on a 1-1 basis to divert them into activities, employment and socialising. A more intensive, wraparound and collaborative approach to supporting rough sleepers, especially new individuals, to move off the streets, will improve the likelihood that they are diverted from a harmful lifestyle and achieve better outcomes.

### ***We Will:***

- Strengthen the joint-working response, coordinating and refocusing all partners' efforts on getting people off the streets.
- Develop procedures for closer partnership working with Faith groups.
- Explore options to develop diversionary / befriending services.

# Early Intervention Options

## Complex Needs

The majority of entrenched and repeating rough sleepers that are being supported within the city are not homeless because they do not have a roof over their head, but because they have repeatedly been unable to sustain or manage accommodation provided.

The Council and its partner agencies have recognised an increase in the number of presentations where the lead need is identified as mental health. A significant number of these presentations also have coexisting substance misuse related needs.

Partners acknowledge the need to ensure that mental health and substance misuse support within hostel provision meets the needs of the client, and that appropriate placements are made for the level of support required. A joint review of the current provision and pathway is currently underway between the Council's Housing and Social Care Services working with Health colleagues. Two specialist mental health professionals have been engaged to undertake the review. This will include:

- Use of an improved support needs assessment to ensure identified support needs are met.
- An in-depth analysis of what support is actually offered in hostels and supported housing schemes.
- Devising criteria to improve matching of client need with appropriate placement.
- To act as specialist advisors to staff to assist with referrals.
- To identify gaps in existing accommodation provision.

This review will inform future provision and develop a clear pathway for individuals with discrete needs.

### **Case Study: Substance Misuse Joint Outreach Pilot**

During October 2016, the Council's Homeless Outreach Team undertook 4 sessions (one per week) of street-based joint outreach with TAITH. TAITH are commissioned by the Substance Misuse Area Planning Board (APB) using Welsh Government grant funding to offer advice and support to help people make informed decisions regarding their substance use. Services include harm reduction strategies; one-to-one interventions; semi-structured group work; needle exchange and blood borne virus testing. The pilot resulted in:

- 10 Entry to Drug and Alcohol Services (EDAS) referrals;
- 3 direct access EDAS appointments;
- 12 clients being signposted to TAITH.

### ***We Will:***

- Develop a support pathway through services for clients with mental health/substance misuse issues.
- Review and improve partnership working between the statutory and voluntary sectors to address complex needs.
- Build upon the success of the substance misuse pilot and explore further options for joint outreach with specialist partner agencies.
- Develop a specialist pathway through services for females at high risk of exploitation.

# Early Intervention Options

## Vulnerable Persons Multi-Agency Intervention

In collaboration with partners, the Council has developed a range of intervention procedures for individuals where there is heightened concern relating to their safety and wellbeing. These procedures are implemented through a referral process which triggers a multi-agency response. An action plan is agreed to put in place appropriate interventions until an acceptable outcome has been reached. Issues can be escalated to senior management within each partner organisation where a situation and the potential consequences are deemed critical. There are 4 stages to this pathway:

**Stage 1:** Access Panel – multi-agency meeting to discuss all clients referred due to exclusion from Frontline accommodation

**Stage 2:** Falling Through the Net – multi-agency meeting to discuss an individuals concerns and risk.

**Stage 3:** Accelerated - expedite consultation with senior management where the need is identified.

**Stage 4:** Blue Light – provide emergency intervention where it is assessed that a person's circumstances pose a serious and immediate life threatening risk.

To improve early intervention, the criteria for these procedures need to be strengthened. Whilst referrals into the service can be made at any time, they will automatically be made for all those at risk of long term rough sleeping.

**We Will:** Further develop the multi-agency procedures to identify and intervene with those who sleep rough on 3 separate occasions, or continuously sleep rough for 3 months.

## Health and Social Care Services

It is widely accepted that rough sleeping significantly impacts on individuals' physical and mental well being. In Cardiff, the following well-established services work with outreach services and accommodation providers to help address the needs of the most vulnerable in society:

### Homelessness Nurse

The homelessness nurse provides healthcare intervention via the medical suite at the Council's Housing Options Centre and in hostels. As well as offering treatment and services such as sexual health and blood-borne virus screening, referrals are made to specialist services, such as dentistry, as required.

### Cardiff Alcohol Treatment Centre

The Alcohol Treatment Centre is a nurse-led service based in the city centre, which assesses, treats and monitors intoxicated individuals. The centre was developed through a broad partnership including Health, the Police and the Council.

### Mental Health Assertive Outreach Team

The team assists individuals and professionals to overcome barriers to assessment and treatment for vulnerable adults with complex needs.

# Early Intervention Options

## City Centre Social Work Team

This team works with vulnerable homeless individuals with social care needs and/or complex health needs, including a small number of service users with no identifiable accommodation move-on option. The team engage with service users to work towards completing an Integrated Assessment and provide interventions based on need and appropriate packages of care.

## The Bridge Programme

The Bridge Programme is a unique service designed to provide access into substance misuse treatment for marginalised and hard to reach clients. With integrated specialist outreach workers, the programme offers rapid access to a wide range of treatment options including brief interventions, assessment and structured treatments. It also provides support to access hostel accommodation; Naloxone; blood borne virus screening and needle exchange.

The programme offers on average 50 plus treatment places a year. Approximately 80% of service users have either been directly engaged from rough sleeping or have had experience of rough sleeping within the last 12 months.

## **Reconnection Service**

Cardiff recognises that not all rough sleepers will have a local connection to the area for housing purposes and that some individuals come to Cardiff because of a lack of provision in other authorities. All rough sleepers in Cardiff are given advice and assistance regardless of their local connection status.

However, monitoring of the impact of the new legislation indicated that, in 2015 the number of people sleeping rough or accessing emergency accommodation in Cardiff, who were from other Welsh local authority areas, was increasing. This led to the development of the Reconnection Service delivered by the Salvation Army to support individuals with no local connection to return to their home authority in a managed way, or to achieve another positive accommodation outcome.

Accommodation may be provided for an individual with no local connection either for one night or temporarily via a waiver to access specialist provision only provided in Cardiff, or because of overwhelming vulnerability, health or social care grounds. The table below shows Service outcomes for November 2015 to November 2016:

Outcome	Clients
Reconnected to friends and family	33
Did not engage with Reconnection Service	27
Reconnected to make presentation at own Council	26
Offered supported accommodation via wavier or re-assessment	25
Supported to move into private rented accommodation	5
Case pending	5
Other e.g. Hospital/Prison	3
<b>Total</b>	<b>124</b>

People have been reconnected from as far apart as Barry to Brussels.



# Early Intervention Options

## Case Study: Reconnection Service

PG is a 38 year old male whose local connection was established as South East Wales. PG was previously known to homeless services in Cardiff and had been identified as having drug and alcohol issues. Reconnection staff engaged with PG during an outreach surgery at the Bus Project. They supported PG to attend the Council's Housing Options Centre, where he was assessed and referred into the Reconnection Service.

The Reconnection Service then worked with PG to re-establish ties with his mother, who agreed to offer PG accommodation whilst he presented to his local authority. Staff also contacted the local authority to seek advice, arrange an appointment for PG and to ensure he would be able to access drug and alcohol services in the Borough. PG is now settled in a hostel in his home area. He remains abstinent and is in regular contact with his family.

### **We Will:**

- Continue to monitor local connection for all clients.
- Build on the success of, and ensure the sustainability of, the Reconnection Service.



## Police and Other Intervention

### UK Visas and Immigration

Rough sleeping is considered an abuse of free movement rights, as defined in European legislation and case law. EEA nationals found to be rough sleeping may therefore be subject to administrative removal via Home Office procedures.

A joint working protocol between the Council, Police and the UK Visas and Immigration service has been prepared, using guidelines developed from Home Office policy, to reduce the numbers of Non UK/Republic of Ireland EEA Nationals sleeping rough in Cardiff (see Appendix A).

This protocol formalises the procedures for identifying and supporting EEA national rough sleepers to claim appropriate benefits, access employment and accommodation or to voluntarily reconnect them to their country of origin. Tailored support is at the heart of this collaborative approach and a full assessment of an individual's needs will be undertaken by partners.

However, where clients disengage from services, or are assessed as unlikely to break the pattern of rough sleeping, information sharing will take place to ensure that administrative removal takes place in a safe and planned manner.

**We Will:** Implement the Joint Working Protocol with Police and Immigration services.

# Early Intervention Options

## **Case Study: EEA National.**

VL had arrived in the UK in August 2016, moving transiently around the UK, looking for work and rough sleeping before arriving in Cardiff. He was distressed and unkempt when presenting, he had hoped to gain employment but had been unsuccessful causing deterioration in his health and an increase in his alcohol use. VL requested a return to Romania to reside with his family.

The Reconnection Service worked with the Huggard Advocate to book VL's ticket. VL's journey was over the Christmas period, taking around three days, so he was given a warm coat and a large food parcel to make his journey easier. The Reconnection Service also provided VL with a full travel map including details of all his travel times and connecting coaches. VL returned successfully to Bacau, Romania and is now residing with his family.

## **South Wales Police**

Designated Public Place Orders (DPPO) prohibit drinking in certain areas designated by the Council and are enforced by the Police. A city centre DPPO was implemented in Cardiff in 2010.

## **Local Authority Powers**

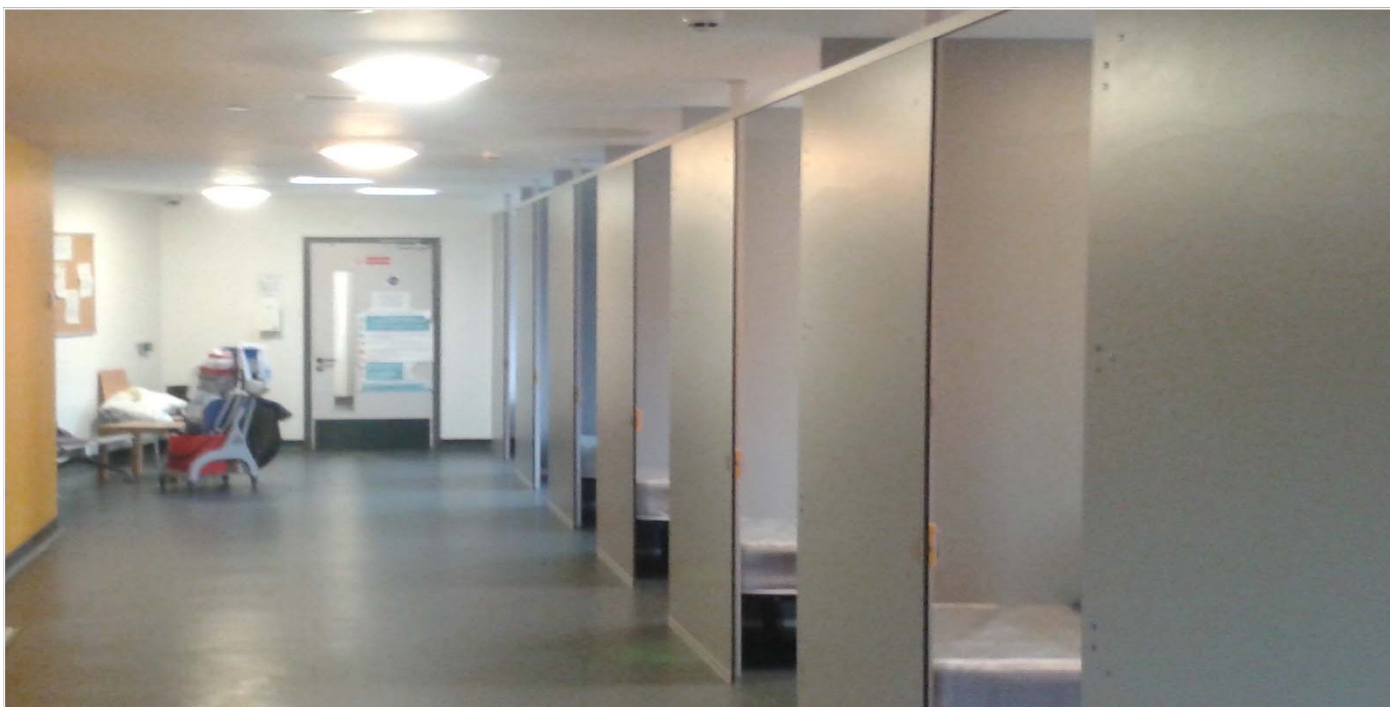
The Highways Act 1980 allowed local authorities to implement Public Path Gating Orders to restrict access to alleys and lanes which experienced anti-social behaviour such as fly-tipping and burglary. The Council has implemented over 100 such Orders across Cardiff. Since the introduction of the Anti-social Behaviour, Crime and Policing Act 2014, these have been replaced by Public Space Protection Orders (PSPOs).

PSPOs have been considered elsewhere to place a general Order on whole towns to restrict certain behaviours such as leafleting/advertising, busking, begging, and rough sleeping. Many of these proposals have been abandoned due to public concern, but some limited Orders do exist. The Council and its partners will monitor any Orders in place to assess their success.

**We Will:** Closely monitor the use of Public Space Protection Orders in force in England and Wales.



# Accommodation Options



## Emergency Accommodation

All outreach services share the same aim of engaging individuals to support them to access accommodation whether emergency overnight stays or a hostel bedspace, as soon as possible. In total, Cardiff has 45 emergency bedspaces across 4 providers available all year round:

- **12** bedspaces are based within the Wallich Nightshelter.
- The Wallich also provide **3** emergency spaces within Sir Julian Hodge hostel.
- There are **8** bespoke 'pods' delivered at Ty Tresillian hostel (see above).
- **12** emergency spaces are delivered by the Huggard in addition to **8** pods.
- **2** emergency spaces are provided at the YMCA hostel.

Access to this emergency provision is managed by the Housing Options Centre, or out of office hours through Outreach Staff, the Breakfast Run, the Night Bus or via direct presentations to Ty Tresillian.

## Cold Weather Provision

Since the mid 1990s Cardiff has operated a Cold Weather Provision scheme to provide additional overnight accommodation to further assist rough sleepers during the cold winter months. In 2016, 52 bed spaces were made available, partly funded by the Welsh Government Transition grant:

- **20** on Huggard Day Centre floor space.
- **12** floor spaces at Ty Tresillian.
- **12** plus spaces provided by churches.
- **4** spaces at the Salvation Army's Ty Gobaith hostel.
- **4** spaces at the YMCA hostel.

Some rough sleepers are however reluctant to use emergency accommodation.

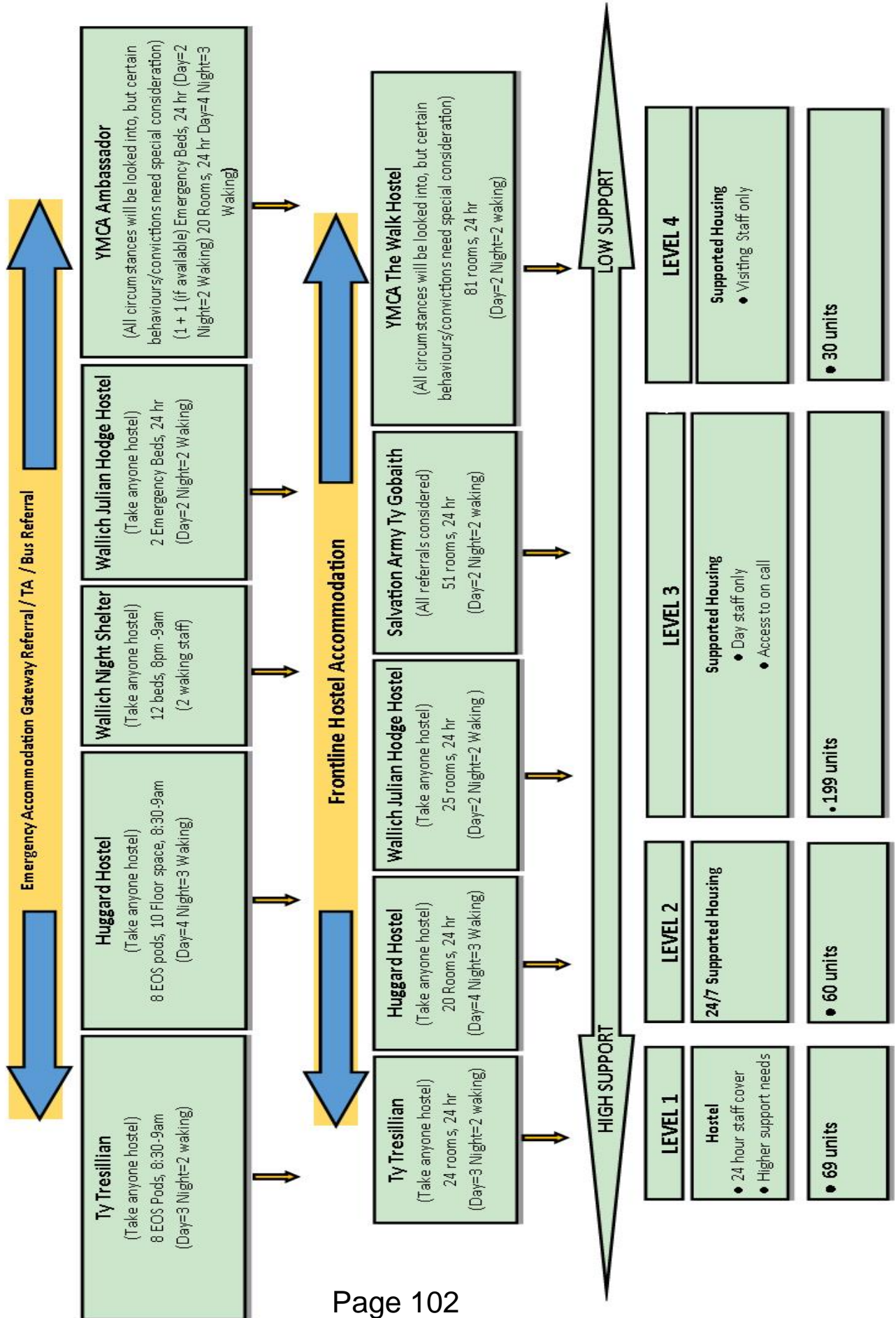
### ***We Will:***

- Review accommodation options for rough sleepers.
- Gain a better understanding of the issues with emergency accommodation, to facilitate people coming off the streets.



# Accommodation Options

## Accommodation Options for Homeless, Single Adults



# Accommodation Options

## Hostel Bedspaces

Having accessed emergency provision, the current pathway is into existing vacant hostel, or other supported housing spaces. Cardiff has 5 large hostels that cater for single people and occasionally couples:

Hostel	Provider	Beds
Ty Tresillian	Cardiff Council	24
Cardiff YMCA	YMCA	81
Ty Gobaith	Salvation Army	66
Sir Julian Hodge	The Wallich	25
Huggard Hostel	Huggard	20

Although they all deliver generic housing-related support, some hostels specialise in addressing substance misuse, for example. Individuals may have to remain in emergency accommodation until a vacancy arises in the most suitable hostel identified to support their needs. A review of these larger hostels is underway to ensure that the best use is being made of this expensive resource. Hostels are required to support clients and be accessible 24 hours a day and therefore a substantial element of Supporting People Grant funding is used to deliver these bedspaces.

## Supported Housing

The chart on the previous page shows the various types and range of accommodation based support services available for single homeless people. In total there are 559 bed spaces funded by Supporting People Grant to deliver specialist supported accommodation and move-on schemes to prepare people for independent living. Schemes can specialise in mental health, substance misuse and offending behaviour.

Some, including hostels, offer units that prepare clients for access to training and work, often with a discounted rent and provision of packed lunches and suitable work attire.

### Case Study: Ty Cornel

Ty Cornel was originally developed to meet a gap in provision for a cohort of long-term street homeless people with existing substance misuse problems, which had resulted in significant physical disabilities. This partnership scheme with Adult Social Services uses joint funding to deliver housing and social care, with referrals made via the City Centre Social Work Team.

## Single Person Accommodation Gateway

Access into all hostel spaces and beyond is facilitated through a coordinated referral system, known as the Single Persons Gateway. This is one of a number of gateways developed to ensure that homeless people with particular issues or vulnerability can access the service best suited to their needs.

The Single Person Gateway provides a 24 hour, central point of access into accommodation, operating from the Council's Housing Options Centre. This co-location ensures that everyone has access to a statutory homeless assessment in accordance with current legislation. The assessment process also covers other health and support needs, to ensure the most suitable onward placement is made.

# Accommodation Options

The more entrenched rough sleepers are reluctant to access the services available at the Housing Options Centre and therefore miss out on priority services that a statutory homelessness assessment would provide. The Outreach team are best placed to carry out these assessments for rough sleepers, to ensure they have the same level of service as other homeless people.

**We Will:** Formalise arrangements for Council Outreach staff to undertake statutory homelessness assessments, giving clients access to services based on priority need.

Single Persons Gateway data is continually monitored and is being used to inform the Accommodation and Support Review into all Supporting People funded services. The Review aims to make improvements in how services are accessed, used and monitored and will also review other grant funding arrangements. This work will inform the development of new pathways for those with additional needs, such as mental health, and identify gaps in service which can then be appropriately procured.

## Young Persons Gateway

Unlike some major cities, Cardiff does not have high levels of young people needing to sleep rough. The Homeless Outreach Team work with Children's Services to report any children or young people encountered, who may be truanting or reported as missing. Young people under 18 years old found to be sleeping rough will be given automatic priority and taken to Children's Services. The Police will be contacted if appropriate.

Young people leaving the care system or who have become homeless due to relationship breakdown with family or friends can be assisted through the 'Young Person's' Gateway. The Council's Homeless Service and Children's Services have a partnership with Llamau to provide the initial advice and assistance needed to access suitable accommodation or to provide mediation to help resolve difficult relationships. Young people are also offered an assessment with a co-located Social Worker to ensure all welfare needs are addressed.

The Young Person's Accommodation Gateway is managed by the Council's Housing Options Service and has access to a range of specialist supported accommodation for those aged 16-25, with suitable placements made dependent upon need. Once ready to move on, young people are encouraged to attend a 'training tenancy' session to provide them with the skills to manage their own tenancy.

### **We Will:**

- Use the Single Persons Gateway to monitor usage of emergency provision to encourage move on and inform recommissioning.
- Establish refined support pathways for rough sleepers.
- Review all funding used to support homeless services to ensure sustainability and that outcomes are clearly understood and monitored.
- Develop a support service specification to prepare for recommissioning homeless hostels.
- Offer funding to pilot innovative new solutions to rough sleeping.

# Independent Living

## Housing First

Many people who experience rough sleeping can remain isolated on the streets as they do not want to be accommodated in hostels. A model that has received acclaim is Housing First, which started in America and has been adopted across the world. The concept is aimed at chronic rough sleepers and those who cannot break the cycle of homelessness by prioritising a move straight from the streets into a home; the concept being that if chaos is eliminated from a person's life, clinical and social stabilisation can occur faster and be more enduring.

### Case Study: Tŷ'r Afon Project

ST had been rough sleeping for many years. Over time, the Outreach Team built up a bond with him and he eventually engaged with the service. ST was referred into the Tŷ'r Afon project. ST settled in well, becoming more confident and requiring only limited support.

ST moved on to his own accommodation where, unfortunately, he was subjected to bullying and abuse. In response, he became isolated and disengaged with support services. He eventually abandoned the property and returned to sleeping rough.

After a very short period, ST began to work with outreach staff again and a second referral was made to the Tŷ'r Afon Project. Following a successful period of support, ST moved into his own flat, maintaining contact with all services. He also started to volunteer with various homeless charities in Cardiff. ST is much happier at this accommodation, has grown in confidence and is well on his way to full independence.

In Cardiff an alternative accommodation model has been developed under the principles of the housing first model. Although the accommodation is temporary rather than a full tenancy, Tŷ'r Afon places people directly in their own self-contained flat without preconditions and without them needing to move through different levels of housing in a staged approach to independent living. The table details outcomes for the Project since its establishment in February 2011:

Outcome	Clients
Positive move to permanent Council accommodation	9
Positive move into private rented sector	10
Positive move into supported accommodation	5
Positive move into temporary accommodation	1
Positive move family reunion	1
Abandoned by resident	4
Evicted	5
Other	3
<b>Total</b>	<b>38</b>

The project has achieved positive resettlement for clients who had previously failed to engage or maintain other homeless provision, offering strong support for the development of similar schemes.

**We Will:** Further develop independent living solutions utilising the principles of Housing First and investigate the feasibility of adopting the full model.



# Independent Living

## Common Waiting List

The Cardiff Housing Allocation Scheme manages how social housing is allocated. Applicants join a waiting list and are prioritised according to need. Where there is no fixed abode, clients can register using a 'care of' address, which can be a hostel or the Homeless Outreach Team.

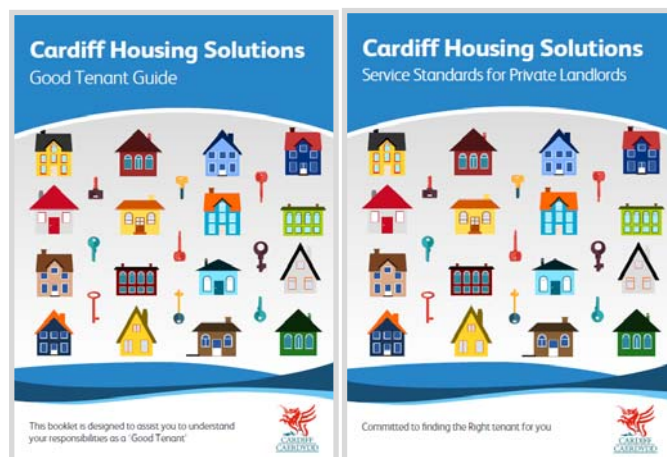
Offers of accommodation through the Tŷ'r Afon Project are given a priority allocation due to the timeliness of managing move-on. Other rough sleepers who are not willing to access formal support services are recorded as being in high housing need and will wait for a suitable offer of social housing.

## Private Rented Sector

An alternative to social housing is to access private rented accommodation, especially where clients want to live in certain wards where there is limited social housing stock. Many landlords are now working with the Council to accept homeless people - staff within the Housing Options Service provide a team called Cardiff Housing Solutions to work with landlords. The service offers:

- A tenant finding and matching service and accompanied viewings.
- Property inspection, inventory and Health and Safety Rating System checks.
- Dedicated Account Management offering support, mediation and advice for landlord and tenant.
- Dedicated fast-tracked Housing Benefit service and direct payments.
- Provision of bonds.

In return, landlords are expected to provide quality properties at reasonable rent levels (Local Housing Allowance rates) and offer a minimum 6 month written tenancy agreement.



**We Will:** Ensure rough sleepers are given equitable access to private rented sector properties.

## Tenancy Support

In order for any settled accommodation to work, many rough sleepers will require an element of tenancy support to help them stabilise and maintain a home.

Tenancy support is currently provided during weekday hours which works well for the majority of people. However, in order to make the transition to accommodation successful, rough sleepers may initially require a more intensive service, which could include evening and weekend support.

**We Will:** Refocus housing-related support services to address the needs of former rough sleepers.



# Independent Living

## Maintaining Independence

### Individualised Budgets

Following a successful pilot scheme, the Council has maintained a small budget to work directly with hard to reach rough sleepers. In agreement with their caseworker, the scheme allows individual service users to make limited spends on items they believe will help bring about change. This could be a basic mobile phone to assist with maintaining contact and keeping appointments, through to furniture for accommodation once resettled.

The aim is to focus on the individual rather than simply repeating standard offers, provide a greater flexibility to reach out to those that are not engaging with services and to maximise the choices and control available to them. To make the use of this funding effective, it needs to support the activities identified within the agreed action plan of each individual.

**We Will:** Fully integrate Individualised Budgets into the improved casework management approach.

### Reintegrating into Society

As with many homeless people, to make resettlement and independence truly successful, former rough sleepers need to have a reason to get up and be active each day. Many of the supported housing providers recognise this and deliver a range of diversionary activities which are also open to rough sleepers. Returning to hobbies and interests will ensure that homeless people can re-engage in society.

### **Case Study: Huggard Roots Project**

Service user EF first came to the Huggard Centre as a rough sleeper. He was reluctant to access services and was finding shelter nightly in town or camping out. EF expressed interest in working the land and learning to grow his own food.

He was referred to the Roots Project and started to volunteer building raised beds and learning how to use them. He became familiar with the Huggard emergency overnight stay and began to engage in the service. Months later EF is now living in Huggard shared accommodation following the stabilising experience and confidence built whilst volunteering at the centre.

### **We Will:**

- Look at pathways into existing diversionary activities and develop additional activities as necessary.
- Explore ways of supporting rough sleepers with their transition into accommodation and eventual independence.

### Welfare Reform

Financial support provided through Housing Benefit or Universal Credit in the Private Rented Sector is restricted to the Local Housing Allowance (LHA) rate that is relevant to the household make-up and circumstances. A single claimant under the age of 35 with no dependant children will qualify for the shared accommodation rate. It has been announced that these LHA restrictions will now be implemented for social tenants with effect from April 2019 to align with the level of financial support provided in the Private Sector.

# Independent Living

Some groups of under 35 year olds will be exempt from the shared accommodation rate regardless of tenure. The exemptions that are most likely to apply to former rough sleepers are:

- Being in receipt of Middle or Higher Rate Disability Living Allowance Care;
- Being in receipt of Personal Independence Payment Daily Living;
- Being a former resident of a specialist hostel, who is aged over 25 and living in self contained accommodation;
- Certain prison leavers, aged over 25 and in self contained accommodation.

Those rough sleepers who are not exempt will face an additional barrier to achieving successful independent living.

**We Will:** Consider ways in which Discretionary Housing Payments may be used to assist rough sleepers who are not exempt from the shared accommodation rate.

## Accessing Work

Helping people to re-train and enter the job market is the best solution to welfare reform. The Council's Into Work Team provides help to those who are unemployed or looking to upskill from their current job. Daily job clubs run in many Community Hubs as well as outreach sessions from 12 locations across Cardiff.

The Team also offer work skills training such as manual handling; food safety; IT courses; confidence building and interview skills Those exiting rough sleeping can access this support, especially following successful

engagement with diversionary activities, or where ready to re-enter the job market.

**We Will:** Seek to engage the Council's Into Work Advisers to assist former rough sleepers as soon as possible following resettlement.

## **Case Study: Tony's Story**

"I became homeless when my wife died five years ago. I was getting into trouble as I could not cope and got locked up. I had to decide whether to make a change or stay stuck in this cycle. I then spent two years on the streets in Cardiff. I was offered hostel spaces but kept refusing as I did not want to end up in those circles where I would end up taking smack/crack. I kept refusing hostels until I was offered temporary accommodation, which I was in for about six months. Now I've been in my permanent flat for four and a half months.

I now volunteer with the charity Boomerang, helping the homeless with furniture and fittings when they get accommodated, putting something back after the help I received."



# Addressing Begging

The general public often does not distinguish between rough sleepers and people who are begging. Not all rough sleepers beg on the streets; many use established charitable options to seek food and supplies. Similarly not all those begging are rough sleepers; many use this as their regular income source and are suitably accommodated, whilst a small proportion are linked to organised crime.

Anecdotal evidence suggests that people can earn very significant sums of money from begging, especially during major sporting and other events in the city. Intelligence also demonstrates that the number of street beggars significantly increases on these occasions. The city centre in particular has a visible issue with street begging, however this is becoming more of an issue in community shopping areas. People have identified lucrative spots with high footfall, offering opportunities to receive donations from the general public. Tourists and those travelling to Cardiff for work are less likely to be aware of services available to assist people who are begging than those who are resident here.

Solutions are required that offer alternatives for those who wish to give money to people begging and presumed rough sleepers. Some local authorities in England have launched multi-agency publicity campaigns to raise awareness of the issues around giving directly to people who are begging. Posters and leaflets have been produced highlighting alternative or 'diverted giving' options such as donating to charities and recognised support services.



## Council Intervention

A snapshot taken by the Homeless Outreach Team on a rugby international event day identified 64 people begging. On a non-event day the snapshot revealed just 24 people begging. Only around half of these were current rough sleepers.

The Outreach Team work with partners such as the Huggard Day Centre to discourage rough sleepers away from begging and other anti-social behaviour. This includes assisting with welfare benefits, referring into accommodation and signposting to diversionary activities. As the majority of begging is linked to drug or alcohol issues, the team also encourage and support rough sleepers to attend specialist substance misuse services, as applicable.

## Police Intervention

All persistent begging will be subject to Police powers, such as those contained in Part 3 - 'Dispersal Powers' of the Anti-social Behaviour, Crime and Policing Act 2014. Where these fail, the Police can resort to applying a Criminal Behaviour Order as outlined in Part 2 of the same Act.

# Addressing Begging

South Wales Police carry out regular operations to address street begging, in particular the more aggressive behaviour that can occur. Emphasis is placed on supporting people to divert them away from this activity prior to any enforcement action being taken.

## **Operation Spruce**

Running over the 2016 festive period, Operation Spruce targeted anti-social behaviour in the city centre, including begging offences, pedlars and street drinking. This was a Police-led initiative, working with partners from the Council's Homeless Outreach Team; Park Rangers; Licensing and Enforcement Teams and Trading Standards. The operation involved a visible policing presence to:

- Respond swiftly to crime and disorder;
- Confiscate alcohol being consumed within Designated Public Place Orders;
- Make use of Anti-social Behaviour referrals for offenders;
- Make use of Section 35 dispersal notices for drink and begging-related anti-social behaviour;
- Arrest persons begging and consider Criminal Behaviour Orders;
- Increase public and retailer confidence that the neighbourhood policing team are tackling issues;
- Maintain a positive image of the city.

Consideration was given to any vulnerabilities highlighted through contact with people who were begging. Issues such as alcohol, drugs, mental health and homelessness were directed to the relevant



agency, to ensure full support was given to the individual.

The Council's Outreach Team continue to work in partnership with the Police to address street begging.

### ***We Will:***

- Provide clear options for members of the public wanting to support rough sleepers, other than giving to people who are begging, and raise awareness of services available.
- Identify clear alternatives to begging which all partners can refer into.
- Work with local Police to assist with taking appropriate action to prevent and reduce persistent begging in the city.
- Learn from the experience of other authorities and from the evaluation of Operation Spruce and consider other actions resulting from this.



# Summary of Commitments

## Research - *We Will*

Continue to benchmark with other local authorities to review and adopt relevant best practice.

Consider the findings of relevant research and pilot projects to inform future service provision.

## Identifying Rough Sleepers - *We Will:*

Improve the visibility of the Homeless Outreach Team's contact details on the Council website.

## Early Intervention Options - *We Will:*

Expand the Outreach Team to provide a case management approach to rough sleepers.

Improve data sharing between agencies involved with rough sleepers.

Work towards 'No First Night Out' for those who engage with services.

Strengthen the joint-working response, coordinating and refocusing all partners' efforts on getting people off the streets.

Develop procedures for closer partnership working with Faith groups.

Explore options to develop diversionary / befriending services.

Develop a support pathway through services for clients with mental health / substance misuse issues.

Review and improve partnership working between the statutory and voluntary sectors to address complex needs.

Build upon the success of the substance misuse pilot and explore further options for joint outreach with specialist partner agencies.

Develop a specialist pathway through services for females at high risk of exploitation.

Further develop the multi-agency procedures to identify and intervene with those who sleep rough on 3 separate occasions, or continuously sleep rough for 3 months.

Continue to monitor local connection for all clients.

Build on the success of, and ensure the sustainability of, the Reconnection Service.

Implement the Joint Working Protocol with Police and Immigration services.

Closely monitor the use of Public Space Protection Orders in force in England and Wales.

# Summary of Commitments

## Accommodation Options - *We Will:*

Review accommodation options for rough sleepers.

Gain a better understanding of the issues with emergency accommodation, to facilitate people coming off the streets.

Formalise arrangements for Council Outreach staff to undertake statutory homelessness assessments, giving clients access to services based on priority need.

Use the Single Persons Gateway to monitor usage of emergency provision to encourage move on and inform recommissioning.

Establish refined support pathways for rough sleepers.

Review all funding used to support homeless services to ensure sustainability and that outcomes are clearly understood and monitored.

Develop a support service specification to prepare for recommissioning homeless hostels.

Offer funding to pilot innovative new solutions to rough sleeping.

## Independent Living - *We Will:*

Further develop independent living solutions utilising the principles of Housing First and investigate the feasibility of adopting the full model.

Ensure rough sleepers are given equitable access to private rented sector properties.

Refocus housing-related support services to address the needs of former rough sleepers.

Fully integrate Individualised Budgets into the improved casework management approach.

Look at pathways into existing diversionary activities and develop additional activities as necessary.

Explore ways of supporting rough sleepers with their transition into accommodation and eventual independence.

Consider ways in which Discretionary Housing Payments may be used to assist rough sleepers who are not exempt from the shared accommodation rate.

Seek to engage the Council's Into Work Advisers to assist former rough sleepers as soon as possible following resettlement.

## Addressing Begging - *We Will:*

Provide clear options for members of the public wanting to support rough sleepers, other than giving to people who are begging, and raise awareness of services available.

Identify clear alternatives to begging which all partners can refer into.

Work with local Police to assist with taking appropriate action to prevent and reduce persistent begging in the city.

Learn from the experience of other authorities and from the evaluation of Operation Spruce and consider other actions resulting from this.







A protocol for effective joint working between City Of Cardiff Council,  
South Wales Police and Immigration Compliance & Enforcement to  
address the issues surrounding Non-UK/ROI European Economic Area  
(EEA) Nationals sleeping rough

DRAFT

## Introduction

Rough sleeping is considered to be an abuse of free movement rights, therefore EEA nationals or their family members encountered rough sleeping may be subject to administrative removal by Immigration Compliance & Enforcement. See Appendix A – Home Office European Economic Area administrative removal: consideration and decision.

This protocol has been created in accordance with Home Office best practice for homeless services to work in partnership with enforcement agencies to reduce the numbers of Non-UK/ROI EEA Nationals sleeping rough in Cardiff.

## Background

In November and December 2015, Immigration Compliance & Enforcement, the Metropolitan Police and Westminster City Council with its partner agencies, trialled the changes to rough sleeping in the Immigration (European Economic Area) (Amendment) Regulations 2013.

Using the results of the trial and feedback from partner agencies, the Home Office made changes to EEA administrative removal. This has been agreed by Ministers and the intention is to roll it out across the UK.

The regulations and guidance state that enforcement action must be proportionate and, with the sensitivities and potential reputational impact of this work, it is important that the protocol includes:

- a fully collaborative approach
- that social care is at the heart of the activity
- clear operational guidance
- an overarching approach to achieve positive outcomes
- approval at Cabinet level within the Local Authority
- senior management approval across all partner agencies

## Partnership Work

Each organisation recognises the growing concern regarding the number of Non-UK/ROI EEA National rough sleepers. Unfortunately, the risk of harm to the individuals can only increase the longer they remain rough sleeping with very limited probability of accessing suitable accommodation.

Where it appears that an individual's circumstances relates only to homelessness, Cardiff Council will coordinate the case. This will ensure that a full assessment has taken place to establish that there are no issues that require immediate intervention and there are no realistic prospects of ending their rough sleeping.

If there is any indication of another abuse of free movement rights or activities that could indicate criminality, appropriate action will be carried out by the enforcement agencies e.g. low-level persistent offending.

Meetings will discuss and implement action plans as required, and ensure that the strategy is regularly monitored and reviewed. Any changes to protocol must be agreed by all parties.

## Procedure

1. Non-UK/ROI EEA Nationals sleeping rough would be identified under the existing Outreach arrangements.
2. Support services from the Council, Wallich, Salvation Army or Huggard will engage with the rough sleeper at the first opportunity.
3. In accordance with the level of cooperation, support staff will carry out an assessment of the service user's situation and support needs. This will include a referral to welfare benefits advice to establish eligibility and to healthcare professionals and / or Adult Services if required. Any immediate and serious physical or mental health and / or other social care concerns must be addressed before administrative removal is considered (and safeguarding issues if a child is involved).
4. Part of the assessment will also include the desire and readiness of the service user to gain employment, and where this is a realistic possibility staff can provide direct assistance and / or make a referral to the Salvation Army Project.
5. The assessment must also include consideration of any indication of suspected trafficking and if present, the appropriate procedure for this will be instigated.
6. Where it is apparent that a pattern of rough sleeping has developed and there is no realistic prospect for intervention to end this situation, staff will encourage the individual to engage with voluntary reconnection to their country of origin.

This will not be presented as a negative step. Instead, staff will outline the support that will be available to them on their return to be able to better prepare and plan any future return to the UK to take up employment.

7. If a service user is cooperating with the above measures, temporary emergency accommodation may be provided until the matter is resolved. Staff will need to explain throughout that administrative removal is a possibility if they continue to sleep rough. Furthermore, they will need to make sure this is understood using internal staff with language skills or an interpreter if necessary.
8. At the point that a service user disengages from the process or where it is assessed that they are unlikely to break the pattern of rough sleeping and will not agree to voluntary reconnection, details will be shared with Immigration using the agreed Information Sharing Protocol (see Appendix B – Information Sharing Protocol). Where they are the lead agency, other support services should share their information with the Council to initiate the referral to Immigration.
9. The information given to Immigration will include the following:

- a) Location of the site
  - b) Known details of the individual including name, DOB, nationality, ID number and date of arrival
  - c) Any known risk issues
  - d) Activities undertaken to date with that individual
10. Immigration will look at any information on their own systems and request information from the Police systems if this is thought necessary.
  11. Immigration will coordinate a site visit during which they will confirm the existing findings and proceed to serve administrative removal papers on the individual where they are satisfied the criteria has been met. The site visit may include Police, Outreach and interpreter as necessary.
  12. The administrative removal paper provides a 30 day period for voluntary departure prior to removal which Immigration will arrange. The notice may also include conditions on residency and reporting during that period.
  13. If the person is still sleeping rough at the end of the 30 day notice, Immigration will enforce the administrative removal and reconnection to home country.
  14. Service users will be subject to re-entry restrictions for 12 months following their removal or voluntary departure.
  15. If necessary, the Council will arrange for the location used to sleep rough to be clean and cleared.

### Outcomes

The measured outcomes of the protocol will include information on people assisted into employment and accommodation and those who voluntarily reconnect. The intention is that it will be demonstrable that all other options have been exhausted prior to taking the step to carry out an administrative removal.

### Approval

The following personnel within each agency have approved the protocol and their organisation's participation.

Equality Impact Assessment  
Corporate Assessment Template

<b>Policy/Strategy/Project/Procedure/Service/Function Title:</b> Cardiff Rough Sleeper Strategy 2017-2020
<b>New/Existing/Updating/Amending:</b> New

<b>Who is responsible for developing and implementing the Policy/Strategy/Project/Procedure/Service/Function?</b>	
Name: Jane Thomas	Job Title: Assistant Director, Housing & Communities
Service Team: Policy and Development	Service Area: Communities - HANR
Assessment Date: February 2017	

**1. What are the objectives of the Policy/Strategy/Project/ Procedure/ Service/Function?**

<p>The Cardiff Rough Sleeper Strategy 2017-2020 sets the strategic direction for tackling and preventing rough sleeping in the city. The Strategy sets out an overarching vision - ‘to work towards ending rough sleeping in Cardiff’ - and the following high level aims:</p> <ul style="list-style-type: none"> <li>• To work to understand the causes of rough sleeping;</li> <li>• To work with partners to ensure support is directed towards ending and not reinforcing rough sleeping;</li> <li>• To ensure early intervention to prevent rough sleeping becoming entrenched;</li> <li>• To develop a range of accommodation and support solution tailored to individual needs.</li> </ul> <p>The Strategy aims to improve housing and support outcomes for rough sleepers and those at risk of rough sleeping, recognising and responding to the vulnerability and diversity of needs of these groups in Cardiff. The Strategy is intended to bring about early and multi-agency intervention, offering a bespoke response to the needs of individual rough sleepers.</p>
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**2. Please provide background information on the Policy/Strategy/Project/Procedure/Service/Function and any research done [e.g. service users data against demographic statistics, similar EIAs done etc.]**

<p>A variety of data has informed the understanding of rough sleeping in Cardiff, as set out in the Strategy. This includes local data from the Homeless Outreach Team, housing waiting list data, homelessness statistics and information from the Police, Health and third sector colleagues.</p>
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# CARDIFF COUNCIL

## Equality Impact Assessment Corporate Assessment Template

### Monitoring Rough Sleepers

The Council's Homeless Outreach Team undertakes weekly monitoring of Cardiff's rough sleeper population. Records show that over the last 2 years, the number of people sleeping rough has steadily increased. Numbers peaked during August 2016, with 68 individuals recorded in one week and a weekly average for the month of 60 individuals. These are the highest figures ever recorded in the city. The Welsh Government organises an annual count of rough sleepers, Cardiff's returns show an upward trend, with 26 individuals observed in 2014, 30 in 2015 and 53 in 2016.

### Demographic Snapshot

During the week ending 28<sup>th</sup> October 2016 (prior to the operation of additional 'cold weather' emergency accommodation), the Outreach Team engaged with a total of 52 rough sleepers. Of these:

- 88% were male and just 12% were female
- 42% were aged 30 and under; 44% were aged 31-45; only 6% were aged 46-55; 8% were over 55
- 37 were White Welsh; 3 White British; 1 White Irish; 10 EEA Nationals
- In terms of disability, 57% had substance misuse issues; and 43% had mental health issues.

### Generic Issues

It is recognised that rough sleepers are more at risk of being subjected to exploitation, violence and hate crimes than the general homeless population. Women, those from BME backgrounds, those with any form of disability and LGBTQ people are especially vulnerable to attack and negative attitudes.

## 3 Assess Impact on the Protected Characteristics

### 3.1 Age

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative/]** on younger/older people?

	Yes	No	N/A
Up to 18 years	x		
18 - 65 years	x		
Over 65 years	x		

### **Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

The Rough Sleeper Strategy will have a positive differential impact for people of all age groups. Younger and older people in particular are more vulnerable whilst sleeping rough. Older rough sleepers are more likely to be physically frail and have health issues. Younger people have fewer life experiences and are therefore open to exploitation and abuse.

**CARDIFF COUNCIL**

**Equality Impact Assessment  
Corporate Assessment Template**

**What action(s) can you take to address the differential impact?**

The strategy proposes closer collaboration between statutory and third sector partners, with an expectation on earlier intervention. For older people, joint outreach with Health colleagues would result in more appropriate and timely onward referrals.

For younger people (under 18), both the Police and Children’s Services are automatically notified to ensure a wraparound response. Younger rough sleepers aged 16-25 are able to access a specific ‘Young Persons Gateway’, which brings together advice, family mediation, support and accommodation to ensure that young vulnerable people can access housing services best suited to their needs.

We will continue to monitor any differential impacts on age throughout the life of this strategy, and make any adjustments as necessary.

**3.2 Disability**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on disabled people?

	Yes	No	N/A
Hearing Impairment	<b>x</b>		
Physical Impairment	<b>x</b>		
Visual Impairment	<b>x</b>		
Learning Disability	<b>x</b>		
Long-Standing Illness or Health Condition	<b>x</b>		
Mental Health	<b>x</b>		
Substance Misuse	<b>x</b>		
Other			

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

The Rough Sleeper Strategy will have a positive differential impact for disabled people. Disabled people in particular would find it more difficult to cope and are more vulnerable whilst sleeping rough. Whilst many accommodation services are DDA compliant, some emergency accommodation, such as churches, are not fully compliant.

**What action(s) can you take to address the differential impact?**

The strategy proposes closer collaboration between statutory and third sector partners, with an expectation on earlier intervention. For disabled people, joint outreach with Health and Social Care colleagues would result in more appropriate and timely onward referrals. Emergency accommodation will be reviewed to ensure it can be accessed by disabled people, however where it cannot, measures will be put in place to ensure any disabled person is offered suitable accommodation, even if this requires moving other clients. A support pathway will be developed to assist those with health or substance misuse issues.

**CARDIFF COUNCIL**

**Equality Impact Assessment  
Corporate Assessment Template**

We will continue to monitor any differential impacts on disability throughout the life of this strategy, and make any adjustments as necessary.

**3.3 Gender Reassignment**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on transgender people?

	Yes	No	N/A
<b>Transgender People</b> (People who are proposing to undergo, are undergoing, or have undergone a process [or part of a process] to reassign their sex by changing physiological or other attributes of sex)		<b>x</b>	

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

No current rough sleepers have indicated that they had undergone gender reassignment, therefore it is difficult to assess any specific needs or differential impacts relating to this group. The overarching Cardiff Housing Strategy 2016-2021 commits to improving our equalities monitoring, which should result in a more comprehensive data set on which to base future services / provision.

**What action(s) can you take to address the differential impact?**

We will continue to monitor rough sleepers with regard to gender reassignment and will work with equalities organisations to identify the specific housing needs of this group. Any issues identified will be addressed through this Strategy's associated action plans.

We will continue to monitor any differential impacts on gender reassignment throughout the life of this strategy, and make any adjustments as necessary.

**3.4. Marriage and Civil Partnership**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on marriage and civil partnership?

	Yes	No	N/A
Marriage		<b>X</b>	
Civil Partnership		<b>X</b>	

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

No differential impacts identified.

**What action(s) can you take to address the differential impact?**

Not applicable.



**CARDIFF COUNCIL**

**Equality Impact Assessment  
Corporate Assessment Template**

**3.5 Pregnancy and Maternity**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on pregnancy and maternity?

	Yes	No	N/A
Pregnancy	<b>x</b>		
Maternity	<b>x</b>		

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

The Rough Sleeper Strategy will have a positive differential impact for pregnant women. Pregnant women in particular would find it more difficult to cope and are more vulnerable whilst sleeping rough.

**What action(s) can you take to address the differential impact?**

The strategy proposes closer collaboration between statutory and third sector partners, with an expectation on earlier intervention. For pregnant women, joint outreach with Health and Social Care colleagues would result in more appropriate and timely onward referrals. In addition, the midwives in the Elan team provide outreach care and support for homeless women (including anyone found to be rough sleeping) who require additional social support.

We will continue to monitor any differential impacts on pregnancy and maternity throughout the life of this strategy, and make any adjustments as necessary.

**3.6 Race**

Will this Policy/Strategy/Project//Procedure/Service/Function have a **differential impact [positive/negative]** on the following groups?

	Yes	No	N/A
White		<b>X</b>	
Mixed / Multiple Ethnic Groups		<b>X</b>	
Asian / Asian British		<b>X</b>	
Black / African / Caribbean / Black British		<b>X</b>	
Other Ethnic Groups		<b>X</b>	

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

No differential impacts identified. Whilst ethnicity will not restrict a rough sleeper's access to services, for some, their nationality will impede access, for example, whether they are from a member state of the European Economic Area.

**What action(s) can you take to address the differential impact?**

In Cardiff, the Reconnection Service aims to repatriate rough sleepers with their country / county of origin. Additionally, the Council intends to enter into a joint protocol with Immigration Services and South Wales Police to address the issue of EEA nationals sleeping rough in the city. We will continue to monitor any differential

**CARDIFF COUNCIL**

**Equality Impact Assessment  
Corporate Assessment Template**

impacts on race throughout the life of this strategy, and make any adjustments as necessary.

**3.7 Religion, Belief or Non-Belief**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on people with different religions, beliefs or non-beliefs?

	Yes	No	N/A
Buddhist		<b>x</b>	
Christian		<b>x</b>	
Hindu		<b>x</b>	
Humanist		<b>x</b>	
Jewish		<b>x</b>	
Muslim		<b>x</b>	
Sikh		<b>x</b>	
Other		<b>x</b>	

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

No negative differential impacts identified.

**What action(s) can you take to address the differential impact?**

Not applicable. Any rough sleeper who wishes to practice their belief may use the prayer room facility in Cardiff Central Library.

**3.8 Sex**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on men and/or women?

	Yes	No	N/A
Men	<b>X</b>		
Women	<b>X</b>		

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

The Rough Sleeper Strategy will have a positive differential impact for men and women. Although the majority of rough sleepers are male, females who are sleeping rough are more at risk from violence, intimidation and exploitation.

**What action(s) can you take to address the differential impact?**

Greater collaboration between services will ensure that outreach provision includes mixed gender staff teams. Earlier intervention should minimise the additional risks posed to women of sleeping rough. A commitment has been included in the strategy to develop a specialist pathway through services for females at high risk of exploitation. We will consider requirements for both genders as part of the wider review of accommodation and support services.

**CARDIFF COUNCIL**

**Equality Impact Assessment  
Corporate Assessment Template**

We will continue to monitor any differential impacts on men and women throughout the life of this strategy, and make any adjustments as necessary.

**3.9 Sexual Orientation**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on the following groups?

	Yes	No	N/A
Bisexual		X	
Gay Men		X	
Gay Women/Lesbians		X	
Heterosexual/Straight		X	

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

No differential impacts identified. The overarching Cardiff Housing Strategy 2016-2021 commits to improving our equalities monitoring, which should result in a more comprehensive data set on which to base future services / provision.

**What action(s) can you take to address the differential impact?**

We will continue to monitor rough sleepers with regard to sexual orientation and will work with equalities organisations to identify the specific housing needs of this group. Any issues identified will be addressed through this Strategy's associated action plans.

We will continue to monitor any differential impacts on sexual orientation throughout the life of this strategy, and make any adjustments as necessary.

**3.10 Welsh Language**

Will this Policy/Strategy/Project/Procedure/Service/Function have a **differential impact [positive/negative]** on Welsh Language?

	Yes	No	N/A
Welsh Language	X		

**Please give details/consequences of the differential impact, and provide supporting evidence, if any.**

Rough sleepers, the same as anyone else, should be able to express a language preference upon first contact with services. Currently, the number of bilingual staff is limited.

**What action(s) can you take to address the differential impact?**

Greater collaboration between services will ensure that outreach provision includes bilingual staff from the Council and partner agencies. Welsh language training is encouraged within the Council.

Cardiff Rough Sleeper Strategy and associated public documents will comply with new Welsh Language standards under the Welsh Language Act. All documents will be translated into Welsh and any publicity on schemes delivered by the Council will also

## CARDIFF COUNCIL

### Equality Impact Assessment Corporate Assessment Template

be available in Welsh. Organisations that receive Welsh Government or Council grant funding must similarly ensure that they provide publicity material in both English and Welsh.

#### 4. Consultation and Engagement

What arrangements have been made to consult/engage with the various Equalities Groups?

Early consultation took place with key partners involved in the delivery of support services to rough sleepers and significant changes were made to the content and ambition of the Strategy. Further consultation then took place with a wider range of partners, including Tai Pawb; Diverse Cymru; Faith groups; Stonewall and Race Equality First, and the Strategy was further amended as a result.

#### 5. Summary of Actions [Listed in the Sections above]

Groups	Actions
Age	Please see considerations listed above.
Disability	Please see considerations listed above.
Gender Reassignment	Please see considerations listed above.
Marriage & Civil Partnership	Please see considerations listed above.
Pregnancy & Maternity	Please see considerations listed above.
Race	Please see considerations listed above.
Religion/Belief	Please see considerations listed above.
Sex	Please see considerations listed above.
Sexual Orientation	Please see considerations listed above.
Welsh Language	Please see considerations listed above.
Generic Over-Arching [applicable to all the above groups]	The strategy proposes closer collaboration between statutory and third sector partners, with an expectation on earlier intervention. Improved case management systems will similarly ensure that data on the protected characteristics will be captured at source to enhance service delivery. This data will also be used to inform the further development of this Rough Sleeper Strategy in identifying additional areas of concern. Specific commitments to develop specialist support pathways for certain protected characteristics will be actioned during the implementation of the strategy.

#### 6. Further Action

Any recommendations for action that you plan to take as a result of this Equality Impact Assessment (listed in Summary of Actions) should be included as part of your Service Area's Business Plan to be monitored on a regular basis.

## CARDIFF COUNCIL

### Equality Impact Assessment Corporate Assessment Template

#### 7. Authorisation

The Template should be completed by the Lead Officer of the identified Policy/Strategy/Project/Function and approved by the appropriate Manager in each Service Area.

Completed By : Louise Powell	Date: 15.02.17
Designation: Policy Officer	
Approved By: Jane Thomas	Date: 28.02.17
Designation: Assistant Director, Housing & Communities	
Service Area: Communities	

- 7.1 On completion of this Assessment, please ensure that the Form is posted on your Directorate's Page on CIS - *Council Wide/Management Systems/Equality Impact Assessments* - so that there is a record of all assessments undertaken in the Council.

For further information or assistance, please contact the Citizen Focus Team on 029 2087 3059 or email [citizenfocus@cardiff.gov.uk](mailto:citizenfocus@cardiff.gov.uk)

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## Cardiff Rough Sleeper Strategy 2017 – 2020 List of Consultees

### First Consultation Draft

#### Homelessness Partnership

Huggard

The Wallich

Salvation Army

YMCA

Solas Cymru

Gwalia

Llamau

Hafod Care

United Welsh Housing Association

Cadwyn Housing Association

Cardiff Community Housing Association

#### Health

University Health Board Nursing Services

University Health Board Mental Health

Substance Misuse Area Planning Board

#### Supporting People

Regional Collaborative Committee

#### Equalities Groups

Tai Pawb

Diverse Cymru

Race Equality First

C3SC

Gypsies and Travellers Wales

Stonewall Cymru

#### Faith Groups

Street Pastors

Homeless Alliance / Faith groups

#### Probation

National Probation Service

Community Rehabilitation Company

#### Police

Local Policing Inspector, South Wales Police

Chief Inspector, South Wales Police

#### Immigration

HMI Wales Immigration Compliance & Enforcement

#### RSLs

Chief Executives and Housing Managers

### Second Consultation Draft

#### Homelessness Partnership

Huggard

The Wallich

Salvation Army

YMCA

Solas Cymru

Gwalia

Llamau

Hafod Care

United Welsh Housing Association

Cadwyn Housing Association

Cardiff Community Housing Association

#### Social Care

Adult Services

Children's Services

Cardiff Alcohol & Drug Team

## First Consultation Draft Responses

Respondent	Comment	Action
<b>The Wallich</b>	Decent comprehensive strategy. Only suggestion would be to add in a time frame for reviewing and updating the strategy in response to the various reviews and monitoring mentioned within it.	Paragraph on action planning and monitoring strengthened (p.5).
<b>United Welsh</b>	<p>Add as an aim the reasons for and profiles of those rough sleeping.</p> <p>Oak House is down as staffed in the day and it is staffed 24 hours.</p>	<p>New aim added 'To work to understand the causes of rough sleeping' (p.5). Research page added which identifies some of the reasons people sleep rough (p.8).</p> <p>Accommodation Options chart simplified, scheme names/details removed (p.22).</p>
<b>Salvation Army</b>	<p>The strategy appears to be missing some essential research elements that would assist in the understanding of why people rough sleep. There is well documented search that shows links between those who sleep rough and adverse childhood experiences, with a view to understand the complexities of this group, with a consideration to the development of trauma informed services.</p> <p>This information could assist us to understand what needs to change in order to reduce rough sleeping. Is it the services, systems and processes? Are the people the strategy set around complex or is our system complex? It could be argued that there is sufficient bed space within Cardiff to offer a different service/support to those presenting needs. If the strategy was inspired or informed by research it could show direction in possible service models &amp; specifications, practice and interventions.</p> <p>The strategy refers to ongoing monitoring. Is there any learning from</p>	<p>Research page added which identifies some of the reasons people sleep rough. Reference made to the findings of 2011 Joseph Rowntree report 'Tackling Homelessness and Exclusion – Understanding Complex Lives'. 'We Will' added to 'consider the findings of relevant research and pilot projects to inform future service provision' (p.8).</p> <p>Paragraph added to Introduction</p>



## First Consultation Draft Responses

<p>this, for example; How many rough sleepers have been evicted or excluded from hostels? How many rough sleepers have entered and exited hostel accommodation multiple times? What are the trends?</p> <p>The strategy makes a reference to "early intervention' can we achieve no first night out as a city if we used our resources in a smarter way? There is a successful model of early intervention worker already established in our service. Could the existing outreach teams be adapted to have this model.</p> <p>The strategy refers to a 'homeless alliance' what do you mean by diverting away from services that encourage dependency. For individuals that offer a complexity that requires time or for a different style of service, for example Housing First??</p> <p>'Vulnerable interventions service', what does the strategy mean by this and does it work?'capturing people more than 3 months' – is this aim at risk of creating more entrenched rough sleepers or a team development/focus?</p> <p>'review of larger hostels' is this a reference to the commissioning time table.</p> <p>The strategy refers to the need for specialist substance misuse support with rough sleepers. The local authority already have this from the Bridge Programme Outreach Worker. However the strategy makes no reference to the bridge programme at all. The bridge</p>	<p>on complex life experiences and multiple exclusions from services (p.5).</p> <p>Text on long term rough sleepers amended to address chaotic lifestyles / complex needs and exclusion from services (p.11).</p> <p>Early intervention is a key aim of the Strategy. 'We Will' added to 'Work towards 'No First Night Out' for those who engage with services' (p.13).</p> <p>There is a need for a more coordinated, joint working response focussed on getting people off the streets. Text re-ordered to clarify (p.15).</p> <p>Text and 'We Will' on Vulnerable Persons Multi-agency Intervention reworded to clarify approach (p.17).</p> <p>Yes.</p> <p>Section on the Bridge Programme added (p.18).</p>
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## First Consultation Draft Responses

<p>programme could support on treatment pathways, training and mental health /substance misuse codependency to inform research.</p> <p>We also trailed a rough sleepers intervention last year with the Under The Roof Pilot, could we take a look at this style of wrap around intervention.</p> <p>The strategy refers to the need for independent living and diversionary activities, the local authority has this already within our service and the award winning skills development team which have been moving towards community based education and diversionary activities and could support this strategy.</p> <p>The strategy makes a clear reference to the Housing First Model, could it be proposed to make a commitment and a move towards full implementation of this model in the community.</p> <p>We are open to considering how the reconnection service could be strengthened to support those moving into PRS and continued support.</p> <p>The strategy does not show any positive imagery and would note the picture of a shed/hut on the indep living page.</p> <p>p8, 2nd column, 2nd paragraph of the strategy refers to the bus going out every night of the week. Is it intended that the Bus go out every night of the week, as currently its 5 days a week.</p>	<p>'We Will' added to 'Consider the findings of relevant research and pilot projects to inform future service provision' (p.8)</p> <p>Noted.</p> <p>Approach to Housing First clarified. 'We Will' amended to 'Further develop independent living solutions utilising the principles of Housing First and investigate the feasibility of adopting the full model' (p.25).</p> <p>Noted.</p> <p>Photograph of shed removed. Positive independent living case study and photograph added (p.28).</p> <p>Text revised to refer to service running Sunday to Thursday evenings every week (p.14).</p>
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## First Consultation Draft Responses

<p><b>Hafod Care</b></p>	<p>The strategy is very informative and in depth. There is a piece missing on page 27 in the section we will: is it meant to be:</p> <p>Will look forward to how the working arrangements will evolve to increase services on the ground and the partnership working to provide accommodation and support to access enhanced healthcare services and move on solutions. However the journey does not stop there. Ongoing support services should be in place to complete a persons resettlement.</p>	<p>Noted. We Will text added to 'Look at pathways into existing diversionary activities and develop additional activities as necessary' and 'Explore ways of supporting rough sleepers with their transition into accommodation and eventual independence' (p.27).</p>
<p><b>Cadwyn</b></p>	<p>A good step in the right direction. Just curious about an option being explored, with some success, in other areas – Housing First. Not sure if it should go in the report but would be good for partners to understand the LA position on this. Is it something that has been discounted, not considered yet? Could this be an area for further discussion?</p>	<p>Approach to Housing First clarified. 'We Will' amended to 'Further develop independent living solutions utilising the principles of Housing First and investigate the feasibility of adopting the full model' (p.25).</p>
<p><b>Huggard</b></p>	<p><b>Summary of Comments</b></p> <p><b>Page 5:</b> Introduction This states that the strategy will “outline how those affected by the loss of a job and/ or accommodation, family breakdown and serious health issues can seek advice and homelessness assistance.” This should read “outline how people sleeping rough, often with complex lives and issues, can receive appropriate and accessible support, advice and homelessness assistance.”</p> <p>The strategy also states that it: “identifies what provision is currently available and how it can be improved to deliver a more wraparound service to the most vulnerable in society.” The strategy currently does not do this comprehensively and there is currently a real risk that services will be overlooked and/or duplicated.</p>	<p>Text amended to reflect comment (p.5).</p> <p>More detail on the range of services added under Early Intervention Options (p14, p.17-18). However, it is not possible to specifically reference all provision in this strategic document.</p>

## First Consultation Draft Responses

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	<p><b>Page 6: Background</b>          There needs to be information here about multiple exclusion homelessness and the complex lives that rough sleepers experience... the majority of entrenched and repeating rough sleepers that are being supported within the city are not homeless because they don't have a roof over their head but because they have repeatedly been unable to sustain or manage accommodation provided.</p> <p>In September 2011 the Joseph Rountree Foundation published a report entitled Tackling Homelessness and Exclusion: Understanding Complex Lives. This study looked at the experiences of people accessing low threshold homelessness services across seven major cities in the UK, including Cardiff. The study looked at the overlap between homelessness and other social issues.</p> <p><b>Page 14: Early Intervention</b>          Currently the Huggard centre provides the following services for Rough Sleepers that address the complex needs of rough sleepers and those moving away from rough sleeping (see response for chart).</p> <p><b>Page 12: Beggars</b>          There needs to be included information on both diversionary and development activities as well securing income sources through benefit entitlement and addressing substance misuse: Huggard's Day Centre provides a range of support services and diversionary activities throughout the day, every day of the year and these opportunities are used to provide an alternative for homeless people who are engaging in begging during the day.</p>	<p>Text on complex lives / multiple exclusions added to Introduction (p.5) and under Long Term Rough Sleepers (p.11). New section on Complex Needs included (p.16).</p> <p>Findings of this report included in new Research section. 'We Will' included to 'Consider the findings of relevant research and pilot projects to inform future service provision' (p.8).</p> <p>Further detail of the range of services provided by Huggard Day Centre added (p.14).</p> <p>Additional information added, with reference made to Huggard Day Centre (p.29).</p>
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## Second Consultation Draft Responses

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Respondent	Comment	Action
<b>Substance Misuse Area Planning Board</b>	<p>This is a very thorough, ambitious but realistic programme of work, and should be commended for addressing underlying causes as well as responding to immediate needs.</p> <p><b>Page 16:</b> Case Study</p> <p>As a point of accuracy, the case study reads as follows:</p> <p>TAITH are funded by the University Health Board to offer advice and support to help people make informed decisions regarding their substance use.</p> <p>This should in fact read as follows:</p> <p>TAITH are commissioned by the Substance Misuse Area Planning Board (APB) using Welsh Government grant funding to offer advice and support to help people make informed decisions regarding their substance use.</p>	Text amended to reflect comment (p.16).
<b>United Welsh Housing Association</b>	<p>In general the strategy is welcomed by United Welsh. It appears comprehensive in recognising rough sleeping as a very complex, multi-faceted issue. We have included some points/asked some questions below which may be of assistance to you in finalising the strategy.</p> <p><b>Page 21:</b> Emergency Accommodation</p> <p>Those new to sleeping rough or sometimes entrenched rough sleepers who won't access hostels at times require an alternative to night shelters and hostels as places of safety, as often it is perceived it is safer to stay on the street than entering a hostel. Provision needs to reflect this need.</p>	Text added referencing some rough sleepers' reluctance to use emergency accommodation. 'We Will' added to 'Gain a better understanding of the issues with

## Second Consultation Draft Responses

	<p><b>General:</b> The strategy needs to be clearer that measurable harm minimisation is also an acceptable outcome for individuals on an interim or long-term basis not just exiting the street.</p> <p><b>Page 13:</b> Case management approach How does this dovetail into statutory case management approaches in other social care areas e.g. mental health and substance misuse? There is a danger in not challenging more traditional services that access to current care pathways remains inequitable for homeless people.</p> <p><b>Page 15:</b> Diversionary / Befriending services Developing diversionary/befriending services is welcomed – particularly if it’s based on a strengths-based model of support which recognises the fundamental needs of having a meaningful purpose in life and building/maintaining healthy, meaningful personal relationships.</p> <p><b>Page 16:</b> Complex Needs The pathway for people with complex needs - needs to be explicit about how to deal with people with co-morbid substance misuse and mental health issues in crisis. Historically this is where service users and providers have felt exposed to risk – as the solutions are not always ‘text-book’ or ‘neat’. A never-ending debate about the prominence of a mental health need versus the prominence of a substance misuse problem (as a way of gate-keeping from various agencies) often comes to play in these scenarios.</p> <p><b>Page 20:</b> Public Space Protection Orders It is important to balance the personal needs of individuals that are</p>	<p>emergency accommodation, to facilitate people coming off the streets’ (p.21).</p> <p>The case study on an entrenched rough sleeper shows this is done currently (p.11).</p> <p>Case management will engage with and link rough sleepers into these services (p.13).</p> <p>Noted.</p> <p>Noted. ‘We Will’ added to ‘Review and improve partnership working between the statutory and voluntary sectors to address complex needs’ (p.16).</p> <p>Noted.</p>
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## Second Consultation Draft Responses

	<p>rough sleeping with the needs of the wider public when deciding how to use Public Space Protection Orders.</p> <p>We are not sure that describing rough sleeping as anti-social behaviour is helpful as it infers that meaningful/realistic choices/alternatives are available to the individual and aligns with the stigma that is associated with homeless people.</p> <p><b>Page 24:</b> Young Persons Gateway Should it be that young people up to 17 years old will be automatically taken to children's services as opposed to 16/17 year olds? Could have 15 year old for example.</p> <p><b>Page 29:</b> Beggars Has there an impact study been carried out on promoting alternative giving options and whether they have an effect on acquisitive crime rates in particular areas?</p> <p><b>General:</b> There needs to be more explicit recognition in the document about the importance of system flow and move on provision to ensure spaces are always available to those in crisis.</p>	<p>Reference to 'rough sleeping' removed from paragraph on Gating Orders (p.20).</p> <p>Text amended from 'young people aged 16-17' to 'young people under 18 years old' (p.24).</p> <p>Reference added to 'diverted giving' campaigns undertaken in England. 'We Wills' amended to include 'raising awareness of services available' (p.29) and 'learning from the experience of other authorities' (p.30).</p> <p>'We Will' amended to 'Use the Single Persons Gateway to monitor usage of emergency provision to <i>encourage move on and</i> inform recommissioning' (p.24).</p>
<p><b>Tai Pawb</b></p>	<p><b>Page 8:</b> Background/Research The strategy states that the 2016 Crisis study 'It's no life at all – Rough Sleepers' experiences of violence and abuse on the streets of England &amp; Wales' reports that 6% of rough sleepers had been sexually assaulted. However, this figure is higher amongst female rough sleepers. Also, female rough sleepers were also more likely to</p>	<p>Noted. The differential impact on women is recognised in the Strategy's Equality Impact Assessment (EIA). 'We Will' added to 'Develop a specialist</p>

## Second Consultation Draft Responses

<p>be a victim of violence. This strategy should recognise the gender imbalance in terms of physical violence, intimidation and sexual assault against females.</p> <p><b>Page 10:</b> Client Demographics          Whilst some data is gathered regarding personal information, such as Sex and Race, there was no mention of the other protected characteristics. Mental Health issues, and vulnerability, were mentioned on numerous occasions throughout the report, which reinforces the fact that Disability information should be collected.</p> <p><b>Page 16:</b> Early Intervention Options          It is positive that a specialist pathway is being developed for clients with mental health/substance misuse issues as part of the strategy commitments.</p> <p><b>Page 19:</b> Early Intervention Options          We understand that under Home Office guidance ‘Rough sleeping may be a misuse of a right to reside, therefore EEA nationals or their family members encountered sleeping rough may be subject to administrative removal under regulation 23(6)(c) where it is appropriate to do so. A decision to administratively remove an EEA national can be made’ (European Economic Area (EEA) administrative removal).</p> <p>Whilst we are fully supportive of the strategy’s approach to provide tailored support to rough sleepers to claim appropriate benefits, access employment and accommodation or to voluntarily reconnect them to their country of origin, we are concerned regarding the involvement of homelessness support services. If homelessness services are purely providing support then we would have no concern but if, through the protocol, they are expected to inform Immigration of non-compliance or disengagement with the process then we would not support this.</p>	<p>pathway through services for females at high risk of exploitation’ (p.16).</p> <p>Noted. Please see EIA for proposed actions.</p> <p>Noted.</p>
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## Second Consultation Draft Responses

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	<p>Our concerns would be regarding the sharing of personal sensitive data and also the fact that, if homelessness services were seen to be providing information to Immigration, it could undermine their effectiveness in engaging with rough sleepers in the first place.</p> <p><b>Page 21:</b> Accommodation options It wasn't clear whether all the emergency accommodation options were accessible for disabled people. It would be good to state this and, if it is not, state which options are accessible. If there is no accessible emergency accommodation then a strategy commitment should exist to address this.</p> <p><b>Page 23:</b> Accommodation options This page mentions a scheme which delivers care and support to homeless people with substance misuse and/or physical disabilities. The only scheme named is Ty Cornel, which is only for people with alcohol dependencies. Is this the same scheme or a different one to the one mentioned previously?</p> <p><b>Page 24:</b> Accommodation options It is positive that Council's Housing Options Service has a Young Persons Gateway to address their specific needs by assisting them to develop the necessary awareness and skills to manage their own tenancy.</p>	<p>Noted. Wording amended from 'information sharing will take place to <i>facilitate administrative removal by Immigration services</i>' to '...ensure that administrative removal takes place in a safe and planned manner' (p.19).</p> <p>This is addressed in the EIA.</p> <p>Wording amended to clarify the remit of this scheme (p.23).</p> <p>Noted.</p>
<p><b>Cardiff Alcohol and Drug Team</b></p>	<p><b>Page 18:</b> City Centre Social Work Team. This team is part of Adult Social Services. They work with vulnerable, homeless individuals who have social care needs and often complex health needs. A small number of these people have circulated the hostel system for many years and have no identifiable</p>	<p>Wording amended to reflect information provided (p.18).</p>

## Second Consultation Draft Responses

	<p>accommodation move-on options. The team engage with service users to support them to navigate systems and access/sustain accommodation when their support needs cannot be met by any other means. We also provide appropriate interventions, dependent on individual need. The team will undertake Assessments under the Social Services and Wellbeing Act Legislation and work intensively with people, establishing tailor made packages of care where appropriate. The team aim to stabilize chaotic individuals by improving health and well-being and work towards achieving positive outcomes wherever possible.</p> <p><b>Page 23:</b> Ty Cornel It would be helpful to clarify that the jointly funded scheme is in partnership with Cardiff Council Adult Social Services Department and that the referral route in to it is via the City Centre Social Work Team. It has been a very positive partnership with only 2 void periods during the 2 years that the project has been open. Also, 4 of the 6 individuals have been resident at Ty Cornel since it opened.</p>	<p>Reference made to Adult Social Services and referral route being via City Centre Social Work Team (p.23).</p>
<p><b>Huggard</b></p>	<p><b>Page 6:</b> Background. The rough sleeper count of 53 is a snapshot not the number of people who have slept rough in the city in 2016. In 2016 Huggard worked with 844 unique individuals who were rough sleeping on the streets of Cardiff when they accessed Huggard's service. In 2015 this figure was 525. This represents a 60% increase in the total numbers of individuals that have slept on the streets over this period.</p> <p><b>Page 14:</b> Huggard Day Centre: This now includes a summary of services and provides some detail of the advocacy and substance misuse service. There are no case studies included for either of these services, nor the development team's work despite them being vital services for rough sleepers in Cardiff. The current description doesn't include the full range of Huggard's services which can mean that the importance of these services to rough</p>	<p>Text clarified to refer to single night counts (p.6).</p> <p>Huggard Roots Project case study added (p.27).</p>

## Second Consultation Draft Responses

	<p>sleepers is both overlooked and there may be further duplication of services that are already provided and well used. We would be grateful if these could be included.</p> <p>We also suggested that given the high demand and hugely positive outcomes of the advocacy project in addressing rough sleeping that a commitment be made as follows:  <i>We Will: Ensure that the Advocacy service is resourced and consideration given to extending this service to increase the case management of rough sleepers within the city.</i></p> <p>Our substance misuse service is funded through the Open Access Engagement programme of the University Health Board and the service is the most accessed service in Cardiff for needle exchange services.</p>	<p>There is an existing 'We Will' to 'Review all funding used to support homeless services' (p.24).</p> <p>Noted.</p>
<p><b>Cardiff Third Sector Council</b></p>	<p><b>General:</b>          We welcome the development of a specific local Strategy aimed at enhancing a partnership, joined up to addressing this complex issue. The strategy does not comprehensively document the full range of the work undertaken by the Third Sector in combatting rough sleeping within the city.</p> <p>The Strategy does not recognise the differentiated experiences of those from BME and other groups.</p> <p>It would be useful to understand if there has been discussion with the third sector regarding the priorities; further investment appears</p>	<p>The strategy provides an overview and is not intended to list all available services.</p> <p>This is addressed in the separate EIA - action is planned to improve equalities monitoring. Where a differential impact has been identified for a protected characteristic, this is addressed in the strategy.</p> <p>Additional resources have been made available to the third sector</p>

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	<p>to be focussed around the Council’s own services.</p> <p>The Strategy does not mention threats to services. This is relevant given that many Third Sector organisations are finding resourcing their services difficult, particularly in the picture of the increasing impact of financial austerity and the commissioning of services by the local authority and other public services.</p> <p>The local authority is currently re-commissioning/planning to commission services, including Floating Support, supported housing and hostel accommodation. If the funding is reduced, it risks directly or indirectly reducing provision.</p> <p>Was the third sector involved in the initial development of the strategy taking a collaborative approach to strategic development in the spirit of co-production and effective engagement, rather than being asked to comment on the draft document - which is not the same thing.</p>	<p>to trial new initiatives. We Will added to ‘Offer funding to pilot new and innovative solutions to rough sleeping’ (p.24).</p> <p>Noted.</p> <p>We Will amended to ‘ensure sustainability’ of homeless services (p.24).</p> <p>Prior consultation was undertaken with the Homelessness Partnership. The ‘We Will’ commitments will be converted into a detailed action plan and there will be further consultation on this.</p>
<p><b>The Big Issue</b></p>	<p><b>Page 28:</b> Soup Run / ending dependency</p> <p>There are two points highlighted in this strategy that we felt are key. The first referred to closer partnership working with faith groups, and identified the need for a new approach to divert people away from options which enable them to stay in the situation they are currently in – thus prolonging their experience as homeless, “encourage dependency,” and to “reinforce rough sleeping.” However, a reference in the case study ‘Tony’s Story,’ where he refers to his volunteering with a soup run as ‘giving something back,’ contradicts this message. From experience, we have found that it is essential to</p>	<p>Reference to volunteering with</p>

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	<p>be mindful to keep consistent themes throughout, this reinforces messaging and ensures consistency, i.e. do soup runs encourage dependency?</p> <p><b>Page 16: Complex Needs</b> The second key point is in identifying complex needs. In this review, there is a reference to the increase in those presenting with mental health needs as well as coexisting substance misuse related needs. We second this, there has been a notable rise in those presenting to sell The Big Issue with such needs. We have found it very challenging to find useful and ‘quick-to-respond’ mental health agencies to support us with such needs. There are large waiting lists for services and vendors in need are at risk of relapse, abandoning tenancies, or worse, suicide when they wait for support.</p> <p><b>Page 13: Guide for Homeless People</b> On the map issued as a ‘Guide for Homeless People,’ The Big Issue office is now in the wrong place. Our new address is – First Floor, Hastings House, Fitzalan Place, Cardiff, CF24 0BL.</p> <p><b>Page 9: Streetlink</b> Promote Streetlink app, though improving the visibility of the Homeless Outreach Team’s contact details on the website is useful, it’s not necessarily essential. We think a push to promote the Streetlink app may be more beneficial as it is more accessible to most.</p> <p><b>Page 24: Accessing Services</b> We would like to see a thorough investigation/review into why rough sleepers are reluctant to access some of the services available at the Housing Options centre. We would argue that this is not only ‘entrenched’ rough sleepers but also others.</p>	<p>soup run removed from Case Study (p.28).</p> <p>Noted. ‘We Will’ added to ‘Review and improve partnership working between the statutory and voluntary sectors to address complex needs’ (p.16). Agencies can also refer into the Vulnerable Persons Multi-agency Intervention procedures.</p> <p>Map has been updated.</p> <p>Noted. However, as detailed in the strategy, there have been issues with referrals received via Streetlink to date. Direct referrals to Outreach have proved most effective in identifying new rough sleepers.</p> <p>The Wallich are currently consulting with rough sleepers on barriers to accessing services. The outcomes will be considered</p>
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## Second Consultation Draft Responses

	<p><b>Page 29: Beggars</b></p> <p>The sections in this review on ‘Independent Living’ and ‘Addressing Begging’ are very small compared the rest and come across almost as an afterthought. We feel that the strategy lacks ‘strategy’ in terms of improving these areas, in particularly when ‘addressing begging.’ There is a commitment to providing alternatives for members of the public who want to give to beggars, and a commitment to identify alternative options for those who are begging, but there is no identification of how or what this will look like.</p> <p>We feel that an ‘anti-begging’ or ‘diverted giving’ campaign is essential in tacking public perceptions of begging, though this has to be dealt with very carefully as we have witnessed this done badly elsewhere in the UK. In order for this to be a success, this must be a multi-agency campaign and must have longevity.</p> <p><b>General: Partner Agencies</b></p> <p>We also feel that the strategy lacks a collaborative approach outside of the usual agencies that are already partnered with. We recommend that research or a consultation is needed to identify who the partner agencies are for achieving the desired outcomes and to identify potential alternatives (or additional options) to the usual partners.</p>	<p>and pathways into services reviewed as necessary (p.8). Arrangements for Council Outreach staff to undertake homelessness assessments to be formalised (p.24).</p> <p>The Strategy is intended to give direction of travel – a detailed action plan is to be developed, subject to consultation. Reference added to ‘diverted giving’ campaigns undertaken in England. ‘We Wills’ amended to include ‘raising awareness of services available’ (p.29) and ‘learning from the experience of other authorities’ (p.30).</p> <p>Noted.</p> <p>Noted. A review of partners worked with will be undertaken.</p>
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## Second Consultation Draft Responses

	<p><b>Summary</b> Overall, we agree that the strategy does not read as a very strategic approach to the current situation in Cardiff. It reads more as an overview of the current work being carried out and the services available than a strategy. Many of the commitments are written as ‘continue,’ ‘consider,’ and ‘build on,’ and don’t come across as directive or definitive action points. However, the key points as detailed above are a refreshing inclusion, especially the aim to move away from activities which encourage dependency and reinforce rough sleeping. We feel there is a definite need to improve multi-agency approaches and to review what potential partners are available in achieving the desired outcomes.</p>	<p>The Strategy does recognise the range of good work already being done in this area but it also contains a large number of ambitious new commitments. These will be converted into a detailed action plan and there will be further consultation on this. Partners to be reviewed (as above).</p>
<p><b>The Wallich</b></p>	<p>It is excellent that Cardiff recognises the importance of developing a clear and thought-through strategy which works to provide help for rough sleepers and addresses other associated issues. However, we have a few comments we would like to add which we believe will strengthen the strategy.</p> <p><b>Referencing</b> We would recommend that all figures quoted and data used should be correctly sourced and referenced. This will add clarity in several areas and will help the document look more professional – currently this is an issue throughout the document. For example, the bar chart on page 12 doesn’t clearly explain that the blue bars are the recorded number of rough sleepers from the snapshot count and the red bar comes from the two-week information gathering exercise. Neither is it clear that these figures are taken from the 2016 Welsh Government National Count exercise.</p> <p><b>Page 9: Streetlink</b> On page 9, it is worth noting that Streetlink is a website as well as an app. More people are likely to use a website than download an app. Also on page 9, to improve the visibility of the Homeless</p>	<p>References added.</p> <p>Text amended to refer to website (p.9).</p>

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<p>Outreach Team, we would recommend providing the relevant email address on your website rather than the long online form which might be off-putting to many.</p> <p><b>Page 21:</b> Emergency Accommodation Page 21 could be clearer. The second column suggests that rough sleepers can make direct presentations to Ty Tresillian and Huggard. Depending on how this is interpreted, it could be argued that this is factually incorrect; rough sleepers will have to be on the Gateway system, and cannot directly access these services. If the author is referring to rough sleepers who wait to see if there are any available spaces at Ty Tresillian or Huggard in the evening, this should be made clearer.</p> <p><b>Page 25:</b> Housing First You mention Housing First (HF) schemes on page 25. You might be interested to know that we run an HF project in Anglesey which we would be happy to talk to you about if it would help in the development of a HF strategy for Cardiff.</p> <p><b>Page 29:</b> Begging We think it would be wise to get rid of the first paragraph on the section on 'Addressing Begging' (page 29-30). Most buskers, performing artist and mobile stall vendors apply and/or pay the Council in order to have their pitch and you are at risk of offending these groups by categorising them as 'beggars'. It is also not clear what purpose this paragraph serves.</p> <p>The strategy says that the Council will 'provide clear options for members of the public wanting to support rough sleepers, other than giving to beggars', but you don't mention in detail any ways of doing this. There have been a number of diverted Giving Schemes in other cities; it might be worth discussing what was successful or not with them, as a way of looking at the options available.</p>	<p>Outreach e-mail address added to Strategy (p.9) and to be added to Council website.</p> <p>Page reformatted and text revised to clarify access arrangements for emergency provision (p.21).</p> <p>Noted.</p> <p>Paragraph removed (p.29).</p> <p>Reference added to 'diverted giving' campaigns undertaken in England. 'We Wills' amended to include 'raising awareness of services available' (p.29) and 'learning from the experience of</p>
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## Second Consultation Draft Responses

	<p><b>Staff Training</b> It is unusual that the training of staff is not mentioned in the document. Correctly trained and experienced staff make a massive difference when working with often complex and chaotic rough sleepers, so we feel it is a key part of any strategy dealing with these issues.</p> <p><b>We Will Commitments</b> Making commitments throughout the document is a positive thing. However, many of the commitments are somewhat vague, and how you aim achieve some of them is left unclear. More information about practical methods is needed to make these commitments meaningful.</p> <p><b>General</b> By making the necessary changes to this document at this stage, you should be able to develop a strategy which not only looks good on paper but also delivers results for rough sleepers and the people of Cardiff. We would be very happy to discuss this document with you in more length and help you to bring together a strong and clear strategy.</p>	<p>other authorities' (p.30).</p> <p>The importance of staff training is acknowledged. However, it is not felt necessary to include this in a strategic document.</p> <p>The Strategy is intended to give direction of travel. The 'We Will' commitments will be converted into a detailed action plan and there will be further consultation on this.</p> <p>Noted. Partners will be fully involved in developing the Strategy's action plan.</p>
<p><b>South Wales Police</b></p>	<p>In terms of the Strategy there are no real issues... A few minor points from the document are:</p> <p>Community Payback are referred to in Operation Spruce – they were not any part of the Operation Mistletoe Plans at all and did not engage or take part in any of the plans or works undertaken.</p> <p>Please can you refer to Spruce as an operation which targeted ASB in the City Centre as this was the aim of the Op to capture and deal with ALL types of ASB</p>	<p>Reference to Community Payback removed (p.30).</p> <p>Sentence describing Operation Spruce amended (p.30).</p>

## Second Consultation Draft Responses

<b>HMI Wales Immigration Compliance &amp; Enforcement</b>	In relation to the strategy document, it is very comprehensive. It mentions a protocol between LA, Police and IE and I am keen to get this signed off and indeed start some joint working in line with what IE are doing nationally.	Noted.
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**CITY & COUNTY OF CARDIFF  
DINAS A SIR CAERDYDD**

**COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE**

**8 MARCH 2017**

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**BRIEFING REPORT – Dementia Friendly Communities**

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**Purpose of Report**

1. To provide an update on the development of 'Dementia Friendly Communities' action plans in the Neighbourhood Partnership areas.

**Background**

2. The Community & Adult Services Scrutiny Committee scrutinised progress in delivering the Cardiff and Vale's Dementia Three Year Plan (2014-2017) at their committee meeting on 5 October 2016. At this meeting, Members sought clarification on the approach proposed to obtain Dementia Friendly Communities accreditation. Officers advised that several strands of work had joined forces via the Neighbourhood Partnership approach. Members noted that the Neighbourhood Partnerships are facilitating conversations amongst partners to complete the Dementia Friendly Communities Action Plan template.
3. Following the committee meeting, the Chair wrote to Councillor Elsmore, Cabinet Member for Health, Housing and Wellbeing, requesting a briefing report in March 2017 with regard to the progress made in completing the action plans by each Neighbourhood Partnership.

**Briefing Report**

4. The briefing report, which has been prepared by officers from Cardiff and Vale Public Health Team, is attached at **Appendix A** and states:

- a. The Neighbourhood Partnership areas of Cardiff North, Cardiff South West and Cardiff City and South expressed an interest in beginning to work towards becoming Dementia Friendly Communities;
  - b. A series of meetings were held to discuss how core local authority services could contribute to the creation of a dementia friendly city;
  - c. During Quarter 3 2016/17, a number of planning meetings took place;
  - d. In February 2017, a Cardiff city-wide plan was finalised to submit to Alzheimer's Society for the city to receive 'Working towards becoming Dementia Friendly' status;
  - e. The Neighbourhood Partnership areas of Cardiff North, Cardiff South West, Cardiff City and South and Cardiff East are currently in the process of establishing local Dementia Friendly steering groups.
5. As the report is for information only, no Cabinet Members or officers will be present at Committee for this item.

### **Financial Implications**

6. There are no direct financial implications arising from this report. However, financial implications may arise if and when the matters under review are implemented with or without any modifications.

### **Legal Implications**

7. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations

for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

### **RECOMMENDATION**

The Committee is recommended to note the update report and consider the future scrutiny of this item.

**DAVINA FIORE**

**Director of Governance and Legal Services**

**2 March 2017**

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## **Dementia Friendly Communities – An Update Report**

### **Community & Adult Services Scrutiny Committee**

**8 March 2017**

#### **1. Background**

1.1. Dementia Friendly Communities is a programme led by the Alzheimer's Society in the UK which facilitates the creation of communities that are inclusive and supportive of people affected by dementia. The aim of the programme is to establish local structures and partnerships where professionals from all sectors work closely with community members, volunteers and people affected by dementia, to identify ways in which communities can become more dementia friendly.

1.2. Alzheimer's Society oversee a recognition process, whereby local communities can apply to be officially recognised as 'Working Towards Becoming Dementia Friendly.' In order to achieve this, communities must submit action plans and provide regular updates on the progress against the following set of criteria:

- Ensure the right local structure is in place
- Identify dementia champions locally
- Plan to raise awareness of dementia
- Develop a strong voice for people living with dementia
- Focus on key identified areas locally
- Plan to update on progress

1.3. A key aspect of creating Dementia Friendly Communities is the roll out of Dementia Friends information sessions. The aim of Dementia Friends information sessions is to raise awareness and create a better understanding of how dementia can affect a person, their carers, friends and loved ones. Dementia Friends also focuses on practical ways to support people affected by dementia, and aims to inspire people to think of ways they can support people affected by dementia in their day to day lives.

1.4. Additionally, a key element to the successful implementation of Dementia Friendly Communities is to establish ways of engaging with and working local shops and businesses to support them to become dementia friendly.

1.5. In April 2014, the Cardiff and Vale Dementia Taskforce met for the first time, and the Cardiff and Vale Dementia 3 Year Plan was launched in July 2014, identifying the following four key themes:

- Making structural changes to economic, cultural and environmental conditions
- Improving infrastructure and access to services for all
- Strengthening communities
- Strengthening individuals

Two areas (Cardiff West and Barry) were identified to pilot the work towards becoming dementia friendly, with the aim of rolling out the learning to support further Dementia Friendly Communities by 2017. An overarching steering group was formed to oversee the development of the pilot areas and begin the roll out of the Dementia Friendly Communities programme across Cardiff and the Vale of Glamorgan.

## 2. Progress

- 2.1. A community event was held at Fairwater Leisure Centre on 5<sup>th</sup> July 2013 to launch the work and aspiration of Cardiff West to become a Dementia Friendly Community. The event was attended by the then Minister for Health and Social Services Mark Drakeford as a keynote speaker.
- 2.2. The two pilot Dementia Friendly Community areas of Cardiff West and Barry were officially recognised by Alzheimer's Society as 'Working Towards Becoming Dementia Friendly' in December 2015.
- 2.3. As part of the pilots, a number of key elements of the Dementia Friendly Communities process were developed that were able to be utilised by other areas beginning to work towards the recognition process. These included:
  - Dementia Friends Champions trained to deliver Dementia Friends information sessions
  - Kite-Mark checklist criteria developed to support shops/businesses to work towards dementia friendly status
  - Information for volunteers to help recruit shops/businesses on to the Kite-Mark scheme
  - Information leaflets for shops/businesses to join the Dementia Friendly Communities programme
- 2.4. Following the completion of the two pilots, a number of communities expressed an interest in beginning to work towards becoming Dementia Friendly Communities. These included the Neighbourhood Partnership Areas of Cardiff North, Cardiff South West, Cardiff City and South and a number of areas in the Vale of Glamorgan in addition to the continuation of the two pilot areas of Cardiff West and Barry.
- 2.5. During the summer of 2016, initial meetings and discussions took place to explore the opportunity to work towards Cardiff becoming the first dementia friendly capital city in the UK. A series of meetings were held to discuss how core local authority services could contribute to the creation of a dementia friendly city and support and compliment the ongoing work of local groups (currently aligned to the Neighbourhood Partnership Areas).
- 2.6. During quarter 3 of 2016/17, a number of planning meetings took place and in February 2017, a Cardiff city-wide plan was finalised to submit to Alzheimer's Society for the city to receive 'Working Towards Becoming Dementia Friendly' status.
- 2.7. The Neighbourhood Partnership Areas of Cardiff South West, Cardiff City and South, Cardiff East and Cardiff North currently in the process of establishing local steering groups.
- 2.8. Chapter Arts Centre was among the first of the community venues in Cardiff to achieve dementia friendly status in 2016, with a number of other key venues such as



the Principality Stadium and St David's 2 shopping centre progressing work to become dementia friendly.

2.9. There are currently over 7,000 Dementia Friends in Cardiff and the Vale of Glamorgan.

### **3. Challenges**

3.1. The early challenge of progressing Dementia Friendly Communities was the fact that the programme was relatively new in Wales, and thus the pilot areas of Cardiff West and Barry were amongst the first communities in the country to go through the process. This meant that it was necessary for the steering groups to learn and adapt to the process along with the Alzheimer's Society staff who were involved in supporting the groups.

3.2. The competing priorities faced by professionals involved in the local steering groups also meant that progressing actions and developing priorities of groups sometimes took longer than planned.

3.3. An additional ongoing challenge has been to establish the most effective ways to engage with businesses from the private sector. One approach that has been successful is to utilise local knowledge and contacts within communities to engage with smaller businesses. However, a regional or national approach is required to engage with larger retailers at a more strategic level in order to ensure staff are released for training and managers are supported to make changes to premises in order to make them more dementia friendly.

### **4. Next Steps**

4.1. The continued development of a Cardiff city-wide approach will allow the City of Cardiff Council, partners and local Dementia Friendly Communities steering groups to comprehensively plan and progress actions targeted across the whole city.

4.2. The city-wide approach will allow, where applicable, for actions to be progressed within the City of Cardiff Council which affect the whole city, and allow the local Dementia Friendly Communities steering groups to focus their attention on developing smaller areas of the city to become dementia friendly.

4.3. The overarching steering group will coordinate the priority areas to focus on, and will explore the opportunities to engage with all sectors across community life in Cardiff to ensure that the city is as dementia friendly as possible.

4.4. This will include focussing on areas that have not yet been progressed including transport, retail, sport and recreation, education and other identified sectors.

### **5. Conclusion**

5.1. The Alzheimer's Society Dementia Friendly Communities programme provides a recognised structure along with essential support and guidance from Alzheimer's

Society to create communities across the UK that are supportive and inclusive of people affected by dementia.

- 5.2. The City of Cardiff Council has an opportunity to build on the work that has been developed so far, to ensure that progress continues to allow Cardiff to become the first dementia friendly capital city in the UK.

**Josef Prygodzicz**  
**Senior Health Promotion Specialist, Cardiff and Vale Public Health Team**

**CITY & COUNTY OF CARDIFF**  
**DINAS A SIR CAERDYDD**

**COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE**

**8 March 2017**

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**COMMITTEE BUSINESS REPORT**

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**Background**

1. At the Committee meeting on 7 September 2016 Members agreed to continue to receive an overarching Committee Business report, which combines items such as correspondence reports and work programme reports where appropriate.
2. This report includes the correspondence schedule attached at **Appendix A**; an update from the Committee's Performance & Budget Monitoring Panel; and this Committee's draft Annual Report 2016/17, which includes a review of the impact of this Committee during the period 2012-2017. It seeks Members' endorsement of the Annual Report 2016/17 subject to any agreed amendments.

**Correspondence Update**

3. Following most Committee meetings, the Chair writes a letter to the relevant Cabinet Member or officer, summing up the Committee's comments, observations and recommendations regarding the issues considered during that meeting. At the Committee meeting on 18 January 2017 Members received a report detailing the Committee-related correspondence sent and received by the Committee following Committee meetings held on 2 November 2016 and 7 December 2016.

4. The correspondence schedule attached as **Appendix A** provides an update since 18 January 2017 Committee meeting, with the following information:
  - Date the letters were sent;
  - To whom the letter was addressed;
  - The key recommendations set out in the Chair's letters;
  - Date the response was received; and
  - The response of the Cabinet Member(s) to those recommendations.
  
5. The schedule attached at **Appendix A** shows:
  - *Response Received* – from Councillor Elsmore to the Chair's letter, sent 19 January 2017, following pre-decision scrutiny of Direct Payments Scheme for Vulnerable People at the Committee meeting on 18 January 2017.
  - *Response Awaited* – from Councillor Elsmore to the Chair's letter, sent 24 January 2017, following scrutiny of Adult Safeguarding at the Committee meeting on 18 January 2017.
  - *Response Received* - from Councillor Bale to the Chair's letter, sent 14 February 2017, following scrutiny of draft Corporate Plan 2017-19 and Budgetary Proposals at the Committee meeting on 13 February 2017.
  
6. Copies of the Chair's letters and any responses received can be found on the Council's website page for the relevant Committee meeting, with a hyperlink provided at the top of the page, entitled '*correspondence following the committee meeting*'.

#### **Update from Committee's Performance and Budget Monitoring Panel**

7. The Committee's Performance and Budget Monitoring Panel met on 6 February 2017, to consider the following:
  - Answers to queries following Quarter 2 performance scrutiny.
  - Corporate Quarter 3 performance report for Communities and Housing, and Adult Social Services.

- Additional Quarter 3 performance reports for Council Housing Repairs and Homelessness.
8. Members also carried out a review of the rationale underpinning proposed homelessness indicators and targets. To inform their discussion, Panel Members received a flowchart illustrating homelessness processes as well as performance information for 2015/16 and 2016/17. At the meeting, officers answered Members' queries relating to identified trends in homelessness and drivers for these as well as proposed actions to tackle homelessness. Officers also discussed the rationale for each indicator and proposed target and, in some cases, the reasons why targets had not been set.
  9. Having considered all the information provided, Members concluded that they felt reassured by the approach adopted to determine appropriate targets for those indicators where this is possible. Members agreed that it is difficult to set targets for some of the homelessness indicators at this stage, given the fluctuations in numbers for no clear reasons.
  10. The Committee's Performance and Budget Monitoring Panel is meeting on 6 March 2017 to scrutinise Quarter 3 performance reports for Adult Social Services.

### **Draft Annual Report 2016-17**

11. The Cardiff Council Constitution requires all Scrutiny Committees to '*report annually to the Council on their workings and make recommendations for future work programmes and amended working methods if appropriate*'.
12. A copy of the Community & Adult Services Scrutiny Committee's draft Annual Report 2016-17 is attached at **Appendix B**. This report outlines the Committee's activities from June 2016 through to March 2017, and provides examples of the various types of scrutiny undertaken. The report includes a review of the impact the Committee has had, in terms of the Cabinet's

responses to the Committee's comments and recommendations, over the period 2012-2017.

13. The report concludes by setting out topics that the Committee has indicated a future scrutiny committee may like to include in its 2017-18 work.

## **Way Forward**

14. During their meeting, Members may wish to reflect on the correspondence schedule, attached at **Appendix A**. Members will also have the opportunity to consider the information provided regarding the recent Performance Panel meeting. Members will also have the opportunity to comment on and agree amendments to the Annual Report 2016-17, prior to submission to Full Council on 23 March 2017.

## **Legal Implications**

15. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the

Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

### **Financial Implications**

16. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters, there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

### **RECOMMENDATIONS**

The Committee is recommended to:

- I. Note the content of the correspondence schedule attached at **Appendix A** and consider any further correspondence required;
- II. Note the feedback from the Performance and Budget Monitoring Panel; and
- III. Consider the draft Annual Report 2016/17, attached at **Appendix B**, and if necessary amend, and approve the report, subject to any amendments the Committee wish to make, to be laid before Council;

**Davina Fiore**  
**Director of Governance and Legal Services**  
**2 March 2017**

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## APPENDIX A – CASSC Correspondence Schedule, as at 1 March 2017

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
19 January 2017	Cllr Elsmore	<b>Direct Payments for Vulnerable People</b>	<p><b>Proposed Model</b>  <i>Members' feedback is that there appears to be some confusion flowing from how some staff are explaining the Pick List to some current service users. Members have heard from current service users who wish to use their Direct Payments to meet the cost of outings who have been advised by staff that they are not able to do so as this is not on the Pick List. Members recommend that clarity on this matter is provided to staff as a matter of urgency.</i></p> <p><i>Members recommend that there is close monitoring of the impact of the Direct Payments scheme on the capacity of the domiciliary care market. Members further recommend that Cabinet task officers to prepare plans to deal with any negative affect that this monitoring reveals.</i></p> <p><b>Proposed Procurement Approach</b>  <i>At Committee yesterday, Members heard that the advice from the Direct Payments Project Group was to follow an Open procedure, due to the timescales. Members recommend that Cabinet Members seek confirmation on this</i></p>	<b>21 February 2017</b>	<p>'... Officers cannot recall Members raising at Scrutiny concerns about a service user being unable to use a direct payment to meet the cost of an outing. In future, if members have individual concerns, please can they raise them directly with officers, so they can be followed up promptly...'</p> <p>'The Directorate will closely monitor any potential impact of the implementation of the future direct payment service'</p> <p>'Recommendation 2 of the Cabinet Report to delegate authority to the Director of Social Services not only covers the Open</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p><i>from officers at the Cabinet Meeting as, if it is already clear that an Open procedure is the best way forward, Cabinet could agree this at the meeting, thus removing the need for a separate Officer Decision.</i></p> <p><i>The Cabinet Report states that the contract will be awarded to one or two organisations. At Committee yesterday, Members clarified that it would be no more than two organisations and heard that, if the contract were awarded to two organisations, the contract would be split 50/50 between the organisations. The Cabinet Report does not state this and therefore Members recommend that Cabinet Members seek clarification of the structure of the contract if it is awarded to more than one organisation.</i></p> <p><i>Members sought assurance that officers had developed contingency and transition plans with regard to the cessation of one contract and award of a new contract; these contingency and transition plans are referred to but are not detailed in the Cabinet Report. Members recommend that Cabinet satisfy itself with the contingency and transition plans in place to deal</i></p>		<p>Procurement Route but also the authority to determine all aspects of the procurement process up to and including the award of contracts, and all ancillary matters pertaining to the procurement.'</p> <p>Response reaffirms information provided at Committee.</p> <p>Response reaffirms information provided at Committee.</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p><i>with the possibility of there being a gap between this contract and a new contract.</i></p> <p><i>The Financial Implications section of the Cabinet Report states that a dedicated direct payments team is to be established and must be funded from existing resources. Members heard that the new team would be resourced via efficiency savings and via a pressure bid, which has been submitted to cover the costs of a manager for this team. The Cabinet Report does not state this. In light of this, Members recommend that Cabinet seek clarification from officers at Cabinet about how the dedicated direct payments team will be resourced. Members are concerned that, if the pressure bid is not successful, there will be a gap in the funding for this team.</i></p>		Response reaffirms information provided at Committee.
24 January 2017	Cllr Elsmore	<b>Adult Safeguarding</b>	<p><b><i>Safeguarding Adults Regional Board Cardiff and The Vale of Glamorgan</i></b></p> <p><i>Members recommend that members of the Regional Board work together to put in place joint training to ensure that all staff who are involved in investigations are able to gather and record evidence to PACE standards, whether or not a criminal investigation results.</i></p>		<b><i>Response Awaited</i></b>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p><i>As part of boosting awareness, and in order to ensure the Council and partners meet their responsibilities under the Act, Members would like to receive assurance that all staff will be made aware of their duty under the Act to report adults at risk and that they will be informed of how to do this.</i></p> <p><i>Members recommend that the Business Plan is amended to include a table that lists the functions and, for each of these, states how these functions will be delivered.</i></p> <p><i>Members recommend that the Regional Board agree to recommend to the National Board that the National Board work to ensure that all Elected Members receive DBS checks.</i></p> <p><i>Members recommend that the Regional Board recommend to the National Board that the National Board take the lead in developing and agreeing national data definitions. These would certainly assist in the development of meaningful and useful performance indicators for adult safeguarding that reflect partnership work.</i></p> <p><i>Members note the intention to establish a business unit to support the Board and sub-groups. Members would like to know if this unit is to lead on the development of the proposed suite of performance management indicators,</i></p>		

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			<p><i>discussed at the meeting. Members would be interested to see these indicators once they are developed.</i></p> <p><b>Cardiff Council</b></p> <p><i>Members recommend that there is training on adult safeguarding for all Members elected in May 2017 and that it forms part of the mandatory induction training so that all Members have to attend.</i></p> <p><i>Following discussion at Committee, Members wish to receive clarification about whether safeguarding concerns can be raised about council service provision, (for example if a care worker either does not turn up to provide care or is abusive to the service user), and whether the Council will deal with it as a safeguarding issue rather than as a complaint. Members believe the examples given should be dealt with as a safeguarding issue but wish to receive a response on this.</i></p> <p><i>Members wish to be informed what the timescales for the review of POVA processes are. Members also seek assurance about what is happening in the meantime, given that the old threshold focused on significant harm and the new requirements focus on risk to an individual.</i></p>		

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
14 February 2017	Cllr Bale	<b>Draft Corporate Plan 2017-19 &amp; Budgetary Proposals 2017-18</b>	<p><b><i>Draft Corporate Plan 2017-19</i></b></p> <p><i>Members recommend some further refinements, as follows:</i></p> <ul style="list-style-type: none"> <li>- <i>Ensure that there is enough information in the commentary to make the context clear for the targets set e.g. it is not clear whether the target to assist 144 rough sleepers into accommodation will require existing performance to improve, decline or stay at its current level.</i></li> <li>- <i>Similarly, where percentages are used, it would sometimes be useful to provide a baseline or overall figure, to make the quantum clear to the reader.</i></li> </ul> <p><i>Members recommend that a suitable measure and target that shows progress in delivering the [domestic violence] commitment is included in the final Corporate Plan 2017-2019. This should be in addition to the Welsh Government measure and target currently included in the Appendix to the Corporate Plan.</i></p> <p><i>Members.. recommend that the Corporate</i></p>	<b>17 February 2017</b>	<p><i>'I agree that it is important to provide clear information in the main body of the Plan to contextualise the targets provided.. I have asked officers to explore opportunities to better link the information when it is published online.. I have also asked the Council's Performance team to identify, as a matter of urgency, any changes that can be made to add further information to the appendix..'</i></p> <p><i>'I see no difficulty in including more specific wording around the progress of the re-commissioning exercise commitment .. In addition, officers will also ensure that the measure of training compliance is included'</i></p>

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			<p><i>Performance report also include measures and targets that show performance re preventing homelessness and time spent in temporary accommodation.</i></p> <p><b>Consultation Processes</b></p> <p><i>Members recommend that the consultation report contextualises the responses received by stating the overall population figures and acknowledges that receiving approximately 6,000 responses, many self-selected, from a population of approximately 340,000, whilst an improvement on previous years, counts as qualitative feedback rather than statistically valid responses.</i></p> <p><b>Overarching budgetary position</b></p> <p><b>Capital Programme, Line 5</b> – <i>Members wish to restate the point made at the meeting that it is essential for there to be alternative plans made for these regeneration schemes, to ensure viability when commercial tenants are not forthcoming or sustainable. This is an area of concern for the Committee and we shall recommend to a future Committee that this area is prioritised for further scrutiny.</i></p>		<p><i>‘The inclusion of one or two indicators would not provide the clear picture of progress that was recommended by the Committee’</i></p> <p><i>‘Thank you for your thoughtful comments .. I acknowledge your recommendations ... I will therefore ask officers to review how Cardiff’s engagement process compares with other leading local authorities to ensure that this can be further improved next year.’</i></p> <p><i>‘I agree with Committee’s point about contingency planning...work is also ongoing between Planning, Estates and Economic Development to assist in supporting a more</i></p>

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			<p><i>Neighbourhood Partnerships <b>saving, Line 18</b> - Members do not think that there should be policy changes of this magnitude with such little information available or opportunity to undertake more detailed scrutiny than can be afforded during budget scrutiny. Members do not feel the information provided is sufficient to enable understanding of the proposals; at our meeting, Members had to seek an explanation of what is proposed and what this would look like, rather than this being self-evident from the information provided. As the meeting progressed, it became clear from our questions that these proposals also link to <b>budget savings line 91</b> 'locality based service delivery' listed under Social Services, Councillor Elsmore's portfolio. This is not clear in the budget report papers and is something that pre-decision scrutiny would have been able to explore. From the information available at our meeting, Members are not convinced that one annual roadshow will be sufficient to replace the valuable work undertaken by the existing neighbourhood partnerships. However, Members note the commitment not to lose the good practice and</i></p>		<p><i>sustainable future for smaller neighbourhood shopping locations'</i></p> <p><i>'Whilst I note Committee's concerns in relation to Line 18..I do not agree that the proposed next steps for the development of the Council's Neighbourhood Partnership arrangements reflect a change in policy. Indeed, the proposed budget saving in staff costs is more a reflection of the success of the Cardiff Public Services Board in aligning a much wider range of partnership funding opportunities to reduce reliance on Council funding alone. The proposed change to the staffing structure is not linked to the saving in Social Services specifically, but is part of the evolution of a more streamlined and locality focused way of working that</i></p>



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			<p><i>data analysis used by the existing neighbourhood partnerships. Members note the commitment to utilise community focused schools as part of the neighbourhood partnership approach; Members believe that this should be integrated from the planning stage onwards and not be bolted on at the end when silo working would not have been addressed.</i></p> <p><i>Members are pleased to see that 100% [of Adult Social Services] savings proposed have detailed planning status. With this in mind, Members query why so many savings remain Red/Amber rated for residual risk and savings achievability. Members note that there is a corporate approach taken to this but are concerned that either the approach is over-cautious, or that planning is not sufficient in these regards, even though it is rated as detailed, or that more information should be supplied to make it clear why the RAG rating is as it is. Members would appreciate your views on this.</i></p>		<p><i>is supported by partners... Further briefings and discussions involving Members on how the proposed new arrangements will support the strengthening of the role of elected members and opportunities for greater community and stakeholder engagement will be provided over coming months.”</i></p> <p><i>‘I note the Committee’s concerns.. However, I wish to reassure you that our budgetary planning process has been robust and subject to due diligence...Given that these factors are not fully within the control of officers and that each and every decision contributing to the saving target entails a degree of risk, officers are minded to reflect that in the</i></p>

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			<p><b>Line 76</b> – Members note that this involves adjusting the skills mix of social work staff working in hospitals, recruiting more social work assistants to provide more hands-on help, which should have a positive impact on service users. Members believe that this should have been more clearly spelled out in the narrative for this line, to avoid the impression that this team is being reduced.</p>		<p><i>rating accordingly.'</i></p> <p><i>'The Committee's comment in the related narrative is noted and this will be adjusted in future to reflect the position fully and more clearly'</i></p>

scrutiny



# A Report of: Community & Adult Services Scrutiny Committee

Annual Report 2016 – 2017

DRAFT



City & County of Cardiff Council

## COMMUNITY & ADULT SERVICES SCRUTINY

### COMMITTEE MEMBERSHIP



[Councillor Ali Ahmed](#)



[Councillor Joseph Carter](#)



[Councillor Ralph Cook](#)



(Chairperson)

[Councillor Mary McGarry](#)



[Councillor Chris Davis](#)



[Councillor Julia Magill](#)



[Councillor Eleanor Sanders](#)

Councillor Chris Lomax was an active Member of this Committee for several years until September 2016, when he passed away unexpectedly. Members wish to pay tribute to his hard work, warmth and compassion; his wealth of experience is sorely missed.

## **TERMS OF REFERENCE OF THE COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**

To scrutinise, measure and actively promote improvement in the Council's performance in the provision of services and compliance with Council policies, aims and objectives in the area of community and adult services, including:

- Public and Private Housing
- Disabled Facilities Grants
- Community Safety
- Neighbourhood Renewal and Communities Next
- Advice & Benefit
- Consumer Protection
- Older Persons Strategy
- Adult Social Care
- Community Care Services
- Mental Health & Physical Impairment
- Commissioning Strategy
- Health Partnership

To assess the impact of partnerships with and resources and services provided by external organisations including the Welsh Government, joint local government services, Welsh Government-sponsored public bodies and quasi-departmental non-governmental bodies on the effectiveness of Council service delivery.

To report to an appropriate Cabinet or Council meeting on its findings and to make recommendations on measures which may enhance Council performance and service delivery in this area.

To be the Council's Crime and Disorder Committee as required by the Police and Justice Act 2006 and any re-enactment or modification thereof; and as full delegate of the Council to exercise all the powers and functions permitted under that Act.

## CHAIR'S FOREWORD



**Councillor Mary McGarry**  
**Chair, Community & Adult Services Scrutiny Committee**  
**March 2017**

## OVERVIEW

The Community and Adult Services Scrutiny Committee plays an important role in assessing service performance and informing service and policy development across a range of Council services, including all aspects of housing, neighbourhood renewal and adult social care. The Committee is also the Council's crime and disorder scrutiny committee.

One of the main aims of this Committee is to look at things from a service user and citizen perspective and use this to inform our observations and recommendations to the Cabinet. We have invited contributions to our work from carers, advocates, citizens, partners and the third sector as well as hearing from Council Members, officers, statutory organisations and feedback from service users. To date, 29 external witnesses have contributed at Committee this year.

Between June 2016 and March 2017, the Committee scrutinised the following topics:

- **Cabinet Responses** – Where the Committee receives a Cabinet Response that details whether the Cabinet has accepted or rejected recommendations made by the Committee following a task and finish Inquiry:
  - Information, Advice and Assistance for adult mental health service users.
  - Reducing Crime and Disorder in the Night Time Economy.
- **Deep Dives** – Where the Committee has undertaken an in-depth but short examination of a topic, which may result in recommendations to the Cabinet Member:
  - Council Housing Voids Management.
  - Disabled Adaptations.
  - Homelessness Target Setting.
- **Policy Development and/or Review** – Where the Committee has contributed to the Council's policy development processes, for example by considering draft policy documents, and/or where the Committee has considered the implementation of policies, looking at whether this has happened in a timely manner and the impact of

the policy, giving the Cabinet the opportunity to know Scrutiny Members' views about whether any changes are required:

- Communities First Annual Report and Way Forward.
  - Assessment – Social Services and Well Being (Wales) Act 2014.
  - Dementia Three-Year Action Plan: Progress Report.
  - Domiciliary Care.
  - Community Safety.
  - Direct Payments.
  - Private Rented Sector Housing.
  - Adult Safeguarding.
  - Regional Partnership Board – Health and Social Care Integration.
- **Pre decision** - Where the Committee has evaluated and commented on policy proposals prior to Cabinet, giving Cabinet the opportunity to know Scrutiny Members' views prior to making their decision:
    - Housing Strategy.
    - Recommissioning of Advice and Support Services (including floating support, gender specific support and advice).
    - Buildings Maintenance Framework recommissioning.
    - Direct Payments for Vulnerable People.
    - Corporate Plan.
    - Budgetary Proposals.
    - Rough Sleepers Strategy.
- **Monitoring Progress** - Where the Committee has undertaken monitoring of the Council's progress in implementing actions previously agreed:
    - 'Provision of Accommodation for Gypsy and Traveller Households in Cardiff' (2010).
    - 'Review of Multi-Agency Approaches to Tackling Sex Work/ Prostitution' (2012).
    - 'Meeting Affordable Housing Need' (2013).
    - 'Anti-Social Behaviour' (2013).
    - 'Mitigating the Impact of Welfare Reforms' (2013).
    - 'Provision of Adult Social Care to Minority Communities' (2013).
    - 'The Provision of Services to Adult Carers of Adults' (2013).



- 'Dangerous Dogs' (2014).
  - 'The Impact of Under Occupation of Social Housing (Bedroom Tax) Welfare Reform in Cardiff' (2014).
  - 'Tackling Human Trafficking in Cardiff' (2014).
  - 'Information, Advice and Assistance for mental health service users' (2015).
  - 'Reducing Crime and Disorder in the Night Time Economy' (2016).
- **Monitoring Performance** - Where the Committee has undertaken monitoring of the Council's performance:
    - Director of Social Services and Economic Development. Annual Report 2015-16.
    - Corporate Safeguarding ○ Budget Monitoring Month 4 and Month 6 – Adults Social Annual Report 2015-16. Services, Communities and Housing, City Operations and Economic Development.
    - Quarterly Performance Reports – Adult Social Services, Communities and Housing, City Operations and Economic Development.
- **Briefings outside Committee**
    - Social Services and Well Being (Wales) Act 2014: Performance Requirements and Statutory Duties of Director of Social Services - Workshop
    - Safeguarding of Children and Adults: Workshop.
- **Briefing Papers**
    - HMO Additional Licensing Scheme: Progress Report
    - Social Services and Well Being (Wales) Act 2014: Preventative Services
    - Wales Audit Office: Delayed Transfer of Care (November 2016)
    - Dementia Three Year Action Plan: Progress Report (March 2017).

Over the year, the Scrutiny Committee held 10 committee meetings and wrote 19<sup>1</sup> letters to the Cabinet, officers and external partners, sharing their comments, recommendations and concerns following the scrutiny of items at committee meetings. This included one joint meeting with the Children and Young People Scrutiny Committee, in order to consider the Director of Social Services Annual Report 2015-16.

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<sup>1</sup> Not including March letters

Members formed a Performance and Budget Monitoring Panel, which has held six meetings this municipal year, undertaken two deep dives and received a progress report on a previous deep dive. A third deep dive is underway, into the Care Pathway.

Members attended a number of other scrutiny events including: forum meetings for work programming; pre-meetings prior to Committee; and a workshop focusing on Performance Requirements and Statutory Duties of Director of Social Services. In addition, Members have attended training and briefing events, including those on the Social Services and Well Being (Wales) Act 2014, Budget, Corporate Plan, Liveable City, Information Governance, Data Protection and Freedom of Information.

## **RESPONSE TO WALES AUDIT OFFICE**

The Wales Audit Office's February 2016 inspection report for Cardiff Council included the following in relation to Scrutiny:

- Develop an approach to cross-cutting scrutiny (given the increasing nature of collaborative service delivery and governance, and the Wellbeing of Future Generations agenda).
- Consider scrutiny's role in addressing the strategic challenges facing the Council at this point in time.
- Ensure that any vacancies on scrutiny committees are filled quickly.
- Consider webcasting scrutiny committees.

In response to this report, the Cabinet agreed a Statement of Action. This included a 'Review of Scrutiny', with the resultant report taken to Constitution Committee on 2 March 2017. In addition, arrangements to scrutinise cross-cutting issues have been developed by the Council, including:

- Joint committee meetings to scrutinise cross-cutting issues: Social Services; Community Hubs; Alternative Delivery Mechanisms; and Human Trafficking.
- Joint task and finish groups: to consider Community Infrastructure Levy and Alternative Delivery Mechanism.

- Joint scrutiny with neighbouring authorities on issues including Regulatory Services and the Central South Consortium Joint Education Service.
- Agreement that the Policy Review and Performance Scrutiny Committee would take the lead overview role for scrutinising the work of Cardiff Partnership Board, with the other four Committees undertaking detailed scrutiny of Partnership Board work streams.

Vacancies are allocated to political groups under political proportionality rules, are discussed on a monthly basis with Party Group Whips, and, with their agreement, have been offered to other political groups and independent councillors where a party has not wished to take their proportion of seats. Appointments to vacancies on committees is a standing item on all council meeting agendas. As a short-term measure, Full Council in July 2016 decided to reduce the number of members on scrutiny committees to eight Members for the remainder of this Administration. The 2016 Member Survey also explored the challenges that Members faced in filling vacant Committee places. It found a range of challenges, including other Council duties, family and work pressures to be key factors.

Webcasting facilities are in place in County Hall and in the City Hall Chamber, enabling some Scrutiny committee meetings, Planning committee meetings and Full Council meetings to be webcast.

The Statement of Action directed the introduction of webcasting of committee meetings to include one scrutiny committee meeting per month from December 2016. The Scrutiny Committees piloted webcasting between November and December 2016, and the Economy & Culture Scrutiny Committee held the first live scrutiny webcast in December 2016.

## DEEP DIVES

### Council Housing Void Management

The Committee's Performance Panel met to review progress in delivering improvements in council housing void management, following their deep dive in 2015/16. All sixteen of their recommendations had been accepted and Members were keen to understand the impact of these being implemented. Members were very pleased to note a demonstrable commitment by officers to drive improvements in this area, improved performance in re-let times and consequent improvements in rent loss and the percentage of stock that is void.

### Disabled Adaptations

Following a decline in performance in 2015/16 and concerns that performance in Quarter One 2016/17 was showing little sign of improvement, Members met with officers to review plans to mitigate the issues. Members were pleased to find that officers had undertaken a thorough analysis of the issues affecting performance and had a clear plan to address these. Members are recommending to a future committee that it prioritises this area for early scrutiny.

### Homelessness Target Setting

At the request of the Director of Communities, Housing and Customer Services, Members reviewed the approach taken to setting targets for performance indicators for homelessness. Members looked at the factors affecting performance to date, known changes planned for 2017/18 and the likely impact of these, and trends in homelessness performance. Members discussed with officers the desirability and relevance of proposed indicators and the achievability of the proposed targets. Overall, Members were content with the proposed targets and the rationale applied.

## POLICY DEVELOPMENT AND PRE-DECISION SCRUTINY

Members have undertaken a significant amount of pre-decision scrutiny and policy development work in respect of Social Care and Housing issues as well as Community Safety and Crime and Disorder scrutiny. Details of some of these are provided below and in the next section; a full list of the topics covered is provided earlier on pages 5 and 6.

### Domiciliary Care

Members focused on four main areas: capacity, sustainability and contingency; quality; cost control; and future arrangements. Members met with representatives from domiciliary care providers, service users, Care & Social Services Inspectorate for Wales, Councillor Elsmore (Cabinet Member for Health, Housing and Wellbeing) and officers from Social Services.

Members were pleased to note the clear willingness from all parties to work together constructively to address fragility in the domiciliary care market and develop solutions that work for Cardiff. Members noted that the main issue affecting capacity in Cardiff is the ability to recruit and retain good quality, reliable staff; and that this is linked to the fact that care workers receive low pay. Members applauded the planned Carers Recruitment Campaign and the Locality Working pilot. However, Members felt these would not be sufficient to address the capacity issues whilst the inherent flaws in the health and social care system remain. Members were pleased to hear that the Regional Partnership Board is working on these issues and planned to scrutinise this further.

With regard to quality, Members explored how new processes enable the Council to be assured that providers are meeting the desired outcomes required by the client. Members also sought information with regard to 15-minute visits and were pleased to hear officers confirm that the aim is to eliminate 15-minute visits.

With regard to cost control, Members noted that authorisation controls are in place for high cost packages of domiciliary care and that a pressure bid had been submitted for 2017-2018 to meet the rising demographic need for domiciliary care. Members also noted

evidence from service user and domiciliary care provider representatives that it was not uncommon for clients to have to top-up Direct Payments to meet the fees charged.

Members noted that work is underway to develop a sustainable model for domiciliary care, with the licence for the current system due to expire in November 2018.

In her response Councillor Elsmore, Cabinet Member for Health, Housing and Well Being stated that she “*would like to thank Members for their constructive comments*” and provided additional information that Members had requested.

## Private Rented Sector Housing

Members carried out several scrutinies relating to Private Rented Sector Housing. These included looking at how empty private sector properties are brought back into use, and looking at the implementation of Rent Smart Wales and of Additional Licensing Schemes for Houses in Multiple Occupation.

With regard to bringing empty private sector properties back into use, Members had noticed a significant dip in the published performance indicator for this and sought an explanation from officers. It became clear that there needed to be resolution about which area now has responsibility for this work, following restructures. At the meeting, senior officers gave a commitment to meet to resolve the issue and to identify resources. It was subsequently confirmed that the meetings had taken place and that the Shared Regulatory Services would undertake this work. As part of the Budgetary Proposals 2017-2018, a bid was submitted for a post that would concentrate on work to do with empty homes.

Members received a briefing on the implementation of the Additional Licensing Scheme for Houses in Multiple Occupation. With regard to Rent Smart Wales, Members requested updates on the implementation, with the latest update scheduled to take place close to the ‘go live’ date. Members invited written submissions from landlord and managing agent representatives, the Students Union and ward Members for those wards with the highest number of students. Members received written submissions from all of these and used these to identify issues to explore with witnesses. Following the meeting, Councillor Derbyshire, Cabinet Member for Environment, wrote stating: “*Thank you for the*

*opportunity to attend scrutiny to discuss the implementation of Rent Smart Wales. I value input into the development of the initiative as we strive to improve the service”.*

## **Housing Strategy**

Members congratulated officers for producing an evidence based, comprehensive, whole system approach strategy in partnership with Registered Social Landlords, Health and Social Care colleagues and private sector landlords. Members recognised that the strategy would require extensive partnership working to deliver the actions and that involving partners at the start of the process would aid this.

With regard to the content of the strategy, Members recommended more fully referencing the Black and Minority Ethnic communities in Cardiff and the work that will be undertaken to ensure their specific housing needs are assessed and planned for. Members also recommended that: the Strategy reference the Council's Strategic Equality Plan 2016-2020; that it be made clear that 4,220 affordable homes will be provided over the 5 years of the strategy, rather than the life of the LDP; and that reference be made in the strategy to the fact that the design of housing, and of estates, is critical to ensuring high quality, sustainable affordable housing that residents wish to live in and that contribute to resilient communities.

In her response, Councillor Elsmore, Cabinet Member for Health, Housing and Wellbeing, stated that the Housing Strategy would be amended to reference the findings contained in the Local Housing Strategy Market Assessment on the housing needs of BME communities and that links to actions in the strategy would be made clear. Her response also stated that the Strategy would be amended to include reference to Council's Strategic Equality Plan 2016-2020 and to make it clear that 4,220 affordable homes would be provided over the life of the Strategy. She stated that she agreed that *'quality of design is very important in new housing developments and the views of the Committee will be passed on to colleagues in Planning and those working on the Housing Partnership Programme sites. Officers will work with Planning colleagues to ensure this concern is reflected in the final draft document.'*

## Recommissioning of Advice and Support Services

Members carried out pre-decision scrutiny of the report to Cabinet on recommissioning of advice and support services. The support services element covered floating support to older people, floating support to generic service users and gender specific support services. To assist their scrutiny, Members invited representatives from a range of providers as well as the relevant Cabinet Members and officers.

Members explored issues pertaining to the following: the way that the commissioning packages might be offered to prospective bidders; the balance between quality and cost in the evaluation of tenders; the level of delegation suggested for commissioning Gender Specific Support; and the need to retain flexibility, and to maintain a firm “learning culture” approach as recommissioning arrangements move forward.

Members made a number of recommendations, including:

- making it clear in the Cabinet report that it was possible for there to be a lead organisation with potentially several sub-contractors;
- ensuring the draft report retains flexibility to allow officers to undertake further research with Welsh Government and other local authorities to see if there are other approaches to the percentage split between quality and cost that would be more appropriate to meet the needs of people requiring these services;
- amending recommendation 4i to include reference to the future role of scrutiny in shaping the emerging recommissioning proposals (specifically for ‘gender specific services’ but potentially for all aspects of the proposals); and
- amending the report to acknowledge the need to keep working closely with providers and third sector partners, to manage any unintended consequences and ensure that any lessons from recent and current commissioning arrangements could closely inform future proposals.

In his response, Councillor De’Ath, Cabinet Member for Skills, Safety, Engagement and Democracy stated *“I very much welcome the constructive and helpful comments set out in the letter. ... All your recommendations have been accepted and changes have been made to the report to reflect this.”*



## COMMUNITY SAFETY AND CRIME & DISORDER SCRUTINY

During 2016-17, Members have undertaken the following work to discharge their responsibilities for scrutinising the work of the Crime and Disorder Partnership and community safety in Cardiff:

- received and scrutinised the response to their in-depth Inquiry into how to reduce Crime and Disorder associated with the Night Time Economy in a time of austerity;
- carried out pre-decision scrutiny of a Cabinet report on Re-commissioning Advice and Support Services, which included gender specific support re domestic abuse;
- undertaken in-depth scrutiny at Committee on Community Safety and on Adult Safeguarding;
- monitored the implementation of agreed recommendations from previous Inquiries relating to Community Safety, covering: Sex Work/ Prostitution, Human Trafficking, Dangerous Dogs and Anti-Social Behaviour.

Members have also continued to raise their concerns at the lack of performance reports for the Crime and Disorder Partnership; in previous years, Members have received these reports six monthly. A revised quarterly performance report is due from Quarter One 2017/18.

### Community Safety

Members welcomed representatives from the Community Safety Partnership (CSP) and the Assistant Police and Crime Commissioner to their meeting to scrutinise partnership working to tackle crime and disorder and community safety issues. Members particularly focused on governance, performance and operational effectiveness re both community cohesion and anti-social behaviour.

With regard to governance, Members explored the impact of the Public Services Board (PSB) on the partnership governance landscape. Members noted that there was general agreement that the new PSB and CSP arrangements are an improvement on previous arrangements. Members explored the relationship between decision making at the PSB/

CSP level and at the constituent organisations' level. Based on the information provided at the meeting, Members recommended that further work is undertaken to clearly and transparently articulate in the PSB/ CSP terms of reference the requirement of each PSB/ CSP member to go back to their respective organisation's decision making bodies when formal decisions are required of these bodies.

With regard to performance, Members agreed with proposals for outcomes based reports that demonstrate the impact of the CSP work. Members observed that it is important to not only have the number of incidents and crimes but also to have measures that show how these are dealt with, for example sanction/ detection rates, prosecution rates, conviction rates and victim satisfaction rates. Members recognise that it will take time to put these in place for all categories and therefore, Members recommended that the Domestic Abuse and Human Exploitation categories be selected as the categories to commence this additional reporting.

With regard to operational effectiveness, Members were reassured by the evidence provided of partnership working re community cohesion and observed that there is clear partnership working to tackle anti-social behaviour where social housing tenants are involved, as either the victims or perpetrators. However, there was not such clarity expressed at the meeting regarding anti-social behaviour in the owner occupied or private rented sectors, where social housing tenants are not involved. Members also recommended that the CSP consider how to ensure a proactive strategic approach is taken to tackling the causes of anti-social behaviour across the city.

The response received from Councillor De'Ath, Cabinet Member for Skills, Safety, Engagement and Democracy, stated that: the Committee would be kept informed of any significant refinements in the area of governance; an addition to the terms of reference would be drafted for consideration by a future meeting of the PSB; from Quarter 1 2017-18 performance reports will also include additional information identified in the Exploitation Work Stream; and there will be a new priority work stream to support the development of Resilient Communities, which together with work to tackle Adverse Childhood Experiences, should strengthen the preventative approach to tackling anti-social behaviour.

## Adult Safeguarding

Members welcomed representatives of the Safeguarding Adults Regional Board Cardiff and The Vale of Glamorgan and heard about work to date to respond to the new duties regarding Adult Safeguarding set out in the Social Services and Wellbeing (Wales) Act 2014.

Members recommended that the Regional Board work together to put in place joint training to ensure that all staff who are involved in investigations are able to gather and record evidence to PACE standards, whether or not a criminal investigation results. This is to ensure that the Board acts on the findings of the Operation Jasmine review. This review found that poor evidence gathering and record keeping meant that crucial links were not made; this meant abuse and neglect were not stopped as soon as they could have been.

Members considered the Board's draft Business Plan and recommended amending it to include a table that lists the core functions of the Board and, for each of these, states how these functions will be delivered.

Members believe that the Regional Board has the opportunity to build a relationship with the National Board, with the overall goal of strengthening adult safeguarding across Wales. To this end, Members recommended that the Regional Board agree to recommend to the National Board that the National Board work to ensure that all Elected Members receive DBS checks and that the Regional Board recommend to the National Board that the National Board take the lead in developing and agreeing national data definitions.

With regard to Cardiff Council's role, Members recommended that there is training on adult safeguarding for all Members elected in May 2017 and that it forms part of the mandatory induction training so that all Members have to attend.

*Response Awaited*

## CORPORATE PLAN & BUDGET

At its February 2017 meeting the Committee considered the Council's draft Corporate Plan and draft budgetary proposals for 2017-18. Members noted that the draft Corporate Plan 2017-18 demonstrated the improvements made in recent years in reducing the size of the Plan and making it more focused on clearly setting out the Council's priorities. To assist this improvement, Members recommended further refinements, such as providing contextual information so that readers could understand information provided regarding targets and percentages. Members also recommended the inclusion of a suitable measure and target to show progress in delivering the commitment on domestic violence support services.

With regard to the budget, Members raised particular concerns with regard to community shopping centre regeneration schemes, highlighting the need to have alternative plans in place if commercial tenants are not forthcoming or sustainable. Members detailed their concerns regarding the proposals to review Neighbourhood Partnerships. Members recommended amending the narrative for a saving regarding hospital social work teams, to make it clear that this does not involve a reduction in staff.

Members raised a query regarding the Red/ Amber status for most Adult Social Services savings. Members noted that 100% of these savings have detailed planning status. With this in mind, Members queried why so many savings remain Red/Amber rated for residual risk and savings achievability.

When the Corporate Plan was agreed at Full Council, it included a suitable measure and target to show progress in delivering the commitment on domestic violence support services. Members also received an assurance from the Leader that officers would look to provide contextual information via links, when the Corporate Plan is published on line.

When the final budget was agreed at Full Council, changes were made with regard to the narrative provided for the hospital social work team saving proposal.

## MONITORING PROGRESS

Members tasked officers to carry out a review of progress in implementing agreed recommendations across the ten Inquiries undertaken in this administration. The review shows that, overall, 65% of recommendations were fully accepted and all of these have been implemented in full. Another 23% of recommendations were partially accepted and 41%<sup>2</sup> of these have been implemented as stated in the Cabinet Response. A separate report showing the impact of the Committee 2012-2017 is attached at **Appendix 1** to this report.

## MONITORING PERFORMANCE

In response to the Wales Audit Office Corporate Assessment 2014, this Committee established a Performance Monitoring Panel to triage the quarterly performance reports and undertake 'deep dives' as needed, outside of Committee meetings. In 2016/17, budget monitoring was added to the remit of the Panel.

The Panel Members have received a range of reports to facilitate performance scrutiny, monitoring of service delivery and the driving of service improvement for citizens. These include quarterly corporate performance reports, repairs and homelessness performance reports, and scorecard reports for Adult Social Services. However, Members felt that these did not provide enough information to enable them to carry out their role to maximum effect. Councillor Graham Hinchey, Cabinet Member with responsibility for performance, agreed their request that the Committee receive consistent quarterly supplementary reports to the quarterly corporate performance reports, in order to provide appropriate information to facilitate effective performance scrutiny.

The Panel Members reviewed the Month 4 and Month 6 budget monitoring reports and held a special meeting to hear from the Director of Social Services regarding his budget concerns and proposals to address these. This drew on information provided to Audit

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<sup>2</sup> This may increase when NTE Inquiry recs implementation updated

Committee and included Members clarifying the approach taken to demographic modelling of future trends.

Members also received reports from relevant Inspectors, including the Care and Social Services Inspectorate for Wales and Wales Audit Office. This Committee held a joint meeting with the Children and Young People Scrutiny Committee to scrutinise the Director of Social Services Annual Report.

## FUTURE SCRUTINY WORK

Over the course of its deliberations this year, the Committee has recommended that the following items be considered by a new Committee for inclusion in their 2017-18 work programme:

- ❖ Social Services & Well Being (Wales) Act 2014 implementation.
- ❖ Integrating Health and Social Care.
- ❖ Housing (Wales) Act 2014 implementation.
- ❖ Disabled Adaptations.
- ❖ Domestic Violence recommissioning.
- ❖ Gypsy & Traveller Site Selection.
- ❖ Direct Payments Support Provision
- ❖ Community Shopping Centre regeneration.
- ❖ Partnership working re Dementia.
- ❖ Domiciliary Care arrangements.
- ❖ Replacement to Communities First.
- ❖ Adult Safeguarding, including the Cardiff & Vale Safeguarding Adults Board Annual Report and the Corporate Safeguarding Report.
- ❖ Performance Reports.
- ❖ Savings Reports.
- ❖ Relevant Audit, Inspection and Regulatory Reports.
- ❖ Cabinet Responses to previous Inquiries.
- ❖ Implementation of agreed recommendations from previous Inquiries.

***Impact of Community & Adult Services Scrutiny Committee 2012-2017***

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## **Introduction**

The Committee has acted as a critical friend to the administration, recommending amendments to policy and resource allocation to drive improvements in services to citizens. It has utilised the work of auditors, inspectors and regulators to highlight areas requiring further scrutiny, such as adult social services take-up amongst ethnic minority communities, care plan reviews and delayed transfers of care. The Committee has scrutinised many aspects of housing, adult social care, regulatory services, community safety and crime and disorder. It has used a range of scrutiny methods including committee meetings, panel meetings, deep dives, and task and finish group inquiries. It has commissioned scrutiny research to provide insight into service user and carers' views and experiences and issued 'Calls for Evidence' to widen the span of contributions to its work.

Over the course of the last five years, the Committee has reviewed its ways of working, adapting these to respond to changes in the scrutiny landscape. This has included holding more joint meetings with other Committees to scrutinise issues that cut across terms of reference, such as the Local Development Plan, Community Infrastructure Levy, Citizen Hubs and Shared Regulatory Services. The Committee has also set up a Panel to triage performance and budget monitoring issues in an attempt to reduce the length of committee meetings.

***A summary of the impact of this work is set out below, with details provided further on, in the tables.***

### **Enabling voice and concerns of the public to be heard**

A key role for the Committee has been to listen to and hear the concerns of the public. Members have ensured service users, carers, advocates, citizens, partners, ward Members and other stakeholders have been able to contribute at committee meetings and inquiries, either in person or in writing. Over the last five years, over 260 individuals have contributed, with many of these acting as representatives for their groups or organisations and thus articulating views on behalf of many more citizens, for example the Older People's



Commissioner for Wales. In addition, over 280 individuals contributed to our inquiries via surveys, focus groups and face-to-face interviews. The Committee held special committee meetings to facilitate in-depth scrutiny of adult social services for ethnic minority communities in 2013, and to hear from those affected by budgetary proposals for 2016/17. It also participated in a pilot for public questions, held in 2015.

Scrutiny resulted in improvements to the following **strategies, policies, plans and service delivery**:

- Corporate Plan
- Neighbourhood Partnerships
- Housing Allocations
- Shared Regulatory Services
- Ageing Well Delivery Plan
- Day Opportunities Strategy
- Gypsy & Traveller Accommodation Assessment
- Housing Strategy
- Director of Social Services Annual Reports
- Corporate Safeguarding Report.

Scrutiny resulted in improvements to the following **commissioning and procurement exercises**:

- Advice Services
- Domiciliary Care
- Supported Living Services for Adults with Learning Disabilities
- Support Services, including gender specific, floating support and support for older people.

Scrutiny resulted in improvements re **Crime & Disorder/ Community Safety**:

- Improvements to the Community Safety performance reports to include commentary to explain the impact of partnership activity on trends, a summary of the key issues facing Cardiff and, from Quarter 1 2017-18, additional information identified in the Exploitation Work Stream.

- Commitment to hold a briefing for senior officers on the Council's legal obligation under Section 17 of the Crime and Disorder Act 1998.
- Raising awareness re lack of representation of Community Safety across the Council's Directorate Delivery Plans 2016-17: *'The underrepresentation of Community Safety and the identified associated work streams has been acknowledged and, as such, the Resources Directorate Delivery Plan now contains an appropriate action.'* Cllr De'Ath, Cabinet Member for Skills, Safety, Engagement and Democracy.
- Inquiries into Anti-Social Behaviour, Dangerous Dogs, Tackling Human Trafficking and Tackling Crime and Disorder in the Night Time Economy – impacts detailed below.

Scrutiny directly resulted in the following changes to **resource allocation**:

- **2014-15**: Reduction of 50% to the proposed increase in the charge for Meals on Wheels.
- **2015-16**: Commitment to fund existing day centres and drug & alcohol counselling services until alternative arrangements in place.
- **2015-16**: £10,000 to each of the six Neighbourhood Partnership areas in order to assist groups that are in the process of taking on services to support health and well-being in these areas.
- **2016-17**: Commitment to keep Taxi Marshall posts.
- **2016-17**: Additional Neighbourhood Services Technical Officer to undertake work bringing empty private properties back into use.

The Committee also drove improvements to service delivery via the work of its Performance and Budget Monitoring Panel and Task and Finish work.

In 2015, in response to the Wales Audit Office Corporate Assessment 2014 that identified the need to reduce the length of committee meetings, this Committee established a Panel to scrutinise the corporate quarterly performance reports and undertake 'deep dives' as needed. The Panel continued into 2016/17, expanding to include budget monitoring.

The Panel completed three deep dives (management of council housing voids, disabled adaptations and homelessness target setting) with another deep dive underway looking at the social services care pathway. The process of deep dives is supported by the Cabinet and senior management: *'I welcome Scrutiny taking these deep dives into the performance measures'* Cllr Elsmore, Cabinet Member Health, Housing and Wellbeing<sup>3</sup>.

All 16 recommendations of the **Council Housing Management Voids Deep Dive** were accepted and actioned and the following comment was received from Cllr Elsmore: *'Thank you for your report and recommendations for improving performance in void management. I appreciate the time and attention that the Performance Panel have given to this issue... Your findings indicated a need to review and realign resources for void management. I can confirm that a fundamental review of the resources in place to deal with void properties, and how that resource is structured, will be carried out during 2016/17 to ensure that these properties can be re-let as soon as possible, and to avoid duplication of work and confusion over areas of responsibility'*<sup>4</sup>. Following an update on progress in October 2016, a further two recommendations were also accepted.

The work of the Panel also led to **improvements in performance reports**, as follows:

- Information on PPDRs (Personal Performance and Development Review) and savings to be shown separately for Children's Social Services and Adults Social Services.
- Housing repairs indicators to be included in performance report.
- Homelessness indicators to be included in the performance report.
- Guidance on the use of RAG status developed and circulated to all Directorates to ensure a more consistent approach.
- Confirmation that Amber risk ratings should not be used in Q4 reports.
- Agreement that a supplementary report will be developed to report Adult Social Services performance to the Panel and that Communities will continue to supply supplementary information, adapting it to be analogous to the approach used for Adult Social Services.

## **Inquiries**

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<sup>3</sup> Letter from Councillor Elsmore to Councillor McGarry, dated 29<sup>th</sup> October 2015

<sup>4</sup> Letter from Councillor Elsmore to Councillor McGarry, dated 21<sup>st</sup> April 2016

During 2012-2017, this Committee carried out **ten** Inquiries, making 145 recommendations aimed at improving service delivery. Overall, 65% of recommendations were fully accepted and all of these have been implemented in full. Another 23% of recommendations were partially accepted and 41%<sup>5</sup> of these have been implemented as set out in the Cabinet response. Some of the key improvements resulting from the Inquiries are:

- Tightened planning policy to enhance provision of affordable housing.
- Improvements in customer care for those experiencing Anti-Social Behaviour.
- Development of annual programme of analytical work by students to support work to address crime and disorder.
- Enhanced existing work to mitigate impact of welfare reform, particularly in relation to impairment groups and foster carers.
- Improved literature, website and publicity material on Adult Social Services to reflect broader population of Cardiff.
- Improved guidance on Direct Payments, which has boosted usage by minority ethnic communities.
- Raised political awareness of issues facing Carers, resulting in commitments, measures and targets for this being included in Corporate Plan and additional resources being made available.
- Raised awareness of issues re Dangerous Dogs and need for Council to engage in dialogue with Welsh Government.
- Increased the number of tenants identified as qualifying for Disabled Band Relief re Council Tax, meaning their income maximised.
- Formal mechanism established to capture human trafficking cases not reported via the National Referral Mechanism; new private fostering posters; and a commitment from Cardiff Business Council to support work to tackle human trafficking.
- Commitment to develop a Night Time Economy Strategy and clarified lead Member for Night Time Economy.

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<sup>5</sup> This may increase when NTE Inquiry recs implementation updated

## Enabling voice and concerns of the public to be heard

Year	Summary	Total
2012-13	41 external witnesses- Committee	<b>41</b>
	72 external witnesses – task and finish groups	<b>72</b>
	Special Committee in January 2013 re adult social care service provision to Minority Communities	
	29 participants in focus groups and face-to-face interviews re Carers	<b>(29)</b>
2013-14	11 external witnesses - Committee	<b>11</b>
	37 external witnesses – task and finish groups	<b>37</b>
2014-15	22 external witnesses - Committee	<b>22</b>
	0 task and finish as part way through IAA and included below	
2015-16	21 external witnesses - Committee	<b>21</b>
	28 external witnesses - task and finish groups	<b>28</b>
	+250 participants in survey and focus groups re IAA	<b>(+250)</b>
	Special Committee in January 2016 to hear from stakeholders affected by budget proposals	
2016-17	29 external witnesses - Committee	
<b>Total</b>		<b>261 (and +279 )</b>

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## Inquiries

Year	Source	No of RECs made	fully accepted	fully implemented	partially accepted	partially implemented	No rejected	Not Implemented
	<b>Inquiry</b>							
2012	Sex Work/ Prostitution	13	12	9	0	3	1	1
	<b>This Administration</b>							
2013	Affordable Housing	13	6	7	5	4	2	2
2013	Anti - Social Behaviour	13	8	11	5	2	0	0
2013	Mitigating Impact of Welfare Reforms	15	14	12	1	3	0	0
2013	Provision of Adult Social Care Services to Minority Communities	15	7	11	6	2	1	1
2013	Carers	18	9	15	6	0	3	3
2014	Dangerous Dogs	20	18	18	2	1	0	1
2014	Welfare Reform Bedroom Tax	10	8	9	2	1	0	0
2014	Tackling Trafficking	16	12	11	1	1	3	4
2015	Information, Assistance and Advice to mental health service users	10	0	TBC	3	TBC	6	TBC
2016	Reducing crime and disorder in Night Time Economy	15	12	TBC	3	TBC	0	TBC
	<b>This Administration</b>	<b>145</b>	<b>94</b>	<b>94</b>	<b>34</b>	<b>14</b>	<b>15</b>	<b>11</b>
	<b>As a percentage</b>		<b>65%</b>	<b>65%</b>	<b>23%</b>	<b>10%</b>	<b>10%</b>	

Some recommendations that were partially accepted have been implemented in full. In the case of Carers and Provision of Services to Ethnic Minority Communities, this is because the recommendations accord with the Social Services and Well Being (Wales) Act 2014, which authorities have to implement. I am checking whether this also applies to IAA to mental health service users. I am also checking re implementation of NTE recommendations.

## Deep Dive

	Deep Dive	No of Recs	No of Recs accepted
2015	Council Housing Void Management	16	16
2016	Disabled Adaptations	0	n/a
2016	Homelessness Target Setting	0	n/a
2016	Care Pathway	underway	

Scrutiny at Committee Meetings	Impact
<b>Review of Advice Services 2012-13</b>	The Cabinet Member for Communities, Housing & Social Justice welcomed the pre-decision scrutiny and the presentation of this report to the Cabinet was delayed in order for the Committee's views to be incorporated into proposals.
<b>Building Communities White Paper 2013-14</b>	The Committee's recommendations were accepted and acted on, leading to role profiles, clarification that the Local Government Code of Conduct for Members would apply and a proposed re-launch once Lead Members were in post.
<b>Housing Allocations Policy 2013-14</b>	Members recommended that effective indicators were put in place to monitor the impact of the new policy, to see whether the aims were reflected in the implementation or whether there were unintended consequences. This recommendation was accepted and implemented. The monitoring highlighted that further amendments to the Housing Allocations Policy were required, resulting in an amended Policy.
<b>Budget Proposals for 2014/15</b>	Members noted with concern that the proposed increase in the charge for Meals on Wheels may result in people eating less healthily; the proposed increase in cost was reduced by half in the final budget.
<b>Domiciliary Care 2014/15</b>	Members recommended that the Cabinet report be amended to include more details on the proposed timeline, cost envelope, cost of technology required, how outcomes would be evaluated and the interface between the proposed model and Direct Payments. These recommendations were accepted and additional information was provided.



<b>Domiciliary Care 2014/15</b>	In September 2014, Members received a progress report on implementation of the new model and further details on the proposed Provider Quality Score, contract monitoring and financial risk monitoring, as requested. Following discussion at the meeting, Members remained concerned that the proposals did not provide sufficient controls for finance or quality.
<b>Supported Living Services for Adults with Learning Disabilities</b>	The Committee's letter and Cabinet Member response (which contained the additional evidence requested) were placed before Cabinet at the time of their deliberation. The Cabinet Member also stated that she would work with officers to review the tender specification so that it explicitly reflected the points raised by Committee with regard to the lead provider.
<b>Shared Regulatory Services proposals</b>	The Leader stated that he was extremely grateful for the Committee's general support for the proposals and their comments, which were considered prior to a decision being made. The response stated that: the report to Cabinet would be amended as requested; the Leader would ask officers to arrange meetings with relevant scrutiny chairs to consider establishing a joint scrutiny panel; that significant work would be undertaken regarding terms and conditions of transferring staff, which would be subject to consultation with staff and trades unions; that the three year Business Plan for the new service will identify further savings for the short and medium term; that HMO figures would be revisited; that officers are learning from other collaborative approaches to avoid repeating mistakes with regard to ICT.
<b>Budget Proposals for 2015/16</b>	Members noted with concern the scale of proposed savings for Health and Social Care, both in terms of the impact these could have and in terms of their achievability. Members raised particular concerns with regard to proposed savings from closing day centres for older people, reorganising meals on wheels and ceasing counselling services run by the Drug and Alcohol team. When the final budget was agreed at Full Council, changes were made to the day centres and counselling services proposals to ensure existing services would be funded until alternative arrangements were put in place. Members also stated their concerns about the cumulative impact of proposed savings relating to corporate partnership working and neighbourhood partnership working. When the final budget was agreed at Full Council, changes were also made to provide £10,000 to each of the six Neighbourhood Partnership areas in order to assist groups that are in the process of taking on services to support health and well-being in these areas, as per the Committee's recommendation.

<b>Performance scrutiny 2014/15</b>	The following recommendations were accepted: recording and analysing the reasons why carers refuse an offer of a carer's assessment; improvements to the Community Safety performance reports to include commentary to explain the impact of partnership activity on trends and a summary of the key issues facing Cardiff; and that officers work with the Prison Service to quantify and mitigate the impact of the changes flowing from the Housing (Wales) Act 2014.
<b>Ageing Well Delivery Plan</b>	The Cabinet Members accepted the recommendations with regard to the Local Ageing Well Delivery Plan and a revised Plan was submitted to Cabinet for approval in March 2016.
<b>Day Opportunities Strategy 2015/16 (Older People and other vulnerable service users)</b>	Members raised their concerns about proposals to close all day centres. Members were therefore pleased these had been revised and that it was now planned to keep three-day centres, create a Day Opportunities team and signpost to community provision using a tiered approach. The final proposals were significantly amended, with a motion at Full Council committing the Council to fund places for existing service users of Oldwell Court until such time as the arrangements are no longer required and committing the Council to work with the organisation that runs the dementia centre to help them secure their accommodation into the future
<b>Gypsy &amp; Traveller Accommodation Assessment</b>	Members recommended clarifications be made to the Accommodation Assessment to better explain the reasoning behind some of the calculations. Members also recommended that the use of wording in the site assessment criteria be checked with the Planning Inspector to ensure it was appropriate. These recommendations were accepted by the Cabinet Members, with the Accommodation Assessment and Site Selection Criteria being amended accordingly before being taken to Cabinet, thus strengthening both documents and making their implementation more straight-forward.
<b>Corporate Plan and Budget Scrutiny 2015/16</b>	Members drew attention to the Council's responsibility to mainstream and embed community safety within all Council services as a legal obligation under Section 17 of the Crime and Disorder Act 1998 and recommended that senior officers be made aware of the above, in order that proposals being developed by officers properly reflect the requirement on the Council to promote Community Safety. The Leader confirmed that a briefing would be held for senior officers on the Council's legal obligation under Section 17 of the Crime and Disorder Act 1998.
<b>Corporate Plan scrutiny 2015/16</b>	When the Corporate Plan was agreed at Full Council, it included amendments to improve the links between the commitments contained within the Corporate Plan and the What Matters Strategy as well as to some of the measuring progress sections, as recommended by CASSC.

<b>Budget Scrutiny 2015/16</b>	When the final budget was agreed at Full Council, changes were made with regard to Taxi Marshal posts in the savings proposals and Employee Implications report, as well as with regard to the use of Business Improvement District funding and CCTV cameras, in line with recommendations made by CASSC.
<b>Performance Scrutiny 2015/16</b>	Members raised their concerns at the lack of performance reports for the crime and disorder partnership; in previous years, Members have received these reports six monthly. The new Head of Partnerships and Performance has committed to addressing this shortfall and Members expect to receive performance reports for 2016/17.

<b>Inquiries</b>	<b>Main Impacts</b>
<b>Sex Work/ Prostitution</b>	Received thanks from Cardiff Partnership Manager for undertaking inquiry, raising awareness, promoting issues and identifying pros and cons of possible approaches. The Cabinet Response states that <i>'The work of the Task &amp; Finish Group has been invaluable in informing the development of the multi-agency approach to tackling sex work and prostitution'</i> .
<b>Affordable Housing</b>	Housing Strategy has adopted a whole system approach. Report produced re under occupation and overcrowding. Tightened planning policy to enhance provision of affordable housing.
<b>Anti-Social Behaviour</b>	Led to improvements in customer care including: leaflets being published providing advice and guidance on how to be a good neighbour, how to report ASB and the support available when going to court; clearer adherence to timescales; and one contact number for ASB. Led to partnership work with Cardiff University for their students to work on analysing crime trends at a ward level. Led to yearly programme of analytical work.
<b>Mitigating Impact of Welfare Reforms</b>	Enhanced communications and marketing to low income households to ensure they are aware of help available. Ensured digital inclusion covers specific impairment groups. Ensured appropriate areas involved in work, including education and children's services. Ensured Foster Carers got the extra welfare benefits entitled to.
<b>Provision of ASC Services to Minority Com</b>	All literature and publicity reviewed to reflect the broader population. Website has function to enable community languages to be chosen. Mandatory training for staff on equality & diversity awareness. New guidance on Direct Payments has helped boost usage by Minority Ethnic communities.

<b>Carers</b>	Raised political awareness of issues facing Carers, resulting in commitments, measures and targets for this being included in Corporate Plan and additional resources being made available. Members thanked the Director of Health & Social Care for her statement that she welcomed the leadership demonstrated by scrutiny in providing challenge on these issues and the consequent need for leadership from the Cabinet to shape their response.
<b>Dangerous Dogs</b>	Raised awareness of issues and need for Council to engage in dialogue with Welsh Government.
<b>Welfare Reform Bedroom Tax</b>	As a result of R7, 19 tenants identified as qualifying for Disabled Band Relief re Council Tax - meaning income maximised. Council also put in place system to identify eligible households in the future.
<b>Tackling Human Trafficking</b>	Formal mechanism established to capture cases not reported via the National Referral Mechanism. Refreshed awareness raising training for staff, including education/ schools staff. New private fostering posters. Commitment received from Cardiff Business Council that supportive of work to tackle human trafficking.
<b>Reducing crime and disorder in NTE</b>	Drew attention to need to respond to Welsh Government consultation on Framework for Managing the Night Time Economy. Led to commitment to develop a Night Time Economy. Clarified lead Member for Night Time Economy.

Year	Source	Positive Comments/ Action
<b>2015/16</b>	<b>Cabinet Member Letter</b>	
29/10/2015	Cllr Elsmore	'We welcome your observations and recommendations (re <b>Local Ageing Well Plan</b> and <b>Older People's Housing Strategy</b> )..on the whole we agree with comments from the committee, which will inform future changes to this document... I hope that not only will this committee be kept informed but will provide a key role as a critical friends while we undergo these significant changes.'
25/11/2015	Cllr Elsmore	'I regard scrutiny as a key stakeholder in considering the narrative for adult social care'
14/01/2016	Cllr Elsmore and Cllr Patel	'In order to accord with the LDP Inspectors recommendation, we confirm that the wording in the <b>(Gypsy &amp; Traveller) site assessment criteria</b> will be changed from 'contaminated land' to 'land contamination' as recommended.'
12/02/2016	Cllr Elsmore	'Thank you for bringing the issue with the signage at Marland House to our attention. I can confirm that new, significantly larger signs have been put in the windows of the old Advice Hub to direct service users to the new Central Library Hub.'
31/05/2016	Cllr De'Ath	'A systematic gap analysis will be carried out ahead of the re-commissioning of <b>domestic violence services</b> ... agree that CPS will bring vast knowledge and experience so they will be invited to join the Cardiff and Vale sub-regional strategic group..once again thank you for your input into such a key area'
28/06/2016	Cllr De'Ath	'The Committee's feedback regarding the representation of <b>Community Safety</b> across the Council's Directorate Delivery Plans is welcomed. The underrepresentation of Community Safety and the identified associated work streams has been acknowledged and, as such, the Resources Directorate Delivery Plan now contains an appropriate action.'
14/06/2016	Cllr Elsmore	'I would like to thank Members for their constructive comments (on <b>Delivery Plans</b> ).. Recommendations accepted include: including CSSIW area for improvement regarding the quality of residential care; updated actions and milestones for Dementia Friendly City'; and include review of advice services.'

<b>2016/17</b>		
30/06/2016	Cllr Derbyshire	Re bringing <b>empty private sector properties</b> back into use - confirmed that meetings now taking place to identify resources to address these
14/07/2016	Cllr Hinchey	I am happy to accept your recommendations (re <b>Corporate Safeguarding Report</b> ) and will ensure both that appropriate changes to the report are made and that the Board addresses the substantive issues going forward'
16/08/2016	Cllr Elsmore	<b>Housing Strategy</b> - Reference will be included in the findings contained in the Local Housing Strategy Market Assessment on the housing needs of BME communities and links to actions in the strategy will be made clear... will update to include reference to Council's Strategic Equality Plan 2016-2020.
07/09/2016	Cllr Lent & Cllr Elsmore	Various amendments to be made to <b>Director of Social Services Annual Report</b> as recommended including future reports to reflect the broader governance structure, highlighting supply and demand issues more specifically where relevant in the future, improving presentation of safeguarding graphs, considering inclusion of adult exploitation commentary and considering inclusion of Inspectorate areas for improvement in the key challenges section of the report.
9/07/2016	Cllr De'Ath	I very much welcome the constructive and helpful comments set out in the letter. .. All your recommendations have been accepted and changes have been made to the report to reflect this. <b>(support and advice services recommissioning)</b>
30/11/2016	Cllr De'Ath	I will ensure the Committee is kept abreast of any significant refinements (in the area of governance re <b>Community Safety</b> )... from Quarter 1 2017-18 performance reports will also include additional information identified in the Exploitation Work Stream'
02/12/2016	Cllr Elsmore	I would like to thank Members for their constructive comments' re <b>domiciliary care scrutiny</b>
14/12/2016	Cllr Derbyshire	I value input into the development of the initiative ( <b>Rent Smart Wales</b> ) as we strive to improve the service'
19/01/2016	Cllr Derbyshire	we are providing additional resource to the Cardiff Housing Enforcement team in the form of a Neighbourhood Services Technical Officer post and this position will concentrate on the work in Cardiff surrounding <b>empty homes'</b>
<b>Awaiting comments on letters from January 2017 onwards</b>		

DRAFT

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