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AGENDA

Committee COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

Date and Time of Meeting WEDNESDAY, 1 APRIL 2015, 4.30 PM

Venue COMMITTEE ROOM 4 - COUNTY HALL

Membership Councillor Groves (Chair)
Councillors Carter, Goddard, Lomax, McGarry, Sanders and
Graham Thomas

*Time
approx.*

1 Apologies for Absence

4.30 pm

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 - 12*)

To approve as a correct record the minutes of the previous meeting.

4 Adult Carers of Adults Update Report (*Pages 13 - 46*)

4.35 pm

a) Councillor Susan Elsmore Cabinet Member Health, Housing & Wellbeing will be in attendance and may wish to make a statement.

b) Siân Walker, Director Health and Social Care and Sue Schelewa, Operational Manager Assessment & Care Management, will be in attendance to answer Members' questions.

c) Members' question and answer session.

- 5 Health & Social Care Regional Collaboration Fund and Intermediate Care Fund projects; Quarter 3 Progress Report** 5.15 pm
(Pages 47 - 96)
- a) Councillor Susan Elsmore Cabinet Member Health, Housing & Wellbeing will be in attendance and may wish to make a statement.
 - b) Siân Walker, Director Health and Social Care, Sarah McGill, Director of Communities, Housing and Customer Services, and Nichola Poole, Programme Manager - Remodelling Social Care and Integration of Health across Cardiff and the Vale of Glamorgan, will be in attendance to answer Members' questions
 - c) Members' question and answer session
- 6 Implementing Part 2 of the Housing Wales Act 2014: Pre-Decision Scrutiny** 5.35 pm
(Pages 97 - 130)
- a) Councillor Susan Elsmore Cabinet Member Health, Housing & Wellbeing will be in attendance and may wish to make a statement.
 - b) Sarah McGill, Director Communities Housing and Customer Services, will be in attendance to answer Members' questions.
 - c) Members' question and answer session.
- 7 Progress Report: Implementing agreed recommendations re 'The Structure and Approach of Cardiff Council in Tackling Anti-Social Behaviour' Inquiry** 6.10 pm
(Pages 131 - 144)
- (a) Councillor Daniel De'Ath Cabinet Member Safety, Engagement and Democracy will be in attendance and may wish to make a statement;
 - (b) Sarah McGill, Director Communities Housing and Customer Services, and Ellen Curtis, Operational Manager Landlord Services, will be in attendance to answer Members' questions.
 - (c) Members' question and answer session
- 8 Improving Scrutiny Project** 6.30 pm
(Pages 145 - 154)
- (a) Councillor Daniel De'Ath Cabinet Member Safety, Engagement and Democracy will be in attendance and may wish to make a statement;
 - (b) Marie Rosenthal, County Clerk and Monitoring Officer, will be in attendance to answer Members' questions.
 - (b) Members' question and answer session

- 9 **Correspondence Report - Update Report** (*Pages 155 - 176*) 7.00 pm
- 10 **Date of next meeting** - Wednesday, 13 May 2015

Marie Rosenthal

County Clerk & Monitoring Officer

Date: 25 March 2015

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

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COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

4 MARCH 2015

Present: County Councillor Groves(Chairperson)
County Councillors Lomax, McGarry, Sanders and
Graham Thomas

77 : APOLOGIES FOR ABSENCE

Apologies were received from Councillors Carter and Goddard.

78 : DECLARATIONS OF INTEREST

Declarations of interest were received from:

Councillor Groves – Item 9 – He and his wife are in receipt of Domiciliary Care
Councillor Sanders – Items 7 & 9 – she is currently finalising a care package for a family member.

79 : MINUTES

The minutes of the meeting held on 4 February 2015 were agreed as a correct record and signed by the Chairperson.

80 : CARDIFF COUNCIL DESIGNATION AS A SINGLE LICENSING AUTHORITY FOR POWERS CONTAINED IN PART 1 OF THE HOUSING (WALES) ACT 2014 - WELSH AGENT AND LANDLORD LICENSING SCHEME: PRE-DECISION SCRUTINY

The Chairperson welcomed Councillor Bob Derbyshire, Cabinet Member for Environment, Tara King Assistant Director Environment and Bethan Jones, Operational Manager Regulatory and Commercial Services to Committee.

The Chairperson invited the Cabinet Member to make a statement in which he said that the report details the importance of what Cardiff needs to be doing in future with regards to the Housing Wales Act. Cardiff had been chosen as the authority to run the scheme; it has a large student/rented population compared to anywhere else in Wales. Cardiff has experience of licensing schemes in Cathays and Plasnewydd and this was another scheme. He emphasised the importance of being aware of the risks associated with any scheme, and the mitigation of these. It was noted that Cardiff had run a landlord accreditation scheme for the past 8 years; running this new scheme on behalf of the Welsh Government would also provide employment opportunities. Officers added that the scheme would help to regulate all the rented sector in the City, it would improve engagement with landlords but would also be a huge challenge as there are 70-100k landlords to engage with and provide training for across Wales. It was noted that Cardiff was well equipped to deliver such a scheme.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members enquired whether Welsh Government money would cover all costs of the scheme. Officers advised that the whole scheme had been costed out with detailed financial modelling. A grant from Welsh Government should cover costs that fees don't recover, the Council is awaiting confirmation from Welsh Government on this and should receive this shortly.
- Members asked whether landlords would get any extra support through the scheme to deal with difficult tenants. Officers advised that there would be no additional support provided through the scheme but the authority would be more equipped to deal with issues through training that the scheme provides.
- Members discussed reputational risk if some properties slipped under the net; and asked how the authority would ensure that all were licensed. Officers advised that Welsh Government were conscious of the issue and were taking the lead on a marketing strategy for the first 18 months of the scheme. All 22 local authorities would work together and get the communication out to the public. Initially there wouldn't be enforcement but in time enforcement would be part of the scheme.
- Members asked whether there would be a tight legal document between the other local authorities in Wales. Members were advised that legal advice stated that a legal document was not required; however all authorities wanted the scheme to be a success and there would be a shared set of expectations; funding would follow activity so there would be reviews or funding sanctions.
- With regard to financial risks, Members asked how assured officers were that the Model and Toolkit were as robust as it could be. Officers stated that the toolkit was developed following the Hemming's Case, which determined amongst other things what fees could be set with all 22 authorities. Officers considered it a prudent model. Officers noted that Cardiff has a 1:5 ratio of Landlord/property which was the highest in Wales.
- Members sought more information about the employment opportunities provided by the scheme. Officers advised that there would be 49 staff employed within Cardiff Council, initially these would be mainly administrative officers with housing experience. A big recruitment drive would be started with C2C soon in order for them to start in October.
- Members noted that enforcement fees would be kept within individual authorities and asked whether the enforcement fees from within Cardiff coupled with the Welsh Government money would be sufficient to fund the ongoing employment of 49 staff. Officers advised that detailed financial modelling had been undertaken based on the information held currently; the model take account of this activity and it would be reviews annually to ensure that it is.
- Members asked when the response from Welsh Government could be expected. Officers stated that the letter should be received prior to the next Cabinet meeting.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Bob Derbyshire Cabinet Member Environment thanking him and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

81 : COMMUNITY SAFETY PERFORMANCE MANAGEMENT INFORMATION - QUARTER 3 2014/15

The Chairperson welcomed Councillor De'Ath Cabinet Member for Safety Engagement and Democracy and Sarah McGill Director Communities Housing and Customer Services to the Committee.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members noted that neighbourhood partnerships have community safety information and take action locally; Members enquired how everyone comes together to address city wide issues and take actions. Officers stated that this was work in progress and that the issue was noted. An example was given of a neighbourhood partnership installing CCTV and an increase in anti social behaviour then being reported/captured. It was complicated to get various strands of activity but the cohesive board takes a strategic overview. The following quarter would include more narrative as well as figures and more examples would be brought to Committee.
- A Member asked the Cabinet Member what his priorities were to take action from the Q3 information. The Cabinet Member stated that he would look at issues on a Council Wide basis with particular emphasis on Domestic Violence and Child Sexual Exploitation.
- Members referred to Anti Social Behaviour-Action Taken and particularly 'Notice of intent to terminate introductory tenancy' and noted the figure of '0'. Officers stated that this was seen as a positive and that there was never a desire to evict or demote; quick action was being taken to prevent anti social behaviour and therefore reduce notices and evictions.
- Members noted 8 cases listed of Domestic Violence on the priority waiting list and asked how quickly these people would be housed. Officers stated that it would depend on each individual case; cases would be identified and prioritised where domestic violence is an issue. The list could include people who are already housed in temporary accommodation and are awaiting rehousing.
- More information was sought on the work being done on prostitution. Officers advised that there was significant joint working between the Council and the Police on both on and off street prostitution. There were significant drug and alcohol issues relating to prostitution. Joint working had produced some good results and was an issue for a task and finish group recently.
- Members noted that Cardiff has the highest Anti Social Behaviour rate per population in Wales and asked whether this was always the trend or whether it was new. Officers explained that it was the first time that Cardiff was top end

of the statistic; it was important to capture what was going on in Cardiff, there had been significant increases in reports of anti social behaviour which was positive however it was important to keep an eye on underlying trends and issues. A more in depth analysis of the detail of the Anti social behaviour figures was going to be done at the end of the year.

- With regard to Hate Crime, Members noted that the figures weren't high themselves but all show an upward trend and asked what was being done. Officers stated that people were being encouraged to report these crimes to get a better picture of what was happening in our communities; an upward trend isn't necessarily a cause for concern but what is done about it is.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Daniel De'Ath Cabinet Member for Safety Engagement and Democracy thanking him and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (letter attached)

82 : COMMUNITIES PERFORMANCE MANAGEMENT REPORT QUARTER 3 2014/15

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing and Sarah McGill Director Communities Housing & Customer Service to the Committee.

The Chairperson invited the Cabinet Member to make a statement in which she explained she was pleased with the performance in quarter 3 particularly in the Housing Revenue Account; a key concern was the number of days taken to let Council homes; there had been an improvement in the quarter but the target for quarter 3 would not be met; the issues are understood but progress would need to be seen in quarter 1 and 2 2015/16. The allocations policy should help with this progress particularly with regard to high rise flats. Officers added that it was disappointing that the target would not be met as lots of work had been done on void lettings and this work would focus the ongoing work; it was important to get the properties back into use as soon as possible and with the new allocations policy in place there should be improvements in quarter 4.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members sought further information on who could be housed in high rise flats. Officers stated that they can allocate flats to families with children over 8 years of age. It is possible to allocate flats to people aged 16/17 years of age with support provided.
- Members enquired whether previous issues with contractors and void properties had now been resolved. Officers stated this was part of the action plan and it was being dealt with by building up an in house team and taking on apprentices; where contractors still needed to be used contracts would be tightened.

- With reference to Disability Facilities Grants, Members noted it was mentioned that clients had sometimes contributed to delays and sought clarification on whether this was usual. Officers explained that it was an occasional problem but it could have a big impact on the delay when a client disputes a resolution, an example was given of a client expecting an extension to be built rather than an adaptation to the property. It was added that Cardiff used to have the highest Disability Facilities Grant in Wales whereas now there were assessments, requirements and most practical way to meet them; Cardiff was now the best authority in responding in a timely manner and were now meeting needs rather than aspirations.
- A Member asked whether there had been any feedback from service users on the Disability Facilities Grant realignment. Officers explained that there is customer satisfaction information gathered for all DFG's and it had been excellent; it was important to look at what is reasonable and practical and now more people were receiving a good service.
- More information was sought on sickness levels. Officers explained that reductions had been seen year on year; the target was 9 days and currently the figure stood at 10.73 days. Sickness was being managed; actions within the policy were being carried out such as referrals to Occupational Health and return to work interviews; 17 members of staff were on long term sick; there was a growing awareness that long term sickness impacts on colleagues; all sickness was being kept under review.
- Members referred to Homelessness and asked of those where no decision had been made within the 33 day deadline, how long did they have to wait beyond the 33 days for a decision. Officers stated that they didn't have that information at the meeting but clarified that the 33 days is the time scale in which to make a decision regarding homelessness, time then spent in temporary accommodation is a very different matter and numbers of those in temporary accommodation and which type of accommodation were held separately.
- Members asked whether there was any service user feedback on the new allocations policy. Officers explained that there was a growing body of responses to letters sent out regarding putting those with the highest housing need at the top of the list; perhaps unsurprisingly those with lower needs were not happy and are letting the authority know that; all letters are being responded to; all allocations were now being done on the new policy. The joint allocation scheme with the Housing Associations will have great benefit and this would be kept under review. The Cabinet Member added that it was important politically that the Cabinet are supporting those with the greatest housing need; any change would be difficult for the others to accept but fair and equitable policies are needed.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing thanking her and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Housing Health and Wellbeing, Siân Walker Director of Health & Social Care and Stuart Young Operational Manager Resources and Performance to the Committee.

The Chairperson invited the Cabinet Member to make a statement in which she reiterated the pressures and challenges in Health and Social Care; extreme budget pressures exemplifies demand pressures. There had been improved performance in Direct Payments which was steady and slow; the target was stretched so it was difficult to meet but there are improvements being made quarter on quarter.

With regard to Carers Assessment, this has been ongoing since October last year; there have been problems with the ability to record carer assessment on the social care records database, solutions had been sourced, were now taking place that will see improvements from April.

With regard to Delayed Transfer of Care, there were critical pressures particularly in University Hospital of Wales. Health & Social Care are working closely with the Health Board on admission avoidance. Typically in an average week there are c. 30 referrals for social care assessment; in January in one week there were 60, this exemplifies the pressures and frailty of people being admitted to hospital during the winter period.

With regard to Sickness Performance, the Cabinet Member gave assurances that strong management controls were in place although she acknowledged there had been some drifting from targets. The Director added that she was disappointed that the target of 13.1 days would not be met. The directorate are following the Health and Wellbeing policy; though does have a number of very sick people with long term sickness. This impacted by the agen profile of staff; the fact that many work shift patterns and where staff are working with vulnerable people they are unable to turn up for work with a cold or D&V because of the impact on people supported. Managing sickness remains a priority for the directorate and this will continue to be managed over the coming months.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members sought further information on accelerated improvement meetings and actions flowing from these with regard to financial management. Officers explained that all expenditure in Health & Social Care has Operational Manager oversight; in Older Peoples Services due to the sheer volumes this duty is shared with Team Managers with parameters, and then on to Operational Manager for approval.
- Members asked what focus was being put into high expenditure care package reviews and domiciliary care. The Director advised that the prime focus was assessing need and eligibility; the target for delivering 1005 reviews within the

12 month period had been slipped this year as the service had prioritised those high cost packages for review where it was deemed likely that a review outcome would change the package

- Members noted the Red targets in relation to Direct Payments and Carers Assessments and asked whether Personal Performance Development Reviews (PPDR's) had helped as staff were being monitored on their performance in these areas via PPDR's. Siân Walker stated that PPDR's have happened for all staff, though there was a delay in inputting data onto digiGOV for one service area where the manager had been sick for a significant period. Improvements in the system were needed to look at performance data for individuals and what they have offered in terms of Direct Payments etc. It was also noted that data cleansing was currently happening on the Care First system so next year there would be a position to performance manage staff more effectively; staff are clear on the expectations.
- Members discussed inaccurate information being on the system and how long officers had known about it. Officers explained that they became aware when the Director joined the authority. The Cabinet Member added that improvements should be seen quarters 1 and 2 next year the required changes necessitated a full tender so work had only recently commenced.
- With regards to Red Targets, Members asked what measures were being put in place to ensure that the same issues were not apparent next year. Officers explained that there had been improvements month on month with direct payments;. The stretch target of 800 was unachievable though the current upward trend projected achievement of 650 in 2015/16. Therefore a stretch target had been proposed for next year of 700. Reductions were seen in delayed transfers of care for most months last year; more plans were in place this year with mobile working and scheduling starting in June which would release capacity in the reablement service to effect better hospital discharges.
- Members asked whether RCF funding was assured for the third year. Officers said it was although less than originally anticipated; and noted that this year's sum would be £533k for Cardiff and the Vale of Glamorgan. Further information would be brought to a future committee meeting.
- Members discussed the 'progress challenges' for future years with regards to direct payments. Officers would bring further information to a future committee meeting.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing thanking her and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

84 : CONTRACT AWARD FOR SUPPORTED LIVING SERVICES FOR ADULTS WITH LEARNING DISABILITIES: PRE DECISION SCRUTINY

Appendix 1a and Appendix 1b to Appendix A of this report were not for publication, as they contain exempt information of the description in Paragraph 14 of Part 4 and Paragraph 21 of Part 5 of Schedule 12A of the Local Government Act 1972.

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Housing Health and Wellbeing, Sian Walker Director Health and Social Care and Amanda Phillips Operational Manager Learning Disabilities to the Committee.

Members were reminded that this item contains confidential information in Appendices 1a and 1b of Appendix A to this report. As such, this item would be split into two sections, a public portion where Members can ask questions on the information contained in the draft Cabinet Report and Appendix 2 of this report, followed by a closed portion where members of the public will leave the room so that Members can ask questions on the confidential information in the appendices. Members must not refer to or ask questions on Appendices 1a and 1b during the public portion of this item.

The Chairperson invited the Cabinet Member to make a statement in which she said she was delighted to present the report for pre decision scrutiny; the issue had been before committee in October last year and this report updates and advises Members on the outcome of the procurement process. Officers had done a thorough process; Health, 3rd Sector, Parents and Cardiff Council Staff worked with Cardiff People First Advocacy Service; Bid were evaluated on 50/50 quality and price and it had been an excellent example of partnership working.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members asked how the transition process would be managed particularly with respect to the vulnerable service users. Officers explained that there would be a detailed plan of engagement events for families to take part in and the detailed timetable of events would be widely communicated, dependent on the outcome of Cabinet.
- Members sought clarification on the evaluation criteria and staff/management arrangements. Officers explained that it had been important to have 50/50 quality and price; within the quality aspect would be quality service and person centred services. With regards to staff/management this was procedural information, there would be proper governance and safeguarding would be an important part of this, which would need to be clearly evidenced.
- Members asked if the evaluation criteria was Cardiff-specific or whether the weighting etc. was a standard approach. Officers stated that it was quite bespoke to the service, they had wanted quality which was robust and person specific and they considered it had worked very well. The Cabinet Member added that she had been deeply impressed with the nuance and she had never seen such a high quality process before.
- Members noted that there was lots of information on the Equality Impact Assessments (EIA's) and sought assurance that the communication strategy would reach people and in the right way. Members asked if there had been any issues with the new model or how it had been consulted. Officers

explained that they had consulted with families, people had been anxious about the tender outcome and concern over consistency of support workers. There had been TUPE consideration so staff have the option to transfer which would help with consistency. Officers reassured Members that they already had in diary appointments with families to ease any fears and that there had been communication throughout the process.

The meeting went into closed session to discuss matters on the confidential papers.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing thanking her and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

85 : ASSESSMENT & CARE MANAGEMENT BUSINESS PROCESS REVIEW: UPDATE

The Chairperson stated that it was his judgement that he had a financial/ prejudicial interest in this item as his wife is a traditional domiciliary care recipient and he is a Direct Payment domiciliary care recipient. In consequence, he stated that he would vacate the Chair and leave the room for the entire duration of the item, and for the way forward section for this item. (Councillor Groves left the meeting)

The Scrutiny Officer sought nominations for a Chairperson for the item. Councillor Sanders nominated Councillor McGarry, this was seconded by Councillor Lomax.

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Housing Health and Wellbeing, Siân Walker Director Health & Social Care and Sue Schelewa Operational Manager Assessment and Care Management to the Committee.

The Chairperson invited the Cabinet Member to make a statement in which she explained that the CSSIW executive summary 13/14 reported progress. She added that it was important to be achieving effectiveness in processes and also enhancing the service user experience.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members noted that there would be a review of the business processes undertaken by staff and that savings would be made by restructure etc. and asked what changes there may be to service delivery after the business review. Officers explained that it was about staffing but also about systems, for example the overhaul of the care first system. Officers also explained that a saving of £150k had been in 2014/15 through voluntary severance and that there would be a full-year effect of this next year. This was compensated for by restructuring the teams that were already there such as by amalgamated community teams and also one assessment team. The Consolidated review team were still undertaking work on the hospital discharge process and it was important to enhance reablement for more people to benefit from the pathway.

- Members asked if the technology was already in place for mobile working. Officers stated that it was, CMS had introduced it last year and equipment had been purchased; staff were being trained in using the handsets and they would also receive refresher training. Staff had positively embraced the changes.
- Members asked what the perceived risks were at the moment of any potential delays. Officers stated that a lot of the work was being done on top of existing work but that there had been some project support from a corporate team. The review would lead to less team managers; 13 posts had been deleted this year, with more due in 2015/16.
- Members asked whether performance targets for next year would need to be balanced with increased efficiency but less staff. Officers explained that they still needed to manage demand and the performance targets were still appropriate. The Business Process Review enables smoothing out of the process and simplifying it to allow people to concentrate on delivering services and allocating staff via a customer approach.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing thanking her and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

(Councillor Groves returned to the meeting)

86 : CABINET RESPONSE TO REPORT OF COMMITTEE RE: 'TACKLING HUMAN TRAFFICKING IN CARDIFF'

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member for Housing Health and Wellbeing and Siân Walker Director Health & Social Care to the Committee.

The Chairperson invited the Cabinet Member to make a statement in which she said that it was important that the accepted recommendations in this cross portfolio report are worked to and implemented. She added that as the report is so broad and covers many various portfolios she would be unable to answer fully some questions outside of her own portfolio.

Members were provided with a brief overview of the report.

The Chairperson invited questions and comments from Members:

- Members noted the problem with prostitution in Cardiff particularly with women from outside the UK who were particularly vulnerable to gangmasters etc. and asked what the Council/Police/Home Office are doing to eradicate this. The Cabinet Member requested this question be directed to Councillor De'Ath Cabinet Member for Safety, Engagement & Democracy.
- A Member referred to recommendation 8b where the response was 'unclear' and asked for further information. The Cabinet Member requested this question be referred to the Director Education.

- Members referred to Recommendation 13 and asked what support was available to male victims of human trafficking from when it is first suspected through to when it becomes a crime. Officers advised that Adult Social Care could intervene if there was a safeguarding issue such as the person did not have the capacity to consent; otherwise it would be a police matter.
- The Cabinet Member noted that in some responses to recommendations in the report some things are tasked to officers and it was considered that each recommendation should be ascribed to the appropriate Director, or if cross portfolio/corporate then to the Chief Executive. Members highlighted that the recommendations were made to Cabinet and that they were aware the issues raised were often cross-portfolio and therefore expected the Cabinet Response to indicate who would take lead responsibility.

A discussion followed regarding who was the responsible Cabinet Member and Director. The Cabinet Member agreed but noted that it was important to get a grip of the issue and she pleaded that there was a clear recommendation from Committee that Directors with responsibility are named.

AGREED – That a letter be sent by the Chairperson on behalf of the Committee to Councillor Susan Elsmore Cabinet Member for Housing Health & Wellbeing thanking her and officers for attending the Community and Adult Services Scrutiny Committee on 4 March 2015 and to convey the observations of the Committee when discussing the way forward. (*letter attached*)

87 : CORRESPONDENCE UPDATE - INFORMATION REPORT

The Committee received copies of correspondence sent and received in relation to matters previously scrutinised by this Committee.

88 : DATE OF NEXT MEETING

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled to be held on 1 April 2015 at 4.30pm.

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THE CITY OF CARDIFF COUNCIL
CYNGOR DINAS CAERDYDD

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

1 April 2015

ADULT CARERS OF ADULTS: UPDATE REPORT

Reason for the Report

1. During work programme discussions, Members decided to prioritise further scrutiny of issues with regard to Carers¹ identified by the scrutiny of performance reports and by Committee Inquiries. This report provides the Committee with background information on pertinent issues with regard to Carers, in order to facilitate the scrutiny.

Scope of Scrutiny

2. Following consideration of relevant information, Members specifically asked for this item to cover:
 - Progress in implementing the Recommendations agreed by Cabinet, in their response to this Committee's 'The Provision of Services to Adult Carers of Adults in Cardiff' Inquiry 2013;
 - The current and planned approach to respite care re service users with Learning Disabilities;
 - Details on the '*service specification for new Carers Service*' as stated in the Director of Social Services Annual Reports in 2012/13 and 2013/14.
 - Progress in achieving '*Increase the number of Carers Assessments and Offers*' as set out in Health & Social Care Directorate Delivery Plan 2014 - 15.
3. In order to assist with the above scope of scrutiny, information is provided as follows:
 - a. At **Appendix A** – report provided by Health and Social Care officers, showing progress to date in implementing the recommendations from the Carer's Inquiry that were agreed by Cabinet.

¹ In this report, the term Carer refers to Adult Carers of Adults, who are unpaid.

- b. At **Appendix B** – extracts re adult carers of adults, taken from Director of Social Services and CSSIW² annual reports from 2011-2014.
 - c. At **Appendix C** – extracts from Chair’s letters and Cabinet Member and officer responses to these, re adult carers of adults.
4. The information on progress in achieving an increase in the number of Carers Assessments and Offers is provided in this report, at **points 10-14**. The statement requested regarding the current and planned approach to respite care re service users with Learning Disabilities is to be provided at the Committee meeting by the Director of Health and Social Care, Siân Walker, who will also provide an update regarding the progress with developing the service specification for a new Carers Service.

Background

5. As part of the work programme discussions in summer 2014, Members used a range of material to inform their decisions on which items to prioritise for scrutiny, including CSSIW performance evaluation reports, the Director of Social Services Annual Reports, quarterly performance reports and the Committee’s own inquiries, in particular the ‘The Provision of Services to Adult Carers of Adults in Cardiff’ Inquiry 2013. Information on these is provided below.

Annual Reports

6. The annual Director of Social Services Reports and CSSIW performance evaluation reports contain sections on carers, providing a view on performance in the previous year and details of actions being taken to improve performance.
7. The reports detail work undertaken, as follows:
 - a. Partnership work with Cardiff & Vale University Health Board, the Vale of Glamorgan Council and the Third Sector, as required by the Carer’s Measure.
 - b. Historic funding of carers support services, including: Carer’s Centre; Upna Centre BME carers’ project; Hafal mental health service users carers’ project; and development of stress management web-based tool.
 - c. Historic and current consultation activity with carers.

² CSSIW stands for Care and Social Services Inspectorate Wales

- d. Development of a Carer's Strategy, with regular updates, a Carers Information and Consultation Strategy 2012-15 and a revised Carers Handbook.
 - e. Details provided of staff realignment/ refocusing with the aim of improving the number of carer assessments offered and completed.
 - f. Details provided of work to raise awareness and widen accessibility of advice and information re carers.
8. The annual reports 2011-2014 also identify the following:
- a. Performance in relation to work with adult carers has not progressed consistently over the time period 2011-2014, with many indicators showing a declining performance in 2013/14 compared with 2012/13. In their last annual report, 2013/14, CSSIW has indicated that they would like to review the percentage of carers offered an assessment and offered a service following an assessment.
 - b. Carer's Assessments need to be promoted more widely outside Social Care (2011/12).
 - c. Managers believe there may be a case of errors in recording activity re carers assessments rather than a real reduction in activity (2011/12).
 - d. Managers have instructed staff to review and update the current information held on carers (2012/13).
 - e. Officers recognise from consultation responses that the Council needs to provide more flexible and responsive ways for carers to have a break – officers are developing a service specification for a new Carers service to enable this (2013/14).
 - f. Officers are developing a joint Cardiff and Vale Carers Strategy (2013/14).
9. Members can find more detailed extracts from these reports (2011-2014) at **Appendix B.**

Performance Results

10. The Council collects data for a number of national and local performance indicators, as follows:
- a. **FCLi44** - 'The number of carer's assessments completed' – Local Indicator and Outcome Agreement Measure 2013/14 and 2014/15.

- b. **SCA/018a** - 'The percentage of carers of adults who *were offered* an assessment or review of their needs in their own right during the year' – National Indicator.
- c. **SCA/18b** - 'The percentage of carers of adults who *had an* assessment or review of their needs in their own right during the year' – National Indicator.
- d. **SCA/018c** – 'The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were *provided with a service*'- National Indicator.
- e. **SCAL15a** – 'The number of nights of respite care provided or funded by the authority during the quarter' – Local Indicator.
- f. **SCAL15b**- 'The number of users/carers provided with *night sitting* during the quarter' – Local Indicator.
- g. **SCAL15c** – 'The number of users/carers provided with *day sitting* during the quarter' – Local Indicator.

11. The results for the years 2011- 2014 are shown below, with the results to date for 2014/15 shown quarterly in the next table:

Results for 2011-2014³

	2011/12	<u>Numerator</u>	2012/13	<u>Numerator</u>	2013/14	<u>Numerator</u>
		Denominator		Denominator		Denominator
FCLi44	300		505		469	
SCA/018a	48.2%	<u>671</u>	61.6%	<u>1,348</u>	50.2%	<u>1,382</u>
		1,392		2,190		2,751
SCA/018b	47.2%	<u>317</u>	36.6%	<u>493</u>	32.9%	<u>454</u>
		671		1,348		1,382
SCA/018c	38.2%	<u>121</u>	41.2%	<u>203</u>	28.6%	<u>130</u>
		317		493		454
SCAL15a	6,378		6,710		7,440	
SCAL15b	106		94		92	
SCAL15c	506		499		472	

³ Taken from CIS database on 16th March 2015

Results by Quarter 2014-2015⁴

	Q1	<u>Numerator</u>	Q2	<u>Numerator</u>	Q3	<u>Numerator</u>
	2014/15	Denominator	2014/15	Denominator	2014/15	Denominator
FCLi44	97		111		161	
SCA/018a	19.4%	<u>427</u>	35.8%	<u>910</u>	51.1%	<u>1,478</u>
		2,204		2,540		2,892
SCA/018b	22.7%	<u>97</u>	23.3%	<u>212</u>	24.4%	<u>360</u>
		427		910		1,478
SCA/018c	42.3%	<u>41</u>	41.5%	<u>88</u>	38.1%	<u>137</u>
		97		212		360
SCAL15a	1,426		1,691		1,481	
SCAL15b	24		24		23	
SCAL15c	111		111		103	

12. These tables show the following:

- a. The overall number of carers known to the Council has more than doubled over the period 2011 -2015, from 1,392 in 2011/12 to 2,892 as at Quarter 3 2014/15;
- b. The number of carer's assessments completed (FCLi44) has dropped since 2012/13, from 505 to 369 at the end of Quarter 3 2014/15;
- c. By Quarter 3 2014/15, more carers had been offered an assessment or review than in any other year from 2011-2015; however, when shown as a percentage of known carers, SCA/018a shows declining performance as the number of carers known to the Council has more than doubled;
- d. The number of carers provided with a service has dropped since 2012/13, from 203 to 137 at the end of Quarter 3 2014/15;

⁴ As above

- e. The 'number of nights of respite care provided or funded by the authority during the quarter' (SCAL15a) increased significantly in 2013/14; the results to date in 2014/15 indicate that the position has stabilised;
- f. The number of users/carers provided with night sitting has fallen from 106 in 2011/12 to 71 as at the end of Quarter 3 2014/15;
- g. The number of users/carers provided with day sitting has also fallen from 506 in 2011/12 to 325 as at the end of Quarter 3 2014/15.

13. With regard to SCA/018a 'The percentage of carers of adults who *were offered* an assessment or review of their needs in their own right during the year' which is one of the national indicators, a comparison of Cardiff Council's performance with the other 21 Welsh local authorities shows the following:

	Comparative Position ⁵				
	2011/12		2012/13		2013/14
SCA/018a	18		21		22

14. The Corporate Plan 2015/17⁶ contains the following targets for SCA/018a 'The percentage of carers of adults who *were offered* an assessment or review of their needs in their own right during the year':

- 2014/15 - 90%
- 2015/16 – 93%
- 2016/17 – 96%.

CASSC Inquiry 2013

15. In 2013, this Committee concluded their inquiry into the provision of services to adult carers of adults; this was received by the Cabinet at their meeting on 19th June 2013 and a response was agreed at Cabinet on 9th October 2014. Copies of the Inquiry report and Cabinet Response can be accessed by selected these Committee meetings, via:

⁵ Taken from Cardiff Council Improvement Plan 2013/14 and 2012/13, Local Government Data Unit website www.dataunitwales.gov.uk/ downloaded on 16th March 2015

⁶ Page 41, Corporate Plan 2015-17

<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>

16. A report, prepared by Health and Social Care officers, is attached at **Appendix A** and details progress to date in implementing those recommendations agreed by Cabinet.

17. The progress report shows:

Overall:

- a. Work completed on joint Cardiff & Vale Carers Strategy;
- b. Quality file audit being adapted to include carers;
- c. CareFirst database being improved to ensure staff have easier ways to record offers of carer assessment and any carer intervention, and data cleansing undertaken;
- d. Carers Week events being organised for 2015;
- e. Continued contract monitoring activities undertaken.

Respite Care:

- f. Process for accessing respite care simplified and all funded from one budget;
- g. Use of Proactis to commission residential and nursing respite care;
- h. Discussing with third sector organisations re arrangements for carers as part of Day Services recommissioning;
- i. A priority is respite care for Carers of people with dementia;
- j. Use of Approved Provider List (APL) to procure respite domiciliary care.

Support Services

- k. Continuing to use Hubs to provide support to carers, as well as Gateway, with training provided to Hubs managers and staff;
- l. Leaflet to be produced promoting Hubs support to carers, to be distributed to G.P. surgeries, pharmacies, via Capital Times and social media;
- m. Carers Connect newsletter produced and circulated: includes welfare benefits section;
- n. Carers A-z Directory due for renewal this year;

- o. Discussions ongoing re development of internet portal – which may include electronic Directory, and will require mapping of carers services;
- p. Provided manual handling training for carers.

Hospital based services

- q. No longer support UHW information centre but instead support a monthly stall at UHW; and
- r. Jointly funding 2 carer support officers to support carers in hospital settings.

Previous Scrutiny

18. As part of scrutiny of quarterly performance reports, Members have sought answers to performance trends in respect of the indicators detailed at point 10. Members have regularly sought additional clarification on the performance information provided, in order to understand the picture behind the percentages cited. Members have also noted and/or queried the following:

- a. respite care – queried the level of respite care provided, the balance between night sitting and day sitting respite care, the use of Direct Payments to facilitate respite care, use of underspent budget for respite care.
- b. quality of data – queried whether data for SCA/018 b should be cumulative, whether it could be made clearer regarding the number of assessments offered and provided, and what the relationship is between the performance indicators FCLi44 and SCA/ 018a-c.
- c. targets set – noted that that the Director finds setting stretching targets assists in driving the cultural change required to deliver a step-change in service delivery performance.
- d. Carers feedback – queried whether the reasons cited by carers for refusing a service were gathered.

19. In response to the above, Members have received the following answers:

- a. respite care – requests for respite are being met, action is being taken to ensure that data on the use of Direct Payments for respite is captured and reported.
- b. quality of data – SCA/018b should be presented cumulatively, details provided of relationship between performance indicators as requested.

- c. targets set – Members informed that care packages will not be approved unless the officer can demonstrate that a carer’s assessment has been offered and that officers performance on this will be monitored via the PPDR process.
- d. carers feedback – clarification that the number of carers who decline a service is not gathered.

20. Further information on the above is provided in **Appendix C**.

Way Forward

21. At the meeting, Councillor Susan Elsmore (Cabinet Member, Health, Housing and Well Being), Siân Walker (Director of Health and Social Care) and Sue Schelewa (Operational Manager, Assessment and Care Management) will be in attendance to give a statement and to answer Members’ questions.

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

To consider the information provided in the report, appendices and at the meeting, agree comments, observations or recommendations to make to the Cabinet and consider whether further scrutiny is required.

MARIE ROSENTHAL

County Clerk and Monitoring Officer

24 March 2015

RECOMMENDATION TRACKING SHEET – UPDATE REPORT as at 20 March 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

The Provision Of Services To Adult Carers Of Adults In Cardiff(May 2013)

Response from Cabinet: 9th October 2014

Response submitted to Scrutiny Committee: 5th November 2014

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>R1. The Cabinet Member for Social Care, Health and Well Being (Adults) to explore with senior representatives from the Cardiff & Vale University Health Board how to maximise and best utilise the gainshare flowing from 'invest to save' proposals that seek to move spend towards preventative health work.</p>	<p>Partially Accepted</p> <p>The HSC Directorate has been unable to establish what the recommendation specifically means, even with health colleagues. However, the Directorate has been and continues to be working in close partnership with the UHB and examples of this include the launch of the Older Person's Framework (Meaningful and Purposeful Lives) and the Dementia Strategy and Plan. Preventative work within health (or prudent health care as it is widely known) will mean more joined up working, better services for citizens and in particular a more personalised outcome focused care plan which will deliver</p>	<p>We have continued to work with University Health Board (UHB) to improve strategies to develop services to support Carers. We have just completed work on a joint Cardiff & Vale Carers Strategy which includes supporting preventative measures for Carers and will ensure that all staff (whether employed by the Health Board) or social care are very clear on the requirement to support Carers and ensure that their needs are taken into account.</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
	for all citizens and their carers.	
<p>R2. Task Adult Services managers to:</p> <p>a. ensure that staff raise, discuss and accurately assess the carer's need for respite provision during the carer's assessment process, either via a Carer's Assessment or via the Unified Assessment carer domain</p> <p>b. revisit the whole issue of block-booking residential respite provision, with a view to bringing flexibility, choice and control into the process for the benefit of the cared-for person and the carer.</p>	<p>2a) Accepted – we have ensured that staff understand their responsibilities in terms of having the relevant discussions with carers regarding respite, either via the Integrated Assessment or Carer's Assessment. We will include carers' issues in the quality case file audit that has been implemented to provide a clearer picture and evidence that this is usual practice within social care teams.</p> <p>2b) Accepted – current commissioning arrangements are being reviewed to inform the future strategic commissioning plan and in particular the use of the new 'proactis' system to specifically commission respite care.</p>	<p>Staff continue to ensure that Carers are involved in relevant discussions around respite care through either the Integrated Assessment process or Carers Assessment process.</p> <p>Quality file audit is being adapted in time for the 2015 audit to include Carers.</p> <p>The use of ProACTIS to commission residential and nursing respite care is well established within Health & Social Care. Choice is important and Carers are provided with a list of residential placements that are available for respite care.</p> <p>Respite care for service users that meet eligibility criteria continue to be met. In recommissioning Day Services, the needs of Carers will be taken into account. As part of this work, discussions have been taking place with 3rd sector organisations to ensure that any</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>c. examine ways to increase the quantity of supply of all types of respite provision to meet existing demand and the likely future increase in demand.</p> <p>d. work with field specialists to ensure that appropriate specialist respite provision is sufficiently available.</p>	<p>2c) Accepted – Health & Social Care continually review services that are available and look for opportunities based on service user and carer need. Respite services are based on eligibility criteria and we are currently providing respite to all those who are eligible.</p> <p>2d) Accepted – There is an ongoing process within Health and Social Care to ensure sufficient respite provision. Commissioning Strategies for client groups such as learning disability, physical disability and sensory impairment already reference identifying any gaps in provision and working with Health to make appropriate provision.</p>	<p>opportunities available ensure Carer involvement where appropriate and in particular to identify opportunities for areas of good practice that we can adopt in Cardiff. Recommissioning will give us the opportunity to expand and develop further services for people with dementia and appropriate support for their Carers. A priority is respite care for Carers of people with dementia. We are reviewing current provision, and identifying areas of good practice across Wales and the UK. We have engaged with 3rd sector organisations that specialise in the area of dementia care and are working in partnership with the UHB.</p> <p>H&SC have been using the Matrix APL system to procure respite domiciliary care for citizens where appropriate. This will often tend to be in the form of a “Sitting Service” as opposed to standard domiciliary care. The activities which take place when the sitting service is being undertaken will usually be negotiated between the Care Provider, the Carer and the service user.</p>
R3. The Cabinet to ensure that		

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>the proposed pilot for a Carers One Stop Shop is not funded by re-directing existing Adult Service funding and so does not result in any cuts in funding to existing carer projects funded by the Council</p>	<p>Partially Accepted</p> <p>...We are no longer able to pursue the original proposal as it would be unsustainable and are looking to find more cost-effective ways to ensure carers are able to obtain consistent advice and information from a variety of sources... Work is currently being undertaken to identify how to make best use of the internet with development of a new information platform setting out the type of and availability of services on offer. This work is in conjunction with the development of the Community Hubs and Advice Hub.. We are also supporting the Information Centres in both Llandough and UHW. Officers are looking at how any proposals complement the Gateway Strategy.</p>	<p>Work with the Community Hubs continues and H&SC has had agreement to have areas set aside in Hubs to hold Carers Information and literature.</p> <p>The development of a Cardiff & Vale Carers Internet portal is being discussed with the Carers Measure Working Group. It is hoped that this group can fund the initial design and set up the portal.</p> <p>We no longer support the Information Centre in UHW as the number of Carers accessing the centre was disproportionate to the time given. However, we now support a monthly stall in UHW concourse which has proved successful and identifies and engages with more Carers.</p>
<p>R4.Task Adult Services to put in place effective monitoring and evaluation processes for the pilot of the Carers One Stop Shop, to include capturing the views and experiences of all</p>	<p>Not accepted</p> <p>This is not accepted, as stated above, this service will now not be commissioned as originally proposed.</p>	<p>No further action taken</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
key stakeholders.		
<p>R5. Task Adult Services officers to work with Health colleagues to explore the feasibility and benefits of packaging carer support, domiciliary care and basic health needs together, with these being provided to a family by the same organisation, enabling the stepping up and down of care packages as needs fluctuate and so reducing the number of external agencies visiting a family home.</p>	<p>Partially accepted</p> <p>While there is clearly potential to explore the improvement in how the varying elements of a health and social care service work together in a more person-centred manner, it is not clear how viable this option could be in the provision of a comprehensive package of care and support, requiring different agencies to deliver their own specialist services.</p> <p>However, the proposed outcomes for citizens arising from the work of the Community Resource Teams will make a huge difference. Work has commenced on commissioning, together with UHB colleagues, a single pathway for individuals which will result in an outcome of simplified process and more joined up services.</p>	<p>Where possible, and within available resources, we work closely with UHB on various Carer support initiatives such as information provision and more recently Manual Handling training for Carers. Joint work has led to funding 2 Carer Support Officers to support Carers in hospital settings.</p> <p>The recommendation in relation to joint packages of care has been more difficult to achieve as the Health Board will supply nursing care and the social care is commissioned separately. However, wherever possible the same agency which provides domiciliary care will most likely be the same agency to provide a sitting service.</p>
<p>R6. The Cabinet to ensure that any savings generated from</p>	<p>Not Accepted</p>	<p>No further action taken</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
the 'invest to save' and more effective use of resources, be ring-fenced and re-directed into further provision of services to carers.	The Health and Social Care Directorate has been unable to establish what the recommendation specifically means and in the light of current budgetary position it is not possible to make a commitment to this.	
R7. Task officers from Adult Services, Communities and Communications to work together to implement a city-wide income maximisation and benefit take-up campaign specifically for carers to ensure the achievement of full benefit receipt.	<p>Accepted</p> <p>Work on this is well underway. The Benefits, Finance and Tenant Service developed a briefing sheet for carers to give advice on housing and benefits. The information from this will be reprinted in the carer newsletter (see R10). This service also ran a stall at the annual Carers Week event in 2013 and again in 2014, which was well received by carers.</p>	<p>This is ongoing work with the Hubs and staff working within the Gateway (collaborative working across HSC and Housing & Communities) continues. The Benefits Team have been actively encouraged to have a regular spot in the Carers Connect newsletter to highlight relevant changes to Benefits etc.</p> <p>Benefits Advice and Tenant Support staff are to be invited to attend the Carers Week events being arranged for 2015.</p>
R8. Task officers from Adult Services and Communications to work with Mental Health Forum staff to utilise Council resources to	<p>Not Accepted</p> <p>... It would be difficult to justify the use of staff and resources to update a publication aimed at one specific service user group. The partnership group leading on the</p>	<p>A Carers A-Z Directory is already published via the Carers Measure Working Group and this is due to renewal this year.</p> <p>We envisage that the development of a Cardiff & Vale Information portal will allow for an electronic directory to be produced which will be a more efficient way of keeping up to date information. This can be printed off and given to people on request. This will ensure that all staff have ready access to up to date information to keep Carers</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
produce an up to date version of the Directions Directory.	implementation of the Carers Measure is looking at ways to map and share contact information electronically and make better use of technology which should benefit all carer groups. .. we fund Nexus and they provide support and information for Carers of those with mental ill health, of all ages.	informed about available services. It is acknowledged that not all Carers can or want to access the internet, but if the portal is developed, Carers who are unable to access it, will be signposted to the Community Hubs or C2C where staff will be able to access and print the appropriate information for the Carer or their case manager can support them.
R9. Task officers from Adult Services to simplify and bring clarity to the language used for respite provision to make it clear to understand which services are for the carer and which services are for the cared-for person.	<p>Accepted</p> <p>We acknowledge that the subject of respite is often confusing... although we must continue to follow legislative guidance, we can ensure that staff and carers have a clearer understanding of what respite is and who the service is for... we are considering ways to simplify the process.</p>	The process for accessing respite care has now been simplified and all respite care is funded from one budget. This has alleviated the issue of having to identify whether the service was for the service user or the Carer with no detrimental effect to the amount of respite provided.
R10. Task officers from Adult Services and Communications to prepare a high profile marketing campaign that will:	<p>Partially accepted</p> <p>Communications have put together a Communications Plan for carers, including the development of a 'brand'.</p> <p>Communication colleagues have used social media to raise the profile of events taking</p>	<p>Communications have supported H&SC to put a "brand" in place. We have continued to use Communications when an event is being put together, including Carers Rights Day in November 2014.</p> <p>As set out above - We are identifying space within most Community Hubs specifically set aside for Carers where information is made</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>a. raise awareness that there is help for carers</p> <p>b. boost take-up of carer assessments, by signposting access to these and iterating the immediate and long-term benefits of having an assessment</p> <p>c. explain how carers can access respite services and</p> <p>d. increase the numbers of carers utilising Direct Payments.</p>	<p>place in Carers Week.</p> <p>A new quarterly newsletter specifically aimed at carers has been developed... distributed to all carers on the CareFirst database.. copies in local venues such as Community Hubs.. produced electronically so distributed to organisations and placed on the internet.</p> <p>Although we continue to encourage the uptake of Direct Payments for carers, due to limitations placed on us through legislation it means that carers cannot receive Direct Payments for respite or employment of personal assistants. Due to these limitation uptake by carers for direct payments in their own right will never be as high as it is for service users.</p>	<p>available on various support options and services. These will be promoted through a leaflet to be distributed to venues such as GP surgeries, pharmacies etc. and via Capital Times and through social media.</p> <p>The quarterly Carers Connect newsletter has continued and is sent to all Carers identified via CareFirst. We are also setting up an electronic mailing list for professionals.</p> <p>We are identifying Carers known to us via CareFirst and require that all care managers ensure that Carers are informed of their right to a Carers Assessment and offer to complete this with them at every opportunity when an assessment is undertaken or advice given.</p> <p>The issue around Direct Payments for Carers remains the same. Care Managers continue to support Carers through both the Integrated Assessment process and the Carer Assessment process, and give Carers the information they need to make informed choices.</p>
<p>R11. Task the Director of Social Care and Health to ensure that all Adult Services staff are aware of the requirement to adopt a 'choice and control' culture and a courteous,</p>	<p>Accepted</p> <p>HSC staff are aware that carers have a choice of whether or not to continue to care or the level of care they want to provide....a customer satisfaction survey is sent to the carer asking questions based on their experience of the carers assessment</p>	<p>Improvements are being made to the social care records database (Care First), ensuring that staff have easier ways to record offers of Carer Assessment and any Carer intervention</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
sensitive and supportive approach when dealing with carers, at all points of interaction with Adult Services.	process...responses continually indicate a high level of satisfaction from carers which shows that staff are providing a good standard of support when working with carers.	
R12. Task officers from Communities to work with Adult Services officers to ensure all staff at the City Centre Hub are trained in carer awareness and that financial and benefit advice staff are aware of carer issues and able to provide appropriate advice and support.	<p>Accepted</p> <p>As set out in many of the responses above, carer awareness is an important part of the Council's universal offer in all services and our aim is to ensure that we deliver better outcomes for carers, which includes access to appropriate advice and support.</p>	A basic electronic training presentation was sent to all Hub Managers to discuss with their staff before Carers Rights Day in 2014. The offer of further training by the Carers Policy & Development Officer was given to the Hub Managers on basic "Carer Awareness".
R13. The Cabinet Member for Social Care, Health and Well Being (Adults) to explore with senior representatives of the Cardiff & Vale UHB the opportunities to take forward	<p>Partially accepted</p> <p>The Cabinet Member will work with the UHB to encourage this proposal to be taken up, but it will be a matter for Health Services.</p>	No further action taken

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>the recent Royal Council for General Practitioners proposal to have periodic mental health checks for carers.</p>		
<p>R14. Task Adult Services officers to:</p> <p>a. reaffirm to carers, cared-for people and third sector providers that Adult Services has responsibility for contract monitoring for domiciliary care and for contracts with care homes.</p>	<p>R14a – Accepted – the Directorate has a contract monitoring team and carers and cared-for people will be advised of their role to monitor the quality of services.</p>	<p>The Contracts team continue to monitor the quality and delivery of domiciliary care. They do this via a number of different methods which include:</p> <ul style="list-style-type: none"> • Citizen consultation on an ad hoc basis i.e. inviting groups of service users to comments on the services they receive and which includes individual face to face consultation with service users • Customer satisfaction surveys are sent out to service users on a quarterly basis to gather views and which are then acted upon in terms of following up any issues of concern • Learning from complaints and acting upon that learning to improve service delivery • Contract management activity which includes the current work on development of the provider quality scored with APL providers • We also learn from and use for monitoring purposes the outcomes of any “Escalating Concerns” process • Review of outcomes of care management review where the appropriateness of care delivered is reviewed for quality

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>b. construct a transparent and effective system to respond to and deal with complaints relating to domiciliary care and care home service provision that fall within the terms of the Council's contracts with these bodies.</p>	<p>R14b - Accepted – The HSC Directorate is compliant with the national Listening and Learning guidance for the investigation and response to complaints. In addition, the contract monitoring team monitors care providers, both in terms of contract compliance and quality standards. Appropriate sanctions are put in place where this is required in response to inadequate service provision. Issues of concerns are also picked up at service reviews and dealt with appropriately.</p>	<p>This is an ongoing process and we continue to be compliant with relevant legislation.</p>
<p>R15. Task Adult Services officers to:</p> <p>a. construct a system which meaningfully and effectively captures data on carer needs</p> <p>b. collate and utilise the carer data to provide evidence to inform the shape of future provision of services for</p>	<p>R15a – Accepted – the CareFirst database allows for the capture of carer data but opportunity for improvements in the analysis of this information is being explored.</p> <p>R15b – Accepted – work is ongoing with system administrators and the Carers' Policy Officer to determine the type of data required and how it can best be utilised to inform future</p>	<p>A data cleansing exercise has just been completed to ensure, as much as possible, that Carer information on CareFirst is accurate. There are options for analysis of information as requested.</p> <p>Data can be reported upon as necessary when considering commissioning future services.</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
carers.	service requirements.	
<p>R16. Task Adult Services officers to map existing provision of services for carers, identify overlaps and gaps and look at more cost-effective ways of delivering desired outcomes for carers.</p>	<p>Accepted</p> <p>The Carers' Policy Officer is undertaking this work which will inform new commissioning arrangements as part of the future strategic commissioning plan.</p> <p>Consideration is being given to developing a joint carers' website for Cardiff and the Vale... funded by the Carers Strategies (Wales) Measure but funding to ensure the sustainability of this site.. will need to be identified before it is taken forward.</p>	<p>Part of the development of a Cardiff & Vale Carers Information portal will support the mapping of services for Carers. This work is being taken forward by the Carers Measure Working Group, of which the Cardiff Council's Carers Policy Development Officer is a member.</p> <p>The one-off payments scheme that is available for Care Managers to access for Carers following a Carers Assessment has been refined to ensure that we have a standardised format for funding of regularly requested items e.g. white goods.</p>
<p>R17. Task Adult Services officers to ensure that, where it is the wish of the carer, there is intelligent co-ordination of domiciliary care packages and structured respite for carers.</p>	<p>Accepted</p> <p>This practice is already in place as part of the care management process.</p>	<p>This should be a continual process with care managers.</p>

RECOMMENDATION	ACTION (Extracts from Cabinet Response)	Update as at 20 March 2015
<p>R18. The Cabinet Member for Social Care, Health and Well Being (Adults) to consider aligning any relevant recommendations of the Social Care Task Force regarding domiciliary care to structured respite.</p>	<p>Partially Accepted</p> <p>The outcome of the Task Force has been considered by Scrutiny Members and Cabinet. The key outcomes have been to ensure that any commissioning model facilitates improved citizen-driven outcomes .. this is reflected in all commissioning models for all services across Health and Social Care. The Council's offer to carers is considered of significant importance and as such the Directorate's intention is to ensure clarity on the offer available to carers and improved advice, guidance and information. This includes the availability of structured respite care where this is appropriate.</p>	<p>Considerable work has been undertaken to ensure that it is easy for care managers to arrange structured respite care using the APL Matrix commissioning model.</p>

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Annual Reports

1. Every year the Director of Social Services produces an Annual Report for the preceding year, which usually comes to scrutiny in early summer. The CSSIW also carry out an annual review and evaluation of performance report for the previous year, which is published 31st October each year. Relevant extracts from these reports are provided below, in chronological order.

2011/12

2. The **Director of Social Services Report 2011/12**¹ made the following points with regard to Adult Carers of Adults:
 - *We have moved the Carers Assessment Worker into the Contact and Assessment Team so they are best placed to identify carers at the first contact with Adult Services.*
 - *It is interesting that one of the findings of consultation during the annual review of the Carer's Strategy is that Carer's Assessments need to be promoted more widely outside Social Care.*
 - *We have done other surveys this year in partnership with the Vale of Glamorgan Council, the Cardiff and Vale of Glamorgan University Health Board (C&V UHB) or the Health Alliance. These have given us useful information and views which are being built into the revised Strategy. These include the need for more follow-up after a Carer's Assessment has been completed, the need for more flexible respite support and greater awareness among all staff in both the Council and the third sector about the right to a Carer's Assessment.*
 - *We are funding the Carer's Centre to provide a follow up service to carers once a Carer's Assessment is completed and recorded.*
3. The **CSSIW annual review and evaluation of performance report 2011-12**² stated the following with regard to Adult Carers of Adults:
 - *Performance in relation to work with adult carers has not progressed.*
 - *The level of assessments for carers and subsequent provision of services has declined during the year, although the council suggests that this may be a case of errors in recording rather than a real reduction on activity*
 - *The Director reports that steps have already been taken to ensure that this work is taken forward more proactively in the year ahead.*

¹ Considered at a joint Children & Young People and Community & Adult Services scrutiny committee meeting 25th July 2012

² Considered at a joint Children & Young People and Community & Adult Services scrutiny committee meeting 10th January 2013

- *The importance of supporting carers is acknowledged if the council is to deliver upon its commitment to preventative services and to supporting more people to continue to live in their communities.*
4. The CSSIW identified the following as an area for development for 2012/13:
- a. *Improve support services for carers – identification of carers, assessments and appropriate provision of services.*

2012/13

5. The **Director of Social Services Report 2012/13**³ stated that one of the main objectives for 2012/13 was to increase carers' assessments. The report provides a significant amount of detail regarding the work undertaken with regard to carers, including the following:

- *Developed a 'Carers Information and Consultation Strategy 2012-2015' with Cardiff and Vale University Health Board, Vale of Glamorgan Council and Cardiff Third Sector Council.*
- *Carried out a Carers respite survey.*
- *Established a Carers Assessment Survey as part of the rolling programme of customer satisfaction surveys undertake, which is reported quarterly.*
- *Undertook a 12 week consultation exercise to ensure that support and services for carers in Cardiff were meeting the needs of carers and that the carer's budget was being used to provide the best type of support.*
- *Acted on consultation responses from carers that identified that the main issue for carers was how to better manage their stress by developing a self-help, stress management web tool for carers.*
- *Reviewing and updating the current information held on carers.. to ensure that all records consistently follow the Carers process.*
- *Attended outreach surgeries and assessed whether there are carers' needs*
- *Funded the Upna BME Carers weekly support group.*
- *Worked in partnership with Hafal carers project to support care managers in undertaking carer's assessments, with regard to mental health service users and their carers.*
- *Revised the Carers Handbook to be a joint document with Cardiff and Vale University Health Board and the Vale of Glamorgan Council and to include an A-Z of carers support services.*

³ Considered at a joint Children & Young People and Community & Adult Services scrutiny committee meeting 3rd July 2013

6. The Director's Report identified the following relevant objectives and outcomes:

Objective 2: Implement recommendations coming from the Scrutiny Task & Finish group on Services to Carers and the Adult Services carer consultation exercise
Outcomes: Access to information and advice for carers has already been identified as a priority area following the consultation exercises. The wider commissioning intentions will be framed by the outcomes of the Task & Finish Group.
Objective 3: We will improve procedures for Carers' Assessments to increase the uptake
Outcomes: The number of carer assessments will be increased ensuring the needs of more carers are met

7. The **CSSIW annual review and evaluation of performance report 2012-13** stated the following with regard to carers:

- *The council has made progress with its work with carers and continues to afford this some priority.*

2013/14

8. The **Director of Social Services Report 2013/2014⁴** identified 'improving our offer to carers' as one of the top 4 challenges for Health and Social Care.

Section 3 of the report states the following:

'KEY MESSAGE – We are committed to the development and continuous improvement of services for Carers across all age ranges through improving the offer of support for Carers and by ensuring advice, information and assistance available to Carers is more accessible'

9. The Director's Report includes the following:

- *Results of consultation on Adult Carers' support and services identified the need to provide more flexible and responsive ways for carers to have a break from their caring role....A service specification for a new Carers service will be implemented in 2014. This will ensure that a variety of options is available for Carers, ranging from traditional sitting service at home to providing a supportive check services, as appropriate, when the Carer is absent.*
- *The Cardiff & Vale Dementia 3 year plan identifies the development of actions to ensure support is recognised and appropriate responses given.*
- *We received funding from the Welsh Government Carers' Measure fund to run a 6 month pilot in partnership with the Vale of Glamorgan Council, and*

⁴ Considered at a joint Children & Young People and Community & Adult Services scrutiny committee meeting 10th September 2014

Cardiff & Vale University Health Board, to employ 2 Carer Support Officers in hospitals to provide advice and information to Carers whilst they or the person they care for is in hospital. They will also support us to raise awareness of Carers' needs with hospital staff.

- *Links have been made with the Advice Hub in Marland House in the City Centre to support Carers with advice and information. This will extend to all new Hubs which are developed.*
- *Extended the Carers Emergency Card scheme to include Carers who do not complete a Carers Assessment. Work has started with the Vale of Glamorgan Council to develop a joint Carers' Assessment form.*
- *Working in partnership with Cardiff & Vale University Health Board to encourage GP surgeries to support Carers. To date, the success has been limited and we will continue to progress this in 2014/15.*
- *Work to identify and support Young Adult Carers continues, and we are looking at ways of raising awareness of services available to this group in 2014.*
- *A Carers Support Officer is now an integral part of the Hamadryad CMHT; this has meant more effective and timely assessment of Carers' needs.*
- *With regard to Learning disabilities - Carer assessments have increased though the numbers remain small. The team are looking to refocus the role of the social work assistant post to undertake Carer's assessments.*

10. The Director's Report identified the following areas for development in 2014/15:

- *Further development of work on the joint Cardiff & Vale Carers Strategy, to be co-produced with the Cardiff & Vale Carers Planning and Strategy Group.*
- *Sustain and improve joint working with Vale of Glamorgan Council and Cardiff & Vale University Health Board particularly around the Carers' Measure work.*
- *Commission new services for Carers in full consultation with them.*
- *Ensure we increase the numbers of Carer Assessments ensuring that we engage with Carers well to ensure that their needs are recognised.*

11. The **CSSIW annual review and evaluation of performance report 2013-14**⁵ states the following:

- *Performance indicators show a reduction in the percentage of carers offered an assessment of needs and carers offered a service following an assessment... this is an area CSSIW would like to review in the coming year.*

12. The report goes on to identify the following specific area for improvement:

- a. *The Council should improve the number of adult carers assessments.*

⁵ Considered at a joint Children & Young People and Community & Adult Services scrutiny committee meeting 18th December 2014

Extracts from CASSC Chairs letters and responses received to these

1. At the end of each scrutiny committee meeting, Members agree comments, observations and recommendations that they wish to send to Cabinet Members and officers; these are captured in letters from the Committee Chair. The relevant Cabinet Member, or officer in cases where the Cabinet Member was not able to attend the meeting, then responds to these letters.
2. Relevant extracts, regarding carers, from Chairs letters and the responses received to these are provided below, in chronological order 2012 – 2015.

November 2012 – following scrutiny of Q1 2012/13

*'Members are concerned that the targets set for night sitting and day sitting respite services are not properly correlated. Officers informed committee that the reduction in the number of respite nights target was justified as more requests were being received for day sitting as opposed to night respite. However, the decrease of 729 nights is not matched by a similar increase in day sitting. Members were informed that every request for respite service is met and so there is no unmet need. However, given that carer assessments have reduced, Members are concerned that there is unmet need. Members were interested to hear that a review is being undertaken into carers services and request details on this be provided as part of the Quarter Two report, including the scope, timeline and any findings to date. Members were pleased to hear officers support for our planned Inquiry into the provision of services for carers and agree that this will provide useful evidence about the services that carers would wish the Council to provide. Finally, Members note that officers referred to Direct Payments being used to facilitate respite care and recommend that steps be put in place immediately to ensure that useful data is captured on the provision of this element of respite care.'*¹

Response Received – Letter from Councillor Holland, dated 6th December 2012

The service area contends, that in general, requests for respite are being met. However the ongoing work on reviews and consultation with carers may highlight additional areas for improvement, to which the service area will respond.

As requested a copy of the Adult carers support & services consultation documentation has already been provided for inclusion in the Quarter Two report.

As suggested at the meeting, action is being taken to ensure data on the use of Direct Payments for respite care is captured and reported.

¹ Letter to Councillor Luke Holland, Cabinet Member, dated 23rd November 2012, from Councillor Patel, Chair CASSC

December 2012 – following scrutiny of Q2 2012/13

*'SCA/018 (b) - Members accept the Chief Adult Services Officer's offer to investigate the data presented for Quarter One and Quarter Two, whether they should be cumulative and whether the indicator should be showing as Green rather than Red. With regard to SCA/015 (a) Members accept his offer to review the target; Members wish to highlight that the findings of the recent respite survey, attached in Appendix C of this item's papers, show that carers do wish to receive respite care.'*²

Response Received – Letter from Councillor Holland, dated 10th January 2013

The data set requires this indicator to be cumulative as it accrues during the year, hence the current performance will still result in the indicator being red.

As we review the information held on carers the updates will continue to have an impact on the results for the carer indicators during this year.

These updates have resulted in the number of carers recorded to increase from 1037 in Quarter 1 to 1553 in Quarter 2. Since the offer of a carer's assessment has been added to the new Unified Assessment form, the number of offers has increased to 357 in Quarter 1 and 853 for Quarter 2.

The percentage of carers who had an assessment or review during the quarter is a cumulative indicator. The increase in the denominator for this indicator during Quarter 2 (the number of carers of adults who were offered an assessment) has, in turn, reduced the percentage of carers who had an assessment, although the number assessed has increased this year. With regard to SCAL015 (a), performance in recent years has been consistently below the target set, but delivery has been seen as reflecting the known demand for the service, hence the target was reviewed to reflect what was identified as demand.

The current work on identifying carers will inform ongoing requirements and a revised target will be provided at the meeting which discusses the Quarter Three performance. This will also inform the setting of the baseline in Quarter Four.

July 2013 – following scrutiny of Q4 2012/13

*'Members were pleased to hear Stuart Young acknowledge that not every carer who needs a service is currently receiving a service. Allied to this, Members were disappointed to hear that the rise in the number of carers identified has not led to recognition of the need to increase the services available for carers. With specific regard to respite care, Members wish to receive assurance from you that monies that are under-spent will not be taken as savings. As our recent Inquiry into the Provision of Services for Carers demonstrated, there is a need to provide appropriate and accessible respite for carers. Members hope that the Cabinet Response to this Inquiry recognises this and contains plans to address these points.'*³

No response required

² Letter to Councillor Luke Holland, Cabinet Member, dated 21st December 2012, from Councillor Patel, Chair CASSC

³ Letter to Andrew Kerr, Chief Operating Officer, dated 25 July 2013, from Councillor Patel, Chair CASSC

September 2013 – following scrutiny of Q1 2013/14

*'At our July 2013 meeting, Members discussed Carers' Assessments, and the figures around those who have been offered an assessment, those who subsequently received an assessment, and (of those) how many had refused our service. We would like to ensure that there is clarity provided at future meetings that the number of assessments offered and provided is increasing. A Member also asked whether the reasons cited by carers for refusing a service were gathered. Sue Schelewa offered to explore this and come back to Committee with details, and we look forward to receiving these.'*⁴

Response Received – Letter from Councillor Huw Thomas, dated 11th October 2013

With regard to the committee's recommendations, I can assure you of the service area's commitment to increasing and improving services to carers and we will seek to offer greater clarity on this at future meetings.

Sue Schelewa has taken the opportunity to look into the issue of carers who do not receive a service following an assessment and I can advise that the number who decline a service is not recorded.

One additional aspect of this issue is that if the service originally provided in the name of the carer is identified at the time of review as a long term need, then it may become part of the formal care plan of the service user. For example, meal preparation may be offered to give the carer a break, but may be added to the full care plan if it is an ongoing requirement.

March 2014 – following scrutiny of Q3 2013/14

*'Carers Assessments – Members wish to receive a written response to clarify the relationship between SCA/018 a, b and c and between these and FCLi44.'*⁵

Response Received – included in Committee Papers for July 2014, available at

<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>

July 2014 – following scrutiny of Q4 2013/14

*'Members wish to accept officers offer to provide the numbers for the carers performance indicators SCA/018 a-c in the comments box on the report; this will aid our understanding of the Council's performance with regard to Carer Assessments.'*⁶

Response Received – quarterly performance reports amended.

⁴ Letter to Councillor Huw Thomas, Cabinet Member, dated 15 September 2013, from Councillor De'Ath, Chair CASSC

⁵ Letter to Councillor Huw Thomas, Cabinet Member, dated 5 March 2014, from Councillor De'Ath, Chair CASSC

⁶ Letter to Councillor Susan Elsmore, Cabinet Member, dated 7 July 2014, from Councillor Groves, Chair CASSC

September 2014 – following scrutiny of Q1 2014/15

*'Members note Siân's comment that she finds setting stretching targets assists her in driving the cultural change required to deliver a step-change in service delivery performance.... Members asked about poor performance with regard to Carers Assessments and Direct Payments and were interested to learn that care packages will not be approved unless the officer can demonstrate that direct payments and a carer's assessment have been offered and that officer's performance on these factors will be monitored via the PPDR process. Members will look to see whether this results in better performance in Quarters Two and Three.'*⁷

No response required

December 2014 – following scrutiny of Q2 2014/15

Quarter Two Performance Report

*'Members recognise front line staff are working hard to deliver services within a climate of increasing demand and stretched resources and we commend them for their efforts. However, the same areas have been suffering from poor performance for the last eighteen months. These are areas that deal with service provision to some of the most vulnerable adults in our society who deserve better than this. What appears to be missing in improving the performance in these areas is management ownership to realistically deliver improved performance. Members recognise that wholesale system change is underway in Health and Social Care and that it takes time for these changes to deliver improved performance. Previously we have raised our concerns that the targets set were therefore not realistic and noted your response that you wished to set stretching targets to assist cultural change. However, other Directorates took a different view to this, adjusting performance targets where there were known pressures, whilst still achieving cultural change, system change and improved service delivery. Members are deeply concerned that there appears to be no other plan to improve performance and do not believe it is acceptable to simply continue with the current approach, hoping that this eventually delivers improved performance.'*⁸

Response Received – Letter from Siân Walker, Director of Health & Social Care, dated 24th December 2014

The Directorate continues to work hard to deliver improved performance in Carer Assessment and Direct Payment numbers. Our work to improve performance will continue during the remainder of 2014/15 and through into the next year. We reject the assertion that there is no management ownership in these areas; on the contrary, these are areas where senior and middle managers have worked hard to bring about improvements which have been gradual but have not achieved the stretch targets initially set.

⁷ Letter to Councillor Susan Elsmore, Cabinet Member, dated 8th September 2014, from Councillor Groves, Chair CASSC

⁸ Letter to Siân Walker, Director of Health & Social Care, dated 9th December 2014, from Councillor Groves, Chair CASSC

March 2015 – following scrutiny of Q3 2014/15

‘Overall, Members agree with your comments at the meeting that there are problems with performance in this area and challenges in addressing these. We note the Director’s, Siân Walker, comments that she appreciates that the discussion on performance focuses on the same issues each quarter due to under-performance and that this is disappointing. Members feel that their comments following Quarter Two performance scrutiny still stand, as set out in my letter dated 9th December 2014, which in your absence was addressed to Siân Walker.’⁹

Response Awaited

⁹ Letter to Councillor Elsmore, Cabinet Member, dated 9 March 2015, from Councillor Groves, Chair CASSC

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

1 April 2015

**Health and Social Care Regional Collaboration Fund and Intermediate
Care Fund Projects: Progress Report Quarter Three**

Purpose of Report

1. To provide Members with an update on progress on health and social care related projects that the Welsh Government funds by the Regional Collaboration Fund (RCF) and Intermediate Care Fund (ICF). The progress report has been prepared by officers and is attached at **Appendix A**.

RCF Health and Social Care Project

2. The RCF was set up by Welsh Government to support regional collaboration, as called for in the Simpson Review¹. At Cabinet on 24th January 2013, Cardiff Council agreed to submit a number of RCF bids to the Welsh Government, one of which was a three year bid to support the integration of Health and Social Care.
3. The Health and Social Care project covers Cardiff and the Vale of Glamorgan and involves the two Councils, third sector representative councils and the Cardiff and Vale University Health Board. A summary of the project was contained in the appendix to the Cabinet report and stated:

'The Health & Social Care project is a significant new initiative that would build on the work already undertaken in each local authority that is changing the way adult social care services are delivered. The project will introduce new service models and care pathways to meet people's needs in a more flexible and integrated way,

¹ 'Local, Regional and National: What services are best delivered where? - Simpson Review, March 2011, Welsh Government

giving them more control over the services they receive. This means services will be tailored to the needs of individuals, improving their outcomes and reducing the demand for other services. In doing this we aim to increase the long-term sustainability of the services we provide. Through collaboration management capacity can be increased significantly, which means services can be reformed quicker and more intelligently.'

ICF Gateway for Independent Living project

4. The ICF was established by the Welsh Government for 2014-15 to support the introduction of new and/ or proven ways of working so that public services become more efficient and effective by achieving greater integration of social services, health and housing services. The purpose is to support people to maintain their independence, remain at home, prevent inappropriate admissions to hospital or residential or nursing homes and prevent delayed transfers of care.

5. At this Committee's meeting on 2nd April 2014, Members received a presentation on the ICF bid and a copy of the bid, as part of the papers for the Integrating Health and Social Care Programme update item.

Quarter Three Progress Report

6. Officers have prepared an update report, which is attached at **Appendix A** and provides:

- (a) Quarter 3 progress on RCF projects - Appendix 1
- (b) Quarter 3 progress on ICF projects - Appendix 2.

7. The Quarter 3 RCF progress report details the individual projects, the achievements to date, project risks and issues and mitigation of these and provides performance information for the on-going projects. It shows that overall the programme RAG status is green, as follows:

- (a) Effective Community Resource Teams – green
- (b) Assistive Technologies – closed/ green
- (c) Streamlined Integrated Assessments – green

- (d) Enhanced Occupational Therapy – green
- (e) Enhanced Learning Disabilities Services – green
- (f) Improved Commissioning – closed/ green.

8. The Quarter 3 ICF progress report also reports detail on the individual projects, the achievements to date, project risks and issues and mitigation of these and provides performance information for the on-going projects. It shows the following:

- (a) Establishing a Single Point of Access - Green
- (b) Preventative Interventions - Green
- (c) Third Sector Partnerships - Amber
- (d) Interim Care Flats - Amber
- (e) Smart House - Amber
- (f) Visual and Hearing Impairment Project - Green
- (g) Promotion and delivery of Assisted Technology and promote increase usage of community alarm - Green
- (h) Developing medicine management - Amber
- (i) Virtual Pool Fund – Amber.

Previous Scrutiny

9. Members received the first progress report at the Committee meeting 3rd September 2014 as well as presentations covering both projects. Following their scrutiny, the Chair wrote to Councillor Susan Elsmore, stating that:

‘With regard to the ICF project, Members welcome the aims and aspirations of the Gateway and support the ideal of one gateway into services aimed at promoting individuals ability to regain and retain independence and remain living in their homes. Members recognise that currently there are multiple entry points to these types of services and will be looking to see these are streamlined as part of the final stages of this project, in order that the Gateway can be mainstreamed once the ICF funding ceases.’²

² Letter from Chair, Councillor David Groves to Councillor Susan Elsmore, Cabinet Member, dated 8th September 2014.

10. Members received the second progress report at the Committee meeting 3rd December 2014. Following their scrutiny, the Chair wrote to Siân Walker, in Councillor Elsmore's absence, with the following points:

- *'With regard to the RCF case studies provided, Members request that, in future, savings not be shown against particular examples but be aggregated to a project level'*
- *'With regard to case study 10, Members seek assurance that work is undertaken to ensure the safety of those with a sensory impairment who use stair lifts'*
- *'With regard to the year 3 RCF, when will you be informed if this money is confirmed? What will happen to the on-going projects if the money is not confirmed? How are the successes of the RCF projects going to be maintained post- RCF?'*
- *'With regard to the ICF, Members were interested to see the performance indicators for this (page 16, Appendix 4) and would like to receive completed results for these in future progress reports. Members would also like to receive details of how the successes of the ICF projects will be maintained once the ICF ends'.³*

11. Siân Walker responded to this letter, as follows:

- *Savings will be provided at an RCF project level, as requested*
- *With regard to stair lifts, a full Occupational Therapy assessment is carried out which takes account of the whole person, including their sensory needs, before a stair lift is recommended...if the OT felt it would be unsafe for the person to use a stair lift, they would not recommend one*
- *With regard to RCY year 3 funding – it is likely we will be told in January. If the funding does not continue...we will either have to find new funding sources or cease the work in train... We will be exploring other ways to resource the projects'*
- *With regard to ICF indicators – work is ongoing to collate information for the regional indicators where this data is available. If the funding is not available*

³ Letter from Chair, Councillor David Groves to Siân Walker, Director of Health and Social Care, dated 9th December 2014.

in future to support these projects, the resources may not be available to collate this information. There will be a formal evaluation at the end of the programme which will be completed in the autumn 2015. This will be available for scrutiny at that time.'

Way Forward

12. At the meeting, Councillor Susan Elsmore, Cabinet Member for Health, Housing and Well Being, may wish to make a statement. Sarah McGill, Director of Communities, Housing and Customer Services, Siân Walker, Director of Health and Social Care and Nichola Poole, Programme Manager, Remodelling Social Care and Integration with Health across Cardiff and the Vale of Glamorgan have been invited to attend. Members will have the opportunity to ask questions to the panel of officers and Cabinet Member.

Legal Implications

13. 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

14. 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 appendices and at the meeting
- ii) Agree any comments and observations Committee wishes to make to the Cabinet or to partner agencies.

MARIE ROSENTHAL
County Clerk and Monitoring Officer
19th March 2015

Progress Report for Community & Adult Services Scrutiny Committee
17th March 2015

Update on the Regional Collaboration Fund (Remodelling Social Care and Integration with Health Programme) and the Intermediate Care Fund (Independent Living Partnership Programme)

Purpose of report

CASSC receives quarterly updates on the Health and Social Care Regional Collaboration Funded (RCF) Projects and the Intermediate Care Fund (ICF) Projects. This report contains the quarter 3 update report for the RCF and ICF Programmes. These reports were submitted to Welsh Government within the required timescales.

Background

The Welsh Government has provided funding to local authorities through the Regional Collaboration Fund (RCF) and the Intermediate Care Fund (ICF) to establish collaborative and innovative projects which will transform social care. The purpose of these 2 streams of funding are to support and deliver change projects which establish remodelled Adult Social Care services delivery (RCF), and to invest in services which support older people to maintain their independence and remain independent at home for as long as possible (ICF).

The City of Cardiff Council has been working collaboratively with the Vale of Glamorgan Council and the University Health Board on a number of projects that deliver outcomes for citizens. These projects have been supported by the three-year RCF programme which commenced in 2013/14. Year one funding totalled £650,000 with £785,000 allocated for 2014/15. Funding for RCF Projects in 2015/16 was been reduced by 50% across Wales, however the Programme Board made a good case for funding to be continued for the Remodelling Social Care Programme in Cardiff and the Vale and the Councils have now received confirmation that they will receive £533,000 for Year 3 of the Programme. Although less than originally planned (£650,000), in the current economic climate this is better than anticipated. Projects are currently being re-profiled based on learning from Years 1&2 and programmed to deliver within the new financial envelope.

Cardiff was also successful in a bid for £3.875m of capital and revenue funding through the Intermediate Care Fund in 2014/15 and is delivering a range of projects through the Independent Living Partnership Programme. Funding was allocated on a 1-year basis. New funding (£20m) for 2015/16 has been identified across Wales for ICF projects, to be allocated this year via the Health Boards. It is not yet clear how much will be allocated to Cardiff & the Vale and what criteria will be used to allocate funding. Work is ongoing through the Integrated Health and Social Care Strategic Implementation Group to identify which ICF projects will help deliver the requirements of the Social Services & Well-Being (Wales) Act 2014, as these are likely to receive the support from Welsh Government

Quarter 3 Progress update for the RCF and ICF Projects.

The Vale of Glamorgan Council coordinates the management and reporting of the projects being supported by the RCF Grant on behalf of Cardiff and the Vale. The City of Cardiff Council coordinated the management and reporting of the projects supported by the ICF.

Appendix 1 - Quarter 3 report for the RCF Programme across Cardiff and the Vale

Appendix 2 - Quarter 3 report for Cardiff's ICF Programme

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Cardiff & Vale of Glamorgan – Regional Collaboration Fund Grant 2014/2015

Summary of Progress – Quarter 3

General Update

Programme status = GREEN

The robust programme and project management introduced in May 2014 is continuing with monthly reports to the Programme Board focus ensuring that the Programme delivers the following outcomes in line with the criteria set out in the grant bid:

- **Be collaborative** – all projects should include at least two partner organisations.
- **Result in integrated working** – be that between the two councils or one/both councils with the Health Board.
- **Result in people focused outcomes and benefits** – for example, enhancing wellbeing, health, independence and do so more efficiently and effectively.
- **Generate demonstrable benefits for partner organisations** – for example, reduced costs, improved performance indicators, enhanced staff development opportunities or improved operational efficiency.
- **Result in no direct long-term increase in revenue spending** commitments for the partner organisations.

This is the second year of a three year Programme, which is currently funded until April 2015. The Programme has focussed on 4 Projects in 2014/15. These projects are trialling new models of working ensuring that these are delivered collaboratively across two or more of the partner organisations. All projects are on track to deliver identified outputs within timescales and budget and will set in place some of the essential elements required to take forward the Social Services and Well Being Act 2014.

We are continuing to develop performance measures and provide the baseline information required to evidence the benefits being realised. This report contains data for the Effective Community Resources Team project which shows the progress that has been made since the co- location of Health and Social Care staff into 3 locations in Cardiff and the Vale of Glamorgan. This data clearly evidences the benefits from this co – location and although there is still much to do, progress is being made to deliver fully integrated pathways for health and social care. This report also includes performance data for the Streamlined Integrated Assessments, the Enhanced Occupational Therapy and the Enhanced Learning Disabilities Projects. The development of these performance measures is on going and will include outcomes where it is possible to do this within the Programme timescales.

Case study evidence is also being collated and some examples including service user's feedback are appended to this report.

Programme Risks and Issues

1. Unable to recruit and retain suitable staff because of the short term funding of the Programme.
Mitigation - Working closely with HR to identify fast track processes to recruit individuals.
2. Failure to spend grant allocation within deadline
Mitigation – Robust project and programme management in place with monthly monitoring of progress to the Programme Board.

Effective Community Resource Teams

Project status = GREEN

This project has established three Community Resource Teams (CRT's), two in Cardiff (Whitchurch and Llanrumney) and one in the Vale of Glamorgan (Barry hospital), bringing together University Health Board (UHB) and Local Authority staff to deliver a more joined up service, improving response times and reablement capacity. Each CRT is managed by a Locality Manager and in the Vale of Glamorgan this post is a joint appointment between the Council and the Health Board. Each CRT is also working closely with a third sector organisation, also based in the CRT providing voluntary sector support to the in – reach service.

Achievements

- Following the successful co- location of Health and Social care staff, work is on going to fully integrate processes to deliver an integrated pathway for service users.
- Mobile devices have been issued to Home Care reablement in the Vale and these are already improving efficiency as carers are now able to receive information via their mobiles, receiving accurate up to date information and respond more quickly.
- In Cardiff the Mobile Working and Scheduling project is being delivered under an internal Programme and linkages have been made between the two Local Authorities to ensure best practice is shared to maximise benefits.
- The third sector partners, Age Connects and the British Red Cross, are continuing to work with the CRT's to provide additional resources to accelerate the reablement of service users.
- In the Vale of Glamorgan, referrals are now being managed through the Contact Centre (there are strong links with the Improving Access to Health and Social Care Project which is funded through the Intermediate Care Fund Project)
- In Cardiff the In reach home care team has continued to develop and now provides support to all wards in UHW. The team's presence on the wards has increased as the ward staff gain a better understanding of their role in helping to accelerate discharge and provide better outcomes for service users and fewer re-admittances.
- The availability of staff from the In reach team on wards has improved communication with the service user, therapists and family members enabling a more specific and informative screening of the patients service needs and social background which assists with the assessment prior to

discharge. There have been a reduction in the number of unnecessary visits to service users who do not need/want packages of care.

- Performance data is collated and shared with the team on a weekly basis to support discussions on the numbers of service users who are discharged following the In reach team’s intervention and to consider ways that the service can be improved.
- The co- location of third sector staff in the CRT’s is proving effective in identifying ways the third sector can support service users to maintain and regain independence. The co-location has created a “walk- in” easy referral process for service users. Staff from the British Red Cross and Age Connects have developed close working relationships with the staff in the CRT’s and are included in team meetings and Multi - disciplinary meetings to explore how best to support individual service users. For the period 1 April 2014 to 31 Dec 2014, British Red Cross have received 99 referrals in the Vale of Glamorgan and provided support. For example, they have carried out joint visits with physiotherapists and occupational therapists and been shown what was required. Third sector staff have then been able to maintain the momentum of exercise with the service user, freeing up the therapist to move on to new cases.

Project Risks and Issues

1. Increased demand is placed on the Community Resource Teams to reable service users to full independence before they are ready

Mitigation – Health and Social Care staff are fully engaged in the reablement process.

2. The short term nature of the funding for this project will impact on the recruitment and retention of staff.

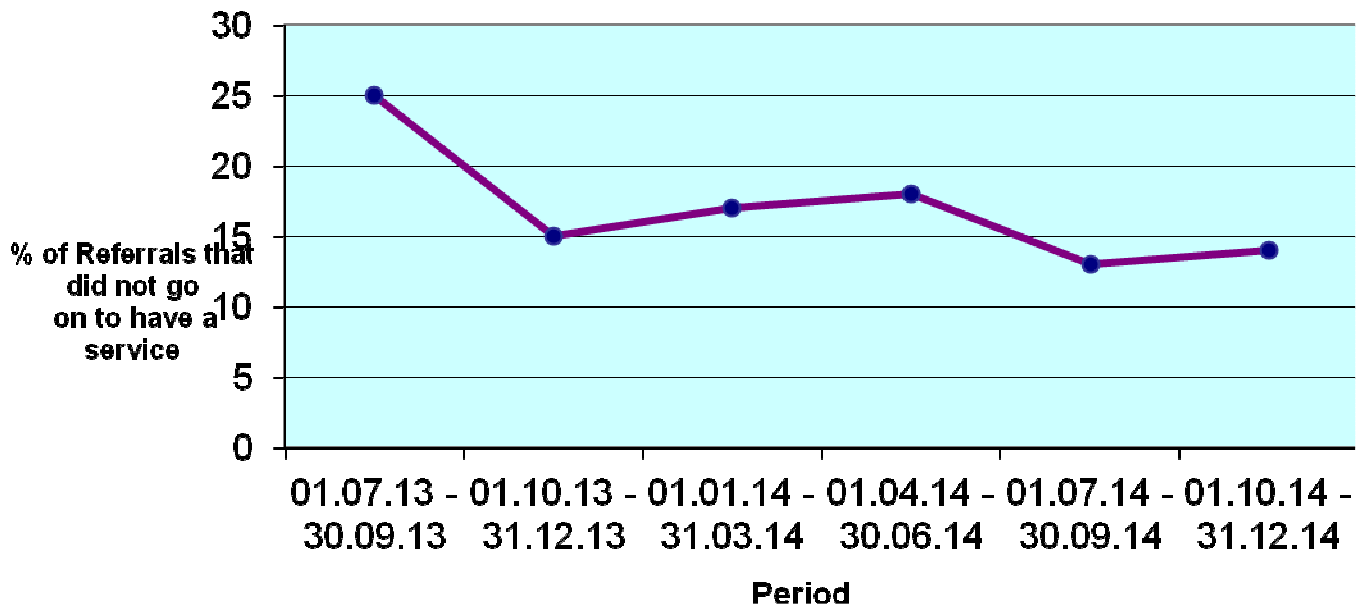
Mitigation – Working closely with HR to identify fast track processes to recruit individuals.

Effective CRT’s Performance Measures

Graph 1 shows the benefit of having in reach Home care staff based in the hospital wards. Theses posts are wholly funded through the RCF Grant. Health and Social care staff were co-located into the CRT’s in April 2013 and since this time the percentage of unnecessary calls has been reducing, although there is a small increase from Quarter 2 to Quarter 3. The trend for decrease is as a direct consequence of the Home Care staff engaging with health staff in the CRT and with the service user prior to hospital discharge. This has resulted in a better outcome for service users. Further monitoring of this indicator is required to determine whether further interventions will result in sustaining a further decrease in unnecessary callouts.

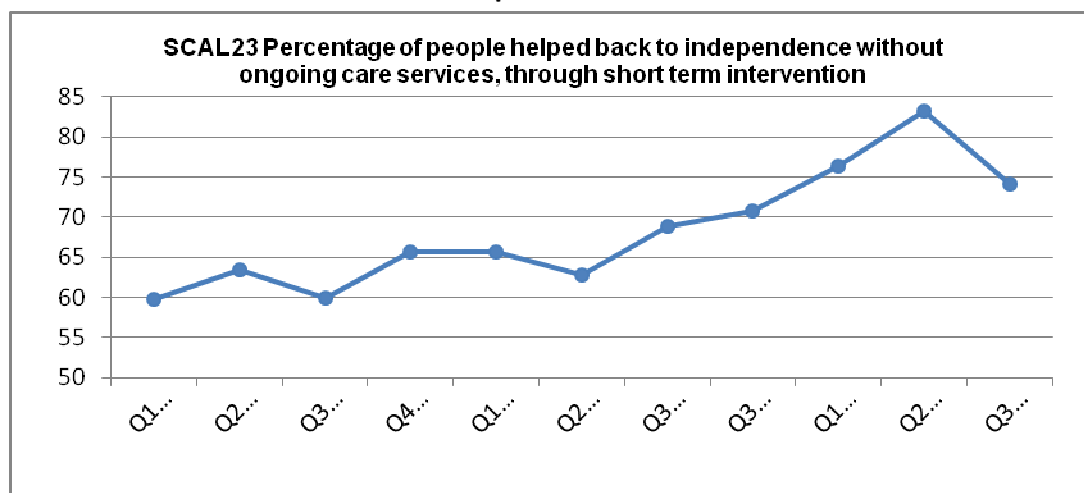
Graph 1

% of Referrals from UHW & Llandough Hospital that did not go on to have a service as hospital discharge was cancelled, not suitable or service user declined service.



Graph 2 shows the improvements in percentage of people helped back to independence in the Cardiff CRT's. Since the co-location of Health and Social Care staff in the CRTs in Q1 2013/14. It can be seen that there was an initial dip in performance during the bedding in process but that rates have been increasing each quarter to end of Quarter 2, 2014. There has been a decrease for Quarter 3 from 83% to 74 %, further monitoring is required to see if this is a short term blip or whether this is a continuing trend.

Graph 2



Assistive Technologies

Project status = Closed

GREEN

The RCF Grant supported a review of the current operating models in Cardiff and the Vale of Glamorgan using assistive technologies i.e Telecare. Independent advisers worked with officers to develop a future target operating model that could be applied in both Authorities.

Achievements

- There is no further funding for this project under the RCF grant. Funding has been allocated under the ICF Grant for both Cardiff and the Vale. Both Authorities are delivering projects which will take forward the recommendations in the independent review commissioned as part of this RCF Programme.

Project Risks and Issues

None

Streamlined Integrated Assessments

Project status =

GREEN

This project has delivered a streamlined integrated assessment (IA) process which will be used across the three partner organisations. It is also funding a process of culture change for staff completing the assessments, moving from a culture of dependency to one of independent living where this is appropriate.

Achievements

- The final draft of the IA Nursing Inpatient Assessment Form was taken to the Clinical Standards and Innovation Board on the 19th November and has been given the final approval by the IA Project Board. The form will now be taken to the Nursing Midwifery Board with a proposal to pilot it for six months. The form will be used in paper form in a hospital setting, and arrangements will be made for the form to be built in PARIS to enable use in the community. Significant work was undertaken in Quarter 3 to fully integrate this process across the UHB and to combine the nursing assessment document with social care Integrated Assessment documentation.
- The Intermediate Care Liaison Manager, in the UHB is preparing a discharge checklist which will be included in this process.
- A Cardiff and the Vale of Glamorgan Health and Social Care Partnership 'Integrated Assessment Inpatient Assessment' document has been developed, and a rigorous consultation process carried with health care practitioners.
- A training and communication plan for implementation across the LHB is being developed to support this in 2015 (the Integrated Discharge Service will be included in the development of this).

- Initial work commenced with OT's from Cardiff and a draft form has been developed to link their assessment with IA. The scope has now been widened to include representatives from the Vale of Glamorgan and the LHB to consider the development of a shared IA OT Assessment tool. After an initial meeting in November, a further two have been planned for January 2015.
- The proposed tool was taken to the UHB Management Team in November. Meetings are planned for January 2015 to enable its implementation within PARIS.
- A review of the CRT process in Cardiff Health & Social Care took place, resulting in the front end of IA (Core Data and Promoting Well Being, Advice and Information) being utilised from 24th November.
- The IA Assessment tool was presented to staff at Marie Curie with a view to the assessment and referral forms being used by this sector.
- An audit of all referral forms has commenced, the findings of which will be analysed with a view to streamlining and improving the process further across all areas in line with IA in 2015.
- The IA Development Group has met twice in the last quarter. It continues to meet to further develop and improve the forms, supporting guidance and, to inform changes to our electronic case file recording and business processes. From this, the first IA Development News Letter was circulated to staff to keep them updated about changes and improvements. A second is planned for the next quarter: http://cmsweb.cardiff.gov.uk/cardiff/ObjView.asp?Object_ID=15178
- Work has commenced to update and review the assessment information on the Internet. In addition, a section for staff has been developed on the Intranet to keep them informed about IA and associated performance indicators and business processes:
- Work has continued to review and update our Case File Audit Tool in Line with Integrated Assessment.
- Throughout the quarter, advice and guidance continues to be provided to practitioners, Performance Information and CareFirst staff in relation to IA.
- The UHB have also developed an educational package to support roll out of the Integrated Assessment document across the UHB and will be training Integrated Assessment trainers for all clinical areas in February 2015.
- Four Outcome-focused practice training sessions have been delivered for Social worker and Social Work Assistants to ensure that the integrated assessment process focuses on outcomes and the problems that can arise if a clear focus on outcomes is lost. The course has adopted an interactive approach, with participants encouraged to join in discussions. Feedback on the sessions has been positive.

Project Risks and Issues

1. The training does not deliver the required shift in culture change

Mitigation – Operational Managers involved in developing the training specification.

Streamlined Integrated Assessments Performance Measures

Indicator Title	Previous Year	Quarter 1	Quarter 2	Quarter 3
The average number of working days between initial enquiry and completion of the care plan.	31	26	26	24

Table 1 shows the reduction in the length of time from the start of the Integrated Assessment process to the completion of a care plan. The new streamlined process has resulted in the process being improved by 7 days which is better for service users and enables the team to undertake more assessments.

Enhanced Occupational Therapy

Project status =

GREEN

This project has increased the current Occupational Therapy and equipment capacity to review current high cost packages/double handling cases with a view to ensuring that all necessary equipment and enablement opportunities have been provided. This will result in service users and carers maximising their independence, achieve better outcomes and make savings in the cost of packages of care. It is also trialling a new model of working which is reducing duplication of visits for home care staff and Occupational therapists. There are different approaches in Cardiff and the Vale of Glamorgan which reflect the local demography. Regular project team meetings take place across the two Authorities to ensure best practice is shared and benefits are maximised.

Achievements

- The additional review OT has been working collaboratively with case managers undertaking timely reviews of people with a Physical Disability. This work includes review of high cost packages or double handed packages of care or situations where there is a potential “failure” in the community service. This work has delivered the following benefits:
 - Safeguarding – through assessment and task analysis, the OT takes an ‘alerter’ role highlighting potential or actual problems, which can be worked on jointly with a Social Worker to prevent, reduce or end abuse.
 - Good Practice to ensure outcome measures and goals have efficacy, efficiency and are still effective for both the Service User and the Authority.
 - The reviews take account of the individual’s circumstances to promote awareness and change as normalisation of and part of the reablement process. Single handed packages of care give the service user more privacy and better promotes their dignity.
 - Increased communication and the provision of additional information for the service user from the outset to inform people how the process works and to manage expectations, emphasising that reviews of care packages are ongoing and will need to reflect current needs and recovery.
 - Closer working with Physiotherapists to support and encourage service users to redefine goal planning, as part of reviews, where appropriate
- Delivery of savings, alongside improved outcomes for service users, with more outcome focussed packages of care

- A new model of working has been established and being piloting using the Occupational Therapists (OT's) to undertake initial assessments. This has delivered savings and improved outcomes for service users by reducing the number of assessments carried out by different specialists (See performance measures)
- In the Vale of Glamorgan the review of high cost care packages is continuing and is reducing packages through the provision of equipment or advice to carers on appropriate methods of manual handling.
- With the opening of the new Extra Care facility locally (Project funded through the ICF), working closely with service users as they move in to ensure appropriate equipment for safe care and possibly reduced care levels.
- Joint visit with Social Worker in newly set up Intake Team based at C1V to review need of care package for newly referred service user.
- Referring on to other services such as VCRS where rehab may improve function and independence in some tasks.
- Education to family and carers around improving function either by rehab or provision of equipment- to help decrease or maintain a safely delivered care package.
- Review of high cost care packages with a view to reducing the package with provision of equipment or advise to carers on appropriate methods of manual handling.
- Review of cases where a new request has been made by the Care Agency to increase care as they are struggling to manage with one carer or within the time allocated to visits.
- Referring on to other services such as VCRS where rehab may improve function and independence in some tasks.
- Education to family and carers around improving function either by rehab or provision of equipment- to help decrease or maintain a safely delivered care package.
- Review of care packages and equipment provided following hospital discharge.

Project Risks and Issues

1. Unable to recruit specialist staff which could result in a failure to spend budget on time and not deliver maximum benefits

Mitigation – Close working with HR to identify fast track processes to recruit processes to recruit specialist individuals. Doubling up of resources for Q3 and Q4 to maximise benefits

Enhanced Occupational Therapy Performance Measures

In Cardiff the Review OT has reviewed 6 new service users during Q3 with the following potential weekly savings:

1 confirmed as a saving £115.95 per week, 1 with the potential of being reduced, saving £399.10 per week, 4 prevented increased packages of care costs. The total amount prevented being - £535.30

The additional OT's recruited to carry out initial assessment and prevent duplicate visits.

24 service users have been supported, all of who were visited either before, or at the same time as the Home Care Manager (HCM), therefore preventing duplicate visits for the service user. Of these, 6 did not receive / require a visit from the HCM.

Of these 24 service users, 14 received care from the CRT, 8 declined care, 1 person did not require any care, and 1 person was staying with family members and had equipment provided via OT's to assist.

Of the 24 case:

- 4 people are independent with no ongoing package of care required (saving £291.41)
- 2 people were admitted to hospital or deceased
- 9 people have declined care, either at the outset or during the process (saving £798.21)
- 4 people have an ongoing care package, including 1 person who is set up for direct payments (saving £79.18)

OT equipment or advice was provided in 17 of the 24 cases improving outcomes for service users.

30 cases have been reviewed:

In the Vale of Glamorgan:

During the 3rd quarter, 31 new cases were seen. Some remain ongoing. For this quarter weekly savings of £840 have been achieved through the work of the review OT's through the

- Review of high cost care packages with a view to reducing the package with provision of equipment or advise to carers on appropriate methods of manual handling.
- Review of cases where a new request has been made by the Care Agency to increase care as they are struggling to manage with one carer or within the time allocated to visits.
- Referring on to other services such as VCRS where rehab may improve function and independence in some tasks.
- Education to family and carers around improving function either by rehab or provision of equipment- to help decrease or maintain a safely delivered care package.
- Review of care packages and equipment provided following hospital discharge.

Enhanced Learning Disability Services

Project status =

GREEN

This project is providing a temporary resource to review care packages for people with learning disabilities ensuring that appropriate and cost effective care packages are provided and developing a modernised, integrated Learning Disability day service across Cardiff and the Vale of Glamorgan which will deliver better outcomes for people with Learning Disabilities that are sustainable in cost terms.

Achievements

- The effectiveness of the project continues to be evidenced in a variety of ways. It is important to note that while savings have been made, reviews have now been completed in a timely manner. This

has enabled work to progress regarding the Day Opportunities Strategy and identifying people for the Closer to Home project. As a result we can now ensure we are delivering the better value and outcomes for service users.

- A review function has been established within the Cardiff and Vale Learning Disability teams and this requires time to bed in and strengthen. It has already started to challenge the rather paternalistic culture/practice of Learning Disability Services (which is a national issue) to ensure people are supported at appropriate levels and are eligible for services.
- Review of people using the internal day service and detailed plans for signposting to alternative provision is on track with case managers.
- The structure for new internal day service in Cardiff is currently being mapped.
- A number of new models of working i.e. social enterprise and cooperative in the Vale have opened or re-established including YMCA HUB café, TRACK and Positive Images. There is already provision in Cardiff to signpost people.
- The savings tracking tool for both Cardiff and the Vale continues to evidence the effectiveness of the project and the work undertaken by the four RCF workers. (See performance measures below)
- Significant savings have been identified through review of third sector day provision and this will be independently verified by Financial Services
- Closer to Home - 14 individuals who have been identified as wanting and are able to return from out of county placements. The first property will come on line in November 2014 and 4 people will return. This will improve outcomes for individuals alongside, £49,000 savings which have already been achieved through this work in Quarter 2.
- Handover for 2 properties imminent within Cardiff to start to return individuals back to the locality. This will include some Closer to Home service users. Compatibility exercise already underway by operational teams

Project Risks and Issues

1. Insufficient time for the review function to be embedded within business as usual
Mitigation – Case made to Joint Local Service Board and Welsh Government relating to the Year 3 funding for the project
2. Council approval required for the Day Opportunities Strategy 2014-17 so it can fully commence
Mitigation – Cabinet Members in Cardiff and the Vale briefed and reports for both Scrutiny and Cabinet are approved.
3. Availability of suitable properties that can be adapted to enable service users to return closer to home
Mitigation – Actively working with the Housing Departments in Cardiff and the Vale and also with RSL's to source appropriate accommodation.

Enhanced Learning Disabilities Performance Measures

The performance measures for this project relate to improved service user outcomes in addition to delivering potential savings. A service user outcome survey will be included in the final evaluation of the Programme.

Vale of Glamorgan

- Over 100k of savings has been delivered through the use of assistive technologies in Supported Accommodation.
- Over 50k savings identified in residential spend and 25k in domiciliary spend to date. This has led to a projected underspend of the LD budget of 13k and is verified by Finance.
- The review function will be further developed within the team, this will then need time to bed in to ensure project outcomes continued to be delivered.

Cardiff

- 112k savings has been delivered on review of high costs residential placements with further savings identified that are yet to be verified by the Finance Team
- Review of domiciliary care packages has achieved a savings of 120k subject to further verification.
- Closer to Home - 14 individuals who have been identified as able to return from out of county placements. The first property will be handed over in next 2 weeks and will then facilitate the return of 4 people following movement of other placements. This will improve outcomes for individuals and a 49k savings for this year has already been identified.

Improved Commissioning

Project status = Closed

GREEN

This project commissioned an external adviser to undertake work to explore the development of a joint brokerage system across Cardiff and the Vale of Glamorgan. A report was completed within time scale and work is now on-going between the two Local authorities on the potential for joint commissioning. There is no further funding for this work under the RCF grant.

Project Risks and Issues

None

Nichola Poole - Programme Manager Remodelling Social Care and Integration with Health across Cardiff and the Vale of Glamorgan. 29th January 2015

Appendix 1 Regional Collaboration Fund Case Studies

Case Study 1 - Enhanced Occupational Therapy Services Project

Background

Mrs S is a 90 year old lady who lives with her husband in a semi- detached privately owned house. Mr S has been her principal carer who has assisted her in all aspects of personal care and activities of daily living since she became immobile following a fall seventeen years ago, where it was determined that she had fractured her hip and had developed spinal compression at sacral level. Mrs S did not receive rehabilitation on her husband's directive, consequently, finding that he needed to take on all roles pertaining to Mrs S's need including household chores

Mrs S was admitted to hospital in October 2014 where she was diagnosed as suffering from a urinary tract infection, further complicated by the discovery of kidney calculi (stones). She was treated and maintained in bed until medically stable, then discharged home. In this interim, Mr S became unwell having injured his shoulder and was unable to take on the previous role in caring for Mrs S. A profiling bed with integral side rails, mattress, commode and patient turner (to assist with chair/bed/commode transfers) were provided at discharge and a double handed package of care consisting of 4 x 30 minute calls over a 7 day period was instated.

On discharge from hospital, Mrs S remained unwell and her GP was notified, He diagnosed a chest infection and advised that Mrs S remained in bed until well enough to be transferred. Following a further period in bed, she recovered, and transfers with care staff commenced, a referral was made to the community occupational therapy team, as carers were now experiencing difficulties using the patient turner with Mrs S which necessitated that they adopt unsafe modes of practice.

Mrs S suffers spinal cord compression at sacral level, has suffered a cerebral vascular accident in 2011 with residual effects being a left sided hemiplegia and dysphagia, which have resolved to a greater extent. She suffers from recurrent urinary tract infections and has bilateral cataracts for which there is not surgical intervention planned.

What we did

An assessment was undertaken where it was determined that use of the patient turner was unsafe and an alternative was provided, in the form of an electric stand hoist and transfer sling, further assessment ensued however, Mrs S was very nervous and agitated and could not tolerate the transfer sling! Further discussion between Mr and Mrs S occurred where it was put to them that a full hoist and sling would now be required if transfers from bed to chair were to go ahead. A hoist, and universal sling, was

provided and a re- assessment carried out. The outcome of this assessment was favourable, however on transfer to a chair, Mrs S could not tolerate sitting without feeling nauseated and distressed, she was also much weaker and requested that she be returned to bed and to remain in bed for future care.

Outcome of assessment and actions

Mrs S had been in receipt of four thirty minute calls of double handed care each day, over 7 days each week, these were for personal care and toileting needs.

The cost of the care package was £420 per week, the care agency hourly rate being £15 per hour.

Given her change in her circumstances, the package of care was changed to increase the morning call to 45 minutes, for personal care, with a reduction to 15 minutes for the lunch, teatime and evening calls which were for incontinence pad change, the calls would still be double handed.

In total, a saving of 7 man hours each week was made, with a yearly saving of 364 man hours.

The new package of care was reduced to 21 hours each week at £15 per hour equating to a total cost of £315 each week. An overall saving of £105 per week was made.

How the person is better off:

Constitutionally, it would have been more beneficial if Mrs S could have been transferred from her bed into her chair, in terms of psychological and physical welfare. However, due to her frail condition and her inability to tolerate sitting in her chair (even for a short period of time) and considering the fact that a profiling bed with backrest and knee brake was in use, this could be positioned to provide Mrs S with comfort and the ability to sit up whilst supported, so that she could interact with her environment. The distress of sitting out in her chair outweighed the benefits for Mrs S.

Mrs S is contented and agrees that staying in bed is the best option for her.

Benefits for service user /carer

Mrs S is very frail and her condition has deteriorated to a level where bed care is the only option. She can be cared for in bed, without being unduly moved and handled and can sit supported in her own bed, with access to the same environment as had been the case when she could sit out in her chair. Being in bed, the specialist bed offers her better body positioning and supports her posture, unlike her own chair. Mr S does not have to struggle to support his wife as had, been the case prior to her hospital stay, so he conserves his own body strength and prevents further injury to himself. With the reduction in time spent in toilet calls, carers are less intrusive and the visits quicker, which allows both Mr and Mrs S to resume a more private family life.

Case Study 2 - Enhanced Occupational Therapy Services Project

Background

Mrs S is an 80 year old lady who lives alone in a privately owned house. Her daughter lives locally and supports with shopping and cleaning tasks.

Mrs S has Lewy Body Dementia and has a right sided weakness. She is able to mobilise with a zimmer frame or a kitchen trolley with supervision of another person.

What we did

On assessing Mrs S, there was a care package in situ of 3 calls daily, double handling.

There was an old manual recliner chair in situ which client did not find comfortable. OT observed client being assisted to transfer from the chair by 1 carer. There is also a static commode in situ next to the chair which client needs assistance of 1 person to use. OT discussed with Mrs S' daughter regarding her chair. Daughter was planning to buy a riser recliner chair for Mrs S. OT agreed that this would benefit chair transfers.

The bed in situ was a ¾ size bed. Carers reported that at times they are required to slide client back in the bed but that in order to do so, one of them has to climb onto the bed to access the slide sheet in order to manage sliding. There were already wendylet sheets in situ but carers report that they were not being used due to client sliding down in bed when positioned slightly upright with pillows.

Daughter purchased a riser recliner chair and OT ordered a profiling bed.

How the person is better off:

Mrs S can now have the wendylet sheets in situ at all times on the profiling bed for repositioning as necessary.

With the profiling bed in situ, Mrs S needs only the assistance of 1 person to assist her in and out of bed, as the controls can be used to aid the transfer. The wendylet sheets can be used by 1 person to reposition Mrs S in the bed as necessary.

The riser recliner chair also aids clients transfer although she only needs assistance of 1 to transfer on and off the chair without the riser function.

The package of care has now been reduced to single handling calls, from 28.5 hours weekly to 18 hours weekly, a reduction overall of 10.5 hours per week.

This is a yearly reduction of 546 hours per year.

The cost of the bed and mattress provided was £410.

Case Study 3 - Enhanced Occupational Therapy Project

Background

Mr J is aged 64. He was admitted to hospital in November 2013 with nausea, vomiting, jaundice, decreased oral intake, poor liver function and at that time he was in heart failure and had shortness of breath and extreme fatigue.

On discharge a package of care was set up for him to return home. This consisted of 4 calls daily (total 2.5 hours), to help with personal care, transfers in the morning and supervision when mobilising. Plus 1.5 hours domestic call and 6 hours floating support for respite for wife to allow her to go out during the week.

A hospital bed was provided for use downstairs with commode in living area.

An extended period of rehab had taken place and this had improved Mr J's function.

What We Did

A referral was received to OT from the Social Worker. A joint visit took place and OT undertook functional assessment at the home.

Mr J had improved and was now able to perform all his personal care independently. He had no problems with transfers and was walking independently. Carers continued to attend and carried out more domestic work and meal preparation in their call times.

Recommendation was made to finish care plan completely. Mrs J was referred for a carer assessment to look at services that she could access to allow her to go out. She remained very anxious about leaving her husband at home alone.

Mr J had an appointment with his consultant coming up and OT recommended that they discuss with him his current medical condition and how he could progress and improve mobility. The couple had become very anxious about his condition from the previous year and Mrs J was fearful about leaving him on his own in case he died. With re-assurance from the Consultant and possible Physiotherapy intervention it is hoped that Mr J will continue to improve and start to do the stairs at home, so being able to sleep upstairs again and access bathroom and bedroom. Equipment supplied for hospital discharge can then also be returned to Joint Equipment Store.

How the person is better off:

Mr J and his wife have been re-assured about his independence and mobility through the intervention of the OT. He should be able to return to using the upstairs which will improve quality of life as the equipment that intrudes on their life downstairs will no longer be required. Mrs J will have a carer's assessment that will give her access to respite services for when she wishes to go out.

Case Study 4 - Enhanced Occupational Therapy Services Project

Background

Mr T is a 90 year old gentleman who lives in a privately owned house. His Grand- daughter and her partner live in the vicinity and have been calling daily to assist him with his personal care and activities of daily living. Mr T had received intervention from the community occupational therapy service in the past and minor adaptations and equipment had been provided. Hand rails had been fitted to the

stairway; items of equipment provided to assist him meet toileting needs. Mr T was admitted to hospital in October 2014 having suffered a chest infection and exacerbation of his illness, he was hospitalised for two months and discharged under the supervision of his Grand-daughters partner, who had agreed to become a full- time carer, who, consequently moved in with him.

Mr T suffers from “Lewy” body dementia and is prone to urinary and chest infections. He is able to mobilise and gain access to all aspects of his home. Mr T has been able to prepare hot drinks for himself, and can with minor assistance attend to his own hygiene. Mr T’s ability fluctuates due to changes in his cognition, however, Mr T is reported to be lucid for a greater proportion of the time.

What we did

Assessment of Mr T and his circumstances determined that since his discharge from hospital, that he has been in receipt of a care package, consisting of an hour each morning of double handed care for personal hygiene and a sitter service of three, three hour calls each week to enable his carer to visit with family. Equipment has been provided for hospital discharge consisting of a profiling bed with mattress and integral side rails, a commode, and walking caddy mobility aid. The bed was placed in the lounge with the commode in the vicinity. The walking aid was placed in an adjacent room. Mr T’s chair had been raised on chair raiser units, with a pressure relieving cushion placed on the seat. The ground floor toilet had a raised toilet seat in place with integral hand rails. Lifeline is on site and can be used in an emergency

Observation of Mr T physical and cognitive ability determined that he was able to mobilise without walking aids around his home and locate all areas of his home without prompting, he was able to transfer on the stairs using the handrails that were fitted, without difficulty and could ascend and descend the stairs without causing undue concerns. Mr T could transfer to his armchair, double bed (in his bedroom on the first floor) and toilet independently and without difficulty. He presented lucidly, his carer advised that since discharge from hospital, he had not experienced any episodes of confusion or hallucinatory episodes. Mr T had been provided with a bath-board by his family which was removed from the bath, having been fitted inappropriately, the item being too wide for the bath and the fitting ledge too narrow. A perching stool with armrests was available to enable Mr T to sit to strip wash. Mr T’s carer advised that he carried out all personal care with Mr T. Mr T requested that he return to sleep in his own bedroom on the first floor.

Outcome of assessment

Based upon Mr T’s level of ability and his carer’s availability and willingness to support Mr T he was allowed to return to sleeping in his own bedroom on the first floor. Mr T’s carer being aware, that if Mr T became confused or disorientated that he return to sleep on the ground floor. Mr T’s carer felt that he managed Mr T without excessive intervention from external agencies. Mr T’s carer is also aware that lifeline can provide a bed occupancy sensor and door contact alarm should concerns arise in respect of Mr T getting up at night.

Mr T was being provided with an hour of agency care for personal hygiene needs, His carer advised that the agency did not carry out personal care and that carer was happy to meet this need, the a.m. call was withdrawn.

Mr T's carer advised that he did require three sitter calls each week to cover the times that he visited his family on the basis of maintaining safety for Mr T these were maintained

Based upon the assessment the double handed, hour call for personal care, was withdrawn reducing the hours of care from 14 hours to 9 a saving of 5 hours each week, which over a year equates to 468 man hours

Previous cost of care provision being £175 per week reduced to £108

Equipment was returned to stores total cost of equipment - bed £330 side rails £103, mattress £140 mobility aid £11.99, commode £16.82 total cost saved £601.81

Benefits to service user

Mr T is able to return to sleep in his own bed, as desired, and not constrained to living on the ground floor. The carer is happy to support Mr T in all aspect of care, however finds the sitter service beneficial as it gives him time out to visit his family without any worries about Mr T falling or having an accident.

Case Study 5 - Effective Community Resource Teams Project

Background

Mrs X was admitted for a second time after a fall at home which resulted in her receiving a fractured neck of femur and the need to have a hemiarthroplasty.

Mrs X lived alone in a two story house and was previously independent with her activities of daily living although she had had a number of recent falls with worsening mobility and also some slight memory problems.

What we did

The CRT In Reach officer funded through the RCF grant visited on ward and screened Mrs X's notes and identified a possible need for equipment to be provided prior to discharge. She discussed this with the ward OT. Mrs X's son was present whilst the In Reach officer assessed her on the ward and was able to give information to them both regarding community alarm and key safes. During the conversation Mrs X's son, expressed his concerns about his mother's discharge as she had previously been very independent and due to having hip precautions in place for her discharge, she now needed time and support to fully recover. Both were very concerned about a permanent potential loss of independence.

The In Reach officer was able to explain that the CRT team is a short term service, with the emphasis on the role of the carers to work with Mrs X promoting her independence and dignity and ensured them

both that the aim of the CRT team was to maintain and retain independence throughout. Mrs X's son lived away and was unable to provide much practical support. In Reach were able to give information for Age Connect to assist with shopping until she was back to her pre admission levels of independence with regards to her mobility. In Reach identified that CRT full team input was needed in the short term.

Whilst the home therapist identified that Mrs X was not safe to bath she was able to strip wash with carer support and an assessment for a level assess shower was requested. Due to Mrs X memory problems it was arranged for her medication to be put into blister packs. Mrs X progressed very well with carers who helped her to establish a routine at home and she recovered to regain her full independence.

How the person is better off:

Mrs X was very grateful for support and the family are very pleased with the outcome.

Had it not been for the information and support provided through screening by the In Reach service supported by the RCF grant and the Effective Community Resource Team project, Mrs X would not have received any information until she was at home, In Reach enabled a safe discharge from hospital and alleviated family concerns. In contrast had the officers from the CRT not had contact prior to date of discharge this could have resulted in re admission back into hospital as Mrs X was fiercely independent and very likely to have declined care support.

Case Study 6 - Enhanced Occupational Therapy Services Project

Background

Mr P, a 92 year old was discharged from an out of county hospital with a fractured right hip, and dynamic hip screw in place. Mr P had been in hospital for 5 weeks, but was described as mobile, independent in all transfers, and experiencing some urine incontinence on discharge. Mr P had previously been supported by his spouse, but on discharge the hospital had requested four calls a day to assist with personal care, dressing, meal preparation and to assist in incontinence management.

What We Did

On the initial joint visit, Mr P was advised of the service, and what the service could provide to support his transition home. On discussion Mr P wished to try to be independent without the support from carers. All options were discussed with Mr P, it was then agreed that carers would not be put in place initially to allow Mr P time to adjust at home. After some discussion Mr P noted that the main issues were his incontinence and PC, Mrs P agreed, and stated that she would provide all meals. Mr P noted that he became tired standing in the shower, and had a history of falls. The shower was assessed and it was suggested that a wheeled shower chair may be suitable due to the shower environment and Mr P's transfer needs. It was agreed that the OT would revisit in two working days, and complete a shower assessment with equipment. If carers were required, home care services would be notified.

OT agreed to contact District nurse service, and advised on transfer techniques out of the bed, and when putting on incontinence pads.

How the person is better off:

After the follow up visit, the shower equipment was deemed suitable, and Mr P was able to wash independently and safely. Mrs P no longer needed to supervise Mr P, but was able to wheel Mr P in and out of the shower. Carers were put in for morning calls only to assist Mr P and Mrs P and build confidence. After five days carer calls were no longer required.

This joint visit ensured that the service users was safely discharged and risk of readmittance was reduced. Joint working allowed for care needs to be addressed straight away, and independence to be regained. Joint visiting reduced requested care calls of 4 a day to one call a day for five days.

Service user/citizen feed back

They were very happy with the service, but felt with the equipment in place, and support from the DN service, they were able to manage independently

Case Study 7 - Effective Community Resources Teams Project

Third Sector Partnership - Age Connects Community Liaison Officer

Miss A, a 94 year old who lady lived alone was well known to the CRT following numerous hospital admissions as a result of falls due to decreasing mobility.

Miss A was hugely perceptive and feeling isolated in her home, her only sibling was unable to visit due to poor health, she said that the only "outings she had were to hospital" Miss A realized that regrettably it was time to consider moving to residential care. This was an very emotive undertaking for her.

Miss A received considerable input from the teams OT's and Physiotherapists as she progressed from using a stick to a walking frame and then a wheelchair- there was a collective concern from the team as to her deteriorating health and mobility and her re referrals into the team.

The Community Liaison Officer (CLO) was asked to visit Miss A to look at ways of increasing social interactions.

During the visit, her physical and emotional pain became quickly apparent, Miss A was very upset and said she did not want to sell her home and move into a residential nursing home but also recognized that this was possibly her only option. The C.L.O subsequently visited Miss A twice at home to discuss at length various future housing options and provided emotional support and advocacy regarding provision of residential care settings in the Cardiff area. Brochures of homes were made available and several followed up or discarded.

Although still emotional, Miss A accepted that selling her home and moving into a supported environment with a community of older people was the way forward. From this, the C.L.O was able to work efficiently with the Occupational therapist in the team to make an appointment for the client to visit her preferred option and it was arranged that both CLO and OT would accompany the lady by taxi to her first visit.

As Miss A required the use of a wheel chair, the O.T was able to provide both practical and emotional support alongside the C.L.O when the two hour familiarisation appointment took place.

Although, the first home visited was not the right practical or emotional fit for Miss A, several more appointments followed whereupon the O.T met the client at an arranged time at her house, in order to help her into a wheelchair adapted taxi and the Nursing Home representative was able to meet Miss A to show her around, and discuss queries. Another member of the team met Miss A on her return home to help her mobilise into her property.

Following three more potential viewings and within a six week time frame Miss A found “a suitable homely home that is perfect “ and she is currently preparing for her move .

Working collaboratively and efficiently as a team has enabled Miss A to live in a secure, safe , caring environment with a community of residents and staff she feels at ease with, the Team are delighted Miss A is comfortable with her choice and will be cared for in a long term, homely setting.



Quarter 3 Report
Intermediate Care Fund 2014/15

City Of Cardiff Council

City of Cardiff Council - Intermediate Care Fund 2014/2015
Summary of Progress – Half Yearly Report

Ref	Project Description	Progress Update	RAG	Risks
Page 76 ¹	<p>Establishing a Single point of Access Gateway Service will provide a Single Assessment Gateway where all appropriate advice and services will be integrated.</p>	<ul style="list-style-type: none"> • The Gateway has visited just under 300 people since August 2014, 240 of those visits in Quarter 3. Evaluation of service provided has demonstrated that the 4 most popular service drivers are: <ul style="list-style-type: none"> • Income Maximisation • Social Isolation • Preventative slips, trips and falls • Assistive technology • 92% of clients Felt able to remain living at home independently in their own home, with many saying they would not have been able to find the support/guidance they had were it not for the Gateway. • A single financial assessment form is now in use, covering Disabled Facilities Grants, Targeted Elderly/Domiciliary and Residential Care Assessments. • Meeting the “One Council Approach” a shared Database has been developed and unified working practices are now in place with 50% of Visiting Officers being able to carry out multiple Assessments. Training for all Visiting Officers will be completed by the end of February. • Commencing in Quarter 3, Care Package Reviews 	Green	<p><u>Risk:</u> The Gateway service and deliverables are not sustainable after ICF funding ceases and project closure.</p> <p><u>Control:</u> Services are being future proofed by bringing together existing visiting officer roles to create one generic visiting officer. Work is underway to determine the future state of the Independent Living service.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>have taken place with a view to establish actual and preventative savings to negate the need for new or additional support. One element proving successful is partnership working with Occupational Therapists to provide support through technology, equipment or adaptations to prevent care</p> <ul style="list-style-type: none"> • The Gateway Social Worker has been working on cases within the Social Work Review Team Identifying the following cost savings/ cost avoidance: <ul style="list-style-type: none"> • 6 people no longer require the Community Resource Team and are now supported by the implementation of adaptations saving £39,811 per year. • 2 Care Packages have been reduced and are now supported with the implementation of adaptations saving £11,144 per year. • Through new partnership working with Occupational Therapists it has been possible to negate the need for care with early of equipment/ adaptations estimating £64,000 of cost avoidance. <p>Housing Resettlement Officers are now fully integrated in Whitchurch and Heath hospitals. A Database has been created to manage referrals and performance information and is now being fully utilised. Fortnightly</p>	Green	

Ref	Project Description	Progress Update	RAG	Risks
		<p>meetings take place for work load updates to raise issues and good practices to help develop the service.</p> <ul style="list-style-type: none"> In Quarter 3 Housing Resettlement Officers received 67 referrals and have assisted with 45 hospital discharges. The discharges have estimated to have saved 127 bed days resulting in an estimated save of £29,210 based on £230 per bed day. <p>The most common issues resolved have been based on housing issues and homelessness.</p>	Green	
Page 78 2	<p>Preventative Interventions Provision of preventative and intervention services including work with care and repair to support integrated services for health, housing and social care needs in support of older people to maintain their independence and remain in their home.</p>	<ul style="list-style-type: none"> In Quarter 3, 68 Safety at Home referrals have been completed totalling 244 to date in an average of 20 days. Works include fitting hand rails, steps and lever taps. In Quarter 3, 2 Safety at Home referrals have assisted with safe hospital discharge totalling 11 for quarters 1, 2 & 3. It is estimated that this has saved 11 Hospital bed days. Estimated savings are £2,783 @ £253 per bed day. In Quarter 3, 359 Rapid Response Adaptation Programme Referrals have been completed totalling 775 referrals to date in an average of 10 working days. Works included fitting grab rails, hand rails, smoke detectors and key safes. In Quarter 3, 80 completed referrals have assisted with safe hospital discharge totalling 101 for quarters 1, 2 & 3. It is estimated that this has saved 101 bed days. Estimated savings are £25,553 @ £253 per bed day. 	Green	

Ref	Project Description	Progress Update	RAG	Risks
		<p>Feed back from clients.</p> <ul style="list-style-type: none"> • 96% of clients would recommend this service. • 98% of clients are satisfied with the standard of work completed. • 92% of clients felt more able to remain living in their homes with increased independence. 	Green	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 79</p> <p style="text-align: center;">3</p>	<p>Third Sector Partnership Healthy and Active partnership to provide support to older people. Community volunteers to work across the city to ensure older people, keep active, stay healthy and avoid social isolation.</p>	<p><u>Age Connects</u></p> <ul style="list-style-type: none"> • Age connects are now offering a volunteer support service to facilitate access to existing local based services with focus upon addressing social isolation. • Criteria for referral has been approved and clients have been referred since 1st December 2014. • A total of 43 referrals have been received during December 2014. • 41 out of 43 referrals have become clients. 2 being ineligible to receive a service. • 15% of clients have requested to be linked to activities in their communities to help reduce social isolation. • 85% of clients have requested a home visitor to reduce social isolation. • 75% of clients requesting a home visit considered themselves housebound. 	Amber	<p><u>Risk:</u> Services delivered by HAP require more investment than the identified grant.</p> <p><u>Control:</u> Robust financial Monitoring and funding post march 2015 to be provided by Health.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<ul style="list-style-type: none"> • 17 out of 41 clients are currently on the waiting list. • 56 Volunteers have been recruited and 17 in the process of recruitment. • On average each volunteer spends approximately 2 hours a week providing support. <p><u>Citizen Driven Health</u></p> <ul style="list-style-type: none"> ▪ Project brief has been finalised and Service Level Agreement has been signed off. ▪ A Project Working group has been established with representatives from Cardiff Council, InQube, University Health Board, Social Service, Third Sector and Third Sector Housing meeting on a monthly basis ▪ Ely and Grangetown were selected as the target community groups based on risk factors associated with higher hospital admissions. ▪ A 'Design Studio' workshop was held with stakeholders to enable a better understanding of the co-production approach. And use the range of expertise to develop asset and experience maps within the target communities. ▪ 1 Kick Off Workshop with older people in Grangetown has been completed ▪ Ely Older Peoples Workshop has been postponed to January 2015 to allow the design of the event and Communities First to have fuller involvement. 	Amber	<p><u>Risk</u> Citizens slow to engage with the Citizen Driven Health Initiative</p> <p><u>Control</u> Co-production and working group established to maximise engagement and minimise risk</p>

Ref	Project Description	Progress Update	RAG	Risks
	<p>Interim Care Flats The provision of interim care units which can be utilised as step down accommodation whilst a persons home is being adapted or enabling the person to be assessed fully in a home environment while allowing the person to adapt to support provision</p>	<ul style="list-style-type: none"> • Six Properties have been approved for use as Step Down Accommodation. • Legal documentation has been arranged on the short term lettings policy of the flats including discussions with Health & Social Care. • A Step Down Coordinator has been employed to manage referrals, admissions, lettings and any issues relating to the accommodation. • A referral mechanism and criteria have been approved between Housing and Health and Social Care. Referrals will be received from Social Work Teams, Occupational Therapy and Housing Resettlement Officers. • All structural work to remodel the flats has been completed, the flats have been made accessible throughout with doors widened and threshold steps removed. • Two of the Flats are complete with the exception of a Gas Service and deep clean. Both will be available for referral by approximately the beginning of February. • The design and fit of the properties has been completed in conjunction with the Community Occupational Therapy Service and the Disable facilities Service. These properties have also been decorated to a specification agreed with the RNIB. 	Amber	<p><u>Risk</u> Unable to identify Suitable Service Users who can be discharged from hospital into Step Down Accommodation.</p> <p><u>Control</u> Robust referral criteria and mechanism in place to determine suitable Service users. All referrals screened by Step Down Coordinator to ensure Service users meet criteria and are suitable.</p> <p><u>Risk</u> Service users move into Step Down Accommodation and do not want to move back to their own accommodation.</p> <p><u>Control</u> Robust short term tenancy agreements have been created and approved. Clear guidance has been created for Service Users before entering Step Down Accommodation detailing terms and conditions. Step Down Coordinator in place to ensure no delays with Service Users</p>

Ref	Project Description	Progress Update	RAG	Risks
		<ul style="list-style-type: none"> • Adaptations installed in Lydstep Flats include: <ul style="list-style-type: none"> ▪ Level Access Shower ▪ Height Adjustable Kitchen ▪ Automatic Toilet ▪ Automated video door entry system ▪ Tele Health equipment ▪ Automated window openings ▪ Bed hoists ▪ “Altro” type vinyl flooring • Agreement has also been made for the flats to include “Just Checking” • The four remaining flats are expected to be completed by the end of Feb and match in specification where possible. 	Amber	returning to their own home.
5	<p>Smart House A suitable property will be identified and adapted to include a range of equipment, assistive technology and Telecare/Telehealth packages. This is to encourage more independence and awareness of what can be done in the home without</p>	<ul style="list-style-type: none"> • Meetings have taken place to discuss changes to the existing lease for the Joint Equipment Service which has been approved to incorporate the Smart House within the existing facility. • Plans for the construction of a Smart House within the Joint Equipment Service Warehouse have been approved. • A structural Engineers report has been commissioned and work plans approved. • Partnership working with Care and Repair to complete the construction works has been 	Amber	<p><u>Risk</u> Smart House was originally expected to be a refurbishment of an existing property. With the change to construction of a house within the Joint equipment service. it is forecasted that the Smart house may over spend</p> <p><u>Control</u> Regular meetings taking place to monitor spend on the Smart House</p>

Ref	Project Description	Progress Update	RAG	Risks
	care.	<p>agreed.</p> <ul style="list-style-type: none"> • A Fire Safety Consultant has provided a Fire Safety Report. • Structural work commenced on the Smart House in early December including the installation of additional supports to create a second floor to make the property look more like a house. • Specification for the Smart House has been agreed with involvement from Occupational Therapists and Disabled Facilities on equipment to be included in the Smart House. 	Amber	and consideration may be given to the movement of Capital between Step Down and Smart House
Page 83 6	<p>Visual and Hearing Impairment Project Joint working with health, Social Care and Housing to support elderly citizens with sensory loss to stay in their own homes with greater independence.</p>	<ul style="list-style-type: none"> • In Quarter 3, a Rehabilitation Support Worker and Social Work Assistant have been employed. • Work has been ongoing in quarter 3 to review and reassess existing users of day care centres to see if they have the reablement potential to have social isolation needs met within a community based setting. • Partnership working with Hearing Loss Wales, RNIB, Health and Social Care continues to work well with regular meetings and project updates. • Work has been done in a variety of wards to raise awareness of sensory loss and ensure sensory impairments are considered as part of the discharge process. • Working groups have been set up to pass the knowledge gained back to the wards. • Action on Hearing Loss Wales provided 	Green	<p><u>Risk:</u> Partner processes delay project activity.</p> <p><u>Control:</u> Ongoing and regular communication with partners. Appreciation of partner's constraints within the scope of the project deliverables.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>Sensory Loss Awareness Training to Gateway staff.</p> <ul style="list-style-type: none"> • In Quarter 3, 74 clients that accessed Visual Impairment Services received equipment. • The sensory Loss Support Worker met 17 Service Users during Quarter 3. Interventions included. <ul style="list-style-type: none"> ▪ Information Provision ▪ Hearing aid Maintenance ▪ Referral to Audiology ▪ Referral to Third Sector Organisations ▪ Referral to Social Workers • Evaluation is underway to estimate the impact of the rehabilitation service on quality of life outcomes for people with low vision. 	Green	
7	<p>Promotion and delivery of Assisted Technology and Promote increased usage of community alarm</p> <p>Reviewing and implementing innovative solutions as an intervention measure to aid independence and prevent crisis. Promotion and expansion of telecare / telehealth and alternate solutions to allow people to</p>	<ul style="list-style-type: none"> • Several awareness sessions have taken place with Key Stakeholders such as Occupational Therapists, Social Workers and The Gateway to raise awareness of services and Assistive Technology. • Meetings have taken place with the Step Down Coordinator to determine fitting Just Checking and Telecare in the Step Down Accommodation. • A review of the Assistive Technology referral process has been reviewed and new forms have been created to simplify the process which is now in use. 	Green	<p><u>Risk</u> Council Procurement mechanism delays sourcing technology solutions</p> <p><u>Controls</u> Available frameworks reviewed to make procurement processes more efficient but also compliant with existing legislation.</p> <p><u>Risk</u> Lack of Staff Engagement in the new</p>

Ref	Project Description	Progress Update	RAG	Risks
	remain independent.	<ul style="list-style-type: none"> • A new framework for the procurement of TeleCare has been approved making it simpler to purchase new equipment. • Assistive Technology Working Group continued to meet to discuss referrals. • Several marketing and promotional activities have taken place which include. <ul style="list-style-type: none"> ▪ the production of a DVD ▪ Road shows in St David's 2 ▪ Adverts showcased on the Big Screen in The Hayes. ▪ Full page advert has been placed in the Cardiff Echo • 97.5 % of customers felt able to remain living in their own homes with increased independence as a result of Assistive Technology. • 97.3% of customers felt safer living in their own homes as a result of Assistive Technology. 	Green	<p>model.</p> <p><u>Controls</u> Regular meetings with partners and Briefings take place to maintain awareness.</p>
8	<p>Developing Medicine Management Supporting medicine management for those receiving domiciliary care to improve patient safety, promote independence and dignity</p>	<ul style="list-style-type: none"> • Recruitment to post in Quarter 3 was mostly ongoing with difficulties due to the number of applications received and interested parties being offered other posts. • A Project Officer has been in post since Mid December to review and help identify methods to reduce polypharmacy. (Patients on Multiple Medications). • The Project Officer will identify patients where polypharmacy is a concern and make safe and sensible recommendations on prescribing in situations where extra consideration is needed 	Amber	<p><u>Risk:</u> Delay in recruitment of staff.</p> <p><u>Control:</u> Recruitment issues have been escalated to hasten the recruitment process.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>due to the complexities of both the individual's conditions and their medication. This includes:</p> <ul style="list-style-type: none"> ▪ when a patient is either on, or has indications to be on, multiple medications; ▪ when a patient is at risk of falling ▪ When a patient has multiple carer calls to supervise or administer medication <ul style="list-style-type: none"> • Reviews of the recommendations by the Project Officer will then be undertaken by a Pharmacist to determine their effectiveness. 	Amber	
Page 86 9	<p>Virtual Pool Fund Creation of a virtual pool of funding to enable hospital discharge to take place prior to the requirement for decision making on the organisational responsibility</p>	<ul style="list-style-type: none"> • Quarter 3 involved discussions between UHB, Health and Social Care on the provision of intermediate care beds to reduced Delayed Transfers of Care (DToC). • Processes and criteria have been developed to enable the transition from Hospital to Intermediate Care to reduce DToC. • Intermediate Care beds at The Court have been purchased to assist with discharge during the Winter Pressures period. • These beds have been available since Late October resulting in 10 Service Users Being discharged from hospital • The average time spent at The Court during Quarter 3, was just under 30 days. • During Quarter 3, Discussion took place 	Amber	<p><u>Risk:</u> Partner processes delay project activity.</p> <p><u>Control:</u> Ongoing and regular communication. Appreciation of partner constraints and controlled within the scope of project deliverables.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>between UHB, Health and Social Care on the provision of additional staffing to provide Domiciliary Care to improve Delayed Transfers of Care and support the transition from hospital to home.</p>		

Case Studies

The following case studies highlight the impact the ICF work streams are having:

Case Study 1: Gateway Service

Margaret's Story

Margaret is 80 years of age and lives with her husband who has recently been diagnosed with Alzheimer's. They are both new to the area and unsure who to seek advice from

Margaret contacted c2c to see if the local authority could help, and was passed to the gateway, Margaret was worried her husband would become isolated, as he loved to go out and about and walk the dog.

What did we did?

one our visiting officer called to meet Margaret to discuss their concerns, they were financial and the fact they would have to give up their car as her husband can no longer drive.

During the visit, the visiting officer discussed the benefits of a Vega watch to allow her husband to be independent, and walk the dog,

The Visiting officer also rang the dementia support groups and arranged they attend a local coffee morning.

During the home visit, the visiting officer identified that Margaret should be eligible for Attendance Allowance and completed and submitted the application on her behalf. She was later awarded AA at the higher rate.

How are they better off?

Margaret now has peace of mind when her husband goes out to walk the dog, as he has the Vega watch.

Financially, they are £81 better off each week, which equates to an extra £4,228 per annum. They now have the financial back up to be able to pay for taxis to take them to various appointments and family visits.

They are able now meeting new friends through the dementia friends coffee mornings.

What they said about the service

The Vega watch would be fantastic. As we're new to the area I was worried about him walking the dog, now he can go out and I know where he is.

Attendance allowance would be very helpful towards taxis as we're having to give up our car.

Thank you for all your help; I did not know where to turn before you called!

Case Study 2: Gateway Service

Mrs Clements Story

Mrs Clements is 64 and has been housebound for 2 years - as a result of severe arthritis which causes pain and mobility problems.

She is finding the lack of company difficult and she is starting to think about moving into Sheltered Accommodation. She and her family would like more advice on what options are available in this respect and how to go about it.

What did we do?

One of our visiting officers called to meet Mrs Clements to discuss her concerns, they were financial and feelings of isolation.

During the visit, the visiting officer established Mrs Clements was in receipt of low level DLA, so completed and submitted request for PIP

The Visiting officer also completed sheltered housing application

Referred to health active partnership "getting out there"

Arranged for community alarm to be fitted.

How are they better off?

Mrs Clements is now on the waiting list for sheltered housing, and in receipt of an additional £32.90pw as a result of the PIP application.

She feels more confident at home with the installation of a community alarm, and is considering attending some of the options offered to her under the Healthy Active Partnership.

What they said about the service

Thanks so much, I go to pieces when I have to deal with forms. I would never have applied without you helping me"

Case Study 3: Preventative Intervention

Colin and Hazel's Story

Colin is aged 75 and his wife, Hazel, is aged 68. Hazel had recently had a few falls in their home and her confidence was low. She was nervous using the stairs and the shower and was very concerned that she would have a further fall.

Colin had received a birthday card from his GP on his 75th birthday explaining about Care & Repair services and the Healthy@Home project and contacted us to see if there was anything we could do.

What did we do?

The Care & Repair Healthy@Home Caseworker visited Colin and Hazel in their home and discussed with them their concerns.

To reduce Hazel's risks of falls, the Caseworker arranged for a grab rail to be provided in the shower and for a hand rail to be provided on the stairs.

The Caseworker arranged for the Agency's Occupational Therapist to assess Hazel's needs which resulted in a perching stool being provided for Hazel to help her to continue to bake and cook in her kitchen

During the home visit, the Caseworker identified that Colin and Hazel did not have a carbon monoxide detector and so arranged for a CO detector to be provided to reduce the risk of carbon monoxide poisoning.

During the home visit, the Caseworker identified that Hazel should be eligible for Attendance Allowance and completed and submitted the application on her behalf. She was later awarded AA at the higher rate.

The Caseworker also completed and submitted a blue badge application on their behalf.

How are they better off?

Hazel is now safer in her home. Her risk of falling has been greatly reduced. She now feels more independent in their home. This is also huge relief to Colin who was extremely worried and nervous about his wife's wellbeing.

Financially, Colin and Hazel are £81 better off each week, which equates to an extra £4,228 per annum. They now have the financial back up to be able to pay for taxis to take them to various appointments and family visits.

They are really pleased with the support and help they have received from Care & Repair Cardiff

Case Study 4: Preventative Intervention

Ernest and Dilys' Story

Ernest is aged 76 and his wife, Dilys, is aged 75. The couple have significant medical issues. Ernest has arthritis, prostate cancer and is double incontinent. He had a heart attack 3 years ago and since had a pacemaker fitted. He is currently awaiting a knee replacement operation. Dilys has COPD, asthma, a stomach ulcer, osteoporosis and macular degeneration. She had a hip replacement 3 years ago.

Ernest and Dilys were advised about the Care & Repair Healthy@Homes Service by Llanrumney Medical Centre. They had not heard about Care & Repair before and were curious to find out more, so they contacted us to arrange a home visit by our Caseworker.

What did we do?

The Care & Repair Healthy@Home Caseworker visited Ernest and Dilys in their home and discussed with them their concerns.

During the home visit, the Caseworker identified that Ernest and Dilys should be eligible for Underlying Entitlement to Carer's Allowance and completed and submitted the application on their behalf. They were awarded this allowance which raised their threshold for other eligible benefits such as Guaranteed Pension Credit, full Council Tax Benefit and Carers premiums.

Because of the Guaranteed Pension Credit award, Ernest and Dilys were now eligible for a Home Warm Discount of £140 per annum, which the Caseworker successfully applied for on their behalf.

Because of the Guaranteed Pension Credit award, Ernest and Dilys were now eligible for assistance from ECO to fund the costs of a new central heating system as their existing boiler was over 20 years old and very energy inefficient and costly to operate, which the Caseworker successfully applied for on their behalf.

During the home visit, the Caseworker identified that Ernest and Dilys did not have a carbon monoxide detector and so arranged for two CO detectors to be provided to reduce the risk of carbon monoxide poisoning.

The Caseworker arranged for the Agency's Occupational Therapist to assess Ernest and Dilys' needs which resulted in a hand rail to be provided on the stairs, the bathroom door being repositioned to make it easier for them to open and a replacement shower cubicle with a drop down seat with arms.

How are they better off?

Ernest and Dilys are now safer in their home. Their risk of falling has been greatly reduced.

Financially, Ernest and Dilys are £138 better off each week, which equates to an extra £7,176 per annum. They also had a back payment in Council Tax benefit amounting to £1,200.

Ernest and Dilys' home is more energy efficient having had the new boiler from the ECO scheme.

They are over the moon with the support and help they have received from Care & Repair Cardiff, and feel that their lives have been changed considerably for the better. They felt that the Caseworker was wonderful and nothing was too much trouble.

Case Study 5: Housing Resettlement

Background

Mr A is 65, and a below the knee amputee. He worked for many years, but had to take early retirement due to his health problems. Mr A is a wheelchair user. Mr A did have a package of care prior to his hospital admission and this was going to continue on discharge.

Mr A was referred to the Welfare Advisers in the Independent Living Service by his Social Worker, for assistance with filling out Housing Benefit/Council Tax Reduction form; but they were unable to see Mr A before discharge. The Housing Resettlement Officer (HRO) went to see Mr A, on his discharge day, and then found out that his discharge was delayed due to his poor health. He was expected to be discharged on the following Monday. Mr A was due to move into Sheltered Accommodation, into a self contained flat.

What did we do?

The HRO assisted Mr A in hospital with filling out the application for Housing Benefit and Council Tax Reduction.

Mr A in conversation with the HRO said that he had previously lived in a residential home so that he did not have any furniture or appliances to take to his new home. A hospital bed had already been delivered, but the flat that he was moving into did not have any carpets, curtains, furniture, kettle, cutlery, crockery or any appliances. Mr A did have some funds but these were very limited. Mr A bought curtains for his bedroom, and a sofa for his living room with his savings.

The HRO made a referral to Speakeasy for help with fund raising, the Cardiff Consortium, and also the BT benevolent fund to see who could help with his need.

How are they better off?

Mr A is now getting housing benefit and council tax reduction.

He was contacted by the Cardiff Consortium and Mr A decided to purchase dining table and chairs from them, which they were able to deliver.

Mr A received a fridge/freezer, microwave, dishwasher and cooker from the BT benevolent fund.

Clients Feedback

Mr A phoned up the HRO to thank them for their help with this, and was really happy in his new home.

Case Study 6: Housing Resettlement

Background

Mr B is 79, and was admitted to hospital with poor mobility, and poor health due to cancer. He had his one leg amputated and also had other medical problems due to his cancer. He was now mobile with a wheelchair, and had been fitted with a prosthesis. He had lived as a private tenant in a ground floor flat, for many years and has a small dog. Having a dog seemed to be causing a problem for finding alternative private rented accommodation.

Mr B had been ready for discharge since June this year, but it was deemed by the hospital Occupational Therapist (OT) that this would not be feasible unless Mr B had adapted accommodation as his current accommodation was not suitable. The ward staff said that Mr B's mood was getting quite low, and he was desperate to get out of hospital.

Mr B was on the housing list as a priority and Delayed Transfer of Care. Mr B had been offered a bungalow already and the Independent Living Service Occupational Therapist (ILS OT) had already been out with Mr B to view this; this however was not deemed suitable.

What did we do?

The Housing Resettlement Officer (HRO) noticed that Mr B was being considered for another property; and when she spoke to the allocations team they did not feel that this was suitable tenancy for Mr B. The HRO brought this to the attention of the ILS OT and together they went out to view the property. The OT thought that this was worth pursuing, and with a few adaptations would be suitable for Mr B.

Mr B was happy with the property and requested some support with his resettlement. A referral was made to the Council's Tenancy Support team.

How are they better off?

Mr B has signed his tenancy agreement, and will be moving into his new accommodation shortly; he will be able to take his dog with him.

Mr B also has support with his resettlement from Tenancy Support.

Client's Feedback

Mr B was very excited about his new property, even though he was feeling quite poorly at the time.

Case Study 7: Health and Active Partnership, Age Connects

Client Details

Mary 84, is registered blind, has high blood pressure, tendonitis and suffers from kidney failure. Even with these issues she doesn't consider herself housebound but tends not to go out without support.

Mary lives in Roath, alone and apart from friends who call twice a month does not have visitors, she employ's carers to help her around the house and with shopping. Mary rarely leaves the house and when she does it is by taxi because she cannot use public transport. Mary feels things have gotten considerably worse in the last 5 years she used to go out a lot but no longer does.

Source & Reason for the referral

Mary referred herself to the service because she was feeling isolated and was looking for support.

Actions taken

Mary phoned our referral line and after a brief chat to ensure we were the appropriate service was visited and assessed by a member of staff. When asked how would she most like the project to help her to reduce her isolation she replied.

"I would like regular transport; I can still get in and out of a car as my mobility is still reasonable. Specifically I need to go to Spectrum in fairwater, every Friday to a circle dance group from 10am till 1pm."

We explored this request with Mary and discussed various options to help.

Outcomes for the client

Mary's request from the project was

"I would like regular transport; I can still get in and out of a car as my mobility is still reasonable. Specifically I need to go to Spectrum in fairwater, every Friday to a circle dance group from 10am till 1pm."

- We resolved Mary's issue and in the way that the client wanted.

With the pilot project having only just started and the volunteer recently placed with Mary it is too early to tell if Mary isolation has reduced because of attending the circle

dance group. We will be completing a survey with Mary at a later date to capture this information.

Service User Feedback: Visual and Hearing Impairment

After receiving the service the client made contact to express her satisfaction and gratitude. The service user said that the training, information and support received was 'The Best'. The Speed with which the service was received was graded 'The Next Day, very Satisfied'. The service user said they were now more optimistic about the future.

The service user was asked how things had improved since they had received the service. They advised 'I can come up stairs better now and do things to make life better for me, when I go out on foot or in a car. I can do my work on Tuesday afternoons. The new things I can have from Sight Cymru have been good. It's been a long time and it's sad that others did not help me as well as you did. I can dress better with the seat in my bedroom and this helps with doing things better. Now I aim to do things and I have things to hold onto and the light gives a warm and bright feeling in the rooms.

The service user was also very grateful for the help in filling out the forms.

The service user was more optimistic about the future and felt that the service was of an exceptionally high standard. The service user is now more mobile, can access work and feels that life is better.

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**CITY & COUNTY OF CARDIFF
DINASA SIR CAERDYDD**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

1st April 2015

**IMPLEMENTING PART 2 OF THE HOUSING WALES ACT 2014: PRE-DECISION
SCRUTINY**

Purpose of Report

1. To undertake pre-decision scrutiny of the draft report to Cabinet titled 'Implementing Part 2 of the Housing Wales Act 2014', and to pass comments, observations and recommendations to Cabinet for their meeting 2nd April 2015, when this report will be considered.

Background

2. Part 2 of the Housing Wales Act 2014 is due to be implemented in April 2015. It introduces changes to local authority homelessness duties. The prime purpose is to reduce homelessness by placing greater emphasis on homelessness prevention and improving the safety net for people not in a priority need category. This Committee considered the changes at their meeting 1st October 2014 and the papers provided for that meeting may be accessed from:
<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>
3. The main changes to local authority homelessness duties are:
 - a. There will be a local authority duty to 'take reasonable steps' to prevent homelessness for anyone (and those they normally live with) at risk of homelessness within 56 days. However this duty will be subject to the availability of resources. The 'reasonable steps' will need to ensure the applicant has suitable accommodation that is available for occupation for a period of at least 6 months.
 - b. There will be a duty to assess anyone who is homeless or at risk of

homelessness within 56 days or if someone has applied to the authority for help in retaining accommodation. This duty will apply to anyone irrespective of their local connection or intentionality. Authorities will be required to assess the circumstances leading to the person being homeless or at risk of homelessness and the housing needs of the household. The applicant must be informed of the outcome of the assessment.

- c. It gives local authorities the power to use the private rented sector to discharge their homeless duty.

Overview of draft Cabinet Report

4. The draft Cabinet Report, attached at **Appendix 1**, focuses on two main areas: the proposed approach to the use of private rented properties to discharge the Council's homeless duty; and the application of an intentionality assessment to priority needs groups as part of the overall homelessness assessment.
5. The draft Cabinet Report states that a new Housing Solutions Team is being created within the Housing Options Centre *'to improve prevention services and to encourage private sector landlords to let their properties to homeless households'* (**point 9, Appendix A**).
6. The proposed approach to the use of private rented properties to discharge the Council's homeless duties is outlined at **points 17 – 25, Appendix A**. The Cabinet report states that the use of private rented properties is *'subject to careful consideration of the needs of the individual and suitability of the property.'* The Cabinet Report states that *'officers at the Housing Options Service will in effect offer an accommodation finder service'*.
7. The proposed approach to the application of an intentionality assessment to priority needs groups is outlined at **points 26 – 32, Appendix A**. Local authorities have always had a duty to consider intentionality as part of homelessness assessments. The draft Cabinet Report states that in order *'to continue to consider intentionality, the Council must notify the Welsh Government and publish which priority need categories the intentionality test will be applied to.'*

*These categories are set out in appendix A' of the Cabinet Report. **Point 30, Appendix A** states that 'It is proposed that intentionality should be considered for all of the priority need categories with the exception of 16/17 year olds, who it is felt cannot be deemed responsible for any loss of previous accommodation.'*

8. The draft Cabinet Report contains the following Recommendation:
 'Cabinet is recommended to approve the approach to implementing the homelessness legislation contained within the Housing Wales Act 2014 as outlined in the report with effect from 27th April 2015.'

9. The Financial Implications section details that the Welsh Government has awarded Cardiff £520,714 for 2015/16 to assist in the implement the new homelessness legislation.

10. The Legal Implications section details the requirement to ensure that accommodation secured for the discharge of homelessness duties must be suitable as well as reiterating the need to be clear which priority need categories the intentionality assessment will apply to. This section also details the requirement to undertake an Equalities Impact Assessment and complete a Statutory Screening Tool; these are provided at Appendix B and Appendix C to the Cabinet Report (at Appendix 1).

Way Forward

11. Councillor Susan Elsmore, (Cabinet Member, Health, Housing and Wellbeing) will be invited to make a statement. Sarah McGill (Director of Communities, Housing and Customer Services will also be in attendance to answer Members' questions.

Legal Implications

12. 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

13. 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:

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

MARIE ROSENTHAL

County Clerk and Monitoring Officer

24th March 2015

**CITY OF CARDIFF COUNCIL
CYNGOR DINAS CAERDYDD**

CABINET MEETING:

2nd April 2015

IMPLEMENTING PART 2 OF THE HOUSING WALES ACT 2014

REPORT OF DIRECTOR

AGENDA ITEM:

PORTFOLIO: HEALTH, HOUSING & WELLBEING (Councillor Susan Elsmore)

Reason for this Report

1. To outline the approach being taken to comply with the requirements of the Housing Wales Act 2014 with regard to homelessness.
2. To agree the way forward in relation to the use of private rented properties in meeting the Council's homelessness duty and to agree how to treat households who have made themselves intentionally homeless.

Background

3. Part 2 of the Housing Wales Act 2014 comes into force on 27th April 2015 and sets out the duties of local authorities to assist those facing homelessness. This new legislation requires local authorities to do more to help households to prevent homelessness and to find alternative accommodation. For the first time the legislation allows local authorities to use the private rented sector to discharge its homeless duties. Funding has been provided to assist with the implementation of the new legislation.

Issues

Homelessness Strategy

4. The new act places a duty on authorities to carry out a homelessness review and formulate a homelessness strategy in 2018 and every 4 years thereafter. Cardiff currently has a homelessness strategy and it is proposed to update this during the current year. Although the new duty does not come into force until 2018 it is proposed to take into account the new guidelines, wherever possible, when carrying out the current review.

Homelessness Duties

5. The duties under the new act have been extended to include a wider advice and prevention role for households who are homeless or at risk of becoming homeless.
6. The Council will have a duty to:
 - Provide information, advice and assistance for all people with a local connection to the area.
 - Provide help to prevent homelessness and help to secure accommodation. This duty applies to all households other than some persons from abroad.
 - Provide accommodation for applicants in priority need. This duty is similar to the current requirement and applies only to those in the priority need categories such as pregnant women, those with dependent children and those with physical or mental disabilities. Prison leavers are no longer regarded as in priority need unless they are vulnerable. A full list of the priority need categories is set out at Appendix A.

Information, Advice & Assistance

7. Information to assist those facing homelessness is already provided through the Cardiff housing website and the Housing Options service. This information is currently being reviewed and improved in preparation for the new duties. The advice available through the Hubs will also be improved and will be provided alongside information on the social housing allocation policy to give more holistic approach.

Help to Prevent Homelessness and Secure Accommodation

8. Currently the Council's Housing Options Centre assists approximately 100 people each week who are seeking assistance regarding their housing situation and potential homelessness. Advice and mediation services to prevent homelessness are part of current service provision. Help for people without priority need to secure accommodation is provided through assistance with bonds for private rented properties and access to Hostel accommodation via a multi agency Gateway.
9. To respond to the increased demands of the Act a new Housing Solutions Team is being created within the Housing Options Centre to improve prevention services and to encourage private sector landlords to let their properties to homeless households.
10. The service currently operates a bond scheme and this will be extended using the funding provided by the Welsh Government. Additionally other options for extending the bonds are being investigated by reviewing best practice from other authorities.

11. In addition work will be undertaken to better co-ordinate floating support and supported housing to ensure it is focused on helping those most in need.

The provision of accommodation for those in priority need

12. At present, where a person is assessed as in priority need, the Council's homeless duty can only be met by providing social housing, i.e. a Council or Housing Association property.
13. Due to the shortage of social housing in the city homeless households can spend a long time in temporary accommodation waiting to be housed. This puts pressure on the Council's supply of temporary accommodation. There are currently 572 homeless households accommodated in temporary accommodation waiting to be housed.
14. Homeless households are often housed in a property that is not close to their support networks due to the lack of availability of social housing stock and high demand in many areas of the city.
15. Due to the need to give homeless households priority for social housing 40% of all available social lets are allocated to homelessness cases reducing the properties available for those on the Common Waiting list. There are currently 8,605 households registered on the list, many have significant levels of housing need and face long waiting times.
16. Under the new act, using the private rented sector to discharge the Council's duty to those in priority need becomes an option for the first time. Use of private sector properties, if used effectively, could help alleviate the issues caused by lack of social housing.

Proposed approach to use of private rented properties

17. It is proposed that the Council does make use of private rented properties to discharge its homeless duty subject to careful consideration of the needs of the individual and suitability of the property.
18. Each applicant would be assessed on an individual basis for their suitability for private rented accommodation, including factors such as their physical, mental and emotional health needs, their location preference and their previous tenancy history.
19. A financial assessment will be carried out to ensure that any tenancy offered is affordable. Any private sector properties that are made available will be at Local Housing Allowance rates and so will be affordable to those on benefits.
20. The officers at the Housing Options Service will in effect offer an 'accommodation finder service', looking to see if a property is available

that meets the individual needs of the household, whether in the social or private sector.

21. Housing Solutions officers will visit each private sector property to check on the quality of accommodation to be offered, including compliance checks under the Housing Health and Safety Rating System. Inventories will be taken to ensure and validate any future claims on bonds.
22. The Housing Solutions service will also offer the private landlord an ongoing service and single point of contact to help resolve any issues with the tenancy that might arise.
23. Only tenancies which will last at least six months will be considered appropriate. Where possible the landlord will be encouraged to offer a longer term at the outset.
24. It is proposed that use of the private rented sector will generally be considered for all applicants, the following groups will not normally be offered private accommodation:
 - where a person requires specialist supported accommodation
 - Where a household needs specific adaptations to their property due to infirmity, disability or life-limiting illness
 - People aged 16 or 17 years
25. For those with a limited 'leave to remain' decision, these households will predominantly be offered private sector accommodation due to the uncertainty over their length of stay in the country.

Households who have made themselves intentionally homeless

26. The new Act gives local authorities the option to continue to assess whether the applicant is intentionally homeless and to take this into account in determining whether they should be provided with accommodation.
27. While it is not envisaged that this power would be used in a large number of cases (only 5% of homeless cases were found to be intentionally homeless in 2014) it is still considered important that this remains an option.
28. Consideration of intentionality works as a deterrent to households to discourage them from giving up accommodation which is suitable for their needs. It also deters behaviour which could lead to loss of accommodation such as deliberately failing to pay the rent or serious antisocial behaviour. It recognises the expectation that, where possible, people should take responsibility for their actions.
29. To continue to consider "Intentionality" the Council must notify the Welsh Government and publish which priority need categories the 'intentionality test' will be applied to. These categories are set out in appendix A

30. It is proposed that intentionality should be considered for all of the priority need categories with the exception of 16/17 year olds, who it is felt cannot be deemed responsible for any loss of previous accommodation.
31. Each case will be considered carefully on an individual basis to ascertain whether the loss of tenancy was really deliberate and to identify any mitigating factors which should be taken into account such as whether they had unmet support needs which resulted in difficulty sustaining the tenancy or whether failure to pay rent was a result of financial difficulties beyond the applicants control.
32. If found intentionally homeless the Council will not have a duty to provide accommodation however will still have a duty to provide advice and assistance and also help to secure accommodation. The Council will also be need to provide temporary accommodation while the applicant seeks their own accommodation.

Reason for Recommendations

33. To agree the approach to be taken to the implementation of the new homelessness legislation. The decision to consider intentionality in making homeless decisions must be forwarded to the Welsh Government and published on the Council's website 14 days before it can be brought into force.

Financial Implications

34. The Welsh Government has made available transitional funding for the implementation of the new homelessness legislation under the Housing Wales Act 2014. This funding is for the 3 year period 2015/16 to 2017/18 and the grant award for Cardiff for 2015/16 has been confirmed as £520,714. It is proposed that this grant will be utilised to meet all costs of the new responsibilities including additional staffing resources and the payment of bonds and other measures.

Legal Implications (including Equality Impact Assessment where appropriate)

35. 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 eg. standing orders and financial regulations; (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.
36. The Council may not have regard to intentionality, unless it has decided to have regard to one or more of the categories of applicants of applicants specified by Welsh Ministers in Section 78(1) of the Housing Wales Act 2014.

37. When discharging a housing function to secure that accommodation is available for an applicant who is homeless, or threatened with homelessness, a local authority must ensure that is suitable.
38. The Council has to satisfy its public sector duties under the Equalities Act 2010 (including specific Welsh public sector duties). Pursuant to these legal duties Councils must in making decisions 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

As such a decision to implement the proposal has to be made in the context of the Council's equality act public sector duties.

39. The report identifies that an Equality Impact Assessment has been carried out and is appended at Appendix B. The purpose of the 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.
40. The decision maker must have due regard to the Equality Impact Assessment in making its decision.
41. The decision maker must also have regard to certain other matters when making its decision as outlined in the Statutory Screening tool. The decision maker is therefore referred to the Screening Tool attached at Appendix C.

HR Implications

42. There are no direct human resources implications.

RECOMMENDATIONS

To approve the approach to implementing the homelessness legislation contained within the Housing Wales Act 2014 as outlined in the report with effect from 27th April 2015.

Sarah McGill
Director for Communities, Housing and Customer Services
March 2015

The following appendices are attached:

Appendix A - Priority Need Group
Appendix B – Equality Impact Assessment
Appendix C – Statutory Screening Tool

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Priority Need Categories

The following categories of applicants fall within the priority need categories:

- A pregnant woman;
- A person with whom a dependent child resides;
- A person who is vulnerable as a result of some special reason (for example: old age, physical or mental illness or physical or mental disability);
- A person who is homeless or threatened with homelessness as a result of an emergency such as flood, fire or other disaster
- A person who is homeless as a result of being subject to domestic abuse;
- A person who is aged 16 or 17;
- A person who has attained the age of 18, but not the age of 21, who is at particular risk of sexual or financial exploitation;
- A person who has attained the age of 18, but not the age of 21, who was 'Looked After', accommodated or fostered at any time while under the age of 18;
- A person who has served in the regular armed forces of the Crown who has been homeless since leaving those forces;
- A person who has a local connection with the area of the Local Housing Authority and who is vulnerable as a result of one of the following reasons:
 - i. Having served a custodial sentence within the meaning of section 76 of the Powers of Criminal Courts (Sentencing) Act 2000,
 - ii. Having been remanded in or committed to custody by an order of a court, or
 - iii. Having been remanded to youth detention accommodation under section 91(4) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012.

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Equality Impact Assessment
 Corporate Assessment Template

Policy/Strategy/Project/Procedure/Service/Function Title:
Implementing Part 2 of the Housing (Wales) Act 2014
New/Existing/Updating/Amending: New

Who is responsible for developing and implementing the Policy?

Name: Sarah McGill

 Job Title: Director for Communities, Housing &
 Customer Services

Service Team: Policy & Development

Service Area: Communities – Housing & Communities

Assessment Date: March 2015

1. What are the objectives of the Policy?

1. Part 2 of the Housing Wales Act 2014 comes into force on 27th April 2015, and sets out the duties of local authorities to assist those facing homelessness. This new legislation requires local authorities to do more to help households to prevent homelessness and to find alternative accommodation. For the first time the legislation allows local authorities to use the private rented sector to discharge its homeless duties. Funding has been provided to assist with the implementation of the new legislation.
2. The new act places a duty on authorities to carry out a homelessness review and formulate a homelessness strategy in 2018 and every 4 years thereafter. Cardiff currently has a homelessness strategy and it is proposed to update this during the current year. Although the new duty does not come into force until 2018 it is proposed to take into account the new guidelines, wherever possible, when carrying out the current review.

Homelessness Duties

3. The duties under the new act have been extended to include a wider advice and prevention role for households who are homeless or at risk of becoming homeless.
4. The Council will have a duty to:
 - Provide information, advice and assistance for all people with a local connection to the area.
 - Provide help to prevent homelessness and help to secure accommodation. This duty applies to all households other than some persons from abroad.
 - Provide accommodation for applicants in priority need. This duty is similar to the current requirement and applies only to those in the priority need categories such as pregnant women, those with dependent children and those with physical or mental disabilities. Prison leavers are no longer regarded as in priority need unless they are vulnerable. A full list of the priority need categories is set out at Appendix A.

Equality Impact Assessment
Corporate Assessment Template

Information, Advice & Assistance

5. Information to assist those facing homelessness is already provided through the Cardiff housing website and the Housing Options service. This information is currently being reviewed and improved in preparation for the new duties. The advice available through the Hubs will also be improved and will be provided alongside information on the social housing allocation policy to give more holistic approach.

Help to Prevent Homelessness and Secure Accommodation

6. Currently the Council's Housing Options Centre assists approximately 100 people each week who are seeking assistance regarding their housing situation and potential homelessness. Advice and mediation services to prevent homelessness are part of current service provision. Help for people without priority need to secure accommodation is provided through assistance with bonds for private rented properties and access to Hostel accommodation via a multi agency Gateway.
7. To respond to the increased demands of the Act a new Housing Solutions Team is being created within the Housing Options Centre to improve prevention services and to encourage private sector landlords to let their properties to homeless households.
8. The service currently operates a bond scheme and this will be extended using the funding provided by the Welsh Government. Additionally other options for extending the bonds are being investigated by reviewing best practice from other authorities.
9. In addition work will be undertaken to better co-ordinate floating support and supported housing to ensure it is focused on helping those most in need.

The provision of accommodation for those in priority need

10. At present, where a person is assessed as in priority need, the Council's homeless duty can only be met by providing social housing, i.e. a Council or Housing Association property. Priority need categories are listed below:
 - a. A pregnant woman;
 - b. A person with whom a dependent child resides;
 - c. A person who is vulnerable as a result of some special reason (for example: old age, physical or mental illness or physical or mental disability);
 - d. A person who is homeless or threatened with homelessness as a result of an emergency such as flood, fire or other disaster
 - e. A person who is homeless as a result of being subject to domestic abuse;
 - f. A person who is aged 16 or 17;
 - g. A person who has attained the age of 18, but not the age of 21, who is at particular risk of sexual or financial exploitation;

Equality Impact Assessment
Corporate Assessment Template

- h. A person who has attained the age of 18, but not the age of 21, who was 'Looked After', accommodated or fostered at any time while under the age of 18;
 - i. A person who has served in the regular armed forces of the Crown who has been homeless since leaving those forces;
 - j. A person who has a local connection with the area of the Local Housing Authority and who is vulnerable as a result of one of the following reasons:
 - i. Having served a custodial sentence within the meaning of section 76 of the Powers of Criminal Courts (Sentencing) Act 2000,
 - ii. Having been remanded in or committed to custody by an order of a court, or
 - iii. Having been remanded to youth detention accommodation under section 91(4) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012.
11. Due to the shortage of social housing in the city homeless households can spend a long time in temporary accommodation waiting to be housed. This puts pressure on the Council's supply of temporary accommodation. There are currently 567 (Feb 2015) homeless households accommodated in temporary accommodation waiting to be housed.
12. Homeless households are often housed in a property that is not close to their support networks due to the lack of availability of social housing stock and high demand in many areas of the city.
13. Due to the need to give homeless households priority for social housing 40% of all available social lets are allocated to homelessness cases reducing the properties available for those on the Common Waiting list. There are currently 8,605 households registered on the list, many have significant levels of housing need and face long waiting times.
14. Under the new act, using the private rented sector to discharge the Council's duty to those in priority need becomes an option for the first time. Use of private sector properties, if used effectively, could help alleviate the issues caused by lack of social housing.

Proposed approach to use of private rented properties

15. It is proposed that the Council does make use of private rented properties to discharge its homeless duty subject to careful consideration of the needs of the individual and suitability of the property.
16. Each applicant would be assessed on an individual basis for their suitability for private rented accommodation, including factors such as their physical, mental and emotional health needs, their location preference and their previous tenancy history.

Equality Impact Assessment
Corporate Assessment Template

17. A financial assessment will be carried out to ensure that any tenancy offered is affordable. Any private sector properties that are made available will be at Local Housing Allowance rates and so will be affordable to those on benefits.
18. The officers at the Housing Options Service will in effect offer an 'accommodation finder service', looking to see if a property is available that meets the individual needs of the household, whether in the social or private sector.
19. Housing Solutions officers will visit each private sector property to check on the quality of accommodation to be offered, including compliance checks under the Housing Health and Safety Rating System. Inventories will be taken to ensure and validate any future claims on bonds.
20. The Housing Solutions service will also offer the private landlord an ongoing service and single point of contact to help resolve any issues with the tenancy that might arise.
21. Only tenancies which will last at least six month will be considered appropriate. Where possible the landlord will be encouraged to offer a longer term at the outset.
22. It is proposed that use of the private rented sector will generally be considered for all applicants, the following groups will not normally be offered private accommodation:
 - where a person requires specialist supported accommodation
 - Where a household needs specific adaptations to their property due to infirmity, disability or life-limiting illness
 - People aged 16 or 17 years
23. For those with a limited 'leave to remain' decision, these households will predominantly be offered private sector accommodation due to the uncertainty over their length of stay in the country.

Households who have made themselves intentionally homeless

24. The new Act gives local authorities the option to continue to assess whether the applicant is intentionally homeless and to take this into account in determining whether they should be provided with accommodation.
25. While it is not envisaged that this power would be used in a large number of cases (only 5% of homeless cases were found to be intentionally homeless in 2014) it is still considered important that this remains an option.

Equality Impact Assessment
Corporate Assessment Template

26. Consideration of intentionality works as a deterrent to households to discourage them from giving up accommodation which is suitable for their needs. It also deters behaviour which could lead to loss of accommodation such as deliberately failing to pay the rent or serious antisocial behaviour. It recognises the expectation that, where possible, people should take responsibility for their actions.
27. To continue to consider "Intentionality" the Council must notify the Welsh Government and publish which priority need categories the 'intentionality test' will be applied to. These categories are set out in appendix A
28. It is proposed that intentionality should be considered for all of the priority need categories with the exception of 16/17 year olds, who it is felt cannot be deemed responsible for any loss of previous accommodation.
29. Each case will be considered carefully on an individual basis to ascertain whether the loss of tenancy was really deliberate and to identify any mitigating factors which should be taken into account such as whether they had unmet support needs which resulted in difficulty sustaining the tenancy or whether failure to pay rent was a result of financial difficulties beyond the applicants control.
30. If found intentionally homeless the Council will not have a duty to provide accommodation however will still have a duty to provide advice and assistance and also help to secure accommodation. The Council will also be need to provide temporary accommodation while the applicant seeks their own accommodation.

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.]

The housing Options Centre sees 100 clients a week. Most of these clients are vulnerable in some way.

There were 567 households in temporary accommodation in February 2015. Under the legislation priority is given to certain of the protected groups including:

- A pregnant woman;
- A person with whom a dependent child resides;
- A person who is vulnerable as a result of some special reason (for example: old age, physical or mental illness or physical or mental disability);
- A person who is homeless as a result of being subject to domestic abuse;
- A person who is aged 16 or 17;

CARDIFF COUNCIL

Equality Impact Assessment Corporate Assessment Template

- A person who has attained the age of 18, but not the age of 21, who is at particular risk of sexual or financial exploitation;
- A person who has attained the age of 18, but not the age of 21, who was 'Looked After', accommodated or fostered at any time while under the age of 18;

However under the new legislation the duties to the wider population are increased and the council must offer advice and assistance, prevention activity and help to secure accommodation to all.

In 2013/14 73% of homeless applicants declared that they were white British compared 27% declaring a range of different ethnicities with the largest single group being "Any other white background" closely followed by "African". Of priority groups helped the largest single group was those with dependent children who made up 21.9%, 10.7% were young people, 3.3% were suffering from a physical illness and 3.4% a mental illness. Only 0.5% were recorded as priority need purely due to old age.

Some persons from abroad do not qualify for any help other than advice, information and assistance. The prevention duty does not apply. There remain homelessness issues around people with no recourse to public funds and in particular an issue with rough sleeping. Information and advice is given to this group with assistance from the Councils partner organisations.

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	✓		
18 - 65 years	✓		
Over 65 years	✓		

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

Of priority groups helped the largest single group was those with dependent children who made up 21.9%, 10.7% were young people.

In addition to advice and assistance, 16/17 year olds have access to a specialist mediation service which will attempt to ensure that these young people remain in the family home if it is safe and practical for them to do so. Where this is not possible it is likely that such young people will normally be offered social housing as a final solution to their homelessness, rather than accommodation in the private rented sector. 16/17 year olds will not be considered as Intentionally homeless.

All other age groups will be offered the full range of homelessness prevention options

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**Equality Impact Assessment
Corporate Assessment Template**

and assistance with accommodation and their individual needs will be fully taken into account when considering appropriate accommodation solutions.

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

Ensure any new staff are fully trained on equality issue
Ensure that equality issues are considered in all new procedures.

3.2 Disability

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

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

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

The following groups are treated as a priority under the homeless legislation.

- A person who is vulnerable as a result of some special reason (for example: old age, physical or mental illness or physical or mental disability);

3.3% of priority need applicants in 2013/14 had physical disability and 3.4% a mental illness /learning disability.

Private sector accommodation will be considered for all applicants however it has been accepted that this is unlikely to be appropriate for some cases including:

- Where a person requires specialist supported accommodation
- Where a household needs specific adaptations to their property due to infirmity, disability or life-limiting illness

Intentionality will continued to be considered for all cases regardless of disability however full consideration will be given to the circumstances including any unmet support needs and financial difficulties.

People with a disability will be provided with additional assistance in discussing their housing needs. The Housing Options Centre was built to specifically cater for those with disabilities and staff have been trained on equality issues.

Equality Impact Assessment
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Some applicants may need temporary or permanent accommodation which is specifically adapted to meet their needs due to disability or health issues, or which meets other requirements such as the need for ground floor accommodation / level access. The provision of effective housing options advice will ensure that applicants with specific needs are assisted appropriately (including registration with the Cardiff Accessible Homes Scheme for adapted accommodation).

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

Ensure any new staff are fully trained on equality issue
Ensure that equality issues are considered in all new procedures.

3.3 Gender Reassignment

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

	Yes	No	N/A
Transgender People (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)		✓	

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

Transgender individuals will be assisted under the same principles being applied to all client groups under this proposal.

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

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		✓	
Civil Partnership		✓	

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

No differential impact identified

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

3.5 Pregnancy and Maternity

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

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	Yes	No	N/A
Pregnancy	✓		
Maternity	✓		

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

Pregnant women are one of the protected categories under the homeless legislation. In 2013/14 8.1% of households were considered in priority need due to pregnancy. Private sector accommodation would be considered suitable for pregnant women subject to full assessment of their individual needs. They will also be considered for intentionality however again the full circumstances of the case will be considered.

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

No new actions identified

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		✓	
Mixed / Multiple Ethnic Groups		✓	
Asian / Asian British		✓	
Black / African / Caribbean / Black British		✓	
Other Ethnic Groups		✓	

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

In 2013/14 73% of homeless applicants declared that they were white British compared 27% declaring a range of different ethnicities with the largest single group being “Any other white background” closely followed by “African”.

Under the new proposals more advice will be provided in the Hubs. This will have a positive impact on ethnic minority applicants as services in the Hubs are tailored to the specific populations that they serve, the staff within the Hubs speak a range of languages including eastern European and Somali / Arabic which are the most popular languages.

The legislation excludes some persons from abroad from help under the new legislation; however this impacts on any groups without recourse to public funds and is not specific to any particular racial groups. Where the applicant has limited leave to remain consideration will be given to providing accommodation in the private rented sector rather than social tenancy due to the uncertainty over length of stay, however all circumstances will be taken into account and where appropriate a social housing tenancy will be provided to those with limited leave.

Staff within the service are fully trained on equality issues.

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What action(s) can you take to address the differential impact?
Ensure new staff are fully trained on equality issues

3.7 Religion, Belief or Non-Belief

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

	Yes	No	N/A
Buddhist		✓	
Christian		✓	
Hindu		✓	
Humanist		✓	
Jewish		✓	
Muslim		✓	
Sikh		✓	
Other		✓	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
No impact identified
What action(s) can you take to address the differential impact?

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		✓	
Women		✓	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
No impact identified
What action(s) can you take to address the differential impact?

3.9 Sexual Orientation

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

	Yes	No	N/A
Bisexual		✓	

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Gay Men		✓	
Gay Women/Lesbians		✓	
Heterosexual/Straight		✓	

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

No Impact identified

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

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		✓	

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

The proposals will not affect anyone's right to have a service delivered in the Welsh language should they request it.

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

N/A

4. Consultation and Engagement

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

N/A

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

Groups	Actions
Age	
Disability	
Gender Reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion/Belief	
Sex	
Sexual Orientation	
Welsh Language	

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Equality Impact Assessment Corporate Assessment Template

Generic Over-Arching [applicable to all the above groups]	Ensure all new staff are training on equality issues Ensure all new procedures fully take into account equality issues.
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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.

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 : Jane Thomas	Date:
Designation: Assistant Director Housing and Communities	March 2015
Approved By: Sarah McGill	
Designation: Director of Communities, Housing and Customer Services	
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

Cardiff Council

Statutory Screening Tool Guidance



If you are developing a strategy, policy or activity that is likely to impact people, communities or land use in any way then there are a number of statutory requirements that apply. Failure to comply with these requirements, or demonstrate due regard, can expose the Council to legal challenge or other forms of reproach.

For instance, this will apply to strategies (i.e. Housing Strategy or Disabled Play Strategy), policies (i.e. Procurement Policy) or activity (i.e. developing new play area).

Completing the Statutory Screening Tool will ensure that all Cardiff Council strategies, policies and activities comply with relevant statutory obligations and responsibilities. Where a more detailed consideration of an issue is required, the Screening Tool will identify if there is a need for a full impact assessment, as relevant.

The main statutory requirements that strategies, policies or activities must reflect include:

- **Equality Act 2010 - Equality Impact Assessment**
- **Welsh Government's Sustainable Development Bill**
- **Welsh Government's Statutory Guidance - Shared Purpose Shared Delivery**
- **United Nations Convention on the Rights of the Child**
- **United Nations Principles for Older Persons**
- **Welsh Language Measure 2011**
- **Health Impact Assessment**
- **Habitats Regulations Assessment**
- **Strategic Environmental Assessment**

This Statutory Screening Tool allows us to meet all the requirements of all these pieces of legislation as part of an integrated screening method that usually taken no longer than an hour.

The Screening Tool can be completed as a self assessment or as part of a facilitated session, should further support be needed. For further information or if you require a facilitated session please contact the Policy, Partnerships and Citizen Focus Team on 02920 72685 e-mail: nwood@cardiff.gov.uk. Please note:

- **The completed Screening Tool must be submitted as an appendix with the Cabinet report.**
- **The completed screening tool will be published on the intranet.**

2.C.PPCF.002	Issue 2	Aug 13	Process Owner: Rachel Jones (OM)	Authorisation: Chief Officer Communities, Housing	Page 1 of 8
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Statutory Screening Tool

Name of Strategy / Policy / Activity: Implementing Part 2 of the Housing Wales Act 2014	Date of Screening: 16 th March 2015
Service Area/Section: Housing & Communities	Lead Officer: Sarah McGill
Attendees:	

What are the objectives of the Policy/Strategy/Project/Procedure/Service/Function	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>Part 2 of the Housing Wales Act 2014 comes into force on 27th April 2015 and sets out the duties of local authorities to assist those facing homelessness. This new legislation required local authorities to do more to help households to prevent homelessness and to find alternative accommodation. For the first time the legislation allows local authorities to use the private rented sector to discharge its homeless duties. Funding has been provided to assist with the implementation of the new legislation.</p>	<p>The housing Options Centre sees 100 clients a week. Most of these clients are vulnerable in some way.</p> <p>There were 567 households in temporary accommodation in February 2015. Under the legislation priority is given to certain of the protected groups including:</p> <ul style="list-style-type: none"> • A pregnant woman; • A person with whom a dependent child resides; • A person who is vulnerable as a result of some special reason (for example: old age, physical or mental illness or physical or mental disability); • A person who is homeless as a result of being subject to domestic abuse; • A person who is aged 16 or 17; • A person who has attained the age of 18, but not the age of 21, who is at particular risk of sexual or financial exploitation; • A person who has attained the age of 18, but not the age of 21, who was 'Looked After', accommodated or fostered at any time while under the age of 18; <p>However under the new legislation the duties to the wider population are increased and the council must offer advice and assistance, prevention activity and help to secure accommodation to all.</p> <p>Some persons from abroad do not qualify for any help other than advice, information and assistance. The prevention duty does not apply. There remain homelessness issues around people with no recourse to public funds and in particular an issue with rough sleeping. Information and advice is given to this group with assistance from the Councils partner organisations.</p>

Part 1: Impact on outcomes and due regard to Sustainable Development

Please use the following scale when considering what contribution the activity makes:		
+	Positive	Positive contribution to the outcome
-	Negative	Negative contribution to the outcome
ntrl	Neutral	Neutral contribution to the outcome
Uncertain	Not Sure	Uncertain if any contribution is made to the outcome

	Has the Strategy/Policy/Activity considered how it will impact one or more of Cardiff's 7 Citizen focused Outcomes?	Please Tick				Evidence or suggestion for improvement/mitigation
		+	-	Ntrl	Un-Crtn	
Page 125	1.1 People in Cardiff are healthy; <i>Consider the potential impact on</i> <ul style="list-style-type: none"> the promotion of good health, prevention of damaging behaviour, promote healthy eating/active lifestyles etc, vulnerable citizens and areas of multiple deprivation Addressing instances of inequality in health 	✓				Good housing is key to Health. The new duties to help more people with homeless will improve outcomes.
	People in Cardiff have a clean, attractive and sustainable environment; <i>Consider the potential impact on</i> <ul style="list-style-type: none"> the causes and consequences of Climate Change and creating a carbon lite city 			✓		Any private sector accommodation used for homelessness will be checked by a Housing Solutins Officer
	<ul style="list-style-type: none"> encouraging walking, cycling, and use of public transport and improving access to countryside and open space 			✓		
	<ul style="list-style-type: none"> reducing environmental pollution (land, air, noise and water) 			✓		
	<ul style="list-style-type: none"> reducing consumption and encouraging waste reduction, reuse, recycling and recovery 			✓		
	<ul style="list-style-type: none"> encouraging biodiversity 			✓		
1.3 People in Cardiff are safe and feel safe; <i>Considial the potential impact on</i> <ul style="list-style-type: none"> reducing crime, fear of crime and increasing safety of individuals addressing anti-social behaviour 			✓			

	Has the Strategy/Policy/Activity considered how it will impact one or more of Cardiff's 7 Citizen focused Outcomes?	Please Tick				Evidence or suggestion for improvement/mitigation
		+	-	Ntrl	Un-Crtn	
	<ul style="list-style-type: none"> protecting vulnerable adults and children in Cardiff from harm or abuse 					
1.4	Cardiff has a thriving and prosperous economy; <i>Consider the potential impact on</i> <ul style="list-style-type: none"> economic competitiveness (enterprise activity, social enterprises, average earnings, improve productivity) Assisting those Not in Education, Employment or Training attracting and retaining workers (new employment and training opportunities, increase the value of employment,) promoting local procurement opportunities or enhancing the capacity of local companies to compete 			✓		
1.5	People in Cardiff achieve their full potential; <i>Consider the potential impact on</i> <ul style="list-style-type: none"> promoting and improving access to life-long learning in Cardiff raising levels of skills and qualifications giving children the best start improving the understanding of sustainability addressing child poverty (financial poverty, access poverty, participation poverty) the United Nations Convention on the Rights of a Child and Principles for Older persons 	✓				Good housing is key to achieving potential. The new duties to help more people with homeless will improve outcomes.
1.6	Cardiff is a Great Place to Live, Work and Play <i>Consider the potential impact on</i> <ul style="list-style-type: none"> promoting the cultural diversity of Cardiff encouraging participation and access for all to physical activity, leisure & culture play opportunities for Children and Young People protecting and enhancing the landscape and historic heritage of Cardiff promoting the City's international links 			✓		

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	Has the Strategy/Policy/Activity considered how it will impact one or more of Cardiff's 7 Citizen focused Outcomes?	Please Tick				Evidence or suggestion for improvement/mitigation
		+	-	Ntrl	Un-Crtn	
1.7	Cardiff is a fair, just and inclusive society. Consider the potential impact on	✓				The wider provision of advice and assistance will improve outcomes
	<ul style="list-style-type: none"> the elimination of discrimination, harassment or victimisation for equality groups 					
	<ul style="list-style-type: none"> has the community or stakeholders been engaged in developing the strategy/policy/activity? how will citizen participation be encouraged (encouraging actions that consider different forms of consultation, through more in depth engagement to full participation in service development and delivery)? 			✓		Feedback will be sought from service users as part of the Accommodation an Support Review Programme
	Will this Policy/Strategy/Project have a differential impact on any of the following:					Please give details/consequences of the differential impact (positive and negative), and what action(s) can you take to address any negative implications?
	<ul style="list-style-type: none"> Age (including children and young people aged 0-25 and older people over 65 in line with the United Nations Conventions) 	✓				See EIA
	<ul style="list-style-type: none"> Disability 	✓				See EIA
	<ul style="list-style-type: none"> Gender Reassignment 			✓		See EIA
	<ul style="list-style-type: none"> Marriage & Civil Partnership 			✓		See EIA
	<ul style="list-style-type: none"> Pregnancy & Maternity 	✓				See EIA.
	<ul style="list-style-type: none"> Race 			✓		See EIA
	<ul style="list-style-type: none"> Religion/Belief 			✓		See EIA
<ul style="list-style-type: none"> Sex 			✓		See EIA	
<ul style="list-style-type: none"> Sexual Orientation 			✓		See EIA	
<ul style="list-style-type: none"> Welsh Language 			✓		See EIA	

	Has the Strategy/Policy/Activity considered how it will impact one or more of Cardiff's 7 Citizen focused Outcomes?	Please Tick				Evidence or suggestion for improvement/mitigation
		+	-	Ntrl	Un-Crtn	
			Yes	No		
	Is a Full Equality Impact Assessment Required?	✓				
	Is a Full Child Rights Impact Assessment Required			✓		
1.8	The Council delivers positive outcomes for the city and its citizens through strong partnerships <i>Consider the potential impact on</i> <ul style="list-style-type: none"> <i>strengthening partnerships with business and voluntary sectors</i> <i>the collaboration agenda and the potential for shared services, cross-boundary working and efficiency savings</i> 	✓				Partnership working is key to provision of homeless services Supported Accommodation is overseen by the Regional Collaborative Committee

SUMMARY OF APPRAISAL (highlight positive and negative effects of the policy / plan / project being assessed, demonstrating how it contributes to the economic, social and environmental sustainability of the city):

The wider duties under the act will have a positive impact on homelessness and this in turn should improve outcomes across a range of indicators.

WHAT ACTIONS HAVE BEEN IDENTIFIED OR CHANGES BEEN MADE TO THE POLICY / PLAN / PROJECT AS A RESULT OF THIS APPRAISAL:

None however see EIA

Part 2: Strategic Environmental Assessment Screening

		Yes	No
2.1	Does the plan or programme set the framework for future development consent?		✓
2.2	Is the plan or programme likely to have significant, positive or negative, environmental effects?		✓

Is a Full Strategic Environmental Assessment Screening Needed?	Yes	No
<ul style="list-style-type: none"> ▪ If yes has been ticked to both questions 2.1 and 2.2 then the answer is yes ▪ If a full SEA Screening is required then please contact the Sustainable Development Unit to arrange (details below) 		✓

If you have any doubt on your answers to the above questions regarding SEA then please consult with the Sustainable Development Unit on 2087 3228
sustainabledevelopment@cardiff.gov.uk

Part 3: Habitat Regulation Assessment (HRA)

		Yes	No	Unsure
3.1	Will the plan, project or programme results in an activity which is known to affect a European site, such as the Severn Estuary or the Cardiff Beech Woods?		✓	
3.2	Will the plan, project or programme which steers development towards an area that includes a European site, such as the Severn Estuary or the Cardiff Beech Woods or may indirectly affect a European site?		✓	
3.3	Is a full HRA needed?		✓	

Details of the strategy will be sent to the County Ecologist on completion of the process to determine if a Habitat Regulation Assessment is needed. For further information please phone 2087 3215 or email biodiversity@cardiff.gov.uk

Appendix 1 – Statutory Requirements

It is possible that the Impact Screening Tool will identify the need to undertake specific statutory assessments:

- **Equality Impact Assessment:** *This assessment is required by the Equality Act 2010 and Welsh Government’s Equality Regulations 2011.*
- **Sustainable Development Bill:** *The Bill, when it comes into effect, will require sustainable development (SD) to be a central organising principle for the organisation. This means that there is a duty to consider SD in the strategic decision making processes.*
- **Shared Purpose Shared Delivery-** *The Welsh Government requires local authorities to produce a single integrated plan to meet statutory requirements under a range of legislation. Cardiff Council must therefore demonstrate its contribution towards Cardiff’s own integrated plan; “What Matters”.*
- **United Nations Convention on the Rights of the Child:** *The Children Act 2004 guidance for Wales requires local authorities and their partners to have regard to the United Nations Convention on the Rights of a Child.*
- **United Nations Principles for Older Persons:** *The principles require a consideration of independence, participation, care, self-fulfillment and dignity.*
- **The Welsh Language Measure 2011:** *The measure sets out official status for the Welsh language, a Welsh language Commissioner, and the freedom to speak Welsh.*
- **Health Impact Assessment:** *(HIA) considers policies, programmes or projects for their potential effects on the health of a population*
- **Strategic Environmental Impact Assessment:** *A Strategic Environmental Assessment (SEA) is an European Directive for plans, programmes and policies with land use implications and significant environmental effects.*
- **Habitats Regulations Assessment:** *The Conservation (Natural Habitats, &c.) (Amendment) Regulations 2007 provides a requirement to undertake Habitats Regulations Assessment (HRA) of land use plans.*

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

1 April 2015

**PROGRESS REPORT ON IMPLEMENTING RECOMMENDATIONS AGREED BY
CABINET IN THEIR RESPONSE TO COMMITTEE REPORT:
'THE STRUCTURE AND APPROACH OF CARDIFF COUNCIL IN TACKLING
ANTI-SOCIAL BEHAVIOUR'**

Purpose of Report

1. The Cabinet agreed a number of recommendations in response to this Committee's February 2013 Inquiry into the structure and approach of Cardiff Council in tackling anti-social behaviour (ASB). The purpose of this report is to provide Members with an update on the progress being made on the implementation of these recommendations, and to enable Members to monitor the impact of the scrutiny.

Background

2. At their Committee meeting 10 September 2012, Members chose to carry out an inquiry into Anti-Social Behaviour in Cardiff and agreed the following terms of reference:
 - To explore the approach taken by Cardiff Council to tackle anti-social behaviour in the city, by:
 - i. Examining successful approaches used by other comparable local authorities and comparing this to the approach taken in Cardiff. This will involve examination of their practice, structures, resources, Community Safety Partnership arrangements and performance data.
 - ii. Evaluating the structure and approach to anti-social behaviour in Cardiff by:
 - gaining an understanding of the Council's structure in relation to anti-social behaviour both historically and currently;
 - gaining an understanding of the Community Safety Partnership structure in relation to anti-social behaviour both historically and currently;

- reviewing the resources allocated currently and in previous years;
 - understanding why changes have been made;
 - seeking the views of stakeholders, such as landlords and tenants, and partners such as the police, on the structure Cardiff has in place and their experiences engaging with the Council.
- iii. Use the evidence collected above to make informed recommendations to the Cabinet and other relevant stakeholders.
 - iv. Report the findings of the Committee to the Cabinet and stakeholders.
3. Overall, the Committee made thirteen recommendations to the Cabinet. The Cabinet response was agreed at their meeting on 22nd July 2013 and states that:
- a. Eight of the recommendations are accepted - R2, R6, R7, R8, R9, R11, R12, R13.
 - b. Two are partially accepted - R1, R10.
 - c. One is accepted in principle - R3.
 - d. Two are 'subject to the outcome of the Neighbourhood Management Green Paper consultation' - R4, R5.

Progress Report

4. A recommendation tracking sheet has been provided and is attached at **Appendix A**. Responses have been provided by a range of officers, from the ASB team, Partnership team, Housing Enforcement, Public Protection and Environment. The responses shows the following:
- a. A review was undertaken of the ASB service for council tenants and leaseholders, resulting in changes to procedures, raising awareness of timescales and ensuring best use of ASB tools.
 - b. ASB leaflets for landlords have been developed – copies provided at the end of **Appendix A**.
 - c. A Good Neighbour Leaflet has been published – copy provided at the end of **Appendix A**.
 - d. There is now one phone number for reporting ASB, which C2C also forward calls to.

- e. Elected members are involved in Neighbourhood Partnerships, with ward councillors invited to meetings, lead elected members and a Neighbourhood Fund, which elected members play a key role in allocating funds from. Members also receive the neighbourhood profiles quarterly.
 - f. Officers are attending good practice groups, workshops and conferences as well as working with the Welsh Government and Police and Crime Commissioner on the implementation of new ASB tools.
 - g. Liaison with Cardiff University has resulted in: four research reports being completed in May 2014; a yearly programme established for further quantitative and qualitative work to be undertaken; and involvement in research on Street Sex Workers and Domestic Violence.
 - h. Cardiff Council market 029 2087 1650 as the number to use to report noise nuisance. South Wales Police signpost noise nuisance calls to the Council.
 - i. Local Police Inspectors attend neighbourhood partnership strategic group meetings.
 - j. Work has been undertaken with regard to dog fouling in communal areas of blocks of council flats and with regard to responsible dog ownership agreements.
5. Whilst there has been no update provided for Recommendation 6, the Cabinet response details that feedback from private landlords to date has been extremely positive. In addition, the ASB leaflets (referred to above at 4b) are specifically for landlords.

Way Forward

6. Councillor Daniel De'Ath (Cabinet Member, Safety, Engagement and Democracy), Sarah McGill (Director - Communities, Housing and Customer Service) and Ellen Curtis (Operational Manager Landlord Services) have been invited to present the progress report and answer Members' questions on this.

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.

Financial Implications

8. 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.

RECOMMENDATION

The Committee is recommended to:

- a. Consider the contents of the update report at **Appendix A**
- b. Report any comments, observations or recommendations to the Cabinet
- c. Consider the way forward for any further scrutiny of this item.

MARIE ROSENTHAL

County Clerk and Monitoring Officer

19 March 2015

Landlord Services Factsheet

How to Report Anti-Social Behaviour

› What is Anti-Social Behaviour?

Anti-social behaviour is behaviour that spoils a neighbourhood and upsets or alarms people who live in that area. It can affect people's quality of life.

This could be:

- Loud noises, for example:
 - Someone who plays loud music all the time or who is always watching the television with the volume turned up;
 - Someone who has lots of loud arguments or constantly slams doors;
 - Someone who does DIY at night;
 - Dogs who bark all the time.
- Someone who behaves in a threatening, abusive or violent way towards their neighbours or community, or;
- Someone who allows their property to be used for criminal activity such as the sale of drugs.

Living close to other people will sometimes mean hearing noises and activities that you might find annoying. People have different lifestyles, working patterns and cultures. If your neighbour does something which you find annoying or which only happens occasionally, that doesn't mean that it is anti-social behaviour. You should consider whether their behaviour is actually unreasonable and try to resolve any issues with your neighbour before contacting us or the police.

› How can I report loud noise?

To report anti-social behaviour caused by loud noise, call 029 2087 1650. You can call at any time, day or night. A night service is available Friday and Saturday from 8pm until 2am. You can also e-mail the team at Noise&AirPollution@cardiff.gov.uk

› How can I report other forms of anti-social behaviour?

Serious anti-social behaviour is a crime and you should report it to the police by phoning 101 or in an emergency, by phoning 999.

As a landlord the Council can also assist you and take action against tenants or leaseholders who are behaving in an anti-social way. You can report it to us:

- In person at any of our housing offices or Hubs;
- By telephoning the Anti-Social Behaviour Team on 029 2053 7111, or;
- By emailing ASBReferral@cardiff.gov.uk

Contact us

Tel: 029 2087 1650 to report noise nuisance
029 2053 7111 to report anti-social behaviour
E-mail: Noise&AirPollution@cardiff.gov.uk
ASBReferral@cardiff.gov.uk
Visit: www.cardiff.gov.uk/antisocialbehaviour

› What will happen if I report anti-social behaviour?

If the anti-social behaviour is urgent, for example racial harassment, violence or criminal behaviour, we aim to contact you within 1 working day. For reports about other types of behaviour, we aim to contact you within 7 working days.

We will also:

- Treat all the information you provide to us as confidential;
- Take your complaint seriously and investigate it thoroughly;
- Make your safety our main concern;
- Discuss with you what action we can take;
- Consider how best to support you;
- Provide you with updates at agreed regular intervals, and;
- Work as part of a multi-agency partnership, e.g. with Police, Environmental Health;
- Use all available legal options to solve the problem.

› What can the Council do?

We can help you by:

- Providing a safe environment for all parties to discuss how to resolve the anti-social behaviour;
- Putting in place safety measures to protect you and your family;
- Providing help from a Victim Support Officer;
- Making a Good Neighbour Agreement with the person committing the anti-social behaviour, and;
- Sending warning letters to the person, advising them that we will take legal action if their behaviour does not change.

If the anti-social behaviour is very serious or if other action has failed and there is clear evidence of anti-social behaviour, we will take legal action.

› What legal action can be taken?

We can ask a court to:

- Make an injunction to protect witnesses and victims by ordering the person committing the anti-social behaviour to stop and/or not to enter specified areas;
- Demote their tenancy giving them less tenancy rights, or;
- End their tenancy.

› Would I need to go to court?

The majority of our anti-social behaviour cases are resolved without going to court. When legal action is required, you will normally need to attend court to explain to the judge how the anti-social behaviour has affected you and your family. We can support you throughout any court case by:

- Keeping you informed of the progress of the court action;
- Arranging a meeting between you and our lawyer before the hearing date;
- Arranging a tour of the court before the hearing;
- Preparing you for the hearing and any questions you may be asked;
- Arranging transport to and from the court;
- Requesting a private waiting room for you at the court;
- Where appropriate, asking the court to put in place special measures to support you during the hearing, for example screens, video link;
- Meeting you in court and accompanying you throughout the hearing if you wish us to do so, and;
- Paying for travel expenses, child care costs and any loss of earnings you suffer while you are at the hearing.

In very exceptional cases we can go to court without you attending.

Gwasanaethau Landlord - Taflen Wybodaeth

Sut i roi gwybod am Ymddygiad Gwrthgymdeithasol

› Beth yw Ymddygiad Gwrthgymdeithasol?

Ymddygiad gwrthgymdeithasol yw ymddygiad sy'n sbwylio cymdogaeth ac yn peri gofid neu'n dychryn pobl sy'n byw yn yr ardal honno. Gall effeithio ar ansawdd bywyd pobl.

Er enghraifft:

- Synau uchel, er enghraifft:
 - Rhywun sy'n chwarae cerddoriaeth uchel drwy'r adeg neu'n gwyllo'r teledu gyda'r sain yn uchel o hyd;
 - Rhywun sy'n cael llawer o ddadleuon neu sy'n cau drysau'n swllyd o hyd;
 - Rhywun sy'n gwneud gwaith ar y cartref yn ystod y nos;
 - Ci sy'n cyfarth drwy'r adeg;
 - Larymau tai a cherbydau sy'n canu bob awr o'r dydd a'r nos.
- Rhywun sy'n ymddwyn yn fygythiol, ymosodol neu dreisgar tuag at eu cymdogion neu gymuned, neu;
- Rywun sy'n caniatáu i'w heiddo gael ei ddefnyddio i gynnal gweithgareddau anghyfreithlon fel gwerthu cyffuriau.

Mae byw yn agos at bobl eraill weithiau'n golygu clywed synau a gweithgareddau a allai darfu arnoch. Mae ffordd o fyw, patrymau gwaith a diwylliannau pobl i gyd yn wahanol. Os yw eich cymydog yn gwneud rhywbeth sy'n tarfu arnoch neu sy'n digwydd yn achlysurol yn unig, nid yw hynny'n golygu ei fod yn ymddygiad gwrthgymdeithasol. Dylech ystyried p'un ai a yw ei ymddygiad yn wirioneddol afresymol a cheisio datrys unrhyw broblemau gyda'ch cymydog cyn cysylltu â ni neu'r heddlu.

› Sut alla i roi gwybod am sŵn uchel?

I roi gwybod am ymddygiad gwrthgymdeithasol a achosir gan sŵn uchel, ffoniwch 029 2087 1650. Cewch ffonio ar unrhyw adeg o'r dydd neu'r nos. Mae Swyddogion Llygredd Sŵn ar gael ar ddydd Gwener a dydd Sadwrn rhwng 8yh hyd at 2yb. Gallwch hefyd anfon e-bost at y tîm yn LlygreddSwnAcAer@caerdydd.gov.uk

› Sut alla i roi gwybod am droseddau ac ymddygiad gwrthgymdeithasol?

Mae ymddygiad gwrthgymdeithasol difrifol yn drosedd a dylech roi gwybod amdano i'r heddlu drwy ffonio 101 neu, mewn argyfwng, drwy ffonio 999.

Fel landlord gall y Cyngor eich helpu a gweithredu yn erbyn tenantiaid neu lesddalwyr sy'n ymddwyn yn wrthgymdeithasol. Gallwch roi gwybod i ni:

- Yn bersonol mewn unrhyw un o'r swyddfeydd tai neu Hybiau;
- Drwy ffonio'r Tîm Ymddygiad Gwrthgymdeithasol ar 029 2053 7111, neu;
- Drwy e-bostio ASBReferral@caerdydd.gov.uk

Cysylltu â ni

Ffôn: 029 2087 1650 i roi gwybod am sŵn sy'n achosi niwsans

029 2053 7111 i roi gwybod am ymddygiad

gwrthgymdeithasol

E-bost: LlygreddSwnAcAer@caerdydd.gov.uk

ASBReferral@caerdydd.gov.uk

Ymweld â: www.caerdydd.gov.uk/ymddygiadgwrthgymdeithasol

› Beth fydd yn digwydd os bydda i'n rhoi gwybod am ymddygiad gwrthgymdeithasol?

Os yw'r ymddygiad gwrthgymdeithasol yn fater brys, e.e. aflonyddu hiliol, trais neu ymddygiad anghyfreithlon, byddwn yn ceisio cysylltu â chi o fewn un diwrnod gwaith. Mewn cysylltiad ag adroddiadau am fathau eraill o ymddygiad, byddwn yn anelu at gysylltu â chi cyn pen 7 diwrnod gwaith.

Byddwn hefyd yn:

- Trin yr holl wybodaeth a rowch i ni fel gwybodaeth gyfrinachol;
- Ystyried eich cwyn o ddifrif ac ymchwilio iddi yn drylwyr;
- Sicrhau eich diogelwch chi uwchlaw popeth;
- Trafod gyda chi pa gamau y gallwn eu dilyn;
- Ystyried y ffordd orau o'ch cefnogi chi;
- Rhoi'r newyddion diweddaraf i chi ar adegau penodol, ar ôl dod i gytundeb gyda chi am hynny;
- Gweithio fel rhan o bartneriaeth amlasiantaethol, e.e. gyda'r Heddlu, Iechyd yr Amgylchedd;
- Defnyddio'r holl ddewisiadau cyfreithiol sydd ar gael i ddatrys y broblem.

› Beth all y Cyngor ei wneud?

Gallwn eich helpu drwy:

- Sicrhau amgylchedd diogel i'r holl bartïon fel y gallant drafod sut i ddatrys yr ymddygiad gwrthgymdeithasol;
- Rhoi mesurau diogelwch ar waith i'ch amddiffyn chi a'ch teulu;
- Cynnig cymorth gan Swyddog Cymorth Dioddefwyr;
- Llunio Cytundeb Cymydog Da gyda'r person sy'n gyfrifol am yr ymddygiad gwrthgymdeithasol, ac;
- Anfon llythyrau i'r person dan sylw yn ei rybuddio y byddwn yn dilyn camau cyfreithiol os nad yw eu hymddygiad yn newid.

Os yw'r ymddygiad gwrthgymdeithasol yn ddifrifol iawn neu os yw camau eraill wedi methu a bod tystiolaeth amlwg bod ymddygiad gwrthgymdeithasol yn digwydd, byddwn yn dilyn camau cyfreithiol.

› Pa gamau cyfreithiol y gellir eu dilyn?

Gallwn ofyn i'r llys;

- Wneud gorchymyn i amddiffyn tystion a dioddefwyr drwy orchymyn y person sy'n cyflawni'r ymddygiad gwrthgymdeithasol i roi'r gorau iddi a/neu ei wahardd o ardaloedd penodol;
- Diraddio tenantiaeth gan roi llai o hawliau iddo fel tenant;
- Dod â thenantiaeth i ben.

› Fyddai'n rhaid i mi fynd i'r llys?

Mae'r mwyafrif o'n hachosion sy'n ymwneud ag ymddygiad gwrthgymdeithasol yn cael eu datrys heb orfod mynd i'r llys. Pan fydd rhaid dilyn camau cyfreithiol, fel arfer bydd rhaid i chi fynd i'r llys i esbonio i'r barnwr ym mha ffordd y mae'r ymddygiad gwrthgymdeithasol wedi effeithio arnoch chi a'ch teulu. Gallwn eich cefnogi drwy unrhyw achos llys gan:

- Roi gwybod i chi am y datblygiadau diweddaraf mewn perthynas â'r achos llys;
- Trefnu cyfarfod rhyngoch chi a'n cyfreithiwr cyn diwrnod y gwrandawriad;
- Trefnu taith o amgylch y llys cyn y gwrandawriad;
- Eich paratoi chi ar gyfer y gwrandawriad ac unrhyw gwestiynau y gellir eu gofyn i chi;
- Trefnu trafndiaeth i'r llys ac yn ôl;
- Gwneud cais am ystafell aros breifat i chi yn y llys;
- Lle y bo'n briodol, gofyn i'r llys roi mesurau arbennig ar waith i'ch cefnogi yn ystod y gwrandawriad, er enghraifft sgriniau, cyswllt fideo;
- Cwrdd â chi yn y llys ac aros gyda chi drwy gydol y gwrandawriad os ydych eisiau i ni wneud hynny;
- Talu am gostau teithio, costau gofal plant ac unrhyw golled mewn enillion o ganlyniad i'r gwrandawriad.

Mewn rhai achosion eithriadol iawn gallwn fynd i'r llys heb fod angen i chi fynychu'r gwrandawriad.

Landlord Services Factsheet

Supporting you when you go to court to give evidence about Anti-Social Behaviour

› I'm giving evidence at court. How can you support me?

We know that going to court to give evidence of anti-social behaviour can be daunting. If we need to we will support you throughout any court case by:

- Keeping you informed of the progress of the court action;
- Providing help from a Victim Support Officer if you need it;
- Arranging a meeting between you and our lawyer before the hearing date;
- Arranging a tour of the court before the hearing;
- Preparing you for the hearing and any questions you may be asked;
- Arranging transport to and from the court;
- Requesting a private waiting room for you at the court;
- Where appropriate, asking the court to put in place special measures to support you during the hearing, for example screens, video link;
- Meeting you in court and accompanying you throughout the hearing if you wish us to do so, and;
- Paying for travel expenses, child care costs and any loss of earnings you suffer while you are at the hearing.

› When will the court date be?

It can take a long time for a court date to be arranged. Sometimes it can be months after we started legal action. It depends on what type of case it is, how long the case is expected to last and how many other cases the court is working on.

› What happens in court?

We will meet you at court with our lawyer to discuss the case. You will be allowed to watch from the back of the courtroom before you give your evidence. If you don't want to do this or this is not possible, we will wait with you.

When you give your evidence, you will sit in the witness box. Before you start, you will be asked to take an oath. A copy of the statement will be in the box and you will also be asked to confirm your name, address and signature. You will then be asked questions by our lawyer, the defendant's lawyer and possibly by the judge.

› What decisions can the judge make?

The judge will make a decision based on all the evidence.

If we have asked the court to make an injunction, the judge can:

- order the person causing the anti-social behaviour to stop and/or not to enter specified areas, and/or;
- give the police the power to arrest the person if the injunction is breached.

If we have asked the court to demote the tenancy of the person, the judge can agree to this. The person would then have less tenancy rights.

If we have asked the court to end the person's tenancy, the judge can:

- order the tenant to leave their property, usually after 28 days, but it could be immediately;
- decide that the tenant can remain in their property if they stop the anti-social behaviour.

The judge may decide not to take any action against the person committing the anti-social behaviour.

› What happens after the judge has made a decision?

We will explain what the decision means and give you copies of any orders. Normally the anti-social behaviour stops following the hearing. However sometimes we have to go back to court, for example:

- If the person breaks the conditions of an injunction order;
- If the person breaks the conditions of a demotion order, so we ask the court to end their tenancy, or;
- If the person appeals against the judge's decision.

You will not usually have to go to court again unless the person has broken the conditions of an injunction order designed to protect you.

› How will you support me after the hearing?

After the hearing we will contact you to check whether the anti-social behaviour has stopped. If the anti-social behaviour continues we will support you and agree what action to take with you.

› Why should I give evidence?

Most people feel better after they have told the judge how the anti-social behaviour has affected them and how it has damaged their quality of life.

You may encourage other people to give evidence in the future. This will help reduce anti-social behaviour, so that everyone can enjoy a safe and peaceful neighbourhood.

If you are preparing to go to court and have any queries, you should contact your case officer or your Victim Support Officer.

Contact us

Tel: 029 2087 1650 to report noise nuisance

029 2053 7111 to report anti-social behaviour

E-mail: Noise&AirPollution@cardiff.gov.uk

ASBReferral@cardiff.gov.uk

Visit: www.cardiff.gov.uk/antisocialbehaviour

Gwasanaethau Landlord - Taflen Wybodaeth

Eich cefnogi chi pan fyddwch yn mynd i'r llys i roi tystiolaeth am Ymddygiad Gwrthgymdeithasol

› Rydw i'n mynd i roi tystiolaeth mewn llys. Sut gallwch chi roi cymorth i mi?

Rydyn ni'n gwybod y gall rhoi tystiolaeth yn y llys am ymddygiad gwrthgymdeithasol fod yn eithaf brawychus. Os bydd angen i ni eich cefnogi drwy gydol unrhyw achos llys drwy:

- Roi gwybod i chi am y newyddion diweddaraf mewn perthynas â'r achos llys.
- Cynnig cymorth gan Swyddog Cymorth i Ddiodefwr os byddwch angen hynny;
- Trefnu cyfarfod rhyngoch chi a'n cyfreithiwr cyn y gwrandawriad;
- Trefnu taith o amgylch y llys cyn y gwrandawriad;
- Eich paratoi chi ar gyfer y gwrandawriad ac unrhyw gwestiynau y gellir eu gofyn i chi;
- Trefnu trafndiaeth i'r llys ac yn ôl;
- Gwneud cais am ystafell aros breifat i chi yn y llys;
- Lle y bo'n briodol, gofyn i'r llys roi mesurau arbennig ar waith i'ch cefnogi yn ystod y gwrandawriad, er enghraifft sgriniau gyswllt fideo;;
- Cwrdd â chi yn y llys ac aros gyda chi drwy gydol y gwrandawriad os ydych eisiau i ni wneud hynny;
- Talu am gostau teithio, costau gofal plant ac unrhyw golled mewn enillion o ganlyniad i'r gwrandawriad.

› Ar ba ddyddiad y cynhelir yr achos yn y llys?

Mae trefnu dyddiad ar gyfer achos llys yn gallu bod yn broses hir. Weithiau gall fod rai misoedd ar ôl i ni ddechrau dilyn camau cyfreithiol.

Mae'n dibynnu ar natur yr achos, am ba hyd y disgwylir iddo bara a faint o achosion eraill y mae'r llys yn ymdrin â nhw.

› Beth fydd yn digwydd yn y llys?

Byddwn ni'n cwrdd â chi yn y llys gyda'n cyfreithiwr i drafod yr achos. Efallai y cewch wylio'r achos o gefn y llys cyn i chi roi tystiolaeth. Os nad ydych am wneud hynny neu os nad yw'n bosibl, byddwn ni'n aros gyda chi.

Pan fyddwch yn cyflwyno eich tystiolaeth, byddwch yn eistedd yn y blwch tystio. Cyn i chi ddechrau, gofynnir i chi dyngu llw. Bydd copi o'r datganiad yn y blwch a gofynnir hefyd i chi gadarnhau eich enw, cyfeiriad a llofnod. Yna bydd cynrychiolydd cyfreithiol y diffynnydd a'r barnwr, o bosibl, yn gofyn cwestiynau i chi.

› Pa benderfyniadau all y barnwr eu gwneud?

Bydd y barnwr yn gwneud penderfyniad yn seiliedig ar yr holl dystiolaeth.

Os byddwn wedi gofyn i'r llys wneud gorchymyn, gall y barnwr;

- orchymyn y person sy'n achosi'r ymddygiad gwrthgymdeithasol i roi'r gorau iddi a/neu peidio â mynd i ardaloedd penodol, neu;
- roi'r pŵer i'r heddlu arestio'r diffynnydd os bydd yn mynd yn groes i'r gorchymyn llys.

Os byddwn wedi gofyn i'r llys israddio tenantiaeth y person, gall y barnwr gytuno i wneud hynny. Byddai hynny'n golygu y bydd gan y person lai o hawliau fel tenant.

Os byddwn wedi gofyn i'r llys israddio tenantiaeth y person, gall y barnwr:

- orchymyn y tenant i adael ei eiddo, fel arfer ar ôl 28 diwrnod, ond gellir gofyn iddo adael yr eiddo ar unwaith;
- penderfynu y caiff y tenant aros yn ei eiddo ar yr amod ei fod yn rhoi'r gorau i'r ymddygiad gwrthgymdeithasol.

Efallai y bydd y barnwr yn penderfynu nad yw am ddilyn camau yn erbyn y person sy'n cyflawni'r ymddygiad gwrthgymdeithasol.

› Beth fydd yn digwydd ar ôl i'r barnwr ddod i benderfyniad?

Byddwn yn esbonio i chi beth mae'r penderfyniad yn ei olygu a rhoi copiâu i chi o unrhyw orchymynion a wnaed. Fel arfer bydd yr ymddygiad gwrthgymdeithasol yn dod i ben ar ôl y gwrandawriad. Weithiau, fodd bynnag, mae'n rhaid i ni fynd yn ôl i'r llys, er enghraifft:

- Os yw'r person yn mynd yn groes i amodau gorchymyn llys;
- Os yw person yn mynd yn groes i amodau gorchymyn diraddio, byddwn yn gofyn i'r llys ddod â'i denantiaeth i ben, neu;
- Os yw'r person yn apelio yn erbyn penderfyniad y llys.

Fel arfer ni fydd rhaid i chi fynd i'r llys eto oni bai fod y person wedi mynd yn groes i amodau gorchymyn a luniwyd i'ch amddiffyn chi.

› Sut byddwch chi'n fy nghefnogi ar ôl y gwrandawriad?

Ar ôl y gwrandawriad byddwn yn cysylltu â chi i gadarnhau p'un a yw'r ymddygiad gwrthgymdeithasol wedi dod i ben. Petai'r ymddygiad gwrthgymdeithasol yn parhau, byddwn yn eich cefnogi, ac yn cytuno ar gamau eraill i'w dilyn gyda chi.

› Pam y dylwn i roi tystiolaeth?

Mae'r rhan fwyaf o bobl yn teimlo'n well ar ôl iddyn nhw ddweud wrth y llys am y ffordd y mae'r ymddygiad gwrthgymdeithasol wedi effeithio arnyd nhw a sut mae wedi difetha ansawdd eu bywyd.

Efallai y byddwch yn annog pobl eraill i roi tystiolaeth yn y dyfodol. Bydd hyn yn helpu i leihau achosion o ymddygiad gwrthgymdeithasol, fel y gall pawb fwynhau byw mewn cymdogaeth ddiogel a heddychlon.

Os ydych chi'n paratoi i fynd i'r llys a bod gennych unrhyw ymholiadau, dylech gysylltu â'ch swyddog achos neu eich Swyddog Cymorth i Ddiodefwyr.

Cysylltu â ni

Ffôn: 029 2087 1650 i roi gwybod am sŵn sy'n achosi niwsans

029 2053 7111 i roi gwybod am ymddygiad gwrthgymdeithasol

E-bost: LlygreddSwnAcAer@caerdydd.gov.uk
ASBReferral@caerdydd.gov.uk

Ymweld â: www.caerdydd.gov.uk/ymddygiadgwrthgymdeithasol

Good Neighbour Guide

Everyone has a right to enjoy their lives in their own way as long as they do not cause problems for others in their community. The Council sets out in your Tenancy Agreement or Lease what behaviours is acceptable, but the first step to being a good neighbour is to respect those around you.

A Good Neighbour...



Is tolerant and accepting of the different lifestyles and cultures of others

Keeps their home, garden and communal area in a good condition at all times

Is responsible for the behaviour of their children

Is responsible for the behaviour of any visitors

Takes responsibility for their pets

Lets neighbours know if they are having a party

Is not too quick to complain and instead speaks calmly to their neighbour about any issues

A Bad Neighbour...



Uses threatening, abusive or violent behaviour towards their neighbours or wider community

Continuously plays loud music or television

Continuously has loud arguments and/or persistent door slamming

Does DIY in the night

Allows their property to be used for the sale of drugs or any other criminal behaviour

Parks inconsiderately

Allows their dog to howl all day or foul in communal areas

Remember, living close to others will sometimes result in some noise or activity that you may find annoying. People have different lifestyles, working patterns and cultures. Annoying, or occasional, behaviour does not in itself constitute anti social behaviour and you should consider how reasonable the behaviour is before you complain.

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE:

1 APRIL 2015

IMPROVING SCRUTINY PROJECT

Purpose of Report

1. To advise Scrutiny Members of the progress made to date in delivering the Council's Improving Scrutiny Project, and to seek views on the timing and next steps to bring the Project to conclusion.

Background

2. In May 2014 the Cabinet agreed a Programme of Organisational Change which was designed to meet the challenges set out in the Welsh Local Government Association's 23 September 2013 Peer Review report on this Council. One of the five programmes of change within the overall Programme is "Improved Governance", and within this Programme is a Project described as "*Strengthen the Scrutiny Function*".
3. The Peer Review report was complimentary of Cardiff's Scrutiny Function, noting:

*"The Team saw Scrutiny in action, and were impressed. There is indeed much other authorities can learn from the way Scrutiny is undertaken in Cardiff Council."*¹

The Council's five Scrutiny Committee Chairs, however, were mindful of significant plans in place to transform the Council, the pace of development of alternative delivery models, the growth of collaborative service delivery and

¹ <http://www.wlga.gov.uk/wlga-peer-reviews-reports/cardiff-c-wlga-peer-review-report>

governance, the potential for local government reform in Wales, and the changes in Welsh Government and public expectations of public scrutiny evidenced through the 2011 Local Government Measure and subsequent Simpson Review. They therefore felt it appropriate to consider ways that scrutiny could adapt to stay ahead of the curve, in delivering effective non-Executive challenge to the Cabinet and the complex range of emerging executive delivery arrangements likely to stem from these changes.

4. The Chairs consequently agreed in August 2014 to spearhead a bid for Cardiff to be included in a UK-wide research programme then being developed by the Centre for Public Scrutiny (CfPS), which was designed to assess the role of scrutiny in supporting transformational change within local authorities at a time of change and austerity. The bid document was signed by the Council Leader and Chief Executive, and the Council was advised in September that it had been agreed for Cardiff to be one of nine case studies included in the research programme. This would see the CfPS providing support to the '*Strengthen the Scrutiny Function*' Project.
5. The three key aims of the Project were identified as:
 - a. To equip Cardiff's Scrutiny function to meet the current needs and anticipated future challenges facing the Council's Executive and non-Executive Members.
 - b. To ensure that the Council's scrutiny structure enables Members to provide robust and effective overview and scrutiny that is relevant to the priorities of the organisation's Corporate Plan and operational challenges.
 - c. To seek evidence to support recommendations for Members to agree any potential changes to current governance arrangements, as part of a wider major transformation of the City of Cardiff Council's services and structures.

6. The three key objectives of the Project were identified as:
 - a. To take forward the learning from Cardiff's participation in the 2013 Wales Audit Office *Improving Scrutiny* Study, especially by using the 15 characteristics in the newly developed "Framework for Effective Scrutiny in Wales" as a mechanism for self-evaluation of the quality of scrutiny in Cardiff, and the planning of future Scrutiny Work Programmes.
 - b. To assess and make recommendations on the structures and arrangements that will be most appropriate to manage the scrutiny of the Council's transformation in coming years. To consult upon politically and organisationally, and take proposals forward for inclusion in the Council's 2016/17 Budget proposals.
 - c. To address recommendations in the Local Government Measure (Wales) 2011, and subsequent recommendations in the Williams Review, to consider opportunities for improvement to current collaborative scrutiny arrangements with partners.

Progress to Date

7. Between November and January 2015, CfPS advised on the scope of the project and met the Scrutiny Chairs, Council Leader, Opposition Leaders, the Chief Executive and selected Directors, plus a small number of key external stakeholders to gather evidence.
8. Key elements of the Project Plan attached at **Appendix A** include:
 - a. Desk research undertaken by the Scrutiny Research Team to benchmark Cardiff's current approach to scrutiny with that of other leading scrutiny authorities, and an analysis of leading practice in scrutiny practice in England and Wales;
 - b. A workshop for Scrutiny Members to provide their views on a number of themes and issues connected with the Project;

- c. A Conference for Scrutiny Chairs and Members to engage with the Cabinet and political groups to gain consensus around a number of early key findings.

Issues for Member Consideration

9. The period leading up to the General Election may not be conducive to seeking to engage Members extensively in a Project of this importance and scale. The Council is now moving towards its Annual Meeting in May. It is suggested that some of the outputs set out in the Project Plan might be more easily and effectively achieved if moved to the period following Annual Council. It will, however, be important to maintain focus on the Project delivery.
10. While officers will continue to work towards delivering these outputs within the original planned timescales, it will be helpful if Members could provide their views on the following potential revisions to the Project Plan. It is considered that the revised timescale set out below would still enable the Project to meet the aims and objectives set out in paragraphs five and six above:
 - a. Joint Scrutiny Task and Finish Inquiry initiated in May 2015
 - b. Desk Research completed in April.
 - c. Project Workshop for Scrutiny Members to be arranged in early June
 - d. Scrutiny Conference (engagement with Cabinet and political groups) to be undertaken in late June 2015.
 - e. Draft key findings circulated late July 2015
 - f. Task and Finish Inquiry report agreed and commended to Cabinet in September 2015,.

Way Forward

11. At the meeting, Councillor De'Ath, Cabinet Member Safety, Engagement and Democracy and Marie Rosenthal (County Clerk and Monitoring Officer) will be available to answer any questions Members may have on this report and Project.
12. Members may also wish to provide their views on the Project, and the proposed timescale changes.

Legal Implications

13. 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

14. 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 requested to:

- I. Consider the contents of the report,
- II. Provide feedback on the proposed methodology set out in the Project Plan set out at page four of **Appendix A**, and
- III. Provide views on the suggested timescale set out in paragraph 13 above.

MARIE ROSENTHAL

County Clerk and Monitoring Officer

25 March 2015

APPENDIX A



City of Cardiff Council *Improving Scrutiny* Project: Project Brief, January 2015

Project Purpose

- Cardiff is proud of its scrutiny arrangements and the important part scrutiny plays in Council improvement, and in representing citizens in holding to account the Cabinet for the decisions it makes. However, the Council is going through significant change in many ways, and will look very different in five years' time.
- Effective local governance relies on a cohesive web of accountability, of which internal review is an intrinsic part. The purpose of the Project will be to ensure that scrutiny remains agile and able to play its role as a critical friend, in an environment that will see greater emphasis on partnership, collaboration, commissioning and other alternative models of delivery.

Project Aim

- To equip Cardiff's Scrutiny function to meet the current needs and anticipated future challenges facing the Council's Executive and non-Executive Members.
- To ensure that the Council's scrutiny structure enables Members to provide robust and effective overview and scrutiny that is relevant to the priorities of the organisation's Corporate Plan and operational challenges.
- To seek evidence to support recommendations for Members to agree any potential changes to current governance arrangements, as part of a wider major transformation of the City of Cardiff Council's services and structures.

Project Objectives

- To take forward the learning from Cardiff's participation in the 2013 Wales Audit Office *Improving Scrutiny* Study, especially by using the 15 characteristics in the newly developed "Framework for Effective Scrutiny in Wales" as a mechanism for self-evaluation of the quality of scrutiny in Cardiff, and the planning of future Scrutiny Work Programmes.

- To assess and make recommendations on the structures and arrangements that will be most appropriate to manage the scrutiny of the Council's transformation in coming years. To consult upon politically and organisationally, and take proposals forward for inclusion in the Council's 2016/17 Budget proposals.
- To address recommendations in the Local Government Measure (Wales) 2011, and subsequent recommendations in the Williams Review, to consider opportunities for improvement to current collaborative scrutiny arrangements with partners.

Key Project Themes

- The purpose of Scrutiny as part of a holistic and effective governance framework in Cardiff, and its likely future challenges and priorities. The appropriate balance of priority achieved between holding to account, policy development and review, performance and improvement monitoring, finance and budget scrutiny etc.
- Maximising the impact of Scrutiny in Cardiff, and also to measure that impact so that resources can be most effectively targeted towards areas of highest impact. Setting in place effective and appropriate Scrutiny arrangements to deliver agreed priorities.
- Optimising interfaces between scrutiny and:
 - External regulators, auditors and inspectors to ensure effective Council performance and minimise the burden of external regulation.
 - The local population, so that the public has confidence in local democracy in the city, and sees Scrutiny as an accessible and effective avenue to represent its views and concerns.
 - Cabinet Members, managers and key stakeholders so that everyone is clear about their role in supporting effective governance in Cardiff.
- Optimising arrangements for the scrutiny of partnerships, as public sector collaboration, transformation and commissioning grow ever more complex.
- Appropriate arrangements for maximising Scrutiny Member and officer skills and competency.

Project Key Stakeholders

- Council Scrutiny Committee Chairs and Members;
- Council Leader and Cabinet; Opposition Party Group Leaders; Council Members;
- Chief Executive and senior management of the Council;
- Cardiff Third Sector Council and community and voluntary organisations regularly connecting with Scrutiny;
- Local strategic partners, key stakeholders and stakeholder organisations;
- Professional partners in the world of regulation, audit and inspection, regional and local government in Wales;
- The Centre for Public Scrutiny, WLGA Scrutiny Chairs Network and National Scrutiny Officers' Network; Regional local government partners.

Project Methodology

Desk Research (October 2014 to March 2015)

- Scan the horizon for legislative and policy changes in the wider environment that will influence Scrutiny in Cardiff over the coming 10 years.
- Identify from past reviews and evaluation of scrutiny in Cardiff the key learning points that have been derived, and to test how they can be applied.
- Glean from best practice analysis criteria for measuring the impact of scrutiny.
- Benchmark how effective scrutiny is conducted elsewhere, and how lessons can be applied to Cardiff.

Face to face interviews (October 2014 to March 2015)

- Identify from key Project stakeholders their view on the key project themes identified above.

Structured conversations (March and April 2015)

- Arrange events with Members and officers to Scrutiny Chairs to shape evidence from the desk research and interviews into draft key findings.

Project Report (May 2015)

- Scrutiny Chairs to craft a report with key findings and recommendations for Cabinet to consider, and to enable implementation of agreed future arrangements.

Project Governance

Recognising the connections this Project makes between the organisational and the political, the Project will have a hybrid governance structure:

- It will operate as a joint scrutiny task and finish inquiry comprising the Council's five scrutiny chairs, and report through the Policy Review and Performance Committee.
- It will serve as a PQA Project within the *Improved Governance* strand of the Council's *Programme of Organisational Change*. Paul Keeping (Operational Manager, Scrutiny Services) will be Project Manager, and Marie Rosenthal (County Clerk and Monitoring Officer) will be Senior Responsible Officer. The Project will apply the Council's 'Service Review' methodology to achieve its aims.

The Project will be undertaken in partnership with the Centre for Public Scrutiny, a charity providing expertise and capacity in non-executive governance, as one of nine major case studies featured in a UK wide analysis of local authority transformation.

For further details please contact:

Monitoring Officer and County Clerk:

Marie Rosenthal, ☎ Cardiff 2087 3860. Marie.Rosenthal@cardiff.gov.uk

Operational Manager: Paul Keeping, ☎ Cardiff 2087 2953. p.keeping@cardiff.gov.uk

Improving Scrutiny Project - Project Plan

Timescale	Action	Purpose
Sept 2014	Advisory support from CfPS confirmed	Increase capacity and expertise
Oct 2014	Project scoped and Scrutiny Chairs engaged as Project leads	Provide Project leadership
	Agreement of Project governance arrangement within Org Devt Programme	Provide Project governance
Early Nov 2014	Project Mandate agreed	Provide Project direction
18 Nov 2014	Scrutiny Chairs' Liaison Forum	Develop methodology
	CfPS interviews with: Scrutiny Chairs; Scrutiny officers; Monitoring Officer; Chief Officer, Change and Improvement.	Give initial direction for Project methodology
	Scrutiny chairs discuss Project with Council Leader and Chief Executive	Develop consensus for Project aims
Nov – Dec 2014	Desk Research on Core Cities scrutiny performance monitoring arrangements	Widen evidence base
8 Dec 2014	Project launched at Member Governance Seminar, and Briefed to Council Members and senior managers	Communicate Project aims and Member involvement opportunities
8 Jan 2015	Scrutiny Chairs' Liaison Forum	Develop methodology
26 & 27 Jan 2015	CfPS interviews with key Project stakeholders (including Council Leader, Chief Executive, Cabinet Portfolio Member, Leaders of Liberal Democrat, Conservative and Independent Groups, Scrutiny Councillors who requested interviews, Director of Communities, representatives in WLGA and Welsh Government, Challenge Forum Advisor on Performance Management)	Widen evidence base
Feb 2015	Further interviews with key stakeholders (through the month)	Widen evidence base
	Desk Research into Scrutiny Process and good practice (through the month)	Widen evidence base
	Scrutiny Chairs' Liaison Forum (late Feb)	Develop methodology
March 2015	Scrutiny Committees asked to establish a joint Scrutiny task and finish Inquiry (early March)	Enable Scrutiny Inquiry report to Cabinet
	Project Seminar for Scrutiny Members (early March)	Widen evidence base
	Scrutiny Chairs' Liaison Forum (mid March)	Agree interim findings
	Interim Project findings circulated (mid March)	Prepare for Project Symposium
	Member and Manager Project Symposium (late March)	Seek consensus for key findings
April 2015	Scrutiny Chairs' Liaison Forum (early April)	Agree report, key findings & recommendations
	Draft Scrutiny Inquiry Report circulated (mid April)	Seek final feedback on draft report
May 2015	Final Draft Scrutiny Inquiry Report adopted by Scrutiny Committees and submitted to Cabinet	Formally adopt draft report
Tbc 2015	Cabinet receives and considers Draft Scrutiny Inquiry Report	Make decisions on way forward
Aug 2015	Implementation of agreed recommendations begins	Implement decisions reached by Cabinet

This timescale will enable managers to implement arrangements in time for the start of the 2016/17 financial year.

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

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

1 April 2015

CORRESPONDENCE UPDATE – INFORMATION REPORT

Background

1. Following most Committee meetings the Chair writes a letter to the relevant Cabinet Member or officer, summing up the Committee's comments and recommendations regarding the issues considered during that meeting. At the Committee meeting on 4 March 2015 Members received a report detailing the Committee-related correspondence sent by, and received by, the Committee relating to committee meetings held on 5 November 2014, 3rd December 2014, 18th December 2014, 7th January 2015 and 4th February 2015. This report provides an update since then.

2. Members will find copies of the following letters attached in full in **Appendix A.:**
 - i. Letter from Councillor Groves, Chair, to Sarah McGill, regarding Communities items at Committee on 3 December 2014 – response received and attached.
 - ii. Letter from Councillor Groves, Chair, to Councillor Bale, regarding the draft Corporate Plan and draft Budgetary Proposals considered at Committee on 4 February 2015 – responses received and attached, from Councillor Bradbury and Councillor Elsmore regarding queries that fall within their portfolios and from Councillor Bale on the recommendations made re Corporate Plan.

3. Following Committee on 4 March 2015, Councillor Groves, Chair, wrote to Councillor Derbyshire regarding the pre-decision scrutiny of the proposed delegation of Cardiff Council as the Single Licensing Authority with regards

to private landlords across Wales. A copy of this letter is attached at Agenda Item 3 of this meeting, as part of the minutes. A response has been received and is attached at **Appendix A**.

Way Forward

4. During their meeting, Members may wish to reflect on the letters sent and received by the Chair. In particular, they may wish to consider how far the recipients have responded to the Committee's letters.

Legal Implications

5. 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

6. 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 note the content of the letters contained in the appendices.

Marie Rosenthal

County Clerk and Monitoring Officer

19 March 2015

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My Ref: Scrutiny/Correspondence/ Cllr Groves

9th December 2014

Sarah McGill
Director of Communities, Housing and Customer Services
Room 305
County Hall
Cardiff
CF10 4UW



Dear Sarah

Community & Adult Services Scrutiny Committee Meeting – 3rd December 2014

Thank you for attending the above committee with your colleagues. Members wish to pass on their best wishes to Councillor Elsmore and we hope that she is feeling better soon.

This letter captures the agreed recommendations, comments and observations of the Committee with regard to the draft Housing Revenue Account Business Plan 2015-16, proposed amendments to the Housing Allocations Scheme and proposals re 150 Thornhill Road, which are set out below. All of these are pre-decision items and I therefore ask that you ensure that this letter is attached to the relevant Cabinet Papers so that the Cabinet can bear our comments in mind when considering whether to approve the recommendations for these items.

Draft Housing Revenue Account Business Plan 2015-16

Members thank officers for ensuring that this item was available for pre-decision scrutiny. Overall, Members are content with the Plan and welcome the new format, which is more accessible and readable whilst imparting more information. Given the information contained regarding the Housing Partnership Programme, Members are content to not receive a separate briefing on this, which was previously scheduled for January 2015.

Members accept officers' assurances that the assumptions underpinning the Plan are robust. Members note that the repayment timeline for the prudential borrowing required for the buy-out from the Housing Revenue Account Subsidy system is yet to be determined and will depend on negotiations with HM Treasury.

Members also note the tension between wishing to ensure new build social housing assists in developing balanced and sustainable communities whilst at the same time needing to meet the requirements of the Local Development Plan, in particular regarding density requirements.

Amendments to the Housing Allocations Scheme

Members thank officers for ensuring that this item was available for pre-decision scrutiny. Members note the reasons why adjustments are required and that key

performance indicators will be in place to enable the data modelling of trends before targets are set for each of the three sub-lists.

Members also note that further amendments may be required with regard to the use of the Private Rented Sector, following implementation of the Housing Act (Wales) 2014. Members wish to scrutinise these further amendments and ask that you liaise with Scrutiny Services to schedule this for pre-decision scrutiny at an appropriate time.

Proposals re 150 Thornhill Road, which are set out below.

Members thank officers for ensuring that this item was available for pre-decision scrutiny. Members note that the recommendation to appropriate the land at an agreed value of £560,000 and the reasons given that this lower valuation is due to the community benefits that flow from using the site for older persons' accommodation.

Members welcome these proposals and the use of the site, mindful of the gift to the Council by John Kane and that monies from the appropriation of the land will be earmarked for re-investment in Children's Services.

With regard to the client group being older people who are active, Members remind officers of their comments at the meeting that the bus stop has been moved and the bus routes have been changed and reduced and therefore we recommend that officers investigate the impact of these changes on the suitability of the scheme and take steps to mitigate and ameliorate any negative impact.

This letter contains a recommendation and thus requires a response.

Yours sincerely,



COUNTY COUNCILLOR DAVID GROVES
Chairperson - Community & Adult Services Scrutiny Committee

Cc:	Cllr Susan Elsmore	Jane Thomas	Colin Blackmore
	Liz Patterson	Nick Blake	Claire Deguara
	Cheryl Cornelius		

**CABINET SUPPORT OFFICE
SWYDDFA CYMORTH Y CABINET**

My Ref / Fy Ref: CM30059

Date / Dyddiad: 16th February 2015

Cllr David Groves
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Dear / Annwyl David

Community & Adult Services Scrutiny Committee - 3 December 2014

I am writing in response to your correspondence concerning the Community & Adult Services Scrutiny Committee which took place on 3rd December 2014. Thank you for setting out the observations, recommendations and comments of the committee following the presentations. Please find my response below:

Draft Housing Revenue Account Business Plan 2015-16

I thank the Committee for their positive comments concerning the new format of the HRA Business Plan and have noted that you do not want to receive a separate briefing on the Housing Partnership Programme, which was previously scheduled for January 2015.

Amendments to the Housing Allocations Scheme

I am pleased that the Committee supports the new allocations scheme, monitoring will be put in place as soon as possible after implementation of the new scheme and consideration will be given to setting targets in due course. I can confirm that any further amendments relating to the Private Rented Sector and the Housing Act (Wales) 2014, will be presented to Scrutiny at the relevant time.

Proposals re 150 Thornhill Road

Thank you again for your positive comments and support relating to 150 Thornhill Road. I note your comments about the public transport from the building. I agree that access to public transport is important if the project is to be a success and I will ask officers to investigate these issues further before the scheme is progressed further.

PLEASE REPLY TO / ATEBWCH I : Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room /

Ystafell 518, County Hall / Neuadd y Sir,

Page 161

Atlantic Wharf / Glanfa'r Iwerydd, Cardiff / Caerdydd,
CF10 4UW

Tel / Ffon (029) 2087 2598 Fax / Ffacs (029) 2087 2599

I hope the above gives you and the Committee Members more clarity on the information requested, and I would like to thank you for your comments.

Yours sincerely

Yn gwyir

A handwritten signature in black ink, appearing to read 'S. Elsmore'.

Councillor / Y Cynghorydd Susan Elsmore
Cabinet Member for Health, Housing & Wellbeing
Aelod Cabinet dros Iechyd, Tai a Lles

My Ref: Scrutiny/Correspondence/Cllr Groves

10 February 2015

Councillor Phil Bale
Leader
City of Cardiff Council
County Hall
Cardiff
CF10 4UW



Dear Phil

Community & Adult Services Scrutiny Committee Meeting – 4th February 2015

Thank you for attending the above committee. This letter captures the agreed comments and observations of the Committee with regard to the draft Corporate Plan 2015-17 and 2015-16 draft Budget Proposals. The structure of this letter reflects the structure of the meeting, commencing with general comments on the draft Corporate Plan and the overarching budgetary position before moving on to comments and observations for each portfolio, as determined by the terms of reference of this committee.

Draft Corporate Plan 2015-17

Members wish to pass on their thanks to all concerned for ensuring the draft Corporate Plan was available to go out with our committee papers. Members note Councillor Hinchey's point that it seeks to address Wales Audit Office criticisms of previous plans. Members have the following points to make that we hope will help to further refine and improve the Corporate Plan:

- **Lead Member** – Members ask that thought be given to the use of this term as sometimes two Cabinet Members are cited, rather than one. Interestingly, for the commitment on improving transitions between Children's Services and Health and Social Care, page 22, only the Cabinet Member for Children's Services is mentioned, despite acknowledgment at committee that the role of Health and Social Care is critical in ensuring successful transition – perhaps this should be amended to state both relevant Cabinet Members?
- **Priority 2: Supporting Vulnerable People** – Members recommend that clarity is provided as to what is meant by 'vulnerable people'. The text of the Corporate Plan states 'most vulnerable'. At our committee meeting, some witnesses seemed to think 'vulnerable people' equated only to those who are statutorily eligible for receiving social services. This led witnesses to state that savings proposals that cut services to those not statutorily eligible were still in keeping with the Corporate Plan, even though Members would argue that vulnerable

people were losing services. An example of this would be HSC15 – closure of the Community Alcohol and Drug Team Counselling Service.

- **Use of Language** – linked to the above point – Members feel that the language used in the draft Corporate Plan does not reflect the language used by the Welsh Government in the recent Social Services and Wellbeing Act or in the consultation on the Future Generations Bill, both of which stress the need for local authorities to promote wellbeing.
- **Terminology** – Members point out that in the Priority Two section, the term ‘outcome’ is used to describe what Members believe should be termed ‘improvement objectives’.

Members sought to understand how delivery of the Corporate Plan will be monitored and were pleased to hear from officers that the performance measures in the Corporate Plan reflect the areas of most importance. Monitoring these will therefore give a sense of direction - albeit that there are underpinning measures that are monitored as well. Members therefore expect to see the relevant Corporate Plan measures in our quarterly performance reports, as well as the measures that underpin these, and ask that officers ensure performance reports are amended accordingly. Members will also be looking for the linkages between the Corporate Plan and Directorate Delivery Plans when we scrutinise these; I ask that officers advise scrutiny services when the Plans will be available so that we can schedule scrutiny accordingly.

Overarching budgetary position

Members thank Councillor Hinchey and Christine Salter for providing information on the overarching budgetary position. Members note the Council faces severe financial pressures and continuing austerity for the foreseeable future. Members also note that officers are seeking to address the Wales Audit Office comments on medium term planning by amending the budget report to include specific budget lines re specific medium term pressures.

With regard to the Capital programme, Members note Christine’s comments that there has been a 35% reduction overall in the last five years on monies from the Welsh Government re capital and that therefore the Council is having to find other sources of monies to fund the capital programme (and that as a result officers need to keep a close eye on unsupported borrowing).

Members welcome the news that there is in principle support from the Welsh Government for capitalisation and that officers believe that £2.5m capitalisation is realistic, prudent and achievable in terms of realising capital receipts in year.

Members note Christine’s points re the overall budget savings, in that 40% are red/red-amber for residual risk, 35% are red/red-amber for achievability, 73% have detailed planning status and 22% have general planning status, and that therefore it

is proposed to have a £4M corporate contingency fund to meet any under-deliverability of savings, as happened this year.

Members note Christine's point that Directors set the RAG status for budget lines and her team's role is to moderate and look at risks overall and carry out due diligence checks.

Members note that officers are anticipating that Month 9 will show a worsening position and that this has been reflected in the budgetary proposals being prepared for Cabinet consideration.

With regard to the alignment of the budgetary proposals with the Corporate Plan, Members asked several witnesses how they felt the budgetary proposals squared the circle of needing to make cuts due to austerity and wishing to protect vulnerable people. Members note Councillor Bradbury's point that it is not easy but that the proposals in his portfolio aim to target resources to areas scoring highly in the Welsh Index of Multiple Deprivation, so that universal services are easily accessible by the most deprived citizens of Cardiff. Members recognise that finding savings that do not fall on the most vulnerable is hard given that the nature of the Council's services are that they are focused on those who are most vulnerable. Members recognise the work that has gone into preparing the budget proposals early and consulting on these. However, overall, Members feel that many of the savings proposed are counter intuitive and high risk e.g. the cuts proposed in the Health and Social Care Directorate amount to 18% of the overall savings, which, although Members note Christine's point that this amount is 6.6% of the Directorate's controllable budget, seems high and to go against the aim of supporting vulnerable people.

Members are also concerned about the achievability of savings, given recent experiences, demographic pressures and legislative changes. Members intend to recommend to a future committee that they include close monitoring of the financial position of Health and Social Care and delivery of all savings within their terms of reference on their work programme. I would welcome the opportunity to discuss how best to achieve effective monitoring of savings and ask that you task relevant officers to liaise with Scrutiny Services to set up a meeting to this end.

Economic Development and Partnerships

Members expressed their concerns about the impact of proposal CMT8 on those pensioners affected by this saving and are pleased to note that there will be an information campaign to ensure that pensioners affected are encouraged to maximise their income, for example by ensuring they claim all relevant benefits.

Community Development, Co-operatives and Social Enterprise

Members thank Councillor Bradbury, Neil Hanratty and Sarah McGill for being available to answer questions on the budgetary proposals for this portfolio.

With regards to the savings for this portfolio from the Economic Development Directorate, Members have the following points to make:

- ECD10 – mobility buggies - pleased to hear that sponsorship for £15k has been achieved and that officers are confident that they will get sponsorship for remaining £2k to make the £17k saving. Note that sponsorship is for one year only and that officers will use this time to review approaches taken by other cities before determining a way forward. CASSC would like to receive a briefing on the review findings.
- ECD11 – taxi marshals – note that there will be the same level of cover provided but for a reduced period of time, in order to achieve the level of saving required. Members are aware of approaches used in other cities and recommend that officers review the approaches taken by other cities to determine a sustainable way forward that promotes community safety in the night time economy.

With regard to the savings for this portfolio from the Communities, Housing and Customer Services Directorate, Members note Cllr Bradbury's assurance that these are achievable with minimal impact. However, Members remain disquieted and concerned about the cumulative impact of CHC7, CHC8, CHC10 and CHC11 with regards to partnership working; these savings amount to £400,000 and significant changes to the way the Council and third sector organisations work together.

Members questioned the sustainability of the capital programme aspects for this portfolio and note the response from Councillor Bradbury that each project has a detailed business case and from Christine Salter that these business cases have to be more than cost-neutral in order to be supported, given the stretch of the capital programme across the Council.

Safety, Engagement and Democracy

Members thank Councillor De'Ath and Sarah McGill for being available to answer questions on the budgetary proposals for this portfolio. Members were pleased to hear that all the existing community safety projects that are funded by this budget line – CHC9- will continue to be funded, including mobile CCTV, Operation Mistletoe and Victim Support and that the saving of £50K comes from an historic underspend.

Health, Housing and Wellbeing

Members wish Councillor Elsmore a speedy recovery and thank Councillor Darren Williams and Councillor Sue Lent for attending in her place and Sarah McGill and Sian Walker for also being available to answer questions on the budgetary proposals for this portfolio.

Housing

Overall, Members believe the savings put forward are measured and seem achievable, albeit that Members recognise there will always be difficulties in achieving savings from an area under demand pressures, such as housing.

Members note the risks highlighted in Sarah McGill's presentation as being: homelessness; universal credit; reshaping services; and commercialisation. Members note that the Welsh Government is providing £0.5M towards homelessness costs. With regard to the proposed roll-out of Universal Credit in Cardiff in September/ October 2015, Members note that the least complex cases will be the first to transfer to Universal Credit but that these cases may become complex if and when applicants' circumstances change. Members welcome the offer of receiving briefings on the implementation of Universal Credit and preparations being made to manage this; please liaise with Scrutiny officers regarding the scheduling of these.

Health and Social Care

Members note that £6,215,000 savings are proposed for this Directorate, of which approximately half are predicated on reviews and reshaping services. Members note Siân Walker's comments that she is confident that these savings are achievable, given the work already undertaken by the Directorate this year, and that the savings are flagged as Red to reflect the fact that this Directorate deals with vulnerable people. However, Members remained concerned about the quantum of savings and their achievability, particularly in light of the demand pressures facing this Directorate and its history of under-achieving savings. Members are also concerned about the impact of these savings and therefore request that mechanisms be put in place to capture the consequential impact of these savings; Members will be requesting these monitoring reports.

Members are also concerned that some of the savings will not enable 'choice and control' which are two key watchwords for appropriate health and social care services. Members feel this in particular with regard to HSC2 and HSC6 – the closure of day centres for older people and re-organising the way community meals are delivered. These are both underpinned by a care plan/ service package review, where service users should be enabled to exercise choice and control; the answers provided at the meeting did not fill Members with confidence that there would be any choice available to service users, which undermines their ability to exercise control.

Members would like to receive information on the accessible formats used to provide information on how to contact the relevant officer to discuss the review and any change in circumstances as well as the right to complain about the outcome of a care plan/service package review.

With regard to HSC15, Members note Siân's comment at the meeting that this service stopped taking new clients in December 2014 in preparation for this saving. Members wish to receive further clarification on the continuation of services, referred to in the EIA as 'sufficient alternative provision' and how these will be quality assured. Members also note that the EIA for this proposal is to be further updated and request that the updated version(s) be sent to them via Scrutiny Services.

Members note that there is an overall increase of £7.5M in this Directorate's controllable budget 2015/16, with £3.2M of this being realignment and £1.5M being financial pressures. Members note the risks highlighted in Sian Walker's presentation as being: safeguarding; Social Services and Well Being Act; and demographic trends.

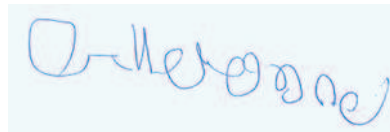
Environment Directorate

Please note that the only saving for this Directorate that fell within the terms of reference of this Committee related to Regionalising Regulatory Services and that Members' questions on this were directed via Councillor Paul Mitchell, Chair Environment Scrutiny Committee, at their meeting on 3rd February 2015.

Once again, thank you to you and all the witnesses for your attendance and contributions; they are much appreciated. Members trust that our comments and observations above are of help when finalising the Corporate Plan and Budgetary Proposals. We would greatly value, to this end, the presentation of this letter before the Cabinet when they are finalising their arrangements for the budget for the financial year 2015-2016.

This letter contains recommendations and requests for further information and so requires a response.

Yours sincerely,



COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Councillor Hinchey Christine Salter Allan Evans
Councillor Bradbury Neil Hanratty Sarah McGill
Councillor De'Ath
Councillor Darren Williams
Councillor Sue Lent Siân Walker Stuart Young
Debi Said Martin Hamilton Dylan Owen
Matt Swindell Alison Taylor Claire Deguara
Rita Rohman Clair Jones Liz Patterson
Michelle Davies

**CABINET SUPPORT OFFICE
SWYDDFA CYMORTH Y CABINET**

My Ref / Fy Ref: CM30117
Date / Dyddiad: 11th March 2015



County Hall
Cardiff,
CF10 4UW
Tel: (029) 2087 2087

Neuadd y Sir
Caerdydd,
CF10 4UW
Ffôn: (029) 2087 2088

Councillor David Groves
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Dear / Annwyl David

Community & Adult Services Scrutiny Committee Meeting – 4th February 2015

Thank you for your letter dated 10th February 2015, which has been forwarded on to me by the Leader.

With reference to the Committee's comments on the 2015/16 budget provision for the mobility buggy service in the city centre, I have asked the Director of Economic Development to work on a three year sponsorship strategy to enable the longer term sustainability of the service, and I will ensure the committee is updated on progress in due course. Likewise, with reference to the Committee's comments on the agreed budget proposals relating to taxi marshals, I can confirm that best practice from other cities is considered across a range of city centre management issues through on-going participation in the Association of UK Town Centre Managers.

I note the Committee's concerns in relation to the budget proposals for neighbourhood partnership working and related grant funding provision. Based on the feedback from the Committee and that received as part of the consultation process, we will create a new Community Redesign of Services Team in 2015/16. This team will support the involving and empowering of the community and, in particular, will work with community groups to support them in taking on greater responsibility in their local area as part of the redesign of services.

Capacity building support and assistance to community groups will be provided in line with the requirements set out in the 'Stepping-Up Community Support Toolkit'. In addition, you will be aware that the 2015/16 budget approved by Council on 26 February 2015 also includes the provision of £10,000 for 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 wellbeing in these areas.

Yours sincerely
Yn gwyir

Councillor / Y Cynghorydd Peter Bradbury
Cabinet Member for Community Development, Co-operatives & Social Enterprise
Aelod Cabinet Dros Datblygu Cymunedol, Mentrau Cydweithredol a Mentrau Cymdeithasol

PLEASE REPLY TO / ATEBWCH I : Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room 169 County Hall / Neuadd y Sir,
Atlantic Wharf / Glanfa'r Iwerydd, Cardiff / Caerdydd
CF10 4UW



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**CABINET SUPPORT OFFICE
SWYDDFA CYMORTH Y CABINET**

My Ref / Fy Ref: CM30117
Date / Dyddiad: 11th March 2015



County Hall
Cardiff,
CF10 4UW
Tel: (029) 2087 2087

Neuadd y Sir
Caerdydd,
CF10 4UW
Ffôn: (029) 2087 2088

Cllr David Groves
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Dear / Annwyl David

Thank you for your letter dated 10th February 2015, which has been forwarded on to me by the Leader. As you know, I was unable to attend the meeting on 4th February, but would like to respond to the some of the points made by the Committee which relate specifically to my own portfolio as Cabinet Member for Health, Housing and Wellbeing.

I note that the Committee requested a briefing or presentation from officers on the roll out of Universal Credit in Cardiff later this year and I have asked the Director of Communities Housing & Customer Services to liaise with scrutiny officers to ensure that an item on Universal Credit is brought forward at a time to suit Committee.

In response to the Committee's concerns about the proposed savings within the Health & Social Care Directorate and their impact and achievability, particularly in the light of related demand pressures, I can confirm that senior officers within the Directorate meet weekly to monitor the delivery of savings and will be able to provide brief updates to the Committee on a quarterly basis on the consequential impact of the savings. I would also be happy to meet with you and relevant officers to discuss how the Committee can support the financial monitoring and scrutiny of both spending and savings figures relating specifically to adult social services.

I further note the Committee's concerns about the perceived diminution of 'choice and control' in the provision of Health & Social Care services, but wish to assure both you and the Committee that these considerations are fundamental to the delivery of adult social care assessment and to service procurement & commissioning. Where an assessment process identifies that a service user's needs are capable of being met by one or more alternative support packages, it is not unreasonable for the Authority to consider the relative cost of each option to 'secure the most cost-effective package of services that meets the user's care needs, taking account of the user's and carers' own preferences'. I would also stress that, following the assessment or review of needs, the outcomes that are agreed are always in response to individual needs and circumstances, so will be considered on a case-by-case basis.

PLEASE REPLY TO / ATEBWCH I: Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room / Ystafell 518, County Hall / Neuadd y Sir,
Atlantic Wharf / Gaiha'r Iwerydd, Cardiff / Caerdydd,
CF10 4UW



In terms of the use of accessible formats to provide information, I can confirm that all service users and/or their representative or advocate (if appropriate) are contacted using accessible formats that are applicable to them. In general, information is usually provided in writing by letter, but different formats are used as requested and include details of how to contact the relevant officer to discuss the review or change in circumstances. After a review, a questionnaire in the appropriate format is sent to the service user or to their representative or advocate (if appropriate) to ask for feedback. If there are any concerns, these are immediately followed through with the service user. If the service user remains unhappy with the outcome, they are given details of the Social Services Complaints Procedure and the matter is then responded to, as appropriate, using all the relevant process and protocols set out in the Complaints Procedure.

With reference to the specific budget proposals relating to the Cardiff Alcohol and Drug Team, you will be aware that the 2015/16 budget, which was approved by Council on 26 February 2015, was amended to remove the proposed saving. This will allow more time for capacity building and to develop the volunteer counsellor base, including supervision and support mechanisms for the volunteers. The Council will continue to fund existing arrangements until alternative arrangements for delivering these services are operational and those alternative arrangements are to be established at the earliest possible date. If it is still required, I will ask relevant officers to provide the Committee with a copy of the updated Equality Impact Assessment for information.

In the period since December 2014 when the (then) waiting list for counselling services was closed in advance of consideration of the budget proposal, all people referred for counselling have been supported to access other therapeutic services. New services have been operating in Cardiff and the Vale of Glamorgan since July 2014 – one providing open access, outreach and engagement services and the other providing aftercare for people ready to move on from treatment. The nature of these services is such that some of the individuals receiving counselling could be suitable to access those services if they are supported to a point at which they meet the relevant eligibility criteria. However, it is important to note that these services are not classed as an alternative provision as they were designed prior to the proposed budget saving relating to the Cardiff Alcohol and Drug Team.

I hope this information assists in addressing the various points raised by the Committee.

Yours sincerely
Yn gwyir



Councillor / Y Cynghorydd Susan Elsmore
Cabinet Member for Health, Housing & Wellbeing
Aelod Cabinet dros Iechyd, Tai a Lles



Fy Nghyf / My Ref: CM30117

Eich Cyf / Your Ref:

Dyddiad / Date: 12th March 2015

Councillor David Groves
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Annwyl / Dear David

Scrutiny - Cassc 4 February 2015

Thank you for your letter dated 10th February 2015.

In line with our commitments as a Co-operative Council, the development of the 2015-17 Corporate Plan has been as open as possible, offering key stakeholders early and meaningful opportunities to engage with the document. The development process has been thorough and inclusive, involving early consideration by the Policy Review and Performance Committee, an all member engagement session and the more recent consideration by all scrutiny committees, which is welcome.

In a departure from previous Corporate Plans, which were structured around individual Cabinet portfolios, the draft Corporate Plan for 2015-17 is structured around the administration's four priorities. This approach has been adopted to more strongly emphasise the key priorities and make clear that in the current financial climate it is necessary to have a clear focus on a small number of priorities, particularly in areas where significant change or improvement is required. As a consequence, a number of Cabinet Members will be responsible for contributing to each priority and improvement objective. Clear lines of accountability have been maintained within the Corporate Plan, which was recognised by the Welsh Audit Office as a strength of the 2014-17 Corporate Plan. Where there is a clear need for collaborative work across portfolio areas, Cabinet Members will take a shared lead. For most commitments however, there is a clear and direct line of accountability to individual Cabinet Members.

ATEBWCH I / PLEASE REPLY TO:

Swyddfa'r Arweinydd, Ystafell 525, Neuadd y Sir, Glanfa'r Iwerydd, Caerdydd CF10 4UW
Ffôn (029) 2087 2500 Ffacs (029) 2087 2599

Office of the Leader, Room 525, County Hall, Atlantic Wharf, Cardiff CF10 4UW
Tel (029) 2087 2500 Fax (029) 2087 2599




Because of declining resources the Council is committed, in line with our values, to prioritise services that support those who are in vulnerable situations, particularly children and older people. This term does not relate only to those who are statutorily eligible for receiving social services, and is a broader term to represent those in most need based on a range of indicators most relevant to the services being delivered. The aim is to target resources according to greatest need and for this it is necessary to consider a range of indicators.

To address the issues relating to language and terminology in the Plan a final proof will be done of the document to simplify, as best as possible, technical terms and ensure any inconsistency in terminology, which the Committee noted, is addressed.

With regards to performance monitoring, a strong focus will be placed on performance and improvement and already a number of measures have been put in place to strengthen performance challenge. The Corporate Plan 2015-17 has also been subject to a joint target setting exercise involving Cabinet Members and Directors, responding to Welsh Audit Office recommendations to establish clear targets for all National Strategic Indicators and Public Accountability Measures. Relevant Corporate Plan measures will also feature in the quarterly performance reports, whilst Directorate Delivery Plans will make explicit the contribution of individual services areas.

I also note your comments on the impact of budget proposal CMT8 on those pensioners affected. I would emphasise that those who engage with the Council are routinely made aware of the advice and support services available through the Community Hubs. This includes making individuals aware of how they can maximise their income, for example by ensuring they claim all relevant benefits as the committee noted.

Yn gywir,
Yours sincerely,

A handwritten signature in black ink, appearing to read 'Phil Bale', with a long horizontal line extending to the right.

**CYNGHORYDD / COUNCILLOR PHIL BALE
ARWEINYDD, CYNGOR DINAS CAERDYDD
LEADER OF THE CITY OF CARDIFF COUNCIL**

**CABINET SUPPORT OFFICE
SWYDDFA CYMORTH Y CABINET**

My Ref: CM30368

Your Ref: Scrutiny/Correspondence/Cllr Groves

Date: 11th March 2015

Councillor David Groves
Chairperson of Community & Adult Services Committee
c/o Scrutiny Services
County Hall
Atlantic Wharf
Cardiff
CF10 4UW

Dear / Annwyl David

**Community & Adult Services Scrutiny Committee Meeting - 4 March 2015
Cardiff Council Designation as Single Licensing Authority for powers
contained in Part 1 of the Housing (Wales) Act 2014 – Welsh Agent and
Landlord Licensing Scheme**

Thank you for your correspondence concerning the above meeting and your support is noted. I am confident that the scheme will have a positive impact on the management standards of the private rented sector in Wales; which will inevitably have a consequential impact in others areas such as health.

It is very important to me, that whilst accepting that there are benefits to Cardiff Council of running a national scheme of this scale, that any risks, financial or otherwise, are avoided by good management and support from Welsh Government. I am pleased to be able to advise that written confirmation has been received today from Welsh Government outlining its commitment to the project and the financial support available for 2015/16. This will be given proper consideration by Cabinet prior to any final decisions being taken.

Yours sincerely
Yn gwir

Bob Derbyshire

**Councillor / Y Cynghorydd Bob Derbyshire
Cabinet Member Environment
Aelod Cabinet Dros Yr Amgylchedd**

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