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AGENDA

Committee COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

Date and Time of Meeting WEDNESDAY, 8 JULY 2015, 5.00 PM

Venue COMMITTEE ROOM 4 - COUNTY HALL

Membership Councillor McGarry (Chairperson)
Councillors Ali Ahmed, Carter, Chris Davis, Lomax, Sanders and
Graham Thomas

*Time
approx.*

1 Apologies for Absence

To receive apologies for absence.

2 Declarations of Interest

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

3 Minutes (Pages 1 - 6)

To approve as a correct record the minutes of the meeting held on 3 June 2015.

4 Tackling Human Trafficking in Cardiff: Progress Report (Pages 7 - 22) 5.05 pm

(a) Councillor De'Ath Cabinet Member Skills, Safety & Engagement will be in attendance and may wish to make a statement.

(b) Martin Hamilton Change & Improvement Chief Officer, will be in attendance to answer Members' questions.

(c) Members' question and answer session.

5 Change & Improvement Directorate Delivery Plan 2015-17 (Pages 23 - 62) 5.25 pm

(a) Councillor De'Ath Cabinet Member Skills, Safety & Engagement

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will be in attendance and may wish to make a statement.

(b) Martin Hamilton Change & Improvement Chief Officer, will be in attendance to answer Members' questions.

(c) Members' question and answer session.

6 Health and Social Care Budget Savings Progress Report 2015-16 5.45 pm
(Pages 63 - 72)

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

(b) Tony Young Director Social Services, Sarah McGill Director Communities Housing and Customer Services, and Stuart Young Operational Manager Resources and Performance, will be in attendance to provide a brief presentation and to answer Members' questions.

(c) Members' question and answer session.

7 RCF ICF Quarter 4 progress reports (Pages 73 - 172) 6.25 pm

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

(b) Tony Young Director Social Services, Sarah McGill Director Communities Housing and Customer Services, and Stuart Young Operational Manager Resources and Performance, will be in attendance to answer Members' questions.

(c) Members' question and answer session.

8 Welfare Reform and Universal Credit: Update (Pages 173 - 208) 6.55 pm

(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 and Kate Hustler Operational Manager, Assessment & Support, will be in attendance to answer Members' questions.

(c) Members' question and answer session.

9 Work Programme Report (Pages 209 - 230) 7.15 pm

10 Correspondence Report (Pages 231 - 292) 7.35 pm

11 Way Forward 7.40 pm

12 Date of next meeting

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled to take place on Wednesday 16th September 2015 at 5.00pm in Committee Room 4 County Hall.

Marie Rosenthal

Director Governance and Legal Services

Date: Thursday, 2 July 2015

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

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COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

3 JUNE 2015

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

1 : APPOINTMENT OF CHAIRPERSON

It was noted that at the Annual meeting of Council held on 21 May 2015, Councillor Mary McGarry was appointed as Chairperson of this Committee.

2 : MEMBERSHIP OF COMMITTEE

It was noted that at the Annual meeting of Council held on 21 May 2015, Councillors McGarry (Chairperson), Joseph Carter, Susan Goddard, Chris Lomax, Eleanor Sanders and Graham Thomas were appointed as Members of this Committee. (3 vacancies remain).

3 : TERMS OF REFERENCE

RESOLVED: To agree the Terms of Reference of the Community and Adult Services Scrutiny Committee.

4 : APOLOGIES FOR ABSENCE

Apologies were received from Councillor Goddard and Councillor Thomas advised he would be late.

5 : DECLARATIONS OF INTEREST

The following declaration of interest was received:

Councillor Sanders - Personal Interest – Councillor Sanders manages a family member's Domiciliary Care via Direct Payments.

6 : 2015/16 DRAFT BUSINESS PLANS COMMUNITIES, HOUSING & CUSTOMER SERVICES AND HEALTH & SOCIAL CARE

The Chairperson welcomed Councillor Susan Elsmore Cabinet Member Health Housing and Wellbeing; Sarah McGill Director Communities Housing and Customer Services; Jane Thomas Assistant Director Communities Housing and Customer Services; Amanda Phillips Operational Manager, Learning Disabilities; Nick Blake Senior Business Officer Customer Services and Andy Cole Operational Manager Mental Health Services to the meeting.

The Chairperson invited the Cabinet Member to make a statement in which she welcomed Councillor McGarry as the new Chair of the Committee and paid credit to her predecessor Councillor Groves who had provided a very interesting rigorous and robust scrutiny experience which she hoped would continue. Councillor Elsmore

stated that there would be two presentations provided today and that Members will see synergy between both business plans going forward. Councillor Elsmore added that the redesign within her portfolio was working really well.

Members were provided with a presentation on the Draft Communities Housing and Customer Services Directorate Delivery Plan 2015/2016; which included information on Line of Sight, Directorate Responsibilities; Key Corporate Indicators; Areas for Scrutiny to Consider; Achievements and 'What we will do'.

The Chairperson thanked officers for the presentation and invited questions and comments from Members:

- Members asked in relation to the performance measures in the Plan, how confident officers were with non specific evidence, that the business plan would deliver what they wanted it to. Members considered that the measures were not as outcome focussed as they could be and cited the Delayed Transfer of Care indicators as an example. Officers explained that there were a myriad of reasons for the delay in transfer of care, visible information was needed; a number of interventions should and could have happened early on; was the request received, was it timely etc. and then you need to be able to drill down to the individual action. Performance Management points are for a whole range of services, it's difficult to have something so specific, so it has to be a top level to start with, a figure, and then drilled down. Members sought clarification of their understanding of this in that the performance measures are a summary headline, and then systems are in place to enable drill down and systems in place for teams and individuals for them to deliver the main outcome, then evidence is available. Officers agreed this understanding was correct.
- Members asked whether targets were rigorous enough at this stage, and whether there was enough ambition given that a lot of the targets are the same as 2014-15 or whether services were pushed so targets were not adjusted much. Members were also concerned that targets for 2016/17 seem to be cut and pasted from 2015/16. Officers explained that in relation to Housing, the targets for 2016/17 were notional at the moment as there would be changes to homelessness. In relation to benefits they have looked at how Cardiff performs compared to the rest of Wales and the UK and Cardiff are performing quite well considering the cut in staffing, so to maintain the targets is good. With regard to Rent Arrears, there have been changes in ways benefits are paid etc. so Officers considered that the targets are quite challenging considering the current climate.
- Members asked whether Phase One sites in the Housing Partnerships Programme were likely to slip. Officers stated that a decision on procurement was expected in September, outline planning had been done already, then discussions would take place with whichever contractor is awarded the contract, so there could possibly be a delay between appointment and work commencing but Committee will be kept updated on progress.
- Members asked how Corporate Plan priorities, and the priorities of the business plans fit together. Officers explained that previous corporate plans had been very specific and had become difficult to manage; now there was a

strong direction of key priority areas in the corporate plan which gives a line of sight for the directorate. It was added that there is nothing in the business plan that does not link back to the Corporate Plan and vice versa.

- Members discussed Cardiff's readiness for the introduction of Universal Credit. Officers advised that the initial roll out was due on 30 November 2015 and that the Department of Work and Pensions would provide funding for support, help people open bank accounts and help fund digitalisation.
- Members asked how realistic the deadline of Quarter 2 is for the Maelfa redevelopment. Officers advised that a meeting would be arranged shortly with ward Members and that they believe the timescales to be realistic.
- Members commended the alley gating work that had taken place in Grangetown, the success of Cardiff not using B&B as temporary accommodation and the work on the North Grangetown renewal area. Officers agreed that renewal area had been a great scheme, however the Welsh Government Funding had now stopped so it wouldn't be rolled out to other areas, they added that Grangetown would be making use of other funding for improvements and the Hub. Alley gating is a city wide scheme and is ongoing, there are processes with residents to go through to get buy in before schemes can be started.
- Members asked about Domestic Violence recommissioning and when the support service would be in place. Officers explained that they are working with the Police and Crime Commissioner on the recommissioning process and that it is hoped that the work will be joint with the Vale. It is a complicated commissioning process and March 2017 is a conservative estimate. Councillor Elsmore clarified that this item falls within Councillor De'Ath's portfolio.
- Members asked about the social services telephony service and how the assessments were taking place without a social worker on site. Officers explained that a social worker is available if needed and that the call staff have been trained and that it seems to be operating satisfactorily to date.

Members were provided with a presentation on the Draft Health & Social Care Directorate Delivery Plan 2015/2016; which included information on Line of Sight, Directorate Responsibilities; Key Corporate Indicators; Achievements'; 'What we will do' and a target operating model – services for vulnerable adults.

The Chairperson thanked officers for the presentation and invited questions and comments from Members:

- Members asked that as overspend in this area is continually rising, whether the 2015/16 budget was realistically set, and if officers are confident that this budget is tighter and that advice given prior to budget setting was more realistic than previous years. The Cabinet Member gave assurance that there would be much greater visibility with regards to targets and savings and what can be achieved; there would be open conversations and it was crucial to understand the data, the demands and the demographic profile.

- Members noted that the plan was incomplete and asked when a complete version would be submitted to the Committee. Officers advised this would be by the end of the month.
- Members were concerned that the achievements listed masked the overall dire situation. Members sought assurances that improvements in PPDR and Sickness would be delivered; Members noted that 35% of the staff were at the end of their working life and sought information on workforce planning and how all these issues would be addressed this year. Officers agreed that there was a great deal still to do. The significant issue of clear communication to get staff engaged in the change process rather than disengaged and with low morale needed to be addressed. They added there were opportunities now to break down the silo of directorate working and focus on the best way to meet needs.
- Members noted that at the end of quarter one, operational managers don't have the targets to focus on with their teams. Officers explained that it is very clear through PPDR's and team meetings that there is a very clear target to meet, this should be applied across the board.
- Members asked what work was being done on the changing demographic across the City. Officers stated that they have the projections on the growing population, and figures were very different across the City; there is an increase in population, however this doesn't have to mean an ever growing cost for social care services, prevention work gives cause for hope, changes for improving outcomes should be better for Council budgets.
- With reference to the Housing Act, Members noted that the target operating model outlined on the last slide of the presentation referred to Vulnerable Adults; Members sought confirmation that it was for all recipients of social care and housing. Officers explained that this particular group had been brought together but it would provide a gateway service for the rest of the service users.
- Members asked what modelling or scoping work had been undertaken on developing social enterprises. Officers explained that they would encourage social enterprise where sustainable but noted that they take time to develop. It was added that the Council needed to be clear about what it supports financially. It was noted that officers were looking at volunteering, time banking, and using the third sector and voluntary sector to harness these. It was added that this was an opportunity to review the current commitment with the third sector to ensure that it is value for money, compliant and outcome focussed. Contractors are also asked to be creative with use of volunteers and time banking.
- Members considered that safeguarding should be more explicit in the plan.
- Members sought further information on work being undertaken with developers to ensure that people are able to live in their homes for longer. Officers stated that this was being picked up with the local housing market assessment; it cant be enforced on developers but it will inform planning and will also be put in the Housing Strategy.

- Members noted that the target operating model single point of access was for all vulnerable adults and asked where it fits with service users groups that have not been mentioned such as Learning Disabilities, Sensory Impairments and Mental Health services. Officers explained that it shouldn't be a barrier; the figures coming in from Learning Disabilities are low, at around 8 per year. With regards to Mental Health officers noted that service users are routinely referred via their G.P, there are 400-600 referrals each month of which 70/80% are managed with short term interventions such as signposting and depression/anxiety management. With reference to the single point of access the Primary Health Service take around 600-800 per month so it's a significant number. Officers added that the process was incremental at the moment and not at the final point.
- Members discussed Day Centre's and the Cabinet Member reiterated her commitment at Budget Council not to close Day Services until the next steps had been taken, to be able to offer better services to individuals from community organisations.

The Chairperson thanked the Cabinet Member and Officers for attending the meeting, giving their presentations/views and for answering Members questions.

AGREED – That the Chairperson writes on the Committee's behalf to the Cabinet Member to convey their comments and observations.

7 : WORK PROGRAMME 2015/16

The Constitution states that each Scrutiny Committee will set its own work programme for the forthcoming year (Scrutiny Procedure Rule 7). The Committee is tasked with constructing a work programme for the year ahead that ensures the time available to the Committee is used most effectively, by considering items in a timely fashion that maximise the impact of scrutiny.

Members were invited to consider the approach they would like to take to setting the work programme for the municipal year 2015-16.

Members discussed the ways in which this had previously been done; and the ways in which other Committees undertake this task.

RESOLVED:

- I. That the principal scrutiny officer compile a list of potential topics and circulate to Members;
- II. That the principal scrutiny officer contact a range of stakeholders as potential witnesses;

- III. That the principal scrutiny officer arrange a work programming forum and bring back a report to the next Scrutiny Committee meeting on 8 July 2015 for approval;
- IV. To agree that all future meetings start at 5.00pm.

8 : CARERS UPDATE

Members were advised that this report clarified some misinformation that had been provided at the previous meeting with regards to the Carers Information Centre. At the previous meeting Members had been advised that this had closed.

Health and Social Care officers have contacted Scrutiny services to advise that the centre has not closed; third sector agencies and volunteers are operating the centre with the University Health Board's Patient Experience Team overseeing the work. In the last 12 months there have been nearly 1000 visitors to the centre.

RESOLVED: to note the report.

9 : DATE OF NEXT MEETING

The next meeting of the Community and Adult Services Scrutiny Committee is scheduled to take place on Wednesday 8 July 2015 at 5.00pm.

The meeting terminated at 7.30 pm

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 July 2015

‘TACKLING HUMAN TRAFFICKING IN CARDIFF’: Progress Report

Purpose of Report

1. The purpose of this report is to provide Members with a report on the progress made in implementing the recommendations agreed by the Cabinet following this Committee’s scrutiny of ‘Tackling Human Trafficking in Cardiff.’ The progress report is attached at **Appendix A**.

Background

2. At its meeting of 23 July 2013, this Committee agreed a Task & Finish group to investigate ‘Tackling Human Trafficking in Cardiff’ and invited the Children and Young People Scrutiny Committee to join the Inquiry. The Task Group received evidence and produced a report, which was submitted to the Cabinet in October 2014. The full Inquiry report and research report are available at:
<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>
3. The Cabinet agreed their response at their meeting in January 2015. Overall, the Committee made sixteen recommendations to the Cabinet, some of which contained multiple parts labelled a, b, c and d as appropriate. The Cabinet response showed the following:
 - 12 of the recommendations were accepted –R1, R2, R3a, R3b, R4, R5, R6, R7, R8a, R9, R14, R15 and R16.
 - 1 was partially accepted – R12.
 - 3 were not accepted – R10, R11, R13.
 - 1 where it is unclear whether it is accepted or not – R8b.

4. The Cabinet Response was brought to this Committee on 4 March 2015. At the meeting Members sought clarification on which Cabinet Member and Director were responsible for Human Trafficking. Following the meeting, Councillor Elsmore wrote to confirm that the responsible Cabinet Member is Councillor De'Ath and, at that time, the responsible Director was Sarah McGill. The responsible officer is now Martin Hamilton, Change and Improvement Chief Officer, following the move of the Policy, Partnerships and Community Engagement team to his service area.

Progress Report

5. Attached at **Appendix A** is a progress report that has been prepared by officers in the Policy, Partnerships and Community Engagement team, with input as required from other sections of the Council. The report shows progress has been made with all the recommendations that were accepted.

Way Forward

6. Councillor Dan De'Ath, Cabinet Member (Safety, Democracy and Engagement), Martin Hamilton, Change and Improvement Chief Officer and Rachel Jones (Operational Manager, Policy, Partnerships and Community Engagement) 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 note the information provided in **Appendix A** and consider whether it wishes to use information contained in the report to inform future scrutiny.

MARIE ROSENTHAL

Director of Governance and Legal Services

01 July 2015

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RECOMMENDATION TRACKING SHEET – UPDATE REPORT as at JUNE 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

Tackling Human Trafficking in Cardiff

Response from Cabinet: 26 January 2015

Response submitted to Scrutiny Committee: 4 March 2015

RECOMMENDATION	Cabinet Response	Update as at JUNE 2015
R1. Task an officer to work with the Human Trafficking Forum to develop and implement mechanisms to capture key monitoring information on the non- NRM cases of Human Trafficking in Cardiff.	Accepted. The Director of Housing & Communities will identify an officer to coordinate the work with the Human Trafficking Forum, to capture key monitoring information on the non- NRM cases of Human Trafficking in Cardiff.	Following the review by the Community and Adult Services Scrutiny Committee of Tackling Human Trafficking in Cardiff a formal mechanism for to report cases which have not gone through the National Referral Mechanism (NRM) has been established. The Cardiff & Vale UHB Partnership Manager with responsibility for Tackling Human Trafficking in Cardiff has worked in partnership with the Human Trafficking MARAC Co-ordinator, and the Regional Force Intelligence Department to ensure that monitoring information of all Human Trafficking cases are captured and reviewed through the MARAC process, thus ensuring that cases that have not formally been through the NRM process are being cited, reviewed, and dealt with as appropriate.

<p>R2. Lend their support to the proposal of Steve Chapman, Anti Slavery Coordinator for the Welsh Government, to amend the NRM forms with the aim of increasing their usage.</p>	<p>Accepted.</p> <p>The OM Safeguarding (based in Children’s services), managing Children’s and Adults safeguarding will contact the Anti-Slavery Coordinator with a view to offer support for amending the NRM forms.</p>	<p>A national review into the effectiveness of the NRM has been undertaken by the Home Office as part of the Government’s wider commitment to eradicate slavery and protect victims.</p> <p>The Review was asked to examine and make recommendations to the Home Secretary on six key areas:</p> <ul style="list-style-type: none"> • identification of victims • how they access support • the level of support that victims receive • decision making • governance of the NRM • collection and sharing of data <p>A meeting with Steve Chapman, Anti-Slavery Coordinator for the Welsh Government, has been arranged for the 25th of June to discuss the recommendations of the national review and the Human Trafficking agenda in Cardiff.</p>
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<p>R3. Task the Director of Education and Lifelong Learning to investigate, and report on, the following:</p> <ol style="list-style-type: none"> The implementation and application across all Cardiff Schools of the All Wales Children Missing in Education Protocol Whether the application of the All Wales Children Missing in Education Protocol adversely affects school attendance figures, thus potentially creating a disincentive to schools to apply it properly. 	<p>Accepted – with provisos</p> <p>The Director of Education and Lifelong Learning has clarified that there is no All Wales Children Missing in Education Protocol. Though there is an All-Wales Protocol for Missing Children (for children who run away or go missing from home or care). With this proviso, these recommendations are accepted.</p> <p>There is also a statutory duty for all local authorities in Wales to make arrangements to enable them to establish the identities of children in their area who are not registered at a school and not receiving a suitable education. The purpose of the duty is to make sure that children missing from education are identified quickly and that effective monitoring systems are put in place to ensure that the young person gains access to the most appropriate provision as quickly as possible. There is no all Wales Children Missing Education Protocol (CME) but all LA's are expected to have a clear policy for Children Missing Education. Cardiff's Education and Lifelong Learning have a CME policy with clear guidance about the roles and responsibilities for all partners including schools. Schools are regularly reminded of their safeguarding responsibilities in relation to both Missing Children and Children Missing from Education.</p> <p>Safeguarding children must be paramount</p>	<p>The Education Welfare Service (EWS) has very robust procedures in place. Schools, other Local Authorities, and partner agencies across Cardiff know when and how to make a referral.</p> <p>The EWS has received 277 Child Missing in Education (CME) referrals during the 2014/15 academic year. Of these referrals:</p> <ul style="list-style-type: none"> 239 have been resolved and are closed; and 38 are still ongoing. <p>In addition, the EWS has tracked 436 pupils into schools where there has been a delay in families arranging admission to school.</p> <p>The EWS has also made a number of referrals to the Human Trafficking MARAC where there have been concerns about potential trafficking, and has worked closely with the Cardiff & Vale UHB Partnership Manager with responsibility for Tackling Human Trafficking regarding such referrals.</p>
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	<p>above any other consideration including school attendance figures.</p> <p>When a child or sibling group appear to have gone missing or are withdrawn from a maintained school in Cardiff without the parent/carer giving notice or without the school being advised of a new school, there are clear roles and responsibilities for Schools, School Attendance Officers and the Education Welfare Service (EWS) to follow up and investigate this. If all attempts to trace a pupil fail and only once the Education Welfare Service has completed their enquiries, the EWS will advise the school of the outcome and the school can then remove the pupil from the roll. With the agreement of the EWS the removal can be backdated to the point where the child last attended and therefore there will be no impact on a school attendance figures.</p> <p>In addition, the LA has a statutory duty to inspect school registers and all schools will have at least one register inspection a year. During this the EWS are able to check whether schools are correctly following CME procedures. If there are any issues, this can be addressed with the school's SLT during feedback.</p>	<p>The EWS has undertaken register inspections in 109 schools so far during the 2014/15 academic year. Through the inspections the EWS are able to check whether schools are correctly following CME procedures and are appropriately addressing any issues or inconsistencies in implemented and / or following procedures.</p> <p>On the whole, all schools have a very good understanding of their responsibilities and follow Cardiff's CME policy and procedures.</p>
<p>R4. Task officers to investigate ways of raising awareness amongst council staff and develop and implement an appropriate awareness-raising</p>	<p>Accepted</p> <p>Work is already underway to refresh safeguarding training programmes to reflect the</p>	<p>A programme of half day awareness raising sessions has been developed, and these sessions take place on a rolling monthly schedule and are available to all Council</p>

programme.	changing policy environment flowing from the Social Services and Well-Being Act 2014 and the recommendation will be incorporated in that refresh.	<p>staff.</p> <p>In addition to the awareness raising sessions a number of Council Directorates have requested bespoke Human Trafficking training which has also been delivered.</p> <p>During 2014/15 10 sessions were held; 7 half day awareness sessions and 3 full day training sessions which were attended by 91 members of Council staff from:</p> <ul style="list-style-type: none"> • Adult Services • Education • Housing • Looked After Children • Children’s Services • Youth Offending Service • Flying Start <p>The programme will continue to be developed and rolled out during 2015/16 to all Council staff, and will also make up part of the safeguarding training package that is being developed by the LSCB.</p>
R5. Task the Director of Social Services to ensure posters regarding private fostering are displayed in front-facing council properties, including hubs, libraries and schools, and work with partners to display posters in their front-facing properties. The posters should detail the requirements on adults who are privately fostering to inform the local	<p>Accepted</p> <p>It is already part of the council’s statutory duty to raise public awareness of the liabilities associated with undertaking private fostering roles and the current activities and campaigns in place to support this will be refreshed.</p>	<p>New private Fostering posters have been designed and have recently been printed. The Fostering Service is working with the Communications Team to ensure that they are distributed at all of the key sites outlined in the recommendation.</p> <p>To date, they have been distributed to St David’s Hospital specifically requested by</p>

<p>authority and explain the routes for doing this.</p>		<p>them following the Local Safeguarding Children's Board (LSCB) presentation of the Private Fostering Annual report in May 2015.</p> <p>The posters have also been distributed to some schools and the Ethnic Minority and Traveller Achievement Service (EMTAS) will be distributing posters at future Human Trafficking training.</p> <p>The Fostering service aims to complete distribution in the next 6 weeks. The posters and distribution plan have also been shared with the Children's Access Point (CAP) to ensure that they can prepare, should the awareness raising generate an increase in referrals as is expected.</p>
<p>R6. Task the Director of Education and Lifelong Learning to promote and ensure Head Teachers are fully aware of the training on human trafficking that is available and seek feedback from them on how their schools will tackle human trafficking, by raising awareness, identifying potential cases of human trafficking and referring cases onwards.</p>	<p>Accepted</p> <p>The Director of Education and Lifelong Learning will ensure that work is undertaken to raise awareness and identification of human trafficking within schools via the Heads Conferences and ensure that Child Protection leads and SLT within schools have the opportunity to undertake training in this area.</p>	<p>A number of schools have received Human Trafficking training during the 2014/15 academic year including; Tremorfa nursery school and Willows High School, additionally the EMTAS have received the training and are supporting the roll out and delivery of the training across the Schools.</p>
<p>R7. Task appropriate officers to review the existing safeguarding training and amend it to ensure that it is fit for the issues of the twenty-first century, including human trafficking.</p>	<p>Accepted (same answer as for R4)</p> <p>Work is already underway to refresh safeguarding training programmes to reflect the</p>	<p>(same answer as for R4)</p> <p>A programme of half day awareness raising sessions has been developed, and these sessions take place on a rolling monthly</p>

	<p>changing policy environment flowing from the Social Services and Well-Being Act 2014 and the recommendation will be incorporated in that refresh.</p>	<p>schedule and are available to all Council staff.</p> <p>In addition to the awareness raising sessions a number of Council Directorates have requested bespoke Human Trafficking training which has also been delivered.</p> <p>During 2014/15 10 sessions were held; 7 half day awareness sessions and 3 full day training sessions which were attended by 91 members of Council staff from:</p> <ul style="list-style-type: none"> • Adult Services • Education • Housing • Looked After Children • Children's Services • Youth Offending Service • Flying Start <p>The programme will continue to be developed and rolled out during 2015/16 to all Council staff, and will also make up part of the safeguarding training package that is being developed by the LSCB.</p>
<p>R8. Task officers to:</p> <p>a) put in place a system to identify staff that require human trafficking training and</p> <p>b) include the number of staff that have undertaken human</p>	<p>Accepted</p> <p>The principles associated with 8 a) in this recommendation are accepted. How best to determine target staff groups will be incorporated in the work highlighted in the response to recommendations 4 & 7.</p>	<p>A programme of half day awareness raising sessions has been developed, and these sessions take place on a rolling monthly schedule and are available to all Council staff.</p>

<p>trafficking training in the performance reports to Children and Young People Scrutiny Committee and Community and Adult Services Scrutiny Committee.</p>	<p>In relation to recommendation 8 b) officers will initiate a discussion with the chairpersons of the respective committee to clarify how best to enable effective monitoring training delivery overall.</p>	
<p>R9. Task officers to further refine the Human Trafficking Pathway to address and clarify the existing confusion regarding whether cases involving children should come back to the Human Trafficking Forum for a MARAC.</p>	<p>Accepted</p> <p>This recommendation is accepted and the process will be clarified.</p>	<p>This process has been reviewed and clarified and is now working well. Presentations to ensure that there is no future confusion have been undertaken with both CAP and Intake and Assessment (I&A).</p>
<p>R10. Task the Director of Children's Services to identify the resources required to adequately deal with referrals regarding human trafficking and private fostering and to report this to the Cabinet Member for Early Years, Children and Families and to the Children and Young People Scrutiny Committee.</p>	<p>Not accepted</p> <p>This recommendation is not accepted as written for 3 reasons:</p> <ol style="list-style-type: none"> 1. Children's service only has a statutory duty to respond to referrals involving children in need or at risk; this would include referrals in relation to newly reported private fostering arrangements but it would not include referrals in relation to human trafficking per se unless there is a child involved. 2. It is not clear from the recommendation whether it seeks to establish a dedicated HT resource within children's services. This would not be appropriate since the existing and well established routes for adults (to H&SC) and to Children's 	<p>Recommendation not accepted. No further action has been undertaken.</p>

	<p>Services (CAP desk) provide for this.</p> <p>3. The Director of Children's Services (DCS) has already reported widely on the challenges associated with rising referral demands and on pressures in relation to social work capacity. To this extent the DCS accepts the need to ensure that appropriate resources are available to manage that demand including all cases of HT involving children but these would always be integrated, as currently, into existing systems.</p>	
<p>R11. Task the Director of Children's Services to ensure that regular 'mystery shopper' exercises are undertaken with regard to the Children's Access Point, to ensure that the systems for referrals and feedback are adequate and appropriate, and report on action taken to address any issues identified as a result of these exercises.</p>	<p>Not accepted</p> <p>Officers in the CAP team are already struggling to deal with demand and to ensure that those most at risk are afforded appropriate priority and scarce professional time. It would simply be unethical to add to the demand and distract officers by manufacturing bogus referrals in this way. It should also be borne in mind that there are already existing audit mechanisms in place to QA the service; that the Independent Support Team (provided as part of the Children's Services Improvement Plan) has recently audited the work of CAP and declared it to be effective; and that the C&YP Scrutiny Committee has recently concluded an investigation into referral management.</p>	<p>Recommendation not accepted. No further action has been undertaken.</p>
<p>R12. Write to the Welsh Government to</p>	<p>Accepted</p>	<p>No further action to be undertaken at this</p>

<p>highlight the shortcomings of the current All Wales guidance for the Protection of Vulnerable Adults and the need for this to be reviewed and rewritten to take account of the vulnerability of victims of trafficking and potential victims of trafficking.</p>	<p>This recommendation is accepted but it is more appropriate for the Chair of CASC to write this letter since officers and Cabinet have already had opportunities to influence the policy via consultation processes associated with the Social Services & Well-Being (Wales) Act 2014.</p>	<p>stage.</p>
<p>R13. Task officers to explore and report on how male victims of human trafficking could be better supported in Cardiff, from when human trafficking is first suspected through to when it is confirmed.</p>	<p>Not accepted</p> <p>This recommendation is not accepted as written. The council has no direct statutory duty to provide support to such victims, unless they are children. Much as the spirit of the recommendation is endorsed this is a role that falls more appropriately to Victim Support as does support provision for victims of crime in general.</p>	<p>Recommendation not accepted. No further action has been undertaken.</p>
<p>R14. Task officers to develop and implement a Social Responsibility Charter for the Council's Commissioning and Procurement processes, which includes mechanisms to tackle labour exploitation.</p>	<p>Accepted</p> <p>Officers will assess the potential to develop and implement a Social Responsibility Charter for the Council's commissioning and procurement processes. A Cabinet report will set out the issues, options and make recommendations for the way forward.</p>	<p>Preliminary research has been undertaken but further work is required and has been programmed for quarter 3 of 2015/16. It is anticipated that a Cabinet Report will be brought forward in late 2015 / early 2016. In the interim the Commissioning & Procurement Team continue to work with Legal and Democratic Services to ensure that, wherever practicable, all new Council contracts for goods, services and works include clauses to the effect that the contractor (including its subcontractors)</p>

		<p>performs its obligations under the Agreement:-</p> <ul style="list-style-type: none"> • in accordance with all applicable legislation, including employment legislation. • monitor and report on employment practices • not to bring the Council into disrepute.
R15. Work with the Cardiff Business Council to build on the evident good will to tackle labour exploitation.	<p>Accepted</p> <p>The report was considered at the Cardiff Business Council on 5 January 2015. There is a letter attached (Annex A) from Chairman of Cardiff Business Council as evidence of the Business Council's consideration of this matter.</p>	No further action to be undertaken at this stage.
R16. Task officers to review and update how partnership structures link to decision making structures in order to guarantee proper decision making processes are followed, thus enhancing democratic accountability and transparency.	<p>Accepted</p> <p>Set out below are the key strategic priorities. The Cardiff Human Trafficking & Anti-Slavery Forum was established in summer 2012 to facilitate and develop integrated working arrangements focusing on the following key strategic objectives/ priorities:</p> <p><i>Key Strategic Priorities</i></p> <ul style="list-style-type: none"> • To improve the identification of victims of human trafficking & modern day slavery • To develop and embed in practice a robust joint multi-agency response to 	<p>The Human Trafficking forum reports directly to the Safer and Cohesive Communities Programme Board and is governed by this structure. An annual briefing is provided to the Cardiff Partnership Board who has ownership of the human exploitation agenda as a joint priority.</p> <p>The Human Trafficking and Anti-Slavery Forum also reports issues related to the internal and external trafficking of children to the Joint Cardiff and Vale Local Safeguarding Children Board. Additionally a strategy and action plan to identify and support children who are sexually exploited has been</p>

114.SS.09 a	Issue 2	Date: 08/06	Process Owner: Chief Officer Scrutiny, Change & Efficiency	Authorisation: Scrutiny OM	Page 11 of 13
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	<p>human trafficking & modern day slavery in Cardiff & the Vale</p> <ul style="list-style-type: none"> • To focus on developing effective services, including after-care, to support victims of human trafficking • To have a consistent enforcement strategy and response to perpetrators of human trafficking and modern day slavery <p>The Forum reports directly to the Safe & Cohesive Communities Programme Board and is governed by this structure and an annual briefing is provided to the Cardiff Partnership Board who have ownership of the human exploitation agenda as a joint priority. The Human Trafficking & Anti-Slavery Forum also reports issues related to the internal & external trafficking of children across Cardiff & the Vale to the Joint C&V LSCB. This includes the development of strategy and support for services for children who are sexually exploited.</p>	<p>developed and adopted by the LSCB, there will continue to be an overlap with the work undertaken to tackle Human Trafficking and the Human Trafficking and Anti-Slavery Forum and Joint LSCB will address this in partnership.</p>
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**CITY & COUNTY OF CARDIFF
DINAS A SIR CAERDYDD**

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

8 July 2015

DRAFT CHANGE & IMPROVEMENT DIRECTORATE DELIVERY PLAN 2015-17

Purpose of Report

1. To provide Members with background information to facilitate the scrutiny of the draft Change and Improvement Directorate Delivery Plan attached at **Appendix A**.

Scope of Scrutiny

2. This item will enable Committee to pass comments to the Cabinet to consider when they receive the draft Directorate Delivery Plans. At this meeting Committee can scrutinise:
 - a. the Directorate's contribution to delivering the Council's Corporate Plan 2015-17 and the Organisational Development Programme, via the commitments detailed in the Action Plan;
 - b. the milestones and timescales for delivering the commitments in 2015-16;
 - c. the resources it has to deliver these commitments in 2015-16;
 - d. the challenges it faces as a service in 2015-16; and
 - e. the Directorate's key achievements during 2014/15.
3. The work of the Change and Improvement Directorate falls within the remit of several scrutiny committees and Members are therefore requested to limit their questions to the sections that are relevant to this Committee, which are:
 - a. Cardiff and Vale of Glamorgan Local Service Board
 - b. Cardiff Partnership Board
 - c. Neighbourhood Partnerships
 - d. Communities First
 - e. The Prevent programme
 - f. Community Cohesion.

Background

4. The Corporate Plan 2015-17 was approved at Council on 26 March 2015. It sets out four key priorities for Cardiff:
 - a. Education and skills for people of all ages;
 - b. Supporting people in vulnerable situations;
 - c. Sustainable economic development as the engine for growth & jobs;
 - d. Working with people and partners to design, deliver and improve services.

5. The accompanying report stated that *'Directorate Delivery Plans will provide an important link between the Corporate Plan, the work of directorates and the objectives set for individual employees. Directorate Delivery Plans will also further integrate financial and service planning, more detailed action about progressing Corporate Plan Improvement Objectives, as well as details of other important activities not included in the Corporate Plan. In addition, Directorate Delivery Plans will provide clear lines of responsibility, increased accountability and be subject to effective management challenge and scrutiny. This will ensure that team and individual employee objectives are aligned with Council's key strategic priorities.'*¹

6. The draft Delivery Plan follows a standard format, which is:
 - Introduction;
 - Core Business;
 - Key Achievements from 2014/15;
 - Aspirations/ Challenges for 2015/16;
 - Budget;
 - HR statistics;
 - Action Plan and Performance Measures.

7. The Action Plan is split into three parts, as follows:
 - a. Corporate Plan and Cardiff Partnership Priorities;
 - b. Core Business Priorities; and
 - c. Planning for the Future.

¹ Points 10 and 11, Corporate Plan 2015-2017 Cover Report – Agenda Item 2 Cabinet Meeting 19 March 2015

8. Each Action in the Action Plan has its own reference number and shows the linkages to the Corporate Plan Priority and Improvement Objective, the Medium Term Financial Strategy and the partners that are involved in this work.
9. To assist Members, listed below are the relevant pages and improvement objectives that fall within the terms of reference of this Committee:
 - a. People at risk in Cardiff are safeguarded – **Appendix A, page 18 – Ref 8 - Prevent;**
 - b. All outcomes – **Appendix A, page 19 – Ref 10 – Neighbourhood Partnerships;**
 - c. All outcomes – **Appendix A, page 19 – Ref 11 – Communities First;**
 - d. All outcomes - **Appendix A, page 20- Ref 13 – networks between various programmes;**
 - e. People at risk in Cardiff are safeguarded – **Appendix A, page 20 – Ref 14 – Community Cohesion;**
 - f. People at risk in Cardiff are safeguarded – **Appendix A, page 21 – Ref 15 – Human Trafficking;**
 - g. People at risk in Cardiff are safeguarded – **Appendix A, page 21 – Ref 16 – Human Trafficking;**
 - h. What Matters Strategy - **Appendix A, page 25 – Ref 25;**
 - i. Regional Collaboration - **Appendix A, page 26 – Ref 26.**

Way Forward

10. Councillor Daniel De'Ath, Cabinet Member (Safety, Democracy and Engagement), Martin Hamilton (Change and Improvement Chief Officer) and Rachel Jones (Operational Manager, Policy, Partnerships and Community Engagement) have been invited to answer Members' questions on the draft Delivery Plan.
11. Members may wish to explore the following areas:
 - a. Whether the Directorate is supporting delivery of the Corporate Plan via the commitments detailed in the Action Plan;
 - b. Whether the milestones and timescales for commitments are appropriate and achievable;

- c. What the arrangements are for monitoring implementation of the Delivery Plan commitments;
- d. Whether the performance measures are appropriate and fit for purpose;
- e. The Directorate's resource levels and whether these are sufficient to resource the commitments in the Action Plan;
- f. How the Directorate is planning for the future; and
- g. The Directorate's key achievements during 2014/15.

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:

- I. consider the information in the report , appendices and provided at the meeting;
- II. decide whether they would like to make any comments to the Cabinet and;
- III. decide the way forward for any future scrutiny of the issues discussed.

MARIE ROSENTHAL

Director of Governance and Legal Services

01 July 2015

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Change & Improvement Directorate Delivery Plan 2015-2017

DRAFT

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Introduction

Corporate Business Plan

The City of Cardiff Council can no longer do all the things it has done in the past. With reducing funding and increasing demand, the Council must be clear about its priorities. Three tightly focused priorities have been maintained and a fourth priority introduced which recognises the need to change the way services are delivered.

Our priorities:

- Education and skills for people of all ages;
- Supporting people in vulnerable situations
- Sustainable economic development as the engine for growth and jobs;
- Working with people and partners to design, deliver and improve services.

For each priority, a limited number of improvement objectives have been established; and for each improvement objective, high level commitments and performance indicators have also been identified.

Measuring Progress

To ensure there is a clear accountability for delivering each objective a Lead Member, or in some instances Members, are identified. The delivery of the Corporate Plan will be monitored through the Council's strengthened Performance Management Framework, including:

- Performance Challenge sessions of the Council's Senior Management Team;
- Joint Cabinet and Senior Management Team Performance Challenge meetings;
- A Challenge Forum involving Members; Senior Officers and external peer support to challenge the Council's progress against its improvement journey and delivery of the Corporate Plan.

Aligned monitoring and reporting cycles for finance and service performance information will further support this and afford far greater visibility of the Council's overall performance position – against which progress will be monitored on an ongoing basis

Key Terms

City Wide Outcomes

- Seven high level outcomes which have been agreed with partners, and are contained in Cardiff's Single Integrated Plan – "What Matters".
- Achieving these outcomes require action across a range of organisations.

Council Priorities

- The Council's priorities recognise the most important areas that need to be addressed in the short to medium term.

Improvement Objectives

- For each priority 2-3 Improvement Objectives have been identified. These reflect specific areas where the Council wishes to see improvement.
- Improvement Objectives are expressed clearly and simply, to explain the future condition (or specific outcome) we want to achieve.

Commitments

- Commitments are specific initiatives that the Council will undertake to deliver the Improvement Objectives and contribute to City Wide Outcomes

Measuring Progress

- Progress will be measured by a basket of indicators. These will include nationally set indicators (known as NSIs and PAMs), service improvement data which is collected by local authorities across Wales, and local indicators chosen by the Council.

The Policy Framework



Directorate Introduction

Core Business

Change & Improvement comprises of Policy, Partnerships & Community Engagement, the Emergency Management Unit, the Prevent Team, Improvement & Information, Communications & External Relations and Cabinet Support and Policy. Its function is to develop partnership working and provide the Cabinet and Council with excellent policy advice, research, community engagement and performance management and improvement capability. The Directorate is also responsible for a wide range of significant corporate functions serving the whole Council and partners.

It also provides the Cabinet and Council with citizen engagement, consultation and communication across Partnership working, Governance, Freedom of Information and Data Protection. Through these activities Change Improvement supports the Cabinet's newly established vision for Cardiff to be **"Europe's most liveable capital city."** This vision will be achieved by delivering seven outcomes which have been jointly agreed by public service and third sector partners in the city. These are captured in Cardiff's Single Integrated Plan - **"What Matters"**:

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- People in Cardiff are safe and feel safe
- Cardiff has a thriving and prosperous economy
- People in Cardiff achieve their full potential
- Cardiff is a great place to live, work and play
- People in Cardiff have a clean, attractive and sustainable environment
- People in Cardiff are healthy
- Cardiff is a fair, just and inclusive society

As well as supporting the four corporate priorities set out in the Corporate Plan:

- Education and skills for people of all ages;
- Supporting vulnerable people;
- Sustainable economic development;
- Working with people and partners to design, deliver and improve services

Cabinet Office

The Cabinet Office provides the following important functions:

- Manages Strategic Policy issues at a Wales and UK level; including engagement with Core Cities / Great Western Cities / Co-operative Councils Innovation Network
- Manages Corporate Policy priorities, including drafting the Corporate Plan and Liveable City Report, and supporting the Challenge Forum;

- Delivers day to day policy support for Leader of the Council, including coordinating and drafting briefings, speeches and presentations, letters to Ministers etc
- Ensures that the decision making processes of the Cabinet are efficient, meet statutory guidelines and are transparent.
- Provides high quality secretarial and administrative support to the Leader and Cabinet Members.

Communications & External Relations

Communications is working to make sure the people the City Council serves understand the work it does, the services it provides and the direction in which it is taking the capital of Wales. It provides the following services:

- **Design** – the team delivers high quality award-winning creative concepts. The team provides a full service from generating concepts, visualising ideas and project management through to design, layout and provision of print-ready and web-ready artwork including the Capital Times.
- **Communicating with the media** - Our media relations work focuses on protecting and enhancing the reputation of the Council. We work closely with media channels which are most used by local people including local print media, commercial radio stations and regional broadcasters.
- **Communicating with employees** - The Communications and Media team manages the corporate internal communication channels including the production of Our News, Your Inbox, the intranet homepage news stories and Core Brief. We also facilitate the bimonthly Senior Management Forum meetings and promote the regular staff survey The Voice.
- **Communicating with residents, businesses and visitors** - The team has vast experience of producing industry-recognised campaigns using innovative and cost effective communication channels to create calls to action or nudge people to change their behaviour. The council's website, managed by our colleagues in the Web Team based in Wilcox House, is an effective way to communicate cost effectively. We have a virtual Cardiff Newsroom that contains all press releases and the City Council's YouTube channel.

Emergency Management Unit

The Emergency Management Unit provides an emergency management service which helps co-ordinate the planning and preparation of council resources in order to provide an appropriate response to emergencies.

Improvement & Information

The Improvement & Information Team are responsible for strategic leadership, facilitating challenge, performance reporting, benchmarking and training arrangements for Information Governance and Performance Management across the Council.

The team comprises of two elements. The Improvement team provides the development and governance for the Performance Management framework and arrangements to ensure we are compliant with the Local Government Wales Measure 2009.

The Information team are responsible for the governance of Information Management to ensure compliance with legal and statutory obligations. The team undertakes the service delivery of information requests under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Subject Access Requests to citizens. They also provide management of records, their retention and digitisation of council records.

Policy, Partnerships and Community Engagement (PPCE)

The PPCE service has responsibility for supporting the strategic partnership arrangements with other public and third sector organisations and includes the development and review of the What Matters Single Integrated Plan and the management of the Cardiff Partnership Board and Cardiff and Vale of Glamorgan Local Service Board. The service also supports locality working through the facilitation of six Neighbourhood Partnerships and the delivery of programmes such as Families First and Communities First in support of achieving the What Matters outcomes.

An important part of the service responsibilities is the development of the Cardiff Debate as a three year engagement programme with our public service partners. This involves an ongoing programme of research and consultation including the annual Ask Cardiff survey, neighbourhood intelligence reports and facilitating community engagement in relation to priorities and decision making. This is also supported through working with the community to develop new ways of delivering public services such as coproduction, time credits and the 'Stepping Up' process for managing services and assets.

Prevent

Prevent responds to the ideological, institutional and individual challenges associated with terrorism and the threat we face from those who promote it; it prevents people from being drawn into terrorism and ensures that they are given appropriate advice and support and works with sectors and institutions where there are risks of radicalisation which need to be addressed.

Our Achievements during 2014-15

During 2014-15 the Council faced difficult financial challenges as a result of both significant funding reductions from Welsh Government which continue into 2015/16 and 2016/17, across the medium term financial plan and significant financial pressures within the Council as a result of increasing demands for our services.

Change & Improvement supported Council wide activity undertaken through the corporate approach it takes to areas such as Information Governance, Performance Management, Partnership Working, Community Engagement, the Cardiff Debate and Stepping Up, Emergency Planning and Business Continuity. Some of the work that was undertaken within Change & Improvement that supported the Corporate Objectives is highlighted below.

- Establishing a new vision and values for the Council and reframing the Council's policy framework
- Developing a refreshed Corporate Plan for 2015-17,
- Securing Cardiff's membership of the UK Core Cities network, and supporting the development of Cardiff's City Deal proposal
- Launching the Great Western Cities Initiative with Bristol and Cardiff
- Co-ordinating Cardiff's response to Welsh Government consultations on local government re-organisation
- Reviewed Cabinet Support and ensured that high quality administrative support function was available to all Cabinet Member and Senior Management.
- Developed an improved system for ensuring that Scrutiny reports are responded to in a timely manner.
- Supported the Council's Governance arrangements, working across directorates to ensure the quality and timeliness of Cabinet reports
- Provided the communication channels to implement the employee engagement strategy, supported the roll out of the Making a Difference brand and intranet site
- Coordinated the delivery of NATO (Cardiff) Resilience Assurance Project
- Delivered Exercise OTAN; a corporate resilience exercise for all Strategic/Gold and Tactical/Silver Officers
- Engaged nationally and regionally to develop literature and promote learning about community resilience issues
- Provided Contingency Planning and Training Support Services for Organisations.
- Provided secretariat support for the Cardiff Partnership and six Neighbourhood Partnerships including the publication of the annual report of the What Matters Strategy and review of Neighbourhood Action Plans
- Established the Cardiff & Vale of Glamorgan Local Service Board and agreement of a Joint Work Programme
- Developed Cardiff Debate as a 3 year engagement programme including a new website and social media presence, hosting a Public Service Summit, production of citizen "vox pops", hosting of 37 community engagement events and production of Phase 1 findings report.
- Facilitated the largest consultation on the City of Cardiff Council's draft budget proposals including the hosting of 10 engagement events, development of a video to explain the budget challenges and production of report of consultation findings
- Delivered a new Neighbourhood Fund which included the approval of 105 project applications
- Published the 'Stepping Up' Toolkit and delivery of 6 community workshops and 30 1-2-1 session in relation to managing services and buildings

- Delivered the £29m Families First Programme including the production of an Annual Review 2013/14, Report on service user demands, development of the Cardiff Parenting Framework and completion of a Parenting Review
- Delivered the Cardiff Communities First Programme including piloting the new LIFT programme in the Cardiff East Cluster to tackle workless households and development of partnership arrangements with schools to maximise the Pupil Deprivation Grant.
- Undertaken an Information Commissioners Office consensual audit of Training and awareness, Data Protection, Security of Personal Data and 6 month review which has provided a good level of assurance around the policies and processes of the council which have been implemented over the last 2 years
- Implemented an appropriate partnership agreement with South Wales Police to deliver access to information requests
- Implemented a strategy for dealing with 'Open Data' to make key data sets available to the public
- Implemented a proof of concept piece of work around the digitisation of records the council holds
- Implemented a process where Privacy Impact Assessments are routinely complete as part of the Procurement and PQA
- Refreshed the Performance Management Framework of the Council
- Implemented improved accountability process for Performance Management by introducing regular Star Chamber and Service Improvement meetings
- Improved arrangements for ensuring that the performance indicators that the Council publishes are accurate, timely and used
- Developed the Performance Management capacity corporately and across the Council by introducing regular engagement sessions and training opportunities
- Ensured that the Council successfully delivered its Outcome Agreement with Welsh Government worth £3.4million per annum
- Hosted a Cardiff Youth Prevent Conference
- Hosted a Cardiff Adult Prevent Conference
- Achieved Prevent 'buy-in' from a range of multi-agency partners
- Established effective Prevent governance structures across Cardiff and Wales
- Delivered WRAP Training (Workshop to Raise Awareness of Prevent) and Train the Trainer workshops across Cardiff
- Delivered the GOT (Getting on Together) Project across Cardiff secondary schools

Key Aspirations for 2015-16

Key aspirations within the Directorate for 2014-15 include:

- To support the council to address the various issues in the Wales Audit Office Corporate Assessment report and to put the Council in a position where it receives a positive corporate assessment in 2015
- To provide targeted policy support and research to priority areas as detailed by the Leader, the Chief Executive and Cabinet
- Improve the Performance Management Culture across the Council to ensure that performance is embedded into normal practice
- Improve the Information Governance arrangements and culture to ensure that it is embedded into normal practice
- The Communications team will support the Council's delivery of the Corporate Plan ensuring excellence of communication across all channels to engage effectively with the public and partners
- Emergency management provide a service in accordance with the responsibilities under the Civil Contingencies Act 2004 and other statutory legislation concerning emergency management issues for Cardiff Council. This includes:
 - Assessing local risks and using this to inform emergency preparedness
 - Making arrangements in order to prevent and respond to emergencies
 - Assisting the local authority in making business continuity arrangements for its functions
 - Making arrangements to warn and inform the public about emergencies
 - Sharing information with other local responders to enhance coordination
 - Cooperating with local responders to enhance coordination and efficiency
 - Assisting the local authority to promote business continuity management
 - Assisting the local authority to achieve conformity with all other statutory legislation concerning emergency management
- Publication of a 'refreshed' What Matters Strategy and Strategic Needs Assessment
- Complete a refresh and redesign of the Cardiff Partnership and Ask Cardiff websites
- Production of annual reports in relation to What Matters, Neighbourhood Partnerships, Families First and Communities First
- Ongoing delivery of the Cardiff Debate to include a re-launch and expansion of the Cardiff Citizens Panel
- Delivery of the Neighbourhood Fund to support health and wellbeing
- Establish a city-wide timebanking scheme through the development of a city-wide approach involving Communities First, Families First and the Youth Council
- Ongoing implementation of the Stepping Up programme including the review of the toolkit and development of case studies of best practice.
- Ongoing consultation programme to include the Annual Ask Cardiff survey, the City of Cardiff Council Employee Survey, Neighbourhood Learning and the Council's budget proposals for 2016/17
- Develop a Vulnerable Families framework in Cardiff (based on the English Troubled Families model)
- Development of new ESF funded Communities for Work Programme in conjunction with Communities First Clusters
- Participate in WG's Shared Outcome Framework Pilot to align programme delivery across Families First, Communities First and Flying Start

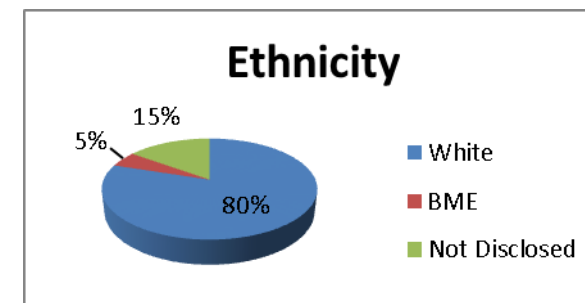
Resources – Data to follow

Staff Numbers & Characteristics

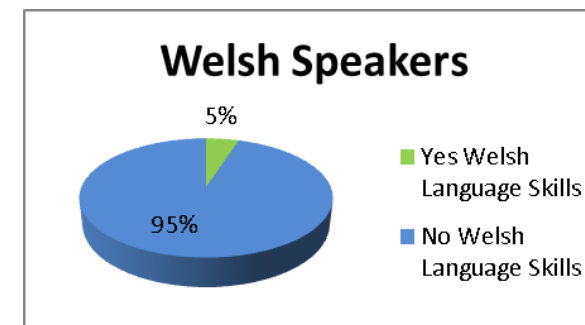
	%	No.
FTE Posts	N/A	46
Number of Staff	N/A	46
Temp	0%	7
Perm	0%	39
% of Estimated Leavers (excl Retirements)	0%	0
% of Estimated Retirements	0%	0
% Fixed Overtime	0%	0
% Vacant Posts	0%	2

Gender	%	No.
Male		17
Female		29

Disability	% yes	% No



Age Profile	16-19	20-29	30-39	40-49	50-59	60+
% of Staff	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of Staff	0.00	0.00	0.00	0.00	0.00	0.00



Finance

The Council, like all UK local authorities is facing the impact of the UK Government's austerity measures. The Council alone has had to make over £85m savings during the last three years. Over the next 3 years the figure will be around £120m, in addition to approximately £41.1m in the next financial year. Reducing budgets means that we will have to be absolutely clear about the areas that are most important to, and make the biggest difference for, the people of Cardiff.

The employee budget for 2015-16 is £3,476,200, which also includes a number of grant funded posts for the delivery of programmes such as Families First, Communities First, Community Cohesion and Prevent. The table below shows the expenditure analysis across the directorate.

	Employees Expenditure 2015/16 £
Cabinet Office	459,260
Communications	729,000
Emergency Management	206,070
Improvement & Information	794,490
Policy, Partnerships and Community Engagement	1,178,380*
Prevent Co-ordinator	109,000**
Grand Total	3,476,200

*This includes grant funding for £475,730. ** The Prevent Co-ordinator post is grant funded

The breakdown of budget and the net savings for 2015/16 is documented below and includes a number of grant programmes such as Families First, Communities First and support for Third Sector Infrastructure organisations:

Budget	Budget 2015/16			Savings 2015/16
	Expenditure £'000	Income £,000	Net £'000	
Cabinet Office	496,380	(16,000)	480,380	0
Communications	975,000	(154,000)	821,000	-82,000
Emergency Management	268,490	(20,000)	248,490	-47,000
Improvement & Information	1,069,190	(40,000)	1,029,190	-80,000
Policy, Partnerships and Community Engagement	15,573,000	(14,149,000)	1,424,000	-348,000
Prevent Co-ordinator	157,000	(157,000)	0	0
Total	18,539,060	(14,536,000)	4,003,060	-557,000

Key Context & Challenges

The net controllable budget for 2015/16 is £4,003,060. The Directorate had to find savings of £557,000 for 2015/16. This represents 13.91% of the net controllable budget.

A decrease in budgets across the Authority and an increase in demand on services mean that the Directorate needs to explore new ways of working to enable the Council to deliver its strategic priorities. A number of alternative ways of working are being looked into and developed.

As part of this the Council is undertaking community engagement and consultation; involving the public in meeting the challenges we face, and supporting community groups and residents to take on greater responsibility within their local area, in order to design new and sustainable approaches to delivering services. This will give local people more opportunities to step up and get actively involved in providing services or running local facilities.

Other ways of managing with decreasing budgets include:

- Alternative Service Delivery Models and new ways of working
- Partnerships/collaboration with other Public bodies
- Partnership working
- Strong financial control and advice
- Income generation

Action Plan and Performance Measures

Part 1 – Corporate Plan and Cardiff Partnership Priorities

Outcome	Cardiff is Clean and Sustainable & People in Cardiff are Healthy			
Improvement Objective	The City of Cardiff Council has effective governance arrangements and improves performance in key areas			
Priority	Working with people and partners to design, deliver and improve services			
Commitment	Ref No	Improve support for staff and managers to maximise the impact of personal performance & development reviews in improving Council performance by March 2016		
Link to Medium Term Financial Strategy				
Partners				
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
Page 43 1	Improve support for staff and managers to maximise the impact of personal performance & development reviews in improving Council performance by March 2016	Martin Hamilton	Q1 Process and parameters to be put in place for Dip Sampling including a scoring sheet Quality control of the output year end reviews	OP3
			Q2 Dip sample PPDR to assess the quality of them	
			Q3 Design training and support for Line Managers in response to the Dip Sampling outcome Quality control of the output of the half year reviews	
			Q4 Deliver training and support to Line Managers based on the Dip Sampling outcome	

Outcome	Cardiff is Clean and Sustainable & People in Cardiff are Healthy			
Improvement Objective	The City of Cardiff Council has effective governance arrangements and improves performance in key areas			
Priority	Working with people and partners to design, deliver and improve services			
Commitment	Ref No	Implement performance management tools consistently across the Council to ensure performance improvement in key areas by 2017		
Link to Medium Term Financial Strategy				
Partners				
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
2	Develop Performance Management Capability of the Improvement Staff within Improvement and Information and the Performance Leads within the Directorates	Vivienne Pearson	Q1 Accredited training programme in place Regular PIWG programme in place for the year	
			Q2 Feedback from Staff and areas of improvement	
			Q3 Undertake an assessment of capability and feedback to Chief Executive	
			Q4 Develop learning plan for 2016/17	
3	Integrate the processes of Directorate Delivery Planning/Workforce Planning/Performance Management	Vivienne Pearson	Q1 Review the Directorate Delivery Plans and establish areas of good practice	
			Q2 Prepare and commence half year reviews of progress against the Directorate Delivery Plans and support Directorates in establishing the challenges. NB this will form part of the budget preparations	
			Q3 Continuation of support activity from Qtr2	
			Q4 Facilitate and support the development of the DDPs for 2016/17	
4	Implement an effective approach to Benchmarking and Benchmark service performance with core cities, or relevant benchmark organisations, in order to drive better outcomes for citizens, businesses and visitors	Vivienne Pearson	Q1 Review activity and content of Directorate Delivery Plans Provide support to the Accelerated Improvement Areas to undertake benchmarking	
			Q1 Clearly identify area/s to be benchmarked (e.g. cost, quality and performance, customer satisfaction and customer demand) clarify desired outcome and report to the Central Performance Team	
			Q2 Provide challenge to Directorates in advance of half year reviews of Directorate Delivery Plans in terms of benchmarking to date or future programmed benchmarking activity Q2 Scope comparable core cities/best in class organisations to benchmark with	
			Q3 Continuation of support activity from Q2	

			Q3 Confirm most suitable comparators	
			Q4 Facilitate and support the development of the Directorate Delivery Plans for 2016/17	
			Q4 Collate results and report key lessons learned from the benchmarking activity to Central Performance Team	
5	Embed the Performance Management Framework, ensuring that Star Chamber, Service Improvement Meetings and the Accelerated Improvement arrangements drive performance	Vivienne Pearson	Q1 Deliver the programme of activity and ensure that the relevant information is provided	
			Q1 Implement and monitor the effectiveness of Balanced Scorecards	
			Q2 Deliver the programme of activity and ensure that the relevant information is provided	
			Q2 Gauge the views of Cabinet and Scrutiny to further develop Balanced Scorecard reporting	
			Q3 Deliver the programme of activity and ensure that the relevant information is provided	
			Q3 Development of the revised Scorecard in conjunction with the Corporate Plan	
			Q4 Deliver the programme of activity and ensure that the relevant information is provided	
			Q4 Finalised position for the End of Year Corporate Plan Balanced Scorecard and new Corporate Plan	
6	Implement a sustainable approach to Service Reviews to enable an evaluation of the Council's performance and future challenges to be undertaken	Vivienne Pearson	Q1 Develop the Programme of Reviews	
			Q2 Implement the Programme of Reviews	
			Q3 Feed findings of Reviews into the half year review of Directorate Delivery Plans process	
			Q3 Continue to implement the Programme of Reviews	
			Q4 Feed findings of Reviews into the Directorate Delivery Plans process	

Outcome	Cardiff is Clean and Sustainable & People in Cardiff are Healthy			
Improvement Objective	The City of Cardiff Council has effective governance arrangements and improves performance in key areas			
Priority	Working with people and partners to design, deliver and improve services			
Commitment	Ref No	Ensure Delivery of Outcome Agreement by March 2016		
Link to Medium Term Financial Strategy	<<Highlight links to MTFS e.g. Efficiency savings, external funding, grants>>			
Partners	<<List key partners organisation>>			
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
7	Review how the Performance Management Framework of the Council is supporting services to meet their targets in the Corporate Plan and Outcome Agreement	Vivienne Pearson	Q1 Implement a programme of Data Quality Reviews through PI Audits	
			Q1 Work with Scrutiny to understand their information needs and support Scrutiny needs to enable them to effectively challenge	
			Q1 Use Service Improvement Boards and Star Chamber to drive Directorates to review performance and identify actions	Number of Operational Managers actively engaged in the process by Service
			Q2 Develop consistent guidelines to the performance review undertaken quarterly	Number of Directorates meeting the Quarterly deadline
			Q2 Use Service Improvement Boards and Star Chamber to drive Directorates to review performance and identify actions	Number of Operational Managers actively engaged in the process by Service
			Q3 Six month review of Directorate Delivery Plan progress	Meeting of targets in the Corporate Plan and Outcome Agreement
			Q3 Undertake a conference with the Performance Management Working Group to establish if any improvements have been made in house as a result of the performance framework	
			Q3 Use Service Improvement Boards and Star Chamber to drive Directorates to review performance and identify actions	Number of Operational

				Managers actively engaged in the process by Service
			Q4 Physical signing off process of target setting and actions	
			Q4 Deliver the Corporate Plan to demonstrate clear accountability for targets and actions	Meeting of targets in the Corporate Plan and Outcome Agreement
			Q4 Use Service Improvement Boards and Star Chamber to drive Directorates to review performance and identify actions	Number of Operational Managers actively engaged in the process by Service

Outcome	People in Cardiff are safe and feel safe & Cardiff is Fair, Just and Inclusive	
Improvement Objective	People at risk in Cardiff are safeguarded	
Priority	Supporting People in Vulnerable Situations	
Commitment	Ref No	By September 2015, develop a robust multi agency Prevent Delivery Plan that: <ul style="list-style-type: none"> • Responds to the challenges of terrorism and extremism • Prevents people from being drawn into terrorism with advice and support • Addresses the threat of radicalisation
Link to Medium Term Financial Strategy		
Partners	WECTU and CONTEST	

Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
8	Develop a robust multi agency Prevent Delivery Plan	Carl Davies	Q1 With Wales Extremism and Counter Terrorism Unit (WECTU)and CONTEST colleagues finalise the Counter Terrorism Local Profile and develop CONTEST work programme	
			Q2 Finalise Prevent Delivery Plan	
			Q3 Deliver key projects	
			Q4 Undertake review of key projects	

Outcome	All Outcomes			
Improvement Objective	Every Cardiff school is a good school where learners achieve well			
Priority	Education and Skills for People of All Ages			
Commitment	Ref No	Contribution to the Commitment: <ul style="list-style-type: none"> Identify young people most at risk of disengagement (Early Identification) by embedding the Vulnerability Assessment Profiling (VAP) tool across all Cardiff Schools by 2015 Deliver the Challenge Cymru Programme in six secondary schools Increase the number of courses for priority learners held in Communities First areas by March 2016 		
Link to Medium Term Financial Strategy	<<Highlight links to MTFS e.g. Efficiency savings, external funding, grants>>			
Partners	<<List key partners organisation>> -			
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
Page 48	Develop a Vulnerable families Framework in Cardiff (based on the English Troubled Families Initiative)	Rachel Jones	Q1 - Establish Project team to agree scope	Minutes of meetings, ISP once agreed
			Q1 -Put in place data sharing agreements with SW Police and Cardiff & Vale UHB	
			Q2 - Develop and agree Information Sharing protocol	
			Q2-Q4 - Undertake data analysis of vulnerable families in Cardiff	
			Q1 – Q2 Undertake mapping of neighbourhood resources to support delivery of framework	
10	Develop the Neighbourhood Partnership approach in line with the key findings from the White Paper	Rachel Jones	Q1 – Refresh Neighbourhood Action Plans in line with review of What Matters	Neighbourhood Action Plans, Quarterly highlight reports, minutes
			Q1- Undertake School Event in each NP area to develop closer working links	
			Q1-Q4 – contribute to the Challenge Cymru Programme within relevant NP areas to provide greater co-ordination of interventions.	
11	Deliver the Communities First Programme in Cardiff	Rachel Jones	Q1 Produce Annual Report of Communities First for 2014/15	Annual Report 2014/15, quarterly performance report
			Q1-4 Ongoing contract management monitoring for 4 Clusters including responding to WG requirements in relation to reporting and audit	
			Q1-4 Ongoing monitoring of LIFT Workless Household Programme and Citizen Advice Bureau projects	Number of participants accessing a Communities First commissioned
			Q1-4 Development of new ESF funded Communities for Work Programme	

				project s
12	Deliver the Families First Programme in Cardiff	Rachel Jones	Q1 - Produce Annual Review of Families First 2014/15 and annual Service Demand report	Annual Report, service demand report, 2014/15, quarterly performance reports Number of participants accessing a Families First commissioned project
			Q1- Implement Parenting Review	
			Q1-Q4 – Implementation of Family Learning Signature in schools	
13	Develop strategic and operational networks between the LDB, Communities First, Families First, Neighbourhood Partnerships, Flying Start, IFST, EET programmes to avoid duplication, align delivery, and share good practice and resources.	Rachel Jones	Q1-4. Lead the steering group which brings together the Lead providers for communities First, Families First, Team around the Family, Flying Start, and ISFT to share best practice / develop joint activity	Minutes of meetings, WG outcome reports
			Q1-Q4 Participate in WG's Shared Outcome Framework Pilot to align programme delivery	

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Outcome	All			
Improvement Objective	People at risk in Cardiff are safeguarded			
Priority	Supporting People in Vulnerable Situations			
Commitment	Ref No	Contribution to : By September 2015, develop a robust multi agency Prevent Delivery Plan that: <ul style="list-style-type: none"> • Responds to the challenges of terrorism and extremism • Prevents people from being drawn into terrorism with advice and support • Addresses the threat of radicalisation 		
Link to Medium Term Financial Strategy				
Partners				
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
14	Mainstream, monitor and embed Community Cohesion across Cardiff	Rachel Jones	Q1 Build understanding of cohesion and hate crime agenda through training and awareness raising	

			Q2 Work to improve strategic approach to hate crime and tension monitoring	
			Q3 Work with communities first and other partners to understand links between cohesion and foster good relations in reference to their work plans	
			Q4 Report on good practice achieved from cohesion projects Service areas to monitor and evaluate who uses their services	

Outcome	All			
Improvement Objective	People at risk in Cardiff are safeguarded			
Priority	Supporting People in Vulnerable Situations			
Commitment	Ref No	Establish a multi-agency methodology for gathering data and intelligence concerning human trafficking by March 2016.		
Link to Medium Term Financial Strategy				
Partners				

Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
15	Establish a multi-agency methodology for gathering data and intelligence concerning human trafficking by March 2016.	Rachel Jones	Q1 – Q4 Monthly Human Trafficking MARAC meetings to take place. Q1 – Q4 Information following each MARAC meeting to be shared with TARIAN as per the Information Sharing Protocol. This will ensure that the data and intelligence on human trafficking is available to all partners.	

Outcome	All			
Improvement Objective	People at risk in Cardiff are safeguarded			
Priority	Supporting People in Vulnerable Situations			
Commitment	Ref No	Develop a co-ordinated programme of training and awareness raising for all front-line staff in relation to Vulnerable People by July 2016, which will include Child Sexual Exploitation, Human Trafficking, Vulnerable Adults and Vulnerable Children		
Link to Medium Term Financial Strategy				
Partners				
Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref

16	Develop a co-ordinated programme of training and awareness raising for all front-line staff in relation to Vulnerable People by July 2016, which will include Child Sexual Exploitation, Human Trafficking, Vulnerable Adults and Vulnerable Children	Rachel Jones	Q1 – Q2 Establish existing safeguarding training opportunities across directorates.	
			Q3 – Q4 Develop a co-ordinated programme of safeguarding training and awareness raising, to include Child Sexual Exploitation, Human Trafficking, Vulnerable Adults and Vulnerable Children	

Directorate/Service Priorities (core business)

Part 2 – Core Business Priorities

- Budget
- Improvement
- Risk
- Partnership working

Ref	Directorate/Service Commitments	Officer Responsible	Milestones	Performance Measures / Evidence Ref
Page 52 17	Improve awareness of Information Governance across the Council to enable an evaluation of the Council's performance in these areas and future challenges	Vivienne Pearson	Q1 Deliver the Information Governance Training Strategy action plan including monitoring compliance Review the effectiveness of the Information Security Forum and Information Security Board	Compliance with Information Governance Training IG01 & IG02
			Q2 Deliver the Information Governance Training Strategy action plan Implement the learning from the Review of the effectiveness of the Forum and Board including monitoring compliance	
			Q3 Deliver the Information Governance Training Strategy action plan including monitoring compliance	
			Q4 Deliver the Information Governance Training Strategy action plan including monitoring compliance Produce an Annual Information Governance Statement	
18	Improve awareness of and Records Management across the Council to enable an evaluation of the Council's performance in these areas and future challenges	Vivienne Pearson	Q1 Deliver the Information Governance Training Strategy action plan including monitoring compliance Review the Proof of Concept work for digitisation (HRPS)	Compliance with Information Governance Training IG01 & IG02
			Q2 Deliver the Information Governance Training Strategy action plan including monitoring compliance Review capacity in the Records Centre to start to bring in records for cleansing from other council services Undertake a review of the records in the SharePoint EDRMS platform to provide assurance that the records management element is being used appropriately	
			Q3 Deliver the Information Governance Training Strategy action plan including monitoring compliance	

			Q4 Deliver the Information Governance Training Strategy action plan including monitoring compliance Produce an Annual Information Governance Statement	
19	Increased demand in services and changes in demand based on ADMs	Vivienne Pearson	Q1 Produce and analysis of activity undertaken and requested during 2014/15 and prepare a 'lessons learnt' report	
			Q2 Produce a series of guidance notes to supplement the arrangements in place through PQA and Contract Award Processes	
			Q3 Review activity undertaken and requested during first half of 2015/16	
			Q4 Provide information for the Annual Information Governance Statement	
20	Compliance with the relevant codes of practice for the use of CCTV	Vivienne Pearson	Q1 Facilitate the completion of the review of existing CCTV Continue to assess requests for CCTV etc	
			Q2: Prepare for the Annual Inspection by the Office of the Surveillance Commissioner Continue to assess requests for CCTV etc	
			Q3 Develop and implement an action plan to respond the outcome of the Annual Inspection by the Office of the Surveillance Commissioner Continue to assess requests for CCTV etc	
			Q4 Provide information for the Annual Information Governance Statement Continue to assess requests for CCTV etc	
21	Delivery of the Open Data Strategy increasing the volume of data available	Vivienne Pearson	Q1 Development of the Council's website and publish the phase 1 data sets including FOI responses	
			Q2 Ensure that the phase 1 data set publication schedule is adhered to Undertake accessibility review of website and data	
			Q3 Publish phase 2 data sets	
			Q4 Ensure that phase 1 and phase 2 data set publication is adhered to Review delivery of the Strategy and put in place action plan for further development of data sets for 2016/17 including the link to partners data sets	
22	Developing Internal Resilience	Gavin Macho	Q1-4 Assist the Council to develop and implement an effective business continuity management programme	
			Q1-4 Assist the Local Education Authority to develop its Corporate Training Packages	
			Q1-4 Develop and deliver further training packages for emergency planning and business continuity	
23	Developing External Resilience	Gavin Macho	Q1-4 Work collaboratively as part of South Wales Resilience Team to enhance delivery of local authority services relating to resilience	

			Q1-4 Work collaboratively as part of South Wales Local Resilience Forum to deliver services in accordance with local government resilience responsibilities under the Civil Contingencies Act 2004 and other statutory legislation concerning emergency planning	
			Q1-4 Work with our key partners to improve flood response activity in Wales	
			Q1-4 Support the delivery of the courses in partnership with Babcock Training Ltd and South Wales Fire & Rescue Service.	
24	Partnership Delivery	Gavin Macho	Q1 Work with our key partners to provide resilience in Cardiff for the Velethon	
			Q2 Work with our key partners to provide resilience in Cardiff for the Rugby World Cup 2015	
			Q3 Work with our key partners to develop the EVAC initiative for Cardiff.	
			Q4 Build upon existing Community Resilience projects to enable householders, businesses and communities to respond to and recover from incidents	
			Q4 Support the Corporate involvement in the delivery of a National Inland Flooding Exercise in Cardiff	
25	Deliver the Council's contribution to the What Matters Partnership Strategy including supporting the Partnership Governance Arrangements	Rachel Jones	Q1 Undertake refresh of What Matters Strategic Needs Assessment including Neighbourhood Profiles	What Matters Strategy, What Matters Annual Review 2014/15, Cardiff Partnership Board minutes and reports, Cardiff Partnership website
			Q1 Produce the Annual Review 2014/15 of What Matters	
			Q1 Undertake a redesign and refresh of the Cardiff Partnership and Ask Cardiff websites	
			Q1-2 Undertake refresh of the What Matters Strategy and Programme priorities, including alignment with the Council's Organisational Development Programme	
			Q1-Q4 Work with partners and workstream leads to address the Partnership's identified priorities of Vulnerable Families; MASH; Domestic & Sexual Abuse; Human Trafficking and Sex Workers and Reducing those who are not in EET	
			Q1-4 Respond to the development of the draft Wellbeing of Future Generations Bill guidance and implementation	
			Q1-Q4 Manage the PCC's Community Safety Grant Fund including performance reporting Continue to participate in the Safer South Wales Group and Safer South Wales Action Group	
26	Progress Regional Collaboration with	Rachel Jones	Work with the Vale of Glamorgan to provide secretariat and project	Cardiff & Vale of

	Vale of Glamorgan		management support to oversee the Joint Cardiff & Vale LSB and Regional Collaboration Fund projects.	Glamorgan LSB minutes and reports, RCF progress reports
			Q1-Q4 Provide secretariat support to the Joint Cardiff & Vale LSB	
			Q1-Q4 Oversee the implementation of the Work Programme including taking the lead on Coproduction and Vulnerable Families	
			Q1-Q4 Oversee the Programme management and reporting of the Regional Collaboration Fund	
27	Coordinate Public and Third Sector Policy Developments relating to Cardiff Council and the Cardiff Partnership	Rachel Jones	Q1 Agree a joint service specification with Infrastructure organisations focused on the Council's priorities	Third Sector specification, quarterly monitoring reports
			Q1 Explore volunteering opportunities for Cardiff University graduates and undergraduates within the Council, Neighbourhood Partnership Teams	
			Q1-4 Provide Secretariat for the Third Sector Partnership Planning Group in conjunction with the UHB and Third Sector Infrastructure organisations	
	Deliver the 3 Year Cardiff Debate to engage and inform the future of public services	Rachel Jones	Q1 Re-launch the Cardiff Citizen's Panel as part of the Cardiff Debate to include new branding, work programme and membership refresh	Cardiff Debate website and social media, Citizen Panel membership and activity log
			Q1 Establish a Partnership Communications Group to progress Cardiff Debate on a shared basis	
			Q2-Q3 Undertake service specific engagement as part of the ongoing work to inform the budget proposals	
			Q2 Undertaken consultation and engagement on the Council's budget proposals	
			Q1-Q4 Continue social media activity on Cardiff Debate Further develop 'ideas' section on the CD website including a framework for feeding in suggestions to SMT/Directorates	
29	Implement the Stepping Up Approach in Cardiff	Rachel Jones	Q1 Establish the Community redesign function to support community groups	Minutes of meetings, Stepping up workshops/support sessions, case studies, time credit activity performance reports
			Q1-Q2 Establish Cardiff as the first timebanking city through the development of a city-wide approach involving Communities First, Families First and the PCC	
30	Provide a corporate research, information and consultation service through the Cardiff Research Centre (CRC)	Rachel Jones	Q1 Review and refresh Ask Cardiff website to improve access to research and consultation information	Ask Cardiff website, consultation reports
			Q1 Develop a monthly update to highlight research and consultation undertaken	

			<p>Q1-4 Continue to provide research and evidence to inform decision making in the Council and wider Partnership</p> <p>Q1-Q4 Deliver high quality consultation and advice to teams within the Council plus partner organisations, including:</p> <ul style="list-style-type: none"> ➤ Ask Cardiff Residents survey ➤ Hub consultations ➤ Tenants Survey ➤ Childcare Sufficiency Assessments ➤ Bute Park Survey ➤ School survey 	
31	Support the Leader and Cabinet on Strategic Policy Initiatives at a UK Level	Gareth Newell	Q1 Convene Core Cities Culture Working Group Q1 Commission Great Western Cities Strategy and Strategically coordinate work streams	
			Q2 Finalise Core Cities Creative Economy Paper	
			Q3 Convene Great Western Cities Event / Launch Strategy Q3 Host CCIN seminar on Housing	
			Q4 Co-ordinate Cardiff's input into CCIN Housing Commission	
32	Support the Leader and Cabinet on Strategic Policy in Wales	Gareth Newell	Q1 Respond to Power to Local People White Paper	
			Q2 Co-ordinate response to Local Government re-organisation	
			Q3 Finalise and submit response	
33	Lead on Corporate Policy on behalf of Cabinet and Senior Management Team	Gareth Newell	Q1 Promote and Communicate Corporate Plan to internal and external audiences Q1 Explore new targeted approach to policy development and support	
			Q2 Finalise and Launch Liveable City Report	
			Q3 Begin Corporate Plan refresh	
			Q4 Agree refreshed Corporate Plan	
34	Improve the accessibility of Cabinet Agenda, reports and decisions through the implementation of Moderngov.	Gareth Newell	Q1 Assist with Moderngov going 'live' – Cabinet agendas and reports available via moderngov on website	
			Q2 Ensure forward plan is live via moderngov	
			Q3 Ensure decision registers are live via moderngov	
35	Ensure Cabinet Members are provided with high quality administrative and secretarial support	Gareth Newell	Q3 Conduct review of support and report findings to Director	
36	Assess your team's capacity to deliver a Welsh bilingual service	Abby King	Q1 Attend Linguistic Assessment Tool training or briefing conducted by relevant Welsh Language Coordinator, Champion or Bilingual Cardiff	

			<p>Team as required.</p> <p>Q2 Complete and submit Linguistic Assessments to establish how many members of your team would need to speak Welsh to Bilingual Cardiff Team</p> <p>Q3 Support identified post holders to attend a suitable Welsh language course through the Academy</p> <p>Q4 Provide information on the linguistic assessments of your teams to the Bilingual Cardiff Team to include in the Welsh Language Scheme Annual Monitoring Report and to update HR records</p>	
	Refocus our Communications Strategy with more emphasis on internal communications	Tim Gordon	<p>Q1 Deliver 'Make the Difference' campaigns as part of the Organisational Development programme.</p> <p>Q1 Restructure communications team to give internal communications clear line of responsibility.</p> <p>Q1 Create internal communications video around changes to the way the organisation works</p> <p>Q1 Develop plans for rebranding the intranet under Make the Difference</p> <p>Q1 Re-establish Core brief as key focus for internal communications at monthly management meetings</p> <p>Q2 Improve existing platforms for internal communications</p> <p>Q2 Deliver 'Make the Difference' campaigns as part of the Organisational Development programme.</p> <p>Q2 Pending agreement, rebrand intranet with Make the Difference branding</p> <p>Q3 Deliver 'Make the Difference' campaigns as part of the Organisational Development programme.</p> <p>Q3 Investigate potential to streamline internal communications</p> <p>Q4 Deliver 'Make the Difference' campaigns as part of the Organisational Development programme.</p> <p>Q4 investigate potential to use social media tools to improve internal communications</p>	
38	Create a digital first strategy for external communications. Key to this will be developing and growing audience across key social media channels in order to deliver reach.	Tim Gordon	<p>Q1 Develop and grow Social Media platforms Facebook and Twitter.</p> <p>Q1 Restructure communications team to enable Digital First strategy</p> <p>Q1 Cease publication of online Capital Times</p> <p>Q1 Develop plan for creating digital rich content</p> <p>Q2 Develop and grow Social Media platforms Facebook and Twitter.</p> <p>Q2 Begin digital training of team around social media growth</p> <p>Q2 launch social media campaigns in line with directorate requirements</p> <p>Q2 Create digital rich content in line with digital first strategy</p>	DS08 Number of Social Media Followers (Facebook & Twitter)

			Q3 Develop and grow Social Media platforms Facebook and Twitter Q2 launch social media campaigns in line with directorate requirements Q3 create digital rich content in line with digital first strategy	
			Q4 Develop and grow Social Media platforms Facebook and Twitter Q4 launch campaigns in line with directorate requirements Q4 Create digital rich content in line with digital first strategy	
39	Re-profile Communications and Media campaigns to achieve proposed saving of £82,000	Tim Gordon	Q1 Achieved proposed savings and monitor Q2 Monitor budget to achieve savings Q3 Monitor budget to achieve savings Q4 Monitor budget to achieve savings	Savings Achieved
40	Build new Cardiff Newsroom website which will act as an enabler for digital first strategy. Emphasis placed on it being user friendly, suitable for mobile users, able to integrate with social media channels, better able to upload pictures, video and audio.	Tim Gordon	Q1 Explore site design with external company Q2 Negotiate contract deal and begin site build Q3 Launch new site Q4 Monitor new site to ensure effectiveness.	Cardiff Newsroom website live and running
41	Develop digital first strategy for the Communications team – restructure and train team to deliver growth targets.	Tim Gordon	Q1 Undertake consultation on digital first Communications strategy with internal stakeholders. Q2 Agree strategy. Q2 Deliver digital training for Communications team to enable strategy Q3 Implement strategy Q4 Monitor strategy for effectiveness	

Directorate/Service Priorities (core business)

Part 3 - Planning for the future

What actions will be taken during 2015-16 to mitigate the potential impacts of the 2016-17 and 2017-18 budget rounds?

Ref	Potential Impacts	Officer Responsible	Mitigating Actions	Performance Measures / Evidence Ref
42	The emerging Alternative Delivery Models	Rachel Jones	Continue to implement Cardiff Debate Engagement Programme to get public view on new models of delivery	Cardiff Debate social media and reports
			Establish a city wide timebanking scheme through the development of a city-wide approach involving Communities First, Families First and the Youth Service	time credit activity performance reports
			Continue to implement the Stepping Up approach through the provision of advice and support to community groups about managing services and assets	Minutes of meetings, Stepping up workshops/support sessions, case studies
43	Reducing budgets	Rachel Jones	Undertaken consultation and engagement on the Council's budget proposals	Consultation and findings report
			Continue to implement Cardiff Debate Engagement Programme to get public view on new models of delivery	Cardiff Debate social media and reports
			Continue to implement the Stepping Up approach through the provision of advice and support to community groups about managing services and assets	Minutes of meetings, Stepping up workshops/support sessions, case studies
			Establish a city wide timebanking scheme through the development of a city-wide approach involving Communities First, Families First and the Youth Service	Minutes of meetings, Stepping up workshops/support sessions
44	Local Government White Paper	Rachel Jones	Continue to implement Cardiff Debate Engagement Programme to get public view on new models of delivery	Cardiff Debate social media and reports
			Continue to implement the Stepping Up approach through the provision of advice and support to community groups about managing services and assets	Minutes of meetings, Stepping up workshops/support

				sessions, case studies
			Continued development of the Neighbourhood Partnership approach to support the delivery of the What Matters Single Integrated Plan and Corporate Plan	What Matters and Neighbourhood Partnerships Annual Report, Neighbourhood Action Plans and quarterly highlight reports

Directorate/Service Priorities (core business)

Measure Progress

Key Performance Indicators

Ref	Performance Indicator	2013-14 Outcome	2014-15 Outcome (YTD)	2015-16 Target	2016-17 Target	Action Ref
	% of National Strategic Indicators and Public Accountability Measures that are in the top two quarters nationally	37.2%	TBC	Over 50%	Over 50%	
	% National Strategic Indicators and Public Accountability Measures meet set target	65%	TBC	85%	90%	
	% National Strategic Indicators and Public Accountability measures show an improving trend	75%	TBC	85%	90%	
	% of Outcome Agreement Grant Achieved	100%	100%	100%	100%	7
OP3	% completion of Personal Performance & Development Reviews for permanent staff	N/A	TBC	90%	95%	1
IG01	% of information requests meeting the statutory deadline (FOI)		74.5%	85%	TBC	15 & 16
IG02	% of information requests meeting the statutory deadline (SAR)		85.71%	75%	TBC	15 & 16
	Internal reviews requested by customers of the Information Request Service as a % of the requests received	N/A	N/A	TBC	TBC	
	% of staff completing the programme of Information Governance training	N/A	TBC	TBC	TBC	15
	Number of breaches of the Data Protection Act which are reported to the ICO	N/A	TBC	TBC	TBC	
	The levels of sickness absence full time equivalent days (Change & Improvement)	N/A	8.05	6.0?	TBC	
DS08	Number of Social Media Followers (Facebook and Twitter)	26,866	38,772	25% increase	25% increase	36
	Number of participants accessing a Families First commissioned project	18,997	21,891	21,891	15,000*	11
	Number of participants accessing a Communities First commissioned project	9,227	18,486	18,486	N/A**	10

*The reduction in 2016/17 reflects the final year of the current Families First Programme which it is anticipated will impact on reduced delivery as a result of a new commissioning / decommissioning process

**Communities First is due to end on 31/03/16 and no Programme for 16/17 has been confirmed by WG

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 July 2015

**HEALTH & SOCIAL CARE SERVICES – BUDGET SAVINGS PROGRESS
REPORT 2015-16**

Purpose of Report

1. To give Members background information in order to allow them to scrutinise the progress that Health and Social Care Services are making in achieving budget savings due in 2015-16.

Background

2. At their Committee meeting in June 2015 Members were advised that it may be difficult to achieve some of the Health and Social Care savings agreed for this year. Members therefore requested that they receive a progress report at this meeting. Members were aware that, in the budget setting process, £6,215,000 savings were agreed for Health and Social Care, of which £3,217,000 were rated as Red or Red/ Amber for achievability.
3. At the 26 February 2015 Council meeting to agree the budget, amendments to the budget lines HSC2 and HSC15 were agreed, as follows:
 - a. Savings proposals in relation to day centres for older people (HSC2 - £400,000) and the Cardiff Alcohol and Drug Team (HSC15 -£218,000) were removed from the savings listed on the basis that existing arrangements in these areas would continue to be funded until alternative arrangements have been put on place, with those arrangements to be established at the earliest possible date.

Progress in achieving accepted savings 2014/15

4. The budget savings 2015/16 are in addition to the budget savings for 2014/15. The Outturn report, presented to Cabinet 2 July 2015, states that the overall shortfall in achieving 2014/15 savings *'represents a significant challenge particularly given the level of further savings targets approved as part of the*

2015/16 Budget. It is essential therefore that directorates continue to progress any outstanding savings from 2014/15 so that these are fully achieved in the current financial year. This will be reviewed as part of the financial monitoring process in 2015/16.¹

5. The Outturn 2014/15 report shows that £6,213,000 savings were agreed for Health and Social Care, of which £3,229,000 savings were achieved, leaving a shortfall of £2,984,000. However an overspend of £2,258,000 led to an outturn position for Health and Social Care of £5,242,000 overspend. This is despite a budget realignment of £6.4 million in 2014/15 to meet known pressures and demographic growth. The reasons stated for the overspend include: increased demographic pressures and subsequent demand for services and cost increases, most significantly in the following areas:
 - a. Services for older people (£2.364 million)
 - b. Services for people with learning disabilities (£1.421 million)
 - c. Services for people with physical disabilities (£644,000)
 - d. Services for people with mental health illnesses (£647,000).

6. The report attached at **Appendix A** details the savings from 2014/15 which have not been achieved; Table 2 shows that, of the £3.060 million savings outstanding, £1.277 million is projected to be saved in 2015/16, leaving £1.783 million forecast as not being achievable, as follows:
 - a. Learning Disabilities savings – under achievement of £210,000 (savings references HSC6 and HSC11)
 - b. Hafod reconfiguration – under achievement of £373,000 (savings reference HSC7)
 - c. Residential and nursing care review – under achievement of £300,000 (savings reference HSC8)
 - d. Domiciliary Care savings – under achievement of £900, 000 (savings references HSC12 and HSC20).

Progress in achieving accepted savings 2015/16

¹ Point 7 Outturn 2014/15, Cabinet Report 2 July 2015 – full report available at: <http://cardiff.moderngov.co.uk/ieListDocuments.aspx?Cid=151&Mid=2260>

7. The progress report, attached at **Appendix A**, shows that, of the £6.215 million savings required from Health and Social Care as part of the 2015-16 Budget:
- £1,935,000** savings achieved or on target to be achieved (shown in Table 4, including an over-achievement of £500k against HSC11);
 - £1,498, 000** savings are projected to be achieved (shown in Table 3);
 - £2,664,000** savings are forecast as underachieved (shown in Table 3).
8. These amounts total £6,097,000 which when added to the savings lines removed by Full Council (£400,000 HSC2 and £218,000 HSC15) brings the total to £6.715 million; the difference of £500,000 from the £6.215 million required is due to the overachievement of this amount against HSC11, shown in Table 4.
9. The report shows that the forecast underachieved savings of £2,664,000 are:
- HSC1 – Reshaping Internal Supported Living Services - £250K
 - HSC3 – Reshape internal day opportunity service - £50K
 - HSC6 – Reorganise Community Meals - £37K
 - HSC9 – Review of Care Management - £101K
 - HSC10 – Improve efficiencies in strategic commissioning - £1,676K
 - HSC12 – Closer to Home – Learning Disabilities - £300K
 - HSC14 – Out of County – Mental Health - £150k
 - HSC19 – Direct Payments recommissioning - £100K.
10. The table below shows the achievability rating given for these savings as part of the budget setting process:

Achievability Rating	Savings Reference	Amount of Saving Agreed
Green	HSC14	£200
Amber- Green	HSC1	£250
	HSC3	£550
	HSC6	£75
	HSC12	£300
Red- Amber	HSC9	£761
	HSC19	£100
Red	HSC10	£1,926

11. Therefore, overall Health and Social Care is forecasting that it will not achieve **£4.447 million** savings that are due in 2015-16 (£1.783 million due from 2014/15 savings carried forward and £2.664 million due from 2015/16 savings).

Previous Scrutiny

12. Following this Committee's scrutiny of the budgetary proposals, the then-Chair wrote to the Leader, making the following points:

- *'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 £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 in monitoring reports.'*
- *'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.'*²

² Letter from Councillor Groves, Chair CASSC, to Councillor Bale, Leader of the Council, dated 10 February 2015

Way Forward

13. At the meeting, Councillor Susan Elsmore (Cabinet Member for Health, Housing and Wellbeing) may wish to make a statement. Tony Young (Director of Social Services), Sarah McGill (Director of Communities, Housing and Customer Services, with interim responsibility for Health and Social Care) and Stuart Young (Operational Manager Resources & Performance) will be in attendance to give a presentation detailing how Health and Social Care Services propose to manage the budget position and to answer any questions that Members might have.

Legal 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 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

15. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct 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 contents of the report and appendices
- b. Report any comments, observations or recommendations to the Cabinet.

MARIE ROSENTHAL

Director of Governance and Legal Services

01 July 2015

Background papers:

CASSC papers – 4 February 2015 – budget papers

CASSC Chair's letter – 10 February 2015

Cabinet papers – 2 July 2015 – Outturn 2014/15

Health & Social Care Directorate

Progress Report on Health & Social care Budget savings 2015/016

1. Background

At CASSC Members have requested that an update on progress of savings be brought forward into the 15/16 CASSC programme for further scrutiny.

The report below highlights:

- Budgeted Savings brought forward from 2014/15 where it is expected at this point in the year that there will be some difficulty in achievement
- Budgeted Savings for 2015/16 where plans are in place and some savings has already been achieved but not yet the full amount
- Budgeted Savings where the saving has already been achieved

2. Unachieved savings from 2014/15

Savings Ref	Descriptor	Saving Brought Forward From 2014/15	Projected Saving in 2015/16	Forecast Under-achievement
HSC 1	Review of Mental Health Out of County Placements in residential care and re-commission -	£200k	£200k	£0
HSC 6	Review & Transfer the Internal Supported Living Services to external providers -	£360k	£250k	£110k
HSC 7	Hafod reconfiguration of contract -	£750k	£377k	£373k
HSC 8	Review of commissioned services including residential and nursing care contracts -	£300k	£0	£300k
HSC 10	Review contractual arrangements for Direct Payments Support Provider -	£100k	£100k	£0
HSC 11	Closer to Home Project - Learning Disabilities (LD) -	£300k	£200k	£100k
HSC 12	Review of spot contracting for domiciliary care -	£400k	£0k	£400k
HSC 15	Review Re-Hab Services for Community Alcohol and Drugs Team	£50k	£50k	£0
HSC 20	Domiciliary care package and review of provision	£600k	£100k	£500k
	TOTAL	£3,060k	£1,277k	£1,783k

3. 2015/16 Savings at risk of not being achieved

Savings Ref	Descriptor	Saving Proposal 2015/16	Projected Saving 2015/16	Forecast Under-achievement
HSC1	Reshaping the Internal Supported Living Service for people with learning disabilities – Reduction of managerial staff has contributed to savings and there are further proposals to de-commission schemes. Potential combined saving of £250,000. This is however shown against the unachieved savings target b/f from 2014/15 below leaving 2015/16 target potentially unachieved.	£250k	£0k	£250k
HSC3	Re-shape the Internal Day Opportunity Service for people with learning disabilities – As a result of a service review, c£400k can be achieved via the deletion of vacancies and the release of agency staff. In addition, efforts are being made to rightsize some high cost day care external packages. Small shortfall against target envisaged at this stage.	£550k	£500k	£50k
HSC6	Re-organising the way Community meals are delivered - This service is to be reviewed as part of the overall consideration of day care opportunities for older people.	£75k	£38k	£37k
HSC9	Review of Care Management across Health & Social Care - The full year effect in 15/16 of staff who took voluntary severance in 2014/15 should result in a reduction of £500,000 in overall staffing costs. Further vacant posts within ACM have been identified and are being reviewed. It is however anticipated that there may be some shortfall against savings target although the position will continue to be reviewed.	£761k	£660k	£101k
HSC10	Improve efficiencies in strategic commissioning across all services - Various commissioned services being considered for possible re-tendering processes and workstreams being developed. It is however anticipated that there will be a significant shortfall against the savings target in 2015/16.	£1,926k	£250k	£1,676

HSC12	"Closer To Home" service for people with Learning Disabilities - Savings predicated on reduction in residential care costs following step down of service users to lower cost, supported living forms of care. Some savings identified however these are shown against the unachieved savings target brought forward from 2014/15. Significant shortfall therefore shown against the savings target for 2015/16 albeit work is ongoing to develop further step down opportunities.	£300k	£0k	£300k
HSC14	Full year effect of 2014/15 savings Review of Mental Health Out of County Placements in residential care and re-commission - Contract for floating support in place, service users identified, work ongoing at current time with RSL's and the Council to identify appropriate accommodation. Opportunity for saving being explored with existing providers. Potential saving of £200k however this is shown against the unachieved saving b/f from 2014/14 below. Further savings above £200k considered unlikely at this stage so 2015/16 target shown as unachieved.	£200k	£50k	£150k
HSC19	Recommissioning of Direct Payments Support Provision - Ongoing negotiation with external provider in relation to reduced management fee for direct payments in advance of potential commissioning exercise. Potential saving of £100,000 however this is shown against the unachieved saving brought forward from 2014/15 below.	£100k	£0k	£100k
	TOTAL	£4,162k	£1,498k	£2,664k

3. Savings Achieved or on target to be achieved

Savings Ref	Descriptor	Saving
HSC4	Improve efficiency in the re-ablement service - Reduction in home care manager posts to the value of £119,000 already achieved by VS. Balance of savings to be achieved by VS / VR of front line and back office staff. Technical implementation of mobile working has however been delayed by 3 months.	£208k
HSC5	Management Restructure in the Reablement Service - One registered manager post to be deleted following VS.	£47k
HSC7	Deletion of Vacant Lead Manager posts - Relevant Posts Deleted	£100k
HSC8	Increase to Maximum Charge for non-residential care services - Increased charge implemented	£150k
HSC11	Review External Supported Living services for people with Learning Disabilities - The SLS tender has been completed and will deliver savings in excess of the original target.	£931k (target £431k)
HSC13	Reshaping the Mental Health Day Service - Savings to be achieved from deletion of vacancies from the service, £19,000 saving already achieved via VS.	£50k
HSC16	Senior Management Restructure in Health & Social Care - Savings achieved by 31/03. OM post deleted	£72k
HSC17	Reduction of on-call arrangements - Work underway to reduce on-call arrangements	£23k
HSC18	Review of Third Sector Commissioned Services - Specific reductions in support for external organisations identified and are in the process of implementation.	£180k
HSC20	Reduction in Business Support, Commissioning and Performance staff - Relevant posts identified for deletion	£174k
	TOTAL	£1,935k

Sarah McGill

Director Communities, Housing and Customer Services (with temporary responsibility for Health & Social Care)

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 July 2015

**HEALTH AND SOCIAL CARE REGIONAL COLLABORATION FUND AND
INTERMEDIATE CARE FUND PROJECTS: PROGRESS REPORT
QUARTER FOUR**

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 reports have been prepared by officers and are attached as **Appendices A and B**. Also attached as **Appendix C** is a report detailing the proposed ICF projects for 2015/16.

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 24 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.

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

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

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.

Quarter Four Progress Report

5. Officers have prepared updated reports, which are attached as appendices as follows:
 - (a) **Appendix A** - Quarter 4 progress on RCF projects
 - (b) **Appendix B** - Quarter 4 progress on ICF projects

6. The Quarter 4 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 also provides case studies to illustrate the impact of the 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.

7. The Quarter 4 RCF progress report details the lessons learned from implementing the various projects and, on **page 17 Appendix A**, details recommendations as follows:
 - (a) The Effective CRT and the Enhanced Occupational Therapy Projects are combined to deliver an Enhanced Reablement Project
 - (b) The RCF continues to fund a review of Occupational Therapist (sic)
 - (c) The Enhanced Learning Disabilities Services continues, which requires additional funding so that suitable accommodation is identified and adapted.

8. The Quarter 4 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 also provides case studies to illustrate the impact of the 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.

9. Also attached at **Appendix C** is a report that details proposals for the Cardiff and Vale of Glamorgan Intermediate Care fund 2015/16, which shows:

- (a) Continued funding for 3 months for all of the existing projects apart from the smart house and assisted technology and community alarm projects;
- (b) Funding for 3 months for citizen driven health, joint equipment store;
- (c) Four projects to be scoped for decision in June regarding which projects would receive ICF funding:
 - (i) Single point of access
 - (ii) Accommodation solutions/ resettlement project
 - (iii) CRT plus
 - (iv) Preventative interventions/ services.

Previous Scrutiny

10. Members received the first progress report at the Committee meeting 3 September 2014 as well as presentations covering both projects. Following their scrutiny, the Chair wrote to Councillor Susan Elsmore, Cabinet Member for Health, Housing and Well Being, 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

11. Members received the second progress report at the Committee meeting 3 December 2014 and the third progress report at the Committee meeting 1 April 2015. Following this scrutiny, the Chair wrote to Councillor Elsmore, with the following points:

'With regard to the RCF, Members note that £533,000 has been awarded for 2015/16. Members would like to receive clarification as to what this will be used for and ask that this be provided as soon as possible.

Similarly, with regard to the ICF, Members note that the Welsh Government has passed the funding for this to local health boards and that councils will then submit bids to these. Members note that, in Cardiff and the Vale, the Integrated Health and Social Care Programme will provide governance for the ICF projects. Members would like to receive clarification as to what bids will be made and ask that this be provided as soon as possible.

*Members agree with the point made at the meeting that it is essential to learn the lessons arising from the pilot projects in order to improve services in a sustainable way. Members also think that it is critical to continue with joined up working between Health, Social Care and Housing, particularly in light of proposed senior management changes.'*³

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

³ Letter from Chair, Councillor David Groves to Councillor Susan Elsmore, Cabinet Member, dated 15 April 2015

12. Councillor Elsmore, Cabinet Member for Health, Housing and Well Being, responded to this letter on 28 April 2015, providing the information requested regarding the RCF projects (detailed earlier in this report at point 7) and stating that the Committee would be kept informed of the ICF bids (detailed earlier in this report at point 9).

Way Forward

13. At the meeting, Councillor Susan Elsmore (Cabinet Member for Health, Housing and Well Being), may wish to make a statement. Tony Young (Director of Social Services) and Sarah McGill (Director of Communities, Housing and Customer Services with interim responsibility for Health and Social Care) have been invited to attend. Members will have the opportunity to ask questions to the panel of officers and Cabinet Member.

Legal 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 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

15. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this

report are to consider and review matters there are no direct 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

Director of Governance and Legal Services

01 July 2015

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

Summary of Progress - Quarter4 End of Year Report

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. It was recently confirmed that a reduced level of funding will be available in 2015/16. 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.

In May 2014/15, the Programme Board commissioned an evaluation of the projects being delivered through the Remodelling Social Care and Integration with Health Programme. This Evaluation is set out in Appendix 1. The findings were used to inform the focus of the Programme for the remainder of the year and into 2015/16

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.

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 in Cardiff is also trialling a new model of working which is reducing duplication of visits for Home Care Staff and Occupational Therapists. All CRT's are working closely with a third sector organisation based in each CRT, Age Connects in Cardiff and British Red Cross in the Vale of Glamorgan, 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 and to support service users to access alternative services.
- 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.
- In the Vale of Glamorgan additional home care staff have increased the availability of care, and additional care co-ordinators are supporting the screening of new case and timely exit from the service.
- 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.
- The British Red Cross continue to make appropriate brokerage signposts and referrals to link service users with the community. Examples of some of the organisations regularly referred to are:

Greenlinks/V.E.S.T.	Dog Walking Services	Adult Education
Barry Blind Club/Bowls for the blind	Foodbank	Opticians (Home Appointments)
Telecare	Pharmacy	Victim Support
Salvation Army Luncheon Club	Ty Hapus	Women’s Aid
Care & Repair	Dietician	

- For the period 1 April 2014 to 31 March 2015, the British Red Cross based in the Vale of Glamorgan CRT received 136 referrals. During this period they conducted 681 visits (average of 5 visits per service user) and provided 1315 hours of support (average of 10 hours per service user) The referrals received were from:

VCRS/Llandough	114
Social Services	7
Brokerage	4
Others (incl. self/friends)	11
Total	136

- For the period of 1 April 2014 to 31 March 2015, Age Connects provided a voluntary sector broker service Community Liaison Officers (CLO's) within the Cardiff CRT's. These staff are co-located and take direct referrals from the CRT as well as providing team members with information and advice regarding voluntary sector support.
- The CLO's continue to provide support to individuals and are able to advocate on behalf of an individual, offer support to facilitate decision making, accompany to relevant appointments such as viewing housing options or social groups, source grants, equipment and information and can fill the gap whilst waiting for other services to step in.
- Analysis of the data shows a difference between the needs in each locality. Service users in the North West require more practical assistance for short term shopping/ carer's sitting service, while the main issues in the South East issues are housing and welfare rights.

Table 1 – Age Connects Cardiff and the Vale Referrals leading to direct Support

Community Resource Teams Community Liaison Officer posts	South East		North West		Total
	Step Up	Step down	Step up	Step down	
	April 2014	13	9	6	
May 2014	15	10	14	12	51
June 2014	10	9	9	13	41
July 2014	14	10	9	8	41
August 2014	21	6	13	14	54
September 2014	11	9	6	12	38
October 2014	16	6	7	7	36
November 2014	10	4	8	6	28
December 2014	15	5	13	13	46
January 2015	9	8	8	6	31
February 2015	14	8	11	11	44
March 2015	15	8	8	9	40
TOTAL	163	92	112	127	494

Table 2 – Age Connects Cardiff and the Vale Signposting to other services

Number of people Referred on to other Age Connects services:			
ACCV Welfare Rights/ Moneywise advisor	64	ACCV Hospital discharge service	21
ACCV Good Neighbour Schemes/HAP	45	ACCV Home Fire safety check	2
ACCV Let's get Out Project	37	ACCV Nail Service	1

Table 3 - Types of direct support provided by the Community Liaison Officer in the Cardiff CRT's

Assistance with: -			
Applications Disabled Badge & V.E.S.T/ transport and bus pass	9	Bereavement	8
Applications-Community Alarm	29	Temporary Shopping support	60
Applications-Housing	14	Carer sitting service	31
Applications-Utilities	3	Sheltered accommodation/Care Home information & placement	10
Applications- Benefits	26	Sourcing equipment/ Liaising with trades/arrange repairs	24
Grant applications	14	Collect/ deliver household items	6
Advocacy & information for specific concerns	15	Arrange blister packs	1
Power of attorney/appointeeship	2	Arrange key safe	2
Accompanied visits to GP/hospital	6	EPP	4
Accompanied visits- social /maintain family links/shopping	14	Support to attend appointments	3

Table 4 –Number of People referred to other Providers/services by Age Connects in the Cardiff CRT

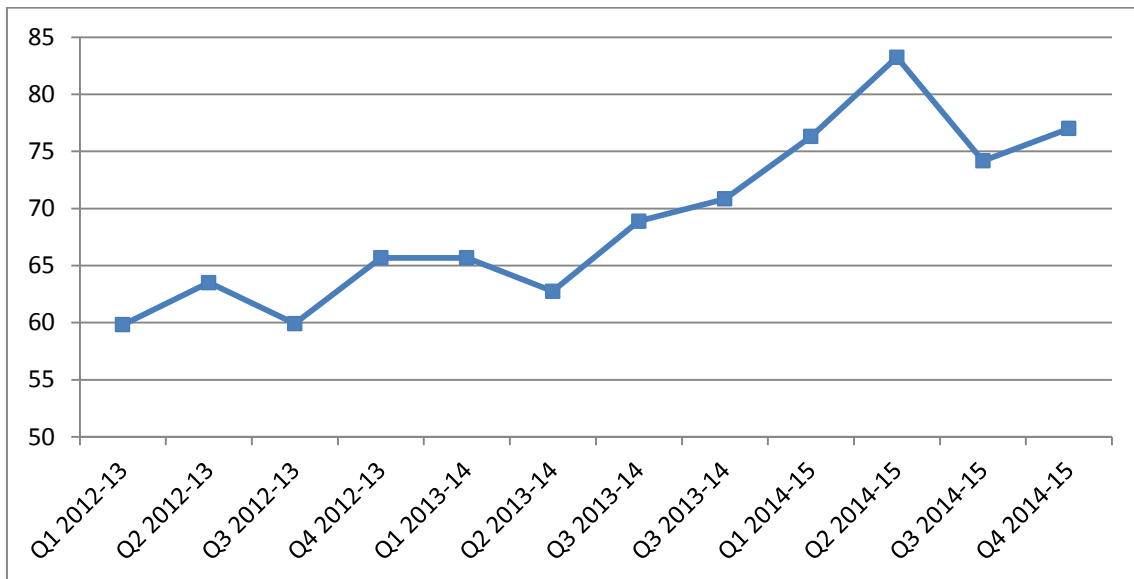
Number of people referred to other providers:		Number of people referred to other services	
Riverside Advice/ Speak easy	3	Community Hubs-for welfare rights	28
Care & Repair	8	Community optician/ dentist	15
Friendly Trust	3	Community alarm	11
Red Cross	3	Social support groups	26
Contact the Elderly	2	Mobile Libraries	12
V.E.S.T	35	Health- Dietician/ District Nurse/ GP	7
Private Sector (domiciliary care, gardeners , hairdressers cleaners, etc)	57	Counselling Services	5
SAFFA/ Poppy Calls	2	Supermarket shop service	20
Mind / Mind Diggers	3	DWP	6
Alzheimer’s Society	5	Local Authority	7
Institute for Blind	2	Meal providers	7
Marie Curie	4	Diverse Cymru	3
Silverline	10	Pedal Power	1
Cooperative Alliance	1	Victim Support	1
Multiple Sclerosis Society	1	ACE	1
BAWSO	1	FAN	1
Cardiff Gateway	5	Carers assessment	3
Tenant Support	3		

Effective CRT’s Performance Measures

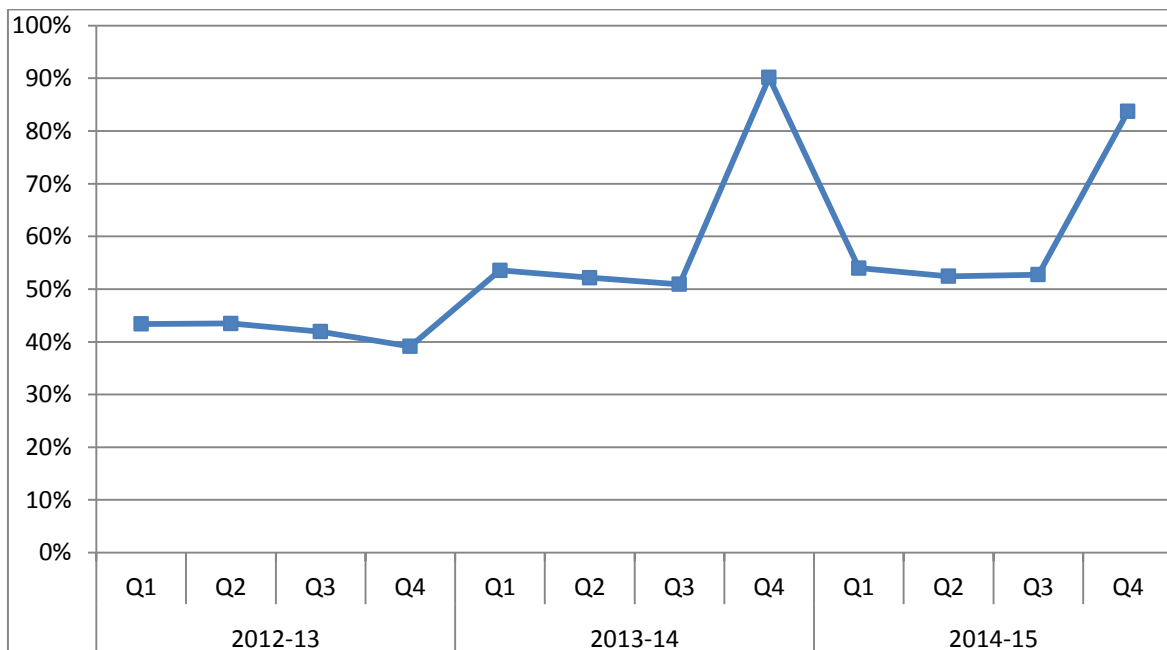
Graph 1 shows the improvements in percentage of people helped back to independence in the Cardiff CRT’s. Since the co-location of Health and Social Care staff in the CRTs in Q1 2013/14. It can be seen that there was an initial dip in performance during the bedding in process but that rates have been increasing each quarter to end of Quarter 2, 2014. There was a decrease for Quarter 3 from 83% to 74 %, but this has increased to 77% in Q4.

Graph 2 shows that the percentage of people helped back to full independence is fairly constant with a sharp increase in quarter 4 in 2013/14 and 2014/15. Further work is required to identify why these spikes ok at this time.

Graph 1 - Percentage of people in Cardiff CRT's helped back to independence without ongoing care services, through short term intervention



Graph 2 - Percentage of people in the Vale of Glamorgan CRT helped back to independence without ongoing care services, through short term intervention



- The RCF grant has also funded additional Occupational Therapists in the CRT. These OT's have been able to attend pre discharge home visits to ensure appropriate equipment was put in place, risk assessments were completed, and support needs were discussed ahead of the Home Care Manager (HCM) visiting. Service users had the opportunity to discuss any concerns they might have and have a more realistic idea of how they would manage post discharge. This allowed for smoother transition from hospital to community and eliminated delays in care.
- The O.T. visited before the HCM, ensuring that appropriate equipment was supplied before temporary care commenced. This increased the effectiveness of the intervention, reduced the risk of carer injury, and provided a positive focus for the service user to work on a new skill with the carers. Without appropriate equipment in place, the HCM would have to have spent more time re-writing service delivery plans, with the potential for the start of the service.
- OT plans were able to be created in advance, with all equipment and small aids in place prior to carers starting, thereby speeding up the reablement process.
- Pre visits allowed time to ensure that complex manual handling cases were handled efficiently and effectively by providing appropriate guidance, equipment, and risk assessments in place prior to carer involvement.
- Some referrals had environmental issues which would have impacted on the start date of carers involvement, such as properties needing deep cleaning, poor lighting and no heating. Visits pre HCM allowed time to address these issues, ensuring the environment was safe for carers to access and provide their services safely.
- In total 212 cases have been reviewed and completed in 2014/15, with the outcomes listed below:

Table 5 – Input from the additional Occupational Therapists provided in the CRT

Agency – ongoing care package	48
Independent- No care package **	77
Deceased	9
Hospital Admission	21
On-going Residential/Nursing care	1
Supported living	1
On-going care – direct payments	7
Client declined care	40
Other*	8
TOTAL	212

*The other includes the service user moving away/family providing care, referral for DFG etc.

**With the 77 cases where the service users were deemed independent and no on-going care was required, this has resulted in a saving of 565.25 hours p/w – (£7161.72 p/w based on unit cost of £12.67p/h). This is based on the initial hours CRT provided when they first became involved.

Lessons Learned

More robust reporting systems would assist with capturing the data more accurately and reducing double handling.

A review of the In–Reach process in the Cardiff CRT’s should be considered together with a new model of delivery where an assessment is carried out once the patient is at home. This would accelerate discharge from hospital and provide a more outcome focussed package of care.

Assistive Technologies

Project status = Closed

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.

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 and will deliver a streamlined integrated assessment (IA) process

Achievements

- 2014-15 has seen considerable progress being made with the implementation of Integrated Assessment, developing new links between partners, and working together to agree and use shared assessment tools that will help us deliver improved integrated services. IA is now fully implemented in most areas of social care across Cardiff and the Vale.
- A Cardiff and the Vale of Glamorgan Health and Social Care Partnership ‘Integrated Assessment In-patient Assessment’ document has been developed, and a rigorous consultation process carried out with health care practitioners.
- The final draft of the ‘Integrated Assessment In-patient Assessment’ document has been given the final approval by the IA Project Board. Following a successful pilot, the IA Nursing Inpatient Assessment document has been approved by the Cardiff and Vale UHB Clinical Standards and Innovation Group and Nursing Midwifery Board. The document will be implemented across all adult

inpatient areas of the UHB (excluding Mental Health and Maternity). The document will be rolled out across these inpatient areas of the UHB in May and June. A review will be undertaken in six months' time, when we will consider how effective the assessment tool has been and what the impact has been in facilitating discharge planning.

- A training and communication plan for implementation across the UHB has been developed to support this (the Integrated Discharge Service have been included in the development of this and are leading the training).
- The UHB have also developed an educational package to support roll out of the Integrated Assessment document across the UHB and training is currently being carried out for Integrated Assessment trainers for all clinical areas.
- The Intermediate Care Liaison Manager, in the UHB has prepared a discharge checklist which has been included in the Inpatient Assessment document.
- Following a successful pilot with Occupational Therapists in Cardiff and the Vale of Glamorgan, a shared Integrated Occupational Therapy Assessment has been agreed. Planning is now underway to achieve full electronic implementation in both local authorities for 2015/16.
- Work is ongoing to agree an Integrated Mental Health Assessment for both adults and older people. A working group that includes representatives from Cardiff, the Vale, PARIS, CareFirst and Swift has been set up and is meeting on a regular basis. The group is intent on agreeing and releasing the new forms and process at the earliest opportunity.
- The IA Development Group has been set up in Cardiff to consider opportunities for continual improvement of the IA process. The meeting includes representatives from assessment and care management, performance management, and CareFirst. 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: http://cmsweb.cardiff.gov.uk/cardiff/ObjView.asp?Object_ID=15178
- In Cardiff, 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.
- 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. Work has commenced to update and review the assessment information on the internet.
- The Case File Audit Tool has been reviewed and updated in line with Integrated Assessment. Testing sessions with Team Managers have been completed and we plan to run the IA Audit Programme fully from 2015-16.
- Throughout the quarter, advice and guidance continues to be provided to practitioners, Performance Information and CareFirst staff in relation to IA.
- 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.

Streamlined Integrated Assessments Performance Measures

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 5 days which is better for service users and enables the team to undertake more assessments.

Indicator Title	2013/14	2014/15
The average number of working days between initial enquiry and completion of the care plan.	31	26

Lessons Learned

One of the most difficult aspects has been to establish the right connections and contacts between the three partners.

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. 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 O.T. has been working collaboratively with case managers undertaking timely reviews of people with a physical disability. This work includes timely reviews 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 O.T. 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 (O.T.'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). This work has delivered:
 - In depth critical analysis of activities, such as personal care and risk assessments including moving and handling
 - Thorough Occupational Therapy Specialist Assessment, ensuring that outcome measures and goals were efficient, effective and meaningful.
 - Closer working relationships with other professionals
 - Regular reviews to take account of individuals outcomes
 - Reduction of care packages from double to single handed has resulted in citizens having an increased level of dignity and privacy, and encouraged participation in activities of daily living
 - Increased communication has ensured that service users are fully informed and about their review process and understanding that it is a dynamic process, which in turn help manage their expectations.
 - Increased levels of independence and ability to access community services.
 - 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.
- Referrals were also received from the Long Term Care Team where there were already packages of care in place, and care agencies were requesting additional hours. The O.T. role was to review how tasks were currently being undertaken and whether there were any changes that could be made to either technique or the type of equipment being used with a view to decreasing this care time. The assessments also confirmed whether there was a need for the increase in care in some cases

Enhanced Occupational Therapy Performance Measures

The project has enhanced many lives and has also delivered savings to the project as detailed below:

In Cardiff:

- 38 cases have been reviewed or are in the process of being reviewed
- 14 cases have prevented an increase in care, saving 116.5 hours per week (£1209.55 per week based on unit cost of £12.67 per hour)
- 11 cases have had a confirmed reduction in care, with a weekly saving of £2435.79

In the Vale of Glamorgan:

Information was available for the second 2 quarters as it was not possible to recruit the specialist resources during the first part of the year. The following savings on care packages were made.

- 3rd quarter- £838.46 per week (£43,599.92 per year)
- 4th quarter- £381.32 per week (£19,828.64 per year)

It is likely that reduced packages would be put in place following review and it is not possible to differentiate the exact nature of what additional savings have been achieved through the enhanced OT arrangement.

All assessments were undertaken in the service user's home with relevant carers and the service user present to enable them to state how they felt the care was going and any changes that could be made.

Different equipment was trialled where appropriate to enable the service user to feel secure that any changes would be safe. Often this review of equipment in place and replacement with alternative options leads to easier handling for the carers and more confidence from the service user – particularly when manual handling carried out.

Reductions in care time were reported as positive by some service users whose care packages were reviewed as it avoids disruption to their time.

Lessons Learned

Initially, an attempt was made to fill a short term contract – but no applicants were received, so the decision was made to go to an agency for filling the post. There was a delay in finding a Senior O.T. with the relevant experience and skills. The first O.T. started in post in September and was joined by a second Agency O.T. in December. This overlap lasted for one month, when the initial O.T. left for a permanent post mid-December. The second O.T. remained in post until Mid-March.

In future, the role could focus more on-

Hospital discharges- working in the hospital where complex equipment is required for discharge, then follow up for 6 weeks following discharge.

New referrals to the service requesting care support and O.T. assessment- to focus more on allocation for joint visit with Social Work colleague to consider equipment or adaptations prior to provision of care package- or to support new care package starting.

In Cardiff, without these additional resources the current team would not be able to commit the quality of time that the O.T. has been able to in-put into these very complex cases, which would limit the outcomes achieved. The Social Work staff would not have the same level of O.T. support for their case management and the community team would not be able to react as proactively as the additional O.T.

In the Vale, the need for the enhanced O.T. role remains. Referrals continue to come to the team and the existing staffing in post would struggle to keep up with this demand when there are other urgent cases coming in for assessment. High level care packages would remain in place if the equipment review did not take place. The assessment of different equipment or adaptations can reduce the care time required. This is particularly the case for hospital discharges where service users return home from hospital with equipment and care package prescribed from the hospital which are appropriate at time of discharge. Review after 4- 6 weeks by the O.T. includes an assessment of what equipment is still required, whether there is different equipment that can reduce the care time required. Also in cases where the service user has continued to improve with their rehabilitation, less care may be required as well as removal or review of equipment. Often when service users return home from hospital they receive equipment that was appropriate in the ward environment. Once home a number of different factors mean that this is difficult to use and often an urgent referral is received by the O.T. team for follow up and review of equipment that is not appropriate in the home environment. These referrals are unplanned and are difficult to assess in a timely manner.

Enhanced Learning Disability Services

Project status =

GREEN

Enhanced Services for People with Learning Disabilities

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 Comprehensive tool developed to assess the provision of Supported Accommodation. This has been used to ensure consistency is applied across all reviews of placements and care packages and to ensure that there is transparency in terms of support provision which meets assessed needs for all service users and their families.
- A review of day services for people with learning disabilities provided by the local authority and independent sector has been undertaken and the findings reported. This has informed the development of a new Day Opportunity Strategy and Plan which will widen opportunities as well as accessibility of universal services for people with learning disabilities
- A discreet review function has been established within the Learning Disability team to undertake a programme of reviews. This has initially focused on a backlog of 320 outstanding reviews identified as “open for review” only which has now been completed. This will be ongoing within the review cycle and targeted reviews will be undertaken as part of the programme of work.
- Work has been undertaken to identify suitable properties for the 14 individuals in Cardiff who have been identified as wanting to return from out of county placements and ensuring that these will be fit for purpose; and that there will be compatibility (in terms of shared living) for individuals
- 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 culture/practice of Learning Disability Services (which is a national issue) to ensure people are supported at appropriate levels and are eligible for services.
- A review of day services for people with learning disabilities provided by the local authority and independent sector has been undertaken and the findings reported. This has informed the development of a new Day Opportunity Strategy and Plan which will widen opportunities as well as accessibility of universal services for people with learning disabilities.

- A regional Day Opportunities Strategy has been approved and will now be implemented
- 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 in consultation with the workforce at present.
- 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.
- Significant savings have been identified through review of third sector day provision and this will be independently verified by Financial Services
- 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. Best practice is also being applied to other area of social care to track savings and cost avoidance.

Enhanced Services for People with Learning Disabilities Performance Measures

In the Vale of Glamorgan

- Over £100,000 of savings has been delivered through the use of assistive technologies in Supported Accommodation.
- Over £50,000 savings identified in residential spend and £25,000 in domiciliary spend to date.

In Cardiff

- Examining in depth high cost care packages to assess whether these can be managed better and more efficiently for people who use these services, has resulted in £120,000 of savings in Cardiff and has enabled people to be accommodated back in their own communities and improved outcomes achieved for individuals
- £144k savings has been delivered on review of high costs residential placements and it is anticipated that further savings will be delivered
- Closer to Home -14 individuals who have been identified as able to return from out of county placements to supported living schemes.
- The first property has been handed over and handover for 2 other properties are 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
- The return of 4 people following movement of other placements will also be achieved. This will improve outcomes for individuals and a 49k savings for this year has already been delivered.
- 70 people have been reviewed across 28 supported accommodation houses (involving 3 providers) using the "Review Matrix". This has enabled improved engagement across and with a range of care providers

Improved Commissioning

Project status = Closed

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.

Recommendations

It is recommended that funding to support the RCF Projects identified below continues on the following basis:

- The Effective CRT and the Enhanced Occupational Therapy Projects are combined to deliver and an Enhanced Reablement Project. Evidence shows that the Effective Community Resource Team project is already showing an increase in the number of service users who have been helped back to independence without on-going care services, through the short term interventions provided by the CRT's.
- The RCF continues to fund a review Occupational Therapist as this role delivers savings and improved outcomes for service users.
- The Enhanced Services for People with Learning Disabilities Project continues as the closer to home work stream is delivering significant savings and benefits for service users but is still at an early stage. Additional funding is required to ensure that the review team has the resources required to continue with this work for a further 12 months, so that suitable accommodation is identified and adapted. The day opportunities work stream has prepared a Day Opportunities Strategy which now needs to be implemented to further explore opportunities for social enterprises and input from the third sector. This is in line with the Social Services and Well-being (Wales) Act requirements.

Nichola Poole - Programme Manager Remodelling Social Care and Integration with Health across Cardiff and the Vale of Glamorgan. 1st May 2015

Appendix 1

Regional Collaboration Fund (RCF)

Remodelling Social Care and Integration with Health across Cardiff and the Vale of Glamorgan.

Summary of the Year 1 Evaluation 2013/14

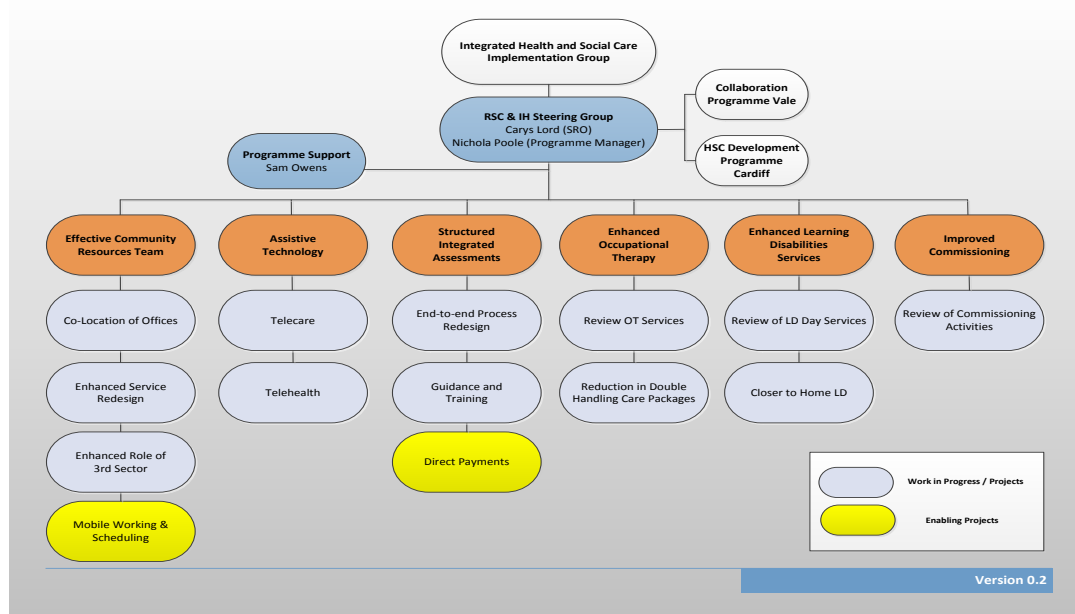
1.0 Introduction

- 1.1 In 2013/14 the Welsh Government provided £650,000 of funding to Cardiff and the Vale of Glamorgan Councils through the Regional Collaboration Fund to establish collaborative and innovative projects which would lead to a remodelled Adult Social Care services delivery to accelerate the pace of change and improvement across Health and Social Care in Cardiff and the Vale of Glamorgan. This is part of a three year Programme with funding of £785,000 approved for 2014/15 and an indicative amount of £650,000 requested for 2015/16.
- 1.2 The following criteria were used in deciding which projects would be included within the Programme.
- **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.
- 1.3 The Vale of Glamorgan Council (VOG) has managed the overall administrative arrangements for the RCF Grant and has been working collaboratively with the City of Cardiff Council (CC) and the University Health Board (UHB) on a number of projects that deliver the required outcomes for the RCF. The outcomes to be delivered will:
- Achieve greater integration of social care services with health
 - Deliver a redesigned service that better meets the needs of service users
 - Ensure more joint working between Cardiff and the Vale of Glamorgan Councils and the University Health Board on initiatives.
 - Ensure citizens able to retain independence for as long as possible.
 - Develop improved processes which lead to more efficient service provision.
 - Deal with demand for services in a more focussed, targeted way
 - Implement co-production to improve services with effective partnership working to increase choice and control for people who use services, carers and citizens.

- 1.4 A Programme Manager was appointed at the end of May 2014 to ensure there are robust programme/project management arrangements in place as this work continues. The Programme Manager initiated an evaluation of the year 1 spend, including evidence of benefit realisation and the delivery of outcomes for citizens. This evaluation will be reviewed by the RSC&IH Steering Group in July 2014 with recommendations for which projects/work packages continue to be delivered for the remainder of year 2. This will ensure that the funding is spent on those projects that realise the greatest benefits and deliver the best outcome for citizens. These recommendations will be reported to the Strategic Implementation Group in September so that all partner organisations sign up to the way forward.
- 1.5 The allocation of the RCF funding for 2013/14 is set out in Appendix A.
- 1.6 The Integrated Health and Social Care Strategic Implementation Group considered this report at the meeting on 11th September 2014 and endorsed the recommendations.

2.0 Governance Structure and Projects

2.1 The RCF Remodelling Social Care and Integration with Health Programme reports to a cross authority Steering Group which provides overall direction and provides monthly monitoring for the Strategic Implementation Group (Integrating Health and Social Care). This Group has a wider membership which includes the University Health Board and the two Directors for Cardiff and the Vale Third Sector).



3.0 Evaluation of RCF Projects

3.1 Six projects are being delivered within this Programme across Cardiff and the Vale of Glamorgan. The Evaluation was carried out independently using a template to capture data on:

- The broad aims of the project
- The resources used
- The project objectives
- Benefits to be realised
- What was actually delivered in year 1
- Lessons Learned
- Case studies
- Recommendations

(a) Enhanced Learning Disabilities

Appendix B contains the details of the evaluation for this project. It is broadly positive about the potential benefits that can be realised and the outcomes being delivered for service users and carers. Examples of what has been achieved to date include:

- A comprehensive tool developed to assess the provision of Supported Accommodation. This has been used to ensure consistency is applied across all reviews of placements and care packages and to ensure that there is transparency in terms of support provision which meets assessed needs for all service users and their families
- 70 people have been reviewed across 28 supported accommodation houses (involving 3 providers) using the “Review Matrix”. This has enabled improved engagement across and with a range of care providers.
- A review of day services for people with learning disabilities provided by the local authority and independent sector has been undertaken and the findings reported. This has informed the development of a new Day Opportunity Strategy and Plan which will widen opportunities as well as accessibility of universal services for people with learning disabilities
- Over £50,000 of savings have been identified and delivered through the use of assistive technologies in the Vale of Glamorgan in Supported Accommodation. Further potential savings have been identified and work is on-going to deliver these this year
- Ongoing discussion and negotiation has taken place with 3 independent sector Supported Accommodation Providers as part of the review
- Examining in depth high cost care packages and some out of county placements to assess whether these can be managed better and more efficiently for people who use these services. This has resulted in over £68,000 of savings in Cardiff and has enabled people to be accommodated back in their own communities and improved outcomes achieved for individuals
- A discreet review function has been established within the Learning Disability team to undertake a programme of reviews. This has initially focused on a backlog of 320 outstanding reviews identified as “open for review” only which has now been completed. This will be ongoing within the review cycle and targeted reviews will be undertaken as part of the programme of work.
- As part of the review there has been a focus on “right sizing” domiciliary care packages - saving over £40,000 so far this year, looking at both quality and cost issues to ensure that care provision is cost effective and providing the best outcomes for service users

- Work has been undertaken to identify suitable properties for the 14 individuals who have been identified as wanting to return from out of county placements and ensuring that these will be fit for purpose; and that there will be compatibility (in terms of shared living) for individuals
- Learning Disability Day Opportunity Services have been reviewed across Cardiff and the Vale of Glamorgan and a joint Day Opportunities Strategy has been drafted and will be implemented in Q2 2014/15

(b) Effective Community Resource Teams

Appendix C contains the details of the Evaluation for this project.

Examples of what has been achieved to date include:

- Co-location of the social care (home care reablement) and community based health staff within three CRT bases across Cardiff and the Vale were achieved as planned in February and March 2014.
- The Third Sector Brokerage Scheme run by Age Connect in Cardiff and the British Red Cross in the Vale has delivered anticipated benefit in terms of providing person-centred support to facilitate timely discharge/ avoid inappropriate admission to hospital through direct support or via referral/ sign posting to other appropriate organisations.
- A scheme has been developed supporting In-Reach into hospitals in Cardiff to support effective discharge for patients. This has resulted in increased awareness of CRT eligibility/ processes and an increase in referrals to the service since it commenced. Staff reported that the pilot has been effective at bridging the gap between primary and secondary care services and helped to break down barriers between hospital and intermediate care services by building effective links between the two. A total of 247 people screened in UHW in the first 7 months of the pilot with 163 of these deemed eligible and accepting a CRT service
- A random selection of 17 service users who accessed the Community Resource Teams, in terms of assessing outcomes showed that 53% of these were independent at the end of their reablement episode
- Screening response times in the CRTs improved through the In-Reach pilot at UHW with the number of days from referral to assessment reducing from 5 to 2 over the first 3 months of the pilot.
- Additional CRT capacity improved effectiveness and screening response times
- Of the 256 service users who had completed their reablement package at the time of this evaluation, nearly 70% were independent and a further 18% required a significantly reduced package of care to meet ongoing needs
- Service users and carers who responded to a questionnaire survey about their experience of the reablement service were mostly very positive about their experience of the service and over 80% felt that they had gained independence as a result of the support they had received. The overwhelming majority said that they were satisfied with the transfer of care from hospital and reported that staff treated them with dignity and respect.

- A project to assess the feasibility of the use of an electronic mobile system for scheduling work/ service delivery in the Vale CRT is on track and the first phase completed with the purchase of ICT hand held equipment for frontline CRT staff and managers.
- Through co-location we have noticed that systems and process have improved as communication improves and develops between the teams. The next steps in 14/15 are in planning to create a single pathway through the CRTs for service users and patients to prevent hospital admission and facilitate quicker discharge

(c) Enhanced Occupational Therapy Services

Appendix D contains the detailed evaluation for this project. The project was split into three work packages and the evaluation has highlighted that one work package was more effective than other two at realising benefits and delivering outcomes for citizens. Examples of what has been achieved to date include:

- A total of 142 high cost packages where double handed care was provided were reviewed by the additional OTs with a further 41 cases already re-allocated for ongoing Care Management involvement/ or were found that the service was no longer required (service user deceased/ gone in to residential care).
- Additional resources focussed on providing an OT follow-up service on people discharged from hospital who were not initially considered suitable for reablement. This included:
 - Review of those discharged with a double handed or large package of single handed care to identify whether there was any scope to reduce the package of care
 - Providing an OT review at 6 weeks following discharge to assess whether there was any potential for reablement/ reduction in the care package. Work was also undertaken with 2 independent sector Domiciliary Care agencies to establish whether they could be used to provide post discharge reablement services
- Provision of an early initial visit from reablement OTs before the Home Care Manager assessment to identify opportunities for “right sizing” care. This has informed the scoping of an OT-led reablement service
- Improved interface with Domiciliary Care Agencies, for people needing ongoing care following a reablement service, delivering reablement training sessions to 11 carers in 2 selected Domiciliary Care Agencies.
- 21 cases were reviewed and a functional assessment was provided to identify if additional equipment/ support with manual handling could prevent a further increase in the care package or facilitate a reduction without impacting on the quality of care or anticipated outcomes for the service user.

3.2 The three other projects being delivered through the RCF Remodelling Social Care and Integration with Health Programme received proportionally less of funding (Appendix A) and have broadly completed the scope of the work agreed for year one. A decision needs to be

made on the next steps for these 3 work packages which do not have any further funding allocated to them from the RCF Grant.

A summary is set put below of what has been achieved:

- Assistive Technologies - Independent advisors have worked with officers in the Vale and Cardiff to map out the current operating models. Further workshops have resulted in a Target Operating Model being prepared. A Task and Finish Group has been set up and consideration for the best use of the capital funding will be completed in November.
- Integrated Assessment - An independent report on Unified Assessment has been delivered for the Vale and Cardiff. This informed the development of IA across both local authorities and a work stream which ensured rapid deployment of resources to re-configure assessment tools and implement to meet the Welsh Government deadline. This has resulted in a much more streamlined integrated assessment form which is now being used on both Council's Health and Social Care databases. Work is on-going with the UHB to ensure this improved system is used by all partners and is particularly effectively used upon discharge from hospital and within the CRTs.
- Commissioning. - Work is on-going with Cardiff on the potential for joint commissioning across a number of services to be re-commissioned. A draft market position statement has been prepared in the Vale and is currently being reviewed. Consideration is being given across both local authorities and the UHB where there needs to be one commissioning strategy for particular services

4.0 Conclusions

- 4.1 The evaluation has highlighted the elements of work that are starting to realise benefits and are contributing to the citizen outcomes identified at the start of the Programme. It has also enabled the Senior Responsible Officers to reflect on those areas where learning has enabled re-direction or re-targeting of resources. The programme has enabled us to adapt, change and respond quickly to learning across both authorities, mainly arising from the robust governance programme we have developed to wrap around the projects
- 4.2 Changes to models of working, culture change and collaboration do not happen overnight. This requires a great deal of investment both in time and resources if the greatest benefits are to be realised. This report will provide an opportunity for the Steering Group to consider those elements of the Programme, where the Group wishes to continue to invest in to maximise the benefits across all sectors and make the changes sustainable in the current times of austerity in the public sector.
- 4.3 The Steering group will also consider those enabling projects that may not deliver immediate benefits but which are essential if the long term vision is to be achieved.
- 4.4 A number of the projects that have started under the RCF - RSC&IH Programme have provided good base line data which will provide useful management information to take forward other essential projects, some of which will be funded through the Intermediate Care Fund. The links between this Programme and both the Cardiff and Vale ICF Programmes are strengthened so that the overall vision for Remodelling Social Care and Integration with Health can be achieved and the funding available for ICF is used to build

on the good work that has started under the RCF Programme, where this is appropriate. One example of this is in the Assistive Technology work stream where initial work funded by the RCF has led to further development of the service within the ICF funded programme.

5.0 Recommendations

- 5.1 Continue with robust Programme Management arrangements to ensure that projects are kept on track and that relevant stakeholders are kept up to date on progress.
- 5.2 The table below sets out recommendations for each project based on the findings from the evaluation and following discussions with the lead officers

Project	Budget allocated 2014/15	Recommendations
Effective Community Resource Teams	£363,339	<ul style="list-style-type: none"> It is recommended that the funding for the remainder of year 2 is used to redesign processes and start the remodeling of services so that there are effective integrated pathways for citizens across health and social care The third sector input to this project has improved. Monitoring of this input should continue so that the maximum benefit is achieved. Work is ongoing on the implementation of mobile working solutions in both Cardiff and the Vale. Examples of best practice are being shared across the two Authorities as well as lessons learned
Enhanced Occupational Therapy Service	£154,356	<ul style="list-style-type: none"> It is recommended that Cardiff continues the work being carried out by the Review OT as this is delivering benefits through the review of high cost care packages The Vale has approached this work stream in a different way and funding should be continued as benefits of OT led reablement are being realised The work carried out on the post hospital discharge service should be refocused to ensure maximum benefit is achieved. A greater emphasis should be placed on the role of the screening OT to achieve savings from unnecessary Home Care Reablement assessments. Engagement with Cardiff Domiciliary Care providers utilising the enhanced OT service

Project	Budget allocated 2014/15	Recommendations
		<p>has not delivered the benefit expected and should not continue. There are projects under the ICF Programme that will take a different approach to taking this work forward. i.e. the Reablement Expansion services project in the Vale</p>
Enhanced Learning Disabilities	£223,158	<ul style="list-style-type: none"> • It is recommended that this project continues with the 'Closer to Home' (Cardiff) and Achieving Better Outcomes – Right Sizing (Vale) for those individuals who can move back to their home communities. This improves outcomes for individuals and enables savings to be delivered. The savings tracking tool will be further developed, including the cost avoidance element to provide more accurate data. • The appointment of a joint Project Manager brings a disciplined approach to the Day Opportunity element of the project and this project should continue as it leads the way in changing the current model of Day Opportunities to reduce the reliance on internal services, explore opportunities for a wider range of providers including the third sector as well as access to universal services. This will give service users more choice and control. If the Programme is funded for 2015/16 more innovative service models can be explored, including a social enterprise approach. • The robust review of the Day Opportunities service should continue and include exploring options for a support planning and brokerage model for Cardiff which if successful could be rolled out more widely across other services.
Assistive Technology	£11,247	<p>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 and it is recommended that any work taken forward should take account of the recommendations in the independent review commissioned as part of this RCF Programme. As there is no further funding under RCF it is recommended that this project is not managed as part of this Programme and that the ICF</p>

Project	Budget allocated 2014/15	Recommendations
		governance arrangements in Cardiff and the Vale ensure the required outcomes are delivered.
Integrated Assessment	£25,000	<p>There is evidence that the revised IA process and redesigned assessment form has improved efficiency. Further work is required in the University Health Board so that the benefits are delivered in this sector to match the progress in the two Local Authorities and ultimately simplify the assessment process for citizens.</p> <p>The funding allocated for the next stage of the project is for training front-line staff in outcomes-focused assessment. It is recommended that a training plan and specification is developed which will set out how this benefits citizens and also meet the requirements of the Programme.</p>
Commissioning	£7,900	Both Local Authorities have prioritised Commissioning activities for services where there is the potential for joint commissioning.
Total	£785,000	The Steering Group recommended the re-prioritisation of projects for the remainder of 2014/15, following the review of this Evaluation Report.

Integrated Health and Social Care – Strategic Implementation Group
11th September 2014

Appendix 2

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 G.P 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, and she was also much weaker and requested that she be returned to bed and to remain in bed for future care.

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. 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. The O.T. 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. The O.T. had a discussion with Mrs S's daughter regarding her chair, and it was confirmed that her daughter was planning to buy a riser recliner chair for Mrs S. The O.T. agreed that this would be of benefit for 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 O.T. 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 2014 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 rehabilitation had taken place and this had improved Mr J's function.

What We Did

A referral was received to O.T from the social worker. A joint visit took place and O.T 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 O.T. 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 O.T. 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 granddaughter 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.

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 morning 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

How the person is better off

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 O.T. 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 attempt to be as independent as possible, without the support from carers. All options were discussed with Mr P and it was 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 O.T. would revisit in two working days, and complete a shower assessment with equipment. If carers were required, home care services would be notified.

O.T. 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 user was safely discharged and risk of re-admittance 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

Background

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 “outing she had were to hospital” Miss A realized that regrettably it was time to consider moving to residential care. This was a very emotive undertaking for her.

What we did:

Miss A received considerable input from the teams O.T.'s and Physiotherapists as she progressed from using a stick to a walking frame and then a wheelchair, together with this 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 O.T. in the team to make an appointment for the client to visit her preferred option and it was arranged that both C.L.O and O.T. 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 any queries she might have. 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 .

How the person is better off:

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.

Case study 8 Effective Community Resource Team Project

Background

Mrs R rang Contact and Assessment to request support with personal care. She has a long term spinal condition, resulting in frequent and unpredictable falls, and was worried about the physical strain and responsibility for her husband, who works full time.

What we did

The O.T. checked Care First notes and found that Mrs R had previously had a stair lift provided by the community O.T. When the O.T. rang to make an appointment, Mrs R said she was unsure whether she really wanted care and just wanted to discuss options. The O.T. therefore advised the Home Care Manager not to set up the paperwork yet.

During the initial visit, the O.T. discussed in detail how Mrs R managed daily activities and how she and her husband felt they were coping. It was clear that they both felt having carers would invade their privacy. Her main concerns were that she had to ring her husband, or friends if he was in work, to assist her if she fell, and that it was a rush for him to assist her with dressing in the morning before he went to work. She was concerned that he would strain his back lifting her and assisting her to lift her legs into bed.

The O.T. suggested two dressing aids- a leg lifter and long handled shoe horn. Mrs R found the leg lifter particularly helpful. The O.T. also agreed to assess with an ELK (emergency lifting cushion), an item of manual handling equipment rarely supplied to individuals, but which works well if the person has good upper body strength and sitting balance, is easy to carry around the house and is effective even in small places.

How the person is better off:

This proved to be an ideal solution as Mrs R could ring a friend living locally if she fell during the day, ask a friend to bring the ELK and talk through the instructions herself. This greatly reduced the physical strain on Mr R and gave Mrs R more control over her circumstances. CRT cares were not needed, which reduced the workload for the home care manager, co-ordinators and carers.

Case study 9 Effective Community Resource Team Project

Background

Mrs H is a 54 year old who lives alone and was referred to CRT via her GP for assistance with personal care and meal preparation, following day surgery procedure for tennis elbow and carpal tunnel. Mrs H has a diagnosis of Fibromyalgia, Osteoarthritis, Depression and Bi-Polar Disorder.

Mr H had previously received a large care package for 9 years which was cancelled by the review team a few months prior to her surgical procedure. Mrs H had made a formal complaint regarding the decision to cancel her care which was under review.

Following a joint visit with HCM, an initial care package consisting of 3 daily calls (am, teatime and bedtime) was set up whilst Mrs H was unable to use her left arm and rehabilitating.

What we did

Therapy included 5 O.T. home visits (initial assessment, 2 showering assessments, kitchen practice and review visit) and 5 sessions with O.T. Rehabilitation technician, under guidance of O.T. to work on improving independence in personal care and meal preparation.

Mrs H was advised on compensatory techniques and small pieces of equipment to improve independence in these areas.

During O.T. sessions mental health issues were discussed and this led to O.T. liaison with GP who made a referral to the Anxiety Management Programme and also access to leisure centre programmes for graded exercises. A referral was also made to Assessment and Rehabilitation in the Community (ARC) to access local courses as Mrs H appeared very socially isolated.

Mrs H was compliant with O.T. sessions and listened to the compensatory suggestions made to improve level of independence. At the same time, Mrs H was open about her feelings that she intended for her previous 9 year care package for personal care to be reinstated, advising both carers and O.T. staff that she intends on using carer logs to justify need for on-going care. This mind-set and reliance on care was in direct contrast to the aims of a reablement approach which proved a challenge through the process.

During the CRT 6 week period, Mrs H gained a good return of functional use, range of movement and grip in her left hand/arm, this progress needed emphasising by staff through the CRT process.

Through using the compensatory techniques and long handled dressing aids Mrs H increased her levels of independence in personal care and meal preparation which eliminated reliance on carer assistance and led to the care being cancelled permanently.

Referrals were made for Anxiety Management Programme, pain clinic and leisure centre programmes to offer opportunity to learn skills and coping strategies in dealing with her levels of anxiety and pain. A referral was also made to ARC to reduce social isolation.

How the person is better off

Mrs H attended local leisure centre for gym and pool exercises. Through ARC input she attended a jewellery making class where she would demonstrate her jewellery making to other. Mrs H is now waiting to start an advanced jewellery making course at college. She has subsequently been closed to the ARC team.

When package of care are in contention, O.T. input and on-going assessments can provide evidence of functional level, and determine if a package of care is required. Holistic assessments can identify an individual's needs and referrals to alternative more appropriate services can be made to meet those needs. This in turn reduces risk of establishing unnecessary packages of care, and increasing dependence on support services.

Case study 10 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Mr E had a stroke ten years ago which affected his mobility. He has been attending the Rehabilitation Day Unit at Llandough Hospital and he was referred to the British Red Cross' Community Support Service as he had lost confidence in going out which caused low mood.

To mobilise outdoors, he requires either a wheelchair or a mobility scooter, but he said that he was scared to go out alone on his scooter.

At assessment, Mr E expressed three goals and outcomes that he wanted to achieve. These were to improve confidence outdoors, to improve confidence using his scooter and to go out with his beloved dog, Mitzi.

What we did

An action plan was put in place and Mr E was given week by week support to work on this. Our Case Support Worker walked alongside whilst he rode his scooter and took the dog for walks in the park. He was also connected with a lunch group and provided with information about dog-walking services, should he be unable to go out from time to time in the future.

How the person is better off

At exit interview, Mr E said “I have enjoyed going out on my scooter and being able to take the dog for a walk. I feel confident enough to go out on my own now and I have been twice. Thank you”.

Case study 11 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Mrs A is a 71 year old woman who has been supported by the British Red Cross.

She had gained in confidence after an illness and was progressing well. However when the case support worker phoned just before Christmas, Mrs A was very down and worried. It transpired that she had an urgent hospital appointment at the University Hospital of Wales. She explained she had “women’s problems” and therefore felt she could not ask her son to take her. She then asked whether it would be possible for our female case support worker to take her. Although we do not routinely provide hospital transport, as an exception it was agreed.

What we did

Mrs A was so nervous on the day. She told the case support worker that her GP informed her it was a common problem for women of a certain age and that it was best to get it checked out. They were able to chat about this with no embarrassment and she was reassured her that seeing the consultant would clarify any concerns or questions she had. She stated she was so grateful for the support and that it had calmed her down.

How the person is better off

Mrs A was contacted after Christmas. She said that she had been able to enjoy the festive time without any worries as she had had the results on Christmas Eve and it was ‘all clear’. Mrs A again stated that it had been such a relief to just chat before her appointment so that she was more relaxed and able to ask any questions instead of being frightened.

Case study 12 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Mrs R went into hospital recently but caught a bad chest infection which gave her shortness of breath. On discharge she began using a three-wheeled walker but she said that she felt very vulnerable on her own and had no confidence.

What we did

Our case support worker encouraged Mrs R towards a target of walking to a local shop using her walker. There were a series of benches on the way to the shop so initially, Mrs R would stop at each to take a breather. Each week they would miss a bench which had the effect of building up Mrs R's confidence.

How the person is better off

Finally, Mrs R felt very confident in herself and went to the local shop alone. She has subsequently bought a four-wheeled walker with an in-built seat so she is able to sit down wherever she pleases.

Mrs R felt confident that she no longer needed our service and is now looking forward to going away with her son.

Case study 13 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Following a fall, Mr J was supported by physiotherapists from the Vale Community Resource Service. They gave him instruction in the 'Otago (Falls Recovery Programme)' exercises and the use of a 4-wheel walker. He was then referred to the British Red Cross' Community Support Service for support and encouragement to repeat the exercises. Such referrals allow physiotherapists to close cases and this in turn, relieves pressure on the NHS.

What we did

Our Case Support Worker visited Mr J regularly to assist him to improve his mobility and she introduced him to a lunch club at a local church group in Penarth.

How the person is better off

At the exit interview, he said "the support my case support worker has given me has been wonderful. She has given me confidence to use the 4-wheel walker and she is a great support. I compliment you on the small things that make people feel ten times better. Thank you for all your help".

Case study 14 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Mrs P was referred to our service as she had low confidence and self-esteem, following brain surgery which had left her with some scarring.

What we did

During her support, she was given short-term befriending and introduced to local activities such as crochet and walking groups. These helped her to make friends. She was given information about events at Chapter Arts Centre in Cardiff which she accessed several times.

How the person is better off

Nearly five months after her support had ended, she took the time and trouble and wrote the following letter: “Many thanks for all the help I have had from you during the last couple of months”.

Case study 15 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

The British Red Cross support worker was supporting Mrs E who needed a new Blue Badge for disabled parking. Mrs E already had a blue badge but needed to renew it. Accordingly, she completed the application form and forwarded it to the Council department.

Unfortunately, the photo had part of the top of her head missing so it was rejected, along with several other minor mistakes on the application form. Mrs E became so frustrated with the to-ing and fro-ing of the form that she lost heart.

What we did

Our case support worker stepped in to assist and helped Mrs E work through all the problems. In fact, the case support worker’s comment at the team’s weekly meeting was “I almost gave up myself”.

How the person is better off

Finally, the blue badge arrived in the post which was a major triumph for all concerned. Without support, Mrs E would probably have given in at the first hurdle, thereby missing out on an extremely important (even lifestyle-altering) facility.

Case study 16 – Effective Community Resource Team Project

Third Sector Partnership – British Red Cross

Background

Mrs M is a 74 year old woman who has mild learning difficulties, mobility problems and wears a hearing aid. She was receiving support in order to gain confidence and to help her to access the community.

Mrs M had problems with her hearing aid but was pleased that she had managed to make contact with her local clinic by herself to ask for an appointment. Unfortunately, the clinic she phoned no longer deals with hearing aids so Mrs M was given another number to ring.

What we did

When the British Red Cross case support worker called, Mrs M was very frustrated as she had been trying for a number of days to contact the number she had been given. The Case Support Worker tried on her behalf and had a constant engaged tone, trying frequently throughout the day but with no success.

The Case Support Worker contacted the original clinic to check, which is when it transpired that Mrs M had recorded one digit incorrectly. Being hard of hearing, she must have misheard.

Even with the correct number, the case support worker got an engaged tone for a long time, taking till the end of the day to eventually get through. Moreover, the case support worker had difficulty understanding the person on the other end of the phone who said that Mrs M had to make an appointment which would take at least two weeks.

Finally, the case support worker managed to take Mrs M to the clinic and her hearing aid was repaired in ten minutes; however, the entire process had taken over three weeks.

How the person is better off

Mrs M said that she would not have bothered, had she not had support from the British Red Cross and she would have put up with poor hearing because she had been so frustrated trying to get through on the telephone.

Case study 17 – Effective Community Resource Team Project

Third Sector Partnership – Age Connects

Background

Mrs. L is an 82 year old widow, living alone in a first floor flat. She is not in contact with any family members, and has become very isolated. The owner of the shop downstairs keeps an eye on her, but this is her only social contact. She has become increasingly unwell recently, losing weight, lacking the energy to go out even to get basic supplies, and becoming unkempt and unable to care for her flat.

What we did:

She was referred to Age Connects C.L.O by team members who were concerned about her loss of weight and her inability to cope. It took time to gain her trust, but she did agree to accept a small care package. As a consequence of this, the carer became aware that she had a breast lump, but she was unwilling for the doctor to be called.

How the person is better off

Having succeeded in building up a relationship with Mrs. L, the C.L.O was able to persuade her to allow the GP to visit, and subsequently, accompanied her to the Rapid Access Breast Clinic. This was a major undertaking for her, as she had not been in a car or to a hospital for many years, and she could not have done this without support

The C.L.O's plan is to continue to support her through the initial diagnosis and treatment planning, to encourage her to continue to accept the care that she needs, and refer to the Outreach Team from the Advice Hub to ensure that she is receiving the benefits she is entitled to. If she agrees, the C.L.O also plans to refer to the Marie Curie Helper Service and ACCV OPAAL for longer term support with hospital appointments and emotional support

Case study 18 – Effective Community Resource Team Project

Third Sector Partnership – Age Connects

Mr. & Mrs. Y were referred to Age Connects C.L.O to check whether they may be entitled to additional benefits. Mr. Y had recently been discharged from hospital after suffering a stroke. His communication, understanding and mobility had all been severely affected, and the house was being adapted for wheelchair use.

Mr. & Mrs. Y are members of a minority ethnic community, and although Mrs. Y is able to communicate verbally in English, she finds it very difficult to understand official correspondence. Her husband is no longer able to communicate verbally in his own language or in English. They have no family in the UK.

Mr. Y was already starting to receive 6 weeks free home care, and his wife was very concerned about whether they would have to pay for care after this, as their income is low, but they do have some savings.

What we did:

- Referral to the Advice Hub for a home visit to discuss Pension Credit, Attendance Allowance and Carers Allowance
- Information Provided for Mrs.Y about financial assessments for social care
- Information provided about Welsh Water Assist Scheme

The C.L.O followed up with phone calls to ensure that everything had been completed. Mrs. Y had received a visit from the Outreach Team, and the relevant benefits had been awarded. However, she had a letter regarding Carer's Allowance which she did not understand. When the C.L.O checked, she realised that there had been a mistake regarding appointeeship. Instead of Mrs. Y becoming appointee for her husband, the Carer's Unit had written to Mr. Y for him to act on his wife's behalf as her appointee. This was very confusing for Mrs. Y to understand.

How the person(s) is/are better off:

We contacted the DWP to advise them of the error and ask them to rectify it. This involved several calls to different departments

- Assisted Mrs Y to complete the Welsh Water Assist application form, as they had now become eligible because they had started to receive Pension Credit.

They now feel they can afford the long term care package which they need, including respite for Mrs Y.

Case study 19 – Effective Community Resource Team Project

Third Sector Partnership – Age Connects

Mrs. B is an 85 year old lady who had recently left her home in England to live closer to her family following a few falls and sustaining fractures. Her mobility was impaired and she was recovering from a fall and unsteady on her feet. The Physiotherapists referred to Age Connects as she was concerned about Mrs. B's anxiety and isolation and due to the fact that her family worked full time.

Mrs. B was unsure of the locality and worried about how she was to furnish her rented flat with basic kitchen ware essentials as well as how to register with GP, she was overwhelmed with all that was necessary to settle in to a new home and city.

What we did:

- Accompanied visit to register with GP and familiarise with area, bus routes and local supermarket
- Accompanied visit to library to enrol and local hardware store
- Contacted council to order food waste bins
- Assisted with completing bus pass application
- Provided information on social activities./ Directory of Cardiff/ Locality Facilities

How the person is better off

Following several visits and two accompanied escorts, Mrs. B said she was far less anxious about “her new chapter in her life” She had bought all the items she required to furnish her flat and arranged delivery, having been a keen artist in the past had also arranged to attend an art class using public transport, and felt more confident in regaining her independence.

Full Year Report
Intermediate Care Fund 2014/15

City Of Cardiff Council

Full Year to Date ICF Report: City Of Cardiff

Overall Progress

Theme 1: Establishing a single point of contact.

A single Gateway to independent living services for citizens over the age of 60 has been established since September 2014. A wide range of services that were previously separate have now become accessible through a single Gateway. The recruitment of 5 staff into the role of Independent Living Officer has been completed. Training has been delivered throughout the last 3 Quarters in the IT systems used, advice provision and services integrated into the Gateway. During Quarter 4 Training was extended to Domiciliary and Residential Financial Assessment Visiting Officers to provide a more holistic service. This also included periods of shadowing and mentored visits to ensure accuracy. This has provided Independent Living Services with a now multi-skilled visiting element that would have previously required several separate visits and demonstrating more joined up services.

IT Systems have been updated to accommodate recording the visit, the holding of documentation and the provision of management information. This data capture will maintain a client profile to assist with the provision of flexible services that will develop as the needs of the individual change.

Referral mechanisms to the Gateway were established in Quarters 1 and 2 with partners in Social Care, Health, Housing and 3rd sector partners. Full briefings on Gateway Services have been delivered to all partners and regular update meetings have been held to maintain strong collaborative working.

The administration element of the Visiting Officers role has been streamlined with the introduction of a Single Financial Assessment form and during Quarter 4, Visiting Officers began using mobile technology to record visits reducing the need for duplication. Visits have established effective working across Health, Social Services and Housing, delivering much more integrated services and a far simpler point of access for services available to over 60's.

Through the Gateway work is being undertaken with partners such as Care and Repair, Department for Work and Pensions, Age Connects and many council and project based services. This process of integration has added value to services that were previously separate as customers are receiving a fully holistic service and meeting the aim of supporting people to maintain their independence and live in their own home. This can be demonstrated in feedback received from customers, with 90% advising that the work through the Gateway has left them feeling more able to remain in their own home with increased independence.

The Social Work Team joined the Independent Living Gateway in September 2014 with the aim to provide support and guidance to existing members of the team as well as evidencing cost savings, by reviewing packages of care for

service users who received recent adaptations. This partnership has ensured that any concerns/queries or requests for advice are discussed in a timely manner and actioned appropriately. This level of interaction saves time and effort for service users, those asking questions as well as Contact Officers of those in Connect 2 Cardiff and social work staff within community teams which would have been the normal route of enquiry.

The Housing Resettlement Officer (HRO) service which falls within the Independent Living Gateway became operational in September 2014 with the employment of two Housing Resettlement Officers based at Whitchurch and Heath Hospitals. Prior to Housing Resettlement Officers being in post the housing needs of any patient admitted to hospital were only considered when discharge was due. This often meant that release from hospital was often delayed while adaptations were carried out on their homes.

Housing Resettlement Officers were trained during quarters 2 and 3 in much the same way as the Independent Living Officer but with particular emphasis on housing and homelessness.

To assist the Housing Resettlement Officers in the management of caseloads and for the provision of management information a database has been created and developed as understanding the requirements of the role and needs of patients increased. We are now able to monitor performance and refer to service user records.

Referral mechanisms have been established with Health Professionals in the hospitals and regular meetings take place between the team and stakeholders to monitor the service and its development.

To date Housing Resettlement Officers have assisted 108 patients with hospital discharge with the main drivers being Housing, homelessness and Income Maximisation. Other interventions have included assisting patients with obtaining white goods and furniture for their homes.

Based on the estimated date of discharge at admission and the actual date of discharge where HRO involvement resulted in a safer and speedier discharge, it is estimated that 206 bed days have been saved, estimated to have avoided £47,380 of costs.

Theme 2: Develop a range of Preventative and accommodation Solutions.

A key part of the project is to improve preventative care. Care and Repair has been working in partnership with the City of Cardiff to support integrated services into Health, Housing and Social Care in support of older people to maintain their independence and to remain in their own homes, also focussing on the avoidance of unnecessary hospital admissions and timely adaptations in response to referrals from Health, Care Services and the Gateway.

During the full year reporting period Safety at Home referrals have been completed in an average of 22 days and Rapid Response Adaptation Programme referrals in an average of 12 days. Collectively these schemes have assisted with the safe discharge of 443 Hospital patients aged over 60.

In addition, 82% of those who received work via care and repair felt able to remain in their own homes and live more independently.

During the first half of the project reporting year Third Sector Partnerships were established with Age Connects and the Young Foundation as part of the Healthy and Active Partnership initiative.

In late Quarter 2 Age Connects and the Young Foundation submitted approved Service Level agreements.

Age Connects have been developing and testing a range of solutions across the City of Cardiff that directly respond and align with the purpose of the Intermediate Care Fund by reducing social isolation through the use of volunteers and community based services. Work has been underway to help over 60's with limited contact to get involved in community activities and develop friendships. Two distinct aims of the project are to gain intelligence of what is in the community for older people and facilitate easy access to that information and secondly to help develop a volunteer support programme to help alleviate isolation. Services began rolling out in December 2014 and to date Age connects have referred 138 older people and moved 104 out of social isolation. To achieve this Age Connects have recruited volunteers who aid older people all over Cardiff and developed partnerships with community groups. . In the 6 months this project has been running there are already more volunteers recruited than during the whole of the Good Neighbour Scheme.

The Young Foundation's Citizen Driven Health Project has the aim of building an initial platform of citizen driven technology, processes and ways of working that can expand to transform the provision of health, care and prevention of disease in the longer term. Planning and engagement has taken place and a stakeholder working group meets monthly basis. During Quarter 3 much of the work completed was based on development and engaging with 2 target communities in Ely and Grangetown. Networking events were held to develop partnership working and community events have been held where the Young Foundation met with older people in the selected communities. Difficulties have been experienced with getting older people in the communities to engage in this process. As a result of this work is now being done with 3rd Sector organisations, Housing Associations, Social Workers and the Independent Living Gateway to establish barriers to achieving outcomes for older people that could be made more efficient with technology. Workshop outputs are now being analysed and Q1 of 15/16 will begin with enabling activities that set the foundations for the technology.

Work has been ongoing on accommodation solutions to accelerate discharge from hospital and aid recuperation. Quarter 1 involved discussion and

evaluation regarding suitable locations for step down accommodation and the possibility of using existing sheltered accommodation. Meetings were held across Housing, Health and Social Care to agree the specification of the accommodation. The decision was made that Care and Repair would carry out any works.

6 properties were identified and agreed as the locations for the Interim Care Accommodation. These will be Lydstep Flats, Nelson House & Minton Court. Plans were created and agreed with construction work beginning in late November. All six Flats were completed by the end of March and provide a viable alternative to more costly options that create dependency such as residential homes. These properties will showcase available alternatives that assist with reablement as well as demonstrate and provide users with the opportunity to experience how adaptations and technology can increase independence while they wait for adaptations or work to their own homes that was previously delaying discharge from hospital.

Referral criteria to the Step Down Accommodation has been developed and approved through collaboration between Housing, Health and Social Care with referrals being received from Social Work teams, Occupational Therapy and Housing Resettlement Officers. To manage referrals, admissions, tenancies and issues arising with the accommodation, a Step Down Coordinator has been employed to support service users.

The step down accommodation has recently commenced the process of receiving referrals from Health and Social Care. Two referrals have been received to date where the service users meet the agreed criteria to take up short term tenancy in the Step Down Accommodation. These tenancies have allowed hospital beds to be freed whilst work is carried out on the service user's homes. It is estimated that this use of 2 of the Step Down Accommodations has saved 73 bed days in total.

Theme 3: Expanding the Range of Rehabilitation and reablement services to promote and support Independent Living.

Discussions took place during Quarter 1 to identify locations for the development of a Smart House which is to be used to demonstrate equipment to aid independent living. It is intended that the Smart House will showcase the potential for independent living to prospective clients as well as the demonstration of assistive technology. The potential sites for the Smart House all underwent evaluation to determine their suitability.

The Disabled Facilities Services developed the specification for the property in partnership with Occupational Therapy teams making recommendations on the equipment to be installed and available for demonstration in the property.

After the examination of several potential locations it was decided that the Smart House would be based in the Joint Equipment Service Warehouse rather than the refurbishment of an existing property. Draft plans were drawn

and a decision was made on the plan and layout of the building. The approved plans included adding a 2nd floor to make the property look more like a house which required more structural work than was originally anticipated. Care and Repair were contracted to deliver the schedule of works with the build programme commencing in December and completed by the March 2015.

The Smart House provides citizens of Cardiff with a new and unique facility that demonstrates and expands on the range of rehabilitation and reablement services that promote independent living. Customers are able to visit the property and see the technology in action, learn of its benefits and be able to arrange informed purchases. The technology that can be seen and demonstrated to customers ranges from through floor lift systems to easy to use Jar openers.

Throughout the year partnership working with Action on Hearing Loss Wales, RNIB and the Independent Living Gateway has been ongoing to support older people with sensory impairment to remain living independently. A Sensory Loss Officer was recruited and is working across Health, Social Care and Housing to support the aims of the Intermediate Care Fund. Referral mechanisms have been established with The Gateway and key partners such as social services. Work has been done by the Sensory Loss Officer across several wards at University Hospital of Wales, raising awareness of sensory impairment and ensuring it is considered as part of the discharge process through partner working groups and briefings back to wards.

Evaluation of the work completed by the sensory loss worker will be available at the end of the project which has been measuring how the sensory loss worker has impacted upon independence, coping and activity.

A Rehabilitation Support Worker and Social Work Assistant were employed 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. To date 15 service users have received successful interventions to access flexible community based services.

Theme 3 also aims to encourage and look to maximise the use of technology amongst over 60's to promote a cultural shift away from the dependency of high end care towards facilitating independent Living.

During Quarter 1 a working group was established to discuss the implementation of new technologies, consider potential purchases, their value to the customer and to receive feedback on technologies being used. This working group has been maintained throughout the year and referrals agreed at the working group have increased in line with awareness.

The range of equipment used by the City of Cardiff has also been expanded with the introduction of "Vega Watches" which act as a mobile GPS system to allow relatives to monitor online the location of the wearer. The watch allows for the wearer to continue to live independently but providing the reassurance

that should the wearer become disorientated or confused instant communication and location is available. This alleviates one of the most common concerns for families of sufferers of dementia and allows for greater independent living. In quarter 4 Vega watches have been issued to a range of clients based on referrals from Social Workers and Occupational Therapists and we will be receiving feedback from Caseworkers on how effective they have been.

The City of Cardiff Council has subscribed to the use of “Just Checking” systems that help people to stay independent at home by monitoring daily activity in an unobtrusive way. Promotional events have been run to raise awareness of the benefits of this technology. These systems have also been installed in the Step Down Accommodation to identify service users who may need care and what level of care is required based on objective evidence on the customers daily activity.

Licenses have been made available to, Social Workers, Occupational Therapists and Independent Living Officers to the Equipment Prescription Guide (EPG). This online resource allows users to search for assistive technology related to specific conditions. Requests have primarily related to equipment already provided as opposed to new equipment that may benefit a service user. However, presentations amongst social work teams have taken place to promote and drive more use of the Equipment Prescription Guide when looking for alternative solutions to assist with independent living.

A variety of Promotional events have taken place through 2014/15 to promote the use of new technologies and Telecare. An intermediate Care Fund event took place in quarter 2. The event was attended by a variety of representatives from internal and external partners who provided positive feedback, commenting on the benefit of increased awareness and usefulness of the technology and services. In the second half of the reporting year several marketing events took place including the creation of a DVD and road shows in St David's 2.

Theme 4: Providing co-ordinated services that avoid duplication and promote better outcomes for older people.

Monitored dosage systems only go some way to supporting vulnerable people with Medicine Management in a domiciliary setting. During the first half of the reporting year protocols and the necessary administration forms have been developed to improve patient safety through risk reduction, promote independence, dignity, positive experiences and supporting individuals to remain in their own homes.

The recruitment process for the appointment of a Medicine Management Specialist experienced delays and was escalated with the expectation the post will be filled in early Quarter 3. Unfortunately the post was not able to be filled and alternative ways of looking into Medicine Management were discussed.

In late quarter 3 a Project Officer was appointed to identify methods of reducing Polypharmacy. The Officer has been reviewing patients where multiple medications are a concern and offering safe and sensible recommendations where extra considerations are needed due to the complexities of the patient's condition. This work is hoped to be helping reduce preventable episodes of unscheduled care and hospital admissions which could be caused due to adverse drug reactions.

Protocols for the virtual pool were developed in the first half of the year. Discussions regarding proposals to fund intermediate care over the Winter Pressures Period took place at the end of Quarter 2 and early Quarter 3.

In Quarter 3 Intermediate Care Beds were purchased at The Court residential home to alleviate winter pressures. In similar comparison to the use of the step down accommodation it has been very difficult to get all beds occupied due to patients being too ill to leave hospital.

Theme 5: Other Costs

The Project Team was set up late Quarter 1 due to delays in recruitment. In the first half of the reporting year extensive work has been done by the Project Team on the development of the Independent Living Officer Role. A Rapid Improvement Event took place which set the foundations for the development of a single holistic visiting role incorporating Welfare Benefits, Disabled Facilities Grants and Domiciliary Care financial assessment. This work also included the review of all existing administration forms and a range of quick fixes to streamline existing procedures. Work has been done on the identification of mobile working solutions and their integration into the service. In quarter 4 a mobile financial form which can be completed electronically at the visit was completed which has removed duplication.

The Project Team have also been heavily involved with the development of the Housing Resettlement Officer Role. During Quarter 2 the Project Team reviewed current hospital discharge procedures to allow the integration of the Housing Resettlement Officer. This Role is now up and running in University of Wales and Whitchurch Hospitals taking referrals from Social Workers to speed up safe discharge from hospital. Processes and procedures were regularly reviewed throughout the reporting year to adapt the service as a better understanding of the role developed. To support the Housing Resettlement Officer the Project Team have developed a database to allow Officers to record, manage clients and report performance information.

In quarter 3 the Project Team completed a review of Contact and Assessment Telephony Team to recommend changes to support a more integrated service and to identify how this can fit in with Gateway services. This work was done in partnership with the Assessment Care Management Process Project Group, with regular information sharing at working groups.

Welfare visiting Officers processes and procedures have also been reviewed. This has resulted in the creation of a database to monitor management information to report on how service users have been assisted in income maximisation. This work was completed as part of looking at future sustainability of Independent Living Officers

In quarter 3 and 4 the Project Team through working in partnership with Housing, Health and Social Care developed the eligibility criteria, processes and procedures for step down accommodation. This strong cross service area working produced a robust mechanism for service users who enter step down accommodation as well as support during their tenancies.


A big achievement of the Project Team was to obtain access to the DWP's Customer Information System. Previously within the Local Authority this system was only available to Benefits Assessment. Through Negotiation with DWP the Project Team were able to obtain 12 Licenses for Independent Living Staff which has allowed easier access to customer welfare benefit information and led to more streamlined financial reviews and care assessments.

A comprehensive training package and additional support for Independent Living Officers and Housing resettlement Officers has been developed and delivered during Quarter 2. The training has been delivered with partners to enable the delivery of a fully holistic service to clients over the age of 60.

During the 1st half year consultancy on the housing needs of residence over 60 commenced. Questionnaires were issued to existing residents and those on the waiting lists over the age of 50 to assist with developing a better understanding of housing need with a good response rate. The information will be used to assist processes for re-designating properties and to assess their suitability. This has also been expanded to include Registered Social Landlords.

A procurement exercise has been conducted to appoint a consultant to do the Local Housing Market Assessment for the City of Cardiff Council. DCA (David Couttie Associates) are the preferred consultant. Meetings have been held with DCA to agree their costs, programme and survey documents to be issued. 12,000 surveys were issued to households in Cardiff and 500 face to face interviews will take place. Specific questions will be asked around the housing need for older person housing. The initial findings of the assessment are complete and these have been presented to RSL's.

City of Cardiff Council - Intermediate Care Fund 2014/2015
Summary of Progress – Full Year Report

Ref	Project Description	Progress Update	RAG	Risks
<p align="center">Page 1 133</p>	<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>	<p><u>Independent Living Gateway</u></p> <p>Project Manager and project team are in place and project brief approved by the Board. Recruitment of staff to the role of Independent Living Visiting Officer is complete. And a Rapid improvement event has taken place mapping out “As Is” processes and a “to be” Process established and Visiting Officer Action Plan in place.</p> <p>Training that covers all holistic services has been developed and delivered throughout the year in conjunction with maintaining full services for customers. The training has been completed in a staged approach due to the volumes of new and complex information being learned. This has allowed Independent Living Officers to fully implement training received in an effective manner. Over the course of the year this has allowed Independent Living Services to become more holistic than any previous single visit delivered by Cardiff Council.</p> <p>The main focus of training in Quarter 3 was Domiciliary Care and Residential Care Financial Assessment. This also included periods of shadowing and mentored visits with experienced officers.</p> <p>In quarter 4, training in Disabled Facilities Grants financial assessment has been extended out to other Visiting Officers within different parts of Independent living services to allow the for future sustainability with increased effectiveness.</p>		<p><u>Risk:</u> Care First Training is not available within the timescale of the project for Visiting Officers and Housing Resettlement Officers.</p> <p><u>Control:</u> Investigating the possibility of Care First providing Train the Trainer Courses.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>Several referral mechanisms to the Gateway have been established through strong partnership working with Housing, Health, Social Care and the 3rd Sector providing customers with a variety of avenues for them to engage with the Independent Living Gateway.</p> <p>Meetings have taken place with the Integrated Discharge service to establish a working partnership with Health, Housing, Social Care and the integration of Housing resettlement officers.</p> <p>The system currently used by the Disabled Facilities Service, has been configured to allow Independent Living Visiting Officers to record details, progress and documentation relating to Independent Living Services visits as well as the provision of Management Information.</p> <p>A single Financial Assessment form has been developed covering Financial assessment for Housing Benefit, Council Tax Reduction, Disabled Facilities Grants and Domiciliary Care. Replacing the need for 3 separate assessments. The new form has undergone testing, amendments and is now being fully utilised.</p> <p>Mobile technology has been identified for visiting officers and orders were delivered late quarter 3. The technology has been tested by our IT department and configured appropriately and is now being tested in the field by Visiting Officers.</p> <p>Development work with Total Mobile Solutions on the</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>implementation of a mobile single Assessment Tool has taken place in Quarter 4. The electronic form has also undergone testing for refinement before use on visits.</p> <p>A range of Promotional material for the Gateway has been designed and was published in Quarter 3 and 4. This was distributed to partners in Housing, Health, Social Care and the 3rd Sector in conjunction with briefing sessions on Independent Living Services.</p> <p>A total of 458 Gateway visits have taken place since September 2014.</p> <p>141 people have seen their income maximised by an average of £2,831 per year totalling £399,227. This supports people to have a better quality of life, be it paying bills or using the additional money to get taxi's to social events.</p> <p>69 people have been provided with advice on prevention of slips, trips and falls, reducing the potential for hospital admissions.</p> <p>102 people have been referred for Assistive Technology.</p> <p>47 people have been referred to the Fire Service for the installation of fire alarms. Which reduces the possibility of house fire fatality by 4 times</p> <p>67 people have been referred to 3rd sector for assistance with social isolation reducing the possibility of the onset of depression.</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>As a result of the Gateway Service 90% of clients felt able to remain in their own home with increased independence as a result of the casework.</p> <p><u>Social Work Within the Gateway</u></p> <p>A Social Work Team joined the Gateway to provide support and guidance to existing staff and to evidence cost savings, by reviewing packages of care for those service users with recent adaptations.</p> <p>The reviews identified:</p> <p>6 people no longer required Community Resource Team support due to the implementation of an adaptation. Estimated savings per year = £39,811</p> <p>2 people had their packages of care reduced due to now being supported by the implementation of an adaptation. Estimated saving = £11,144</p> <p>Joint working with the Community Occupational Therapy Team and housing Occupational Therapists continues. On referral for adaptation the Occupational Therapist involved would supply information regarding the care package likely required if adaptation was not provided or delivered as a priority.</p> <p>To date 15 service users have been identified who they believe would require formal care services if an adaptation was not provided. This is estimated to have avoided costs of £85,867.</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>In September a sample of 20 service users were reviewed who received services from the Community Resource Team (CRT), alongside a recent adaptation. 6 service users from this sample no longer received a service from CRT and it is likely that the adaptation supported this change.</p> <p>In January 3 service users were reviewed who received formal care packages. No changes were made to these packages of care, 2 of the adaptations were replacements so car was still required. 1 adaptation was for outside ramping to increase quality of life and increase social interaction and allow attendance of GP appointments and therefore had no effect on the current care provided.</p> <p><u>Housing Resettlement Officers</u></p> <p>Housing Resettlement Officers have been recruited and are now in post. They have undergone a comprehensive training and shadowing programme, covering housing, homelessness, welfare and holistic services.</p> <p>Processes, procedures and administration have been developed alongside increasing understanding of the role. A database has been created to capture customer profiles and management information which has been in use since quarter 3.</p> <p>The Housing Resettlement Officers are now spending approximately three days a week at Whitchurch Hospital and University Hospital of Wales offering resettlement services to</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>speed up safe discharges from hospital.</p> <p>In Quarter 4 services were developed to enable cross working between hospitals for each of the HRO's.</p> <p>To date a 108 clients have been assisted with discharge from hospital. The main drivers being Housing, homelessness and income maximisation.</p> <p>Based on the estimated date of discharge at admission and the actual date of discharge where HRO involvement resulted in a safer and speedier discharge, it is estimated that 206 bed days have been saved. Potentially avoiding £47,380 of costs.</p> <p><u>Telephony</u></p> <p>Through the intermediate care fund additional staff were employed on the Contact and Assessment Team to assist in eliminating an accumulated backlog of call backs to service users (which had accumulated due to staff turnover).</p> <p>Since January the data for older people over the age of 60 has been collected. In Quarter 4, 298 customers have been signposted to 3rd Sector Organisations and 22 Customers have been referred to Independent Living Gateway receiving assistance with income maximisation, social isolation and housing.</p> <p>Funding has ensured a reduction in the number of call backs call backs. This is due to an increased answer rate and more calls being able to be dealt with at first point of contact.</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>There is now a more robust and structured approach to the service. The pressure the team felt with such a high volume of work was considerable. There will always be a volume of outstanding work, that is the nature of the process but the additional funding came at a crucial time which following the training and mentoring of new staff ensured the service user was not unduly affected and health and social care we provide to residents of Cardiff was not compromised.</p>		
Page 139 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>	<p><u>Preventative Work Stream</u></p> <p>A total of 320 Safety at Home referrals have been completed in an average of 22 days. Works include fitting hand rails, steps and lever taps. 11 Safety at home referrals completed assisted with hospital discharge. Estimated Savings are £2,783 at £253 per bed day.</p> <p>1030 Rapid Response Adaptation Programme referrals have been completed within an average of 12 days. Works included fitting grab rails, hand rails, smoke detectors and key safes. 134 referrals have assisted with hospital discharge estimated to have saved 134 hospital bed days. Estimated financial savings are £33,902</p> <p>Feedback from clients as follows:</p> <ul style="list-style-type: none"> • 99% of clients were satisfied with the level of customer service. • 97% of clients are satisfied with the standard of work completed. 		

Ref	Project Description	Progress Update	RAG	Risks
		<ul style="list-style-type: none"> • 90% of clients felt more able to remain living in their own homes with increased independence. • 93% of clients felt work had improved their quality of life. <p><u>Healthy @ Home Casework Service</u></p> <p>The Healthy @ Home service run by care and repair offers older people in Cardiff home visits and assessments similar to those in the Gateway. The difference being referrals are only received from GP surgeries.</p> <p>All 58 GP services in Cardiff were visited and discussed with every practice manager. Of which 46 surgeries engaged with the service.</p> <p>Care and Repair have worked closely with all GP surgeries across Cardiff. Even the surgeries who have not been involved with the project have had leaflets and information about Care and Repair and how Care and Repair can help older people.</p> <p>As a result of referrals, 212 older people have been visited and undertaken assessments and over £73,300 of home adaptations have been completed. An additional £19,523 has been raised in benevolent funding to help older people fund the costs of repairs in their homes and a further £5,616 has been raised for energy efficiency measures.</p> <p>The Healthy @ Home service helped older people increase their incomes by a total of £132,267 per annum through obtaining additional Welfare benefits.</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p><u>Occupational Therapist Casework Service</u></p> <p>This service has helped clients improve the safety of their homes and to maintain independence.</p> <p>The OT made applications for the provision of adaptations and equipment to aid daily living through Joint Equipment Stores, Disabled Facilities Service, Safety@Home and RRAP.</p> <p>Over the reporting year 194 visits and OT assessments were undertaken.</p>		
<p>Page 141</p> <p>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>During Quarter 1 discussions took place with Health and Social Care about the best approach to take to establish community volunteers to enable the support of older people. And how to provide support to older people to keep healthy, stay active and avoid social isolation.</p> <p>As a result of these discussions 3rd Sector partnership contracts have been awarded to Age Connects and the Young Foundation.</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. • The criteria for referral was approved and clients have been referred since 1st December 2014. • A total of 138 referrals have been received since December 2014. 		

Ref	Project Description	Progress Update	RAG	Risks
		<ul style="list-style-type: none"> • 104 Clients are currently receiving a service and 10 clients are on the waiting list. • 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. • 127 Volunteers have been recruited to date. This is already more volunteers in the first 6 months of the healthy and Active Partnership than in the whole of last year for the Good Neighbour Schemes. • On average each volunteer spends approximately 2 hours a week providing support • 100% of Service Users Interviewed stated that their quality of life has improved as a result of services provided. <p>6 neighbourhood workshops are planned to occur in April and May. Sessions at the “Breaking the Barriers” conference in Riverside on the 19th March and BME Health Fayre in March were attended.</p> <p>Age Connects will be expanding on and developing their existing Activities Directory (available at www.age-concern-cardiff.org.uk/activities-for-50-plus/) into a more comprehensive directory of services that reduce isolation.</p> <p>The focus in the first three months has been exploring and</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>working with lunch clubs.</p> <p><u>Citizen Driven Health</u></p> <ul style="list-style-type: none"> ▪ 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. ▪ Promotional materials for older people workshops in the selected communities have been developed and published. ▪ Kick Off Workshops with older people in Grangetown and Ely have been completed. ▪ Participation at these events was not as popular as it was anticipated after strong promotion with partners. ▪ Work is now being done instead with 3rd Sector organisations, Housing Associations, Social Work Teams and the Independent Living Gateway to establish barriers to achieving outcomes for older people that could be made more efficient with technology. ▪ Co-production work shop was held with representatives from partner organisations. ▪ Outcomes of the workshops have been analysed and 		

Ref	Project Description	Progress Update	RAG	Risks
		<p>focus is now on enabling activities.</p> <ul style="list-style-type: none"> ▪ Setup of participants, roles and organisations. ▪ Set up of personal support networks. ▪ Transforming Age Connects activities database and import into a Resource Centre to support brokering. ▪ People processes and technology implementation meetings have been scheduled with the following. <ul style="list-style-type: none"> ▪ Cadwyn Neighbourhood Officers & I.T. ▪ Age Connects and HAPS managers. ▪ Red Cross, Care and Repair, Home Instead and Wiltshire Farm Foods 		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 144</p> <p style="text-align: center;">4</p>	<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>	<p>Four properties were initially identified as potential sites for step down accommodation. Disabled Facilities Services in partnership with Occupational Therapy agreed the specification of the accommodation and Care and Repair will carry out the works.</p> <p>During Quarter 2 Six properties were identified as suitable for Step Down Accommodation. All properties have been surveyed and required adaptation and equipment which was carried out by Care and Repair with the schedule of works approved.</p> <p>Legal documentation has been arranged on the short term lettings policy of the flats including discussions with Health & Social Care.</p> <p>A Step Down Coordinator has been employed to manage</p>		<p><u>Risk:</u> Identified users for Step Down Accommodation (Interim Care) refuse to move from the hospital environment.</p> <p><u>Control:</u> Working with partners including health to identify requirements for step down accommodation.</p>

Ref	Project Description	Progress Update	RAG	Risks
		<p>referrals, admissions, lettings and any issues relating to the accommodation.</p> <p>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.</p> <p>All structural work to remodel the flats has been completed, the flats have been made accessible throughout with doors widened and threshold steps remove</p> <p>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</p> <p>Adaptations installed in the Properties include:</p> <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 <p>Agreement has also been made for the flats to include “Just Checking” to be able to determine whether care is required.</p>		

Ref	Project Description	Progress Update	RAG	Risks
Page 146		<p>Meetings have taken place with Health and Social Care to drive forward the referral of suitable candidates for Step Down as there has been difficulty in identifying patients who are well enough to leave hospital. A presentation has been created and is being delivered at Hospital Staff meetings.</p> <p>To date 2 referrals have been received for the step down accommodation and the first tenant moved in on 13th April. This has helped reduce delayed transfer of care by 10 days. (See Case Study).</p> <p>A second tenancy is scheduled to commence on 27th April. It is estimated that 63 bed days will be saved through using the Step Down Accommodation.</p> <p>By moving these service users we have enabled hospital beds to be made available while work is being carried out on the tenant's homes. Prior to Step Down availability this would not have been possible.</p>		
	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</p>	<p>Discussions during Quarter 1 were ongoing regarding a suitable location for the smart house. Potential sites were identified and underwent a robust evaluation.</p> <p>Disabled Facilities Service and Occupational Therapy worked in partnership to develop a specification for the smart house and the technology to be included.</p> <p>Several potential locations for the Smart House were reviewed</p>	

Ref	Project Description	Progress Update	RAG	Risks
	<p>independence and awareness of what can be done in the home without care.</p>	<p>and it was decided that the Smart House will be based in the Joint Equipment Service warehouse in Llanishen. There is sufficient space to build a home inside the building and Draft plans have been drawn. A Structural Engineers report has been commissioned and a Temporary Work Plan requested</p> <p>The existing lease for the Joint Equipment Service was amended and approved to incorporate the Smart House within the existing facility. Partnership working with Care and Repair to complete the construction works was agreed.</p> <p>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.</p> <p>Decoration and the installation of equipment and furniture was completed by the end of March. As well as all the regular rooms you would expect in a home, multiple bedrooms and bathrooms have been included to demonstrate the different layout and different types of adaptations and technology available.</p> <p>The City of Cardiff now has a facility where citizens can see for themselves how homes can be adapted and technology used to aid independent living. It also provides a training room facility to allow partners the opportunity use the Smart House to deliver training I home adaptations and assistive technology.</p>		<p><u>Control</u> Regular meetings taking place to monitor spend on the Smart House and consideration may be given to the movement of Capital between Step Down and Smart House</p>

Ref	Project Description	Progress Update	RAG	Risks
Page 6 148	<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>	<p>Partnership working was established with Action on Hearing Loss and RNIB and has been developed throughout the year with regular project updates.</p> <p>Training was provided to Independent Living Officer's on how to identify sensory loss to enable referrals with officers shadowing each other to better understand roles and understand synergy.</p> <p>The Sensory Loss Officer has been in post commencing work on 29/9/2014. 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 with Health and Social Care to pass the knowledge gained back to the wards.</p> <p>The sensory Loss Support Worker met 55 Service Users during Quarters 3 and 4.</p> <ul style="list-style-type: none"> • 31% had Sight Loss • 53% had hear loss • 16% had dual loss <p>Interventions Provided to patients.</p> <ul style="list-style-type: none"> • 36% provided information and advice. • 17% received hearing aid maintenance • 28% referred to Audiology • 2% referred to Social Work Teams • 11% referred to ward based staff 		<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>Patients have benefitted hugely from the Sonido personal listening devices used by the Sensory Loss Worker and ICF funding has been used to purchase 10 devices to be distributed in hospital wards. Some of the patients stories and what it has enabled them to hear are:</p> <p>“It made her feel human again and as if she did not have hearing loss. It was the best Christmas present she could have had.”</p> <p>“He was amazed at the difference it made and seemed to relish being able to communicate with me”</p> <p>I used the Sonido to communicate with Mr G. His face lit up when he realised he was able to hear again and proceeded to understand and answer my questions without any trouble.”</p> <p>Professional Feedback of the Sensory Loss Worker service:</p> <p>“Having input allowed me to discuss discharge destination with the service user. Without support I would not have been able to do so”</p> <p>“...has helped us out with training and with direct patient need. His role is very valuable. For our clients, mainly elderly, having support provides a much better quality of hospital stay.”</p> <p>As a result of receiving assistance from the Sensory Loss Worker 95% felt they would be able to remain living at home</p>		

Ref	Project Description	Progress Update	RAG	Risks
Page 150		<p>more independently.</p> <p>Evaluation was ongoing through Quarter 4 to estimate the impact of the rehabilitation services on quality of life outcomes for people with low vision.</p> <p>In Quarter 3, a Rehabilitation Support Worker and Social Work Assistant were employed 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. Work has been ongoing throughout quarters 3 and 4.</p> <p>To date ?? users have been assessed enabling them to access alternative flexible community based services as opposed to day care centres.</p>		
	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</p>		

Ref	Project Description	Progress Update	RAG	Risks
	<p>solutions to allow people to remain independent.</p>	<p>A new framework for the procurement of TeleCare has been approved making it simpler to purchase new equipment.</p> <p>10 “Just Checking” systems have been purchased and investigation in to suitable candidates to test the systems has been ongoing. Each of the Step Down properties have been fitted with Just Checking to identify whether service users have care requirements.</p> <p>50 Vega watches have been purchased. To date 15 Customers have received Vega watches. Referrals have been received from Social Workers and Occupational Therapists who are being requested to provide feedback on the products use. The majority of referrals have been requested for sufferers of dementia to not only support the individual to live more independently but to provide additional support and reassurance to family members</p> <p>Licenses have been granted to people in Communities, Health and Social Care for use of the Electronic Prescription Guide (EPG). This is a comprehensive database of assistive technologies and their benefits for specific health conditions. Few requests for alternative technology solutions have been received. Therefore, additional briefings on this system have been carried out to further promote its use.</p> <p>During Quarter 2 An Intermediate Care Fund Event took place to promote awareness of and the use of Assistive Technology. The event was attended by a range of internal and external professionals. Three speakers gave presentations on Just Checking, Vega Watches and Assistive Technology. Feedback</p>		

Ref	Project Description	Progress Update	RAG	Risks
		<p>from the event was very positive with attendees commenting on their increased awareness and usefulness of these services.</p> <p>Referrals are now being received from Social Care and through the Gateway for Assistive technology. Gateway visiting officers have been trained in Telecare referrals and to date 570 new referrals for Telecare have been received.</p> <p>?? TELECARE units have been issued to clients.</p> <p>Several marketing and promotional activities have taken place which include.</p> <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 <p>89 % of customers felt able to remain living in their own homes with increased independence as a result of Assistive Technology.</p> <p>97 % of customers felt safer living in their own homes as a result of Assistive Technology.</p>		

Ref	Project Description	Progress Update	RAG	Risks
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 153</p>	<p>Developing Medicine Management Supporting medicine management for those receiving domiciliary care to improve patient safety, promote independence and dignity</p>	<p>Quarter 1 saw preparatory work in the development of Medicine Management systems.</p> <p>During Quarter 2 Protocol and administration forms have been developed for the Medicine Management Service.</p> <p>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. The Medicine Management post eventually did get filled, however, the appointee turned down the post due to the offer of permanent employment.</p> <p>In quarter 4 a Project Officer was appointed to identify patients where polypharmacy is a concern and make safe and sensible recommendations on prescribing in situations where extra consideration is needed 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 <p>Reviews of the recommendations by the Project Officer will then be undertaken by a Pharmacist to determine their effectiveness.</p> <p>In quarter 4, a total of 42 patient reviews were received. Of this group, 9 patients did not receive a review due to care</p>		<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
Page 154		<p>packages ending, being admitted to hospital or being unable to make an appointment.</p> <p>33 full reviews were completed which provided the following recommendations.</p> <ul style="list-style-type: none"> • 94 recommendations were made to GP's, the most common being to optimise the medication or tailor the medication to the visit. • 12 recommendations for review of falls related medication leading to 6 referrals for monitoring blood pressure. • 10 recommendations to remove medication from the GP repeat which was no longer being used or more commonly stopped on discharge and still appearing on repeat. • 2 recommendations to stop medication due to no perceived benefit and to reduce the pill burden. 		
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>	<p>Protocols for the Virtual were developed during the first half of the reporting year..</p> <p>Quarter 3 involved discussions between UHB, Health and Social Care on the provision of intermediate care beds to reduced Delayed Transfers of Care (DToC).</p> <p>Intermediate Care beds at The Court and Cathedral View have been purchased to assist with discharge during the Winter Pressures period.</p>		<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>These beds have been available since Late October resulting in 21 Service Users being discharged from hospital, 16 in The Court staying an average of 32 days and 5 in Cathedral view staying an average of 25 days</p> <p>This has equated to a 9% reduction in delayed transfers of care.</p>		
Page 155	<p>Other Costs – Business Support</p>	<p>The Project Team was set up late Quarter 1 due to delays in recruitment.</p> <p>A Rapid Improvement Event took place which set the foundations for the development of a single holistic visiting role incorporating Welfare Benefits, Disabled Facilities Grants and Domiciliary Care financial assessment. All existing administration forms and functions were reviewed resulting in a range of quick fixes to streamline existing procedures.</p> <p>Mobile working solutions and their integration into the service have been developed throughout the year culminating in a mobile financial form which can be completed electronically at the visit</p> <p>A review of current hospital discharge procedures has taken place to allow the integration of the Housing Resettlement Officer. The Project Team have developed a database to allow the Housing Resettlement Officers to record, manage clients and report performance information. Administration forms and letters have been created and incorporated into the Housing Comino.</p>		

Ref	Project Description	Progress Update	RAG	Risks
Page 156		<p>In quarter 3 the Project team completed a review of Contact and Assessment telephony team to recommend changes to support a more integrated and assessment service and to identify how this can fit in with Gateway services. This work was done in partnership with the Assessment Care Management Process Project Group, with regular information sharing at work groups.</p>		
	<p>Welfare visiting Officers processes and procedures have also been reviewed. Resulting in the creation of a database to monitor management information to report on how service users have been assisted in income maximisation. This work was completed as part of looking at future sustainability of Independent Living Officers</p>			
	<p>In quarter 3 and 4 the Project Team through working in partnership with Housing, Health and Social Care developed the eligibility criteria, processes and procedures for step down accommodation. This strong cross service area working produced robust mechanism for service users who enter step down accommodation and support available during their tenancies.</p>			
	<p>The Project Team obtained access to the DWP's Customer Information System. 12 Licenses for Independent Living Staff were granted which has allowed easier access to customers welfare benefit information and led streamlined financial reviews and care assessments.</p>			
<p>A comprehensive training package and additional support for Independent Living Officers and Housing resettlement Officers</p>				

Ref	Project Description	Progress Update	RAG	Risks
		<p>has been developed and delivered during Quarter 2. The training has been delivered with partners to enable the delivery of a fully holistic service to clients over the age of 60.</p>		
<p>Page 157</p>	<p>Consultancy on older peoples housing needs</p>	<p>In the first half year a consultancy on the housing needs of residence over 60 commenced.</p> <p>Questionnaires were issued to existing residents and those on the waiting lists over the age of 50 to assist with developing a better understanding of housing need with a good response rate.</p> <p>The information is being used to assist processes for re-designating properties and to assess their suitability and has been expanded to include Registered Social Landlords.</p> <p>David Couttie Associates have been procured to deliver the Local Market Housing Assessment. Meetings have been held to agree, costs, programme and survey documents to be issued.</p> <p>12,000 residents will receive questionnaires and 500 face to face interviews will take place asking specific questions about the housing need for older people.</p>		

I can confirm that the funding for activities recorded in this report is in accordance with the conditions awarded through the Grant Offer Letter and the criteria and guidance of the Intermediate Care Fund.

Project Director:

Signature

Date

Section 151 Finance Officer

Signature

Date

Christine Salter

Case Studies

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

Case Study 1: Independent Living Gateway

Wendy's Story

Wendy is 70 years old and now living alone since her husband passed away. Wendy has just been diagnosed with lung cancer.

Wendy contacted the advice hub asking for some support as she has been unable to get out and about for the last 5-6 months.

What did we do?

Visiting officer met Wendy in her home to discuss her concerns. During the visit Wendy mentioned that she had a few housing issues that were affecting her health. The fireplace in the living room was causing a terrible draft onto Wendy's legs, making her cold, affecting her health due to poor circulation. Due to her disabilities this needed fixing. Also the main light in living room wasn't working. The visiting officer contacted the housing department asking them to call ASAP to address these issues.

Wendy said she had recently been sent an Attendance Allowance form which she was putting off completing as it seemed very long and complicated. The visiting officer completed the form there and then for her and posted it on Wendy's behalf. Wendy was later awarded Attendance Allowance at the higher rate at £81 per week and extra £4,228 per year. Once Wendy received this she was then able to receive a disabled parking Blue Badge. She would now be able to go out with family members knowing they would be able to park close by.

Wendy's family and friends are sometimes not available, so information was given to Wendy on a shopping service. These would deliver to her door when and if needed.

As Wendy is living alone, the Visiting Officer discussed with her local friendship groups. And also transport charities that would take her to and from her home, not only for friendships/luncheon groups but also to hospital appointments. They also discussed the benefits of Telecare. Community Alarm would be peace of mind for Wendy knowing should she feel unwell or was to fall someone would be able to help at the touch of a button.

While chatting, the visiting officer suggested to Wendy that as she has unfortunately recently been diagnosed with cancer that speaking to McMillian cancer charity would be very helpful for support and advice if ever she should feel alone or scared. They could also help financially if needed. This is something Wendy said she wouldn't have thought of.

Wendy had recently been given bed and chair raisers by the Occupation Therapists. But she then realised she could no longer reach her door intercom. The visiting officer arranged for the intercom to be moved within reach.

How is Wendy better off?

Financially Wendy is now £81 (£4228 per annum) better off. She has access to a shopping service if and when she doesn't feel well enough to go out.

Wendy is now able to meet other people and make new friends with transport if needed.

Wendy now has a warmer living room with a light that now works. And an intercom system she can now reach.

She has some peace of mind, being made aware of McMillan charity for support or advice since recently being diagnosed with cancer. And that if she was to fall or feel unwell Community Alarm could help at the touch of a button.

What was said about the service

Wendy was very grateful for everything that we did for her. Filling in the Attendance Allowance form was a great help. And a lot of the services discussed she wouldn't have even known about if the visiting officer hadn't discussed them with her.

Case Study 2 Independent Living Gateway

Linda's Story

Linda is 62 lives alone and has problems with her mobility and suffers with depression. She was referred by C2C as the house was in a poor condition.

What did we did?

One of the visiting officers called to the property to discuss her needs.

Due to her depression it was agreed that she would need a tenant support officer to help with arranging for the property to be looked at by maintenance to see if there could be any improvements made, who also made regular visitors to support her.

Linda could not see out her back window or access the garden, so arrangements were made to have the garden cleared. She has also had her kitchen upgraded through the WHQS scheme.

She was not receiving Personal Independence Payments and an application was completed and she was awarded £56.75 per week for mobility.

She then enquired about a mobility scooter and was advised by the visiting officer to contact the mobility company who arrange to show her some scooters; she also needed a visit from an occupational therapist to undertake a feasibility survey to

ensure the scooter would be accessible for her to park at home during the evenings. This resulted in her having a ramped area completed so she could purchase the mobility scooter through the scheme.

The visit from the occupational therapist has also resulted in a stair lift being fitted as Linda on times slept on her sofa as she could not access her bedroom. So her sleep was disrupted and affected her depression.

She was also provided with a community alarm as she lives alone and this would be much safer for her at home if she was to have an accident. This was also reassurance for her daughter that she was only a push button away from help.

How are they better off?

Financially, she is better off with £56.75 which equates to an extra £2951.00 per annum.

She is able to get out independently doing her shopping and socialising when she needs too and not having to pay for taxis or rely on other people.

She can now access her bathroom and bedroom more safely without having to stop half way up the stairs to catch her breath or sleep downstairs.

What they said about the service

She is over the moon that we have been able to advise her of all the services available and arrange everything on her behalf as she wouldn't be able to do this herself. This has increased her self esteem and made her feel much happier as she wanted to move previous to all this as she couldn't cope with the house as it previously was, She is now happy to remain in her own home.

Case Study 3 Care and Repair

Charles & Marjorie's Story

Charles is aged 84 and his wife, Marjorie, is aged 83. They have lived in their home since they got married over 30 years ago and enjoy nothing more that listening to jazz music in their living room whilst looking out to the garden. Charles has been in and out of hospital over the last few months and is waiting for two new knees. Marjorie's health is also deteriorating and she was worried how they would manage with the upkeep of the home.

Their water tank had begun leaking. The leak had got so bad that it had started to come through the ceiling and they were very anxious about the roof collapsing. They were trying to stop this with towels and sheets. They were not using the hot water or heating at all since the leak had started as they were concerned that this would make it worse.

Both were very nervous asking for help and had not heard of Care & Repair before. They contacted us and asked us to visit.

What did we do?

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

The Healthy@Home Caseworker arranged for a contractor on Care & Repair Cardiff's Approved Contractor Panel to complete the works. The cylinder needed to be fully replaced which caused Charles and Marjorie some concern as they had very little savings to cover the costs of the works proposed which totalled £912.

The Healthy@Home Caseworker was able to help Charles and Marjorie to quickly fundraise the cost of these works and obtained a charitable grant for £400 and managed to raise £250 from benevolent funding to help pay for the work. Charles and Marjorie paid £262, which was manageable for them.

The cylinder was replaced within 3 days. The Agency's Technical Officer visited Charles and Marjorie to explain the process and inspect the work which was a great ease to both who were very concerned about cowboy builders.

During the home visit the Caseworker identified that Charles and Marjorie did not have any smoke detectors and so carried out a home fire safety check and provided two smoke detectors to reduce the risk of fire.

How are they better off?

Both Charles and Marjorie don't have to worry about the leak anymore and they are now able to heat their home and have hot water without concerns. This will benefit both their health and wellbeing.

They were assisted financially with the costs of their works through the fundraising undertaken by the Caseworker.

Case Study 4 Care and Repair

Bernard's Story

Bernard is aged 74 and lives on his own.

He was referred to the Agency from his GP's Surgery as he had fallen in his shower.

What did we do?

The Care & Repair Healthy@Home Caseworker visited Bernard in his home and discussed with him his concerns.

The Caseworker made a referral to the Rapid Response Adaptation Programme (RRAP) to provide 2 rails in the shower cubicle and a rail up the stair well.

During the home visit, the Caseworker identified that Bernard 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.

How are they better off?

Bernard is now safer in his home. His risk of falling in the shower area and on the stairs has been greatly reduced.

Bernard now feels more independent in his own home.

Case Study 5: Visual and Hearing Impairment

A lady on a ward in UHW was supported by Chris initially to use her hearing aid, as she was finding it too difficult to put into her ear. Chris showed her how much a personal listening device could help, and ended up lending her one of the devices over the Christmas period whilst her family purchased one, as she was so excited by what it enabled her to hear:

“Chris gave me so much time while in hospital. Using the SONIDO made me feel human again, having access to it while at home was the best Christmas present I could have had. I was able to take part in conversations with my family again and not feel isolated”

Between 2nd December and 9th February, Chris worked on this patient's case, seeing her in person on the ward, and then visiting her at home, and speaking to her by phone when she was readmitted to Llandough Hospital. He contacted a range of partners on her behalf including the audiology department, the social work team, and the Vale Sensory team.

Case Study 6 : Step Down Accommodation

Mr P was admitted to hospital in late January 2015, due to a general deterioration/inability to care for himself, mostly attributed to long term alcohol excess.

After a two day stay in A&E, he was later admitted to a ward (initially in UHW, later in St Davids Hospital), where he stayed until his discharge to step down accommodation in April 2015.

Mr P is unable to return home, as it is in need of a deep clean and declutter. Without the option of step down accommodation, Mr Porter would need to remain in hospital, until the deep clean/de clutter was completed, as a discharge there without this support, would be unsafe and likely result in a quick readmission. Also, if his home was not cleaned/decluttered, carers would not be able to support safely and would likely decline to do so, due to their H&S guidelines.

- Total weeks in hospital = 11 (77 days)

- Total weeks in hospital following being medically fit = 3.5
- Possible additional time spent in hospital without use of Step Down Accommodation to arrange deep clean (via British Legion) = approximately 2 weeks, possibly more as awaiting a care worker from British Legion to assess and arrange fund raising.

Service Delivery Prior to ICF Funding

Each of the services received in the above studies would have required the customer/ representative to make contact with different departments within housing, health, social care or third sector organisations making a more time consuming, costly and inefficient service for the customer.

Lower levels of integrated working meant that it was more likely to miss services available to the customer.

Adaptations provided without using care and repair would not have been completed as rapidly.

Prior to ICF funding separate visits would have been required to cover Care, Adaptations and Welfare Benefits, requiring several separate financial assessments.

Only community alarm services would have been recommended to customers, the knowledge of a wide range of assistive technology was not previously available or the referral mechanisms in place.

Customers would not have benefited from assistance and advice with social isolation.

Signposting to partners and specialist support would not previously been as comprehensive as the training on such a large variety of services was not available.

Citizens of Cardiff now have a Smart House facility to be able to view a wide range of assistive technology and see how they work and can be fitted into a home environment.

Prior to ICF funding Step Down accommodation was not available to patients who may have their discharge from hospital delayed due to a range of issues. Step Down facility also provides service users to trial assistive technologies and be able to experience how technologies can allow them to live more independently.

Integrated Health and Social Care Governance Board 14th April 2015

Cardiff and the Vale of Glamorgan Intermediate Care Fund 2015/2016

Proposals

1. Intermediate Care Fund (ICF) Projects delivered in Cardiff and the Vale of Glamorgan have delivered a range of outputs and will contribute to longer term outcomes. On – going evaluation and performance monitoring in 2014/15 has been used to determine which projects are now completed or will become part of mainstream service delivery.
2. The Integrated Health and Social Care Strategic Implementation Group (S.I.G) considered a paper at the meeting on 5th March with recommendations for re- scoping projects to be delivered in 2015/16 to achieve prudent health and social care. The S.I.G agreed that the main priority was to continue to develop a single point of contact and that this would be best achieved through further development of the Vale of Glamorgan Communications Hub. Before deciding which other projects would be supported in 2015/16 further detail was requested on the funding allocation for current projects in 2014/15. It was proposed that once the funding criteria was confirmed by Welsh Government that those projects that demonstrated best value would be supported for the first 3 months of 2015/2016. This would ensure continuity, maintain benefit delivery and retain the skilled workforce required to deliver the projects.
3. A further meeting took place on 12th March chaired by Alice Casey to consider the current ICF projects in more detail and the S.I.G reconvened on Thursday 26th March to consider which projects should be funded for 3 months while further work is carried out scoping those projects going forward in 2015/16.
4. Appendix 1 summarises the projects receiving ICF revenue funding in 2014/15. It is proposed that projects in the highlighted rows should continue for 3 months to ensure momentum is not lost and that key staff skills are retained.
5. During the first 3 months of 2015/16 further work will be carried out to determine which projects should continue or be re-scoped to meet Welsh Government criteria. Priority will be given to those projects that:
 - Reduce unscheduled admissions to hospital
 - Provide solutions for accelerated discharge from hospital
 - Support the delivery of an information, advice and assistance service

- Develop preventative services and trial new models of working such as social enterprises, third sector brokerage
 - Provide solutions for reablement of service users to independence
 - Support integrated health and social care services
 - Deliver prudent health and social care
6. On the 30th March the Strategic Leadership Team confirmed that work would be carried out to scope 4 potential projects which would meet the criteria set out in paragraph 5. The scoping would include a project description, project scope, benefits, costs, resources and key milestones. A decision would be taken in June to determine which projects would be progressed using ICF funding in the remainder of 2015/16, subject to confirmation from Welsh Government of this funding. The projects to be scoped in more detail are:
- a. **Development of a single point of access for citizens and health and social care professionals.** This project would build on the good work already started with the Vale's Improving Access to Health and Social Care project. The Vale Customer Contact Centre now houses a much larger and more comprehensive multi-disciplinary health and social care team ensuring patients and service users are directed to the right service first time, whether that be health, council or third sector provision. Evaluation of this project shows significant improvements have been observed even though the changes have only been implemented recently. This includes preventing hospital admissions and reducing DToC. The Customer Contact Centre provides a single point of contact for health services e.g. access to the community health and social care services In addition they take all G.P out of hours calls, district nursing appointments and queries and enquiries relating to blood test appointments. (This is for service users and professionals in Cardiff and the Vale.) They will shortly be rolling out the appointment system for podiatry services across the region. £337k is required to continue with this project although more funding would be required to develop it further and widen its scope to more health services and consider how a single point of access is achieved for Cardiff citizens in partnership with C2C. This includes an allocation to the third sector who provide a third sector brokerage services at the Contact Centre working in partnership with Health and Social Services. More work is required on the potential costs of this should this be considered desirable.
 - b. **Accommodation Solutions/resettlement project.** Projects in Cardiff and the Vale have located resettlement/accommodation solutions officers and Occupational Therapists on the wards. The 2015/16 project would build on these 2 projects and provide an

integrated service across Cardiff and the Vale. The Coordinator's remit would be to work with patients and professionals to fast track discharge where an accommodation issue is preventing this. Integrated OT's would form part of a team that would work on the ward solving housing, social care or health issues to ensure an accelerated discharge. The Accommodation Solutions Team will resolve issues in peoples own homes that prevent them from returning such as adaptations (minor and Disabled Facilities grants), provision of equipment, clean and clear, third sector support. Funding of third sector support such as the Rapid Response service provided by Care and Repair would also be included (Costs of 3 x Accommodation Solution/Resettlement Officers, 2 x Integrated OT's and Third sector support, amount TBD)

- c. **CRT Plus - Provision of support by a multi- disciplinary team through step down facilities leading to active recovery and reablement.** This project will provide capacity from a step - up and step down perspective to avoid admission to hospital or accelerate discharge from hospital. It will support patients who are not well enough to go home but are medically stable and do not need to be in hospital, including those patients with fractures, carers' crises or orthopaedic conditions. A dedicated team of nursing, social workers, OT, other therapists and home care coordinators would support these patients. These staff would be managed as a component of the CRT focusing on reablement where this is achievable. Costs will include the cost of the facility and the dedicated team together with the on – going revenue costs which secure the step down/step up accommodation provided as part of the 2014/15 ICF Capital funding, e.g. 2 rehab units in Redlands House in Penarth, Hafod Extra Care accommodation in Barry, 6 step down/interim care flats in Cardiff. Total costs TBD.

- d. **Preventative Interventions/Services** – This project will build on the work delivered through the **Gateway service**, working in partnership with the third sector. It will address the following:

- Income maximisation to improve well-being
- Prevention of social isolation through the provision of day opportunities
- Prevention of slips, trips and falls
- Improved use of assistive technology

This project will also include a work stream to take forward the next phase of **Citizen Driven Health** which started in 2014/15 and is being managed by the Young Foundation. This project is piloting a social media solution for monitoring the needs of older people. A commitment was made by the Independent Living Partnership Programme Board in 2014/15 that the UHB would

fund the second phase of this project in 2015/16 (£150,000), so this funding may already be allocated from the Health core budget.

Recommendations:

The Integrated Health and Social Care Governance Board are asked to approve, that:

1. The highlighted projects listed in Appendix 1 are funded for a period of 3 months to ensure momentum is not lost and that key staff skills are retained. If Welsh Government funding is not confirmed by 31st March 2015, the risk is shared between the 3 organisations on a proportionate basis.
2. Further work is carried out in the first three months of 2015/16 to scope the priority projects set out in paragraph 7 taking into account the findings from the Whole Systems Partnership review.

Strategic Leadership Team
30th March 2015

Project Description	Funding Allocation 2014/15	Continue pending decision on future projects. Yes/No	Cost of 3 months project delivery
Interim Care flats/night flats	£265,000	Annual revenue costs of £300,000 proposed at meeting on 12/03/15 meeting to provide night care for interim care units. This funding would be for night care across the Region in the new step down facilities.	£75,000
Joint Equipment Store	£75,000	Yes – additional funding to aid accelerated discharge from hospital	£18,750
Sensory Impairment Project	£205,949	Yes part fund – Project Coordinator £32,460 Total £32,460	£8116
Promotion and Delivery of assistive technology	£161,430	No further funding agreed at the meeting on 12/02/15 as technology now in place.	
Promote increased usage of community alarm	£299,652	No , Technology now in place	
Developing medicine management	£80,000	Yes Project late to start because of recruitment issues. Needs to continue for 3 months to evaluate effectiveness Pharmacist post UHB appointment (temp contract to end of May) Total = £80,000	£20,000
Virtual Pool fund	£250,000	UHB want to use funding for commissioning of safe haven beds. There is a need to review the development and commissioning of this 'safe haven' bed cohort to ensure effective management of the funding in moving forward and agreed protocols across the whole system for its effective use if this is to continue.	£62,500
Cardiff Administrative and business support costs	£242,301	No further funding agreed at the meeting on 12/02/15	
Total Costs for Cardiff for 3 months close down/ decision taken to incorporate in re-scoped projects			£349,384
(Full year effect 15/16 = £1,443,536)			

Project Description	Funding Allocation 2014/15	Continue pending decision on future projects. Yes/No	Cost of 3 months project delivery
Vale of Glamorgan Collaborative Working Programme			
Improved Access to Health and Social Care (Communications Hub)	£337,000	Yes – agreed to continue at S.I.G 05.03.15	£85,000
Accommodation Solutions Team	£410,000	Yes partly fund Accommodation Solutions Team Coordinator -£32,000 Occupational Therapist - £35,000 Budget for clean and clear/Rent for step down units £50,000 Total = £117,000	£29,250
Reablement Services Expansion	£100,000	No – project has completed lessons learned	
Third Sector Funding	£40,000	Yes part fund for Care and Repair and Age Connects work £40,000 (£10,000 for each organisation for first quarter)	£20,000
Extra Care	£7,800	Yes – fund rent for step down unit £7,800	£1950
Promotions of Outcome Focussed Care Packages	£119,200	No– project is completed and Lessons learned adopted as BAU	
Transforming Dementia Services	£45,000	No Project will be mainstreamed into BAU	
Quality Assurance	£55,000	No, project completed and legacy embedded.	
Total Costs for Vale of Glamorgan for continuation of successful projects for 3 months before decision taken on new projects £136,200 (Full year effect 15/16 = £544,800)			

Regional Project Capacity			
Change Capacity Team	£0	Meeting on 12/3/15 confirmed it would support annual allocation of £200,000 to scope the 2015/16 projects and to deliver change projects.	£50,000
Total Costs for Regional funding £50,000 (Full year effect 15/16 = £200,000)			
Total Costs for Cardiff, Vale of Glamorgan and Regional funding for continuation of successful projects for 3 months before decision taken on new projects <u>£535,584</u> (Full year effect 15/16 = £2,188,336)			

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 July 2015

WELFARE REFORM AND UNIVERSAL CREDIT: UPDATE

Purpose of Report

1. The purpose of this report is to provide Members with progress reports on implementing the recommendations agreed by the Cabinet following this Committee's scrutiny of Welfare Reform, namely their scrutiny of 'Mitigating the Impact of Welfare Reform in Cardiff' and 'The Impact of Under Occupation of Social Housing (Bedroom Tax) Welfare Reform in Cardiff'. Progress reports on these are attached at **Appendices A and B**.
2. As part of this item, Members have also requested an update on the work to prepare for the implementation of Universal Credit in Cardiff. This is provided in **Appendix C**.

Background

3. At its meeting on 23 October 2012, Members chose to carry out an inquiry into Mitigating the Impact of Welfare Reform in Cardiff. The Task Group received evidence and produced a report, which was submitted to the Cabinet in April 2013. The full Inquiry report is available at:
<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>
4. The Cabinet agreed their response at their meeting in July 2013. Of the fifteen recommendations made to Cabinet, the Cabinet accepted fourteen and partially accepted one, which was R2.

5. At its meeting on 23 July 2013, Members chose to carry out an inquiry into the impact of Under Occupation of Social Housing Welfare Reform in Cardiff, otherwise known as the Bedroom Tax. The Task Group received evidence and produced a report, which was submitted to the Cabinet in February 2014. The full Inquiry report is available at:
<https://www.cardiff.gov.uk/ENG/Your-Council/Councillors-and-meetings/CouncilMeetings/Pages/default.aspx#lists>
6. The Cabinet agreed their response at their meeting in June 2014. Of the ten recommendations made to Cabinet, the Cabinet accepted eight and partially accepted two, which were R4 and R7.

Progress Report

7. Attached at **Appendix A** is a progress report that has been prepared by Communities and Housing officers, with regard to the first Inquiry into Mitigating the Impact of Welfare Reform in Cardiff. The report shows that all actions proposed in the Cabinet Response have been implemented and provides an overview of additional work that has been undertaken.
8. Attached at **Appendix B** is a progress report that has been prepared by Communities and Housing officers, with regard to the second Inquiry into the Impact of Under Occupation of Social Housing Welfare Reform in Cardiff, otherwise known as the Bedroom Tax. The report shows progress has been made with implementing all the recommendations that were accepted and provides an up-to-date picture of the impact of this welfare reform in Cardiff, namely:
 - a. 2,728 households in Cardiff currently affected by under-occupation reforms;
 - b. Rent arrears have increased by £156,732.94, which is less than anticipated due to the proactive approach taken by housing staff;
 - c. 17 Council or Housing Association tenants affected by under-occupation have been awarded Disabled Band Relief.

Implementation of Universal Credit

9. Members are aware that Universal Credit is due to be rolled out in Cardiff from the end of November 2015 and therefore requested a briefing on the work underway to prepare for this. Officers from Communities and Housing have provided the briefing which is attached at **Appendix C** and shows:
- a. The roll out will initially affect single people and couples who are newly unemployed and who are seeking work; DWP estimate it will affect 1,957 claimants this year.
 - b. In 2016 roll out will extend to families.
 - c. By December 2019 all cases will have migrated to Universal Credit.
 - d. Preparations so far include ensuring the City Centre Advice Hub and the Council's Money Advice Unit are ready and offer appropriate advice, as well as the development of a banking project, Into Work advice and Digital Inclusion sessions across the city; Registered Social Landlords in Cardiff piloting direct payment and sharing their learning; discussions with the Department of Work & Pensions; establishment of a Welfare Liaison Team; review of rent arrears prevention and recovery procedures; and preparation of publicity and a communication plan.

Way Forward

10. Councillor Susan Elsmore (Cabinet Member, Health, Housing and Well Being), Sarah McGill (Director - Communities, Housing and Customer Service) and Kate Hustler (Operational Manager, Assessment and Support) have been invited to answer Members' questions on the reports attached as **Appendices A, B and C**.

Legal Implications

11. 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

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 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 note the information provided in the **Appendices A, B and C** and consider whether it wishes to use information contained in the report to inform future scrutiny.

MARIE ROSENTHAL

Director of Governance and Legal Services

02 July 2015

RECOMMENDATION TRACKING SHEET – UPDATE REPORT as at JUNE 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

Mitigating the Impact of Welfare Reform in Cardiff

Response from Cabinet: 11 July 2013

Response submitted to Scrutiny Committee: September 2013

Page 177

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
<p>R1. Task officers to ensure that primary school head teachers are briefed fully on the impact of Welfare Reform and where to signpost to find support.</p>	<p>Accepted.</p> <p><i>‘Secondary school head teachers have already been briefed on the Welfare Reform changes. Arrangements have been made to brief primary school head teachers in June.’</i></p>	<p>Primary school and Secondary school head teachers have been fully briefed on the Welfare Reform changes that have already taken place.</p> <p>Preparations are now underway to brief head teachers and other interested parties on Universal Credit.</p>
<p>R2. Task officers to enhance the communications and marketing campaign by: making it clearer that people in low-income work are affected by Welfare Reform; including signposting on literature that flyers and leaflets are available in community languages; including flyers in Council Tax reminder letters; exploring whether a better price could be negotiated for advertising on Cardiff Bus; ensuring that posters and flyers</p>	<p>Partially Accepted.</p> <p><i>‘Low income earners who receive benefits have been contacted as part of the communication plan. Leaflets and website are to be reviewed and amended where appropriate to ensure they address low income earners.’</i></p>	<p>Low income earners who receive benefits were contacted as part of the original welfare reform communication plan. Leaflets and the website have been reviewed and amended to ensure they address low income earners where appropriate.</p> <p>Assisting people into work and supporting them with the transition is a key way to mitigate the impact of Welfare Reform.</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
<p>are displayed in libraries; and updating the Welfare Reform section on the website to include signposting to disability advice agencies and information on Child Benefit changes and Local Housing Allowance uplift rates.</p>	<p><i>'.. it is not proposed to routinely produce information in community languages; there are now a large number of other languages spoken in Cardiff including eastern European languages such as Polish and Czech. It would not be practical to produce information in all these languages. Also some community languages are not widely used in written form. It is recognised that it is very important that effective communication is put in place with those with language needs and therefore all flyers and leaflets are to be amended to refer those who need help in other languages to Marland House where the staff can speak 15 different languages.'</i></p>	<p>The Wales Audit Office praised the Council in its report 'Managing the Impact of Welfare Reform Changes on Social Housing Tenants in Wales' published in January 2015. They said that '...the City of Cardiff Council have developed information and advice hubs which are seeking to help people back into work with support on CV (curriculum vitae) drafting, completing job applications and training in interview skills'.</p> <p>A new DHP scheme has been developed in consultation with RSLs to assist customers with the transition from benefits to work. The DHP is paid to customers in one lump-sum to support them during the first four weeks of work, a time when people may struggle with additional expenses or until they receive their first pay.</p> <p>Flyers and Leaflets advise those who need help in other languages that help is available in the Hubs. Front-line staff can speak a total of 17 different languages. Hub volunteers can speak a further 13 different languages.</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
<p>R3. Ensure that the review of the Council’s website that is currently underway results in the facility for users to translate content into community languages.</p>	<p>Accepted.</p> <p><i>‘The Councils website is currently being redesigned and rewritten as part of the Web-refresh project. Current project plans will mean that Cardiff Council’s website will use a best practice approach where information required in community languages is available on request as demonstrated on Liverpool Council’s website.</i></p> <p>http://liverpool.gov.uk/support/</p>	<p>The website was successfully re-launched in June 2014 and achieved a 4-star rating from SOCITM – Cardiff is the only Welsh authority to achieve this standard. The website was also included in the top 20 “best developed” sites in UK local government.</p> <p>All site content is bilingual (English and Welsh) there are no proposals to routinely provide information in community languages.</p>
<p>R4. Ensure that the Children’s Services and Education Services service areas and the Economic Development section fully participate in the welfare reform task group and relevant sub-groups.</p>	<p>Accepted.</p> <p><i>‘Excellent joint working has now been put in place with Children’s services...Presentations have been given to head teacher conferences. Representatives from these sections are now invited to the task group meetings.’</i></p>	<p>Joint working continues with Children’s and Education Services. They are invited to the quarterly Welfare Reform Task Group meetings where they are able to feed into action plans. Information from each meeting is circulated electronically to encourage future use. Data sharing has allowed targeted advice to Foster Carers regarding Discretionary Housing Payments.</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
<p>R5. Task officers to work with specific impairment groups and be guided by them to ensure that the requirements of people with impairments are met with regard to accessible communication, digital inclusion and economic activity.</p>	<p>Accepted.</p> <p><i>'The digital inclusion plan includes actions to improve access for people with disabilities including investigating and promoting software available to help those with disabilities and also the purchase of appropriate equipment for the training rooms in the Advice Hub.'</i></p>	<p>Since the Advice Hub first opened, computer software has been purchased for visually impaired learners; this software is also available in 2 Community Hubs. Screen readers have also been purchased to assist visually-impaired customers by enlarging the font size on monitors.</p> <p>Height adjustable desks have also been sourced and are in training rooms at the Advice Hub.</p>
<p>R6. Task officers to ensure that the focus of the Welfare Reform task group includes work to support all partners, including the third sector, to cope with the impact of welfare reform.</p>	<p>Accepted.</p> <p><i>'The impact of welfare reform on advice services is being monitored carefully and through the work of the Advice Hub it is anticipated that a greater understanding of the demands on their services will be achieved.'</i></p>	<p>The Wales Audit Office praised Cardiff for its clear leadership on Welfare Reform:</p> <p><i>'The best example of clear accountability was in the City of Cardiff Council, where the Chair and Cabinet member for Health, Housing and Wellbeing headed Cardiff's approach to Welfare Reform. Councillors in the authority demonstrated that they are fully engaged and committed to driving the Council's agenda.'</i></p> <p>The impact of Welfare Reform in advice services has been carefully monitored and a number of changes have been observed:</p> <ul style="list-style-type: none"> • There has been an increase in the

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
		<p>number of queries on welfare benefits and a decrease in the number of queries on debt.</p> <ul style="list-style-type: none"> • There has been an increase in the need for specialist welfare benefit advice in order to support customers who wish to appeal decisions made by the Department of Work and Pensions, especially regarding Personal Independence Payment and Employment and Support Allowance. • There has been a marked increase in the number of Foodbank vouchers issued during the past 6 months by the Money Advice Team. The majority of Foodbank vouchers issued are as a direct result of claimants' benefits being sanctioned.
<p>R7. Ensure that the process followed in 2013/14 to develop budgetary proposals involves on-going meaningful conversations with partners, including the third sector, in order to develop co-owned solutions and to ensure partners affected by savings proposals have time to properly plan for these.</p>	<p>Accepted.</p> <p><i>'It is accepted that the budget process should be as informed as possible and that decision should be made in a timely manner to allow organisations to plan for the future.</i></p> <p><i>To this end, the Cardiff Third Sector Partnership Planning Group has been established. It will allow Cardiff to respond positively to the challenges facing the city and to improve</i></p>	<p>Third sector organisations are fully consulted on any proposed changes and encouraged to work together with the council and other third sector partners to develop sustainable solutions to the budget challenges.</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
	<p><i>communication between public bodies and the third sector. The Group will focus on the key issues to develop an effective and sustainable third sector in Cardiff.</i></p> <p><i>Given the strategic nature of the meeting, the composition of the Partnership Planning Group will have the appropriate decision making capacity to consider and respond to all relevant strategic and financial issues. It will therefore include appropriate representatives from Cardiff Council, Cardiff and Vale University Health Board and the third sector. The Partnership Planning Group will meet quarterly. The outcomes of the meetings will inform key aspects of the decision making process during the financial year.'</i></p>	
<p>R8. Ensure that the Council's Commissioning and Procurement processes are creatively utilised to deliver economic activity opportunities as a community benefit whenever possible.</p>	<p>Accepted.</p> <p><i>'For all contracts above £150,000 Council officers now need to consider whether there are opportunities to derive community benefits from the contract. For all contracts over £2million and in line with Welsh Government Guidance there is an expectation that the contract will deliver community benefits'</i></p>	<p>All external contractors working for the council are required to put benefits back into the community through a mixture of employment, training and community support. This is measured annually by the Welsh Government. Over the past year the Council's main contractors have sponsored or made donations, through the Community Benefits scheme, to a variety of projects in Cardiff including:</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
		<ul style="list-style-type: none"> • After adoption charity • Children In Need • Big Sleep Out • Cardiff Foodbank <p>The contractors have also provided over £43,000 worth of in-kind contributions (labour, goods and services) including:</p> <ul style="list-style-type: none"> • Mentoring • Provision of the kitchen at the Women's Centre • Painting community facilities <p>Over the past year the scheme has provided apprenticeships for 18 people, with a total of 468 apprenticeship weeks, 10 NVQs were completed through the scheme and 13 work experience/internship weeks took place.</p>
<p>R9. Task officers to work with partners to ensure that appropriate support mechanisms are in place for disabled people starting work with the Council and that the work is appropriate and properly remunerated.</p>	<p>Accepted.</p> <p><i>'There is also a Service Desk Facility being finalised to make the process easier, measureable, quicker and more accountable; which was presented to Works Council and a variety of other Member and Trade Union led meetings.'</i></p> <p><i>'Further awareness raising among managers of the help available is needed to ensure all</i></p>	<p>** E-mail sent to Human Resources 19.06.15**</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
	<i>appropriate staff have access to this service.'</i>	
<p>R10. Reflect on recent announcements from the Government regarding foster carers and whether they are subject to the 'bedroom tax' and ensure that, if required, all foster carers who are eligible for Discretionary Housing Payments receive these, irrespective of whether they are temporary foster carers offering regular respite or permanent foster carers.</p>	<p>Accepted.</p> <p><i>'New procedures have been put into place to ensure Foster Carers get the extra Housing Benefit they are entitled to. Joint working has taken place between the Councils Benefit service and Foster Carer section to ensure maximum take up of the additional bedroom now allowed.</i></p> <p><i>In addition Discretionary Housing Payments are being offered to foster carers whose needs are not fully met by the new exemption, for example where they have two additional rooms rather than the one allowed under the legislation.'</i></p>	<p>Joint working is continuing with the Foster Carer section to ensure that all foster carers are identified at the earliest possible stage, so that they are allowed one additional bedroom in the assessment of their Housing Benefit.</p> <p>DHP schemes specifically for foster carers/ people adopting a child and supported lodging providers are also continuing. These schemes ensure that no customer in these categories is penalised for having more bedrooms than they are allowed under legislation. In addition these customers are not required to demonstrate any financial hardship to receive this payment.</p>
<p>R11. Task officers to explore every avenue to find alternative funds or solutions to meet the needs of those currently receiving Discretionary Housing Payments, in recognition that this funding may not continue beyond 2013-14.</p>	<p>Accepted.</p> <p><i>'Officers are fully aware that the funding for Discretionary Housing Payments is due to end and will review all options for helping tenants into the future.'</i></p>	<p>Central Government have reduced the additional funding which had been added to the Discretionary Housing Payment fund to allow for the impact of Welfare Reform. In 2015/16 the DHP fund for Cardiff reduced by £360,834 to £815,034. This is a reduction of 31%, which is above the 24% reduction to</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
		<p>the overall UK DHP fund.</p> <p>Despite the reduction the Council remains committed to reduce the impact of the Benefit Cap and under-occupation for those customers who work with the Council to achieve a sustainable solution. For example, DHPs can be awarded to customers affected by the Benefit Cap if they agree to follow a bespoke Into Work Action Plan designed and monitored by the Into Work Advice Service based in the Advice Hub.</p> <p>The Money Advice Team based in the Advice Hub offer advice to all Cardiff residents on how to minimise their outgoing and maximise their income. By advising customers of external schemes such as Save The Children's Eat, Sleep, Learn, Play initiative and the Warm Home Discount Scheme offered by energy suppliers, customers are better able to take control of their own finances and absorb the impact of Welfare Reform themselves.</p>
<p>R12. Task officers to reflect upon and utilise the lessons coming from DWP pilots covering digital inclusion and direct payments, including looking at the training offered to frontline staff in libraries and hubs.</p>	<p>Accepted.</p> <p><i>'Following a review of the Caerphilly pilot into digital inclusion a review has been carried out against the council's own plans to ensure that these are appropriate.'</i></p>	<p>The service now employs a Digital Inclusion Volunteer Co-Ordinator funded by Communities 2.0, a Welsh Government programme committed to breaking down the</p>

RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
	<p><i>Very close attention is being paid to the direct payment pilots and an action plan is being developed to ensure that the change to direct payments is fully understood and where possible preparations are made in advance to mitigate the impact of this.</i></p>	<p>barriers that prevent people from engaging with technology.</p> <p>There are currently 40 volunteers assisting with regular digital inclusion sessions across the city. This service works closely with Into Work and Money Advice Service, as a result the Council is well placed to provide a comprehensive service to those who will need assistance with the transition to Universal Credit.</p> <p>The Advice Service has undertaken a Banking project aimed at identifying barriers to clients setting up a bank account. All the Hubs can now provide evidence of identity to benefit claimants to help them to set up a bank account and the service monitors and take action when a basic bank account is refused.</p> <p>RSLs based in Cardiff are carrying out direct payment pilots. Updates are brought to the Welfare Reform Task Group meeting as well as other meetings with representatives from both the local authority and RSLs.</p> <p>A new Welfare Reform liaison team is being created, specifically to assist Council tenants with the transition from Housing Benefit to Universal Credit. The purpose of the team is</p>

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RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
	<p><i>Work with the Credit Union is ongoing to promote their Rent Protect (Jam Jar) account among council tenants.'</i></p>	<p>to help tenants with the change to direct payments while seeking to ensure that rent arrears do not increase.</p> <p>Promotion of the Cardiff & Vale Credit Union's Rent Protect (Jam Jar) account among Council tenants is ongoing. Initial take-up has been slow, however with the announcement that Universal Credit will be rolled out in Cardiff from the end of November 2015 this is expected to increase.</p> <p>The Council has also funded the Credit Unions volunteer co-ordinator to help facilitate the extension of the service into the community Hubs, this is currently being piloted in Ely.</p>
<p>R13. Task officers to explore the usefulness of becoming a pilot for Pension Credit and of participating in an extension of the Fast Track pilot currently underway in Caerphilly Borough County Council.</p>	<p>Accepted.</p> <p><i>'The advantages and disadvantages of become a pilot site for any welfare reform change will be considered carefully and a decision made in the best interest of the citizens of Cardiff.'</i></p>	<p>The Council is not currently participating in any pilot schemes, but is continuing to monitor announcements of any future pilots.</p>
<p>R14. Task officers to take account of future Government announcements with regard to Welfare Reform, including the Council Tax Reduction Scheme, and ensure that appropriate measures to alleviate the impact of</p>	<p>Accepted.</p> <p><i>Officers will carefully consider any changes and bring forward proposals in the best interests of those affected.'</i></p>	<p>Universal Credit will be rolled out in Cardiff from the end of November 2015. It will initially only affect single, newly unemployed people who are seeking work, but it will</p>

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RECOMMENDATION	Extracts from Cabinet Response, where update required	Update as at JUNE 2015
<p>these are considered and implemented.</p>		<p>gradually expand to include other groups such as families and people who are not fit for work.</p> <p>The Benefit Cap is expected to be reduced from £26,000 to £23,000 per year in next month's budget. Other changes could also include removing Housing Benefit from under 21 year olds (with limited exceptions).</p> <p>Officers will consider these and other changes in a timely manner. Proposals will be developed through joint-working with RSLs and other partners and will be designed to lessen the impact on those affected.</p>
<p>R15. Continue to discuss and negotiate with the Welsh Government with regard to the impact that Welfare Reform has in Cardiff and work that Welsh Government can do to assist in the mitigation of this in Cardiff and across Wales.</p>	<p>Accepted.</p> <p><i>'Officers will continue to work closely with the Welsh Government and the WLGA to understand any proposals and to promote additional action where appropriate.'</i></p>	<p>Regular meetings are organised by the WLGA and are attended by the Welsh Government and Benefit managers from every local authority in Wales. This is an opportunity for welfare reform issues to be raised and options to be discussed.</p>

RECOMMENDATION TRACKING SHEET – UPDATE REPORT as at JUNE 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

The Impact of Under Occupation of Social Housing (Bedroom Tax) Welfare Reform in Cardiff

Response from Cabinet: 12 June 2014

Response submitted to Scrutiny Committee: 2 July 2014

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RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015
<p>R1. Task officers to maintain the current approach to providing advice and support to affected council tenants.</p>	<p>Accepted.</p> <p><i>‘Since the report was written, the number of tenants affected by the size restriction rules has further decreased to 2,871, an overall reduction of 1,323 since the project began.’</i></p> <p><i>‘The Housing and Communities service is continuing to support affected tenants with a range of Discretionary Housing Payments schemes and continues to monitor these for effectiveness and possible improvements.’</i></p> <p><i>‘A pro-active and supportive approach to rent arrears recovery has been maintained and at the end of the year arrears had increased by £97,233 which is a significant reduction on the original projected figure of nearly £1 million.’</i></p>	<p>Since the report was written, the number of tenants affected by the size restriction rules has continued to reduce although at a slower rate than was anticipated. The current number of cases affected is 2,728, an overall reduction of 1,466 since the project began.</p> <p>The reduction in the DHP budget for the financial year 2015/16 has required the Housing and Communities service to review all the Discretionary Housing Payments (DHP) schemes in consultation with RSLs. The service is continuing to support affected tenants with a range of schemes designed to help them find a solution rather than simply delay the problem. Additional eligibility requirements have been added to award of the DHP to ensure that tenants are actively seeking to move, including the requirement that they are registered on homeswapper.</p>

RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015
		A pro-active and supportive approach to rent arrears recovery has been maintained and at the end of the financial year 2014/15 arrears had increased by £156,732.94; while of concern this is significantly less than the original projected figure of nearly £1 million.
R2. Task officers to maintain the current approach regarding engaging with council tenants and not evicting a council tenant who is engaging with the Council and genuinely seeking to resolve their situation.	<p>Accepted.</p> <p><i>'The current approach is being maintained and to date no tenant has been evicted due to under occupation alone.'</i></p>	The Housing and Communities Service continues to maintain the current approach and to date no tenant has been evicted solely due to arrears caused by under-occupation, however evictions have been carried out where under occupation has been a contributory factor. Advice staff are available at Rent Review Panel to ensure tenants have full advice before any legal action is taken and that all options are fully considered including improved budgeting and income maximisation.

RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015
<p>R3. Task officers to put in place processes to monitor homelessness applications from people who have been evicted by housing associations using Ground 8 and to take robust action to address this with housing associations if needed.</p>	<p>Accepted.</p> <p><i>'These cases will now be recorded and monitored to determine any further action that may be taken.'</i></p>	<p>The Service is not aware of any cases where this has occurred and has no concerns about evictions from RSL properties in Cardiff.</p> <p>The Council has a very close working partnership with the RSLs based in Cardiff, holding regular meetings and developing joint policies on Welfare Reform issues such as under-occupation. The RSLs have an excellent track record on housing homeless people, which is well above those of other Local Authority areas and co-operate fully in any schemes to help low income households.</p>
<p>R4. Task officers to ensure that every affected council tenant is made aware that the Council pursues a reclassification policy and that council tenants can request a home visit to assess whether their property requires reclassification.</p>	<p>Partially Accepted.</p> <p><i>No update required</i></p>	
<p>R5. Task officers to work across Directorates to ensure that appropriate help and assistance is offered with re-orientation for social housing tenants with impairments who move to another property.</p>	<p>Accepted.</p> <p><i>'The needs of tenants are considered on a case by case basis and good working relations are in place across directorates to allow referral to the appropriate services areas when needed.'</i></p> <p>(The Cabinet Response was expanded at the July 2014 Committee Meeting by Sarah McGill)</p>	<p>Tenants with impairments have been able to move to new properties easily and with the minimum amount of disruption due to the combined work of the Social Lettings Unit and Community Maintenance Services.</p> <p>Further requests for help by tenants with</p>

RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015
	recognising the need for assistance for tenants in re-orientation to a new local area.)	<p>impairments have been very low; any such requests received in the future will continue to be considered on a case-by-case basis.</p> <p>The further development of the Independent Living Service will extend the service to those with physical disabilities and will provide a holistic service to meet housing and other community living needs.</p>
<p>R6. Task officers to explore all opportunities to ensure that, wherever appropriate, all eligible disabled people receive Disabled Band Relief.</p>	<p>Accepted.</p> <p><i>‘Opportunities to ensure all eligible disabled people receive Disabled Band Relief will be thoroughly explored through the Welfare Reform Debt Group meeting.’</i></p>	<p>A factsheet about Disabled Band Relief has been produced. It is designed to increase awareness of the Relief, which has one of the lowest take-ups of all Council Tax discounts, and is aimed at people not currently receiving this Relief. The factsheet has been displayed in all Hubs and Housing Offices across the city since January 2015 and is also available on the Council’s website.</p> <p>Information about Disabled Band Relief is included on the Council’s website – links to this information are contained in several different places on the website to ensure that the information is as easily accessible as possible. Customers can apply for the Relief online.</p> <p>Front-line officers working in the Hubs across the city have also received training on the Relief to enable them to identify people who</p>

RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015			
		are potentially eligible.			
<p>R7. Task officers to investigate ways of ensuring that all disabled households that qualify for Disabled Band Relief and are affected by the size criteria are exempted from having to meet the shortfall in rent.</p>	<p>Partially Accepted.</p> <p><i>‘..a matching exercise between benefit and Council Tax data was carried out. This has shown that there are nineteen tenants affected by size restrictions who get Disabled Band Relief. Officers will work with these tenants to check if they can be given any further help and will run a report periodically to identify new tenants that may need help.’</i></p>	<p>A report is run periodically to identify new tenants that may need help. As of June 2015 there are seventeen Council and Housing Association tenants affected by under-occupation who have been awarded Disabled Band Relief. Just over half of these (9) have disabilities which do not have a bearing on how many bedrooms they need, e.g. they may be wheelchair users and doors have been widened or they may have had a downstairs bathroom installed primarily for their use.</p> <p>Of the remaining tenants (8) who are using an additional bedroom due to their disabilities:</p> <ul style="list-style-type: none"> • 4 are already receiving a Discretionary Housing Payment (DHP), • 1 has recently applied for a DHP, • 3 have received advice about DHP but have not chosen to apply. 			
<p>R8. Task officers to keep a watching brief on outcomes elsewhere of actions being taken by other local authorities and tribunals and case law development in order to identify useful opportunities to assist affected social housing tenants in Cardiff.</p>	<p>Accepted.</p> <p>‘The Welfare Reform Team regularly monitor developments in caselaw, Tribunal hearings and practices by other local authorities to identify areas in need of consideration. Any points identified are brought to partnership meetings,</p>	<p>Officers regularly monitor developments in caselaw, Tribunal hearings and practices by other Local Authorities to identify areas in need of consideration.</p> <p>Any points identified are discussed in</p>			
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RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015			
	such as the Welfare Reform Task Group and the Social Landlords Group, to consider what action should be taken.'	partnership meetings such as the Welfare Reform Task Group where members can utilise their varied backgrounds and experiences to consider what action should be taken, while bearing in mind both potential impacts and benefits.			
<p>R9. Task officers to develop effective means of publicising community based internet access points across Cardiff.</p>	<p>Accepted.</p> <p><i>'A mapping portal for all public access PCs across Cardiff has been created. Publicity to promote this is currently being developed.'</i></p> <p><i>'The Digital Inclusion Task Group is also investigating whether it is feasible to use a text service to tell people where their nearest internet access is.'</i></p>	<p>The Council is now working with Digital Communities Wales (formerly Communities 2.0) to create a Cardiff Get Online website. A map showing all community-based internet access across the city will be included on this site. In the meantime this information is available on the Council's website in the What's Near Me section.</p> <p>Into Work Advice Services have a Facebook page which includes publicity about free internet access.</p> <p>Training courses are run in the Hubs, these cover:</p> <ul style="list-style-type: none"> • Basic Computer Skills • Using the Internet • Setting Up E-mail • Online Forms • Online Shopping <p>A timetable of courses is released each month and is distributed to all our stakeholders and partners. The timetable is also publicised on our website and Facebook</p>			
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RECOMMENDATION	Extracts from Cabinet Response (where update required)	Update as at JUNE 2015
		<p>pages and is displayed in Hubs, Jobcentre Plus offices throughout Cardiff, Communities First locations and libraries too.</p> <p>In addition to this the service also carry out digital inclusion sessions across 12 locations in the city. This is on a timetabled basis and again is advertised on the website, Facebook and displayed in various locations throughout Cardiff.</p>
<p>R10. Protect and publicise community based internet access in order to be prepared for Universal Credit.</p>	<p>Accepted.</p> <p><i>‘The Hub project is increasing the self service facilities that are available in the community including both IT access and free phone facilities. As stated above a mapping portal for public access PCs has also been developed and will now be more widely publicised.’</i></p>	<p>The Hub project is increasing the self service facilities that are available in the community including both IT access and free phone facilities. Each Hub now has its own page on the Council’s website, listing all services and facilities available at each Hub including free access to the internet, free wi-fi and free phone facilities.</p>

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Universal Credit

Update for CASSC Scrutiny
Committee June 2015

What is Universal Credit

- Universal Credit is a new Department of Works & Pensions (DWP) benefit for working age people who are out of work or on low income
- **Universal Credit will replace:**
 - Job Seekers Allowance (Income Based)
 - Employment Support Allowance (Income Related)
 - Income Support
 - Working Tax Credits
 - Child Tax Credits
 - Housing Benefit currently administered by

What is Excluded

- **Universal Credit will not replace the following:**
 - Assistance for those of pensionable age
 - Assistance towards Council Tax (Council Tax Reduction)
 - Help towards housing costs for those living on supported housing/homeless accommodation
 - Contributory Benefits including Job Seekers Allowance and Employment Support Allowance (contribution based)

Aims of Universal Credit

- Its aim is to simplify the Benefit System
- To remove barriers by easing the transition process to and from work
- To replicate the 'in work' environment by paying claimants direct with one monthly lump sum payment
- To ensure that “ work always pays” by increasing the work allowances which are more generous than the equivalent earnings disregarded in the current system
- To introduce stricter work seeking requirements and tougher sanctions for those not meeting the requirements

Roll out of Universal Credit

- Roll out in Cardiff will commence from the 30th November 2015 and will be a gradual process.
- Only single people and couples who would previously have claimed Job Seekers Allowance (Income Based) will be included initially.
- There are a wide list of exemptions so numbers will be low initially.
- DWP have estimated there will be only 1,957 claims in Cardiff this financial year.

Timescales for Further Roll Out

May 2016-Dec 2017

- Couples & Families will make their new claims to Universal Credit.
- All new claims will be made to Universal Credit – again on a phased approach with dates/timescales for different LAs

Jan 2018-Dec 2019

- Caseload to build naturally
- Managed migration of claimants who have not already moved on to Universal Credit. This will be for those existing claimants, that have not had to make a new claim for a period of times. It is anticipated this will run until 2019-2020

Issues – Payment Arrangements

- Payment will be made monthly in arrears (5 weeks after they claim)
- Claimants will receive one lump sum paid directly to them (this will cover housing and living costs) - arrangements are in place to pay some housing costs direct to the landlords
- Payments will be less responsive to change - claims will be assessed monthly, and the amount of benefit awarded will be based on the circumstances on that date, and then on that same date every month thereafter
- In terms of housing costs eligibility conditions are broadly the same as in HB regulations

Issues – Support & Data Sharing

- Universal Credit is intended to be digital by default - however there is now a recognition of the need for face to face support with Local Authorities playing a key role.
- The importance of information sharing with key partners has also been recognised and an extensive list of what will be shared has been produced – this includes
 - Financial information including bank accounts held, debts, level of personal budgeting skill
 - Barriers to work including health conditions, caring responsibilities, languages spoken, level of digital skills
- Landlords will be informed when a claim is made that includes housing costs in order for them to provide relevant support to their tenants.

Rent Arrears

- Pilot landlords have managed to bring rent arrears under control however this has been costly in terms of resources
- The average rent collection rate in the Direct Payment Demonstration Project was 94%. (Cardiff's current rate is 97%)
- Approximately 25% of tenants in the pilots had their Housing Benefit switched back to being paid direct to their landlord because of arrears
- Landlords stated that contact rates with tenants increased by around 50%, and that dealing with tenants on Direct Payment was much more labour intensive
- The switch to direct payment also led to a large increase in transaction costs.

Preparation so Far

- The City Centre Advice Hub has been set up offering a wide range of advice from both Council teams and Partner organisations.
- The Councils Money Advice Team provides budgeting and income maximization advice achieving more than £5million in extra benefits for clients in 2014/15
- A Banking project has been completed and banking advice and support developed
- Into Work advice and Digital Inclusion sessions are provided in the Advice Hub and in venues across the city.
- RSLs in Cardiff are piloting direct payment and sharing their learning.

Additional work in progress

- Discussion underway with DWP for the Advice Hub to provide support for Universal Credit – including digital inclusion and personal budgeting support. Funding will be provided for this.
- A Welfare Liaison Team is being set up to provide support to Council tenants to help them through the changes – based on learning from the direct payment pilots.
- Arrears prevention and recovery procedures are being reviewed and updated to respond to Universal Credit payment arrangements.
- Publicity material is being prepared and a communication plan developed to ensure potential claimants, partners organisations and stakeholders are fully briefed.

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CITY AND COUNTY OF CARDIFF
DINAS A SIR CAERDYDD

8 JULY 2015

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

WORK PROGRAMME 2015/16

Purpose of Report

1. The Council's Constitution states that each Scrutiny Committee will set its own work programme for the forthcoming year (Scrutiny Procedure Rule 7). This Committee's terms of reference give the Committee responsibility for scrutinising, measuring and actively promoting improvement in the Council's performance in the provision of services and compliance with Council policies, aims and objectives in the area of community and adult services, including:

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

2. The Committee is responsible for the scrutiny of a number of policies and strategies that affect communities and adults in Cardiff, plus it can undertake investigations into any matters relating to the communities and adults of Cardiff.

3. In addition, this Committee is the designated Crime & Disorder Scrutiny Committee for the Council and as such has responsibility for scrutinising the Community Safety Partnership, which in Cardiff forms part of the Integrated Strategy approach via the Cardiff Partnership Board.

Background

4. On 24 June 2015, the Committee met in forum mode to consider items and issues for inclusion on the potential work programme for the forthcoming municipal year. At the meeting, Members considered a wide range of possible items, including suggestions from external stakeholders, Members and officers, performance reports, pre-decision reports, policy review & development work, monitoring reports, briefing reports and scrutiny inquiries which could be included in the Committee 2015-16 work programme.

5. Suggestions were received from the following:
 - a. Councillors Ralph Cook, Chris Davis, Susan Elsmore, Julia Magill, Gretta Marshall and Judith Woodman;
 - b. External organisations – Director of Public Health, South Wales Fire and Rescue Services, South Wales Police, Cardiff and the Vale Community Health Council, Cardiff and the Vale Parents Federation, Vision 21, Cardiff and the Vale Domiciliary Care Providers Association, Care and Social Services Inspectorate for Wales and Cardiff Third Sector Council; and
 - c. Officers from Communities, Housing and Customer Services, Change and Improvement, Health and Social Care and Regulatory Services.

6. In prioritising the possible items for inclusion in the draft work programme, Committee Members considered factors such as:
 - a. the potential impact of scrutiny
 - b. the importance to the citizens of Cardiff
 - c. the importance for Cardiff Council and
 - d. whether the possible item would be dealt with in other arenas.

7. Committee Members also considered the most appropriate type of scrutiny tool to use for each of the prioritised items, the resources available from Scrutiny Services and the capacity of Members to undertake the scrutinies.

8. At the work programming forum Committee Members considered the recent WAO Corporate Assessment (September 2014) and the subsequent advice to scrutiny committees to aim to achieve committee meetings that last no longer than three hours, whilst maintaining robust and appropriate levels of scrutiny across the terms of reference, by ensuring agendas are of a manageable size and that work occurs outside committee meetings. Committee Members agreed in principle with this approach and agreed to aim to achieve this, with the option to adjourn a committee meeting if more time is required than originally anticipated.

Proposed Items

9. Committee Members considered the wide range of possible items and the factors for prioritising and looked to see where, in an attempt to better use committee meetings' time and role, items could be considered outside of Committee. Committee Members at the work programming forum felt that many of the standard items that come to committee could be dealt with in this way, thus freeing committee time to focus on scrutinies that could have more impact, with the caveat that areas of concern would be brought to Committee as needed.
10. At the work programming forum, Committee Members therefore agreed to the following:
 - a. Schedule scrutiny of the Corporate Plan and Budgetary Proposals for February 2016.
 - b. Quarterly performance reports - task the Principal Scrutiny Officer to discuss with Corporate Performance and Directorate officers the feasibility of scrutinising performance reports ahead of Committee Meetings, with the aim of bringing reports back to the Committee and in-depth scrutiny of areas of concern via a performance task group/ panel.
 - c. Budget monitoring – suggest to this Committee that Members task the Principal Scrutiny Officer to work with Resources officers to design monthly budget monitoring reports to show actual and profiled budget spend and progress in achieving savings. These reports to be received by Committee Members, who will then decide whether there is a need to schedule for committee meeting scrutiny.

- d. Cabinet Responses to Inquiries – schedule as available.
- e. Inquiry impact monitoring – suggest to this Committee that Inquiry progress reports are shared by email with Committee Members, who will then decide whether there is need to schedule for committee meeting scrutiny.
- f. Joint scrutiny committee meetings with Children and Young People Scrutiny Committee – schedule for scrutiny of Director of Social Services Annual Report 29 July 2015 and Care and Social Services Inspectorate Wales annual evaluation when available.
- g. Regional Regulatory Collaboration – schedule for scrutiny with Environmental Scrutiny Committee at separate committee meeting.

11. At the work programming forum, Committee Members then went through the proposed Forward Plan pre-decision scrutiny items, possible Crime and Disorder scrutiny items and all the Councillor, officer and external stakeholder suggestions received by the time of the forum meeting. Several of these items related to the same themes, for example Domestic Violence, and Members therefore decided to propose to this Committee that, for some of the pre-decision items, these be 'chunked up' so that the Committee is scrutinising various aspects of the theme as well as the pre-decision item.

12. Committee Members at the work programming forum made the following decisions with regard to Forward Plan items for consideration at this meeting:

- a. Review of Cardiff Alcohol and Drug Team – *schedule September 2015*
- b. Anti Social Behaviour – *do not schedule as limited impact*
- c. Llanishen and Llanedeyrn Hubs – *Sub committee scrutiny*
- d. Internal Supported Living – *schedule September or October 2015*
- e. Review of Day Services including Community Meals – *schedule October 2015*
- f. Housing Strategy – *do not schedule as limited impact*
- g. Allocations – *schedule October 2015*
- h. St Mellons Phase 2 Consultation – *Sub committee scrutiny*
- i. HRA Business Plan – *schedule for December 2015*
- j. Domestic Violence Re-Commissioning – *schedule for December 2015*
- k. Supporting People Local Commissioning Plan 2016-17 – *schedule for January 2016*

13. Committee Members at the work programming forum made the following decisions with regard to Crime and Disorder items for consideration at this meeting:

- a. Anti Social Behaviour – Task PSO to liaise with South Wales Police, South Wales Fire and Rescue and Councillor Ralph Cook to discuss their suggestions and bring paper back to Committee for decision on whether to hold scrutiny and the appropriate scrutiny tool to use.
- b. Domestic Violence – Schedule wider item to cover What Matters and Corporate Plan commitments as well as pre-decision scrutiny in December 2015.
- c. Night Time Economy Crime & Disorder - Task PSO to liaise with South Wales Police and Police & Crime Commissioner to discuss the suggestion to hold a scrutiny on this area and bring paper back to Committee for decision on whether to hold scrutiny and the appropriate scrutiny tool to use.
- d. Safeguarding – Explore Multi- Agency Safeguarding Hub at joint meeting with Children and Young People Scrutiny Committee 29 July 2015 and discuss if further scrutiny required.
- e. CONTEST, PREVENT and community cohesion – accept the offer of Martin Hamilton (Change & Improvement Chief Officer) to receive a private briefing on these areas.
- f. Noise Nuisance – Task the Principal Scrutiny Officer to liaise with Regulatory Services to receive statistics on noise nuisance cases.
- g. Performance Reports – to be dealt with as detailed at point 10 above.

14. Committee Members at the work programming forum made the following decisions with regard to the suggestions received:

- a. Councillor Ralph Cook – suggestion included in possible Anti-Social Behaviour task group;
- b. Councillor Chris Davis – suggestion dealt with by the receipt of Welfare Reform and Universal Credit briefing at this Committee meeting;
- c. Councillor Susan Elsmore – suggestions scheduled for pre-decision scrutiny;

- d. Councillor Julia Magill – suggestions dealt with by proposed visits to SMART house and Alarm Receiving Centre and scheduled scrutinies of Regional Collaboration Fund and Intermediate Care Fund projects;
- e. Councillor Gretta Marshall – suggestions scheduled for scrutiny;
- f. Councillor Judith Woodman – suggestion scheduled for pre-decision scrutiny;
- g. South Wales Fire and Rescue Services – one suggestion included in possible Anti-Social Behaviour task group; the other suggestion not prioritised due to workload pressures;
- h. South Wales Police – one suggestion included in possible Anti-Social Behaviour task group; the other suggestion included in possible Night Time Economy crime and disorder task group;
- i. Cardiff and the Vale Community Health Council – suggestion included in performance work;
- j. Cardiff and the Vale Parents Federation – one suggestion included in Welfare Reform and Universal Credit briefing at this Committee meeting; the other suggestion to be put to all Members via emailed scoring sheet;
- k. Director of Public Health - suggestion to be put to all Members via emailed scoring sheet;
- l. Vision 21 - suggestion to be put to all Members via emailed scoring sheet;
- m. Cardiff and the Vale Domiciliary Care Providers Association - suggestions to be put to all Members via emailed scoring sheet;
- n. Care and Social Services Inspectorate for Wales - suggestions to be put to all Members via emailed scoring sheet; and
- o. Cardiff Third Sector Council - suggestion to be put to all Members via emailed scoring sheet.

15. Having considered the above, the Committee Members at the work programming forum meeting tasked the Principal Scrutiny Officer to collate the above, amend the draft work programme and scoring sheet appropriately and circulate the remaining items to all Committee Members for scoring prior to this meeting. The

draft work programme is attached at **Appendix A**, with the collated scoring for the remaining items attached at **Appendix B**.

Final prioritisation and rationalisation

16. Having received the first stage prioritisation and rationalisation completed by the work programming forum, Members now need to decide the approach to take to the remaining items shown in **Appendix B**. Members are reminded of the need to retain some flexibility in the work programme to enable new items to be added to the work programme during the year as necessary.

17. As well as scoring items, some Members made suggestions for how best to approach the remaining items; these suggestions are shown in the final right-hand column of the table at **Appendix B**. These suggestions are:

- a. That performance work will cover the following proposed items – Domiciliary Care; Carers; Direct Payments; Delayed Transfer of Care; Care Plan Reviews; Implementation of integrated Community Resource Teams; Mobile Working and Scheduling; Private Sector Housing; Voids; Hate Crime; and data against commissioning requirements.
- b. That budget monitoring work will cover the following proposed items – Health and Social Care Savings; the roll out of new commissioning and procurement tools in Health and Social Care.
- c. To have a **Housing item** at Committee to cover items 1, 10, 22 and 26.
- d. To have a **Cardiff Partnership Board item** at Committee to cover items 5, 24 and 58.
- e. To have an **Older Persons item** at Committee to cover items 6, 25, 30, 44 and 50.
- f. To **discuss various items at this committee meeting**: Social Services and Well Being (Wales) Act; Direct Payments Support Provider; Mental Health; Physical Impairments; Neighbourhood Regeneration; C3SC suggestion regarding Advice Services; and items that scored less than 50%.
- g. To **scope the following possible task and finish groups**: Domiciliary Care; Communities First; and Assessment and Care Management.

- h. To **receive briefing papers** on: Health and Social Care demographics; the issues raised by the Parents' Federation with regard to community and wellbeing issues; the issues raised by Vision 21 with regard to Changing Places toilet facilities; the issue raised by C3SC with regard to the self-assessment completed in preparation for the implementation of the Social Services and Well Being (Wales) Act; and the commercial opportunities strategy and trading company.

18. Members attention is drawn to three other factors, namely:

- a. Safeguarding – the recent WAO Assessment of Safeguarding recommended that the relevant scrutiny committees ensured they strengthened scrutiny of safeguarding.
- b. Public Health Act – this is a new piece of legislation that falls within the remit of this committee.
- c. Local Development Plan – there may be a requirement to scrutinise the Community Infrastructure Levy proposals. In the past this has occurred via a joint task group across all five scrutiny committees.

Possible Inquiries

19. The work to date has led to a number of issues being suggested for scrutiny by Inquiry during the coming year, as set out above and in the appendices, as follows:

- a. **Anti Social Behaviour**
- b. **Night Time Economy Crime and Disorder**
- c. **Domiciliary Care**
- d. **Communities First**
- e. **Assessment and Care Management**

20. Given the need to consider the resources available to scrutiny services and the capacity of Members to undertake scrutinies, Members will need to confirm the priority ranking for the Inquiries detailed above at this committee meeting.

Members will also need to confirm whether they are willing and able to sit on the

task and finish groups to undertake the prioritised Inquiries. The usual number of Members on a task and finish group is 3 or 4, with the aim of ensuring political balance.

21. The priority order that Members agree at this committee meeting will determine which inquiries are scoped; it is proposed to initially scope the top two inquiries and only move on to scope the next proposed inquiry if and when resources allow.

22. Committee Members who volunteer to sit on a task group will then meet together to draft a scoping report for each of the Inquiries; these will provide draft terms of reference and proposals for the structure of the Inquiry, including the number of meetings, site visits and witnesses. All Committee Members will then have the opportunity to discuss the draft scoping reports and suggest amendments and refinements, prior to agreeing the scoping reports for implementation.

Way Forward

23. Committee Members will have the opportunity to discuss the information provided in this report and appendices, namely the proposals made by the work programming forum, whether or not to prioritise any remaining items and which task groups to prioritise for scoping. Members will then need to agree to the amendments required.

Legal Implications

24. 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

25. 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 discuss the items listed above for inclusion in the Committee's work programme for the coming year and:

- i. Agree the approach to take to scrutinising quarterly performance reports;
- ii. Agree the approach to take to scrutinising budget monitoring;
- iii. Agree the approach to take to scrutinising the impact of previous Inquiries;
- iv. Agree the approach to take to scrutinising the Care and Social Services Inspectorate Wales annual evaluation;
- v. Agree the approach to take to scrutinising Regional Regulatory Services;
- vi. Agree any amendments to the proposed work programme in terms of scheduled committee items;

- vii. Agree which Inquiries to prioritise;
- viii. Agree nominations for the prioritised task groups, including a possible LDP joint task group;
- ix. Agree the approach to take with regard to briefing papers; and
- x. Approve the work programme as amended by the decisions above.

MARIE ROSENTHAL

Director of Governance and Legal Services

02 July 2015

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	July	July - Joint with CYP	Sept	Hubs Sub Cttee	October	November	December	joint with CYP	January	February	March	April	May	June
Corporate items	Delivery Plan - Change & Improvement									Corporate Plan			Annual Report	Delivery Plans
	HSC Savings Report									Budgetary Proposals				
Policy Development and/ or Review		MASH - progress with - explore as part of scrutiny of ACRF	Neighbourhood Partnerships Review		Allocations - impact of implementing new scheme		HRA Subsidy - impact of changes							
							Domestic Violence -What Matters & PCC work							
Pre- Decision Reports			CADT Review	Llanishen and Llanedeyrn Hubs	Allocations		HRA Business Plan		Supporting People Local Commissioning Plan 2016/17					
			Internal Supported Living	St Mellons Phase 2 consultation	Internal Supported Living		Domestic Violence Re-commissioning							
Page 221					Day Services inc Community Meals									
Monitoring Reports	Progress re Trafficking & Welfare Reform UC	Director of SS Annual Report (ACRF)						CSSIW Evaluation						
	RCF/ ICF Q4 report													
Work Programme	Correspondence Report		Correspondence Report		Correspondence Report	Correspondence Report	Correspondence Report		Correspondence Report	Correspondence Report	Correspondence Report	Correspondence Report	Correspondence Report	Correspondence Report
	work programme report													
Inquiries	Information, Advice and Assistance													
	Scoping possible mini Inquiries on: ASB; Night Time Economy; Communities First; Assessment and Care Management; and Domiciliary Care													

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CASSC Work Programme 2015-16 – Committee Members collated scores

	Terms of Reference	Potential Item	%	Suggestions
1	Public Housing	Housing (Wales) Act - Work with private sector landlords re homelessness legislation changes	93%	Have Housing Item at Committee – combine with later items 10, 22 & 26
2	SSWB Act/ ASC	C3SC - Social Services and Wellbeing Act - Given the important changes in legislation that are emerging, notably the Social Services and Wellbeing Act and the outcomes that this will require, what is the level of preparedness within Cardiff?	90%	Discuss at CASSC 8 July 2015 - see later items – 11, 52 and 53
3		Implementation of Social Services & Well Being (Wales) Act.	87%	
4	Direct Payments/ ASC	Re-commissioning of Direct Payment Support Provider – HSC19 £100,000.	87%	Discuss at CASSC 8 July 2015
5	CPB	What Matters refresh	80%	CPB Item at Committee – see later items 24 and 58
6	Commissioning/ Older People	Health & Social Care Older People Services Commissioning Strategy.	80%	Have Older Persons item at Committee – see later items 25, 30, 44, 50
7	Commissioning/ Domiciliary Care	Domiciliary Care – quality and impact re new commissioning process.	80%	Perf Panel
8	Domiciliary Care/ ASC	Domiciliary Care Providers Association suggestion – transition from re-ablement services to community providers.	80%	Scoping Paper - Dom Care T&F
9	CPB	Neighbourhood partnerships for each of the 6 areas of Cardiff – CASSC scheduled to scrutinise review of Neighbourhood Partnership.	73%	Item at Committee – September 2015

10	Private Housing	Implementation of the Welsh Agents and Landlords Licensing Scheme	73%	Combine with Item 1
11	SSWB Act/ ASC	C3SC - Social Services and Wellbeing Act	70%	Combine with Item 2
12	Commissioning/ ASC	Review of third sector commissioned services – HSC18 £180,000.	70%	Monthly Budget Report
13	Carers/ ASC	Support carers by ensuring that all carers are offered a Carer Assessment and increasing the number of carer assessments undertaken by 2016.	70%	Perf Panel
14		Carers Assessments – meeting performance indicator target		
15	Direct Payments/ ASC	Increase the uptake of direct payments as an alternative to direct provision of care for Cardiff residents every month.	67%	Perf Panel
16		Direct Payments – meeting performance indicator target		
17		Continue improving the availability of direct payments to adults. Continue to raise awareness of the availability of direct payments.		
18	Mental Health/ ASC	Review the commissioning of services for adults with mental health needs - Quality of commissioning of services for adults with mental health needs.	67%	Discuss at CASSC 8 July 2015 – see later items 34 and 35
19	Mental Health	Adult Mental Health		
20	Physical Impairments/ ASC	Remodelling services for Disabled Children & Young Adults	67%	Discuss at CASSC 8 July 2015
21		Improve the effectiveness of transitional support for disabled and vulnerable children approaching adulthood.		
22	Public and Private Housing	Homelessness	67%	Combine with Item 1
23	Neighbourhood Renewal	Neighbourhood Regeneration – Community Shopping Schemes, Neighbourhood Renewal Schemes, Estate Regeneration Schemes	67%	Discuss at CASSC 8 July 2015

24	CPB	Deliver the Council's contribution to the What Matters Partnership Strategy including supporting the Partnership Governance arrangements	60%	Combine with item 5
25	Older People Strategy	Requires every local authority in Wales to develop a Local Ageing Well Plan, to support both the Strategy for Older People (Phase 3) and Ageing Well in Wales. Cardiff Council is preparing the Plan by October 2015.	60%	Combine with Item 6
26	Private Housing	Ensure the private rented sector is fit for purpose and homes meet legal standards to protect the health of tenants through prioritised investigation of complaints and the proactive delivery of additional licensing schemes in the city.	60%	Links to Item 1 and via Perf Panel
27	ASC	Health and Social Care - Changing demographics and increasing expectations of vulnerable people put more pressure on services, increasing risk of budget overspend.	60%	Briefing paper for info
28	Carers/ ASC	Improve the number of adult carers' assessments.	60%	Perf Panel See earlier items
29		Evaluating and rolling out the carers demonstration project.		
30	Older People/ ASC	Develop and implement a dementia reablement training programme.	60%	Combine with Item 6
31	ASC	Deliver better integrated housing support and social care with health services, to improve outcomes for those who need support to live independently.	60%	Via other scrutinies
32	ASC	Close scrutiny of budgetary information for all aspects of the service to ensure effective budgetary control.	60%	Monthly Budget Report
33	Commissioning/ ASC	Implement category management plan for HSC which will deliver commissioning priorities for 2015/16 – (linked to budget saving HSC10 £1,926 Red achievability).	60%	Monthly Budget Report

34	Mental Health	Implementation of re-aligned CMHTs.	53%	Discuss at CASSC 8 July 2015
35	Mental Health	Mental Health savings – HSC13 Reshaping Day Services £50,000 and HSC14 ‘Out of County’ £200,000.	53%	Discuss at CASSC 8 July 2015
36	Public Housing/ ASC	Expand the range of supported accommodation options for vulnerable young adults.	53%	Via Supporting People LCP scrutiny
37	Public Housing	Tenant Participation Implement an action plan based on the response to the Tenant Satisfaction Survey	50%	Discuss at CASSC 8 July 2015
38	Domiciliary Care/ ASC	Domiciliary Care Providers Association - Integration of Independent sector with Charities and 3 rd sector organisation. Look at how the above organisations and the Independent Dom. Providers could be working together to provide a more integrated quality of life outcome for the Citizens of Cardiff.	50%	Dom Care T&F
39	Domiciliary Care/ ASC	CSSIW - There has been a lot of interest in the new commissioning arrangements for the purchase of domiciliary and residential care and as the arrangements continue to be embedded in practice it is an area that we would want to consider over the coming year and may also benefit from scrutiny oversight. CSSIW are also undertaking a thematic inspection of domiciliary care across Wales.	50%	Perf Panel
40	Public Housing	Empty Council Properties (voids) – improve void property management	47%	Perf Panel
41	Public Housing	Voids/ Empty council housing stock	47%	Perf Panel
42	Crime and Disorder Community Safety	Hate Crime	47%	Perf Panel
43	Public Housing	Deliver circa 1600 new homes for Cardiff through the Housing Partnership Scheme, as part of a phased approach by 2024, 40% of which will be affordable housing.	47%	Discuss at CASSC 8 July 2015

44	Public Housing/ Older Persons	Develop an Older Persons Housing Strategy Remodel 150 Thornhill Road into older person accommodation	40%	Combine with Item 6
45	Public Housing	Develop Asset Management Strategy Review contract management arrangements (re housing repairs etc.) Improve energy efficiency and safety of council housing stock Further develop the responsive repairs service Monitor the building maintenance framework	40%	Discuss at CASSC 8 July 2015
46	Safeguarding/ ASC	Local Safeguarding Adults Board.	40%	WAO expectation that CASSC do more
47		Safeguarding governance arrangements Local Government Study		
48	Community Care Services/ Learning Disabilities	Parents' Federation – Community and Wellbeing - Improving and maintaining the well being, confidence and self esteem of adults with Learning Disabilities and their families can ultimately reduce the pressure on Social Services by ensuring people with LD are fully engaged with the community in which they live and better able to make their own choices. We suggest scrutinising the progress in the issues identified below as they each make a significant impact on general health and wellbeing: <ul style="list-style-type: none"> ¥ Opportunities for Voluntary and paid employment for adults with LD ¥ Respite opportunities for people with LD and their families ¥ Housing and accommodation options for adults with Learning Disabilities, including who chooses what is available and how this is managed - whether it be in Supported Living, Independent Living or Residential Care settings. 	40%	Briefing Paper
49		Vision 21 - would welcome Changing Places toilet facilities on the agenda for the scrutiny committee under the heading of disabled facilities. We are currently trying to raise money for a Changing Places toilet at Sbectrwm in Fairwater and have failed to get any support from grant funders including Cardiff CC. I think it is because most people think a Changing Places toilet is just a disabled toilet when it is much more. To quote the Changing Places		

		campaign: <i>"People with profound and multiple learning disabilities, as well as other serious impairments such as spinal injuries, muscular dystrophy, multiple sclerosis or an acquired brain injury, often need extra facilities to allow them to use the toilets comfortably. Changing Places toilets are different to standard accessible toilets (or "disabled toilets") with extra features and more space to meet these needs."</i> At present there are only 5 Changing Places toilets in Cardiff, none in Council facilities and only 27 in the whole of Wales (compared to 114 in Yorkshire or 118 in Scotland!).		
50	Older People/ ASC	Support the Frail Elderly	40%	Combine with Item 6
51	Older People/ ASC	'Addressing health and social care demand – supporting the Independence of Older People' Local Government Study – August 2015	40%	Receive WAO report
52	SSWB Act/ ASC	C3SC - WIHSC were commissioned to produce a report on the information arising from the Self-Assessment Tool as part of the Sustainable Social Services Transformation change programme to inform the preparedness for the implementation of the SC&W Act. We note it would be very useful for the scrutiny committees to have a review of progress against the report on an ongoing basis as part of their work plans, including reviewing how the information from the report has influenced the commissioning of services.	40%	Request Written Update to link with Item 2
53	SSWB Act/ ASC	C3SC - Involvement of the third sector in preparing for SSWB Act - Further to the above, what steps are being taken to ensure the involvement of the third sector in analysing impacts and addressing the thinking required in terms of grants, prevention, information and advice; and what opportunities will there be for the third sector to influence what is being done at this present time to influence these; we propose there is an opportunity for training and information sessions to be run on a cross-sector basis as a step to building up the necessary cross sector dialogue.	40%	Include as witnesses for Item 2
54	ASC	Review of the effectiveness of the arrangements for delivering integrating health and social care for people with complex needs.	40%	Discuss at CASSC 8 July 2015

55	ASC	Care Plan Reviews – meeting performance target	40%	Perf Panel
56	ASC	ACM Reablement	40%	ACM T&F
57	Commissioning	Roll out of PROACTIS for procurement of residential and nursing care for mental health, learning disabilities and drug and alcohol teams.	40%	Monthly Budget Report
58	CPB	C3SC - CPB and strategic boards	40%	Combine with item 5
59	Communities First	Deliver the Communities First Programme in Cardiff.	30%	CF T&F
60	ASC	Mobile Working and Scheduling Health & Social Care	30%	Perf Panel
61	ASC	ACM Self Service	30%	ACM T&F
62	ASC	Establish and develop Adult contact and assessment telephony service	30%	ACM T&F
63	ASC	Single Point of Access/ First Point of Contact.	30%	ACM T&F
64	Commissioning	C3SC - Commissioned services –performance to date against the objectives set, and the outputs and impacts of the services delivered under the changed models and types of service delivery compared to those that were in place beforehand, and what steps that have been taken to mitigate the equality impacts. It was noted there are potential opportunities for the third sector to develop services to meet gaps in provision.	30%	Perf Panel
65	ASC/ Community Safety	24/7 Services and Alarm Receiving Centre (ARC) project	26%	Discuss at CASSC 8 July 2015
66	Physical Impairments	Mobility buggies.	26%	Discuss at CASSC 8 July 2015
67	ASC	Director of Public Health – Dr. Hopkins - consider preventative services – to help provide a baseline for what is in place now and what will have to be achieved given the new legislation.	20%	Links to Public Health Act and items below

68	CPB/ ASC/ Community Safety	Reduce damaging alcohol consumption	20%	Links to Public Health Act and item above
69	CPB	Reduce smoking	20%	
70	CPB/ ASC	Increase physical activity	20%	
71	CPB/ ASC	Promote nutrition and healthy eating	20%	
72	ASC	Implementation of integrated model of 2 Community Resource Teams in Cardiff.	20%	Perf Panel
73	ASC	ACM Hospital Discharge	20%	ACM T&F
74	ASC	ACM Gateway	20%	ACM T&F
75	Other	Develop a commercial opportunities strategy and establish a commercial trading company by September 2015	20%	Briefing Paper
76	Advice	C3SC - Advice Services - in relation to the contract for advice services, the impact on the delivery of home services and on the types of clients accessing services - does a system exist to track access to advice services against need.		To discuss at CASSC 8 July 2015

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

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

8 July 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 13 May 2015 Members received a report detailing the Committee-related correspondence sent by, and received by, the Committee relating to committee meetings held on 4 March 2015 and 1 April 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 Councillor De'Ath, regarding the Quarter Three Community Safety performance report considered at Committee on 4 March 2015 – response received and attached.
 - ii. Letter from Councillor Groves, Chair, to Councillor De'Ath, regarding Anti Social Behaviour considered at Committee on 1 April 2015 – no response required.
 - iii. Letter from Councillor Groves, Chair, to Councillor Elsmore, regarding pre-decision scrutiny of the implementation of Housing Act (Wales) 2014 considered at Committee on 1 April 2015 – no response required.
 - iv. Letter from Councillor Groves, Chair, to Councillor Elsmore, regarding the Quarter 4 performance reports considered at Committee on 13 May 2015 – response received and attached.
 - v. Letter from Councillor Groves, Chair, to Councillor Hinchey, regarding the corporate performance reports – holding response received and attached.

- vi. Letter from Councillor Groves, Chair, to Councillor Elsmore and Councillor Patel, regarding Gypsy & Traveller accommodated considered at Committee on 13 May 2015 – response received and attached.
- vii. Letter from Councillor McGarry, Chair, to Councillor Elsmore , regarding Directorate Business Plans considered at Committee on 3 June 2015 – response received and attached.

Way Forward

- 3. 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

- 4. 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

- 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 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

Director of Governance and Legal Services

30 June 2015

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My Ref: Scrutiny/Correspondence/Cllr Groves

9 March 2015

Councillor Daniel De'Ath
Cabinet Member (Safety, Engagement and Democracy)
County Hall
Cardiff
CF10 4UW



Dear Dan

Community & Adult Services Scrutiny Committee Meeting – 4 March 2015

Thank you to you and Sarah McGill for attending the above meeting to discuss the Quarter Three Performance Report on Community Safety issues. Members wish to pass on their thanks to officers for enhancing the report as requested following our discussion at Committee on 1st October 2014.

At this meeting, as at our meeting in October, we discussed how these reports are used by crime and disorder partners, how they inform partnership activity and how best to receive information on the partnership activity taken in response to performance trends and issues identified by these performance reports. Members thank Sarah for her explanation of the difficulties in undertaking analysis of the performance reports and partnership activity, due to the inter-relationship between captured performance information, trends and issues and partnership activity. This was clear in the example she cited - the spike in ASB issues in South East Cardiff being caused by pro-active work to capture and identify ASB following local intelligence about specific issues in one location.

Following this discussion, Members wish to accept Sarah's suggestion that her team undertake the analysis and then the key findings from this analysis are included in the performance report that Members receive. Members also request that the performance report include trend analysis and an introductory section to the report that summarises key issues for Members. Members ask that these changes be made for the Quarter One 2015-16

With regard to suggestions at the meeting to undertake more detailed scrutiny, Members will recommend that a future committee consider more detailed scrutiny of Anti Social Behaviour for inclusion in their work programme for 2015/16, which would include receiving the results of the detailed analysis Sarah stated the Partnership Analyst, Peter King, would be undertaking. Scrutiny officers will liaise with officers about this as part of the work programming process in May 2015.

At the meeting we also discussed the upward trend for reported hate crime and the reasons for this, including work that has been undertaken to improve reporting rates. Members were pleased to hear recognition that it was important to address hate crime and that actions are being taken to tackle hate crime. Members wish to receive details of these and ask that these be included in the response to this letter.

Finally, a Member raised the issue of prostitution/ sex-work, on and off street. Members wish to accept Sarah's offer to provide a briefing of the Council and partnership work underway to address this; please send this to scrutiny services.

This letter contains a request for information re hate crime and, as such, a response is required please.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "D. Groves", is placed on a light blue rectangular background.

COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill Liz Patterson Nick Blake
Alison Taylor Cheryl Cornelius

**CABINET SUPPORT OFFICE
SWYDDFA CYMORTH Y CABINET**

My Ref / Fy Ref: CM30820

Date / Dyddiad: 13th May 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

Community & Adult Services Scrutiny Committee 4 March 2015

Thank you for the opportunity to present the Communities Quarter Three Performance Report, we are grateful for the committee's continued input to the development of the report and welcome the feedback you provide.

I am pleased that you found the explanation useful regarding analysis of performance information. As per your request analysis and key findings will be included in the next performance report and these changes will be made from quarter one 2015/16.

We look forward to hearing from you with regards to a more detailed scrutiny of Anti-Social Behaviour as part of your future work programme.

Addressing Hate Crime in Cardiff is part of the Welsh Government's National Community Cohesion action plan the actions of which and quarter 4 progress against these actions are attached to this letter.

I attach the Prostitution & Sex Work in Cardiff Strategy 2015-2018 and the Delivery Plan for next year. These are currently in draft and will be agreed at the next Safer and Cohesive Partnership Board, although I am happy to share with the committee as a draft. To update the committee, the chair and lead officer responsible for the Safer & Cohesive Partnership Board has moved from Sarah McGill to Martin Hamilton.

Yours sincerely
Yn gwyir

Councillor / Y Cynghorydd Daniel De'Ath
Cabinet Member for Safety, Engagement & Democracy
Aelod Cabinet Dros Yr Amgylchedd

Enc

PLEASE REPLY TO / ATEBWCH I : Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room / Ystafell 548, County Hall / Neuadd y Sir, 100% recycled paper
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CF10 4UW



Community Cohesion Coordinator Monitoring form 2014-16

Outcomes, Objectives and target	Quarter 1	RAG
<p>Outcome 1: Departments, organisations and people understand hate crime, victims make reports and get appropriate support</p>		
<p>Position Statement: Cardiff and the Vale of Glamorgan take a strong stance in relation to tackling hate crime and this work is underpinned by a strategic and operational framework as illustrated below.</p>		
<p>Cardiff: There are a number of Forums to support multi agency work on hate crime which feed into the Safer and Cohesive Communities Programme Board these are :</p> <ul style="list-style-type: none"> • Hate Crime & Cohesion meeting • Quality of Life meeting • Community Cohesion Group • Safer and Cohesive Communities Programme Board • Neighbourhood partnership meetings • ASB problem solving meetings 		
<p>Vale: In the Vale the mechanisms to support multi agency work on hate crime , which feed into the Safer Vale Partnership Board & LSB are:</p> <ul style="list-style-type: none"> • ASB and Hate Crime Problem Solving Group • Community Cohesion Group (community focused) • Cohesion and Engagement Group 		
<p>Summary of progress:</p>		

The implementation of the “Tackling Hate Crime and Incidents – A framework for Action” is embedded across Cardiff and the Vale of Glamorgan. Work across the three themes is ongoing, this includes:

Prevention

- Tackling Bullying Schools –Cardiff Against Bullying held an Equality Awareness Event for schools in March which aimed to keep education professionals up to date with relevant legislation and share expert advice and best practice.
- Promoting inclusion and resilience through ongoing community engagement in the Vale via the Orange Wallet scheme which has been promoted at events and across Arriva Trains and Cardiff Buses

Supporting Victims

- Increasing Reporting of Hate Crimes and Incidents by providing briefing sessions to local authorities, Communities First and third sector groups.

Operational Response

- Improving the Multi-Agency Approach through forums such as; the Safer and Cohesive Communities Programme Board, Neighbourhood Partnership Programme Board and Safer Vale Partnership Board.

Issues/barriers:

- Inconsistency of data collection and information sharing.

It has been identified that hate crime incidents not reported to the Police are not being accounted for in the data provided below. This is because some people may not want information shared with the police and contact Victim Support and or other third sector agencies such as Race Equality First who are providing advocacy and support

Objective 1.1: Local/ regional structures are in place to take forward action linked to ‘Tackling Hate Crimes and Incidents: A Framework for Action’

Establishment of baseline data to drive local decision making	Information included in relevant plans and drives service delivery	Quarterly figures for hate crime for Cardiff				
		Month	Racial/ Religious	Sexual Orientation	Transphobic	Disability
		January 2015	51	13	1	2

Feb 2015	53	13	0	0
March 2015	68	9	1	5

Quarterly figures for hate crime for Vale of Glamorgan

Time Scale	Hate	Disability	Race	Religion	Sexual Orientation	Transphobic
2014-15 Q4	22	4	11	0	7	1

In Cardiff hate crime figures are collated quarterly and these are then presented at a neighbourhood level and are discussed at Neighbourhood Partnership meetings. The Community Cohesion Co-ordinator has been working closely and providing advice to Neighbourhood Partnership Officers and has suggested the following activities to be included in their 2015/16 actions plans:

- Circulate and discuss the report with Neighbourhood Partnership members to understand local trends
- Consider if there is anything that the Neighbourhood Partnership might want to put in place such as; having presentation from third sector groups who provide support to victims of hate crime
- Distribute information about reporting incidents of Hate Crime
- Plan activity for hate crime awareness week in October
- Raise awareness of LGBT, Disability hate crime and cyber hate crime
- Consider using Neighbourhood Partnership funding to develop projects that relate to hate crime in these areas

<p>Mapping of existing services, training, programmes and interventions to identify gaps and needs</p>	<p>Information is being utilised to target delivery with partners</p>	<p>There are robust Police processes in place to identify, manage and investigate all reported Hate Crime in Cardiff and the Vale of Glamorgan.</p>
<p>Engagement with existing structures/ formation of new structures to drive leadership and partnership working across key areas including police, health, housing and social services</p>	<p>Actions and priorities are being delivered through structures</p>	<p>Processes in Cardiff and the Vale are regularly discussed at partnership meetings to encourage full engagement by all parties.</p>
<p>Implementation and review findings from the Equality and Human Rights Commission into how local authorities are tackling hate crimes from Spring 2014</p>	<p>Information is being utilised by local structures to drive improvements and information provided to inform strategic Equality Plans</p>	<p>During quarter four Hate Crime figures and trends have been used to inform actions in the following strategic documents:</p> <ul style="list-style-type: none"> • Cardiff: Quarterly report to the Safer and Cohesive Communities Programme Board • Minutes of quarterly Cardiff Community Cohesion Group meetings • Vale Community Cohesion and Engagement group • Meeting with third sector group and the Welsh Government • Local Counter Terrorism Plan • Neighbourhood Partnership action Plans for 2015/2016
<p>Objective 1.2: Departments, organisations and people have clear and precise information to signpost and increase hate crime reporting</p>		
<p>Development of clear and transparent information on reporting and signposting</p>	<p>People have clear information on how to report and reporting increases</p>	<p>During this quarter information about Victims Support hate crime reporting; such as posters and referral forms, have been ordered and a distribution plan worked up to ensure the information is circulated as wide as possible across the region.</p>

<p>Support of a national Third Party Reporting model with Victim Support and to embed within regionalised and localised structures</p>	<p>People are aware of third party reporting and are receiving advocacy and support</p>	<p>In Cardiff and the Vale the following activity has taken place to raise awareness and ensure people know how to report:</p> <ul style="list-style-type: none"> * Talk on hate/mate crime to the Vale Advisory Group * Talk given at Scope coffee morning to give advice around hate crime to carers and parents * TREV vehicle Kings Square giving out information around hate crime etc. * Talk at Rainbow Group Barry female BME to give input on hate crime * Deaf PACT meetings. * Attended at Mind Cymru throughout the Vale to input. * Regular reassurance visits to Mosques and synagogues * Vale Peoples First Real Lives - Hate crime 101 scenarios event * Diverse Cymru Coffee Morning Rita's Multicultural Cafe
<p>Co-ordinating training opportunities for front line staff to tackle Hate Crime through Victim Support and other providers</p>	<p>Staff have information and support to increase reporting</p>	<p>During this quarter there has been four hate crime awareness briefings delivered to Local Authority staff, partner agencies and Communities First Clusters. These awareness sessions were promoted by CF cluster managers and the Neighbourhood Partnership boards. Further to these sessions the Co-ordinator is negotiating two additional training sessions to run in April 2015.</p> <p>PARTICIPANTS:</p> <ul style="list-style-type: none"> 4 from Cardiff Community Housing Association 4 Youth Offending Service 1 Councillor from City of Cardiff Council 2 from Mac Triage Project 1 from Schools

<p>2 from Cardiff Council 18 Ace Communities First</p> <p>All participants reported that the briefing was useful to their role and a selection of comments are highlighted below;</p> <p>“Excellent, informative session. The information was given will be helpful in my role as a Councillor. The session educated and inspired me - Thank You”</p> <p>“Excellent training, really useful and good examples used to illustrate the point”</p> <p>“Informative, good discussion points increased my knowledge.”</p> <p>Unfortunately a hate crime awareness session for the Barry cluster had to be cancelled but will take place by the end of April and it is anticipated that 13 to 15 members of staff will participate.</p>		
<p>Objective 1.3: Increased multi-agency approaches to address high risk levels of hate crimes are supported</p> <p>Promote MARAC model to support high risk victims of hate crime working with regional Police Forces</p>	<p>Victims are safe and are supported across agencies</p>	<p>Cardiff Multi Agency Hate Crime Forum continues to meet on a monthly basis to discuss victims of hate crime, perpetrators of hate crime, safeguarding and community tensions. For every hate crime incident reported to South Wales Police a Hate Crime Risk Assessment is completed by the attending Officer. Should it be identified that there are further potential risks, or further advice and support is required a supportive Hate Crime Action Plan would be initiated. At this time there are 16 Hate Crime Action Plans in place in Cardiff.</p> <p>If appropriate victims/perpetrators of hate crime incidents will be referred to partner agencies at the monthly Multi Agency Hate Crime Forum for additional advice, support and partnership working – these cases may be low/medium or high risk</p>

		victims. There are currently no hate crime cases in the Vale of Glamorgan that have been to MARAC or have an action plan in place.	
Objective 1.4: Campaigns, activities and communication are co-ordinated within schools and during hate crime awareness week to increase understanding and reporting			
Facilitation of national campaigns at local level	People have greater awareness of hate crime and there is a spike in reporting	There is continued and ongoing community engagement in Cardiff promoting the need to report hate crime and the processes for doing so. Meetings to promote awareness of reporting and talks on the support available have taken place with youth groups in the Grangetown and Riverside wards of Cardiff which were facilitated by the Ethnic Youth Support Team (based in Swansea), Race Equality First, BME Health Fair, Cardiff City Stadium, Cardiff People First (Golden Oldie group), Advocacy Matter Wales and the International Day for the elimination of racial discrimination event 2015.	
		Ongoing engagement is also taking place in the Vale of Glamorgan with talks and advice provided to the LGBT network, learning disability groups such as People First and local religious establishments.	

Prostitution & Sex Work in Cardiff

DRAFT STRATEGY 2015-2018

Background to Prostitution & Sex Work in Cardiff

Cardiff is a city with a long history of street sex work. Traditionally, street sex work was associated with the Docks, Bute Street and centered on an old pub called the Custom House. About 10 years ago the regeneration of Cardiff forced a shift and displaced sex work into the residential areas of Riverside and Splott. Street sex work in Riverside has gradually moved to the Taff Embankment and Grangetown area of the City.

Currently, the Sex Work Forum estimates over a hundred men and women work as street sex workers¹ with about 65 of these engaging at some level with support services. Whilst the aim of our action plan is to reduce the number of street sex workers in Cardiff, we anticipate over the first couple of years there will be an increase in the numbers because of greater confidence in the multi-agency approach to supporting sex workers in Cardiff, with more sex workers accessing services.

The impact of the recession and welfare reforms are also likely to drive more people into debt and the cycle of deprivation that can follow. This might be reflected in more street sex work and more men & women selling sex either in Massage Parlours, or via Escort Agencies or privately on the Internet. The socioeconomic climate may account for an increase in numbers in the short term. It is therefore even more important that we listen to local communities and seek a sustainable solution to sex work given that the numbers of sex workers when including off-street sex work probably exceeds 1000 in Cardiff alone.

Prior to 2008 there was no leadership for this work area which led to a "revolving door" effect for sex workers in the area. There was no partnership approach and this needed to be addressed and has been in the years since 2008.



The Cardiff Sex Work Forum

Cardiff Sex Work Forum is made up of the Sex Work Steering Group and the Sex Work Operational Team (SWOT) and meets annually to review progress and review the direction of the work programme.

¹ *Safer Wales StreetLife: 1/1/2014 and 30/6/2014 between 85 and 107 men and women were known to be street sex working.*

The Forum has identified key strategic priorities for the 2014-2017 action plan as follows: -

- 1. To safeguard communities and protect vulnerable individuals affected by sex work**
- 2. To promote effective justice for all those affected by sex work**
- 3. To recognise that sex work is primarily a welfare issue that requires a multi-agency approach focusing on harm reduction**

1. SAFEGUARDING COMMUNITIES

We will safeguard communities and protect vulnerable individuals affected by sex work by monitoring and measuring the

- o Number of resident complaints about street sex work
- o Percentage of street sex workers diverted from court annually because of the Cardiff Diversionary Pathway
- o Percentage of street workers known to StreetLife maintaining tenancy for three months or more

Street prostitution in Cardiff today centres around Splott and Grangetown and in the area between Taff Embankment and the Magic Roundabout. Residential complaints about street sex work and prostitution has been an issue for several years with individual residents using structures such as PACT to express their frustration and anger. Until research by Swansea University was published in 2010 which explored the perception of these communities, little was known about the views of other residents. The research has thrown light on this and given a voice to the wider community for the first time.

Our history clearly indicates that our previous methods of tackling the problem have been ineffective and have only displaced the problem. The research shows that the communities affected by street sex work believe it is not sufficient to merely move the problem elsewhere and the time is right to protect vulnerable communities by implementing a strategic enforcement approach which brings together harm reduction and criminal justice.



2. EFFECTIVE JUSTICE

We will promote effective justice for all those affected by sex work by the continued monitoring of the;

- Numbers of reported physical and or sexual assaults on sex workers reported to Ugly Mugs
- Percentage of total street sex workers reporting assaults through Ugly Mugs agreeing to personal details being passed on to the police
- Number and percentage of crimes against sex workers that lead to conviction

In Cardiff our initial priority is to see an increase in the number of sex workers reporting assaults against them. The method of collecting this is via the Ugly Mugs system and we want to see this increase significantly. The greatest challenge however is responding to the increase in reporting and creating a culture within the Criminal Justice System whereby perpetrators are actively pursued and charged and taken to court. The aim is to increase the amount of cases that result in conviction and the aspiration is to ensure that justice is done.

- There are a number of challenges that need addressing: -
- Recognising sex workers as victims of hate crime, which has resulted in positive outcomes in other major UK cities
- Changing culture and practice throughout the Criminal Justice System (CJS) so that sex workers have confidence to report crime and can sustain that confidence through the legal process and system.
- A commitment that statutory services will proceed with a case when appropriate even if the victim cannot
- Improving victim/witness support and care
- Challenging decision-making by the Crown Prosecution Service (CPS) and the low tariff currently associated with crimes against sex workers
- Introducing "special measures" for women to ensure total protection if they testify
- Commitment from all agencies to seek out the real story behind the crime
- Appropriate sentencing
- Improved support following conviction for the victim

Additionally, women working on the streets have been caught in what has been termed as the "revolving doors" of the criminal justice system where arrest and fines did not address the behaviour, indeed, only increased the imperative to get back on the streets again to pay the fine! In order to address this Cardiff Diversionary Pathway was developed for sex workers to divert them from Court. Sex workers who are given a street caution or referral are given the opportunity to engage with Safer Wales Street Life.



If the sex worker engages but is seen working again by the Police they will receive a further street caution. If they do not engage but are seen working again, they will receive a conditional caution. Lack of engagement will potentially result in a Court appearance but the Pathway offers sex workers an alternative way forward and diverts away from the Criminal Justice System when possible., but ensures that justice continues to be done.

3. HARM REDUCTION

We recognise that sex work is primarily a welfare issue that requires a multi-agency approach focusing on harm reduction and will measure the: -

- Number & percentage of known street sex workers actively engaging with services provided by SWOT agencies
- Numbers & percentage of unplanned exits by sex workers from drug treatment programmes
- Percentage of known street sex workers reporting they have been helped by any of the SWOT agencies

Harm reduction is a priority for the Cardiff Sex Worker Forum because of the risks involved for those who are working and for those living in the communities where street sex work occurs.

The identification of sex workers is historically difficult to achieve when they attend for screening. The focus should therefore initially be those women we know who engage with services whilst looking to improve ways of collecting this data so that this information can be collected more widely. The development of a single point of engagement for substance misuse in Cardiff and the Vale will mean greater opportunities to achieve this.

Improved substance misuse services in Cardiff as a result of a radical review of the service systems mean it will be far easier to monitor whether or not sex workers are engaging with drug treatment programmes and achieving their outcomes.

We currently do not have data illustrating how many unplanned exits there are by sex workers from treatment programmes, which is due to disjointed service provision and a lack of collective working. The action plan is designed to rectify this and to also establish the means to record how many sex workers report they have been helped.



Strategic Priorities & Key Recommendations for Action

Strategic Priority 1: We will safeguard communities and protect vulnerable individuals affected by sex work

Objectives	Recommended Actions
To address the current street sex work issues impacting on and relating to communities in Cardiff to ensure the safety of residents and sex workers	Support targeted police enforcement and manage displacement that will occur with actions which promote safety around areas where street sex working takes place, working closely with residents and street sex workers & the Local Authority/Police & 3 rd Sector Outreach services
	Work with Waste Enforcement & Cleansing to ensure a rapid response when required to both resident and business complaints about the debris associated with street sex work
	On-going engagement with local communities affected by street sex work to ensure we are listening and are addressing their concerns
	Resident Solutions or Suggested Actions
Improve the identification of adults who are risk of or known to be sex working , including those who are selling sex via the Internet	Ensure all organisations are signed up to the SWOT WASPI and that this is reviewed annually in order to ensure information can be shared so that individuals can be protected
	Improve the links and information-sharing between the CJS, particularly Prisons and Probation with regard to people at risk or known to be street sex workers leaving prison and attending court
Work with the CSE Forum to protect children and young people from sexual exploitation	Undertake a local review of pathways into prostitution in partnership with Cardiff University in order to identify gaps in service provision
	Establish & maintain formal links with the C&V LSCB to ensure that CSE remains a core agenda item
	Support the roll-out of SERAF Training for front-line practitioners
	Support the setting up of a Multi-Agency CSE Panel to share concerns about individual C&YP to assess risk of sexual exploitation and ensure C&YP are signposted into appropriate intervention and support
Develop a service delivery model for off-street sex work	Identify the extent of off-street sex working and set the programme of work required to support women & men working in Massage Parlours, Escort Agencies, Private Flats & Houses in Cardiff
	Set up an Internet Sex Work Task Group to identify the main areas of concern and to develop a local plan of action to help address these concerns and to find "hidden" sex workers in Cardiff

Strategic Priority 2: We will promote effective justice for all those affected by sex work

Objectives	Recommended Actions
<p>Improve the reporting of physical and/or sexual violence against sex workers in Cardiff</p>	<p>Provide local awareness training for Police Response Officers so that they understand the vulnerability of street sex workers and reasons why they do not engage with police and report crime</p>
	<p>Ensure that there is a single point of contact officer in each Police Response Team to receive information about and to disseminate information to colleagues about sex work issues and sex workers</p>
	<p>Improve safety for Cardiff residents and those who work on the street through promoting the Ugly Mugs system</p>
	<p>Continue to embed Ugly Mugs across all organisations</p>
	<p>Embed the role of the Sex Worker Police Liaison Officers within South Wales Police to include the Neighbourhood Beat Managers, PPU & Intelligence Officers</p>
	<p>Improve and sustain positive relationships between Police and Sex Workers through Police taking part in StreetLife Outreach</p>
<p>Support sex workers to give evidence in the CJS</p>	<p>Work with the CJS and key partners to create a safe and supportive environment for sex workers to give evidence</p>
	<p>Meet with Victim & Witness Care Unit Leads to explore the potential for special measures for sex workers providing evidence</p>
<p>Marry effective justice with harm reduction and support for sex workers</p>	<p>Review the Cardiff Diversionary Pathway annually to ensure that it remains fit for purpose – focus on including consequences within the Engagement & Support Order to include Criminal behaviour Orders</p>
	<p>Consider the use of restorative approaches to manage women who persistently work in residential areas as a way of addressing the needs of the local community</p>
<p>Deal with kerb crawlers and practice from an established evidence base</p>	<p>Continue to monitor and analyse kerb crawling data</p>
	<p>Work with the local community to promote and encourage the reporting of kerb crawlers, including care registration numbers so that police can follow up with appropriate interventions</p>

Strategic Priority 3: We will support the implementation of a multi-agency approach to support sex workers which focuses on welfare and harm reduction

Objectives	Recommended Actions
Continue to develop comprehensive support services for sex workers including sexual health, substance misuse, mental health & housing support services	Strengthen and develop the SWOT structure so that it is able to offer risk assessment and protection and safety where possible to street workers living and working in Cardiff and that it maintains links with key organisations and services
	Link in with existing training programmes (for example Human Trafficking Training) to challenge negative beliefs and attitudes that exist in all services and communities about women who are sex workers
	Submit a business case for a dedicated Outreach Worker for women working in off-street sex work establishments & evaluate outcomes
	Continue to support the development of a robust SWOT MARAC in order to safeguard men and women who are sex working. This needs to include annual review of the information-sharing process
	Improve access to sexual health services for sex workers by supporting the C&V Sexual Health Service to work with women, men and transgender individuals working in the sex industry
	Work with the C&V Health Board & other Health partners to develop a termination of pregnancy pathway for this client group and which address late termination. Currently women have to go to England for this procedure
	Work with and strengthen relationships with substance misuse services to ensure that sex workers (both street and off-street) are given the opportunity of accessing flexible and equitable services
	Develop and deliver bespoke training for front-line support staff about substance misuse and mental health issues (Dual Diagnosis Training) and set up training on Personality Disorder to empower staff working with complex clients
	Improve access for street sex workers to safe emergency overnight accommodation when under the influence of alcohol or drugs
Set up a Support & Rehabilitation Task Group for sex workers/vulnerable women with the aim of opening a Women's Only Front-Line Hostel in Cardiff within the new Housing Commissioning Framework and developing a new support & rehabilitation service model.	

Cardiff Sex Work Forum Delivery Plan 2015-2016 (Draft)

Strategic Priority Area:	Safeguarding Communities & Protecting Vulnerable Individuals Affected by Sex Work	Who?	When?
Priority 1	Addressing Street Sex Work in Residential Areas		
1.1	<ul style="list-style-type: none"> Set up a mechanism to meet regularly with local residents to listen and discuss concerns about street sex working in residential areas and to monitor the effectiveness of multi-agency interventions 	Lead Officer for Sex Work & Police NBM	Qtr 2
1.2	<ul style="list-style-type: none"> Targeted police enforcement to move street sex workers away from homes and residential areas supported by Street Outreach to ensure harm reduction and safety strategies are in place Manage natural displacement of street sex working that may occur and work with Cardiff Council to provide safety measures where possible Use the process of targeted enforcement proactively so that women are placed on the Cardiff Diversionary Pathway and are supported to engage with services 	Police/ StreetLife & Lead Officer	Qtr 1 – 4
1.3	<ul style="list-style-type: none"> Work closely with the women who street sex work to ensure that they understand the views of residents and are engaged with the process 	StreetLife and all key partners agencies	Qtr 1 -4
Priority 2	Kerb Crawling		
2.1	<ul style="list-style-type: none"> Work with local residents to encourage the reporting of kerb crawlers including car registration numbers so that police can investigate further CCTV & ANPR equipment to be placed in key areas to identify persistent car registration number plates visiting the area so that markers can be placed and offenders dealt with (issue Acceptable Behaviour Contracts when it is evident that men are kerb crawling) 	Police & Lead Officer	Qtr 2 & 3
Priority 3	Improving Service Provision for Street Sex Workers		
3.1	Undertake a review of pathways into prostitution in partnership with Cardiff University to understand past and present gaps in service provision in order to improve service development	Rachel Swann	Qtr 4

		Cardiff University	
3.2	Set up an Internet Task Group to identify the numbers of sex workers on the Web, to identify the unmet needs of this hidden client group & to identify where possible, victims of sexual exploitation and potentially human trafficking and to feed this into the wider intelligence picture and to improve access into services	Lead Officer	Qtr 4

Strategic Priority Area:	Promoting effective justice for those affected by sex work	Who?	When?
Priority 4	Police Training		
4.1	<ul style="list-style-type: none"> • Provide focused, work-based learning events for Police Response Officers during working hours • Develop and deliver training about human exploitation which will include sex work/prostitution, slavery and human trafficking and child sexual exploitation on the mandatory Police training days 	Lead Officer & StreetLife	Qtr 3 & 4
Priority 5	Improve the reporting of sexual and physical assault against sex workers		
5.1	Set up short training sessions in key front-line organisations to explain the Ugly Mugs scheme and disseminate the shortened Ugly Mugs form to encourage reporting	Lead Officer	Qtr 1 & 2
5.2	Continue to work with sex workers both street and off-street to encourage the reporting of incidents	StreetLife & other SWOT agencies	Qtr 1-4
5.3	Regular police outreach with support staff to meet with sex workers to explain	Police	

Strategic Priority Area:	Supporting the implementation of a multi-agency approach to support sex workers which focuses on welfare and harm reduction	Who?	When?
Priority 6	Secure funding for a dedicated support worker for off-street sex workers		
6.1	<ul style="list-style-type: none"> In partnership with Hafan Cymru and other 3rd Sector partners, develop a business case and application which can be submitted to appropriate funding bodies to provide 3 year funding for a dedicated outreach worker for off-street sex workers in Cardiff Set clear outcome measures for this post and monitor effectiveness 	Key partners & Lead Officer	Qtr 1
Priority 7	Provide Sexual Health Outreach Service to the Massage Parlours in Cardiff		
7.1	<ul style="list-style-type: none"> Support the weekly outreach service provided by C&V UHB and ensure that there is good communication between managers of the Parlours and the health care staff to facilitate entry and access to the Parlours Regular review of the service and monitoring of findings to ensure that the service develops to meet the needs of women 	C&V UHB DOSH (Dept of Sexual Health)	Qtr 1-4
Priority 8	Set up a women's only hostel in Cardiff for sex workers as part of a long-term support & rehabilitation service model strategy		
8.1	<ul style="list-style-type: none"> Continue to gather information about good service models in other areas and gathering the evidence for good practice for long-term support and rehabilitation which facilitate positive outcomes for sex workers Develop a service model and a business case/proposal and work with partners to implement in practice 	Lead Officer & Housing & Key Partners	Qtr 3 & 4

My Ref: Scrutiny/Correspondence/Cllr Groves

15 April 2015

Councillor Daniel De'Ath
Cabinet Member (Safety, Engagement and Democracy)
County Hall
Cardiff
CF10 4UW



Dear Dan

Community & Adult Services Scrutiny Committee Meeting – 1 April 2015

Thank you to you, Sarah McGill and Ellen Curtis for attending the above meeting to discuss progress in implementing those recommendations of the Tackling Anti-Social Behaviour Inquiry which were accepted by the Cabinet. Members wish to thank officers for completing the proforma that illustrated the progress made.

Overall, Members were pleased with the progress made in implementing these recommendations and the improvements in literature available for tenants and landlords. Members note that letter guards can be provided to tenants where needed and that consideration is being given to training caretaking staff to enable them to issue Fixed Penalty Notices with regard to dog fouling and dog behaviour.

Members were also pleased to hear acknowledgement from you and Sarah McGill of the importance of both neighbourhood and city-wide engagement and the value both have in helping to identify and tackle anti-social behaviour issues.

Finally, Members would be delighted to accept your invitation to visit the Alarm Receiving Centre; please liaise via Scrutiny Services to arrange a mutually convenient time for the visit.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'D. Groves', on a light blue background.

COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill Ellen Curtis Liz Patterson
 Nick Blake Alison Taylor Cheryl Cornelius

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My Ref: Scrutiny/Correspondence/Cllr Groves

2 April 2015

Councillor Susan Elsmore
Cabinet Member (Health, Housing and Wellbeing)
c/o Room 520
County Hall
Cardiff
CF10 4UW



Dear Susan

Community & Adult Services Scrutiny Committee Meeting – 1 April 2015

Thank you for attending the above committee. This letter captures the agreed comments and observations of the Committee with regard to the pre-decision scrutiny of the report to Cabinet, titled 'Implementing Part 2 of the Housing Wales Act 2014'. I hope you find this letter of use and ask that this letter be made available as part of the consideration of this item at Cabinet today.

Overall Members are supportive of the recommendation in the Cabinet report, having explored the proposals outlined in the body of the report.

With regard to how the Council will use the private rented sector in meeting our homelessness duties, Members note the steps that will be taken to ensure that properties are suitable and that the use of the private rented sector is appropriate for the individual household that is being considered for the property. These are essential safeguards. Members were pleased to hear that Universal Credit and Direct Housing Payments will be taken into account as part of the affordability assessment undertaken to determine if a property is suitable and appropriate for a household.

Members note the aim to negotiate tenancies that are longer than six months, albeit that tenancies of six months will be used where suitable and appropriate. Members agree that it would be in everyone's interests for tenancies to be longer than six months wherever possible – tenant security and well being is understandably vested in the maximum tenancy length that can be achieved. Members were therefore pleased to hear of the work underway to build on the positive relationships already in place with the Cardiff Landlords Forum and to explore the ways the Council can provide support to Landlords, including rent in advance schemes to counteract the impact of Universal Credit/ Direct Housing Payments and work with the Credit Union

to develop a 'bond loan' scheme. Members also note that work will take place with housing associations to attempt to lease private rented properties longer term which would then be used to house homeless households.

Members recognise that, ultimately, housing market forces will determine the availability of private rented sector properties for homeless households. Members also note that in England, where local authorities are already able to discharge their homeless duties via the use of the private rented sector, this ability has not provided the solution to the demand crisis for social housing that was hoped for, outwith the impact of Universal Credit.

With regard to the proposals re intentionality, Members are content with the proposals as set out in the Cabinet report and have no further comments to make on this point.

As part of our discussion of this item, Members also noted two further points:

- That a single access point or gateway is being established for all 16/17 year olds who are homeless or threatened with homelessness, in order to ensure that they all receive the same information, advice, assistance and access to appropriate housing solutions.
- That there are no planned changes to the Housing Allocations Policy and that homeless households who are rehoused in the private sector will not receive any points to reflect the fact they were homeless but will receive insecurity of tenure points, as well as other points that reflect the individual needs of the household as applicable.

Members were pleased to hear that the Welsh Government funding of £520,714 is being used to find ways of sustainably implementing the legislative changes. Members note that, whilst the Director believes there is sufficient capacity currently, she will keep a close eye on trends and impacts to ensure that sufficient resource is allocated to meeting our duties with regard to homelessness. Members would clearly greatly value being kept informed of the implementation of the homelessness aspects of the Housing Wales Act 2014 and of any impacts arising there from.

Yours sincerely,



COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill Jane Thomas
 Claire Deguara Liz Patterson
 Jo Watkins Nick Blake

My Ref: Scrutiny/Correspondence/Cllr Groves

15 May 2015

Councillor Susan Elsmore
Cabinet Member (Health, Housing and Wellbeing)
c/o Room 520
County Hall
Cardiff
CF10 4UW



Dear Susan

Community & Adult Services Scrutiny Committee Meeting – 13 May 2015

Thank you for attending the above committee. This letter captures the agreed comments, observations and recommendations of the Committee with regard to the Quarter 4 performance reports for Communities & Housing and Health & Social Care. A separate letter will be sent to you and Councillor Patel regarding the Gypsy & Traveller Inquiry Progress Report.

Communities Quarter Four Performance Report

Members agree with your comments at the meeting that staff in the Communities and Housing Directorate should be congratulated for their hard work in delivering essential frontline services to some of the most vulnerable residents of Cardiff. Members are aware that a realistic approach was taken to target setting for 2014/15, which recognised the reduction in resources and the additional pressures on services flowing from external changes, and that this is reflected in the overall RAG status achieved.

With regard to the two indicators that missed their targets – HHA/002 and HLS/014 – Members sought assurance that performance will improve in 2015/16. Members note officers' answers that improved performance is expected in 2015/16, as long-standing issues that affect performance will be resolved in the early part of 2015/16.

With regard to sickness absence performance, Members were interested to hear how this is monitored via team managers and issues are then discussed with their line managers to ensure close control is kept of cases.

Members note that new performance indicators will be needed to monitor the work required by the Housing (Wales) Act 2014 and that this issue is being considered by the Welsh Government. Members wish to be informed about the new performance indicators and wish to have a voice in the selection of performance indicators that are reported to this Committee for 2015/16 and onwards. Therefore, I would be

grateful if you would ask officers to liaise with scrutiny officers to enable this discussion.

Health and Social Care Quarter Four Performance Report

The scope of this item was to scrutinise performance in Quarter Four; Members were disappointed that there were no officers from Health & Social Care at the meeting to account for the performance, particularly as I had invited Stuart Young to attend the meeting.

In the absence of these officers, our scrutiny focused on higher level issues re performance. Members were interested to hear Sarah McGill's views on performance issues in Health & Social Care, albeit caveated by her note of caution that she has had interim responsibility for this area for just two weeks. Members note that further work is needed to properly understand the root causes for poor performance in order to then be able to develop a range of solutions to address these. Members note that Sarah talked about the need to reshape services, using a 'One Council' approach and of her intention to bring details of this to Committee for scrutiny. Members ask that the likely timescales for this be made available to the scrutiny officer to inform the Committee's work programming for 2015/16.

Members also discussed the need to ensure that the work to increase the independence of older people does not lead to an increase in the isolation of older people. In particular, Members are concerned about day centres for older people. Members are aware that at Full Council in February 2015, Members decided to continue to fund the existing arrangements for day centres for older people until alternative arrangements have been put in place. However, Members have heard that this is not happening and so wish to receive a statement that sets out the current position and plans for 2015/16 for day centres for older people.

With regard to some of the specific points made at the meeting, Members note the following:

- That there is a shared understanding amongst the Health Board, Social Services and Welsh Government of the requirement for positive partnership working to tackle Delayed Transfers of Care and that work is underway to redesign associated systems and processes which, notwithstanding demand pressures, embed the principle that "safe discharge must always trump swift discharge"; ;
- That there is a need to ensure resources are available to carry out annual care plan reviews and that these are effectively managed;
- That demand predictions and trend analysis is required to profile budgets appropriately to enable robust budget planning; and
- That there is a need to re-commission support services re Direct Payments and, within this, to ensure that payment is linked to the work undertaken,

which in turn should incentivise support providers to invest the work required to enable a client to successfully use Direct Payments.

Members asked about sickness absence in this area, which is one of the highest rates across the Council. Members note that Sarah believes that improving both the number and, critically, the quality of PPDRs should assist in addressing sickness absence as these can help to reduce stress levels in staff by making clear to staff what is expected of them and by when.

As was the case with the Housing performance indicators, Members note that Sarah is interested in developing new performance indicators for Health and Social Care. Members wish to be informed about the new performance indicators and wish to have a voice in the selection of performance indicators that are reported to this Committee for 2015/16 and onwards. Therefore, I would be grateful if you would ask officers to liaise with scrutiny officers to enable this discussion.

Members also had some general comments about the corporate performance reports and I am writing to Councillor Hinchey and Martin Hamilton on these; I will copy you into this letter for your information.

This letter requires a response please as it requests:

- details of the timescales for reshaping services;
- a position statement re day centres for older people;
- information on the new performance indicators;
- commitment to an opportunity for Committee Members to have a voice in the selection of performance indicators that are reported to this Committee in 2015/16.

As you know, this is my last meeting as Chair of this Committee and I would like to thank you for taking a constructive and supportive approach to scrutiny, which has been appreciated.

Yours sincerely,



COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill Jane Thomas
Stuart Young
Claire Deguara Liz Patterson Cheryl Cornelius Nick Blake

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My Ref / Fy Ref: CM30984

Date / Dyddiad: 4th June 2015

Mary McGarry
Chairperson
Community & Adult Services Scrutiny Committee
Cardiff County Council
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Dear / Annwyl Mary

Community & Adult Services Scrutiny Committee Meeting 13th May 2015

Firstly, I'd like to congratulate you on your new position as chair of this scrutiny committee. I look forward to working with you in your new role.

Communities Quarter Four Performance Report

Thank you for the recognition of the hard work that the Communities and Housing Directorate have put in to delivering essential frontline services. With regard to the two performance measures HHA/002 and HLS/004, these will continue to be monitored on a weekly basis by the service to see if the expected improvement from the action plan and the subsequent changes have materialised.

Sickness continues to be closely monitored on a monthly basis, and sickness cases, outstanding return to work and stages are discussed at management teams. At SMT it is the section's manager responsibility to provide an update on each long-term sickness case to ensure that all actions, including referrals to occupational health and home visits, have taken place. Included in the 2015/16 Business Plan is the service area's intention to increase monitoring of sickness, which includes looking at patterns and high instances of sickness that are not hitting the current stages. The directorate is also investigating the best way to ensure that managers have consideration for employees' previous sickness when carrying out return to work interviews.

There is currently no definitive decision from Welsh Government on any new performance indicators. Once an update has been provided, scrutiny will be informed. In the interim, the current indicators will continue to be monitored and a review of the information that the service collects is taking place.

PLEASE REPLY TO / ATEBWCH I : Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room / Ystafell 518 County Hall / Neuadd y Sir,
Atlantic Wharf / Glanfa'r Iwerydd, Cardiff / Caerdydd,
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Health and Social Care Quarter Four Performance Report

I am sorry you were disappointed that no officers from Health and Social care were at the meeting. Both Sarah McGill and I felt that it was a useful opportunity to make a clear distinction between previous and new arrangements for Health & Social Care and I particularly wanted my statement to reflect that. Sarah felt that in the circumstances, it would be better if only she attended on this occasion, but she sincerely apologises that she did not check this with Committee first and obtain your views. At the next scrutiny committee, Amanda Phillips – Operational Manager for Learning Disabilities, and Andrew Cole – Operational Manager for Mental Health will be in attendance.

As Health and Social Care is going through a period of transformation, both I and other Council officers highly value the role that scrutiny plays. With this in mind, I would like to have the opportunity to attend scrutiny to discuss our proposals. If possible, can I ask for a review of Day Services (including Community Meals) to be added for pre-cabinet scrutiny in October, and Cardiff Alcohol and Drug Team in September?

On the review of Day Services, the current position is the same as at the time of the budget. The review is taking place and the proposals will be put forward in October. I can assure the committee that key to any proposal or reshaped service will be ensuring that there is no negative impact on social isolation.

The full approach to sickness in Communities, Housing and Customer Services will be rolled out to Health and Social Care, including the increased monitoring at team meetings. Additionally, there will be renewed focus on ensuring compliance with PPDRs and the mechanisms that help to support the compliance rates within Communities, Housing and Customer Services will be implemented within Health and Social Care.

To ensure the success of both Communities, Housing and Customer Services and Health and Social Care, it is essential to have a robust performance management framework in place. As part of this, I would welcome a separate meeting with members of this committee and officers to decide on the performance indicators that are reported to this committee.

Yours sincerely
Yn gwyir



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

My Ref: Scrutiny/Correspondence/Cllr Groves

18 May 2015

Councillor Graham Hinchey
Cabinet Member (Corporate Services & Performance)
C/o Room 520
County Hall
Cardiff
CF10 4UW



Dear Graham

Community & Adult Services Scrutiny Committee Meeting – 13 May 2015

You may be aware that at the above meeting Members considered the Quarter 4 performance reports for Communities & Housing and Health & Social Care. This is the first time the Committee has relied solely on the corporate performance reports, having ceased to receive the bespoke reports developed by the Committee and relevant service areas, at the request of officers.

In the spirit of assisting improvement, Members have the following observations to make on the corporate performance reports:

- Members understand that these reports are Quarter 4 reports as opposed to the final report for 2014/15; however it would be helpful for this to be explicitly stated to avoid confusion.
- Following on from the above point, the RAG status used in the report sometimes seemed to refer to the Quarter 4 performance but at other times are based on the 2014/15 performance e.g. HHA/002 is marked as Red when the Quarter 4 performance was within target and therefore should have been marked as Green. This inconsistency is confusing and affects the ability to quickly use the RAG system, which rather negates its purpose.
- Members believe it would be preferable to write Red, Amber, Green in the box (as relevant) rather than use colour, to assist with copying of papers and viewing them online, when the amount of colour can prove problematic on the tablet screen size that Members have.
- Members found the layout of the report problematic, with some Directorate information in the front-end of the report and other information in the Directorate specific section. Having to navigate between these is an unnecessary distraction and does not assist focus on Directorate issues.
- Members agreed to receive only the corporate performance reports on the proviso that the performance indicators we have previously received were incorporated into the corporate performance reports. Unfortunately, this did

not happen and, whilst officers supplied these separately, Members would prefer that the indicators be incorporated into the corporate reports, to ease navigation and focus. Many of these indicators are national indicators, which Members believe should be in the Corporate reports. This Committee scrutinises these indicators as part of ensuring strong internal challenge, as expected by auditors, regulators and inspectors.

Members would be very grateful if you could task officers to reflect on the above and amend future reports accordingly. Members also understand that new performance indicators are likely in 2015/16 for Housing and Health & Social Care and have requested (in a letter to Councillor Elsmore dated 15th May 2015) to be involved in the selection of which of these indicators come to the Committee for scrutiny.

I hope you find the above of use in continuing the work to improve performance monitoring and management across the Council, which this Committee is committed to assisting; Committee Members fully intend to continue playing an active role in providing strong internal challenge and relaying our comments, observations and recommendations to the relevant Cabinet Members.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'D. Groves', is centered on a light blue rectangular background.

COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Councillor Elsmore

Sarah McGill

Matthew Swindell

Martin Hamilton

Cheryl Cornelius

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My Ref / Fy Ref: CM30987
Your Ref / Eich Ref : Scrutiny/Correspondence/
Cllr Groves

Date / Dyddiad: 15 June 2015

Councillor Mary McGarry
Chair, Community & Adult Scrutiny Committee
Scrutiny Services
Room 263
County Hall
Cardiff
CF10 4UW

Dear / Annwyl Councillor Groves

**Community & Adult Services Scrutiny Committee Meeting – 13 May 2015
Quarter 4 Performance**

I write with regards to the letter from Councillor David Groves setting out areas where the Committee recommends that the Quarterly Performance Report can be improved.

I have asked Officers to reflect on them and implement changes as appropriate. Please understand that this report does need to be suitable for use across the Council and supports many different forums. We will follow up and fully consider these suggestions and provide you with a more detailed response shortly.

Thank you for your feedback and for commitment to improving Performance Management. This is much appreciated.

Yours sincerely,
Yn gwyir,

**Councillor / Y Cynghorydd Graham Hinchey
Cabinet Member for Corporate Services & Performance
Aelod Cabinet dros Wasanaethau Corfforaethol a Perfformiad**

Cc: Members of the Community & Adult Services Committee
Councillor Elsmore
Councillor Groves
Sarah McGill
Martin Hamilton

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My Ref: Scrutiny/Correspondence/Cllr Groves

18 May 2015

Councillor Susan Elsmore & Councillor Ramesh Patel
Cabinet Members
c/o Room 520
County Hall
Cardiff
CF10 4UW



Dear Susan & Ramesh

Community & Adult Services Scrutiny Committee Meeting – 13 May 2015

Thank you for attending the above committee and for supplying a progress report detailing the work to date on the accepted recommendations of this Committee's 'Provision of Accommodation for Gypsy & Traveller Households in Cardiff' Inquiry (2011). This letter captures the agreed comments, observations and recommendations of the Committee.

Members note the work to date in addressing the agreed recommendations, namely: assessing the need for accommodation for Gypsies and Travellers in line with Welsh Government guidance; agreeing site selection criteria; using these to assess potential sites; including a site to meet short term need in the Deposit LDP; and including a criteria based policy for assessing any future proposals for Gypsy and Traveller accommodation in the Deposit LDP in order to meet long term need.

Members also note that interim works have been undertaken at the Rover Way Gypsy & Traveller site to maintain and improve site conditions compared to 2010/11. This is welcomed albeit that Members recognise these works can never be sufficient to meet the fundamental difficulties that flow from the position and scale of the Rover Way site. Members await the results of the Coastal Erosion report with interest, given its relevance to the expected life of the site. Members also note the position with regard to the recommended footpath for this site and that work is being undertaken to explore other possible funding routes.

However, Members note that the site included in the Deposit LDP was rejected by the LDP Examination Inspectors due to its location and that therefore there is no site currently identified to meet short term need. Members note that the LDP Inspectors charged the Council to prepare a position statement, by the end of April 2015, which detailed the mechanisms and timescales for delivering the 108 pitches required to meet Gypsy & Traveller accommodation needs up to 2026, the duration of the LDP.

Members note that the Council has submitted a position statement that proposes a project group, chaired by Sarah McGill, be established to ensure that sites are identified and planning permission and funding secured, by May 2017 for short term need and May 2021 for long term need.

Members recognise the need for this, given that the proposed site has been rejected, but are concerned that the impact of this is that Gypsies and Travellers who are in housing need, who have already been waiting for a significant period of time for appropriate accommodation, will now have to wait a further two years. This, coupled with the fact that Gypsies and Travellers have some of the lowest life chances in our population which are exacerbated by poor accommodation, is troubling, particularly but not exclusively in the key quality of life areas of education and health. Members appreciate the details given at the meeting of the mitigating actions that are being taken but none of these can entirely ameliorate the impact of inadequate provision.

Members wish to be informed of the LDP Examination Inspectors response to the proposed position statement and ask that this be communicated as soon as possible, in the response to this letter.

Members will be recommending to a future Committee that they include a progress report on this area in their work programme for 2015/16.

Yours sincerely,



COUNTY COUNCILLOR DAVID GROVES

Chairperson - Community & Adult Services Scrutiny Committee

Cc:	Sarah McGill	Jane Thomas	Ian Ephraim
	Andrew Gregory	James Clemence	Stuart Williams
	Claire Deguara	Liz Patterson	Helen Warren
	Cheryl Cornelius	Nick Blake	

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My Ref / Fy Ref: CM30985

Date / Dyddiad: 9th June 2015

Mary McGarry
Cardiff County Council
County Hall
Atlantic Wharf
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Cardiff
CF10 4UW

Dear / Annwyl Mary

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE MEETING 13th
May 2015**

PROGRESS REPORT FOR GYPSY AND TRAVELLER INQUIRY

Firstly, I'd like to congratulate you on your new position as chair of this scrutiny committee. I look forward to working with you in your new role.

Thank for your letter dated 18th May 2015 regarding the progress report presented to Members in relation to the ongoing Gypsy and Traveller Inquiry and setting out agreed comments, observations and recommendations.

We welcome your observations and recommendations which underline the need for the Council to progress this matter as a key priority over the next two years through the project group, chaired by Sarah McGill. This approach will ensure that sites are identified and planning permission and funding secured by May 2017 for short term need and May 2021 for long term need.

As outlined by Officers at the meeting these timescales were submitted to the LDP Examination Inspectors in response to their request for a position statement on this matter and the Inspectors have now given the go-ahead to publish this timetable on the Council's website and it is available to view at the following weblink:

<https://www.cardiff.gov.uk/ENG/resident/Planning/Local-Development-Plan/Examination/Hearings-Timetable/Session11/Documents/AP11.1-5%20and%207%20Response%20to%20Action%20Points%2011.1%20to%2011.7.pdf>

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Room 217, County Hall / Neuadd y Sir,
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The Council has also proposed that these timescales are included as an indicator in the LDP Annual Monitoring Report (AMR) which will monitor the implementation of the Plan. This underlines a commitment by the Council to meet these deadlines as failure would trigger a partial review of the LDP.

In relation to the coastal erosion issue at Rover Way, I can report that Infrastructure Design & Construction have confirmed that the survey is due to be completed within the next 2 – 3 months during which time they will also be meeting with representatives from the Welsh Government. We will, of course, keep you updated on this matter.

We very much look forward to working with Committee on this key priority for the Council over the next two years and would welcome an opportunity to update Committee again at an appropriate time in the forthcoming process.

Yours sincerely
Yn gwyir



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



Councillor / Y Cynghorydd Ramesh Patel
Cabinet Member for Transport, Planning & Sustainability
Aelod Cabinet dros Drafndiaeth, Cynllunio a Chynladwyedd



5 June 2015

Councillor Susan Elsmore
Cabinet Member (Health, Housing and Wellbeing)
c/o Room 520
County Hall
Cardiff
CF10 4UW

Dear Susan

Community & Adult Services Scrutiny Committee Meeting – 3rd June 2015

Thank you to you and officers for attending the above committee and for your kind welcome to me as Chair; I am pleased to be in this role and look forward to a productive year of scrutiny. This letter captures the agreed comments, observations and recommendations of the Committee with regard to the draft 2015/16 Business Plans for the Communities, Housing & Customer Services and Health & Social Care directorates.

With regards to both Business Plans, Members understand the wish to show the Corporate Plan commitments separately from core business commitments and it is useful that these are shown grouped under the relevant Corporate Plan Improvement Objective. However, Members feel that it would be easier to read if all the commitments that fall under an Improvement Objective were displayed together, rather than at present where the Corporate Plan commitments are in Part One and the core business commitments are in Part Two. Alternatively, there could be cross-referencing between Part One and Part Two for the commitments that link together. Members therefore recommend that thought be given to how to improve the layout of the commitments, in the light of our comments above.

Also with regards to both Business Plans, Members have concerns about the style of the performance measures listed against each commitment. Many of these are through-put or product related, as opposed to outcome related, which is something Members recommend is corrected for next year's plans. In addition, several are of a very general nature; Members note Sarah McGill's answer that these provide an overview, and that further work will be undertaken to work up details below this level, and that these details would be used to inform teams and individual staff, via PPDRs, exactly what is required of them, enabling this to be measured and

monitored. Members wish to receive anonymised examples of PPDRs that show this linkage.

Finally for both Business Plans, Members recommend that there is more mention of the responsibilities of Directorates with regard to safeguarding, not just those detailed in the Corporate Plan but the duties on all staff with regard to safeguarding.

Moving on to the draft 2015/16 Communities, Housing and Customer Services Business Plan, Members questioned the targets that have been set for 2015/16 and 2016/17 and note the answers given by Jane Thomas that there has been rigorous work to ensure that the targets set are achievable, within the resource constraints. Members felt reassured by this but reserve the right to further probe the targets when the Quarter One performance reports are brought to Committee.

Members asked several questions about specific commitments and note the following points:

- That the Domestic Violence Re-commissioning process is likely to be time-consuming, which is why a conservative timescale of March 2017 has been given;
- That this Committee's Members will be kept informed if work on the Housing Partnership Programme slips from the dates stated in the Business Plan;
- That there will be a new team to assist tenants with the implementation of Universal Credit and that it is hoped the DWP will provide funding for a further team to assist other citizens affected by the implementation of Universal Credit;
- That the Adult Services contact and assessment telephony service is already operational without a Social Worker on site although a Social Worker is available when needed.

With regard to the last bullet point, Members wish to receive details of the systems that are in place to ensure the quality of the assessment process and wish to receive details of the data resulting from these systems.

Moving on to the draft 2015/16 Health & Social Care Business Plan, Members note that the Plan is very draft and wish to accept Sarah McGill's offer to forward the completed Business Plan by the end of the month. Members discussed in broad detail the challenges facing the Health & Social Care Directorate and were interested to hear Sarah McGill's analysis of the need to address disengagement and overcome silo working, empowering staff by being clear what is expected of them and involving staff in the process of change caused by the clear need to better integrate housing, social care and health.

With regard to the final point above, Members were very interested in the proposed Target Operating Model and wish to be kept informed of progress in delivering this;

we would expect to be offered the opportunity to scrutinise the significant changes this model will lead to, once there are more details of these changes. Members have two immediate comments to make, which are: we welcome the attempt to clarify and simplify access for potential and actual service users and clients: and that thought be given to the title of the model as the term 'Vulnerable Adult' has a legal meaning in relation to safeguarding and that limiting the model to solely vulnerable adults is not within the spirit of the Social Services and Well Being (Wales) Act 2014.

Members also note your answer to the questions regarding the achievability of this year's savings, namely that there will be better systems in place with regard to tracking and monitoring budgets, and your assurance that there will be more visibility with regards to savings to enable a more open conversation to take place; we welcome this.

With regard to our questions about specific commitments, we note the following points:

- That there is a new leadership group to tackle Delayed Transfer of Care, consisting of Cabinet Members from the Vale of Glamorgan Council and Cardiff Council, the Chair of the University Health Board and relevant officers;
- That there were 572 service users using Direct Payments, as at 3rd June 2015, and that there is confidence that the target of 700 can be achieved;
- That PPDR's and staff supervision sessions are still being used to stress the requirement to offer carer's assessments and that work is underway to understand how high performing local authorities achieve their carer's assessments rates;
- That work to date on alternative delivery of services via the third sector and community groups has resulted in a pool of volunteers being recruited, further work on time- banking and Lloyds Bank offering to provide Business Support Advisors free of charge to assist Community Asset Transfers etc.;
- That day centres will remain open until service users are found suitable, alternative provision and that new service users will be referred to day centres if required;
- That the figure of £2.4 million on Page 12 is an error and will be corrected to read £5.59 million.

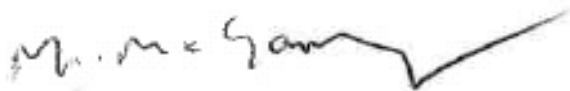
During the way forward discussion, Members talked about the impact of the Social Services and Well Being (Wales) Act 2014; we wish to receive the implementation plan for this at our next meeting on 8th July 2015.

This letter requires a response, please, as it contains the following:

- recommendation that thought be given to how to improve the layout of the commitments sections of Business Plans, in light of comments at the start of this letter;
- recommendation that performance measures be outcome related in next year's plans;
- recommendation to increase details of the responsibilities of Directorates with regard to safeguarding;
- request to receive anonymised examples of PPDRs that show the linkage between these, Business Plans and the Corporate Plan;
- request to receive details of the quality control systems and resultant data with regard to the Adult Services contact and assessment telephony service;
- accept Sarah McGill's offer to forward the completed 2015/16 Health & Social Care Business Plan by the end of this month;
- recommend that thought be given to the title of the Target Operation Model; and
- request to receive the implementation plan Social Services and Well Being (Wales) Act 2014 at our next meeting 8th July 2015.

I hope this letter is of assistance in finalising the Business Plans,

Yours sincerely,



COUNTY COUNCILLOR MARY M^CGARRY

Chairperson - Community & Adult Services Scrutiny Committee

Cc: Sarah McGill Andy Cole Amanda Phillips Jane Thomas
 Claire Deguara Liz Patterson Nick Blake Cheryl Cornelius

**SWYDDFA CYMORTH Y CABINET
CABINET SUPPORT OFFICE**

Fy Nghyf / My Ref : CM31140

Dyddiad / Date: 23rd June 2015

Mary McGarry
Cardiff County Council
County Hall
Atlantic Wharf
Butetown
Cardiff
CF10 4UW

Annwyl / Dear Mary

Community & Adult Services Scrutiny Committee Meeting – 3rd June 2015

Thank you for the opportunity to present the Communities, Housing & Customer Services Business Plan as well as the Health & Social Care Business Plan, the support and input of the Committee is appreciated.

I take on board the comments of the committee in regard to the format of the business plan; however a decision has been taken to follow the same approach to the business plans and the template is agreed corporately. The committee's feedback will be passed onto my cabinet colleague Cllr Hinchey and lead officer Martin Hamilton who have responsibility.

With regard to anonymised examples of PPDR's that show the linkage to the business plan, please see attached to this letter four examples that show the actual actions in employees' PPDRs for 2015/16 and how they link with the overall aims for the city.

The responsibility of safeguarding is an important one and it is hoped that the committee agree that this is correctly reflected in the resubmitted H&SC Business Plan.

The current process for the contact and assessment telephony service is that a social worker will contact the team, who is able to answer any questions that officers have and to ensure that the workload is correctly prioritised. A social worker is also accessible by email and phone throughout the day. As a final check, work that has been completed by the contact and assessment team is sent to a social worker to be authorised and the social work will return if there is not enough information. The process is continually being reviewed and if it is identified that a social worker is required this will happen. The performance matrix to monitor the new operating model is currently being decided on and it is welcomed that this is tabled at a future scrutiny committee. The committee's comments on the use of the term 'Vulnerable Adult' are welcomed and accepted, a new term will be decided on.

PLEASE REPLY TO / ATEBWCH I : Cabinet Support Office / Swyddfa Cymorth Y Cabinet,
Room / Petafal 5, County Hall / Neuadd y Sir,
Atlantic Wharf / Glanfa'r Iwerydd, Cardiff / Caerdydd,
CF10 4UW



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

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



I hope you and the Committee Members have found all the information requested in the response, and I would like to thank you for your comments.

Yn gwyir
Yours sincerely

A handwritten signature in black ink that reads "S. Elsmore". The signature is written in a cursive style with a large initial 'S'.

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

Corporate Customer Services (Technical) Line of Sight

CITY PERFORMANCE

"What Matters" Single Integrated Plan
 What Matters - the city's single integrated plan captures the key issues facing the city under 7 shared outcomes.

Liveable City Report
 The Liveable City Report measures the city's performance against seven city wide outcomes.

What Matters Outcomes:
 Cardiff is a Great Place to Live Work and Play,
 Cardiff is a Fair, Just and Inclusive Society

COUNCIL PERFORMANCE

City of Cardiff Council
 The Corporate Plan captures the Council's contribution to the 'What Matters' Strategy

Corporate Plan

Cabinet Priority
 Working with people and partners to design, deliver and improve services

Improvement Objective
 Communities and partners are actively involved in the design, delivery and improvement of highly valued services

Directorate Commitments
 Deliver a new Customer Relationship Management (CRM) model that improves customer services and drives down costs, implementing the first phase by December 2015

DIRECTORATE PERFORMANCE

Directorate Delivery Plans
 Directorate delivery plans demonstrate how the Corporate Plan will be delivered and contains detail about other important activities delivered by the Council.

Directorate Delivery Plan

Business Plan Delivery Action:
 Deliver a new Customer Relationship Management (CRM) model that improves customer services and drives down costs, implementing the first phase by December 2015
 Q1 - Confirm the scope for delivery in December based on cost and resource allocation
 Q2- Support detailed design, configuration and implementation of the new CRM solution for C2C
 Q3 - Implement the above solution.
 Q4 - Monitor performance of the new system, project analysis and report back corporately.

INDIVIDUAL PERFORMANCE

Personal Performance and Development Reviews
 This captures the individual's contribution to directorate and team plans.

Manager PPDR Action:
 Continue as business lead on the development of SAP CRM and it's implementation into C2C. Work with Enterprise Architecure to develop the next phase of requirements to ensure that the platform is utilised to promote channel shift.

Staff PPDR Action:
 Be involved with the implementation of new technology within the contact centre :-
 - SAP CRM, Sharepoint, SIM9

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Housing Development Line of Sight

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COUNCIL PERFORMANCE

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 The Corporate Plan captures the Council's contribution to the 'What Matters' Strategy

Corporate Plan

Cabinet Priority
 Supporting Vulnerable People

Improvement Objective
 People in Cardiff have access to good quality housing

Directorate Commitments
 Deliver circa 1600 new homes for Cardiff through the Housing Partnering Scheme, as part of a phased approach by 2024, 40% of which will be affordable housing.

DIRECTORATE PERFORMANCE

Directorate Delivery Plans
 Directorate delivery plans demonstrate how the Corporate Plan will be delivered and contains detail about other important activities delivered by the Council.

Directorate Delivery Plan

Communities Housing & Customer Services Business Plan Delivery Action:
 Deliver circa 1600 new homes for Cardiff through the Housing Partnering Scheme, as part of a phased approach by 2024, 40% of which will be affordable housing.
 Q1 - Completion of detailed procurement
 Q2 - Completion of final tender stage
 Q3 - Appointment of contractor
 Q4 - Phase 1 start on site

INDIVIDUAL PERFORMANCE

Personal Performance and Development Reviews
 This captures the individual's contribution to directorate and team plans.

Housing Development Manager PPDR Action:
 Complete the procurement process and appoint contractor by Sept 2015. Ensure Development Agreement & JCT is in place by March 2016 to enable the first development at Braunton Crescent to commence. Robustly review project financial viability to ensure project can be delivered within available budgets or provide options to ensure scheme remains viable.

Housing Development Officer PPDR Action:
 Complete the Competitive Dialogue procurement process & appoint partner developer by September 2015; Evaluate Detailed solution bids, agree final tender documents, evaluate final tenders & recommend developer for appointment.

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CITY PERFORMANCE

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Liveable City Report
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What Matters Outcomes:
 People in Cardiff are safe and feel safe,
 People in Cardiff achieve their full potential,
 People in Cardiff are Healthy

COUNCIL PERFORMANCE

City of Cardiff Council
 The Corporate Plan captures the Council's contribution to the 'What Matters' Strategy



Cabinet Priority
 Supporting Vulnerable People



Improvement Objective
 People in Cardiff are supported to live independently



Directorate Commitments
 Increase the uptake of direct payments as an alternative to direct provision of care for Cardiff residents every month

DIRECTORATE PERFORMANCE

Directorate Delivery Plans
 Directorate delivery plans demonstrate how the Corporate Plan will be delivered and contains detail about other important activities delivered by the Council.



Health & Social Care Business Plan Delivery Action:
 Increase the uptake of direct payments as an alternative to direct provision of care for Cardiff residents every month
 Q1 - Implement new service developments e.g development of relief Personal Assistants
 Q2 - Consult/survey all existing Direct Payment service users
 Q3 - Produce survey report with recommendations
 Q4 - Implement action plan resulting from the recommendations

INDIVIDUAL PERFORMANCE

Personal Performance and Development Reviews
 This captures the individual's contribution to directorate and team plans.



H&SC Team Manager PPDR Action:
 Provide a challenge to case managers through their formal supervision process regarding their performance on the take up of Direct Payments. Challenge to be evidenced and recorded in the supervision notes and monitored by the Team Manager



H&SC Case Manager PPDR Action:
 Promote the take up of Direct Payments at every opportunity through ensuring that they are offered (and that the offer is recorded correctly on Care First) for all service users requiring ongoing domiciliary care

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CITY PERFORMANCE

"What Matters" Single Integrated Plan
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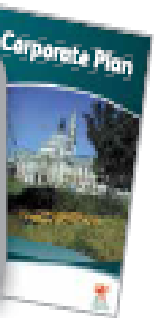
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COUNCIL PERFORMANCE

City of Cardiff Council
 The Corporate Plan captures the Council's contribution to the 'What Matters' Strategy



Cabinet Priority
 Supporting Vulnerable People



Improvement Objective
 People in Cardiff are supported to live independently



Directorate Commitments
 Support carers by ensuring that all carers are offered a Carer Assessment and increasing the number of care assessments undertaken by 2016

DIRECTORATE PERFORMANCE

Directorate Delivery Plans
 Directorate delivery plans demonstrate how the Corporate Plan will be delivered and contains detail about other important activities delivered by the Council.



Health & Social Care Business Plan Delivery Action:
 Increase the number of carers assessments offered and completed
 Q1 - Complete a data cleansing exercise on CareFirst to improve the baseline data for carers and also give a clearer picture on carers known to Health & Social Care who have not been offered a Carer Assessment.
 Q2 - Work with Housing & Communities to increase offers
 Q3 - Prepare and implement an exit strategy for the Carer Support Officer posts in hospitals which will end in March 2016 when the funding ceases.
 Q4 - Review the implementation plan developed from the Carers Assessment Project to identify any gaps that need to be taken forward in 2016/2017.

INDIVIDUAL PERFORMANCE

Personal Performance and Development Reviews
 This captures the individual's contribution to directorate and team plans.



H&SC Team Manager PPDR Action:
 Provide a challenge to case managers through their formal supervision process regarding their performance on the take up of offers and completion of carers assessments. Challenge to be evidenced and recorded in the supervision notes and monitored by the Team Manager



H&SC Case Manager PPDR Action:
 Promote the take up of carers offers and assessment at every opportunity through ensuring that they are offered and assessed (and that both are recorded correctly on Care First) for all eligible users

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