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AGENDA

Committee	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
Date and Time of Meeting	WEDNESDAY, 8 JANUARY 2020, 4.30 PM
Venue	COMMITTEE ROOM 4 - COUNTY HALL
Membership	Councillor Jenkins (Chair) Councillors Ahmed, Carter, Gibson, Philippa Hill-John, Lent and McGarry

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 - to follow

To approve as a correct record the minutes of the Community & Adult Services Scrutiny Committee Meeting held on 6 Nov 2019.

4 Recommissioning of Care at Home (Pages 5 - 110)

4.35 pm

Pre-Decision.

5 Charging Policy (Pages 111 - 162)

5.15 pm

Pre-decision.

6 Fear of Crime within Cardiff and its effect on Cardiff's Communities (Pages 163 - 202)

5.30 pm

Committee Briefing on the work that is currently being done in addressing the fear of crime within Cardiff by the Community Safety

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Partnerships and its effectiveness.

7 Way Forward

6.30 pm

To review the evidence and information gathered during consideration of each agenda item, agree Members comments, observations and concerns to be passed on to the relevant Cabinet Member by the Chair, and to note items for inclusion on the Committee's Forward Work Programme.

8 Urgent Items (if any)

9 Date of next meeting

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled for 17 Feb at 10:30am in Committee Room 4, County Hall, Cardiff.

Davina Fiore

Director Governance & Legal Services

Date: Thursday, 2 January 2020

Contact: Andrea Redmond, 02920 872434, a.redmond@cardiff.gov.uk

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**CYNGOR CAERDYDD
CARDIFF COUNCIL**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 January 2020

**RECOMMISSIONING OF CARE AT HOME – A 2 YEAR PLAN FOR CARDIFF
CARE AT HOME**

Reason for the Report

1. To provide the Committee with background information to enable Members to carry out pre-decision scrutiny of the draft proposals for a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support) prior to its consideration by the Cabinet at its meeting on the 23 January 2020.
2. A copy of the draft cabinet report is attached at **Appendix A**, which in turn contains the following:
 - **Appendix 1** – Locality Map
 - **Appendix 2** – Domiciliary Care in Cardiff 2006 – 2019 (lessons learnt)
 - **Appendix 3** - Summary of Adult Care & Support Services Commissioned via 'ADAM'
 - **Appendix 4** – Graph detailing the 'whole system' transformation process
 - **Appendix 5** – Current Providers Perspectives
 - **Appendix 6** – Project Brief
 - **Appendix 7** – Questionnaire distributed to individuals with care and support needs
 - **Appendix 8** – Two Year Phased Implementation Plan
 - **Appendix 9** - Indicative Project Timetable 2019-2020
 - **Appendix 10** – Equality Impact Assessment.
3. The presentation which will be delivered at Committee is attached at **Appendix B**.

4. The draft cabinet report sets out an overview of:
 - Reasoning for the Report (pg1-2)
 - Background & Strategic Intention (pg2-4)
 - Current Arrangements (pg4-5)
 - What the Data Tells Us About Market Activity and Demand (pg5-8)
 - Co-production with Providers and People with Care and Support Needs (pg8-12)
 - The Vision (pg12-13)
 - The Model (pg13)
 - Locality Based Approach (pg13-14)
 - Service Requirements and Inter-dependencies (pg14-21)
 - What does this mean for How We will Commission Care at Home? (pg21-25)
 - Ongoing Consultation (pg25-26)
 - Reason for Recommendations (pg26)
 - Financial Implications (pg26-27)
 - Legal Implications (including Equality Impact Assessment) (pg27-28)
 - Equality & Diversity (pg28-29)
 - Social Services and Wellbeing (Wales) Act 2014 (pg29)
 - Wellbeing of Future Generations (Wales) Act 2015 (pg29-21)
 - General & HR Implications (pg31)
 - Recommendations (pg31)

5. The report seeks cabinet approval for a new vision for the provision of domiciliary care in Cardiff and the commissioning of a new locality based, outcome focused, care model which in turn will promote long-term stability of the care sector. The development of the proposed new model has been co-produced with providers and people who receive care and their families.

6. Detailed information on the co-production approaches taken with providers and their feedback on areas for improvement under the current arrangements is provided in **Appendix 5**.

7. When developing the proposed model, engagement with citizens who receive care and support and their families and carers were ascertained in a number of ways. One approach was through the use of a questionnaire. This is attached at **Appendix 7**.

8. The report also sets out the procurement timetable for the recommissioning of services to ensure that new contracts are in place by 4th November 2020; when existing contracts expire.
9. It is proposed that this new model for care at home, will be less reliant on the purchase of commissioned domiciliary care and will support individuals to have their needs met through the development of support plans that access community resources within an individual's locality, alongside support from family and friends as well as commissioned care.
10. Detail on the two year implantation plan for the proposed model is attached at **Appendix 8.**

Background

11. Cardiff Council has taken a number of different approaches to securing domiciliary care over the past 14 years. These approaches have included spot and block contracting arrangements from 2006-2010, framework agreements in 2010 and an Approved Provider List (APL) from 2014 to date. A review of these approaches has been undertaken to inform arrangements going forward. A detailed summary of previous approaches along with an analysis of impact is attached at **Appendix 2.**
12. A report entitled, Commissioning of Domiciliary Care and procuring Care Home Services was put before Cabinet and this Committee in September 2018 which set out the work required to achieve domiciliary care provision across the city along with the strategic intention within this field of work.
13. The proposed model within the attached draft Cabinet Report also contributes to the council's Capital Ambition commitment to support individuals to live fulfilled, independent lives within their communities and takes direction from the Welsh Government's 'A Healthier Wales: our Plan for Health and Social Care', July 2018 which sets out ambition for seamless well-being, health and social care services that are designed and delivered around the needs and preferences of individuals. In order to assist with this policy's ambition and to ensure domiciliary care commissioning reflects the holistic, locality approaches, a map of the 6 Neighbourhood localities in Cardiff, aligned to GP Clusters is located at **Appendix 1.**

Current Arrangements

14. Under current arrangements, all providers accredited and enrolled on the Council's Accredited Provider List (APL) are able to select the localities (based on residential wards) that they wish to deliver services in and the client groups they wish to support. Packages are issued electronically to all APL providers who have chosen to support the relevant client group and provide services in that particular area.
15. There are currently 85 care providers accredited on the APL, with care currently being delivered by approximately 53 providers
16. Packages are awarded using an evaluation criteria that is made up of quality and price. The APL operates as a Dynamic Purchasing System (DPS) to support and develop an active market of quality providers. There are currently 85 care providers accredited on the APL, with care currently being delivered by approximately 53 providers. The care is split across 6 client groups; Older People (OP), Mental Health Services for Older People (MHSOP), Learning Disability (LD), Mental Health (MH), Physical, Sensory Impairment (PSI), Substance Misuse (SM).
17. An IT solution called *adam* provides the end to end IT system that underpins the processes of procuring and managing domiciliary care packages. The specific contractual arrangements the Council currently has in place are:
 - An APL agreement that accredited providers must be part of in order to be considered to deliver domiciliary care on behalf of Cardiff Council.
 - Individual contracts with providers for the delivery of domiciliary care to individual people
 - A contract with *adam* for the delivery of the IT system that supports the APL.
18. **Appendix 3** provides a summary of care and support services progressed via *adam* and packages issued and awarded through the APL in 2018/19.

The Proposed Model – Locality Based, Outcome Focused Approach

19. The vision for a locality approach is based on the benefits of care at home services working closely with preventative services, community health and social work teams, community hubs and primary care clusters to achieve the best preventative and care outcomes for people.

20. It is proposed that the model reflects the 6 Neighbourhood Localities (made up of the 30 Residential Wards) that mirror the primary care clusters. These are set out below and are detailed in the Neighbourhood Locality Map located at **Appendix 1**.

- **Cardiff West** (Pentyrch, Whitchurch & Tongwynlais, Radyr & Morganstown, Llandaff, Llandaff North, Fairwater, Cragiau & St Fagans)
- **Cardiff South West** (Ely, Caerau, Canton, Riverside)
- **Cardiff City and South** (Grangetown, Cardiff Central, Butetown)
- **Cardiff South East** (Gabalfa, Cathays, Pllasnewydd, Adamsdown, Splott)
- **Cardiff East** (Rumney, Llanrumney, Trowbridge)
- **Cardiff North** (Rhiwbina, Llanishen, Lisvane, Pontprennau & Old St Mellons, Pentwyn, Penylan, Cyncoed, Heath)

21. In order to achieve a locality based approach, the following requirements have been identified:

- CRT to be remodelled into community teams;
- Domiciliary care provision to be based on 6 cluster localities;
- Domiciliary care local authority 'locality manager' to develop managed networks to manage flow of works and capacity;
- Domiciliary care providers to have a base in each locality;
- 'Managed network' of care providers working collaboratively, sharing runs, data and training.
- Safe transition of packages if they become unsuitable.

Service Requirements and Inter-dependencies

22. There are a number of service requirements that have shaped the development of the proposed new model. There are also a number of inter-dependencies that have been identified and these need to be addressed in order to maximise the success of the model.

23: Inter-dependencies identified by the service area are:

- Implementation of strength based practice;
- Implementation of advance cluster model;
- CRT operating in an outcome focused way;
- Investment available for specialist dementia;
- RISCA registration requirements;
- Re-modelling of commissioning and brokerage;
- Transparency around cost of care;
- No transition of care packages from November 2020

Scope of Scrutiny

24. At this meeting, Councillor Susan Elsmore, (Cabinet Member Social Care, Health & Well-Being) along with relevant officers from the Social Services Directorate will be in attendance to give a presentation and answer Members' questions. The presentation, attached at **Appendix B**, will provide Members with an overview of:

- The background;
- The current arrangements;
- The proposed vision & model;
- Inter-dependencies and requirements for addressing and,
- The way forward.

25. Pre-decision scrutiny aims to inform Cabinet's decisions by making evidence based recommendations. Scrutiny Members are advised to:

- a. Look at the information provided in the report to Cabinet to see if this is sufficient to enable the Cabinet to make an informed decision;
- b. Check the financial implications section of the Cabinet report to be aware of the advice given;

- c. Check the legal implications section of the Cabinet report to be aware of the advice given;
 - d. Check the recommendations to Cabinet to see if these are appropriate.
26. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet for their consideration prior to making their decisions on the 23 January 2020.

Legal Implications

27. 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 the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements 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 taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

Financial Implications

28. 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

29. The Committee is recommended to:

- a. Consider the information provided in the draft cabinet report and its subsequent appendices;
- b. consider the information provided in the presentation to this meeting; and
- c. determine whether it wishes to relay any comments or observations to the Cabinet for consideration at its meeting on the 23 January 2020.

Davina Fiore

Director of Governance & Legal Services

2 January 2020

BY SUBMITTING THIS REPORT TO THE CABINET OFFICE, I, (CLAIRE MARCHANT) (DIRECTOR OF SOCIAL SERVICES) AM CONFIRMING THAT THE RELEVANT CABINET MEMBER(S) ARE BRIEFED ON THIS REPORT

**CARDIFF COUNCIL
CYNGOR CAERDYDD**

CABINET MEETING: 23RD JANUARY 2020

**RECOMMISSIONING OF CARE AT HOME – A 2 YEAR PLAN
FOR CARDIFF CARE AT HOME**

**SOCIAL CARE, HEALTH AND WELLBEING (COUNCILLOR
SUSAN ELSMORE)**

CHILDREN AND FAMILIES (COUNCILLOR GRAHAM HINCHEY)

AGENDA ITEM:

Reason for this Report

1. This report proposes a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support) in Cardiff. It sets out how people who have been assessed as having care and support needs, will be supported to live as independently as possible, for as long as possible, in their own homes and communities.
2. The report sets out a clear vision for the delivery of care at home for children, young people, adults and families. It seeks Cabinet approval of a locality approach to delivery, which compliments strength-based social work practice, promotes a move away from 'time and task' to more flexible, outcome-focused care, promoting long-term stability of the care sector. The development of the proposed new model has been co-produced with providers and people who receive care and their families.

3. The report also sets out the procurement timetable for the recommissioning of services to ensure that new contracts are in place by 4th November 2020 when existing contracts expire. Following completion of the procurement, it is expected that the new model will be introduced through a phased implementation, becoming fully operational over the next 2 years. The incremental approach to implementation reflects a number of inter-dependencies that will need to be managed in order for the model to be successful and achieve its desired outcomes. These inter-dependencies are set out later in the report, in paragraphs 41 – 56.
4. The new model for care at home, will be less reliant on the purchase of commissioned domiciliary care and will support individuals to have their needs met through the development of support plans that access community resources within an individual's locality, alongside support from family and friends as well as commissioned care.
5. The report seeks Cabinet's agreement to delegate authority to the Director of Social Services, in consultation with the Cabinet Member for Social Care, Health & Well-being, the Section 151 Officer and the Director of Law and Governance, for all procurement decisions related to the re-commissioning of the new arrangements.

Background & Strategic Intention

6. A report was put before Cabinet in September 2018 setting out the work that needed to be undertaken for Social Services to achieve domiciliary care provision across the city that;
 - provides a more flexible approach to support the achievement of a range of person-centred outcomes of individuals
 - is based on meaningful relationships that enables services to be developed that reflect what matters to individuals with care and support needs and their carers

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- supports personal outcomes identified through strength-based social work practice that is being rolled out across Social Services through Collaborative Conversations training in Adult Services and the Signs of Safety model in Children's Services.
 - promotes individual's resilience and the strengths they already have within their own family, or wider networks in their communities.
7. The model contributes to the delivery of the Council's **Capital Ambition** commitments to support individuals to live fulfilled, independent lives within their communities. It takes its direction from the Welsh Government's '**A Healthier Wales: our Plan for Health and Social Care**' published in July 2018. This is the first national plan for health and social care in Wales. It sets out an ambition for seamless well-being, health and social care services that are designed and delivered around the needs and preferences of individuals. The plan describes a holistic approach to keeping people as independent as possible in their own homes and communities, with providers working together to enable people to achieve their wellbeing outcomes and preventing escalation of needs. Locality approaches, which bring together primary and community well-being, social care and health services in clusters provide the foundation for seamless services. Domiciliary care is a fundamental component of care and support for people at risk of losing their independence. To enable the 'Healthier Wales' policy to be achieved in Cardiff it is important that domiciliary care commissioning reflects the holistic, locality approaches set out in the national plan. A map of the 6 Neighbourhood Localities in Cardiff, aligned to the GP Clusters, is located at **Appendix 1** of this report and the new model for locality – based care at home will mirror this arrangement.
8. Cardiff Council has taken a number of different approaches to securing domiciliary care over the past 14 years. These approaches have included spot and block contracting arrangements from 2006-2010, framework agreements in 2010 and an Approved Provider List (APL) from 2014 to date. A review of these approaches has been undertaken to inform

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arrangements going forward, learning lessons from what worked well and what worked less well. A detailed summary of the approaches along with an analysis of impact is located in **Appendix 2** of this report.

Current Arrangements for Securing Domiciliary Care in Cardiff

9. Under the current arrangements for Adult Services, all providers accredited and enrolled on the Council's Accredited Provider List (APL) are able to select the localities (based on residential wards) that they wish to deliver services in and the client groups they wished to support. Packages are issued electronically to all APL providers who have chosen to support the relevant client group and provide services in that particular area. However, in reality, most providers on the APL select to deliver packages in every area of the City to a variety of (or in some cases, all) client groups.
10. Packages are awarded using an evaluation criteria that is made up of quality and price. The APL operates as a Dynamic Purchasing System (DPS) to support and develop an active market of quality providers. There are currently **85** care providers accredited on the APL, with care currently being delivered by approximately **53** providers. The care is split across 6 client groups; Older People (OP), Mental Health Services for Older People (MHSOP), Learning Disability (LD), Mental Health (MH), Physical, Sensory Impairment (PSI), Substance Misuse (SM).
11. An IT solution called **adam** provides the end to end IT system that underpins the processes of procuring and managing domiciliary care packages. The specific contractual arrangements the Council currently has in place are:
 - An APL agreement that accredited providers must be part of in order to be considered to deliver domiciliary care on behalf of Cardiff Council.
 - Individual contracts with providers for the delivery of domiciliary care to individual people

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- A contract with **adam** for the delivery of the IT system that supports the APL.
12. Domiciliary care and sessional support for children and young people is secured via spot contracts with individual providers. The children's domiciliary care market in Cardiff is very small with services currently being delivered by only 4 care providers. Consequently, there is insufficient capacity in the market to meet the current demand that the Council has for these services.
13. Current arrangements for both adults and children and young people centre around a time and task model where quality is measured on the completion of specified tasks at agreed times, rather than on the impact that the care has had on the individual and the outcomes that the care has supported the individual to achieve.

What the Data Tells Us About Market Activity and Demand

14. During the period April 2016 – March 2019 an average of **26,177** hours of domiciliary care has been delivered to adults in Cardiff at a cost of approximately **£419,447** per week, with an overall average spend of approximately **£21.8** m per annum.
15. In 2018/19 the Council issued a total of **1,228** new packages of care via **adam**. These packages of care were issued to all domiciliary care providers on the APL. The requirements of the packages were broken down across the 6 client groups as follows:

Client Group	Packages Issued
OP	913
MHSOP	109
LD	64
MH	18
PSI	110
SM	14

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Demands remained constant across the previous year. The fewest requirements were in April & June (78) and the most in July & January (127 & 129).

16. Requirements were issued across 30 residential wards within Cardiff. However, for the purpose of this report, the location of these packages have been collated to represent 6 Neighbourhood Localities aligned to GP Clusters. A map detailing the 6 localities is located at **Appendix 1** for information. An analysis of the data shows the following locality split in relation to the number of requirements that the Council issued to the market during this period:

Locality	Number of Requirements
Cardiff North	361
East	146
South East	130
City & South	107
South West	215
West	269

17. The **1,228** packages of Care issued via **adam** in this period were in relation to **1,228** individuals, with requirements totalling approximately **17,725** hours of care. When aligned to the 6 Localities in Cardiff, the hours of care per locality are broken down as follows:

Locality	Hours of Care
Cardiff North	5,228
East	2,215
South East	1,821
City & South	1,701
South West	3,047
West	3,712

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18. The packages of care were awarded to 45 different providers. However, it should be noted that a number of providers deliver care across Client Groups and across the 6 Neighbourhood Localities.

19. It is of note that 80% of the demand for hours of care and support was met by **19** different providers across the City. Further detail of those providers awarded packages of care can be found in **Appendix 3** of this report which sets out a summary of care and support services receipted via **adam** and packages issued and awarded through the APL in 2018/19. A summary of the data is provided in the bullet points below;
 - The figures demonstrate a significantly higher demand for services in the North and West of the City, with over 65% of the demand for the whole city originating in these areas. The remaining four localities amount to approximately 32% of the demand for this period.

 - Similarly, there is far greater demand for domiciliary care for Older People (OP) in the City, with over 80% of the hours of care required by the Council supporting Older People, or providing Mental Health Services for Older People (MHSOP).

20. However, in order to consider the complete picture of care delivered during 2018-19, consideration must also be given to the packages that were commissioned prior to this time, that remained in place during the period. An average of **1,747** individuals were supported at any one time by up to **53** individual providers during 2018-19. An average of **1,210** Older People were supported each week with over **17,000** hours of domiciliary care being delivered to the Older Persons client group across Cardiff by **53** different providers.

21. Over 70% of care and support was delivered to Older People and Older People with mental health problems. Of the remaining client groups, people with learning disabilities & physical and sensory impairment

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account for the greatest demand. As with the new packages issued within 2018/19, demand for commissioned care and support was greatest in the North (517 packages), West (343) and South West (292) of the City, with the average weekly delivered care and support in these areas accounting for over 67% services delivered across the year.

22. During the same period, 2018-19 approximately 5,983 hours of domiciliary care and sessional support were delivered to children and young people receiving services from the Child Health and Disability Team at a cost of approximately £1.1m. These services range from long-term care, term time support and school holiday provision. The care is delivered on a city-wide basis across all 30 residential wards.

Co-production with Providers and People with Care and Support Needs

23. A key aspect of the Social Services & Well-being Act 2014 is that services should be co-produced. This is defined as follows;

“co-production refers to a way of working whereby practitioners and people work together as equal partners to plan and deliver care and support. It is fundamentally about doing things ‘with’ rather than to people.”

24. Understanding what is important to people who receive care at home and designing our commissioning together with people and providers is really important in shaping the future commissioning model. Paragraphs 26 – 38 describe the engagement process that underpinned the coproduction of the new model.
25. Social Services commissioned the Institute of Public Care (IPC) to support officers to work collaboratively with domiciliary care providers to co-produce the new model. IPC provide expertise in supporting Local Authorities to drive improvement and innovation in care and they have considerable experience in the field of outcome-focussed domiciliary care. They facilitated a ***Test and Learn*** approach, which enabled officers

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and providers to volunteer to be part of the project. They came together at regular meetings to share experiences, learn and discuss issues associated with the development and delivery of an outcomes focussed approach, both for the purpose of appropriately shaping future service delivery and in preparation for a retendering exercise.

26. Eight **Test and Learn** sessions were held between July and November 2019, with a total of 15 providers participating in the sessions, along with representation from Cardiff Third Sector Council. The sessions developed a vision to underpin the recommissioning and provided clarity on what was understood by the term “outcomes”. Providers worked with officer to agree how individuals in receipt of care and support are defined, the desired impact that is expected to be achieved, description of what the “whole system” approach looks like and the type of relationships / trust that is required from all stakeholders to support this way of working.
27. The whole system transformation process that was adopted by the group is located at **Appendix 4**, providing examples of the contrast between the existing service-led approach with the new outcomes-led approach. For example, in the service-led approach the practitioner is viewed as the expert where as in the outcomes-led approach the practitioner is an enabler and partner.
28. Between August – December 2019, an internal Operational Group came together to steer the developments, receive information and recommendations from the **Test and Learn** sessions, and undertake practical work to shape the new model. The group took its membership from representatives from Performance, Case-management, Community Resource Team (CRT), Commissioning and Contract Management, Training and Development and Brokerage, along with colleagues from IPC.
29. Additionally, officers participated in a number of internal focus groups held to undertake specific pieces of work regarding the development of a

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performance framework and the locality model – informed by work undertaken in the **Test and Learn** sessions.

30. IPC's Professor John Bolton, undertook individual interviews with a sample of providers who had expressed an interest in being actively involved in planning for the future. Most of the providers in this cohort were not solely operating in Cardiff and therefore had experience of other places (especially in Wales) on which to draw their views. Professor Bolton's findings are set out in a report entitled "**Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff – Current Provider Perspectives**" which is located at **Appendix 5**. A summary of key findings set out in Professor Bolton's report is contained in the bullet points below:

- The biggest single issue cited by all the providers for services for older people was their concern over the price for care that the Council was prepared to pay.
- There was a strong sense that there needed to be a greater partnership between the Council and the providers when it came to both assessing people for services and agreeing their outcomes.
- Providers wished to experience greater flexibility to deliver the right services as agreed with the individuals who are in receipt of care and support.
- It was acknowledged that lessons can be learned from the way that services for adults with a learning disability are currently commissioned, as this is done via an outcome-focused contract.

31. Officers also undertook individual interviews with providers who had not been actively involved in the **Test and Learn** sessions. The feedback from this cohort was consistent with that received by Professor John Bolton. It was noted that;

- Many providers are already delivering services on a locality basis with local runs as it's not always cost effective from them to deliver from one side of the city to the other.

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- Many providers feel that administrative time in relation to tendering for packages and invoicing was excessive and costly for them.
 - Many providers are concerned about the stability of their workforce, highlighting the **Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)** requirements as a significant risk for the future sustainability of their staff groups. The impact of RISCA is addressed in more detail in paragraphs 57 -58 of this report in the section that considers inter-dependencies of the new model.
32. Larger provider engagement events were also held in October and November 2019, providing an opportunity for all local providers, and providers who are interested in delivering in Cardiff in the future to come together to review the work of the **Test and Learn** sessions and the Operational Group. Engagement at these events was good and feedback from those who participated was very positive. Many providers recognised that the joint work undertaken had facilitated a shift in relationships between Council Officers and the market and had set down the foundations for stronger, more trusting and respectful relationship to develop going forward.
33. Such was the success of the **Test and Learn** sessions that it was agreed that they continue beyond the original timeframe in order to pilot an outcome-focused, locality approach on a small scale whilst the procurement is underway, in order to learn valuable lessons that will inform the roll out of the new model following recommissioning. The Project Brief for the Pilot is attached at **Appendix 6** of this report for information. The pilot also provides an opportunity to test out the relationship between the proposed new model for care at home and the developments that are currently being tested in the Council's Community Resource Team. These are considered in more detail in paragraph 51 of this report.

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34. All of the documents produced from the engagement activities with providers have been published on the **Sell2Wales** website so that those providers who have not actively participated in the sessions, are able to keep up to date with developments ahead of the commencement of the procurement.

35. Engagement with citizens who receive care and support and their families and carers will be ascertained in a number of ways so that implementation of the proposed new model is informed by their feedback. A questionnaire has been developed and will be circulated to individuals in receipt of domiciliary care, early in January, to ensure that all individuals who are currently receiving care at home have an opportunity to provide feedback. A copy of the questionnaire is located at **Appendix 7**

36. It is felt to be particularly important that engagement is undertaken with individuals within the Black, Asian and Minority Ethnic (BAME) communities in Cardiff to ensure that the proposed model is sensitive to the cultural needs of BAME individuals who receive (personal) care at home. It is also felt to be important that developments are informed by the range of community resources that are in place within BAME communities that individuals can access to support them to remain at home for longer.

37. Links are being made with existing BAME groups in order to ascertain their feedback. Contact has also been made with providers who substantially operate within BAME communities to gather information about their experiences and the specific needs of BAME citizens who receive care. Additionally, meetings are scheduled in January with Local Members of BAME constituencies to ascertain further information.

The Vision

38. The **Test and Lean** participants worked together to co-produce a **Vision**, outlining what we hope to achieve through the future delivery of

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domiciliary care in Cardiff. The intention of the **Vision** is that all the decisions made in relation to the future commissioning of domiciliary care are properly aligned with what key stakeholders hope to achieve in the future for individuals who receive care at home. The **Vision** provides a mechanism to ensure everyone is working towards the same outcome. The Vision has been embraced by the wider provider market in Cardiff and has been agreed by the Social Services Commissioning Board. It is set out below for information;

“We will identify preventative measures and where necessary develop solutions that enable those in need of care and support, and their families, to be safe and as independent as possible. This will include steps to support people to live within their local community, as close as possible to home, family and friends wherever appropriate”.

The Model

39. Whilst the new model embraces the requirements put before Cabinet in September 2018, it also seeks to take forward the changes in such a way as to reflect key messages from individuals receiving care, ensuring that the introduction of new arrangements cause them the least amount of disruption. It also takes account of the messages that providers have fed back regarding the fragility of the market and the need to ensure that future arrangements promote the longer-term stability of the sector.

Locality Based Approach

40. The vision for a locality approach is based on the benefits of care at home services working closely with preventative services, community health and social work teams, community hubs and primary care clusters to achieve the best preventative and care outcomes for people. The locality approach is described in the Vision statement below;

“A seamless join-up of services which will require domiciliary care and sessional support providers to form strong links and work in partnership with third sector organisations, community health teams, social work teams and other providers of care and support, both within specific localities and across the city to help support the health and well-being of individuals.

A locality can be a place, an identity and / or a shared interest which matters to an individual, and enables them to take control of what, where and how they access their local community”.

41. It is proposed that the model reflects the 6 Neighbourhood Localities made up of the 30 Residential Wards, that mirror the primary care clusters. These are set out below and are detailed in the Neighbourhood Locality Map located at **Appendix 1** of this report:

- **Cardiff West** (Pentyrch, Whitchurch & Tongwynlais, Radyr & Morganstown, Llandaff, Llandaff North, Fairwater, Cragiau & St Fagans)
- **Cardiff South West** (Ely, Caerau, Canton, Riverside)
- **Cardiff City and South** (Grangetown, Cardiff Central, Butetown)
- **Cardiff South East**, (Gabalfa, Cathays, Pllasnewydd, Adamsdown, Splott)
- **Cardiff East** (Rumney, Llanrumney, Trowbridge)
- **Cardiff North** (Rhiwbina, Llanishen, Lisvane, Pontprennau & Old St Mellons, Pentwyn, Penylan, Cyncoed, Health.

Service Requirements and Inter-dependencies

42. There are a number of service requirements that have shaped the development of the proposed new model. There are also a number of inter-dependencies that have been identified and these need to be addressed in order to maximise the success of the model and ensure that it makes a positive contribution to other developments that are key

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priorities in the service area's continuous improvement journey. The key requirements and interdependencies are summarised in paragraphs 44-58 below.

43. **Continuity of Care and Incremental Approach to Implementing the Locality Model** – Continuity of care for individuals is important and a key factor in the success of the delivery of services in the future. Due to the disruption, and safeguarding risks, to people if there was a requirement for all existing packages to transfer to new arrangements in November 2020, the model is underpinned by a requirement that existing packages will remain with current providers post recommissioning. It is recognised that this may pose a challenge to providers who will be required to move towards a locality-based arrangement in November whilst continuing to delivery care for some packages on a city –wide basis. The incremental approach to implementation of the new model, set out in **Appendix 8** has been developed to mitigate this. As the locality approach becomes embedded over-time, it is understood that some packages may become unsustainable for certain providers if they have chosen to substantially deliver care in other localities. An arrangement for providers to transition a small number of packages on a needs let basis for this reason, will be built into the new model with the expectation that any transition of care packages must be undertaken in the most sensitive way, with the least disruption to the individual receiving care so as not cause a safeguarding risk.
44. **Implementation of strength-based practice and outcome focussed care planning in social work teams.** Alongside the review of care at home, the Council is implementing a strength-based approach to all aspects of its social work practice and decision-making. This model of practice operates from the basis of considering what a person can do, their available networks of support and what is available to them within the community in which they live to support independence. It also considers what formal support they may need to live the lives they want to live. The outcome of this approach is one that supports and promotes resilience and avoids creating dependency. Care can support people to

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maintain or increase their well-being and quality of life, if it is part of an outcome focussed care plan, which understands people's strengths and specifies the care and support they need to overcome barriers to living their lives. The new model will require care providers to play an important role in delivering care plans in conjunction with community resources, early help services and family carers. Care plans will set out what outcomes a person wishes to achieve and whilst giving the provider the flexibility to agree how care will be delivered with the individual with care and support needs and their support network.

45. **Outcome Focussed Performance Framework** - Outcomes are defined as the consequences or result of a single action or set of actions. Work has been undertaken in the *Test and Learn* sessions to develop a draft Outcome-focussed Performance Framework that describes the well-being outcomes that people should expect in order to lead fulfilled lives. The framework will support the collaborative conversations that social workers are having with individuals as part of the roll out of strength-based approaches that give people a greater voice and more control over their lives and enable them to make informed decisions to ensure they engage in their wellbeing. The framework will also provide greater transparency on whether care and support services are improving well-being outcomes. This will make clear on what needs to be done to improve individual well-being. The new model is therefore expected to deliver the following impact;

- For a person to recover from an event (e.g. hospital discharge) – through short term support (re-ablement)
- For a person to regain, where appropriate to their previous level of independence – through medium term support
- For a person to live with a long-term condition
- For a person better self-manage their needs
- For a person to remain in their own home for as long as possible
- For families to have the support they need to maintain their family unit and build on their skills and resilience

- To support a person with mental health conditions through a recovery model
46. **Flexibility** – The proposed approach seeks to develop an equal relationship between the individual and care worker. The Personal Plan will seek to identify how a bundle of hours is used flexibly to meet an individual’s personal outcomes. It will describe high level outcomes rather than specific tasks this will promote flexibility for the individual. However, the provider is able to change care hours from week to week in order to be responsive to the individual’s needs, without the need for “sign off” by case-management services within the Council as long as any change is within 10% either way of the agreed care hours. This enables providers to deliver outcome focused, flexible care that is in response to the individual’s personal needs.
47. **Trusted Assessment Approach** - As part of **Test and Learn** approach consideration has been given to what is meant by “trusted” approaches. Work was undertaken between officers and providers to consider the opportunities for providing a more effective outcome focussed approach to assessment, care and support planning and review. Participants considered how this would work in practice in Cardiff and what mechanisms needed to be put in place to make this approach successful. A trusted assessment approach does not remove or replace statutory responsibilities. It is therefore essential that those who hold statutory responsibilities related to assessment, will be a key contributor in the design of this approach. Officers will work collaboratively with providers to identify key roles within agencies that will take on this function, supported by the managed domiciliary care networks in each locality that will strengthen positive working arrangements between providers and the Council.
48. Essential to the success of this type of scheme, is local confidence in the provider of the trusted assessment. It is essential that those who are placing their trust in others to undertake assessment are confident that risks, costs and local market are sufficiently understood, and that

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assessors are sufficiently skilled. An assessment under this model is distinct from the determination of eligibility for adult social care services and from financial assessment to establish charges to be levied.

However, the model must interface with the determination of eligibility and financial assessment, in line with statutory requirements set out in the Social Services and Well-being Act (Wales) 2016 and local policies and procedures. It is proposed that as part of the incremental implementation of the new model, a trusted assessment approach is introduced at such time in the implementation process when it is felt that relationships between providers and the Council are appropriately robust enough to support this way of working.

49. **Relationship with Primary Care Clusters** – The new model will interface with the work that is currently being undertaken in primary care clusters. This involves working with other organisations to plan and provide services locally and take action together to improve health and wellbeing within the area or locality. The work in the primary care clusters also brings in the expertise and experience of patients from the cluster as well as looking at a range of community assets including social prescribing which is a non-medical / non-social care intervention. It is anticipated that the new model of domiciliary care will provide an opportunity for care providers within localities to link into multi-disciplinary teams with the locality care coordinator playing a key role in these discussions.
50. **Interface with the Community Resource Team (CRT).** The CRT is being remodelled so that it works with the maximum number of people who will benefit from the re-abling approach on discharge from hospital or directly on referral in the community. The team will undertake outcome-focused work, based on what matters to the individual, which will align with the approach in long-term care and support service. The CRT is currently piloting an approach that builds on the strengths of the current commissioning arrangements whilst developing more flexible outcome-focused care and support within a specific Cardiff locality

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(CF14) and there are plans for this to interface with the domiciliary locality-based pilot detailed at **Appendix 6** of this report.

51. **Meeting the Need of People with Advanced Dementia.** The model will develop links with community based dementia social care and support services both in relation to the city-wide specialist dementia centre, which is an integrated service with Cardiff & Vale UHB Mental Health Services Older People Directorate. The preventative, strengths based service model that focusses on what matters to the person living with a dementia diagnosis, will be designed to forge links with carers services, memory clinics, GP's, CPN's and domiciliary care providers will be required to work alongside this specialist provision to maximise the support available to individuals with advanced dementia. The proposed new model for the delivery of care at home will dovetail with the new Team Around the Individual (TATI) service which is part of the Council's in-house care provision. As part of the new arrangements and the implementation of TATI approach, there will be opportunities for all care providers to work with specialist providers to develop bespoke training programmes for their staff
52. **Meeting the Need of Disabled Children and Young People and Families who require Family Support to Prevent Family Breakdown.** The model seeks to develop new arrangements for children and young people in order to increase the number of providers who deliver services to this cohort of individuals. There is currently a lack of capacity in the market, which means that there are times when the right type of care at home cannot be secured in a timely way for children and their families. The Children's Commissioning Strategy recognises as one of its priorities, the need to develop a new model of short break support, including sessional support, to respond to the needs of vulnerable families and children with disabilities, linking with domiciliary models in adult social care.
53. Whilst the new arrangements will support the enhancement of domiciliary care support for disabled children and young people, it will also seek to

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put in place a brand new arrangement for securing domiciliary care for parents who require support with practical household tasks. This arrangement is intended to support parents who may have additional needs in their own right, to maintain appropriate standards in the home environment to prevent family breakdown and the need for their child/ children to become Looked After.

54. **Building on Successes for Younger Adults with Learning Disabilities** – Existing arrangements for the delivery of care for younger adults with a learning disability / autism already provide a strong outcome-focus that includes gaining employment or protected employment, being able to actively take part in community events, socialise with limited support, live as independently as they are able and engage in meaningful activities. The services commissioned for people with learning disabilities use support planners to maximise access to universal and preventative provision in addition to any care needs they may have.
55. **Building Strong Relationships with the Third Sector and Community Assets.** The model will support providers to form strong links with third sector organisations, community health teams, social work teams and other providers of care and support, in a particular area. Community development approaches maximise the impact of all the resources in a community and community connectors support everyone to benefit from the rich social capital across the city. These connections and relationships are pivotal to any locality-based approach and deliver real benefits.
56. **Understanding the Impact of Regulation and Inspection of Social Care in Wales (RISCA).** The proposals set out in this report recognise the scale of change the domiciliary care sector is currently experiencing, arising from the implementation of **RISCA**, which required all domiciliary care providers to re-register with the Care Inspectorate Wales (CIW) by 31 August 2018, and also requires that all Social Care Workers delivering domiciliary care in Wales to register with Social Care Wales by

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April 2020. Registration brings recognition and support. It also gives people receiving care, and their families, the confidence a worker has the skills and qualifications to do their job in a professional, compassionate manner. However, the proposals set out in this report, recognised that the new regulatory requirements are putting considerable pressure on providers at a time when it is becoming increasingly challenging to recruit new Social Care Workers into the sector.

57. It is estimated that Cardiff has around 4,000 Social Care Workers who need to achieve registration by March 2020. High levels of staff turnover exist with staff moving from one agency to another, or moving to other parts of the foundation economy. Retention in the social care sector is also an issue with agencies competing for staff with better-paid employment, for example in the retail sector. Most recently morale has dropped because of increasing staff shortages and recruitment problems and pressures related with registration of the workforce.

What Does This Mean for How We Will Commission Care at Home?

58. The following paragraphs set out the requirements that will be included in the detailed specification that will underpin the way in which the new model of care at home will be delivered. The locality model means providers will work together in a managed domiciliary care network. They will be required to demonstrate how they will meet the specification requirements as part of the assessment for them to enter the new locality APLs. The requirements are informed by feedback from providers and individuals who receive services, and lessons learned from previous and existing arrangements. Consideration has also been given to the experience of other Local Authorities that have implemented an outcome focussed, locality model, shared by IPC as part of the ***Test and Learn*** sessions.
59. The approach has also been informed by significant work undertaken by officers, including a detailed options appraisal for the most appropriate way to secure the care, that included the development of key business

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requirements and an assessment of implementation considerations. The work undertaken recognises that many of the requirements set out in paragraphs 40 – 58 of this report may not be in place or fully embedded in practice at the time that the new contracts are required to be in place. The domiciliary care market is highly fragile across Wales (and other parts of the UK) and any sudden changes to commissioning arrangements, which could destabilise, and cause providers to exit the market, cannot be recommended. A detailed 2 year implementation plan will be necessary to fully embed the new ways of working.

60. The timescale for implementation, mirrors the timescales for embedding the delivery of strength-based approaches across the whole of adult services and the strengthening of developments within the CRT, specialist dementia care and the work that the NHS are undertaking in partnership with the Local Authority regarding the accelerated GP clusters. The implementation plan is set out in **Appendix 8** of this report.
61. Long-term sustainability of both the model and of the providers delivering the care will be paramount and will provide people with the best opportunity for experiencing consistency and continuity of care. It is proposed that long-term contractual arrangements be established for 4 years with an ability to extend for a further 4 years to prevent the need for a major re-tender exercise in the near future. This will support market stability and sustainability. Other benefits of a long-term contract will allow the market to work in partnership with the Council and be creative and innovative in delivering a strengths based practice approach, focusing on well-being, assessment, care and support planning and reviews. It will also promote good employment practices where there is certainty of income from the Council as commissioner.
62. Providers have told officers that an arrangement that limits the number of providers in the market and restricts the number of localities that they can deliver in is a risky approach given the current fragility of the market. There is a risk that limiting the number of providers could result in a significant reduction of capacity if current providers seek to leave the

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market. There will also be a risk that there is likely to be a lack of specialist providers (e.g. those delivering service to adults with mental health issues, learning disabilities etc and children and young people) in some localities. There is also a likelihood that smaller providers who deliver to specialist client groups on a city –wide basis, may not be sustainable if their business is limited to specific localities.

63. Providers have indicated their preference to continue with an APL and it is proposed that a new APL is put in place with particular arrangements for the delivery of care to specific cohorts of individuals.

- A locality based APL for OP and MHSOP and block contracts for Extra Care and some Sheltered Housing Provision in order to ensure that the same provider delivers care within designated Extra Care accommodation across the city.
- A city-wide APL for LD, MH, SM and PSI with block contracts for Supported Living Services (consistent with the current arrangements).
- A city-wide APL for sessional support for children and young people and family support

64. The aforementioned approach will give providers an option to tender for both a block contract of specified minimum hours (e.g. in the case of Extra Care/ Sheltered Housing) or enter an APL in a locality. There will be encouragement for groups of providers to tender collectively to become a managed domiciliary care network in a locality and for tender returns to be based on collaborative arrangements.

65. The specification for the new service will require providers for OP and MHSOP at the outset, to work in a locality, outcome-focused way.

66. As part of the tender arrangements, providers will be asked to demonstrate how they will move deliver services to a locality arrangement where they will be required to have a care manager at each specified locality in which they operate and a site from which they operate. It will require providers to work with the Council to identify

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appropriate premises, e.g. in a day service, extra care or sheltered housing scheme or well-being hub, that enable them to develop a strong presence in the locality and build positive relationships with other services operating in the local communities that fall within the scope of the locality.

67. The providers applying to enter the city-wide APLs for children, young people and families, LD, MH, SM and PSI will also be required to demonstrate how they will deliver a locality model. This will enable individuals receiving care, to benefit from a similar approach that puts their network of family and friends, and community resources at the heart of the approach despite the care being delivered as part of a citywide APL.
68. Whilst the proposal builds on the positives of the existing APL, current arrangements let the market set the rate at which care is secured as opposed to an agreed price based on an open book approach that informs a robust understanding of what is needed to provide good quality care. As part of the engagement process, providers have been critical that the Council has not undertaken any work with them to properly understand the cost of care and what rates need to be paid to sustain local businesses. There have been a number of cost pressures placed on providers in recent years including pension increases and the travel time directive and providers feel that the Council have not sufficiently taken account of these by increasing annual costs using the retail price index. Several providers in their feedback have indicated that they support an open book approach to inform an open and fair approach to setting a standard cost for care. A cost of care exercise will be undertaken that sets a standard cost of care that the Council will pay going forward. Therefore, cost will no longer be a factor in the future awarding of care packages. This will also be the level at which the Council's agency Direct Payment rate will be paid going forward.

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69. As part of the contractual arrangements, the Council will set out its mechanisms for annual uplifts, which will also reflect the true costs of care provision including National Living Wage (NLW) costs.
70. The market in localities will be actively managed through a remodelling of the internal brokerage functions as we move away from an approach that requires providers to bid for care packages on a city-wide basis in relation to price, towards a relationship management approach within the 6 Neighbourhood, Localities. This will enable the Council to manage and develop the market at a locality level, supporting providers to develop local relationships with community resources and facilitating the delivery of care through securing packages in 'runs' and 'blocks' of provision unless it is not feasible or appropriate to do so for specific individuals.
71. It is proposed that care will continue to be secured via **adam** as this provides opportunities for monitoring of outcomes and quality and making payments to providers. **adam** has been engaged through the process and are committed to work with officers to better understand how the system can be used to support new arrangements going forward including contract management.. Furthermore, the benefit of the model being supported by **adam** minimises the requirement for additional resources within the Brokerage Team.
72. Procurement will commence no later than June 2020, with new contracts awarded in mid-October and a contract start date of 4th November 2020. Between January – June, the service specification and tender documents will be developed, informed by further consultation with providers and individuals in receipt of care at home and the lessons learned from the pilot. The Procurement Timetable is located at **Appendix 9**.

Ongoing Consultation

73. A detailed communication plan will be put in place to ensure that all partners are informed of decisions and progress. The communication

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plan will seek to manage potential concerns raised by citizens, their families and stakeholders throughout this procurement process.

Reason for Recommendations

74. The reason for the recommendations is;

- To obtain agreement for the commissioning of a new model for the delivery of locality based, outcome focussed domiciliary care for all cohorts of individuals with care and support needs who require care at home, in order to promote their independence and well-being and enable them to remain at home for longer
- To obtain the necessary approval in order to commence the procurement process to invite tender from the market.

Financial Implications

75. The report seeks agreement for a new vision for the provision of domiciliary care in Cardiff and the commissioning of a new locality based, outcome focused, care model. Approval is also sought for the commencement of a procurement process for the new arrangements, with authorised delegation to the Direct of Social Services, in consultation with the Cabinet Member and Sec 151 and Monitoring officers, to determine all relevant aspects of the process.

76. In 2018/19 the Council incurred expenditure of £22.6m in relation to commissioned domiciliary care for adults and £0.5m for children. Changes to the commissioning arrangements in these areas could therefore have a significant financial impact on the Council. Separate financial and procurement advice should therefore be sought in relation to all aspects of the commissioning process. Due consideration must be paid to achieving best value under the new proposed arrangements. Notably, the potential impact of restricting the number of providers in

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each locality will need to be assessed and monitored. The report notes that existing packages will remain with current providers post commissioning and an incremental approach, over 2 years, to implementing the new model will be adopted.

77. Providing packages transfer at existing rates and conditions the immediate financial impact should, therefore, be limited. However, proposals to allow providers discretion to vary the number of care hours delivered could have a significant financial impact in the longer term. Also, under current arrangements, payment to providers is made on the basis of the actual number of care hours delivered, rather than on the basis of the number of hours contained in the care plan, which are typically higher. The proposed change in approach to allow more flexible use of the bundle of hours contained in the care plan could also therefore have a significant financial impact.
78. Reference is made in the report to a proposal to undertake a cost of care exercise that sets a standard cost of care that the Council would pay going forward. Whilst the outcome of such an exercise cannot be prejudged, it may have significant financial implications, which are not currently built in to the medium term financial plan. In particular, the proposal to link annual uplifts, once a cost of care rate has been established, to NLW increases could have a significant impact, potentially c£500,000, that is also not reflected in the MTFP. This proposal will therefore need careful consideration. Any costs associated with the conduct of the cost of care exercise itself would have to be met from within the existing resources of the Directorate.

Legal Implications (including Equality Impact Assessment where appropriate)

79. The proposed recommendation is to put simply ask Cabinet to approve the Vision to put in place a new APL arrangement on a locality based approach and to delegate authority to the Director to determine and put

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in place the arrangements for recommissioning the domiciliary care arrangements.

80. Full legal advice should be sought on the proposals, the procurement process and in relation to the drafting of the draft terms and conditions of contract, as the same are developed.
81. It is noted from the body of the report that the Director intends to undertake a “cost of care” exercise. Legal advice should be sought in relation to this exercise also.

Equality and Diversity

82. A full Equality Impact Assessment (EIA) and action plan has been developed for the recommissioning of domiciliary care. This is attached at **Appendix 10**. It is not expected that the new arrangements will have a negative differential on any of the equalities groups. It is however, anticipated that the new model will have a positive differential as it builds on an individual's strengths and provides robust mechanisms to ensure that an individual is supported to achieve their desired outcomes and what matters to them.

Equality Duty

83. The Council has to satisfy its public sector duties under the Equalities Act 2010 (including specific Welsh public sector duties) – the Public Sector Equality Duties (PSED). These duties require the Council to have due regard to the need to (1) eliminate unlawful discrimination, (2) advance equality of opportunity and (3) foster good relations on the basis of ‘protected characteristics’. The ‘Protected characteristics’ are: • Age • Gender reassignment • Sex • Race – including ethnic or national origin, colour or nationality • Disability • Pregnancy and maternity • Marriage and civil partnership • Sexual orientation • Religion or belief – including lack of belief.

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84. The report identifies that an Equality Impact Assessment has been carried and is attached at Appendix 10. The purpose of the Equality Impact Assessment is to ensure that the Council has understood the potential impacts of the proposal in terms of equality so that it can ensure that it is making proportionate and rational decisions having due regard to its public sector equality duty. The decision maker must have due regard to the Equality Impact Assessment that has been carried out in making its decision.
85. Where a decision is likely to result in a detrimental impact on any group sharing a Protected Characteristic, consideration must be given to possible ways to mitigate the harm. If the harm cannot be avoided, the decision maker must balance the detrimental impact against the strength of the legitimate public need to pursue the recommended approach. The decision maker must be satisfied that having regard to all the relevant circumstances and the public sector equality duties, that the proposals can be justified, and that all reasonable efforts have been made to mitigate the harm.

Social Services and Wellbeing (Wales) Act 2014

86. In considering this matter, the decision maker must have regard to the Council's duties pursuant to the Social Services and Well Being (Wales) Act 2014 ("the 2014 Act") and associated regulations. The 2014 Act provides the statutory legal framework for social services in Wales. In brief, the 2014 Act places a responsibility on local authorities, and other public bodies, exercising functions under the 2014 Act to meet any eligible needs of people who need care and support, and carers who need support, and delivering outcomes."

Wellbeing of Future Generations (Wales) Act 2015

87. The Well-Being of Future Generations (Wales) Act 2015 ('the Act') places a 'well-being duty' on public bodies aimed at achieving 7 national well-being goals for Wales - a Wales that is prosperous, resilient,

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healthier, more equal, has cohesive communities, a vibrant culture and thriving Welsh language, and is globally responsible.

88. In discharging its duties under the Act, the Council has set and published well-being objectives designed to maximise its contribution to achieving the national well-being goals. The well-being objectives are set out in Cardiff's Corporate Plan 2019-22. When exercising its functions, the Council is required to take all reasonable steps to meet its well-being objectives. This means that the decision makers should consider how the proposed decision will contribute towards meeting the well-being objectives and must be satisfied that all reasonable steps have been taken to meet those objectives.

89. The well-being duty also requires the Council to act in accordance with a 'sustainable development principle'. This principle requires the Council to act in a way which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. Put simply, this means that Council decision makers must take account of the impact of their decisions on people living their lives in Wales in the future. In doing so, the Council must:

- Look to the long term
- Focus on prevention by understanding the root causes of problems
- Deliver an integrated approach to achieving the 7 national well-being goals
- Work in collaboration with others to find shared sustainable solutions
- Involve people from all sections of the community in the decisions which affect them

The decision maker must be satisfied that the proposed decision accords with the principles above; and due regard must be given to the Statutory Guidance issued by the Welsh Ministers, which is accessible using the link

General

90. The decision maker should also have regard to, when making its decision, to the Council's wider obligations under the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards.

HR Implications

91. There are no HR implications relating to this report.

RECOMMENDATIONS

1. Cabinet is recommended to: agree the vision for the provision of domiciliary care in Cardiff and the proposed new model for a locality-based, outcome focused approach, along with the 2 year implementation plan.
2. Cabinet is asked to authorise the delegation and authority to the Director of Social Services in consultation with the Cabinet Member (Social Care, Health and Well-Being), the Council's Section 151 Officer and the Council's Monitoring Officer, to determine all aspects of the procurement process or the recommissioning of domiciliary care services (including decision-making around the Cost of Care Exercise, approving the evaluation criteria to be used, and authorising the award of the contracts) and all ancillary matters pertaining to the procurement and proposals above.

SENIOR RESPONSIBLE OFFICER	Claire Marchant
	December 2019

The following appendices are attached:

Appendix 1 - Locality Map

Appendix 2 - Domiciliary Care in Cardiff 2006-2019 – Approaches Taken and Lessons Learnt

Appendix 3 - Summary of Adult Care & Support Services Commissioned via *adam*

Appendix 4 - Whole System Transformation Process

Appendix 5 - Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff - Current Provider Perspectives

Appendix 6 - Project Brief for Outcome Focused Domiciliary Care Pilot

Appendix 7 - Questionnaire for Individuals with Care and Support Needs Currently in receipt of Domiciliary Care

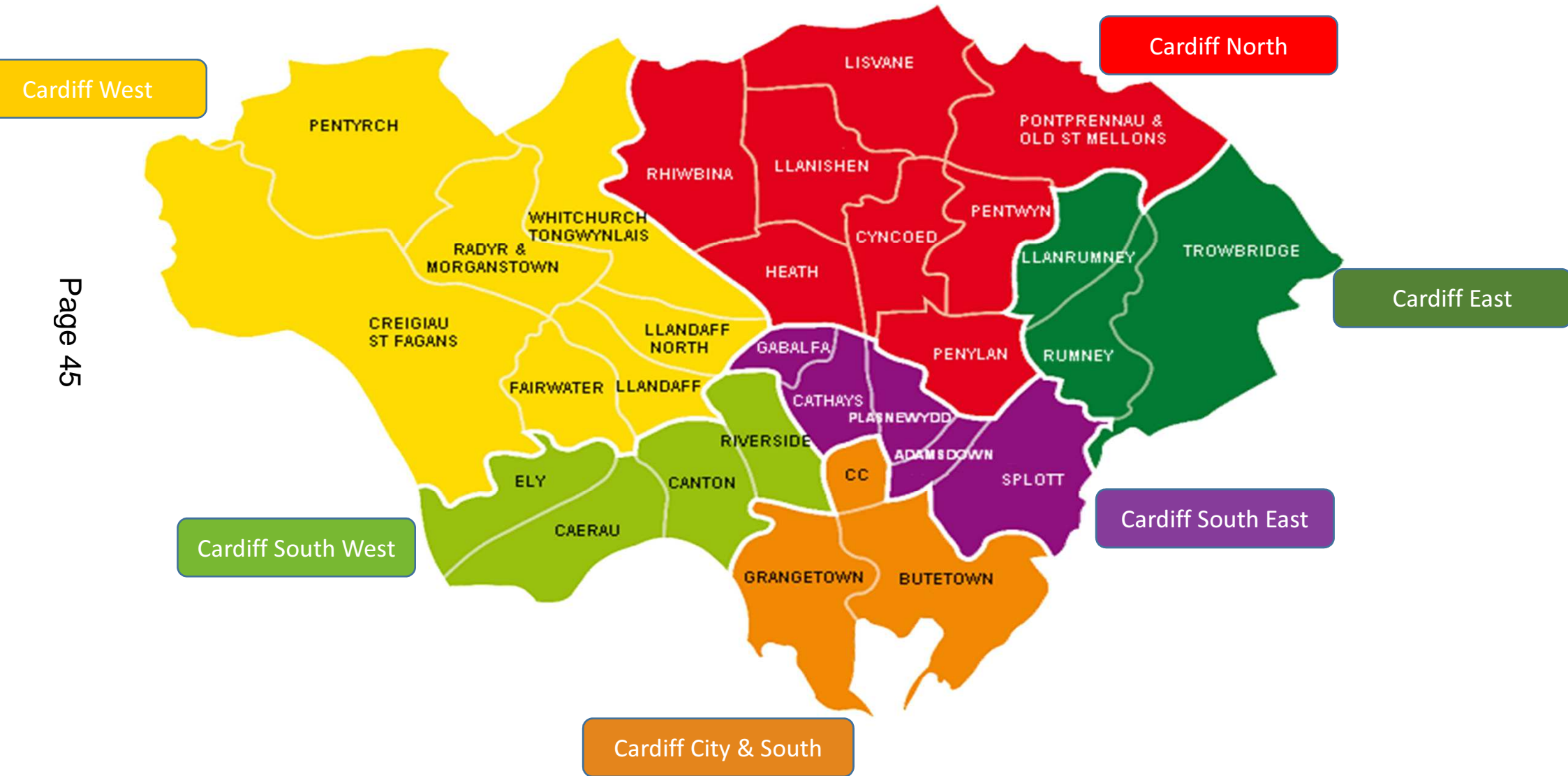
Appendix 8 - Two Year Phased Implementation Plan

Appendix 9 - Procurement Timetable

Appendix 10 - Equality Impact Assessment

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Appendix 1: Neighbourhood Localities aligned to GP Cluster



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Appendix 2: Domiciliary Care In Cardiff 2006 - 2019

Approaches Taken & Lessons Learnt



Summary of Previous Arrangements

2006-2010

Spot & Block Contracting Arrangements

- Block contract arrangements in place for OP & PD client groups
- 4 providers on the block contract
- Block contract weekly returns submitted via Excel Document
- Packages of care allocated on a Spot Contract basis for LD, MH & MHSOP client groups
- Paper invoicing for spot arrangements

2010 – 2014

Framework Agreement & Spot Contract Arrangements

- Framework for OP/ PD/ MHSOP Client Groups Only
- Cardiff Split into 4 zones
- 3 awarded providers per zone
- Each provider allocated a mix of 1000 / 500 hour Framework blocks
- MH/ LD/ SM Packages continued to be allocated on a Spot Contract Basis City-wide
- Introduction of Electronic Call Monitoring for framework providers only

2014 – 2020

Accredited Provider List (APL)

- City-wide electronic APL in place for all client groups hosted by *adam* via *sproc.net*
- Improved visibility of Council demand for providers
- Fully auditable, end to end process
- All Service receipting/ invoicing & payments made via *sproc.net*
- Mini-competition for each opportunity issued open to all accredited providers
- Quality/ Price Evaluation for each submission
- Introduction of Provider Quality Score



Spot & Block Contracting Arrangements 2006 - 2010

Key drivers for change

- Block contracts provided selected providers with assurance of business
- Gain some control over rates paid to block contract providers
- Focus on rationalising the market

Summary of approach

- 1200 weekly hours allocated to each Block Contract Provider
- Block contracts generally offered lowest hourly rate
- Nothing done on regional basis
- Bank of four providers on Block Contract
- Block contract providers approached first prior to approaching Spot Provider market



Spot & Block Contracting Arrangements 2006 - 2010

Pros

- Hourly rates known with Block Providers for three year term

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Cons

- Problems with SU's being transferred from one provider to the other
- Lack of Capacity among Block Providers – Spot arrangements in place for OP & PD
- Insufficient amount of providers with Block arrangements in place
- Large amount of paper invoicing
- Block Providers never paid on a Block basis – paid on Spot Basis
- Block arrangement more akin to a framework agreement
- Team of staff making phonecalls to providers to secure packages



Framework Arrangements 2010 - 2014

Key drivers for change

- More manageable number of providers (between 8-20 anticipated)
- Improved contract monitoring arrangements
- Reduction of transaction & Management costs
- 4 Geographical zones aligned with 6 'Neighbourhood Areas'
- Implementation of Electronic Time Management System (ETMS)
- Capacity to award large blocks of work (1000hrs) intended to 'incentivise' providers & offer assurance of supply
- Closer relationships with Framework providers
- Pricing Envelope for duration of contract for Framework providers

Summary of approach

- Framework in place for OP/ PD/ MHSOP
- All other client groups on Spot Contract basis
- 20,000 hours of weekly care awarded via the framework
- Two 'sub lots' awarded within each zone (1000hrs & 500hrs) to encourage SMEs
- Simplified pricing model for Framework providers
- Framework contract awarded for 3 years with option to extend for 1 year
- Implementation of ETMS for all framework providers to assist contract monitoring & quality of service delivery



Framework Arrangements 2010 - 2014

Pros

- Pricing envelope for Framework Providers – budget set for duration of framework
- ETMS identified safeguarding concerns where regular calls being missed (quality assurance)
- Guarantee of work for framework providers
- Zoning of contracts allowed for better workforce planning/ reduction in travel time for providers
- Back office efficiencies identified
- Establishment of brokerage team, creating single point of contact for providers and improved management of packages
- Improved relationships with framework providers

Cons

- Framework providers unable to meet ongoing demand – therefore OP/ PD/ MHSOP packages also awarded on a spot basis
- Problems with SU transition arrangements
- ETMS requirements not clearly defined – suppliers using ETMS software not compatible with Council monitoring requirements
- No real reduction to overall no. of suppliers in market
- Framework providers delivering care outside framework arrangements, at inflated rates
- Number of different rates paid to suppliers both on and off framework
- Complex process to follow when allocating packages of care once framework provider capacity reached
- No Real efficiencies made as still fragmented supply



Accredited Provider List (APL) 2014 - 2020

Key drivers for change

- One system approach for all client groups
- Framework arrangements incapable of meeting demand
- Legislation: Social Services & Well Being Act (Wales) 2014 / EU Procurement Regulations
- Recommendations in Fairer Deal Task Force
- Improved transparency for providers
- Increasing diversity of supplier base
- Potential to reduce spot rates through competition
- Further back office efficiencies
- Electronic invoicing & automated payments
- Improved Quality monitoring via introduction of Provider Quality Score
- Intention to move from measuring performance on 'Time & Task' to focus on outcomes for individuals
- Reduction in Case Manager Time

Summary of approach

- Use of electronic APL for all 35,000 weekly hours of commissioned Domiciliary care
- APL utilised by providers for all client groups
- APL remained open, allowing providers to join/ leave at any time
- Providers invited to bid on all opportunities issued
- Providers able to submit a blended hourly rate appropriate to the requirements issued for individuals needs
- Providers choice whether to bid for packages of care based on their workforce location & capacity
- Enrolment & accreditation process to gain access to APL
- Price/Quality Split



Accredited Provider List (APL) 2014 - 2020

Pros

Improved visibility for providers
sproc.net reduced back office requirements
Providers able to bid on packages of care in line with their capacity & workforce
No geographical restrictions for providers
Fully auditable, end to end process
Providers able to submit cost for packages based on needs/outcomes for individual
Improved Management Information Data
Compliance with GDPR & EU regulations
No issue with transition of care packages – all providers retained existing individuals
Increased focus on Direct Payments as first offer
Variable turnaround time for submission of offer from providers
Provider Quality Score developed in partnership with Providers

Cons

- No control over prices submitted by Providers
- Some providers struggled to utilise new technology
- Use of 'blended hourly rate' has caused confusion in relation to 'actual' hourly rates – prevents comparative benchmarking with local authorities
- Use of Outcomes as a Quality measure never truly implemented and eventually removed
- Lack of pricing envelope – rates submitted in excess of what we can afford to pay
- Number of opportunities re-issued through the system due to no bids/ bids outside affordability threshold
- No guarantee of business for providers
- Additional requirement for approval level via Operational Managers



Appendix 3: Summary of Adult Care & Support Services Commissioned via adam

Summary of Adult Care & Support Service Received via Adam and Packages Issued & Awarded through the APL via Adam 2018/19

1. Client Groups:

Client Groups	Packages	Hours	No. of Providers
OP	913	13,204.50	38
MHSOP	109	1,634.75	29
MH	18	161.75	12
LD	64	722.50	19
PSI	110	1,901.50	24
SM	14	100.50	8
Total	1,228	17,725.50	45 (unique)

2. Locality:

Locality	Packages	Hours	No. of Providers
Cardiff North	361	5,228.50	37
Cardiff West	215	3,711.50	32
Cardiff South West	269	3,046.75	30
Cardiff City & South	107	1,702.50	11
Cardiff East	146	2,215.50	30
Cardiff South East	130	1,821	27
Total	1,228	17,725.50	45 (unique)

Summary of Adult Care & Support Service Received via Adam and Packages Issued & Awarded through the APL via Adam for 2018-19 including those put in place prior to 2018-19 and still in place during the year.

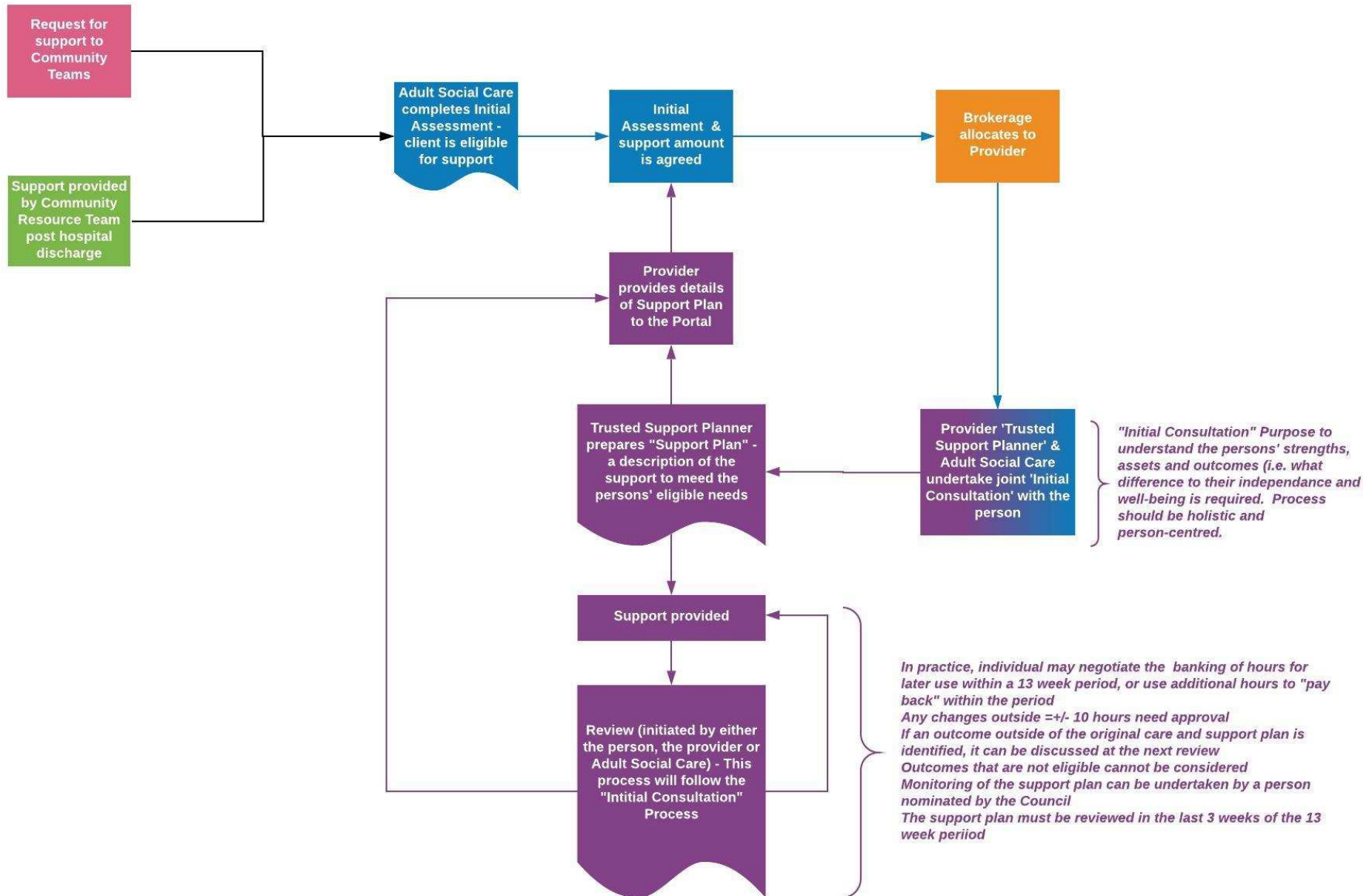
3. Client Groups:

Client Groups	Average Packages	Average Hours	No. of Providers
OP	1,210	17,131	43
MHSOP	86	1,294	34
MH	84	613	29
LD	235	2,451	35
PSI	228	4,120	36
SM	25	186	9
Total	1,747	25,795	53 (unique)

4. Locality:

Locality	Average Packages	Average Hours	No. of Providers
Cardiff North	517	7,960	48
Cardiff West	343	5,206	44
Cardiff South West	292	4,239	41
Cardiff City & South	132	2,109	35
Cardiff East	236	3,238	38
Cardiff South East	230	3,044	37
Total	1,747	25,795	53 (unique)

Cardiff - Delivering Outcome Focused Domiciliary Care



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Cardiff Social Services

Appendix 5 Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff - Current Provider Perspectives

Report

September 2019

Cardiff Social Services

Appendix 5

Developing an Outcome Focused Approach to Commissioning Domiciliary Care Support in Cardiff - Current Provider Perspectives

Report

1 Introduction

Cardiff City Council has commissioned the Institute of Public Care (IPC) to assist them in looking to the future commissioning of domiciliary care services with a particular focus on outcomes for customers.

The Council agreed that as part of the work Professor John Bolton should visit a sample of the providers to learn from them how they are thinking and what might help all parties in moving forward.

It is worth noting that the Providers with whom Professor Bolton met were those who had expressed an interest in being involved in planning for the future. Most of these providers were not solely operating in Cardiff and therefore had experience of other places (especially in Wales) on which to draw to shape their views. This might not be “typical” of the local market.

2 Summary

The biggest single issue cited by all the providers of services for **older** people was their **concern over the price for care** that the Council was prepared to pay.

There appears to be quite different issues for the providers of domiciliary care services for adults with **learning difficulties and it may be advisable to treat this work differently** than the support offered to older people and others.

There was a strong sense that there needed to be a **greater partnership between the Council and the providers** when it came to both **assessing people** for services and agreeing their outcomes. There also needed to be **greater flexibility allowed** for providers to **deliver the right services as agreed** with their customers.

3 Issues raised

3.1 The Cost of Care

Cardiff Council use a system called “Adam” to assist them in selecting which provider might deliver services to new customers. The system allows providers to see a list of

those seeking help and to be able to match those people to their current schedules and to see which customer best fits their worker profile. Providers place bids to undertake the work and usually the lowest bid is accepted for the provider to process. This is described by many as “*the race to the bottom*”.

There were two main criticisms of this approach. First in quite a number of situations the information about the potential customer is sparse and lack sufficient detail to enable providers to make the best decision. Second there is concern that the Council unofficially operate with a set price for some providers above which they will not contract for a service.

Providers reported that they took time to bid for work – set a price in which they believed they could deliver a service but that the work was not awarded to them – even when there were no other providers willing or able to take on the work. There were other examples of providers taking on work agreed with the Council and a price well above the “usual rate”. The application of the rules appeared to be inconsistent and felt to be “unfair” by some providers.

There did not appear to be any work that had been undertaken between providers and commissioners to properly understand the cost of care and what needed to be paid to sustain local businesses. The Council claimed to be supporting the payment of a living wage, yet this is blatantly not the case for providers who were delivering domiciliary care to older people where the rates agreed by the Council only allowed the minimum wage to be paid by providers.

The recruitment of staff to work in domiciliary care for older people was cited as an issue by several providers. The reason for this was cited as the low pay and the challenging conditions.

There had been a number of cost pressures placed on providers in recent years that had not been properly recognised by the councils e.g. increases in minimum wage; pension contribution rules; travel time directives etc. Cardiff had not taken account of these in increasing annual costs using only the retail price index.

The United Kingdom Home Care Association has done a lot of work to understand the true costs of domiciliary care. Their calculation (as shown in their recent report)¹ is that domiciliary care for older people costs £18.93 to be delivered paying the minimum wage and £20.75 to be delivered paying a “living wage”. Providers in Cardiff consistently reported that they could not deliver a good package of care at less than £18.00/ £18.50 per hour. They reported that regularly the Council would not accept bids for packages of care at that price. They reported that on many occasions older people were left without care because the Council would not accept the price stated by the providers.

Several providers stated that they were willing to use open book accounting to show the Council how they calculated the costs of care to demonstrate that they were being reasonable and fair about the true costs. At least two providers suggested that if the current practices persist they would eventually stop undertaking any work for Cardiff

¹ A minimum price for homecare _UKHCA Briefing 2019

Council. There is plenty of work available from neighbouring councils (most of the providers worked with three or more councils).

Providers are paid a low historic price for a number of their longer-term customers. This does not help them sustain their business.

It was noted that at least one of the providers for learning disability services were committed to paying their staff a minimum of the local living wage and that the Council met this obligation within the contract.

Recommendation:

The Council and Providers should undertake a piece of work together to come to a shared understanding of the cost of care in Cardiff.

3.2 Should all customer groups be treated in the same way?

Two of the providers specialised in delivering services for adults with a learning difficulty / autism. Both of these providers already had an outcome focused block contract to support people living in supported accommodation. This covered the larger part of their work in Cardiff. Both Providers suggested that if there were individuals living in the community in Cardiff with a learning disability, autism or other similar impairments that they could be helped under the similar terms of the block contract that already existed for those who lived in supported living. The block contracts allocate a range of hours to an agreed number of customers but the way in which the services can be delivered is determined by the provider following an agreed outcome-based plan set by the social workers (care managers), the provider and the customer.

A recent outcome-based contract for six plus two years had been awarded to three providers to cover four districts of the city to manage the care and support for “supported living accommodation”. The contracts are to become fully operational from November 2019. These contracts build on work that has been developed across the City over a number of years. The providers have worked in the City for over three decades each. It seemed a simple solution to extend these contracts with a focus on outcomes to help any individual in the community to get the care and support they need including building links with a range of community activities and building sustainable links between individuals and their communities.

For younger adults with a learning disability/ autism the outcomes they expected to achieve included gaining employment or protected employment; being able to actively take part in community events; socialise with limited support; live as independently as they are able; and engage in meaningful activities. These might be similar aspirations for older people, but the services specifically commissioned for these younger adults were making very good progress in this area and they should be encouraged to develop this further.

Recommendation

The Council might consider looking at how to develop domiciliary services for people with learning difficulties and with autism with a different approach than they might take for older people.

3.3 Is there a better way of sharing assessments?

The providers in Cardiff were generally satisfied with what they described as the low levels of “interference” that they received from the Council when they were delivering services. One provider only identified the price the Council paid for care as a challenge to them. However, several of the providers of care for older people wanted to explore an approach that developed a much closer working relationship between the providers and the Council.

Some of the providers wanted to develop an approach to outcomes that was being pioneered in The Vale. This allowed the social worker (care manager) undertaking the assessment on behalf of the authority to have a three-way meeting with the customer and the provider to enable a discussion to take place with all parties present on what outcomes the customer was looking to achieve and how these might be addressed in the delivery of a care package. The Council would still complete their assessment and agree the sum of money to be allocated for the customer’s care. The Customer could say how they wanted the care to be delivered and what they were seeking in the longer term. The Provider could explore with the customers the options open to them in relation to how the care is provided.

The approach allowed flexibility so that if the customer wanted to change the way in which care was being undertaken or to ask for a different set of tasks to be completed this was perfectly reasonable within the contract. The provider was allowed (in discussion with the customer) to adjust the spend on the package by + or – 8% in a given period.

This approach appeared to build in a number of benefits. It allowed the customer and the provider to develop a good relationship based on the agreed outcomes. It allowed for flexibility all round – often leading to customers not using all of the budget that had been allocated (with monies returned to the council). It focused on outcomes. It encouraged customers and providers to be creative about how things might be achieved. It linked strongly to the legislation – the Social Services and Well Being Act 2014 looking clearly at the overall well-being of the customer and linking the service provided to the customers stated outcomes.

Recommendation

The Council and Providers should consider a combined way of undertaking joint assessments and allowing flexibility between the customer and the provider to develop the service to focus on outcomes over time. There would need to be further consideration of which provider took each customer.

3.4 Other considerations

1. There is a national push to increase the qualifications for domiciliary care staff with an expectation that this will increase what staff are paid. This is not backed up by increases in monies from councils.
2. Cardiff has a checkered history with its work with providers introducing some unpopular processes over the years. Providers are really looking for a closer partnership with the Council which demonstrates trust and quality services on both sides.
3. The option of developing an apprenticeship scheme for providers of domiciliary care was discussed with a couple of the providers to ease their recruitment challenges.
4. There is a shortage of District Nurses in Cardiff. This has led to more work being procured by the Health Board – who are prepared to pay much more for the care services. Many providers relied on this higher rate from the Health Board to sustain their business. Sometimes the work is of a much more straight forward nature e.g. checking medications and ensuring they are being taken correctly.
5. Some providers are beginning to consider how assistive technology can play an important part in helping people to regain/gain greater independence.
6. The private home care market in Wales is substantially smaller than in parts of England (mostly related to the local charging policies). This means that providers do not have the flexibility or the option of subsidising costs between different customers.
7. Providers were content to consider an outcome-based approach, but they wanted this to be part of a partnership. They often found that the health and care system were looking for scapegoats to blame when problems occurred (particularly in safeguarding) rather than understanding the problems and finding shared solutions. They didn't want any new system to replicate the blame culture from elsewhere.
8. Some providers thought that Adam was an efficient system (despite their protests about the costing tool within it) others wanted to develop a more personal relationship with brokerage/commissioning/care management and their experiences from elsewhere showed that the system worked best when it was based on personal relationships not on technology!
9. Some providers talked about the large number of changes in staff within the Council. This ranged from senior managers, commissioners, and front-line staff. They said they were challenged by the Council to provide more consistency – they would challenge back the Council to offer them the same.

4 Conclusion

Most of the providers were happy to move to a more outcome focused set of care principles. They wanted a much stronger flexibility in the way in which they could deliver services alongside an outcomes-based approach. All providers accepted that progression was importance and that the single outcome to which all providers of domiciliary care aspired was to ensure that those people being helped remained in their own homes. Providers wanted stability in the market, so they hoped that there wasn't going to be further radical change leading to upheaval for providers. If the latter did happen some providers would close down completely their operations in Cardiff.

Professor John Bolton

Institute of Public Care
September 2019

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Project Title:	Outcome focused Care @ Home - Pilot Project	Project Ref:	TBC
Project Executive:	Angela Bourge		
Project Manager:	Ben James		
Programme (if applicable):	Social Services Commissioning Board	Programme Ref:	TBC
Programme SRO:	Claire Marchant		
Programme Manager:	TBC		
Date:	04.12.2019	Version No:	0.1

1.1 Project Overview

A concise overview of the Project – describe what will be changed as a result of the project and what “success” will look like.

- This pilot will aim to test an effective, efficient and sustainable approach to the delivery of Care @ Home in an outcome focused approach.
- The pilot will look at existing packages where providers and Case Mangers have agreed their suitability for the new model of outcomes based locality approach.
- The pilot will test the approach of working within a Trusted Support Provide model.
- The pilot will seek engagement with providers who may or may not have been involved with the Test & Learn Sessions recently co-produced by Cardiff Council & the Institute of Public Care (IPC).
- In order to participate in the pilot, we will ask providers to identify a number of individuals, in the first instance approximately 20/30, for whom they are currently supporting with packages of care, across all client groups but predominately OP/MHSOP.
- This pilot will assist in understanding the interdependencies with the Community Resources Team (CRT) MDT locality approach pilot.
- The pilot will look at new packages from the CRT Pilot, which will be commissioned as a requirement through SProc.net.
- The pilot will assist Cardiff in its development of a new outcome focused service specification which will allow greater flexibility and compliments the development of strength based social work practice and outcomes based locality approach working.
- The pilot will engage in a process with these providers and individuals, where they move to a delivery model of Outcomes focused (and, where applicable, locality based) services and a move away from a Time and Task approach where appropriate.
- It is proposed that the pilot focus across the City, but with the understanding that where possible, the provider will link in with the GP/ MDT Clusters that may be established within an area.
- The pilot will identify what the critical success factors are for delivery of services in this way, as well as highlighting the information we will need to gather and measure in order to determine the success of future arrangements.
- It is anticipated that the Component Parts will include, but not be limited to
 - Greater understanding of the tri-partite conversation and the re-alignment of SU expectations/ requirements
 - Understanding the role and position of the Trusted Support Planner
 - Tracking/ monitoring of care delivery (safeguarding)
 - Ability for SU's to banking of hours (links to payment of providers/ charging of individuals)
 - Understanding the impact that Outcome Focused Delivery has Internally (Brokerage/ Finance team)
 - Developing effective Quality & Performance monitoring mechanisms within the current IT platform SProc.net
 - Engagement between Dom Care market and Cluster Work within the locality approach
 - Requirement for Providers involved in Pilot to attend MDT Clusters attend and engage with the Test & Learn meetings.

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- Development of the current IT Solution SProc.net, to meet the future requirements of commissioning outcome based locality approach for Care @ Home in Cardiff.
- Flexibility within the Care being delivered as part of the collaborative conversation with the individual.

1.2 Reasons for Change & Programme / Strategic Alignment

The reasons for change and issues to be resolved by the project. How does this Project support the Programme to achieve its Vision, alignment with Corporate Objectives, mitigation of Corporate Risk etc.

- **Capital Ambition**
 - Finding solutions will mean working in ever-closer partnership with the Health Service and the third sector, joining-up our services at a community level, working closely with partners- including voluntary groups, unpaid carers and volunteers- to make sure that as many people as possible are able to receive care in their communities.
 - Break down barriers and join-up services at the community level by placing social care at the heart of the Council's emerging 'localities' approach.
- **A Healthier Wales: our Plan for Health and Social Care**
 - Published by the Welsh Government in June 2018.
 - Calls for 'new models of seamless local health and social care' that are designed and delivered around the needs and preferences of individuals.
 - 'The model, which is being used to improve locality, community and home based care, is a whole system approach with the citizen at the centre and is designed to support people's health and wellbeing in ways that emphasise prevention.
- **Commissioning of Domiciliary Care and Procuring Home Care – Cabinet Report September 2018**
 - Council purchases 30-35,000 hours of domiciliary care per week for approximately 2,200 adults at a cost of £23 million per annum through the independent sector.
 - Since November 2014 this has been commissioned through an Accredited Provider List which operates akin to a Dynamic Purchasing System.
 - In September 2018 Cabinet approved an extension of this arrangement until November 2020 to allow time to consider all aspects of domiciliary care provision to deliver an outcome focused locality approach co-produced with people with care and support needs, their carers and providers of care.
- **The individual needs to be at the heart of developing and evolving their ongoing care and support plan which will be measured by an outcome based quality assurance process and framework.**
 - **Prevent**
Better signposting at first point of contact, building and strengthen existing community links to improve the visibility of existing services to ensure that individuals are given the right information at the right time to prevent them being admitted to hospital or requiring crisis care.
 - **Reduce**
For individuals already receiving care – promoting existing and new services within communities that with time will reduce the need for prescribed social care as this may not always be the most suitable solution.
 - **Promote**
To ensure that all individuals are fully aware of opportunities within communities, family and friends environments to promote and maintain their independence to delay the need for prescribed domiciliary care.

2. Project Scope

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Summary of what is in scope and out of scope for this Project

In scope

- Current packages of Domiciliary Care, which have been identified as being suitable and agreed by Case managers for predominately OP/MHSOP but may include other Adult Client Groups.
- Domiciliary Care services provided by providers who have a current package/s of care being delivered to Service Users in Cardiff across all client groups but predominately OP/MHSOP .
- Providers will be asked to identify suitable individuals/ packages of care for delivery of services in an outcome focused manner.
- Assistance in the Development of an Outcome Focused Service Specification.
- Assistance in understanding the requirements of future Technology and Business Process
- Internal changes to facilitate the new commissioning arrangements.
- An agreed number of CRT pilot packages which are ready to be issued to the market from January 2020.
- Links and interdependencies with the Community Resources Team pilot model and the overlap with packages being issued from the CRT pilot.

Out of Scope

- Domiciliary Care and Sessional Support secured through Direct Payments.
- Domiciliary Care delivered in Extracare Schemes via existing Block Contract arrangements.
- Reablement and Bridging Support provision through the CRT.
- Implementation of strength based approach model within teams.
- Review of Wellbeing Assessment and Case Management / Reviews.
- CRT and 'self-managing teams' pilot.
- The model for Children Services Sessional and Family Support.
- Children Services Sessional Support.

3. Benefits / Performance Measures

Show how the project aligns to the Programme's / corporate benefits and detail the measures and key performance indicators which will also be used to assess project success.

Programme Benefit supported	Measures / KPIs	Target Date
Reduction in demand	Reduction demand for commissioned services (number of hours) through reablement and better use of/ signposting to community resources	March 2020 - Ongoing
Delivery of Outcomes	Improved delivery of outcomes for individuals	May 2020
Performance & Quality	Identification of appropriate Performance Quality Measures for future arrangements	January – May 2020
IT Solutions	Identification of technology requirements for future arrangements	January – May 2020
Trusted Support Planner	Greater understanding of the role and function of the Trusted Support Planner & where this is best placed in the service	January – April 2020
Charging for Services Provided	Understanding the impact that Outcomes Based service delivery will have on the process for charging individuals for services received	January – April 2020
Payment for Services Provided	Understanding the impact that Outcomes Based service delivery will have on the way in which we pay providers for services provided	January – April 2020
Locality Model	Understanding of how join up of services within a Locality will support Outcomes Focused Delivery	January – April 2020
CRT Role	Understanding of role, function & impact of CRT on packages issued to market	January – April 2020

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Technology	Understand technology limitations & requirements for Service Receipting (adam)	January – April 2020
Consultation	With Service Users/Carers Case Managers, Brokerage and Contract Monitoring teams to understand the impact of the Pilot to help best inform service specification and requirements	January – April 2020

(Add / remove rows as appropriate)

4.1 Analysis and Stakeholder Engagement to date & Lessons Learnt

Reference any pre-project analysis and engagement, work already completed and Lessons Learnt from previous projects

- A number of Test & Learn sessions have been undertaken with approximately 15 different Domiciliary Care Providers in Cardiff.
- Throughout the Test & Learn Sessions providers have been engaged in discussions detailing what would be required in order to move from commissioning Domiciliary Care on a Time & Task basis to an Outcomes Focused manner
- A similar pilot has been undertaken by the Vale of Glamorgan Council, and one provider who is currently delivering services as part of the pilot provided an overview of the approach taken in the Vale of Glamorgan and some of the lessons learned
- All providers engaged in the process have expressed that they would be interested in exploring the requirements through a Pilot in Cardiff, with existing service users.
- On going review of the packages will take place with Case Managers within the pilot period
- Feedback from Providers on whole approach to be gathered at future Test & Learn Sessions
- Feedback from Internal Stakeholders to best inform new model going forward.
- Feedback from Service Users on their experience of the outcomes based pilot.

4.2 Key Project Stakeholders

Stakeholders	Stakeholder Interest / Influence <i>(Low, Medium, High)</i>	Communication Method(s)
People with care and support needs	High	Via Case Manager/ Support Provider/ Trusted Support Planner
Carers	High	Via Support Provider/ Trusted Support Planner
Care Providers	High	Attendance at Test & Learn sessions/ Via Case Manager/Sproc.net
Social Workers / Case Managers	High	Project team representative
Brokerage Team	High	Project team representative
Contracts and Performance Team	Medium	Project team representative
Commissioning and Procurement	Medium	Project team representative
Health	Medium	Project team representative
Adam Representatives (IT Platform)	High	Project team representative

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IPC – Critical Friend	Medium	Project team representative
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(Add / remove rows as appropriate)

5.1 High Level Project Plan

List high level details from the Project Plan here, including project phases and key milestones

Key Milestone / Deliverable / Product	Delivery	
	Baseline Delivery Date	Acceptable Tolerance
Establish Project Governance	November 2019	0%
Commence Test and Learn Workshops	December 2019	0%
Identify initial Cohort of SU's	December 2019	0%
Arrange meetings with providers	December 2019	0%
Arrange review of Packages	December 2019/January 2020	0%
Identify & understand future Technology requirements	January – February 2020	0%
Ongoing review of individual Packages	January 2020 onwards	0%

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Cardiff Council Domiciliary & Sessional Support Services (Appendix 7)

What is the Council planning to do and why?

The way that domiciliary and sessional support is commissioned by Cardiff Council is due to change. A new arrangement will be put in place for new packages of care from November 2020. The proposed new approach will be based around localities and will support individuals to achieve the outcomes that matter to them, linking into an individual's community and network of family and friends as well as providing commissioned care from care providers. The Council would like to engage with individuals who currently receive domiciliary care to gather feedback to help us shape the new arrangements in order to ensure that they provide the best opportunity to offer excellent care at home for those who need it.

How will this impact me?

Nothing will change to your current service, however, further improvements of the service will be made in order to better meet peoples' needs going forward. The service will deliver a broad range of support to enable people to have access to resources within their communities and care is likely to be more flexible.

How will the Council speak to customers?

The Council will speak to individuals through their current providers and planned drop in sessions and focus groups. However, in the first instance, we would like to hear your views on your current service via this questionnaire.

Who can I contact?

If you are worried or anxious about the contents of this letter, please speak to your support provider or social worker or contact the officers who are involved in the commissioning process. Their contact details are below:

Amina Begum – 029 2087 2060 / amina.begum@cardiff.gov.uk

Kirsty Best – 029 2087 2584 / kirsty.best@cardiff.gov.uk

1 Do you currently use Domiciliary or Sessional Support services?

- Yes, I do
- No, but a family member currently receives care
- No, but I (or a family member) may need this care in the near future
- No, and I do not expect to need it in the near future

2 Which service do you use?

- Domiciliary care
- Sessional support

3 Overall, how satisfied are you with the service you receive?

- Very satisfied
- Fairly satisfied
- Neither
- Fairly dissatisfied
- Very Dissatisfied

4 Do you feel that you have the opportunity to shape the way your care or support is planned?

- Yes
- Somewhat
- No
- Don't know

4a If no, please tell us why

There are left characters remaining

5 What is the most important part of your existing care and support package?

There are left characters remaining

6 What improvement(s) would you like to see made to your current care and support arrangement?

There are left characters remaining

7 In which language would you prefer to receive care?
 English Welsh Other

Please specify

8 Do you currently receive care in your preferred language?
 Yes No

9 Do you understand who to talk to if your needs are not being met by current arrangements for your care and support?
 Yes No Not sure

10 Would you like to become involved, or more involved, in activities in your local community or area?
 Yes No Not sure

10a Please give details of which activities you are interested in

There are left characters remaining

About You

11 Please provide your postcode below to allow us to more accurately pinpoint respondents' views and needs by area:-

12 What was your age on your last birthday? Please tick one box only.
 Under 16 16-24 25-34 35-44 45-54 55-64 65-74 75+ Prefer not to say

13 What best describes your gender? Please tick one box only
 Female Male Other Prefer not to say

13a Please specify

There are left characters remaining

14 Do you identify as Trans?
 Yes No Prefer to self-describe Prefer not to say

14a If you prefer to self-describe, please specify

There are left characters remaining

15 Do you identify as a disabled person? Please tick one box only.
 Yes No Prefer not to say

16 Please tick any of the following that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Deaf/ Deafened/ Hard of hearing | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma) |
| <input type="checkbox"/> Learning impairment/ difficulties | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wheelchair user | |

16a Please specify

There are left characters remaining

17 Do you regard yourself as belonging to any particular religion?
 Yes No, no religion

17a If yes, please specify

- | | |
|--|---|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to answer |

Please specify

18 How would you describe your Welsh language skills?

19 Do you consider yourself to be Welsh? Please tick one box only.

- Yes
 No

20 What is your ethnic group?

Where the term 'British' is used, this refers to any of the four home nations of Wales, England, Northern Ireland and Scotland, or any combination of these.

Please tick one box only.

- | | |
|---|--|
| <input type="checkbox"/> White - Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> Asian/Asian British - Bangladeshi |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British - Indian |
| <input type="checkbox"/> White - Gypsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British - Any other |
| <input type="checkbox"/> White - Any other white background | <input type="checkbox"/> Black/African/Caribbean/Black British - African |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White & Asian | <input type="checkbox"/> Black/African/Caribbean/Black British – Caribbean |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British - Any other |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - Any other | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Asian/Asian British - Chinese | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian/Asian British – Pakistani | |

20a Please specify

There are left characters remaining

The information that you provide in completing this form will be treated as confidential, in line with the requirements of the Data Protection Act 2018 and the General Data Protection Principles.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

If you wish to withdraw consent at any time, please email consultation@cardiff.gov.uk For further information on how we process your personal data please refer to our [Privacy Policy](#) - or contact the Data Protection Officer, Room 357, County Hall, CF10 4UW, email: dataprotection@cardiff.gov.uk

Thank you for your time, please click '✓' to submit your response

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Care @ Home – 2 Year Phased Implementation Plan v0.1 DRAFT (Appendix 8)

Milestone	Key Dates
Pilot Domiciliary Care Project to understand future requirements	January – May 2020
Cost of Care Exercise	January – May 2020
Outcomes Framework Development	January – May 2020
Provide support for providers to work collaboratively via Business Wales	January – June 2020
Realignment of Contract, Quality & Performance monitoring arrangements	January – June 2020
Development of <i>adam</i> software to support future requirements	January – June 2020
Realignment of Brokerage function	January – October 2020
Realignment of internal Commissioning Function	January – July 2020
Support for Providers through RISCA implementation	January – April 2020 (and then ongoing as they seek registration)
Strength Based Training programme for Commissioners of Care	January – October 2020
Issue Tender documents & Run Accreditation and Enrolment process to appoint providers to Locality & City Wide APLs	June – October 2020
Establishment of Locality arrangements	November 2020
Go Live with New Arrangements	November 2020
Outcomes Framework Implementation	November 2020
CRT Interface	November 2020 (and ongoing for the term of the APL)
Consider opportunities to block contract for some Sheltered Housing providers	November 2020 – April 2021
Providers to work towards/ establish Care Co-ordinator within Locality Base	In place by November 2020 or working towards by April 2021
Establishment of Trusted Assessor Model	November 2020 (and ongoing for the term of the APL)
Establishment of links with GP Clusters & MDTs	November 2020 (and ongoing for the term of the APL)
Development of Managed Network of Providers	November 2020 – August 2021
Strength Based Training programme for Providers of Care	November 2020 (and ongoing for the term of the APL)
Transition of unsustainable packages (where providers are unable to meet APL requirements)	November 2020 (and ongoing for the term of the APL with potential spike in requirements April 2021)

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Domiciliary Care & Sessional Support Recommissioning Project - Indicative Project Timetable 2019-2020 (Appendix 9)

Activity	Indicative Dates	Actions	Responsible Officer(s)
Draft Cabinet Report REPORT TO BE SUBMITTED 12th DECEMBER	October - December	1. Outline proposed Domiciliary Care & Sessional Support model & Locality Approach	ABeg
		2. Issue Draft Cabinet Report to Finance & Legal for advice – 28th November 3. Deadline for Legal/ Finance Advice - 5th December	ABeg/ AB/ JW/ PR
Portfolio Member Consultation	To be confirmed from 6 th December	1. Briefings to Portfolio Members to agree Cabinet Report	AB/ ABeg
Key Dates & Committees	December - January	1. Submit Forward Plan – 14th November 2019	ABeg
		2. Children and Young People Scrutiny Committee – 10th December 2019 / 14th January 2020	AB/ ABeg
		3. Deadline for papers for Scrutiny (Cabinet Report/ Presentation etc) – w/b ???	AB/ ABeg
		4. Adults Services Scrutiny Committee – 8th January 2020	AB/ ABeg
		5. SMT – 17th December 2019	AB/ ABeg
		6. Informal Cabinet – 8th January 2020	AB/ ABeg
Cabinet approval	Meeting 23rd January 2020	1. Seek authority to delegate to Director Social Services / Section 151 Officer / Legal for all matters pertaining to the procurement process – 23rd January 2020 2. Decision published – call in period ends – 3rd February 2020	AB/ ABeg
Outcome Focused/ Locality Based Pilot Project	January 2020 – June 2020	1. Engage with providers & officers to develop requirements & monitor progress in order to inform service specification & Tender documents for future services	
Preparation of tender documents	November 2019 – June 2020	1. ODR & Pre Tender Report	ABeg/ SH
		2. PQQ	SH
		3. Service Specification	ABeg/ KB/SH/ PL/ MT/ BJ
		4. Method Statement Questions & Evaluation Criteria – Dependent on model for securing services	ABeg/ KB/SH/ PL/ MT/ BJ
		5. ITT - Dependent on model for securing services	SH/ BJ
		6. Contract T&C's	ABeg/ JW/ SH

		7. Stakeholder & Business Wales support events	ABeg/ PL/ SH
		8. Service User Engagement	ABeg/ KB
		9. TUPE /PIA Documents	ABeg/ SH
ODR – seek authority to go to market	1 st June 2020	1. Include full detail of all tender documents and evaluation criteria (providing decision is delegated)	ABeg/ AB/ JW/ PR
Issue Contract notice	1 st June 2020	1. Issue via Sell2Wales (Include detail of Supplier Engagement Events)	SH/ BJ
Procurement process	15 th June – 12 th October 2020	Timescales dependent on decision made around procurement route to market Advised by <i>adam</i> they generally work to a 16 week lead in time in order to run a process to accredit providers onto an APL	SH & Project Team
Decision to Award Contracts	12 th - 19 th October 2020	Draft ODR & Contract Award Documents - Allow 1 week for sign off (providing decision is delegated)	ABeg/ SH
ODR Published detailing Award Decision	19 th – 30 th October	Allowing for publication, Standstill Period & Call in period	
Contract Award Date	2 nd November 2020	Subject to PIA (if applicable)	
Contract Start Date	4 th November 2020	Current arrangements with <i>adam</i> / Providers cease on 3 rd November 2020	

Equality Impact Assessment
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Project Title: Recommissioning of Domiciliary Care – A Two Year Plan for Cardiff Care At Home
New/Existing/Updating/Amending:

Who is responsible for developing and implementing the Project?	
Name: Angela Bourge	Job Title: Operational Manager
Service Team: Strategy, Performance & Resources	Service Area: Social Services
Assessment Date: 03/12/19	

1. What are the objectives of the Project?

The project aims to implement a new approach to the commissioning arrangements for the future delivery of domiciliary care for Adults & Children and their families in Cardiff. The project will ensure individuals who have been assessed as having care and support needs, will be supported to live as independently as possible, for as long as possible, in their own homes and communities.

The project aims to ensure that commissioned providers deliver services in a locality based approach, complimenting strength-based social work practice. The project will promote a move away from a time and task model to more flexible, outcome-focused care, promoting long-term stability of the sector. The development of the proposed new approach has been co-produced with providers and individuals who receive care and their families

2. Please provide background information on the Project and any research done [e.g. service users data against demographic statistics, similar EIAs done etc.]

Cardiff Council has taken a number of different approaches to securing domiciliary care over the past 14 years. These approaches have included Spot and Block contracting arrangements from 2006-2010, Framework agreements in 2010 and an Approved Provider List (APL) from 2014 to date. A review of these approaches has been undertaken to inform arrangements going forward, learning lessons from what worked well and what worked less well.

Under the current arrangements for Adult Services, all providers accredited and enrolled on the Council’s Accredited Provider List (APL) are able to select the localities (based on residential wards) that they wish to deliver services in and the client groups they wished to support. Packages are issued electronically to all APL providers who

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Equality Impact Assessment Corporate Assessment Template Appendix 10

have chosen to support the relevant client group and provide services in that particular area. However, in reality, most providers on the APL select to deliver packages in every area of the City to a variety of (or in some cases, all) client groups.

Packages are awarded using an evaluation criteria that is made up of quality and price. The APL operates as a Dynamic Purchasing System (DPS) to support and develop an active market of quality providers. There are currently 85 care providers accredited on the APL, with care currently being delivered by approximately 53 providers. The care is split across 6 client groups; Older People (OP), Mental Health Services for Older People (MHSOP), Learning Disability (LD), Mental Health (MH), Physical, Sensory Impairment (PSI), Substance Misuse (SM).

Domiciliary care for children and young people is secured via spot contracts with individual providers. The children's domiciliary care market in Cardiff is very small with services currently being delivered by only 4 care providers. Consequently, there is insufficient capacity in the market to meet the current demand that the Council has for these services.

3 Assess Impact on the Protected Characteristics

3.1 Age

Will this Project have a **differential impact [positive/negative]** on younger/older people?

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

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

The move to commissioning services in an outcome focused, locality based manner will have a positive impact on those in receipt of them.

The vision that has been developed states that *"We will identify preventative measures and where necessary develop solutions that enable those in need of care and support, and their families, to be safe and as independent as possible. This will include steps to support people to live within their local community, as close as possible to home, family and friends wherever appropriate"*

Individuals will benefit from *"A seamless join-up of services which will require domiciliary care and sessional support providers to form strong links and work in*

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partnership with Third sector Organisations, Community Health Teams, Social Work Teams and other providers of care and support, both within specific localities and across the city to help support the health and well-being of individuals."

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

n/a – it is widely agreed that the impact for individuals will be positive

3.2 Disability

Will this Project have a **differential impact [positive/negative]** on disabled people?

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

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

The move to commissioning services in an outcome focused, locality based manner will have a positive impact on those in receipt of them.

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

n/a – it is widely agreed that the impact for individuals will be positive

3.3 Gender Reassignment

Will this Project have a **differential impact [positive/negative]** on transgender people?

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

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Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The move to commissioning services in an outcome focused, locality based manner will have a positive impact on those in receipt of them.
What action(s) can you take to address the differential impact?
n/a – it is widely agreed that the impact for individuals will be positive

3.4. Marriage and Civil Partnership

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

	Yes	No	N/A
Marriage			X
Civil Partnership			X

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
n/a
What action(s) can you take to address the differential impact?
n/a

3.5 Pregnancy and Maternity

Will this Project have a **differential impact [positive/negative]** on pregnancy and maternity?

	Yes	No	N/A
Pregnancy	X		
Maternity	X		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The move to commissioning services in an outcome focused, locality based manner will

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<p>have a positive impact on those in receipt of them.</p> <p>n/a – it is widely agreed that the impact for individuals will be positive</p>
What action(s) can you take to address the differential impact?
n/a – it is widely agreed that the impact for individuals will be positive

3.6 Race

Will this Project have a **differential impact [positive/negative]** on the following groups?

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

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The approach have a positive impact on the above groups, as it will look to link services not just within a locality, but also within communities that individuals are part of.
What action(s) can you take to address the differential impact?
n/a

3.7 Religion, Belief or Non-Belief

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

	Yes	No	N/A
Buddhist	X		
Christian	X		
Hindu	X		
Humanist	X		
Jewish	X		
Muslim	X		

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Sikh	X		
Other	X		

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

The approach will have a positive impact on people with different religions, beliefs or non-beliefs, as it will look to link services not just within a locality, but also within communities that individuals are part of, including religious communities.

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

n/a – it is widely agreed that the impact for individuals will be positive

3.8 Sex

Will this Project have a **differential impact [positive/negative]** on men and/or women?

	Yes	No	N/A
Men			X
Women			X

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

n/a

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

n/a

3.9 Sexual Orientation

Will this Project have a **differential impact [positive/negative]** on the following groups?

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

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Please give details/consequences of the differential impact, and provide supporting evidence, if any.
The approach have a positive impact on the above groups, as it will look to link services not just within a locality, but also within communities that individuals are part of, including communities linked to specific sexual orientation.
What action(s) can you take to address the differential impact?
n/a

3.10 Welsh Language

Will this Project have a **differential impact [positive/negative]** on Welsh Language?

	Yes	No	N/A
Welsh Language	X		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
We will ensure that the service specification outlines requirements that individuals wishing to receive services in Welsh are able to do so under the active offer as outlined in the Welsh Language (Wales) Measure 2011
What action(s) can you take to address the differential impact?
n/a

4. Consultation and Engagement

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

<p>Citizen Engagement – Engagement with citizens who receive care and support and their families and carers has been ascertained in a number of ways. A questionnaire was circulated to individuals in receipt of domiciliary care to ensure that all individuals who are currently receiving care at home had an opportunity to provide feedback</p> <p>BAME Engagement - A number of drop in sessions were organised in December 2019 in Butetown, Grangetown and Riverside, promoted through the Council’s Twitter and Facebook postings as well as via direct links with BAME Community and Faith Leaders. Links were also made with existing groups in order to ascertain their feedback.</p>
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Additionally, meetings are scheduled in January with Local Members of BAME constituencies to ascertain further information

Provider Engagement – All of the documents produced from the engagement activities with providers have been published on the Sell2Wales website so that those providers who have not actively participated in the sessions, are able to keep up to date with developments ahead of the commencement of the procurement

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

Groups	Actions
Age	n/a
Disability	n/a
Gender Reassignment	n/a
Marriage & Civil Partnership	n/a
Pregnancy & Maternity	n/a
Race	n/a
Religion/Belief	n/a
Sex	n/a
Sexual Orientation	n/a
Welsh Language	n/a
Generic Over-Arching [applicable to all the above groups]	n/a

6. Further Action

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

7. Authorisation

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

Completed By : Ben James	Date:
Designation: Strategic Category Manager	
Approved By: Angela Bourge	03/12/19
Designation: Operational Manager	
Service Area: Social Services	03/12/19

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

For further information or assistance, please contact the Citizen Focus Team on 029 2087 2536 / 3262 or email equalityteam@cardiff.gov.uk

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Presentation For CASSC Scrutiny Committee

2 Year Plan for Cardiff Care At Home

8th January 2020



Gweithio dros Gaerdydd, gweithio gyda'n gilydd
Working for Cardiff, working together



Care At Home

Overview of Report

- The report sets out a new approach to the commissioning arrangements for the future delivery of care at home (domiciliary care and sessional support).
- It seeks Cabinet approval of a locality approach to delivery, which compliments strength-based social work practice, promotes a move away from 'time and task' to more flexible, outcome-focused care, promoting long-term stability of the care sector.
- The development of the proposed new model has been co-produced with providers and people who receive care and their families.
- The report also sets out the procurement timetable for the recommissioning of services to ensure that new contracts are in place by 4th November 2020 when existing contracts expire.



Strategic Intention (set by Cabinet Sept 2018)

- Locality Based
- Compliment strength based SW practice
- Flexible – move from task and time
- Meet the needs of people with advanced dementia
- Co-produced with people with care and providers
- Promote long-term stability of the sector



Current Arrangements

- City –Wide Accredited Provider List (APL)
- Packages awarding using evaluation criteria made up of quality and price.
- 85 providers accredited on the APL with 53 currently delivering care.
- Care is split across 6 client groups – older people / mental health/physical, Sensory impairment / Substance Misuse.
- IT solution provides and end to end IT system
- Children’s Dom Care – spot purchased – 4 providers
- Adults & Children’s provision centre around time and task
- 2018/19 – 1,228 new packages issued – awarded to 45 different providers



The Vision

Co-produced by Officers and Providers -

“We will identify preventative measures and where necessary develop solutions that enable those in need of care and support, and their families, to be safe and as independent as possible. This will include steps to support people to live within their local community, as close as possible to home, family and friends wherever appropriate”.

•



Inter-dependencies

- Implementation of strength based practice – outcome focussed care planning
- Implementation of advanced cluster model
- CRT operating in outcomes focussed way
- Investment available for specialist dementia through TAtI
- RISCA registration requirements for the sector
- Re-modelling of commissioning and brokerage
- Transparency about costs of care
- No Transition of care packages from November 2020



Locality Approach - Definition

“A seamless join-up of services which will require domiciliary care and sessional support providers to form strong links and work in partnership with third sector organisations, community health teams, social work teams and other providers of care and support, both within specific localities and across the city to help support the health and well-being of individuals.”

A locality can be a place, an identity and / or a shared interest which matters to an individual, and enables them to take control of what, where and how they access their local community”.



Locality Requirements

- CRT to be remodelled into community teams
- Dom care provision to be based on 6 GP cluster localities
- Dom care local authority 'locality managers' to develop managed networks to manage flows of work and capacity building in each cluster
- Dom care providers to have a base in each locality
- 'Managed network' of care providers who share runs, data and training
- Safe transition of packages when they become unsustainable



Strength based practice

- Care plans based on hierarchy of support and care providers to play a role in delivering care plans in conjunction with community resources, early help services and family carers
- Care plans to set out what outcomes providers need to deliver and give the provider the flexibility to agree how care will be delivered with the person with care and support needs and their support network
- Trusted Assessment Model to be implemented over time.



Flexible



- Personal plan of care to be agreed with the person, giving flexibility to the provider to agree with the person and their carer how they wish to receive the service
- *Trusted assessor model in order to assess the impact of the care and support*
- *The flexibility for the provider to utilise the 10% increase /decrease*
- *Working with planned and actual hours and reconciliation process*
- *Banking of hours*



Meets the need of people with advanced dementia



- Team Around The Individual (TATI) money to be used to develop specialist in-house dementia team
- Work with specialist provider to develop training programme
- Service linked to specialist day services



Co-produced



- Extensive engagement with providers in the development of the model
- Community engagement underway
- Need to understand specific needs of BAME communities and potentially commission / develop specialist service to meet needs
- Relationship based commissioning models through dom care networks will continue involvement under new commissioned arrangements



Promote the long-term stability of the sector



- Commissioning arrangements need to be based on a cost of care exercise with mechanisms for annual uplifts agreed over the life of the contract
- Providers will be able to develop their businesses with a clear understanding of the need within a locality
- The market in localities will be actively managed
- Long term contractual arrangements will be established to prevent the need for a major re-tender exercise



Way forward (1)



- A managed domiciliary care network to operate in each locality - an approved provider list (APL) for each locality to be put in place
- A clear specification, with specific requirements as set out in these slides, will be put out to tender to enter the APL
- Cost of Care exercise to develop a standard rate ahead of the procurement commencing
- The Council must set out its mechanisms on an annual basis for cost uplifts which will reflect the true cost of care provision, including NLW costs

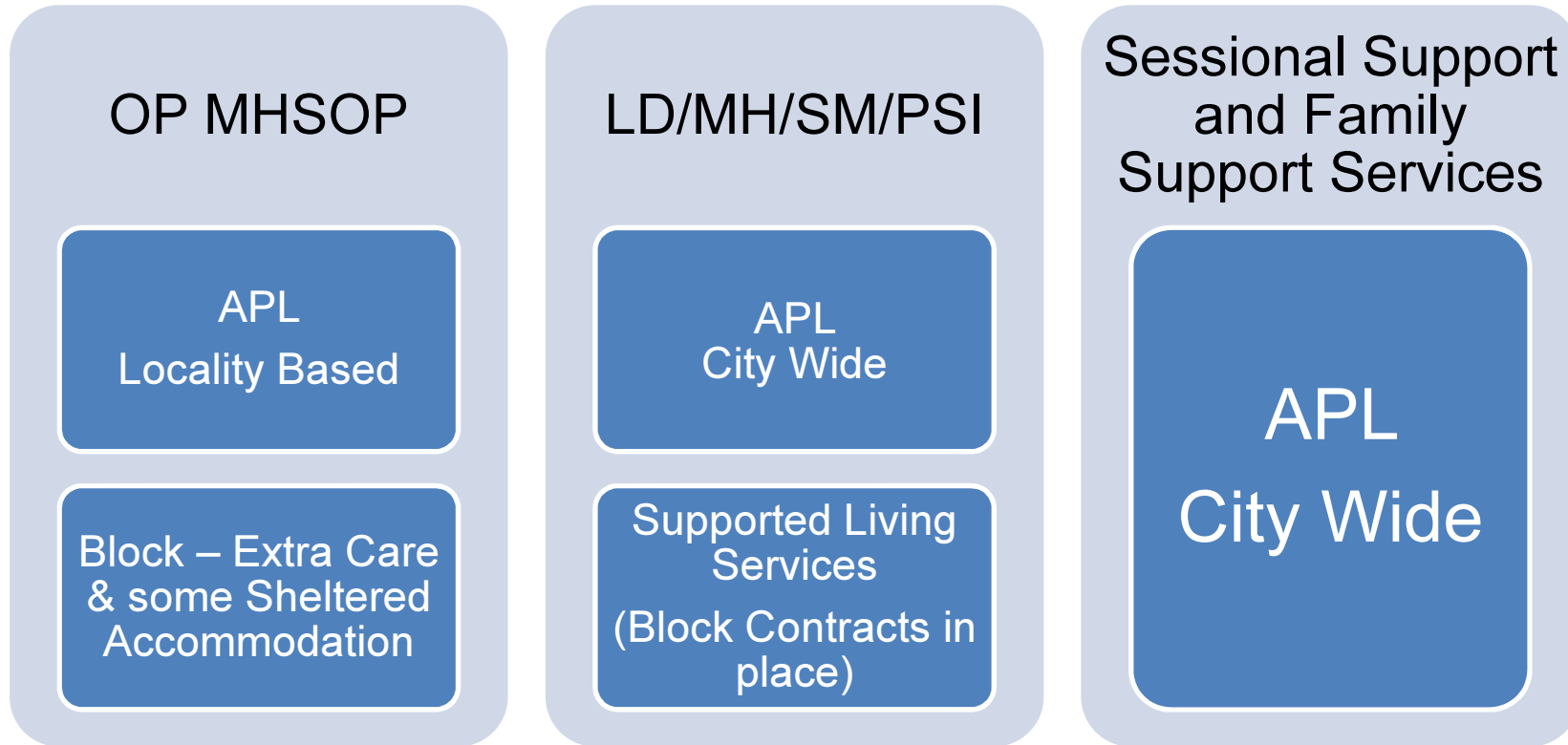


Way forward (2)

- There will be an option for providers to apply to enter an APL based in locality/ localities with city wide and open to specialist including children
- There will be incentives for groups of providers to tender collectively e.g. as a consortium/partnership etc.
- There will be specific block contracts linked to designated OP accommodation and other services (e.g. Extra Care and some Sheltered accommodation)
- Cabinet will receive a domiciliary care commissioning strategy which will set this out in January 2020
- An plan will be put in place form Jan 2020 to support a 2 year incremental implication of the new model



Recommendation of Model



Cost of Care Exercise

- This will enable the Council to properly understand the cost of care and the rates that need to be paid to sustain local businesses.
- The exercise will require an open book discussion with providers that will set a standard cost that the Council will pay going forward.
- Cost will no longer be a factor in the future awarding of care packages.
- As part of the contractual arrangements the Council will set out its mechanisms for annual uplifts, reflecting the true cost of care provision including NLW costs.



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**CYNGOR CAERDYDD
CARDIFF COUNCIL**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 January 2020

SOCIAL SERVICES CHARGING POLICIES

Reason for the Report

1. To provide the Committee with background information to enable Members to carry out pre-decision scrutiny of the draft proposals for the Social Services Charging Policies prior to its consideration by the Cabinet at its meeting on the 23 January 2020
2. A copy of the draft cabinet report is attached at **Appendix A**, which in turn contains the following:
 - **Appendix 1** –Non-Residential Charging Policy
 - **Appendix 2**- Residential Charging Policy

Background

3. The policies contained in the attached Appendices, set out the responsibilities of Cardiff Council concerning charging for costs incurred when providing care and support in a residential, nursing or non-residential settings. It also defines what costs are chargeable and those non-chargeable and a breakdown of how an individual's income and capital is calculated within the financial assessment.
4. The policies hope to ensure that charging, where it occurs, is consistent fair and clearly understood. The draft cabinet report also notes that individuals who are asked to pay a charge will only be required to pay what they can afford; this is ensured through the financial assessment.

5. The draft Cabinet report requests Cabinet to approve the Social Services Charging Policies; one for residential and nursing care and one for non-residential care. The policy has been formed in line with the requirements and principles set out in the charging and financial assessment framework introduced by the Social Services and Well-being (Wales) Act 2014 (SSWBWA).
6. Along with providing the statutory framework for social services in Wales, Section 61 of SSWBWA provides regulations on how charging arrangements are to operate in accordance with section 59 of the Act ('Charging Regulations').
7. The policy is also written with particular reference to the following documents:
 - The Care and Support (Financial Assessment) (Wales) Regulations 2015;
 - The Care and Support (Charging) (Wales) Regulations 2015;
 - The Care and Support (Choice of Accommodation) (Wales) Regulations 2015;
 - The Care and Support (Deferred Payment) (Wales) Regulations 2015;
 - The Care and Support (Review of Charging Decisions and Determinations) (Wales) Regulations 2015.
8. Under the non-residential charging policy (**Appendix 1**) the following services are chargeable:
 - Domiciliary (home care) services;
 - Day care services;
 - Supported living services;
 - Direct payments;
 - Independent living service;
 - Telecare;
 - Respite care (up to 8 weeks).
9. With regard to the residential charging policy (**Appendix 2**), Members are reminded that the Council has recently undertaken a cost of care exercise on care home fees, which has resulted in the Council agreeing a set rate for care home costs (*CASSC, Older Persons Care Home Fee Setting Strategy November 2019*).

10. Chargeable services under the residential charging policy (**Appendix 2**) are:

- Temporary and permanent residential care
- Temporary and permanent nursing care
- Direct Payments

Communication of the Charges

11. In order to ensure individuals understand why they are being charged and how charges are calculated, information and advice about charging will be available in appropriate formats, which take account individual communication needs, in particular for those with a sensory impairment, learning disability or for whom Welsh or English is not their first language.

12. If an individual lacks capacity they will still be subject to a financial assessment in order to determine if they are required to contribute towards the cost of their care and support. Appropriately skilled staff will communicate with the individual and where possible, will consult with family and friends to make financial decisions on behalf of an individual who lacks capacity. If there is no such person, then an approach to the Court of Protection may be required.

Scope of Scrutiny

13. At this meeting, Councillor Susan Elsmore, (Cabinet Member Social Care, Health & Well-Being) along with relevant officers from the Social Services Directorate will be in attendance to give a presentation and answer Members' questions. Officers from Social Services (Adult Services) will take Members through the draft cabinet report and answer any questions arising.

14. Pre-decision scrutiny aims to inform Cabinet's decisions by making evidence based recommendations. Scrutiny Members are advised to:

- a. Look at the information provided in the report to Cabinet and its subsequent appendices to see if this is sufficient to enable the Cabinet to make an informed decision;
- b. Check the financial implications section of the Cabinet report to be aware of the advice given;
- c. Check the legal implications section of the Cabinet report to be aware of the advice given;
- d. Check the recommendations to Cabinet to see if these are appropriate.

15. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet for their consideration prior to making their decisions on the 23 January 2020.

Legal Implications

16. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct 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 the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements 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 taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

Financial Implications

17. 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

18. The Committee is recommended to:
 - a. Consider the information provided in the draft cabinet report attached at **Appendix A** and the subsequent appendices;
 - b. consider the information provided at the meeting; and
 - c. determine whether it wishes to relay any comments or observations to the Cabinet for consideration at its meeting on the 23 January 2020.

Davina Fiore

Director of Governance & Legal Services

2 January 2020

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BY SUBMITTING THIS REPORT TO THE CABINET OFFICE, I, (CLAIRE MARCHANT) (DIRECTOR OF SOCIAL SERVICES) AM CONFIRMING THAT THE RELEVANT CABINET MEMBER(S) ARE BRIEFED ON THIS REPORT

**CARDIFF COUNCIL
CYNGOR CAERDYDD**

CABINET MEETING: 23RD JANUARY 2020

SOCIAL SERVICES CHARGING POLICIES

SOCIAL CARE, HEALTH & WELLBEING (COUNCILLOR SUSAN ELSMORE)

AGENDA ITEM:

Reason for this Report

1. To approve the implementation of Social Services Charging Policies, one for residential and nursing care, one for non-residential care, in line with the requirements of the Social Services and Well-being (Wales) Act 2014 ("the 2014 Act").

Background

2. These policies set out the responsibilities of Cardiff Council concerning charging for costs incurred when providing care and support in a residential, nursing or non-residential setting.
3. Cardiff Council are committed to giving people a stronger voice and real control over the support they need, to remove barriers to their well-being.
4. The Social Services and Well-being (Wales) Act 2014 places responsibility on individuals exercising functions under the 2014 Act, Local Authorities, and other public bodies for meeting needs and delivering outcomes, with the Local Authority being obliged to meet any eligible need and/or help deliver any relevant outcome under the 2014 Act, which would not otherwise (i.e. without intervention) be met.

Issues

Appendix A

5. The policy will ensure that charging, where it occurs, is consistent, fair and clearly understood. Individuals who are asked to pay a charge will only be required to pay what they can afford.
6. The policy proposes to take into account the principles set out in the charging and financial assessment framework introduced by the 2014 Act.
7. Information and advice about charging will be available in appropriate formats, which take account of individual communication needs, in particular for those with a sensory impairment, learning disability or for whom Welsh or English is not their first language. This is to ensure that individuals are able to understand why they are being charged and how charges have been calculated.
8. Where an individual lacks capacity they will still be subject to a financial assessment in order to determine if they are required to contribute towards the cost of their care and support. Appropriately skilled staff will be able to communicate with an individual, taking into consideration their capacity as well as any medical condition or impairment they might have. Where possible the Local Authority will consult with family members who may have the legal authority to make financial decisions on behalf of an individual who lacks capacity. If there is no such person, then an approach to the Court of Protection may be required.

Charging for Care and Support in a Care Home (Residential Policy)

9. Support will be provided to the individual to identify how best to pay their assessed charge. This may include offering the individual a deferred payment agreement against the value of a property taken into account in the financial assessment (see Deferred Payments below and the Residential Charging procedure).
10. An individual who is self-funding their care and support because they have capital at or above the capital limit may choose to ask the Local Authority to arrange their care and support to meet their eligible care and support needs. Individuals in this position will be required to pay the full cost of their care and support in line with the 2014 Act and the relevant Regulations (see the policies at appendices 1 and 2).

Putting the Policies into Practice

11. These policies outline the key duties and requirements in relation to charging for residential, nursing and non-residential care and support across the region. More detailed guidance notes and procedures will be available to support and assist practitioners with the interpretation of this policy and the relevant sections of the 2014 Act.

Reason for Recommendations

Appendix A

12. To ensure Cardiff Council is compliant with the requirements for charging under the Social Services & Well-being (Wales) Act 2014 and associated regulations.

Financial Implications

13. The report seeks approval for the implementation of charging policies for residential and non-residential care to ensure compliance with the Social services and Wellbeing (Wales) Act 2014.
14. It is anticipated that an estimated £11m of income will be received in relation to care charges in 2019/20.
15. There are no direct financial implications arising from this report.

Legal Implications (including Equality Impact Assessment where appropriate)

16. The proposed recommendation, put simply, is to authorise the proposed Social Services Charging Policies for residential and nursing care, and non-residential care.
17. There are no direct legal implications arising from the recommendations in this report. It is worth highlighting, the Directorate has had the benefit of advice from external legal Counsel on the process followed and the recommendations set out in this report. Counsels opinion, in short is, should the policies be adopted by the local authority, they would be lawful.
18. Legal services should be instructed again should there be any further consideration of areas where the Local Authority has discretion to charge and these matters may be subject to formal, public consultation.
19. The policies note that they need to be read in conjunction with the relevant legislation. In considering this matter, the decision maker must have regard to the Social Services and Well-being (Wales) Act 2014 ("the 2014 Act") and associated regulations and guidance. The 2014 Act provides the statutory framework for social services in Wales. In brief, the 2014 Act places a responsibility on local authorities, and other public bodies, exercising functions under the 2014 Act to meet any eligible needs of people who need care and support, and carers who need support, and delivering outcomes. Failure to have due regard to such statutory guidance could itself be a ground for a judicial review challenge.
20. Section 61 of the 2014 Act provides for regulations to set out the details of how charging arrangements are to operate in connection with the exercise of a power to impose a charge under section 59 of the 2014 Act (the "Charging Regulations").

Appendix A

21. The Local Authority must follow the Charging Regulations when undertaking financial assessments and determining any charges and when exercising its other functions in relation to charging.
22. The relevant Charging Regulations are:
 - The Care and Support (Financial Assessment) (Wales) Regulations 2015;
 - The Care and Support (Charging) (Wales) Regulations 2015;
 - The Care and Support (Choice of Accommodation) (Wales) Regulations 2015;
 - The Care and Support (Deferred Payment) (Wales) Regulations 2015;
 - The Care and Support (Review of Charging Decisions and Determinations) (Wales) Regulations 2015.
23. A Code of Practice on charging for social care services (Part 4 and 5 Code of Practice), also supports the Charging Regulations and is accessible using the link below:
<https://gov.wales/sites/default/files/publications/2019-04/social-services-and-well-being-wales-act-2014-part-4-and-5-code-of-practice-charging-and-financial-assessment.pdf>

Equality Duty

24. The Council has to satisfy its public sector duties under the Equalities Act 2010 (including specific Welsh public sector duties) – the Public Sector Equality Duties (PSED). These duties require the Council to have due regard to the need to (1) eliminate unlawful discrimination, (2) advance equality of opportunity and (3) foster good relations on the basis of ‘protected characteristics’. The ‘Protected characteristics’ are:
 - Age
 - Gender reassignment
 - Sex
 - Race – including ethnic or national origin, colour or nationality
 - Disability
 - Pregnancy and maternity
 - Marriage and civil partnership
 - Sexual orientation
 - Religion or belief – including lack of belief.
25. An Equality Impact Assessment has been carried and is attached at Appendix 3. The purpose of the Equality Impact Assessment is to ensure that the Council has understood the potential impacts of the proposal in terms of equality so that it can ensure that it is making proportionate and rational decisions having due regard to its public sector equality duty. The decision maker must have due regard to the Equality Impact Assessment that has been carried out in making its decision.

Appendix A

26. Where a decision is likely to result in a detrimental impact on any group sharing a Protected Characteristic, consideration must be given to possible ways to mitigate the harm. If the harm cannot be avoided, the decision maker must balance the detrimental impact against the strength of the legitimate public need to pursue the recommended approach. The decision maker must be satisfied that having regard to all the relevant circumstances and the public sector equality duties, that the proposals can be justified, and that all reasonable efforts have been made to mitigate the harm.

Well Being of Future Generations (Wales) Act 2015

27. The Well-Being of Future Generations (Wales) Act 2015 ('the Act') places a 'well-being duty' on public bodies aimed at achieving 7 national well-being goals for Wales - a Wales that is prosperous, resilient, healthier, more equal, has cohesive communities, a vibrant culture and thriving Welsh language, and is globally responsible.
28. In discharging its duties under the Act, the Council has set and published well-being objectives designed to maximise its contribution to achieving the national well-being goals. The well-being objectives are set out in Cardiff's Corporate Plan 2019-22. When exercising its functions, the Council is required to take all reasonable steps to meet its well-being objectives. This means that the decision makers should consider how the proposed decision will contribute towards meeting the well-being objectives and must be satisfied that all reasonable steps have been taken to meet those objectives.
29. The well-being duty also requires the Council to act in accordance with a 'sustainable development principle'. This principle requires the Council to act in a way which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. Put simply, this means that Council decision makers must take account of the impact of their decisions on people living their lives in Wales in the future. In doing so, the Council must:
- Look to the long term
 - Focus on prevention by understanding the root causes of problems
 - Deliver an integrated approach to achieving the 7 national well-being goals
 - Work in collaboration with others to find shared sustainable solutions
 - Involve people from all sections of the community in the decisions which affect them
30. The decision maker must be satisfied that the proposed decision accords with the principles above; and due regard must be given to the Statutory Guidance issued by the Welsh Ministers, which is accessible using the link below: <http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

General

- 31. The decision maker should also have regard to, when making its decision, to the Council's wider obligations under the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards.

HR Implications

- 32. There are no HR implications for this report

RECOMMENDATIONS

- 1. Approve the Social Services Charging Policies for Residential Care and Non-Residential Care

SENIOR RESPONSIBLE OFFICER	Claire Marchant
	January 2020

The following appendices are attached:

Appendix 1 – Social Services Non-Residential Charging Policy

Appendix 2 – Social Services Residential Charging Policy

The following background papers have been taken into account

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

Non-Residential Charging Policy

Social Services and Well-being (Wales) Act 2014

Cardiff Council
Adult Social Services



A policy in relation to charging for
non-residential care and support
services

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0.4		Revised to take into account comments from legal	

Please note that wherever possible, policies should not be printed or downloaded. It is your responsibility to ensure that you accessing the most recent and up-to-date policy which is available on the intranet.

1. Introduction

This policy sets out the responsibilities of Cardiff Council concerning charging for costs incurred when providing non-residential care and support.

This policy is part of a suite of policies and procedures around charging for care and support.

Details of practice and specific processes are to be found in the individual authorities' procedure documents, which sit underneath this policy. This policy **must** always be read in conjunction with the Social Services and Well-being (Wales) Act 2014, associated Regulations and Codes of Practice.

2. Legislative Context – Summary

The Social Services and Well-being (Wales) Act 2014 (henceforth 'the 2014 Act') is the legal framework that brings together and modernises social services law in Wales. The 2014 Act sets out the requirements for local authorities in relation to charging and financial assessment under [Section 59](#) of the 2014 Act on those who are to receive care and support, or support in the case of carers.

This policy and its related procedures are written with particular reference to the following documents, which, in addition to the 2014 Act itself, should be the principle points of reference for those in need of further information:

The Act:	The Social Services and Well-being (Wales) Act 2014
Regulations:	The Care and Support (Financial Assessment) (Wales) Regulations 2015
	The Care and Support (Charging) (Wales) Regulations 2015
	The Care and Support (Deferred Payments) (Wales) Regulations 2015
	The Care and Support (Review of Charging Decisions and Determinations) Wales Regulations 2015
	The Care and Support (Choice of Accommodation, Charging and Financial Assessment) (Miscellaneous Amendments) (Wales) Regulations 2017
	The Care and Support (Charging) (Wales) (Amendment) Regulations 2018

	The Care and Support (Charging) and (Financial Assessment) (Wales) (Miscellaneous Amendments) Regulation 2019 The Care and Support (Choice of Accommodation) (Wales) Regulations 2015
Codes of Practice:	Part 4 and 5 Code of Practice (Charging and Financial Assessment)
Other legislation:	Mental Capacity Act 2005 United Nations Principles for Older Persons United Nations Convention on the Rights of Disabled People Human Rights Act 1998

Individuals who require care and support will be financially assessed in line with the above legislation and guidance as to their ability to pay towards care and support services they receive.

3. Principles

Cardiff Council are committed to giving people a stronger voice and real control over the support they need, to remove barriers to their well-being.

The 2014 Act places responsibility on individuals exercising functions under the 2014 Act, Local Authorities, and other public bodies for meeting needs and delivering outcomes, with the Local Authority being obliged to meet any eligible need and/or help deliver any relevant outcome, which would not otherwise (i.e. without intervention) be met.

We will ensure that charging, where it occurs, is consistent, fair and clearly understood. Individuals who are asked to pay a charge will only be required to pay what they can afford.

We will take into account the principles set out in the charging and financial assessment framework introduced by the 2014 Act.

We will ensure there is information and advice about charging available in appropriate formats, which take account of individual communication needs, in particular for those with a sensory impairment, learning disability or for whom Welsh or English is not their first language. This is to ensure that individuals are able to understand why they are being charged and how charges have been calculated.

Where an individual lacks capacity they will still be subject to a financial assessment in order to determine if they are required to contribute towards the cost of their care and support. We will use appropriately skilled staff to communicate with an individual, taking into consideration their capacity as well as any medical condition or impairment they might have. Where possible we will consult with family members

who may have the legal authority to make financial decisions on behalf of an individual who lacks capacity. If there is no such person, then an approach to the Court of Protection may be required.

4. Summary of Key Duties and Requirements

The following services are chargeable under this policy:

- Domiciliary (home care) services
- Day care services
- Supported living services
- Direct payments
- Independent living service
- Telecare
- Respite care (up to 8 weeks)

The following adult social care services are provided free of charge:

- Day care transport
- Employment and training schemes in day services
- Community equipment
- Assessment of needs, care planning and reviews
- Provision of information and advice
- Provision of independent professional advocacy and mediation services

Meals are not included in the policy as they are charged at a flat rate regardless of income, as they are a substitute for an ordinary living expense. Similarly, telecare equipment (Tier 1 and 2) are regarded as flat rate charges and payable separately.

Service User Exemptions

We have discretion to charge an individual for care and support provided to meet their needs. We will not charge for care and support provided or arranged in the following circumstances:

- To meet the needs of a child;
- For an individual who has Creutzfeldt-Jakob Disease which has been diagnosed by a registered medical practitioner.
- For an individual who has been offered or is receiving a service as part of a package of after-care services under Section 117 of the Mental Health Act 1983.

- For a carer for support services provided directly to them as a carer. If the service is provided to the person with care and support needs (eg respite) it would form part of any charge for care and support provided to that person.
- In receipt of Reablement and Intermediate care services (first 6 weeks only)

If services are delivered jointly with a Local Health Board the individual will only be charged for the social care element of each service.

Financial Assessment

For services that are chargeable we will undertake a financial assessment to determine how an individual will be charged.

The financial assessment will consider an individual's:

- Income and savings
- Allowable expenditure (such as housing costs); and
- Extra expenses they may have due to a disability or condition.

The financial assessment will make sure that all individuals retain a minimum income amount (as specified by Welsh Government). This is a level of 'protected income' that will not be considered in the financial assessment.

All individuals will have at least this level of income to pay for their housing, living and disability related expenses, before they are asked to pay an assessed charge for adult social care services.

Completing the Financial Assessment

Where an individual has been assessed as requiring a service covered under this policy, we will offer each individual a financial assessment.

A visiting officer will arrange to visit individuals at home to complete the financial assessment. If a visit is not possible, the individual will be informed of the information required which can be posted or e-mailed to us. The financial assessment will be completed based on all the information received.

If an individual delays completing the financial assessment by more than 15 working days after the request is made they may be required to pay the subsidised cost of the service up to the agreed maximum charge per week, until a financial assessment is completed. We may extend this period if a request for an extension of time with reasons for the delay is made. If the financial assessment, when completed, results in a lower charge than this, consideration will be given to refunding the difference depending on the circumstances of each case. The Social Services Director will hold discretion in this matter, in consultation with the other Senior Officers of the Council.

Net disposable weekly assessable income

The assessable income is the amount of money an individual will have after their expenses have been taken into account. This amount of money will be considered, then we will work out what charge we should make.

The assessed charge for services received will be the lesser of an individual's "assessable" income, or the subsidized hourly rate for the service that they receive, up to a maximum charge (set by Welsh Government). If an individual's assessed charge is less than our minimum charge, the person will receive their service free of charge.

Minimum Income Amount

We assess an individual's ability to pay a contribution towards the cost of their care; it ensures that each individual maintains a portion of their income that is at least the level of the minimum income amount. This is intended to cover such costs, provided they are reasonable, as:

- Food, clothes, insurance, including building & contents, mortgage protection, life assurance, water rates, utility bills such as gas, electricity and telephone, transport (including bus fares), TV license, subscriptions to satellite or digital TV companies, repair and replacement of household items, Other expenditure such as credit card debt or personal loans (including County Court Judgments).

There is also a disregard to allow for disability related expenditure.

An individual will be financially assessed in their own right. Only the income of an individual in receipt of care and support will be counted, not that of their partner, spouse or carer. However, it may be beneficial for some individuals who are married or live with a partner to tell us about their joint income as it may result in a lower charge. We will always use the assessed charge that is best for the individual in receipt of care and support.

Capital, Assets and Savings

Where individuals have savings or capital (excluding the value of their main home) exceeding the threshold (which is annually specified by Welsh Government) they will be asked to pay the subsidised charge for the service that they receive up to the maximum weekly charge amount.

Therefore, these individuals will not require a financial assessment, however benefits advice will be offered if appropriate.

Calculation of Income

In the financial assessment process, individual's sources of income are considered or disregarded, depending on how the income is generated. Welsh Government

provides mandatory guidance on which sources of income we must disregard in the financial assessment and gives us discretion on how we treat other sources of income.

Certain benefits will be included as income in the financial assessment and details of the benefits can be found in our Non-Residential Charging Procedure.

Where any welfare benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, any amount taken into account will be the gross amount of the benefit before reduction.

We also consider any private pension, annuity income, or other regular income from investments. An annuity is a type of pension product that provides a regular income for a number of years in return for an investment. Such products are usually purchased at retirement in order to provide a regular income. While the capital is disregarded, any income from an annuity may be taken fully into account except where it is:

- purchased with a loan secured on the individual's main or only home; or
- a gallantry award such as the Victoria Cross Annuity or George Cross Annuity.

We do not take into account certain income or benefits in the financial assessment. These change regularly and more detail can be found in the Non-Residential Charging procedure.

We will take into account the individual circumstances of the payment before making a decision on whether to disregard payments. In general, a charitable or voluntary payment which is not made regularly is treated as capital, whilst regular payments will be disregarded.

Expenditure Allowance

We will take into account housing and council tax costs, net of any benefits. This means that if an individual does not receive any help with housing or council tax costs, they will be taken into account. Allowances are made for each individual, depending on their housing tenure and circumstances, including:

- Rent net of housing benefits/Universal Credit
- Council Tax net of Council Tax reduction
- Essential service charges and ground rent net of assistance funding
- Mortgage net of income support or pension credit assistance, and life insurance payments made in respect of the mortgage amount
- Payments under court order (e.g. child maintenance)

Disability Related Expenditure

Disability Related Expenditure (DRE) is an allowance included in the assessment for additional expenses an individual may have due to a disability or condition. This will be in line with limits set by Welsh Government and in line with any fairer charging policy.

Where individuals believe they have disability related costs over and above this allowance, they have the right to seek a review and a more detailed consideration of their disability related costs may then be undertaken.

The Maximum Charge Payable

The maximum charge for non-residential (including respite) adult social care services is set each year, details can be found in the Residential Charging Procedure. Individuals will be charged, the lesser of:

- Their net disposable weekly income;
- The subsidised rate for the service they receive; or
- The agreed weekly maximum charge.

Individuals will only be charged what they can reasonably afford to pay, and after any service charges are made, they will be guaranteed to still retain a level of income equivalent to the 'minimum income amount' (MIA). We will continue to subsidise the cost of the services that we arrange or deliver.

Welsh Government sets the level of the maximum charge each year.

Charging Period and Charge Payable

Charges will be raised for each four-week period. Where a charge is payable, it will be above our minimum charge and no more than the individual's assessed contribution or maximum weekly charged whichever is the lesser amount.

All individuals will be informed of the outcome of their financial assessment in writing. This correspondence will state the date from which their charge commences. If for any reason the individual overpays a charge, they will be notified and we will reimburse them or credit the overpayment against future charges for service.

Decline to provide financial details

Individuals have the right to choose not to provide their financial details to us. In such cases, the council is unable to undertake a financial assessment and the service user will be charged for each hour of care they receive at our subsidised rate, up to the agreed weekly maximum charge.

Financial Representatives

In circumstances where an individual lacks capacity and has a third party acting formally on their behalf we will contact the representative for information on financial matters and, should they take responsibility for making payments, the representative will be billed directly for the care contributions.

Change of Financial Circumstances

If an individual's financial circumstance changes, they must advise us as soon as possible, as this may affect their assessed charge. Changes, which should be notified, include:

- Receipt of a new benefit
- Changes in capital
- Changes to income or allowable expenditure
- Changes to living arrangements (e.g. the service user or their partner moves to a care home, the service user moves to another residence or the number of people in the service user's household changes)
- At any time, individuals may inform us of any other changes to their financial circumstances, if they would like a financial assessment to be undertaken.

After an individual has told us about changes in their financial circumstances, a new financial assessment will be completed using the most up to date information that is provided.

If the revised financial assessment results in a decrease in the weekly charge, this will usually be backdated to the date that the individual's circumstances changed. This will be explained in writing to them.

If it results in an increased charge the individual will be informed of the outcome of their financial assessment in writing. This correspondence will state the date from which their charge commences.

We will consider people's financial assessments on at least an annual basis. This re-assessment ensures that an individual's changing financial circumstances are correct when assessing charges for services and that they are only asked to pay what they can reasonably afford.

Methods of Payment

There is a range of methods to pay charging invoices. Details of these methods are included on the back of the bill sent out each month.

Debt Recovery

Where an individual accrues a debt we will take all reasonable steps to ascertain the reasons why this has occurred and only when it is clear that it is as a result of an

individual's deliberate non-payment will debt recovery be considered in line with the requirements of the 2014 Act.

Review and Complaints

An individual may request a review of their financial assessment where they feel an inappropriate decision has been made, either in the level of the charge or in relation to the basis upon which the decision to impose a charge was made. If they wish the individual may provide additional information that may be considered, for example, additional disability related expenditure. We will set up a Review Panel headed by the Social Services Director to consider these requests.

If an individual is unhappy with the Review Panel's decision they will be able to make a formal complaint about this to us in accordance with the Council's Complaints policy.

5. Putting Policy into Practice

This policy outlines the key duties and requirements in relation to charging for non-residential care and support across the region. More detailed guidance notes and procedures will be available to support and assist practitioners with the interpretation of this policy and the relevant sections of the 2014 Act.

6. Policy Approval and Review

Policy Approved By:	
Date Approved:	
Review Frequency:	Every 3 years
Date Policy To Be Reviewed:	April 2023 or as required
Responsible Officer(s):	

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Residential Charging Policy

Social Services and Well-being (Wales) Act 2014

Cardiff Council
Adult Social Services



A policy in relation to charging for
residential care and support services

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Previous versions

Version	Status	Description	Sign off
0.4		Revised following advice from Legal	

Please note that wherever possible, policies should not be printed or downloaded. It is your responsibility to ensure that you accessing the most recent and up-to-date policy which is available on the intranet.

1. Introduction

This policy sets out the responsibilities of Cardiff Council concerning charging for costs incurred when providing care and support in residential or nursing accommodation.

This policy is part of a suite of policies and procedures around charging for care and support.

Details of practice and specific processes are to be found in the procedure documents, which sit underneath this policy. This policy **must** always be read in conjunction with those procedures, the Social Services and Well-being (Wales) Act 2014, associated Regulations and Codes of Practice.

2. Legislative Context – Summary

The Social Services and Well-being (Wales) Act 2014 (henceforth 'the 2014 Act') is the legal framework that brings together and modernises social services law in Wales. The 2014 Act sets out the requirements for local authorities in relation to charging and financial assessment under Part 5 of the 2014 Act on those who are to receive care and support, or support in the case of carers.

This policy and its related procedures are written with particular reference to the following documents, which, in addition to the Act itself, should be the principle points of reference for those in need of further information:

The Act:	The Social Services and Well-being (Wales) Act 2014
Regulations:	The Care and Support (Financial Assessment) (Wales) Regulations 2015 The Care and Support (Charging) (Wales) Regulations 2015 The Care and Support (Deferred Payments) (Wales) Regulations 2015 The Care and Support (Review of Charging Decisions and Determinations) Wales Regulations 2015 The Care and Support (Choice of Accommodation, Charging and Financial Assessment) (Miscellaneous Amendments) (Wales) Regulations 2017 The Care and Support (Charging) (Wales) (Amendment) Regulations 2018

	The Care and Support (Charging) and (Financial Assessment) (Wales) (Miscellaneous Amendments) Regulation 2019 The Care and Support (Choice of Accommodation) (Wales) Regulations 2015
Codes of Practice:	Part 4 and 5 Code of Practice (Charging and Financial Assessment)
Other legislation:	Mental Capacity Act 2005 United Nations Principles for Older Persons United Nations Convention on the Rights of Disabled People Human Rights Act 1998

Individuals who require care and support will be financially assessed in line with the above legislation and guidance as to their ability to pay towards the residential or nursing care services they receive.

3. Principles

Cardiff Council are committed to giving people a stronger voice and real control over the support they need, to remove barriers to their well-being.

The 2014 Act places responsibility on individuals exercising functions under the 2014 Act, Local Authorities, and other public bodies for meeting needs and delivering outcomes, with the Local Authority being obliged to meet any eligible need, and/or help deliver any relevant outcome, which would not otherwise (i.e. without intervention) be met.

We will ensure that charging, where it occurs, is consistent, fair and clearly understood. Individuals who are asked to pay a charge will only be required to pay what they can afford.

We will take into account the principles set out in the charging and financial assessment framework introduced by the 2014 Act.

We will ensure there is information and advice about charging available in appropriate formats, which take account individual communication needs, in particular for those with a sensory impairment, learning disability or for whom Welsh or English is not their first language. This is to ensure that individuals are able to understand why they are being charged and how charges have been calculated.

Where an individual lacks capacity they will still be subject to a financial assessment in order to determine if they are required to contribute towards the cost of their care and support. We will use appropriately skilled staff to communicate with an individual, taking into consideration their capacity as well as any medical condition or impairment they might have. Where possible we will consult with family members who may have the legal authority to make financial decisions on behalf of an individual who lacks capacity. If there is no such person, then an approach to the Court of Protection may be required.

4. Summary of Key Duties and Requirements

Choice of Accommodation and Additional Costs

Sections 35 to 38 of the 2014 Act requires us to support an individual to find a suitable placement of their choice once they have been assessed as requiring accommodation in a care home. The individual has the right to express a preference for a care home of their choosing provided that:

- the care home is suitable to meet their assessed needs;
- to do so would not cost us more than we would usually expect to pay for accommodation of that type;
- a place in the care home is available; and
- the provider of the care home is willing to enter into a contract with our terms and conditions.

We have an agreed set rate which we pay care home providers which can be found in our Residential Charging Procedure. We will work with the individual to identify the best accommodation for their care and support needs.

In some cases, an individual may choose a care home where charges are in excess of our set rate. In those cases, the individual or a third party such as a family member or representative will be required to negotiate and enter into a separate arrangement to pay these fees directly to the relevant care provider. This will also apply if the request is for a care home in another county. Further details can be found in our Choice of Accommodation protocol.

If an individual chooses to be placed outside Cardiff, we will still arrange for their preferred accommodation provided the above conditions are met. We will subsequently follow guidance in Section 194 of the 2014 Act on ordinary residence. Further details can be found in our Ordinary Residence policy.

Charging for Care and Support in a Care Home

We will support the individual to identify how best to pay their assessed charge. This will include offering the individual a deferred payment agreement against the value of

a property taken into account in the financial assessment (see Deferred Payments below and our Residential Charging procedure).

Individuals in a care home with capital at or below the capital limit (as set by the Welsh Government) will contribute most of their income, excluding their minimum income amount, towards the cost of their care and support.

Respite care, as detailed in a care and support plan, up to eight weeks will not be subject to this charging policy as individuals will be charged in line with our Non-residential Charging policy.

An individual who is self-funding their care and support because they have capital at or above the capital limit can choose to ask us to arrange their care and support to meet their eligible care and support needs. Individuals in this position will be required to pay the full cost of their care and support.

In the cases of an individual who is self-funding their care and support, if there is a change of financial circumstances and the individual no longer has capital at or above the capital limit and still has eligible care and support needs that require accommodation in a care home we will complete a new financial reassessment. If the care home provider charges more than our agreed set rate and an additional cost will be incurred, we will agree to the placement at that accommodation if there is a third party willing to accept responsibility for the additional payment and enter into an agreement with us and the care home provider. Further details can be found in our Choice of Accommodation protocol.

Deferred Payments

If an individual will be entering a care home to meet their care and support needs and their property is included in their financial assessment, we can defer or delay some of their costs.

We are required to enter into a deferred payment agreement if an individual is in or is entering care home accommodation as long as they meet the eligibility criteria set out in the Care and Support (Deferred Payment) (Wales) Regulations 2015. We must ensure there is sufficient security for the amount being deferred.

We are required to enter into a deferred payment agreement if:

- We have assessed the individual's care and support needs and their care and support plan specifies that we are going to meet those needs through care home accommodation.
- We have completed a financial assessment with the individual and they are required to pay a charge.

We will charge administration costs for setting up the agreement. Any administration costs will not be more than the costs we incur and we will make the breakdown of costs available to the individual. More detail can be found in the Residential Charging procedure.

We will charge compound interest on the amount deferred, including administration costs and interest will be charged at 0.15% of the relevant rate. The relevant rate changes on 1 January and 1 July and is the weighted average interest rate on conventional gilts specified for the financial year in which the relevant period starts in the recent report published before the start of the relevant period by the Office of Budget Responsibility under section 4(3) of the Budget Responsibility and National Audit Act 2011. Interest will continue to accrue until the debt is settled.

More details on deferred payments can be found in our Residential Charging procedure.

Chargeable Services

We will make a charge to an individual who receives care and support provided and/or arranged by us to meet their eligible needs when that care and support is:

- Temporary and permanent residential care
- Temporary and permanent nursing care
- Direct Payments

Non-Chargeable Services

The following adult social care services are provided free of charge:

- Assessment of needs, care planning and reviews
- Information and advice provided under the 2014 Act.
- Independent professional advocacy provided in accordance with the 2014 Act.

Exemptions

We have discretion to charge an individual for care and support provided to meet their needs. We will not charge for care and support provided or arranged in the following circumstances:

- To meet the needs of a child;
- For an individual who has Creutzfeldt-Jakob Disease which has been diagnosed by a registered medical practitioner;
- For an individual who has been offered or is receiving a service as part of a package of after-care services under Section 117 of the Mental Health Act 1983; or
- For a carer for support services provided directly to them as a carer. If the service is provided to the person with care and support needs (eg respite) it would form part of any charge for care and support provided to that person.

If services are delivered jointly with a Local Health Board the individual will only be charged for the social care element of each service.

Financial Assessment

For chargeable services, we have a duty to carry out a financial assessment to determine how much an individual will be charged. The financial assessment will consider an individual's:

- Income
- Capital, including savings and property.

The financial assessment will make sure that all individuals receiving residential care and support retain the relevant minimum income amount (MIA) which is specified by the Welsh Government each year. This income will allow individuals money to spend on personal items such as clothes and other items that are not part of their care and support.

We have discretion to apply a higher MIA in individual circumstances, for example where the individual needs to contribute towards the cost of maintaining their former home or the individual has additional disability related expenditure. These additional expenses will be considered as part of a review requested by the individual following notification of their assessed charge.

Where an individual will be charged for a service, we will send them a written statement of the charge. The individual will be liable to pay the charge from the date care and support was first provided. The individual is not required to make payment until after the date on which the statement is sent to them.

An individual will be financially assessed in their own right. Only the individual's income will be counted, not that of their partner, spouse or carer. It may be beneficial for some individuals who are married or live with a partner to tell us about their joint income as it may result in a lower charge. We will always use the assessed charge that is best for the individual.

Treatment of Capital

Capital in general refers to financial resources held by an individual which are available for use and tend to be from sources considered more durable than income in the sense that they can generate a return. In most cases capital will involve financial resources held by an individual in the form of savings, investment and property. The capital limit is set by Welsh Government each year and is outlined in the Residential Charging procedure.

An individual will not be charged on the same resources twice. Resources will only be treated as income or capital but not both.

A capital asset is normally defined as belonging to the individual in whose name it is held; the legal owner. However, there may be cases where the individual is the beneficial owner, even though the title of the asset is held by someone else, and such assets or a share of such assets may also be considered a capital asset held

by the individual.

We will determine the value of the capital asset before it is taken into account in the financial assessment. Other than National Savings Certificates, valuation must be the current market or surrender value of the capital asset, less any outstanding debt such as a mortgage and 10% of the value if there are expenses involved in selling the asset.

Following the financial assessment, if we estimate the value of the asset is more than the capital limit, then the individual is liable for the full cost of their care and support.

Any capital an individual holds at or below the capital limit, will be disregarded from their financial assessment and can be retained by the individual to use as they wish.

In some circumstances an individual may be treated as possessing capital even where they do not actually possess it. This is called notional capital and may be:

- available to the individual if they applied for it
- is paid to a third party in respect of the individual
- the individual has deprived themselves of it in order to reduce the amount of charge that they have to pay for their care and support

Capital Disregards

If appropriate, we will apply additional capital disregards as listed in Part 4 and 5 Codes of Practice (Charging and Financial Assessments) an example of which, would be capital derived from an award of damages for personal injury. Any potential disregards would be discussed with the individual as part of the assessment process.

During discussions we will also advise anyone with an interest in the property that we also have an interest in, they will need to consider how they plan to use, maintain and insure their property if they take out a deferred payment agreement; that is whether they wish to rent it out, prepare it for sale, or leave it vacant for a period. The person should be advised if we intend to place conditions on how the property is maintained or used whilst any agreement is in place.

Property Disregards

In the following circumstances the value of the individual's main or only home must be disregarded where capital is taken account of in a financial assessment:

- Where the individual is temporarily receiving care and support in a care home and they intend to return to that property and that property is still available to them **or** are taking reasonable steps to dispose of the property in order to acquire another more suitable property to which to return.

- Where the individual is receiving care and support in a care home and no longer occupies their main and only home, but it is occupied in part or whole as their main or only home by any of the people listed below, its value must be disregarded in a financial assessment where capital is taken into account. This only applies where that property has been continuously occupied since before the individual went into a care home:
 - The individual's partner, former partner or civil partner, except where they are estranged or divorced
 - A lone parent with a dependent child who is the individual's estranged or divorced partner
 - A relative of the individual or member of the individual's family who is:
 - Aged 60 or over, or
 - Is a child of the resident aged under 18, or
 - Is incapacitated.

For the purposes of this disregard:

- the meaning of "occupy" is not closely defined. In most cases it will be obvious whether or not the property is occupied by a qualifying relative as their main or only home. However, there will be some cases where this may not be clear and we will undertake a 'factual inquiry' weighing up all relevant factors in order to reach a decision. An emotional attachment to the property alone is not sufficient for the disregard to apply.

Circumstances where it may be unclear might include where a qualifying relative has to live elsewhere for a particular reason; for example for the purposes of their employment or due to them serving a prison sentence. Whilst they live elsewhere in order to undertake their employment, or serve their sentence, the property remains their main or only home. It would not be reasonable to regard their temporary accommodation as the individual's main or only home as they may well intend to return to the property in question in the future. Essentially in such circumstances the qualifying relative is occupying the property but is not physically present.

- a "relative" is defined as including any of the following:

Parent (including an adoptive parent)	Parent-in-law	Step-parent
Son (including an adoptive son)	Son-in-law	Step-son
Daughter (including an adoptive daughter)	Daughter-in-law	Step-daughter
Brother	Sister	Grandparent
Spouse	Unmarried partner	Civil Partner
Grandchild	Uncle	Aunt
Nephew	Niece	

- a member of the individual's "family" is defined as someone who is living with the qualifying relative as part of an unmarried couple, married to or in a civil partnership.
- the meaning of "incapacitated" is not closely defined. However, it will be reasonable to conclude that a relative is incapacitated if either of the following conditions applies:
 - a) The relative is receiving one (or more) of the following welfare benefits:
 - incapacity benefit
 - severe disablement allowance
 - disability living allowance
 - personal independence payments
 - armed forces independence payments
 - attendance allowance
 - constant attendance allowance, or a similar benefit; or
 - b) The relative does not receive any disability related benefit but their degree of incapacity is equivalent to that required to qualify for such a benefit. Medical or other evidence may be needed on this before a decision is reached on whether to apply this.

Discretionary Disregard

We have discretion to apply a property disregard in other circumstances, however, we will balance this discretion with ensuring an individual's assets are not maintained at public expense. An example where it may be appropriate to apply a discretionary disregard is where it is the sole residence of someone who has given up their own home in order to become a carer for the person who is now in a care home.

Where this happens we will consider all the relevant factors before deciding whether the property should be disregarded. Factors such as the timing and purpose of the move may be relevant to establishing if the property is the relative's main or only home. The purpose of the disregard in these circumstances is to safeguard certain categories of people from the risk of homelessness.

We will consider if the principle reason for the move is that it is necessary to ensure the relative has somewhere to live as their main or only home, rather solely to protect the family inheritance.

12-week Property Disregard

We will disregard the value of the individual's main or only home for the first 12 weeks, where the property is taken into account in the financial assessment and the value of their savings etc, is below the capital limit. This disregard will be applied:

- When the individual first enters a care home as a permanent resident (or subsequently enters after a stay of less than 12 weeks so that they would receive the balance of the 12 weeks as a further disregard).
- When a property disregard based on a qualifying relative unexpectedly ends because the qualifying relative has died or moved into a care home.

26-week Disregard

Where capital (excluding property) is taken into account in a financial assessment we will disregard the following capital assets for at least 26 weeks:

- Assets of any business owned or part-owned by the individual in which they were a self-employed worker and has stopped work due to some medical condition or impairment but intends to take up work again when they are fit to do so. Where the individual is in a care home, this should apply from the date they first took up residence.
- Money acquired specifically for repairs to, or replacement of, the individual's home or personal possessions provided it is used for that purpose. This should apply from the date the funds were received.
- Premises which the individual intends to occupy as their home where they have started legal proceedings to obtain possession. This should be from the date legal advice was first sought or proceedings first commenced.
- Premises which the individual intends to occupy as their home where essential repairs or alterations are required. This should apply from the date the individual takes action to affect the repairs.
- Capital received from the sale of a former home where the capital is to be used by the individual to buy another home. This should apply from the date of completion of the sale.
- Money deposited with a Housing Association which is to be used by the individual to purchase another home. This should apply from the date on which the money was deposited or grant was made under a Housing Act which is to be used by the individual to purchase a home or pay for repairs to make the home habitable. This should apply from the date the grant is received.

We may consider, if appropriate, to apply the disregard for longer. For example: where an individual is taking legal steps to occupy premises as their home, but the legal processes take more than 26 weeks to complete.

52-week Disregard

We will disregard the following payments of capital received by an individual, for a maximum of 52 weeks from the date they are received, the balance of any arrears of, or any compensation due to non-payment of:

- Mobility supplement
- Attendance Allowance
- Constant Attendance Allowance
- Disability Living Allowance / Personal Independence Payment
- Exceptionally Severe Disablement Allowance
- Severe Disablement Occupational Allowance
- Armed forces service pension based on need for attendance
- Pension under the Personal Injuries (Civilians) Scheme 1983, based on the need for attendance
- Income Support/Pension Credit
- Minimum Income Guarantee
- Working Tax Credit
- Child Tax Credit
- Housing Benefit
- Special payments to pre-1973 war widows

Payments or refunds for:

- NHS glasses, dental treatment or patient's travelling expenses
- Cash equivalent of free milk and vitamins
- Expenses in connection with prison visits
- Personal Injury Payments.

We will also disregard payments made under a trust established out of funds by the Secretary of State for Health in respect of vCJD to:

- A member of the victim's family for two years from the date of death of the victim (or from the date of payment from the trust if later); **or**
- A dependent child or young person until they turn 18.

Calculation of Income

Any money an individual receives in benefits will be included as income in the financial assessment. More details can be found in the Charging Policy procedures.

Where any welfare benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, any amount taken into account should be the gross amount of the benefit before reduction.

We also consider any private pension, annuity income, or other regular income from investments. An annuity is a type of pension product that provides a regular income for a number of years in return for an investment. Such products are usually purchased at retirement in order to provide a regular income. While the capital is

disregarded, any income from an annuity may be taken fully into account except where it is:

- purchased with a loan secured on the person's main or only home; or
- a gallantry award such as the Victoria Cross Annuity or George Cross Annuity.

Where an individual in a care home is paying half of the value of their occupational pension, personal pension or retirement annuity to their spouse or civil partner who is still resident in the property, the Council will disregard 50% of the value of the annuity where it takes it into account.

We will not take into account certain income or benefits in the financial assessment. These can change and further details can be found in our Residential Charging policy.

We will take into account the individual circumstances of the payment before making a decision on whether to disregard such payments. In general, a charitable or voluntary payment which is not made regularly is treated as capital, whilst regular payments will be disregarded.

Expenditure Allowances

We will consider taking into account if an individual requires an increase in their minimum income allowance to cover any disability related expenditure or household commitments, especially if they are a temporary resident in a care home. Where an individual believes they have additional expenditure over and above the minimum income allowance, they have the right to seek a review and a more detailed consideration of their disability related costs may then be undertaken.

The Maximum Charge Payable

The maximum charge for residential adult social care services will need to be determined on an individual basis, according to an individual's means and cost of placement.

Individuals will only be charged what they have been financially assessed they can reasonably afford to pay and after any service charges are made they will be guaranteed to still retain a level of income equivalent to the minimum income amount.

Decline to Provide Financial Details

All individuals have the right to choose not to provide their financial details to us. In such cases we are unable to undertake a financial assessment and the individual will be charged the full amount for the care they receive at our agreed rate for the type of residential care and support they receive.

Financial Representatives

In circumstances where an individual lacks capacity but has a third party acting formally on their behalf we will contact the representative for information on financial matters and should they take responsibility for making payments, the representative will be billed directly for the care contributions.

Completing the Financial Assessment

Where an individual has been assessed as requiring a service covered under this policy we will offer each individual a financial assessment. Individuals will be contacted to arrange a visit with a Visiting Officer. If a visit is not possible, individuals will be advised of the information that is required which must be posted or e-mailed to us. The financial assessment is based on the information provided by the individual.

If an individual delays completing the financial assessment by more than 15 working days after the request is made they may be required to pay the subsidised cost of the service until a financial assessment is completed. We may extend this period if a request for an extension of time with reasons for the delay is made. If the financial assessment, when completed results in a lower charge than this, consideration will be given to refunding the difference depending on the circumstances of each case. The Director of Social Services will hold discretion in this matter, in consultation with the other Senior Officers of the Council.

Change of Financial Circumstances

If an individual's financial circumstance changes they must advise us as soon as possible as this may affect their assessed charge. Changes which should be notified include, but are not limited, to:

- Receipt of a new benefit
- Changes in capital
- Changes to income or allowable expenditure
- Changes to living arrangements

At any time, individuals may inform us of any other changes to their financial circumstances if they would like a financial assessment to be undertaken. After an individual has told us about changes in their financial circumstances a new financial assessment will be completed using the most up to date information that is provided. If the revised financial assessment results in a decrease in the weekly charge this will usually be backdated to the date that the individual's circumstances changed.

This will be explained in writing to the individual. If it results in an increased charge the individual will be informed of the outcome of their financial assessment in writing. This correspondence will state the date from which their charge commences.

We will consider an individual's financial assessment on at least an annual basis. The periodic re-assessment ensures that an individual's financial circumstances are correct when assessing charges for services and that they are only asked to pay what they can reasonably afford.

The Charging Period and Charge Payable

Charges will be raised for each four-week period.

All individuals will be informed of the outcome of their financial assessment in writing. This correspondence will state the date from which their charge commences. If for any reason the individual overpays a charge, they will be notified and we will reimburse them or credit the overpayment against future charges for service.

Methods of Payment

There are a range of methods to pay charging invoices. Details of these methods are included on the back of the bill sent to out each month.

Debt Recovery

Where an individual accrues a debt we will take all reasonable steps to ascertain the reasons why this has occurred and only when it is clear that it is as a result of an individual's deliberate non-payment will debt recovery be considered, in line with the requirements of the 2014 Act.

5. Putting Policy into Practice

This policy outlines the key duties and requirements in relation to charging for care and support across the region. More detailed guidance notes and procedures will be available to support and assist practitioners with the interpretation of this policy and the relevant sections of the 2014 Act. These may be produced on an individual Local Authority basis, depending on regional variations (see the Social Services and Well-being (Wales) Act Guidance for Practitioners).

6. Policy Approval and Review

Policy Approved By:	
Date Approved:	
Review Frequency:	Every three years
Date Policy To Be Reviewed:	April 2023 or as necessary
Responsible Officer(s):	

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Equality Impact Assessment
Corporate Assessment Template



Policy/Strategy/Project/Procedure/Service/Function Title: Cardiff Council Social Services Charging Policies (in accordance with the requirements of the Social Services & Wellbeing (Wales) Act 2014).
New/Existing/Updating/Amending: New

Who is responsible for developing and implementing the Policy/Strategy/Project/Procedure/Service/Function?	
Name: Claire Marchant	Job Title: Director of Social Services
Service Team:	Service Area: Adult Social Services
Assessment Date: 4/12/2019	

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

To ensure Cardiff Council is compliant with the requirements for charging under the Social Services & Wellbeing (Wales) Act 2014, including any associated Regulations and Codes of Practice.

2. Please provide background information on the Policy/Strategy/Project/Procedure/Service/Function and any research done [e.g. service users data against demographic statistics, similar EIAs done etc.]

<p>The Social Services and Wellbeing (Wales) Act 2014 is the legal framework that brings together and modernises social services law in Wales. The Act sets out the requirements for local authorities in relation to charging and financial assessment under Part 5 of the Act.</p> <p>These policies set out the responsibilities of Cardiff Council concerning charging for costs incurred when providing care and support in a residential, nursing or non-residential setting.</p> <p>Cardiff Council are committed to giving people a stronger voice and real control over the support they need, to remove barriers to their well-being.</p> <p>The Social Services and Wellbeing (Wales) Act 2014 places a joint responsibility on individual and Local Authorities for meeting needs and delivering outcomes, with the Local Authority being obliged to meet any need, and/or help deliver any outcome, which would not otherwise (i.e. without intervention) be met.</p>
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CARDIFF COUNCIL

**Equality Impact Assessment
Corporate Assessment Template**

3 Assess Impact on the Protected Characteristics

3.1 Age

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

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

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Age, it is anticipated that adults aged 18 or over who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their age.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council's website.

3.2 Disability

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

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

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**Equality Impact Assessment
Corporate Assessment Template**

Substance Misuse	✓		
Other	✓		

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Disability, it is anticipated that adults with a disability, who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their disability.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council's website.

3.3 Gender Reassignment

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

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

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Gender Reassignment, it is anticipated that those, who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales)

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**Equality Impact Assessment
Corporate Assessment Template**

<p>2014.</p> <ul style="list-style-type: none"> • Have a clearer and more transparent policy to understand. • Be able to make informed decisions on their care and support needs. • Be able to make choices on how their care and support is provided to take into account their gender status.
What action(s) can you take to address the differential impact?
<ul style="list-style-type: none"> • Informing current service users and their representatives of the new policies. • Having transparency for current and future service users by publishing the policies on the Council's website.

3.4. Marriage and Civil Partnership

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

	Yes	No	N/A
Marriage	✓		
Civil Partnership	✓		

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
<p>These policies are expected to have a positive differential impact on all Protected Characteristics.</p> <p>In particular within the Protected Characteristics of Marriage and Civil Partnership, it is anticipated that those, who are, or will be in receipt of care and support will:</p> <ul style="list-style-type: none"> • Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014. • Have a clearer and more transparent policy to understand. • Be able to make informed decisions on their care and support needs. • Have clearer information on any charging issues that may affect their spouse/partner.
What action(s) can you take to address the differential impact?
<ul style="list-style-type: none"> • Informing current service users and their representatives of the new policies. • Having transparency for current and future service users by publishing the policies on the Council's website.

CARDIFF COUNCIL

**Equality Impact Assessment
Corporate Assessment Template**

3.5 Pregnancy and Maternity

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

	Yes	No	N/A
Pregnancy	✓		
Maternity	✓		

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Pregnancy and Maternity, it is anticipated that those, who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their pregnancy.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council's website.

3.6 Race

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

	Yes	No	N/A
White	✓		
Mixed / Multiple Ethnic Groups	✓		
Asian / Asian British	✓		
Black / African / Caribbean / Black British	✓		
Other Ethnic Groups	✓		

CARDIFF COUNCIL

**Equality Impact Assessment
Corporate Assessment Template**

<p>Please give details/consequences of the differential impact, and provide supporting evidence, if any.</p> <p>These policies are expected to have a positive differential impact on all Protected Characteristics.</p> <p>In particular within the Protected Characteristics of Race, it is anticipated that those, who are, or will be in receipt of care and support will:</p> <ul style="list-style-type: none"> • Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014. • Have a clearer and more transparent policy to understand. • Be able to make informed decisions on their care and support needs. • Be able to make choices on how their care and support is provided to take into account their race and/or cultural beliefs.
<p>What action(s) can you take to address the differential impact?</p> <ul style="list-style-type: none"> • Informing current service users and their representatives of the new policies. • Having transparency for current and future service users by publishing the policies on the Council's website.

3.7 Religion, Belief or Non-Belief

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

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

<p>Please give details/consequences of the differential impact, and provide supporting evidence, if any.</p> <p>These policies are expected to have a positive differential impact on all Protected Characteristics.</p> <p>In particular within the Protected Characteristics of Religion, Belief or Non-Belief, it is anticipated that those, who are, or will be in receipt of care and support will:</p>

CARDIFF COUNCIL

**Equality Impact Assessment
Corporate Assessment Template**

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their religion or beliefs.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council’s website.

3.8 Sex

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

	Yes	No	N/A
Men	✓		
Women	✓		

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Sex, it is anticipated that those, who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their sex.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council’s website.

CARDIFF COUNCIL

**Equality Impact Assessment
Corporate Assessment Template**

3.9 Sexual Orientation

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

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

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

In particular within the Protected Characteristics of Sexual Orientation, it is anticipated that those, who are, or will be in receipt of care and support will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choices on how their care and support is provided to take into account their sexual orientation.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council's website.

3.10 Welsh Language

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

	Yes	No	N/A
Welsh Language	✓		

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

These policies are expected to have a positive differential impact on all Protected Characteristics.

CARDIFF COUNCIL

Equality Impact Assessment Corporate Assessment Template

In particular within the Protected Characteristics of Welsh Language, it is anticipated that those, who are, or will be in receipt of care and support and whose first or preferred language is Welsh, will:

- Be treated equally as set out under the Social Services & Wellbeing Act (Wales) 2014.
- Have a clearer and more transparent policy to understand.
- Be able to make informed decisions on their care and support needs.
- Be able to make choose to have care and support provided taking into account their requirement to be supported through the medium of Welsh.

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

- Informing current service users and their representatives of the new policies.
- Having transparency for current and future service users by publishing the policies on the Council's website.
- Ensuring the policies are available in Welsh.

4. Consultation and Engagement

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

The Policies are based on the requirements and duties placed upon Cardiff Council and therefore no consultations have taken place.

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

Groups	Actions
Age	Please see considerations under this protected characteristic
Disability	Please see considerations under this protected characteristic
Gender Reassignment	Please see considerations under this protected characteristic
Marriage & Civil Partnership	Please see considerations under this protected characteristic

CARDIFF COUNCIL

Equality Impact Assessment Corporate Assessment Template

Pregnancy & Maternity	Please see considerations under this protected characteristic
Race	Please see considerations under this protected characteristic
Religion/Belief	Please see considerations under this protected characteristic
Sex	Please see considerations under this protected characteristic
Sexual Orientation	Please see considerations under this protected characteristic
Welsh Language	Please see considerations under this protected characteristic
Generic Over-Arching [applicable to all the above groups]	<ul style="list-style-type: none">• Informing current service users and their representatives of the new policies.• Having transparency for current and future service users by publishing the policies on the Council's website in both English and Welsh.• Making the Policies available in accessible formats as requested.

6. Further Action

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

7. Authorisation

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

Completed By : Nicola Hayne	Date: 4/12/19
Designation: Carers Policy & Development Officer	
Approved By:	
Designation:	
Service Area:	

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

For further information or assistance, please contact the Citizen Focus Team on 029 2087 2536 / 3262 or email equalityteam@cardiff.gov.uk

**CYNGOR CAERDYDD
CARDIFF COUNCIL**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

8 JAN 2020

FEAR OF CRIME AND ITS EFFECT ON CARDIFF COMMUNITIES

Reason for the Report

1. To provide Members with background information to inform their scrutiny of partnership working in Cardiff to tackle crime and disorder and community safety issues. This report provides: an overview of the Community Safety Partnership (CSP); a summary of the strategic direction of Cardiff's CSP; and a summary of available information regarding public perception of crime.

Background

2. Under the Crime and Disorder Act 1998 a number of 'responsible authorities' in each local authority area were required to establish partnerships to develop and implement strategies to tackle crime, disorder, misuse of drugs, anti-social behaviour and other behaviour adversely affecting the environment in their area. In Wales these are known as Community Safety Partnerships (CSPs).
3. The 'responsible authorities' in Cardiff comprise: Cardiff Council; South Wales Police; South Wales Police Authority; South Wales Fire Authority, the National Probation Service (South Wales Area) and Cardiff & Vale University Health Board.

4. Section 17 of the Crime and Disorder Act 1998 places a legal duty on the responsible authorities to take account, during the exercise of their various functions, of the potential impact on community safety. It states that, '*Without prejudice to any other obligation imposed on it, it shall be the duty of each authority to which this section applies, to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all it reasonably can to prevent crime and disorder in its area.*'

5. Section 17 seeks to ensure that the strategies, plans and budgets of the responsible authorities are considered from the standpoint of their potential contribution to the reduction of crime and disorder. As a statutory duty, failure to consider crime and disorder in the exercise of its functions can leave a local authority open to legal challenge if it has not done all it 'reasonably' can. The Courts will look for evidence that the authority has a coherent plan for complying with Section 17 and that this plan is being implemented.¹

Overview of Cardiff's CSP

6. In Cardiff, the Community Safety Partnership, originally known as 'Safer Cardiff', was integrated into the Local Service Board (*Cardiff Partnership Board or CPB*) arrangements; this was recommended by the Welsh Government in their 2012 statutory guidance, *Shared Purpose – Shared Delivery*, on integrating partnerships and plans.

7. In 2016, the CPB was replaced by the creation of Cardiff's Public Services Board (PSB). The Well-being of Future Generations (Wales) Act 2015 prescribed the establishment of PSBs for each local authority area in Wales with a duty to improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals.

¹ Home Office (11/00) - *Briefing Note - Anticipating the Impact of Section 17 of the 1998 Crime and Disorder Act.*

Strategic Direction of CSP

8. The overarching strategic direction for community safety is set by the UK Government, which has responsibility for law and order, security and immigration, and the Welsh Government, which has devolved responsibility for many policies, funding, organisations and agencies that play an important role in community safety, such as health boards and fire and rescue authorities. At a regional level, Police and Crime Commissioners set direction via their Police and Crime Plans. At a local level, CSPs reflect local views on the priorities for strategic direction and retain statutory responsibilities, including the requirement to undertake an annual strategic needs assessment.

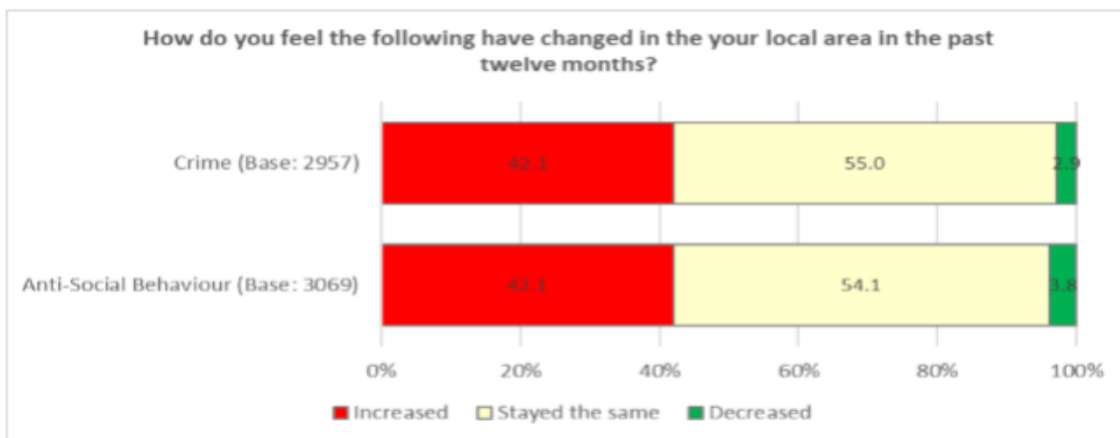
Crime and Disorder Scrutiny

9. Sections 19 and 20 of the Police and Justice Act 2006 (*as amended*) included a requirement that local authority scrutiny structures should consider crime and disorder matters, which did not have to be undertaken by a distinct Committee.
10. The Crime and Disorder (Overview and Scrutiny) Regulations 2009, which support the Act, elaborates on these requirements. In Wales from the 1st October 2009 (and in England from 30 April 2009) every local authority must have a scrutiny committee in place to:
 - I. review or scrutinise decisions made or action taken by the responsible authorities in connection with the discharge of crime and disorder functions;
 - II. make reports or recommendations to Council or Cabinet, as determined by responsibility for function, in connection with the discharge of those functions.
11. It was agreed that Cardiff Council's Community & Adult Services Scrutiny Committee would absorb these new responsibilities, given that community safety formed part of its existing terms of reference.

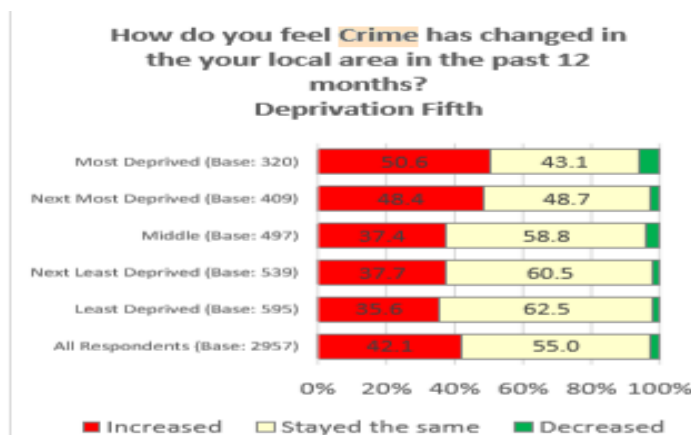
12. As set out in Welsh Government guidance, the role of crime and disorder scrutiny is to scrutinise the partnership as a whole and the partners who compromise it insofar as their activities which relate to the Partnership itself, as opposed to scrutinising the individual work of each responsible authority.

Fear of Crime

13. Although the ASK Cardiff 2018 findings provide the overview that crime rates are dropping in Cardiff, more than two in five respondents (42.1%) believed crime and anti-social behaviour had increased in their local area over the past 12 months.



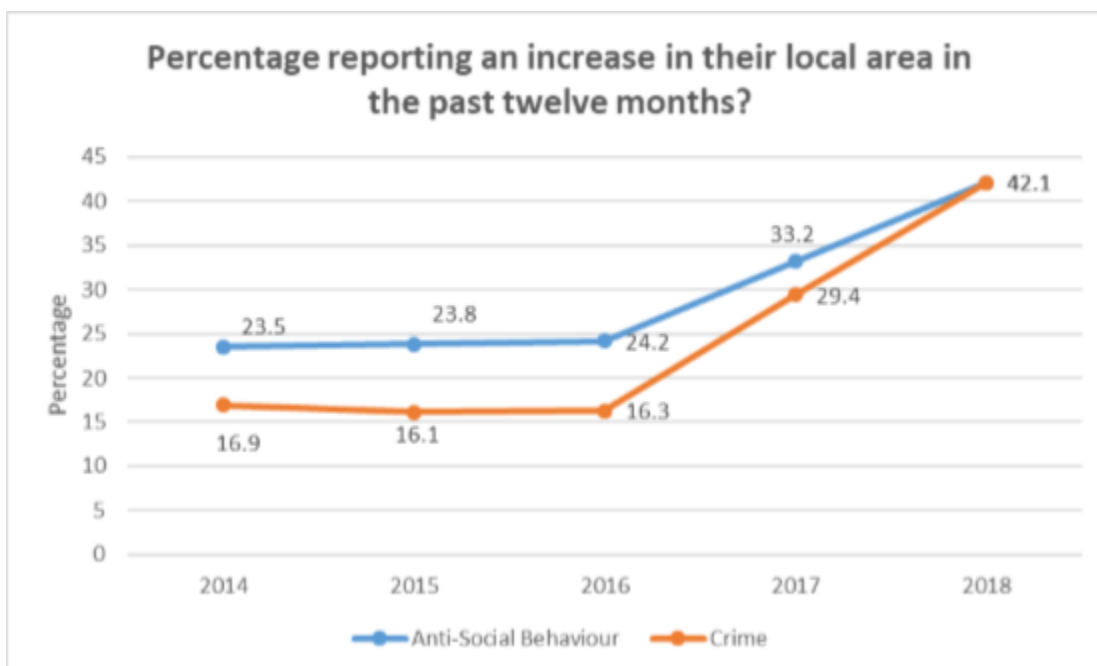
14. Half (50.6%) of respondents from the most deprived areas believed crime to have increased in their area in the past 12 months, compared to a third (35.6%) of residents in the least deprived areas.



15. In addition, half (51.9%) of respondents in the 'Southern Arc' were dissatisfied with the level of anti-social behaviour. By deprivation score, there was a 36.4%

difference in the level of dissatisfaction between the most and least deprived areas of the city.

16. These responses show a worrying trend in Cardiff communities' perception of crime, whilst also indicating a possible correlation between a negative perception on how crime is addressed between demographics.
17. Trend analysis over the past five years shows a significant and growing increase in the percentage of respondents believing crime and anti-social behaviour to be increasing in their local area.



Principal Drivers of Insecurity across different Neighbourhoods

18. Many agree that some form of community engagement activity is fundamental in gaining community intelligence. However questions have arisen toward the best approach in gaining such data.

19. The Police Practice and Research; An International Journal, sets out that the principle drivers for a neighbourhoods insecurity as:

- Major Crimes – especially if widely reported in the media;
- Members of community living close to a crime scene who have been disaffected by the police response;
- Residents, who may have lived in their community for a substantial amount of time, will have a collective memory of local incidents which they will interpret as a marker of growing threat;
- Youth related disorder;
- Fly-tipping;
- Litter;
- Dog mess;
- Speeding cars and inconsiderate parking.

Scope of Scrutiny

20. As part of the Committee's work programme discussion for 2019/20, and following receipt of the ASK Cardiff 2018 results, Members agreed to undertake a piece of work around the fear and perception of crime within Cardiff communities and the effectiveness of the CSP in addressing this issue. In addition, Members also wished to gain information on:

- I. The factors which contribute to the public's perception of crime and safety.
- II. Why the perception of crime may differ within certain localities in Cardiff.

21. Levels of crime vary significantly across the city, following patterns of income and health inequality. The significant disparities between crime levels in Cardiff neighbourhoods are likely to continue unless work is undertaken to reduce them. Developing joined up approaches in protecting the city's residents, especially those most vulnerable is crucial.

22. Being safe and feeling safe consistently ranks as top priorities for both residents and visitors of Cardiff.

23. Fear of crime is a significant issue for many people and can cause problems for partners who find it difficult to reconcile this perception with the reality that many areas hold falling crime levels. However, this can be interpreted by local people as an unwillingness to respond to problems which they “know” exist in the local community, irrespective of the evidence which has been gathered by sources such as the council and the police.
24. Academics suggest that part of the problem in addressing perception and feeling of safety, is that for all the talk of consulting and engaging with communities, partners have ultimately failed to find ways to ‘see like a citizen.’ (Herbert, 2006). With too much of a focus on centrally set performance indicators, the police fail to understand and address the key factors in shaping levels of neighbourhood security (Innes, 2012).
25. It is for this reason why the delivery of community safety needs to be addressed in order to ensure it attunes with the needs, wants and expectations of a community. Scrutiny can play a vital role in resolving this impasse, setting out a way forward for local people and professionals.

Way Forward

26. In order to understand what work is currently being done by the Community Safety Partnership in addressing this issue, key individuals have been invited to attend the Committee meeting:
- Alun Michael, Co-Chair of the Community Safety Leadership Group - Police & Crime Commissioner for South Wales
 - Cllr Lynda Thorne, Co-Chair of the Community Safety Leadership Group and Cabinet Member with responsibility for Community Safety

 - Chief Superintendent Stephen Jones, Co-Chair of the Community Safety Delivery Board – South Wales Police
 - Sarah McGill, Co-Chair of the Community Safety Delivery Board and Corporate Director for People and Communities

- Gareth Newell, Head of Performance & Partnerships
- Alison Jones, Interim Community Safety Manager
- Lee Patterson, Community Education Officer / Child Friendly City Survey

27. Representatives from FOR Cardiff a business led, not for profit organization who aim to ensure Cardiff city centre is vibrant and welcoming, have also been invited to provide their viewpoint on this issue from a business community perspective.

28. At the start of the meeting, the Chairs of the Community Safety Boards will provide a presentation to Committee setting out:

- Current crime statistics for Cardiff;
- Specific statistics relating to the more deprived areas of the city;
- The ASK Cardiff 2019 results for community safety;
- What the Cardiff CSP is doing to address community confidence and overall community well-being.

30. Representatives from FOR Cardiff will also be requested to present Committee Members with their perspective on how the fear of crime is effecting Cardiff's business community.

31. Following evidence from the witnesses and a Q&A session, Members will be able to decide if they wish to feed any comments, observations or recommendations back to witnesses and to Cabinet for their consideration.

Legal Implications

32. 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 the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements 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 taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

Financial Implications

33. 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 set out in this report;
- ii. consider the information provided by witnesses to this meeting;
- iii. decide whether it wishes to relay any comments or observations to the Cabinet Member for Housing and Communities and witnesses; and
- iv. decide the way forward with regard to any further scrutiny of this issue.

Davina Fiore

Director of Governance & Legal Services

2 January 2020

CASSC – 8 January 2020 - Fear of Crime and its Effect on Cardiff Communities

INTRODUCTION

The following paper outlines the findings from two key surveys carried out during 2019, namely;

- Ask Cardiff Residents Survey 2019
- Child Friendly City Survey of children and young people

Both surveys asked a number of community safety related questions, particularly regarding perceptions of crime in Cardiff. Further details are set out below.

Ask Cardiff 2019

Introduction

Ask Cardiff is an annual survey asking residents to give their views on Council services. This survey asks a range of questions on public services and service delivery, quality of life and wellbeing in our communities.

The results of this survey, along with feedback from a programme of consultation and engagement events held throughout the year, helps inform the Council's policy and service priorities in its Corporate Plan and annual budget.

Methodology

The 2019 Ask Cardiff survey was live from 16th September to 24th November 2019

In previous years, younger people (16-24 year olds), minority ethnic groups and those people resident in the south and the east of the city have been underrepresented in consultation and survey responses.

To promote a more representative response rate to this year's survey, the following methods were used to reach these communities:

a) Email

The survey was promoted via email to:

- Organisations known to work with seldom heard groups
- Cardiff Youth Council
- Schools, Sixth forms and Colleges

b) Internet/intranet

The survey was hosted on the Council website, Education Service Level Agreement website, Cardiff Family Advice & Support and promoted to Council employees via DigiGov, Intranet and Staff Information.

Versions of the survey were made available via the Council's website and could be accessed at libraries / Hubs and other Community buildings across the City.

c) Social media

The survey was promoted via Facebook and Twitter throughout the consultation period.

Social media 'boosts' were made to selected demographics with a focus on people aged under 35 and those residing in the south of the city.

d) Face to face, flyers

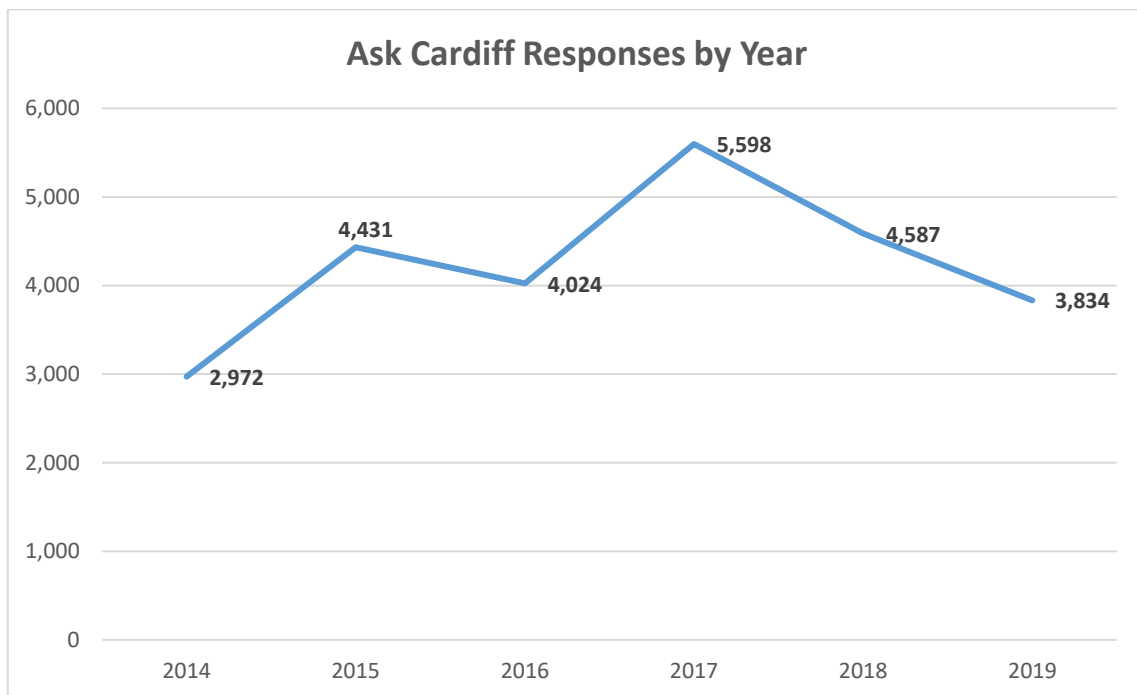
- Friends and Family (FAN) groups were used to engage with members of ethnic minority groups.
- Drop in sessions were held at each Hub across the City where Cardiff Research Centre staff were on hand to discuss any issues people had with the survey and to offer support in completing the survey
- Flyers were given to local business centres and GP surgeries

e) Additional Work

- The survey was promoted via the UHB Newsletter
- Community Councils across Cardiff were sent flyers / posters and encouraged to promote the survey
- Posters were sent out to allotment groups and plot holders across the City
- Flyers / Posters were displayed in the Cardiff Indoor Market
- An Ask Cardiff Screensaver promoting the survey was displayed on all council PCs and laptops

Response

There were 3,834 responses to the 2019 Ask Cardiff Survey.



Ask Cardiff 2019 Summary Findings

32.1% of all respondents agree that the police and other local public services are successfully dealing with anti-social behavior and crime in their area, compared with 45.9% who disagree. (*Reference Chart 1*)

Agreement with this statement was highest amongst Under35s (37.3%) and lowest amongst those living in the Southern Arc ¹(28.5%) (*Reference Chart 1a*)

Respondents living in the most deprived areas of the city felt less safe than those in the least deprived areas. (*Reference Chart 1b*)

Overall Cardiff Residents felt most safe when: (*Reference Chart 2*)

- at home in the daylight (97.4%)
- walking in their neighbourhood in the daylight (94.8%)
- travelling by bus in the daylight (94.9%)

Overall Cardiff Residents felt least safe when: (*Reference Chart 2*)

- cycling in Cardiff after dark (24.8%)
- walking in the city centre after dark (36.2%)
- cycling in Cardiff in the day (58.4%)

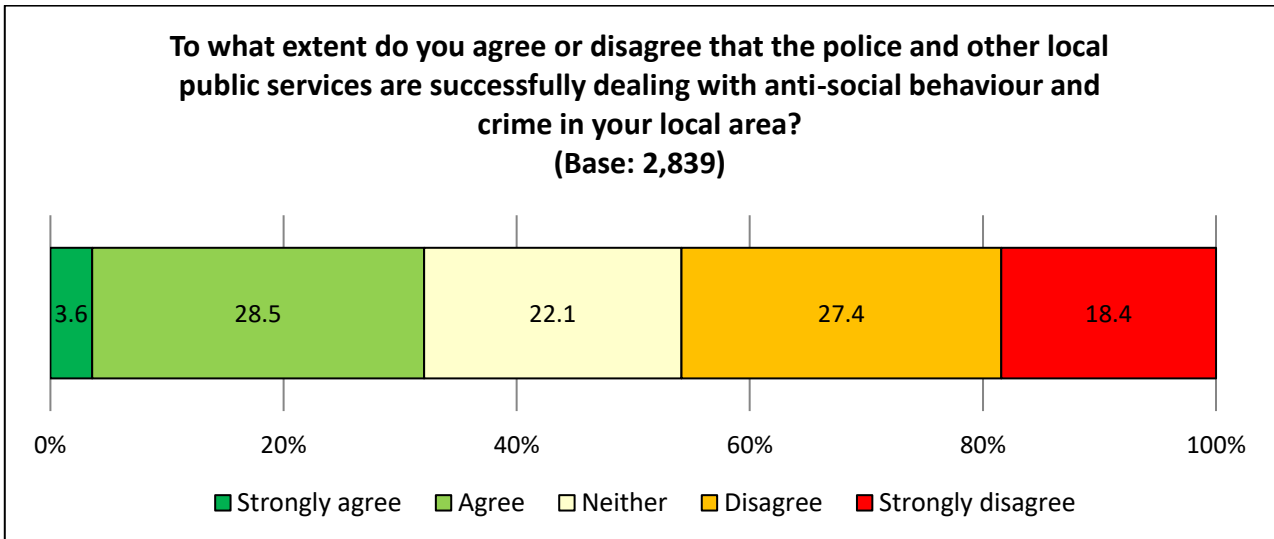
There is a correlation with residents in the more deprived areas of the city feeling less safe at home both in daylight and after dark (*Reference Charts 2b, 2d*), and when walking in their neighbourhood in daylight and after dark (*Reference Charts 2g, 2i*).

Those living in the more deprived areas were also less likely to feel safe when travelling by bus both in daylight and after dark than residents in the least deprived areas (*Reference Charts 2q, 2s*).

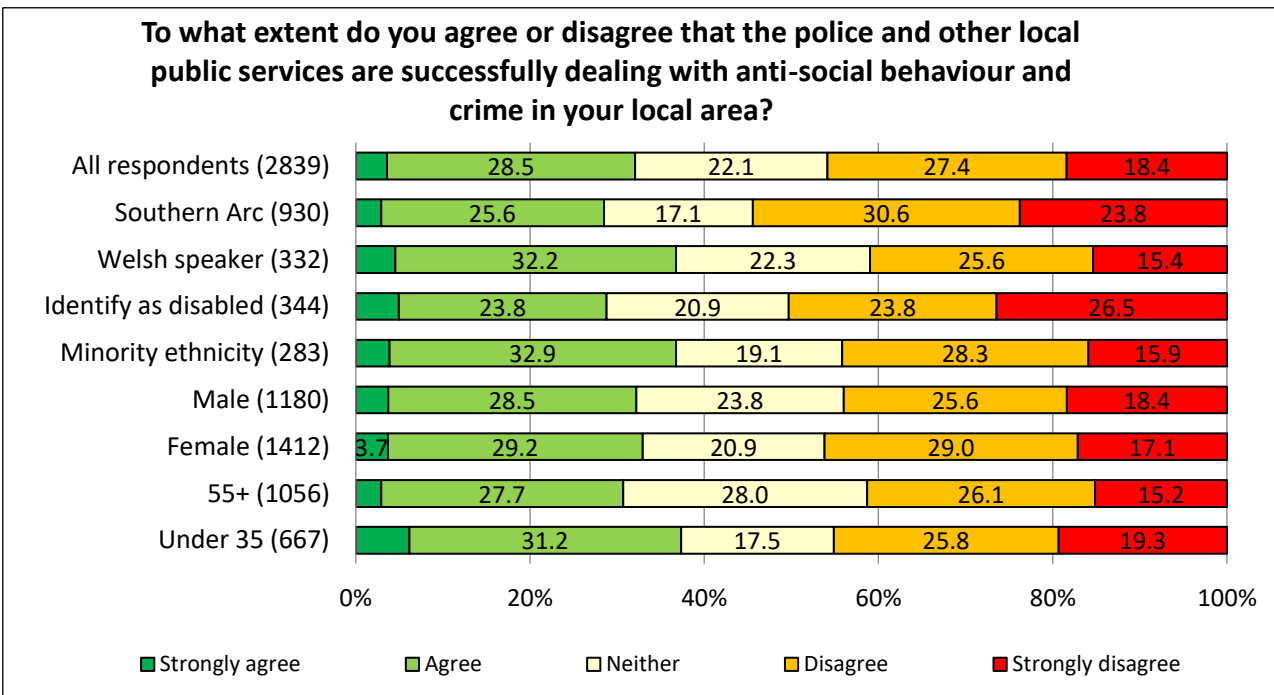
Trend data shows residents feel less safe than at any point over the past 6 years when at home in the daylight or after dark (*Reference Chart 2e*), walking in their neighbourhood in the daylight or after dark (*Reference Chart 2j*), walking in the city centre in the daylight or after dark (*Reference Chart 2o*), or when cycling in Cardiff in the daylight or after dark (*Reference Chart 2y*).

¹ Southern Arc' of Cardiff comprises the following electoral divisions: Adamsdown, Butetown, Caerau, Canton, Ely, Grangetown, Llanrumney, Riverside, Rumney, Splott, Trowbridge.

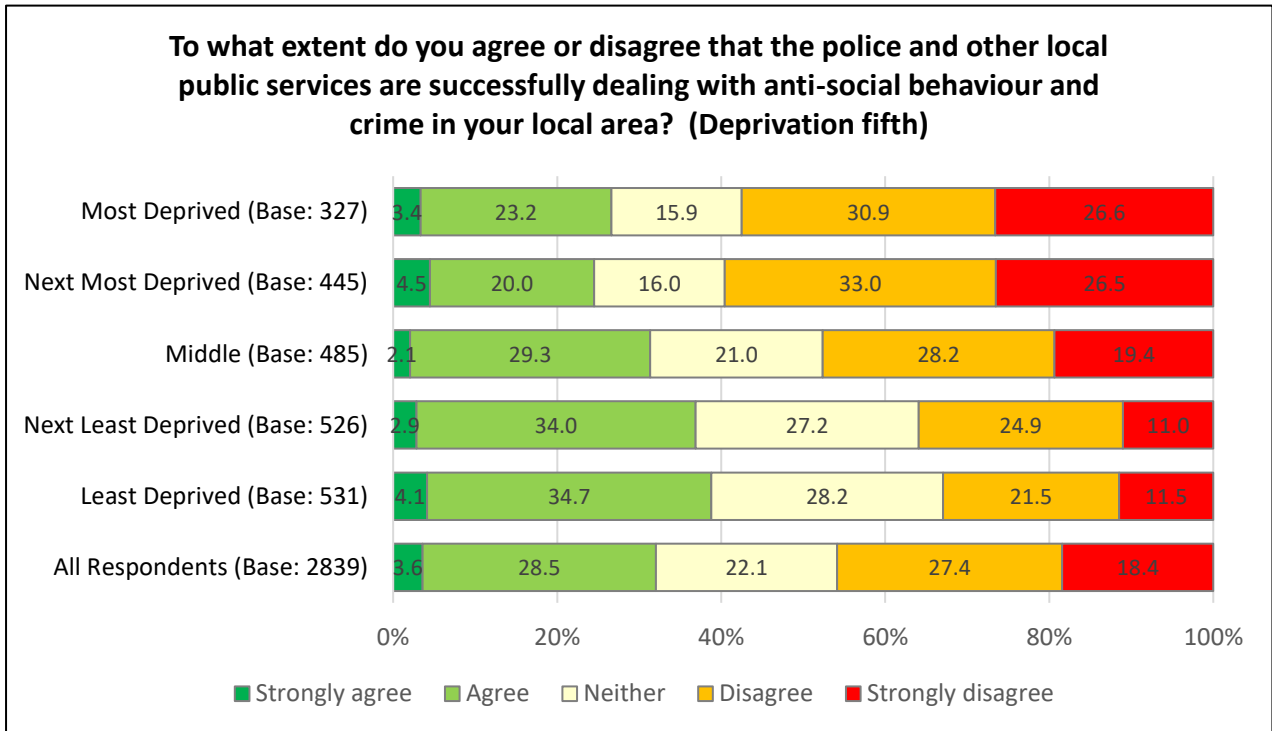
1.



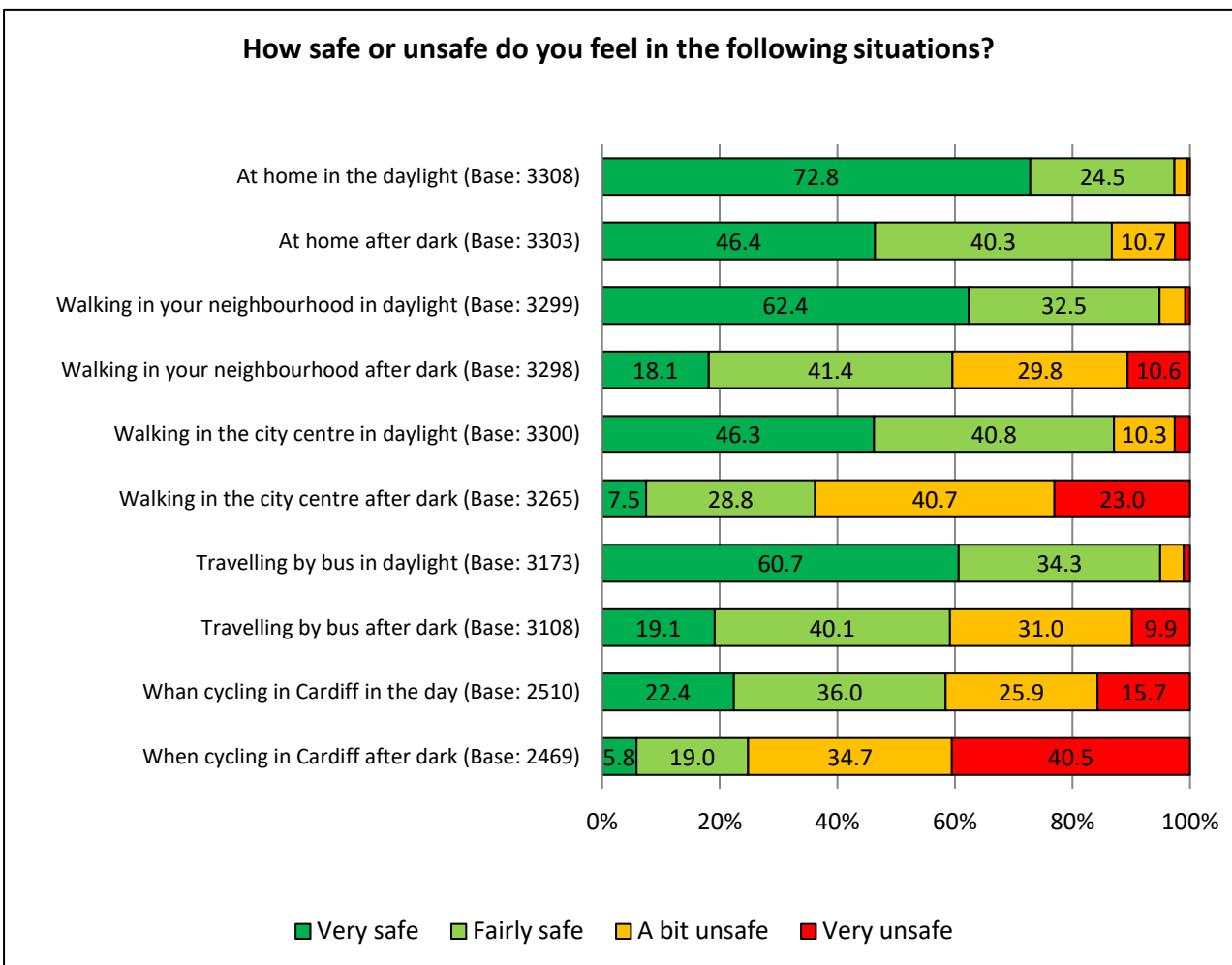
1a.



1b.



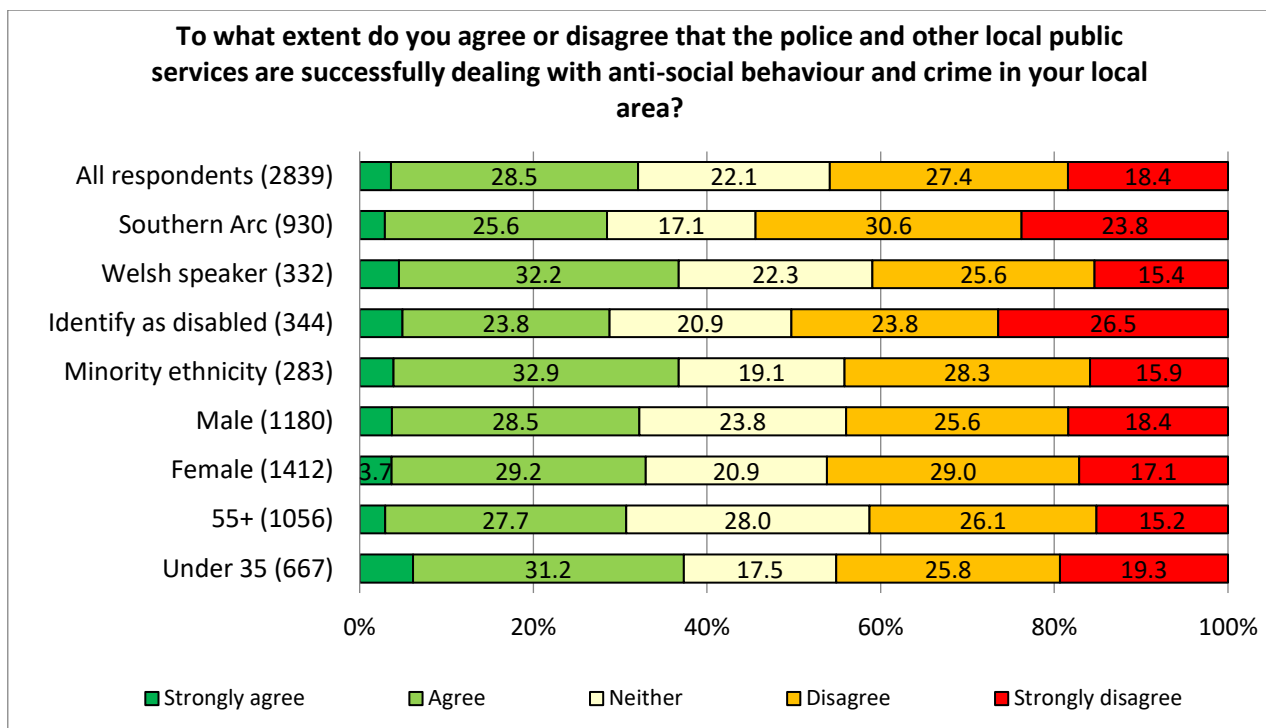
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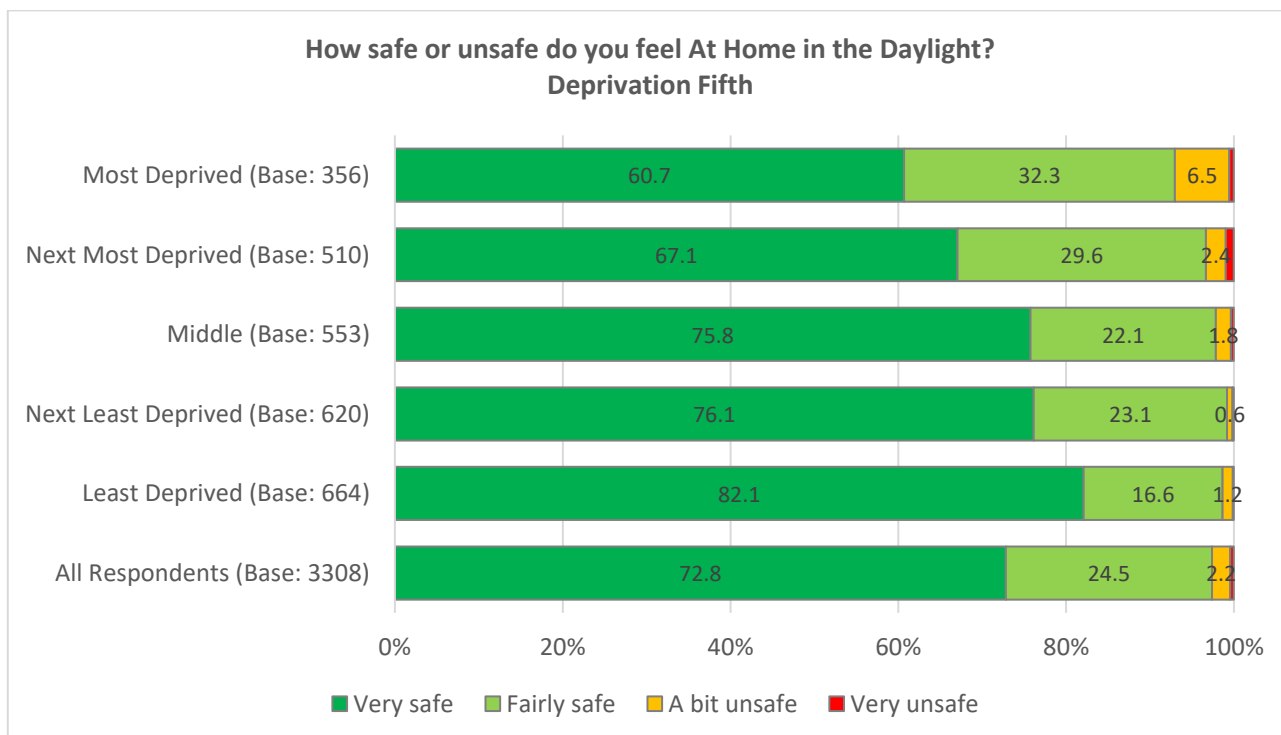
NB:- The Chart above contains the overall data for each of the situations examined, with a further breakdown by deprivation and demographic below.

2a.

At Home in the Daylight

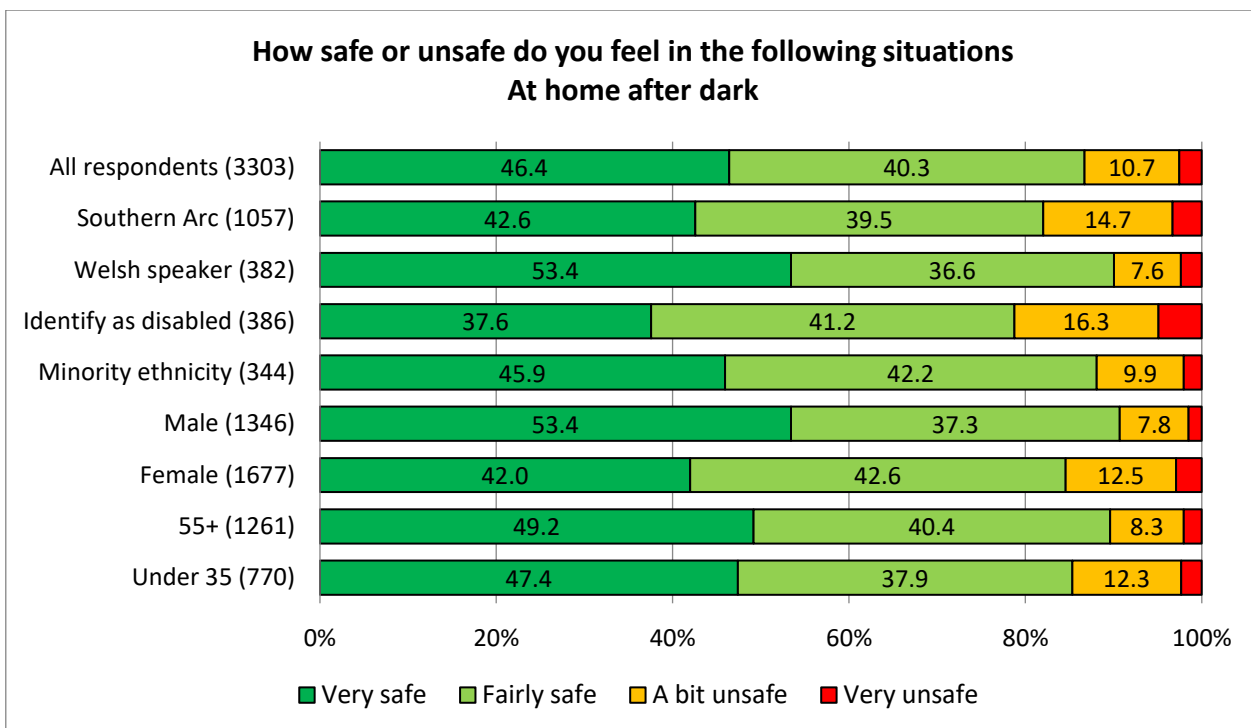


2b.

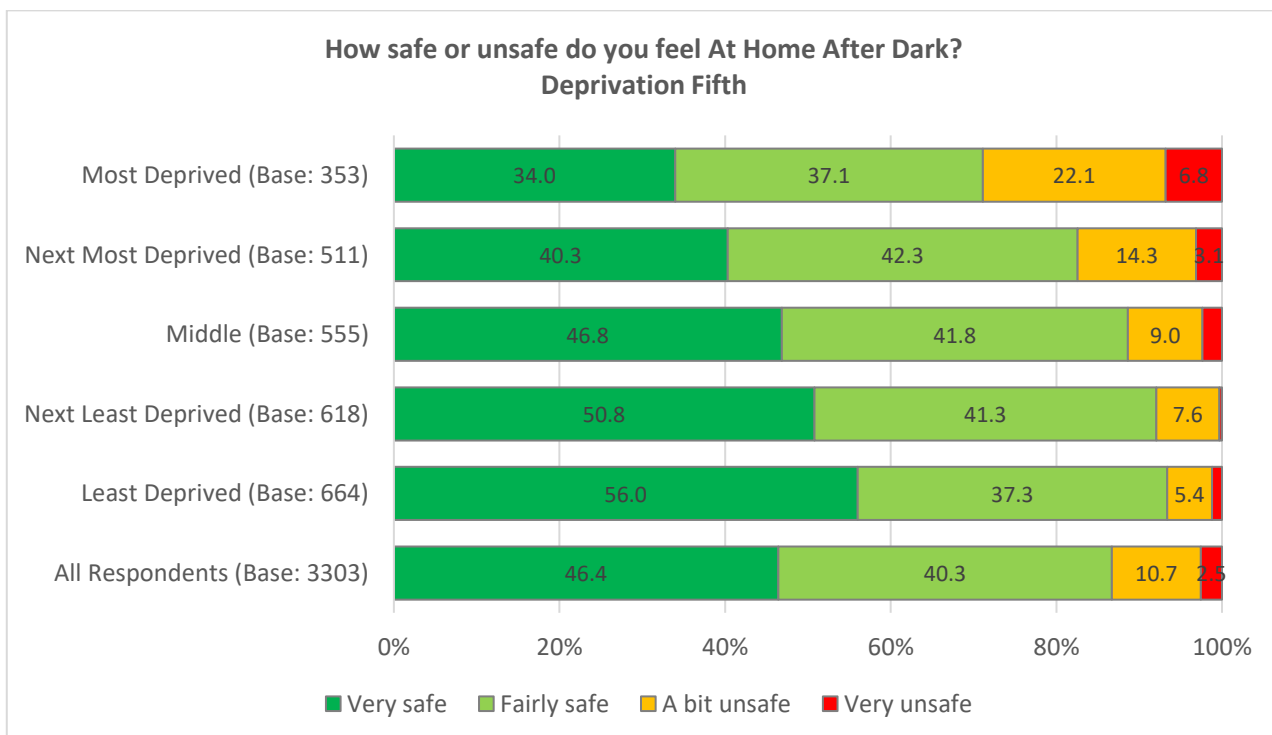


At home in the Dark

2c.

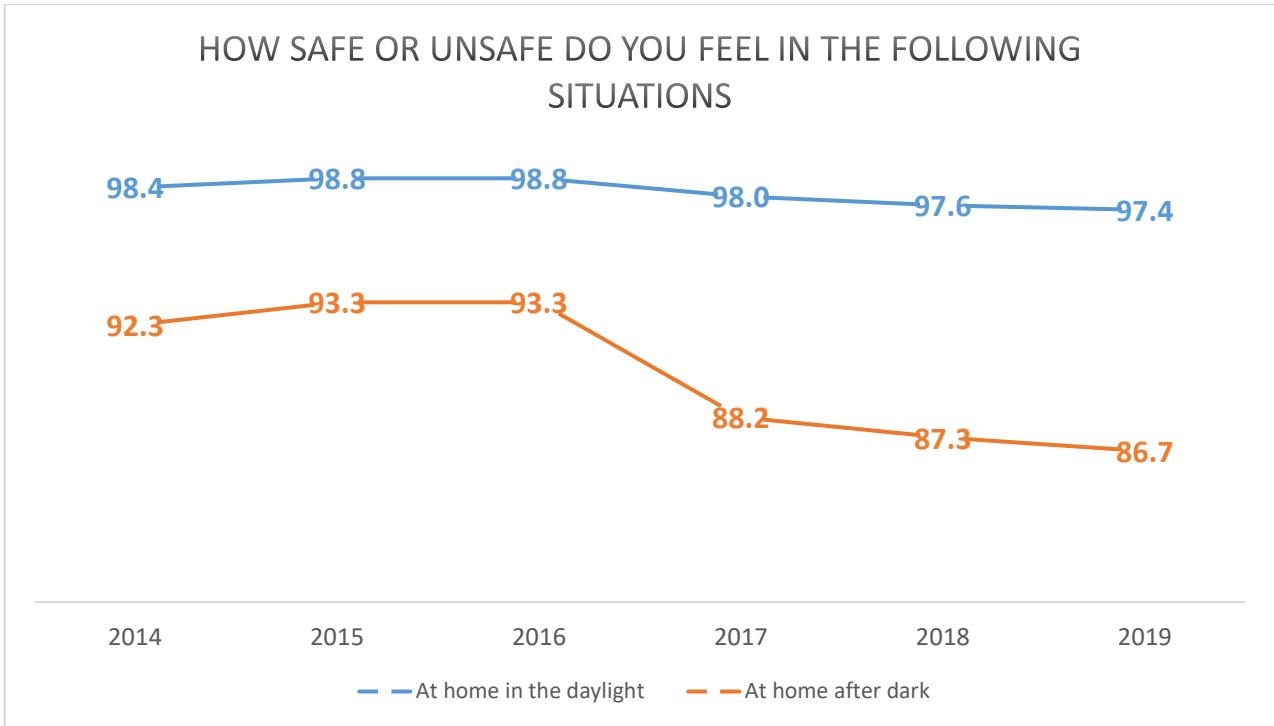


2d.



At Home Trend Data

2e.



NB: - The chart above depicts the feeling of safety 'Very' and 'Fairly' combined for all respondents At home in the daylight and after dark, for the period 2014-2019.

Respondents who indicated that they felt ‘a bit unsafe’ or ‘very unsafe’ at their home either in the daylight or after dark were prompted to provide comments regarding their response. 282 respondents provided comments, which have been grouped into fourteen thematic areas. A sample of comments by theme is provided in the table below.

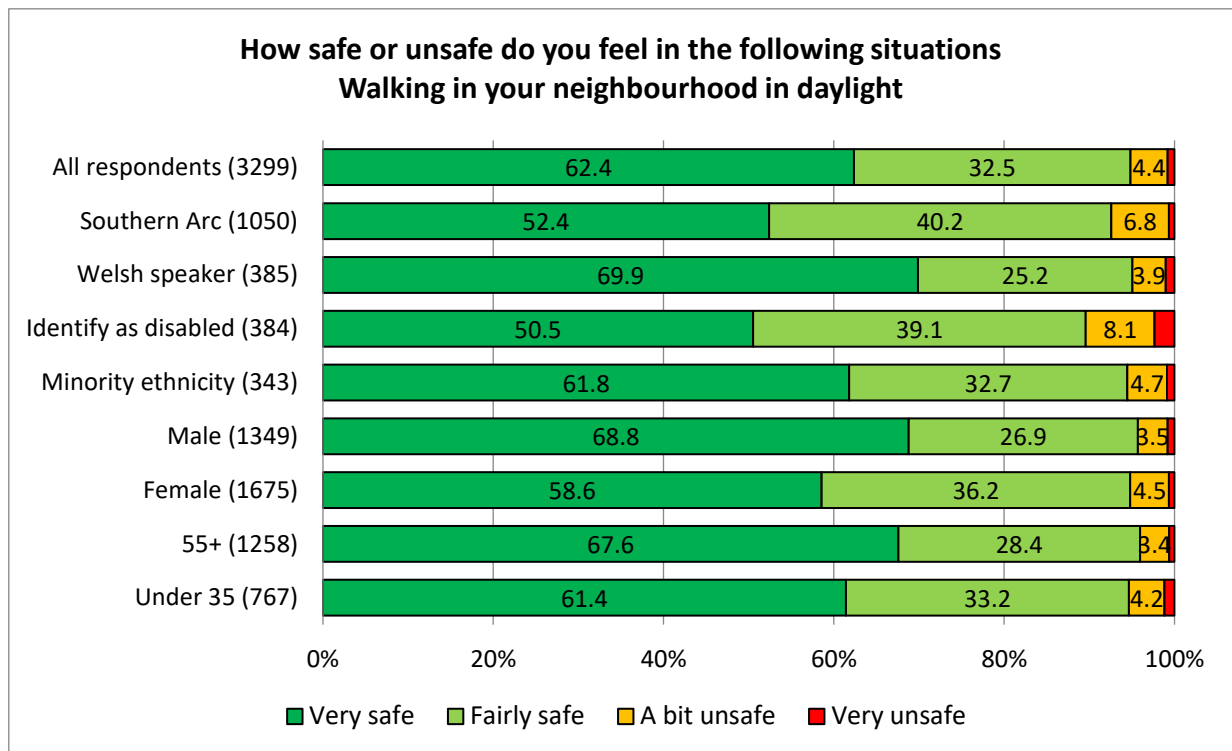
Table 1

Theme	No	%	Example comments
Anti-social behaviour	101	35.8	<ul style="list-style-type: none"> • Antisocial behaviour in the streets, • Antisocial behaviour in my neighbourhood. • Lots of anti-social behaviour in my local area. • Anti-social neighbours.
Fear/Risk of burglary	70	24.8	<ul style="list-style-type: none"> • Risk of burglary. • We have been burgled three time in the last twelve months. Once at night when we were in bed !!! • After dark I worry about intruders. • Youths and adults causing disturbances in the area, trying to access people’s homes to see if they have locked their doors.
Drug related problems	45	16.0	<ul style="list-style-type: none"> • Lots of drug dealing & activity in the street • There are people dealing drugs outside of my flat. I have informed the police. Sometimes they do it in the street.
Level of crime	36	12.8	<ul style="list-style-type: none"> • So much crime in the area and no visible sign on police patrolling
Feel vulnerable/ Fear of assault	35	12.4	<ul style="list-style-type: none"> • Worried about home invaders.
Gangs/ Youths	32	11.3	<ul style="list-style-type: none"> • One often sees gangs of youths walking being very intimidating.
Lack of policing	31	11.0	<ul style="list-style-type: none"> • There is a shortage of police on the streets.
Cold Callers	16	5.7	<ul style="list-style-type: none"> • Constant pestering with cold callers especially charities.
Inconsiderate drivers / Motorbikes / Cyclists	15	5.3	<ul style="list-style-type: none"> • Multiple joy riding accidents outside my house.
Lighting / In the Dark	11	3.9	<ul style="list-style-type: none"> • Some parts have poorly lighting.
Drunks	9	3.2	<ul style="list-style-type: none"> • Loads of drunken students.
Homeless / Beggars	7	2.5	<ul style="list-style-type: none"> • Homeless people around the area outside and people on drugs causing ASB.
Increase in Knife crime	6	2.1	<ul style="list-style-type: none"> • Knife crime is rising and going outside to smoke isn't very nice. Also have to look after elderly.
Miscellaneous	18	6.4	<ul style="list-style-type: none"> • I don't feel that I can have doors or windows open.

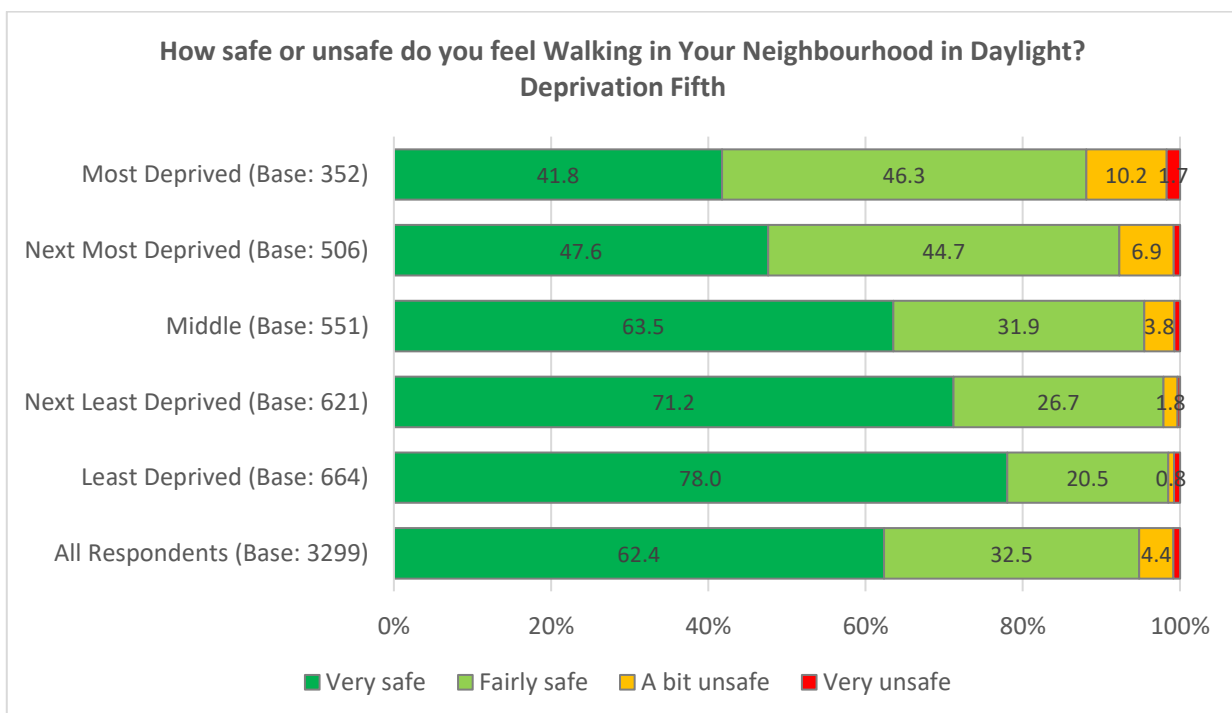
NB. Percentages do not sum to 100.0% because responses could be coded into multiple themes.

2f.

Walking in your neighbourhood in daylight

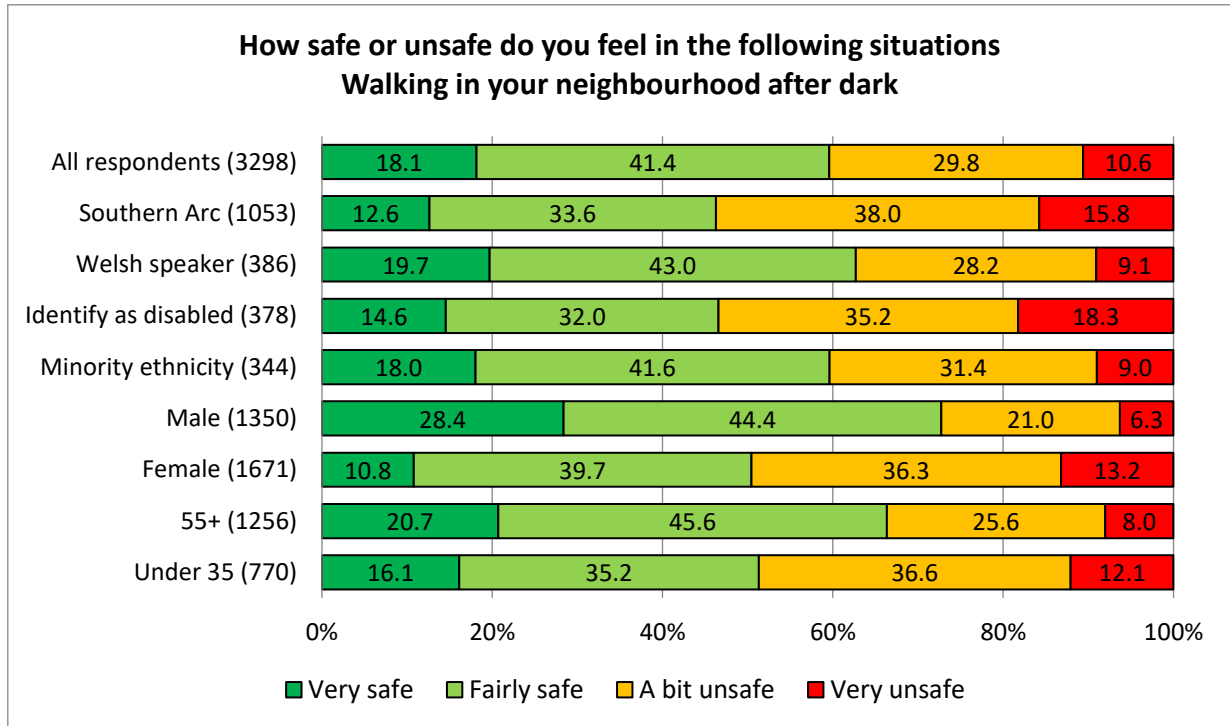


2g.

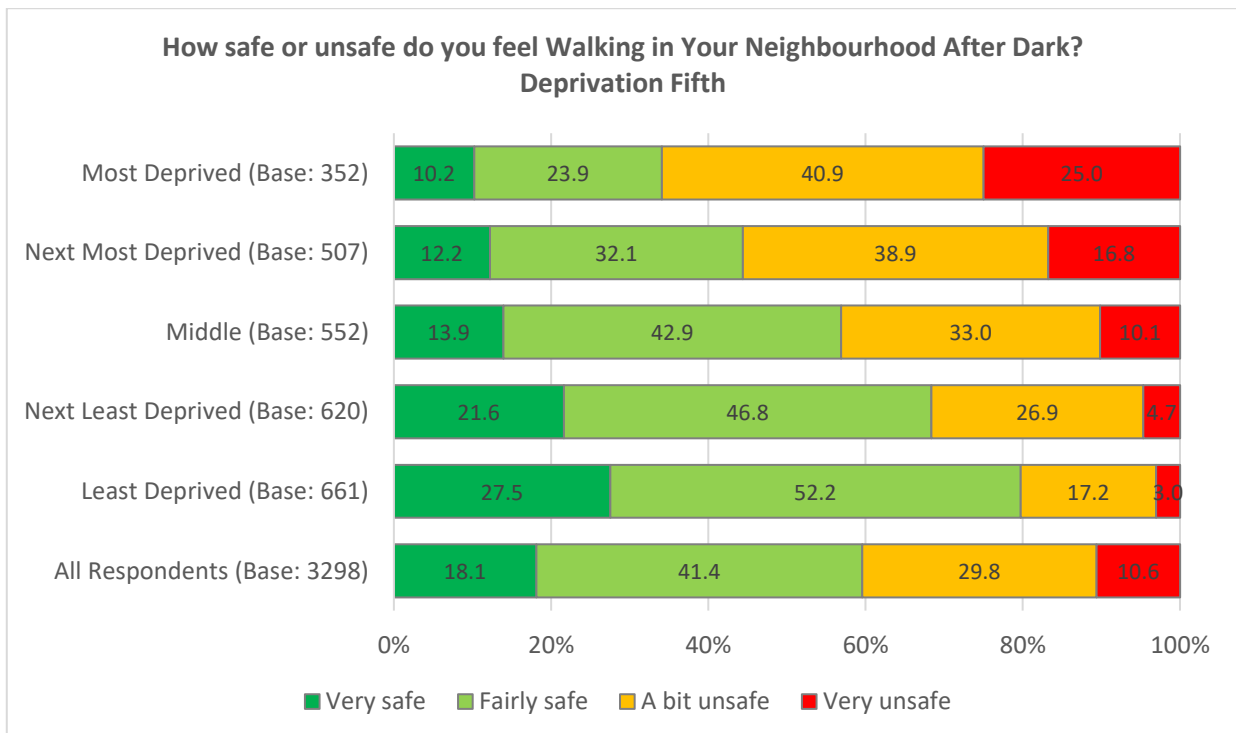


Walking in your neighbourhood in after dark

2h.

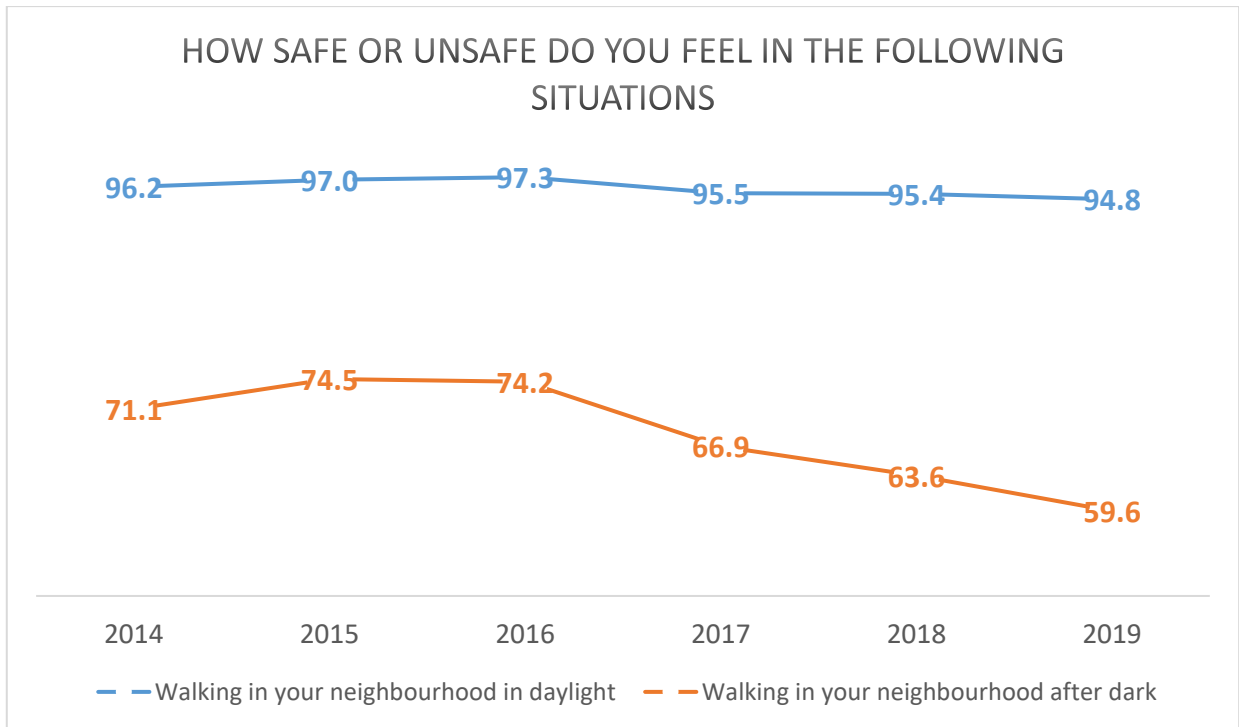


2i.



Walking in Neighbourhood Trend Data

2j.



NB: - The chart above depicts the feeling of safety 'Very' and 'Fairly' combined for all respondents Walking in their neighbourhood in the daylight and after dark, for the period 2014-2019.

Respondents who indicated that they felt 'A bit unsafe' or 'Very unsafe' Walking in their neighbourhood either in the daylight or after dark were prompted to provide comments regarding their response. 1,016 respondents provided comments, which have been grouped into fifteen thematic areas. A sample of comments by theme is provided in the table below.

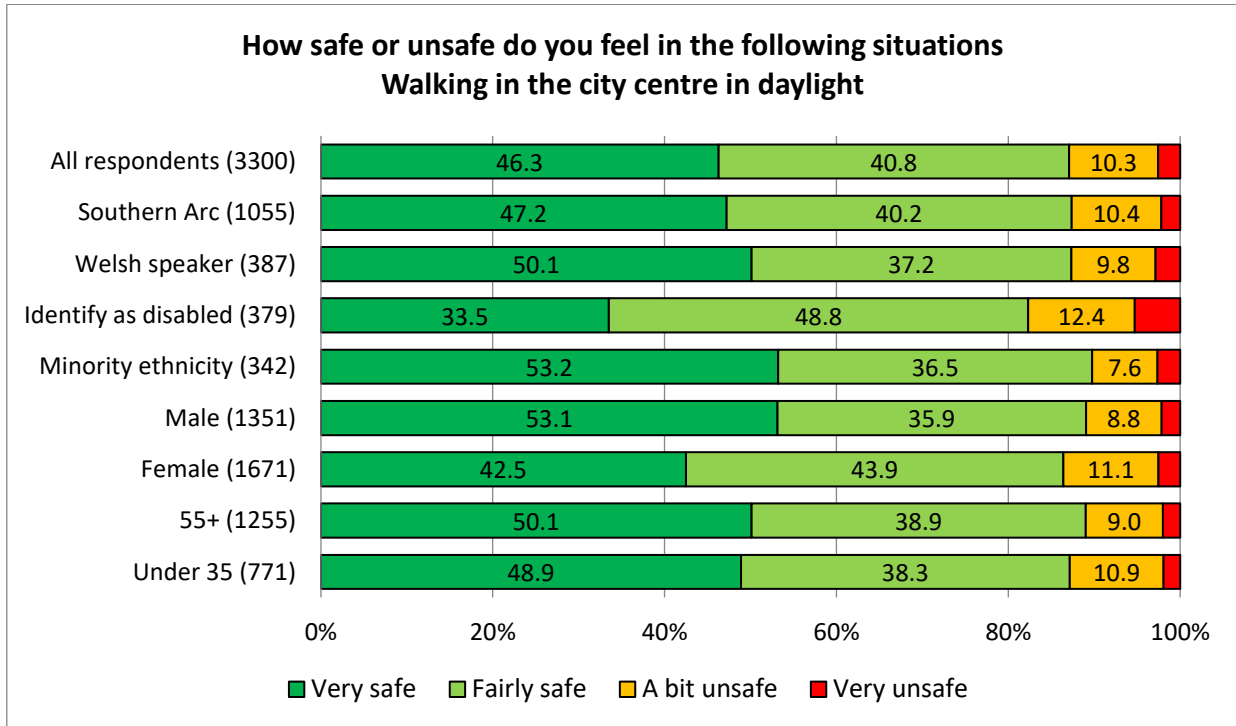
Table 2

Theme	No	%	Example comments
Gangs / Youths	336	33.1	<ul style="list-style-type: none"> Youth gangs in area can be intimidating to walk past. There are gangs and individuals that may cause harm There are gangs of youths who hang around and intimidate with shouting and circling around on bikes. Only after dark. Worried about groups of teenagers.
Anti-social behaviour	321	31.6	<ul style="list-style-type: none"> I know there is a lot of anti-social behaviour in my area. Lack of resources to combat anti-social behaviour. Because of anti-social behaviour at night. Area is just anti-social which has got worse since the new housing developments and expected to get worse once latest houses and flats are built by me.
Lighting / In the Dark	201	19.8	<ul style="list-style-type: none"> Poor lighting. Generally always aware of other people walking. I live by woodland and I don't feel I can use the footpaths there after dark. After dark I tend to be more cautious about where I walk. I usually avoid short cut down ally, notify friends/call friends during walk home.
Drug related problems	194	19.1	<ul style="list-style-type: none"> Drug related crimes in my area. there are drug dealers and therefore drug users walking around There are many people who are drug dependent or have mental health issues I the community who sadly do not get the support they require.
Fear of assault	134	13.2	<ul style="list-style-type: none"> I am afraid I might be mugged. I'm afraid of being harassed, attacked, or mugged just for being out and about. As a woman I sometimes feel threatened by men hanging around.
Inconsiderate drivers / Motorbikes / Cyclists	119	11.7	<ul style="list-style-type: none"> Too many bikes and cars bushes on pavements often have to walk around. Often people on quad bikes, motorbikes in parks where not permitted. Reckless cyclist esp. around the Millennium centre on paved areas.
Neighbourhood	91	9	<ul style="list-style-type: none"> Heavily populated dodgy area. The area I live in.
Lack of policing	86	8.5	<ul style="list-style-type: none"> Lack of policing in the local area, police station has been closed. Don't see police around as much due to cutbacks felt safer when police more visible.
Level of Crime	84	8.3	<ul style="list-style-type: none"> Lots of crime and anti-social behaviour. The community I live in has a high crime rate.
Drunks	82	8.1	<ul style="list-style-type: none"> Increasing number of drunk people wandering around. Late night revellers In the street.
Homeless / Beggars	47	4.6	<ul style="list-style-type: none"> Homeless people spill over from town in to Roath, & lurk in the alley ways
State of surface/pavement/ Overgrown bushes	42	4.1	<ul style="list-style-type: none"> Pavements are in a poor state of repair - difficult to see clearly when walking in the dark.
Increase in Knife crime	40	3.9	<ul style="list-style-type: none"> Several incidences of knife crime in the area, wouldn't necessarily walk during the night-time.
Age / Ability issues	16	1.6	<ul style="list-style-type: none"> No longer able to physically defend myself against potential violent attacks.
Miscellaneous	55	5.4	<ul style="list-style-type: none"> You cannot know what is other people's minds. Specifically when Cardiff city play Cowbridge road is a no go area.

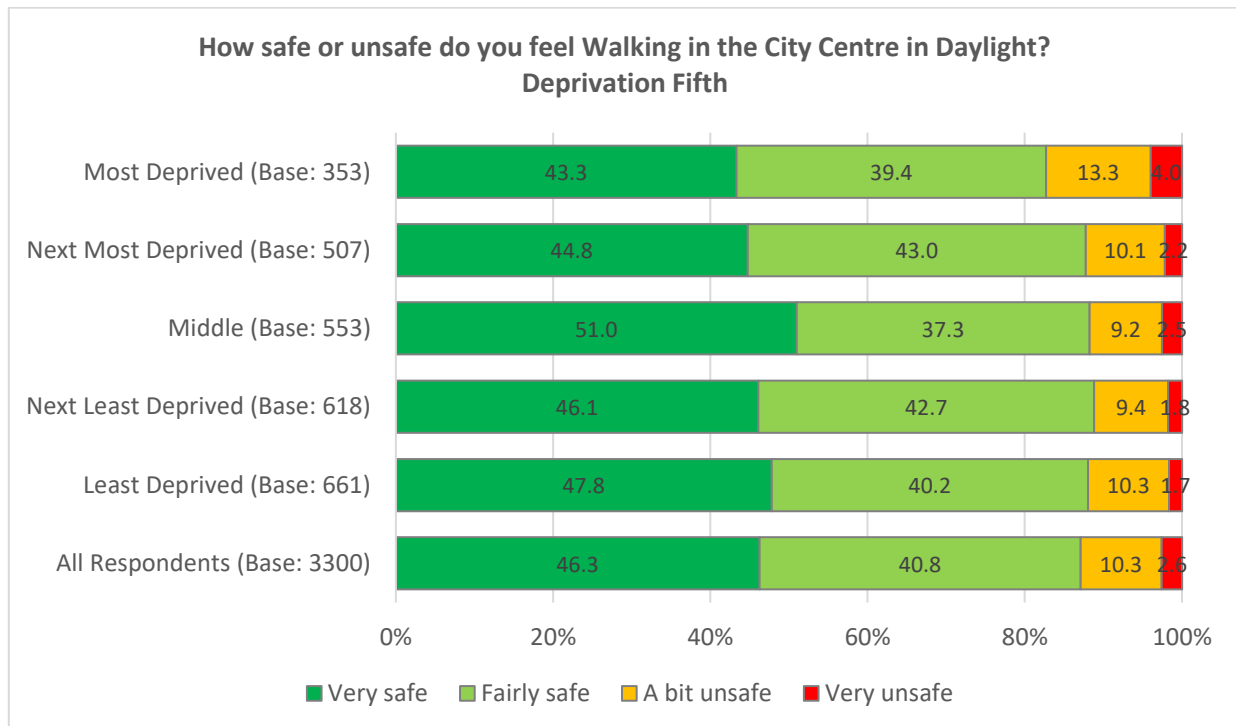
NB. Percentages do not sum to 100.0% because responses could be coded into multiple themes.

Walking in the city centre in daylight

2k.

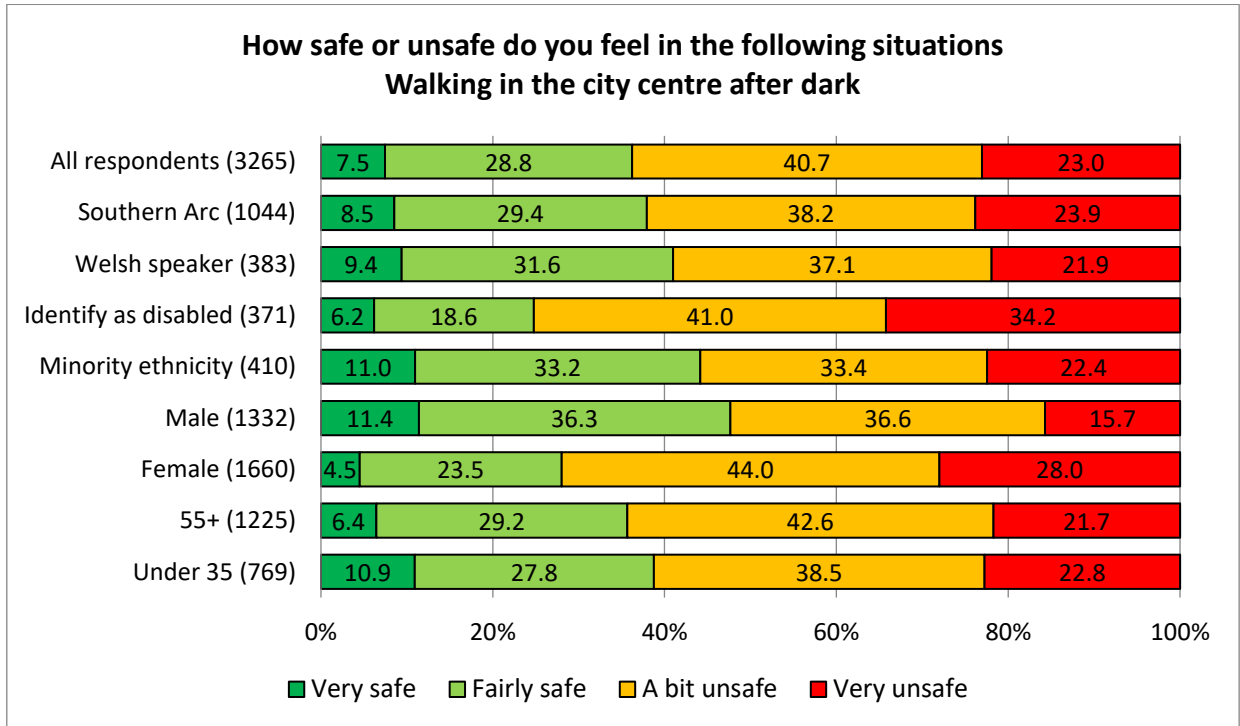


2l.

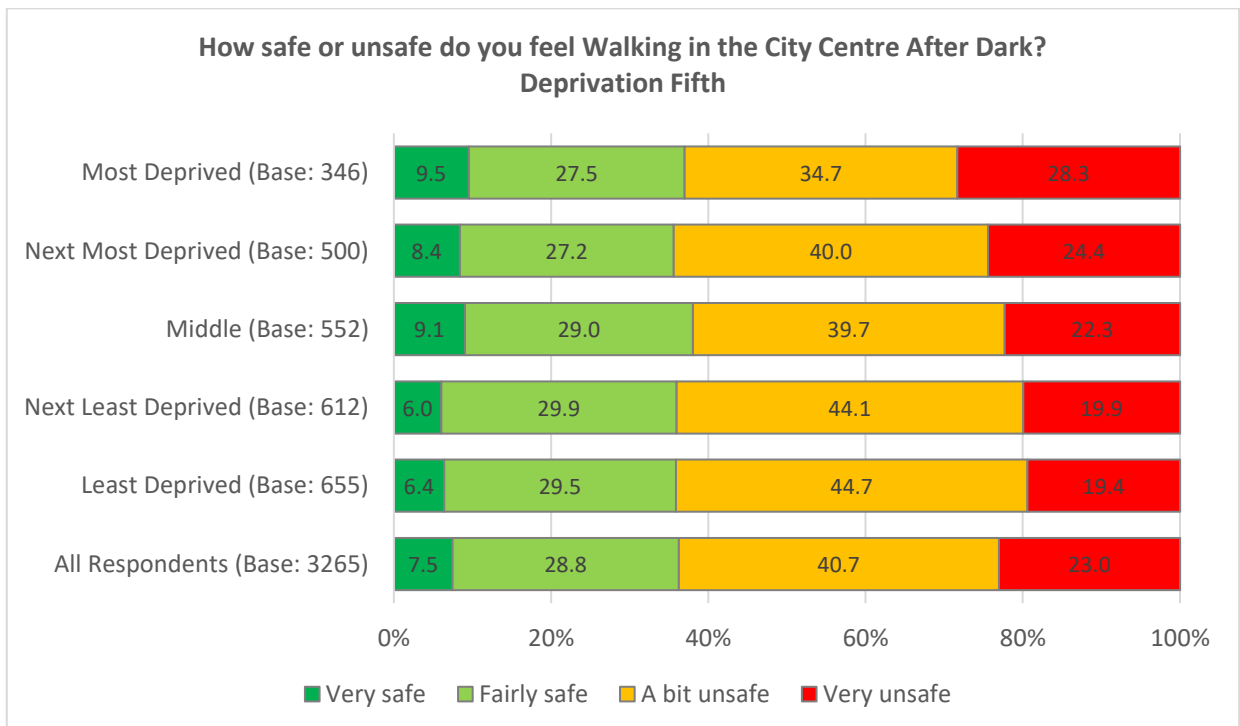


Walking in the city centre after dark

2m.

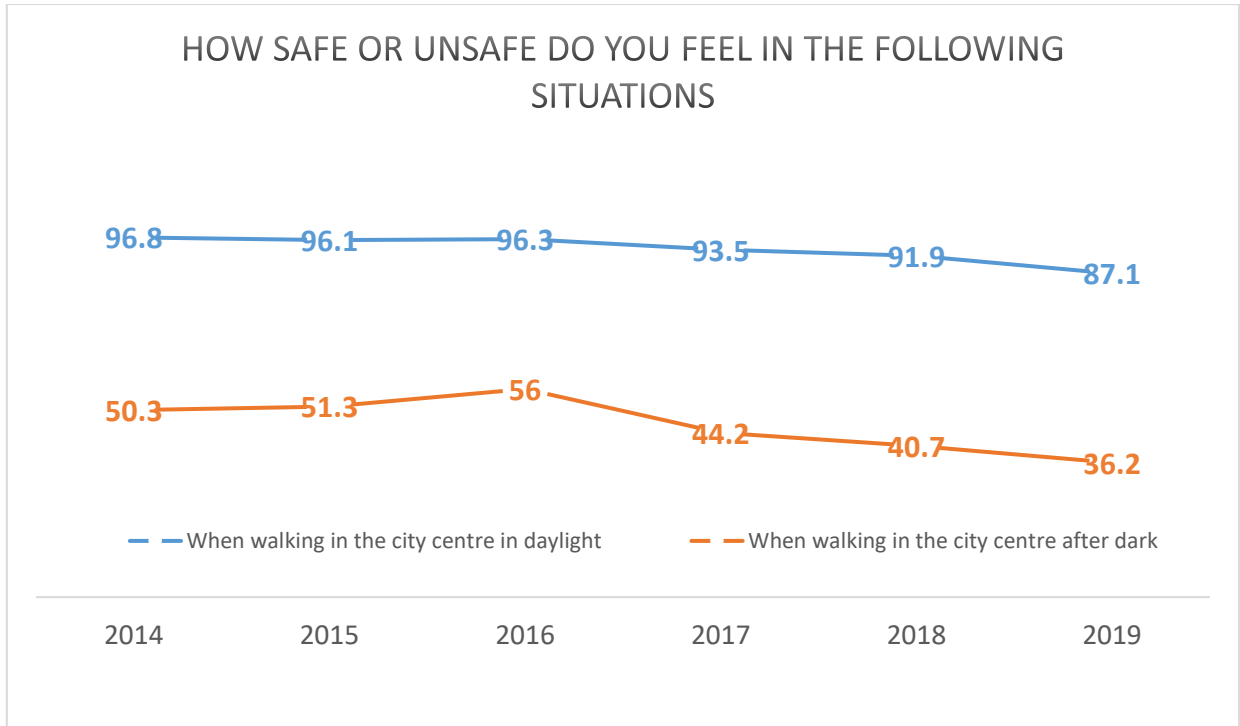


2n.



Walking in City Centre Trend Data

20.



NB: - The chart above depicts the feeling of safety 'Very' and 'Fairly' combined for all respondents Walking in the city centre in the daylight and after dark, for the period 2014-2019.

Respondents who indicated that they felt 'A bit unsafe' or 'Very unsafe' Walking in the City centre either in the daylight or after dark were prompted to provide comments regarding their response. 1,667 respondents provided comments, which have been grouped into fourteen thematic areas. A sample of comments by theme is provided in the table below.

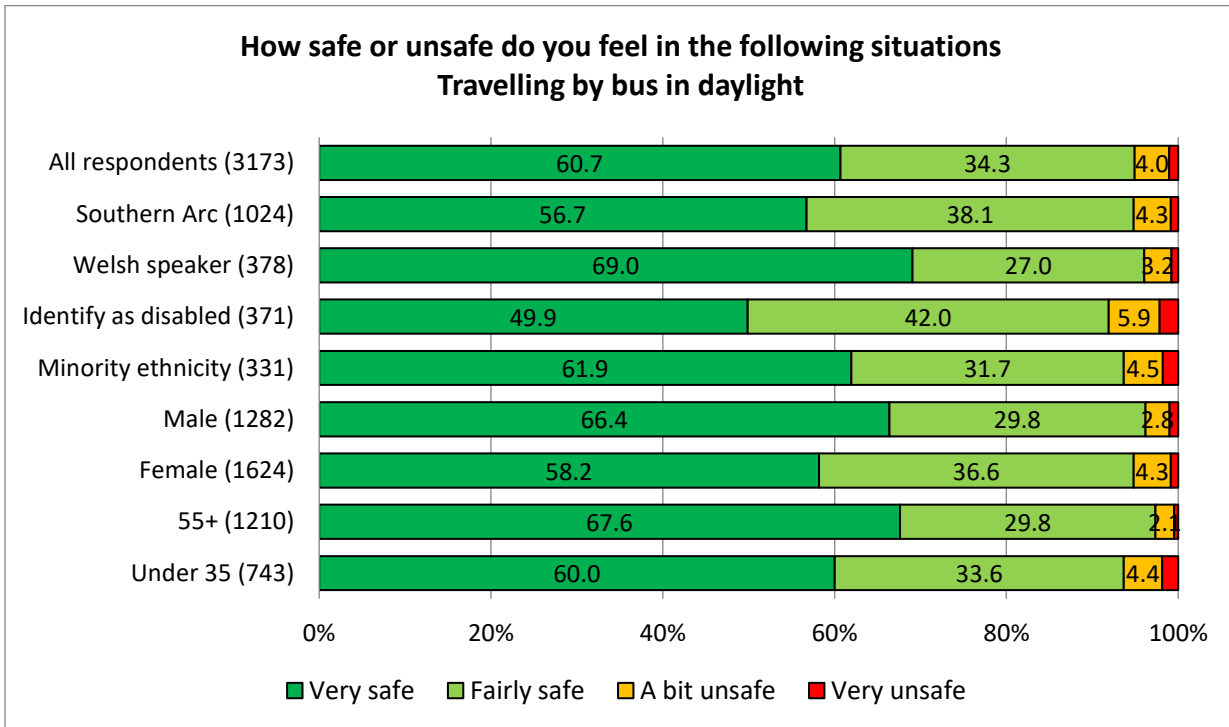
Table 3

Theme	No	%	Example comments
Homeless / Beggars	751	45.1	<ul style="list-style-type: none"> • Too many homeless and drunk people in the City Centre at night time. • Lots of homeless people who are intoxicated and shouting. • At times, people cycling in pedestrian areas, and sometimes aggressive begging, alcohol misuse. • Large volume of rough sleepers, and others who's needs are not being met.
Drunken behaviour	660	39.6	<ul style="list-style-type: none"> • At night it is unsafe, homeless people approaching you and drunk people are unpredictable. • Drunken people, rough sleepers. • Herds of drunk people, particularly on the weekends. • Because at weekends it is full of large groups of drunk people
Anti-social behaviour / Intimidation	572	34.3	<ul style="list-style-type: none"> • Anti-social behaviour, the amount of homeless people. • Many very pushy homeless people congregating in large groups who behave in a threatening way • Feel intimidated by the homeless when leaving work at 9pm and getting to my bus stop.
Drug related problems	476	28.6	<ul style="list-style-type: none"> • Lots of people with drug/mental health issues. • Lots of drug addicts fighting, begging and causing other issues in city centre. • Increase in people on drugs etc.
Fear of assault / Feel vulnerable	238	14.3	<ul style="list-style-type: none"> • I am a single female, and just for this reason would not consider walking alone at night in the city centre. I would be afraid of being attacked. • As a woman, I don't feel safe walking at night alone. • At my age I would feel vulnerable.
Gangs / Youths	188	11.3	<ul style="list-style-type: none"> • Gangs of youths walking in the street • Gangs of youths in centre • Groups of teenagers are hanging around
Lack of policing	123	7.4	<ul style="list-style-type: none"> • Lack of police presence - there should be police on the beat. • There is a distinct lack of policing. I feel nervous walking through town due to service users.
Lighting/ In the dark	97	5.8	<ul style="list-style-type: none"> • Its dark and not enough street lighting • Some parts not well lit at night - walking to car or bus (by Golden Cross) not nice after theatre
Inconsiderate drivers / Motorbikes / Cyclists	60	3.6	<ul style="list-style-type: none"> • Bicycles and cyclists in a pedestrianised area so dangerous.
Level of Crime	59	3.5	<ul style="list-style-type: none"> • Too many crimes are committed which makes me uneasy.
Increase in knife crime	56	3.4	<ul style="list-style-type: none"> • Increase in knife crime
Large volumes of people	43	2.6	<ul style="list-style-type: none"> • I don't like to be in large crowds of people.
State of surface/pavement	11	0.7	<ul style="list-style-type: none"> • Slippery surfaces, council staff loitering, unclean surfaces, broken lights, empty shops, traffic confused but plethora of mixed signs
Miscellaneous	88	5.3	<ul style="list-style-type: none"> • Try it for yourself. • I don't go into town.

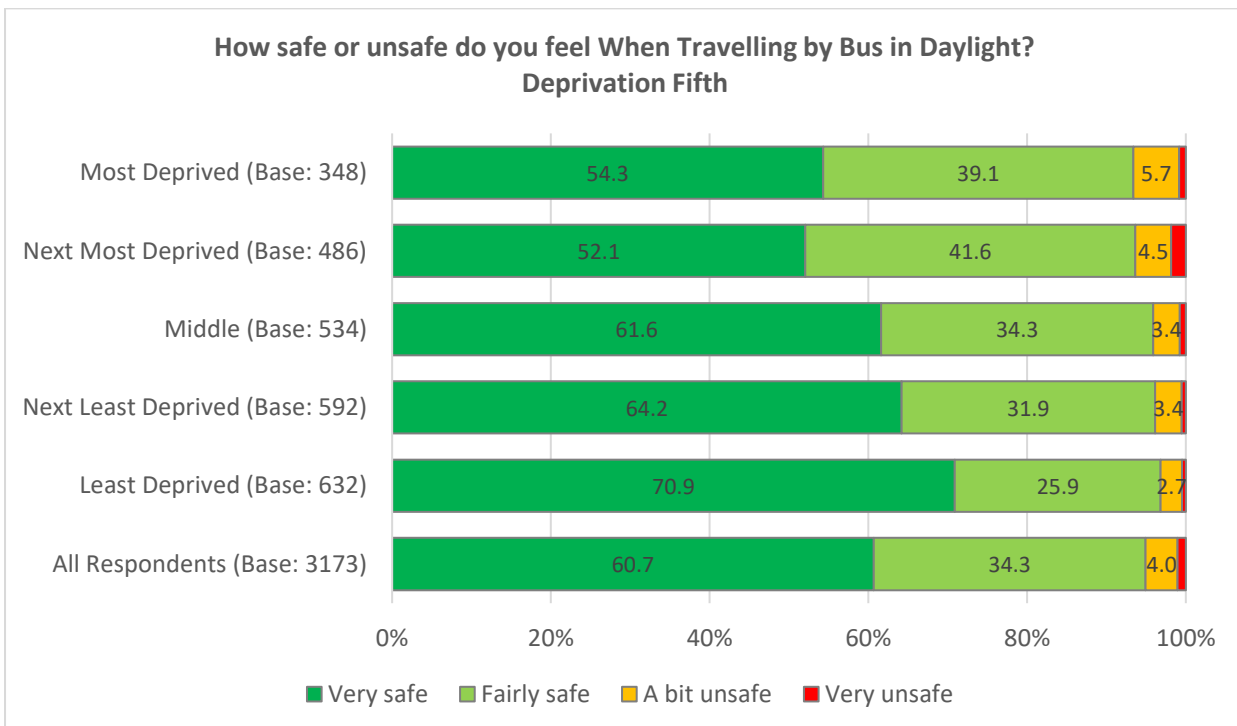
NB. Percentages do not sum to 100.0% because responses could be coded into multiple themes

Travelling by bus in daylight

2p.

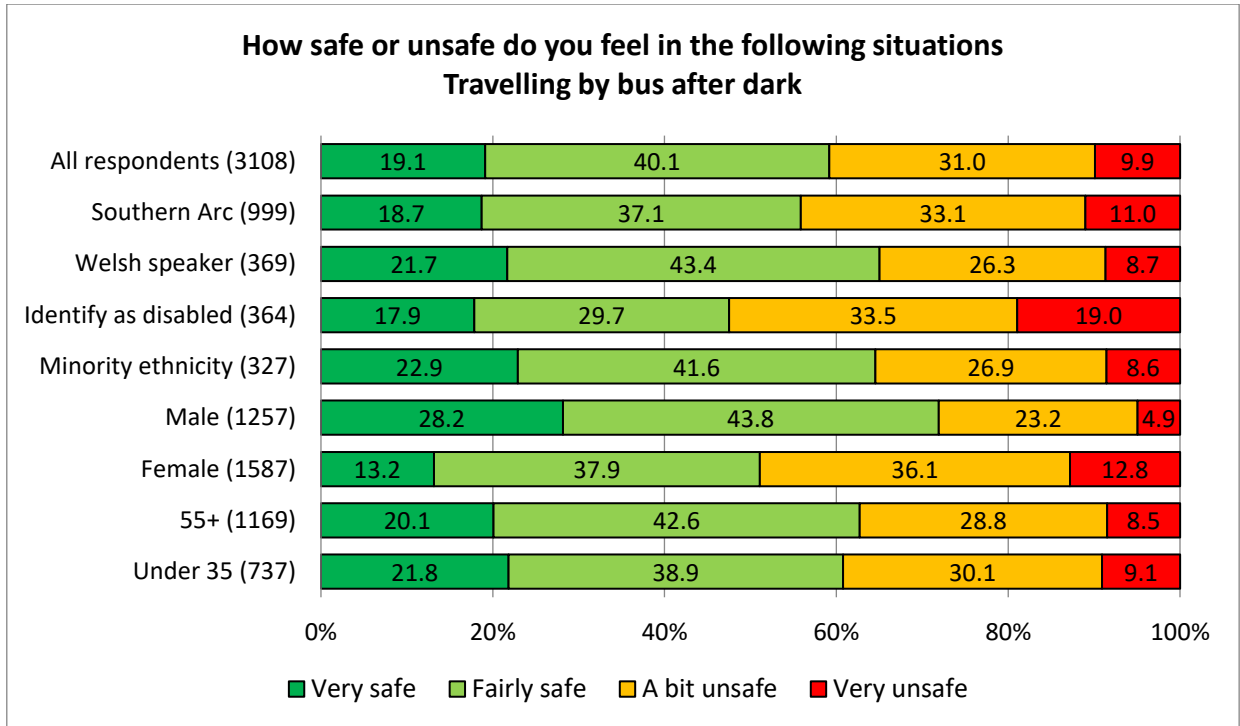


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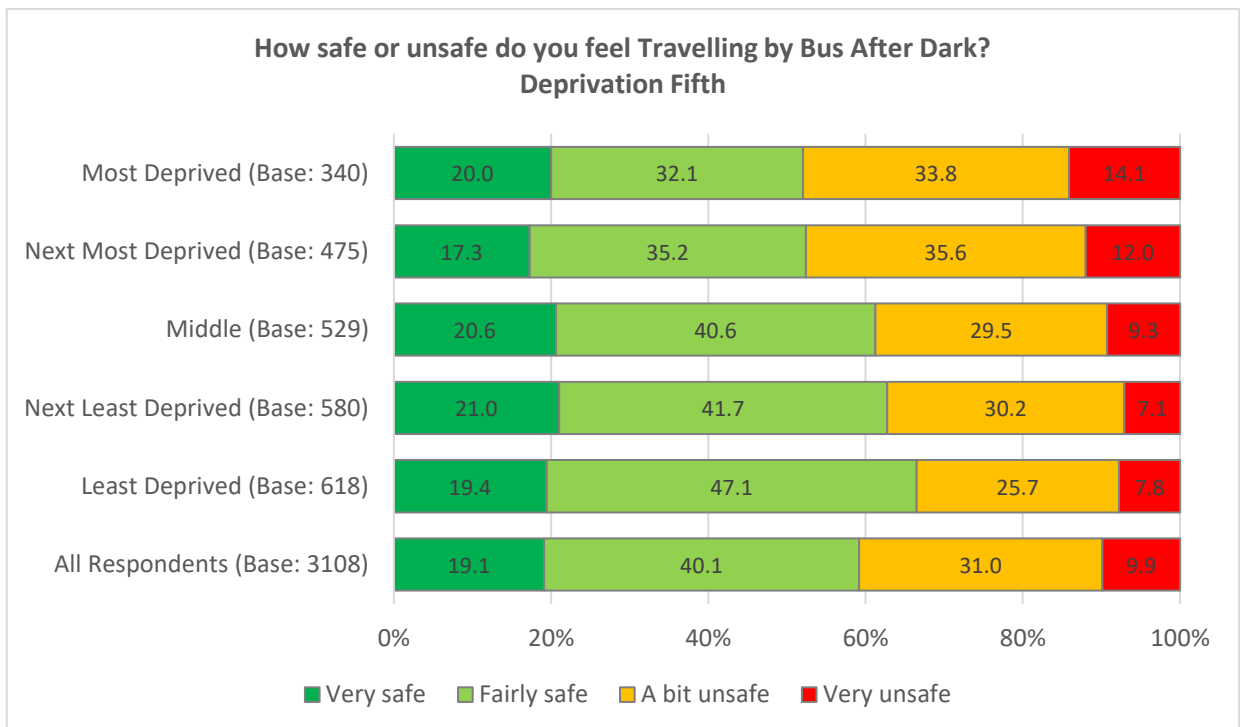


Travelling by bus after dark

2r.

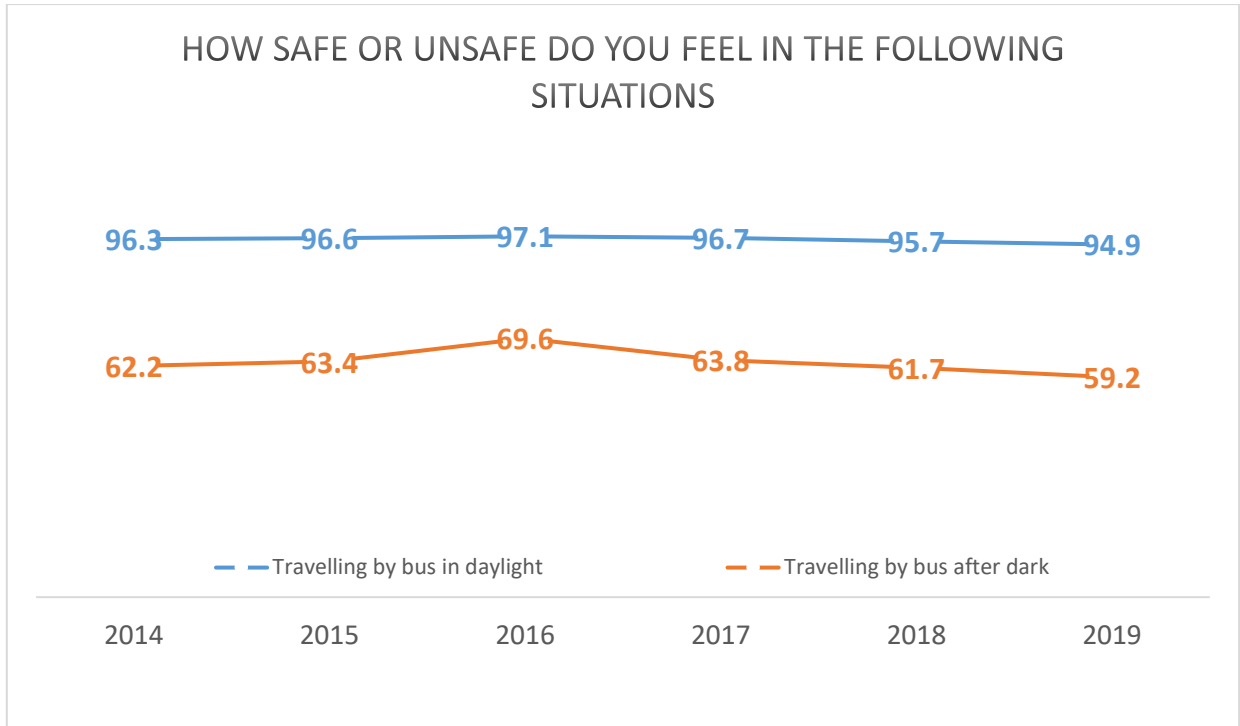


2s.



Travelling by Bus Trend Data

2t.



NB: - The chart above depicts the feeling of safety 'Very' and 'Fairly' combined for all respondents Travelling by bus in the daylight and after dark, for the period 2014-2019.

Respondents who indicated that they felt 'A bit unsafe' or 'Very unsafe' Travelling by Bus either in the daylight or after dark were prompted to provide comments regarding their response. 773 respondents provided comments, which have been grouped into fifteen thematic areas. A sample of comments by theme is provided in the table below.

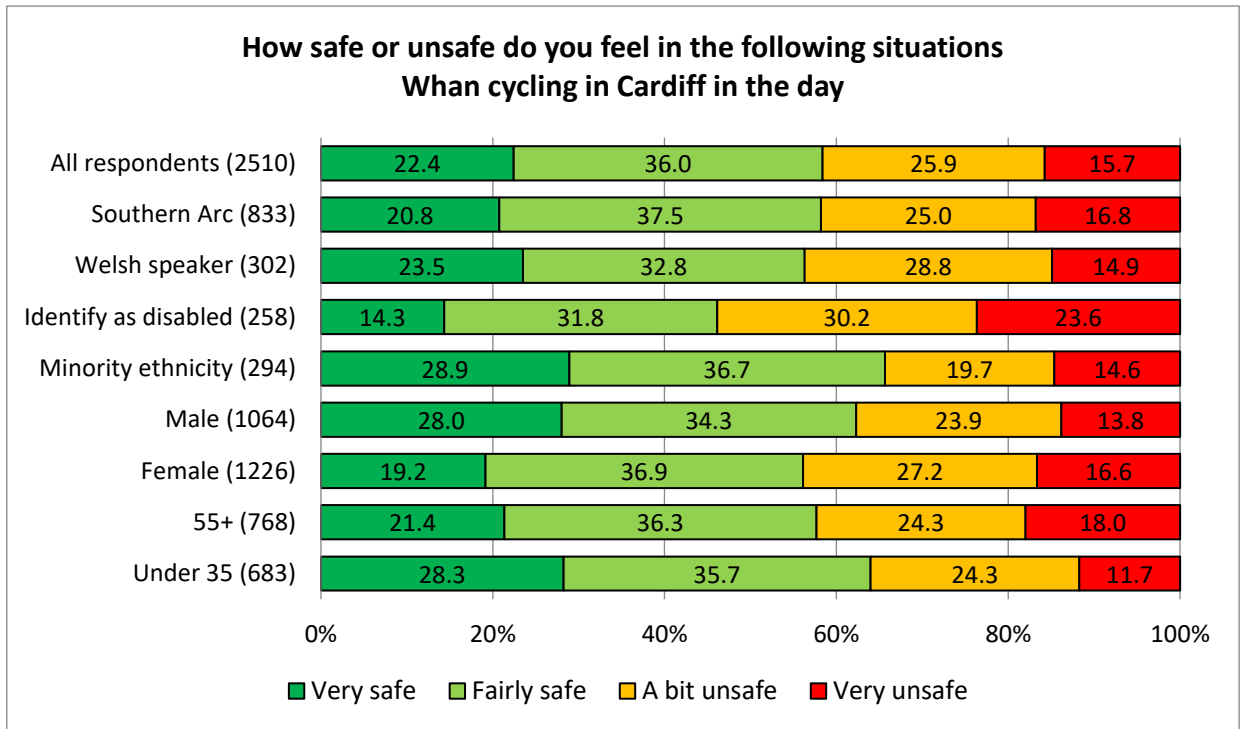
Table 4

Theme	No	%	Example comments
Anti-social behaviour / Intimidation	286	37.0	<ul style="list-style-type: none"> • People who have absolutely no consideration for other behaving aggressively on buses. • At night - anti social behaviour. • Loud and unapproachable people travelling on buses. • Some of the people using bus, are no better than animals. I feel very sorry for the drivers.
Drunken behaviour	178	23.0	<ul style="list-style-type: none"> • During the evening there'd are quite a few boisterous drunk people who use my bus route. • At night too many drunks on the bus. • Stuck in an enclosed space usually with drunk people. • The amount of drunks on bus.
Fear of assault / Feel vulnerable	130	16.8	<ul style="list-style-type: none"> • Especially at night. Feel very vulnerable. • As a woman unwanted attention. • I'm a disabled person and feel exposed and vulnerable. I have had bad experiences.
In the dark/ At night	111	14.4	<ul style="list-style-type: none"> • Again there are less people around at night and it's dark so you automatically feel uneasy. • Only after dark. • Only at night - I never travel by bus at night.
Other people	65	8.4	<ul style="list-style-type: none"> • Being among people who you do not know. • People's hygiene, drivers.
Gangs/ youths	64	8.3	<ul style="list-style-type: none"> • Gangs of youths using the bus service are not pleasant, often rowdy. • Youths causing problems.
Lack of policing/ Control	63	8.2	<ul style="list-style-type: none"> • Driver unable to assist if there is a problem with other passengers.
Walking to and from bus	55	7.1	<ul style="list-style-type: none"> • Walking to and from bus stops when not many people are about feels scary.
Drug related problems	46	6.0	<ul style="list-style-type: none"> • I've seen instances where other passengers have been abused and intimidated. I've sat on buses with abusive / drunk / drug influenced passengers where I've been very glad to get off.
Poor service/ facilities	38	4.9	<ul style="list-style-type: none"> • Bus stops not always clean and well lit.
No. of bus users	37	4.8	<ul style="list-style-type: none"> • Rather quiet or over crowded.
Do not use buses	32	4.1	<ul style="list-style-type: none"> • To be honest, I don't use the bus service much.
Bad experience with drivers	26	3.4	<ul style="list-style-type: none"> • Bus drivers are reckless, have witnessed many near misses and accidents.
Frequency	16	2.1	<ul style="list-style-type: none"> • Not enough buses in the night.
Reliability	16	2.1	<ul style="list-style-type: none"> • Sometimes buses don't turn up, or are often late.
Homeless	15	1.9	<ul style="list-style-type: none"> • There are so many homeless people and not being able to see people's faces.
Level of crime	7	0.7	<ul style="list-style-type: none"> • Increased crime, lack of police services. No police patrol. No police station. No police patrolling.
Increase in knife crime	5	0.6	<ul style="list-style-type: none"> • Perception that crime is worse than it has been. Knife crime increase makes you feel more vulnerable.
Miscellaneous	53	5.9	<ul style="list-style-type: none"> • Brexit impact on hate crime.

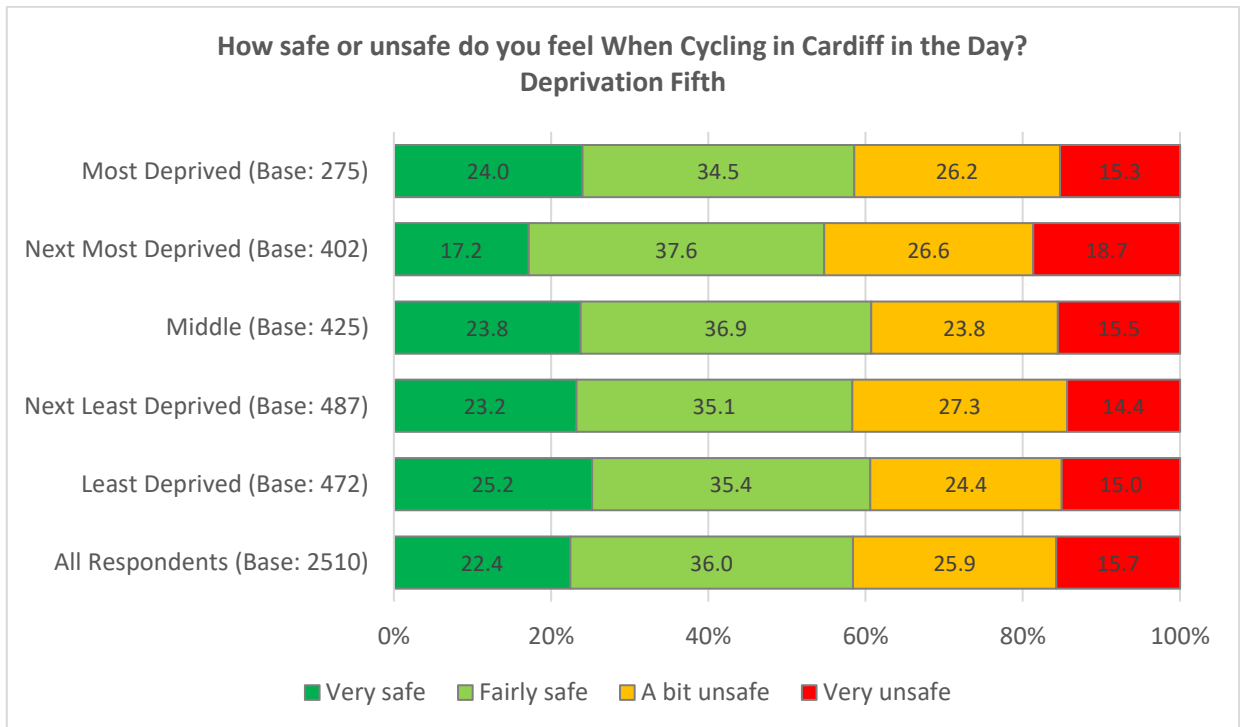
NB. Percentages do not sum to 100.0% because responses could be coded into multiple themes.

When cycling in Cardiff in the day

2u.

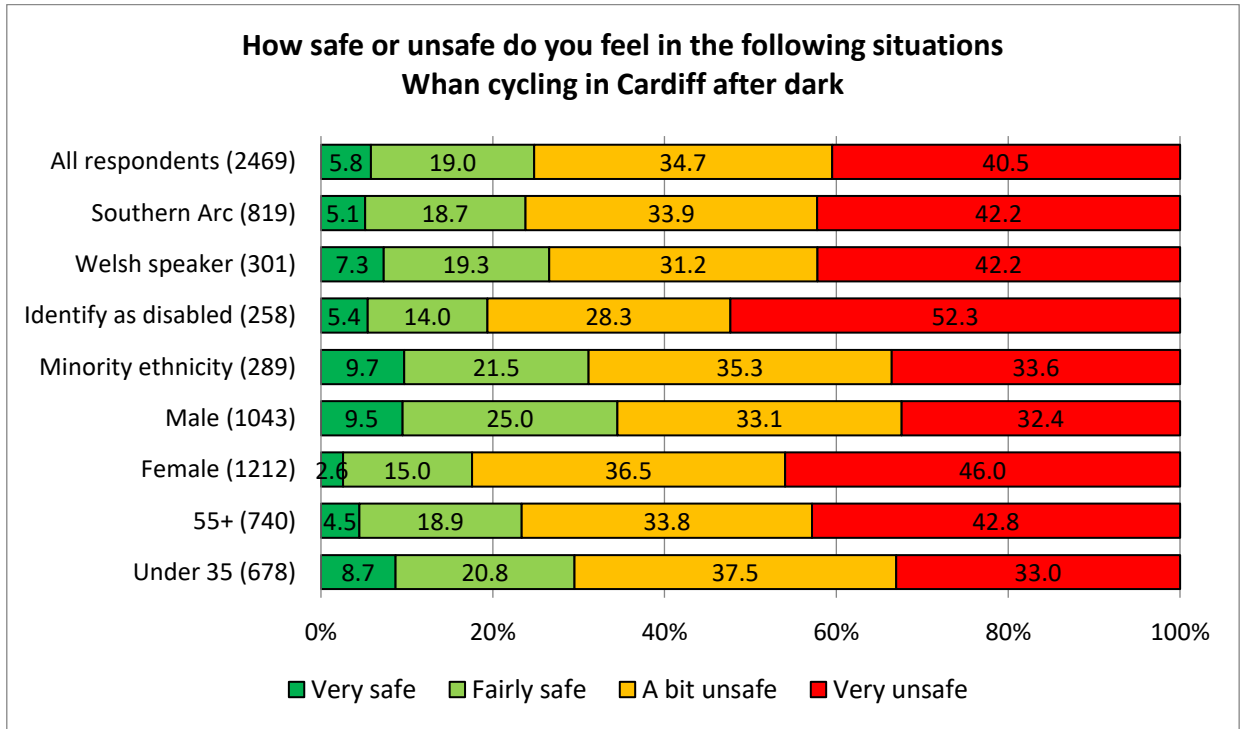


2v.

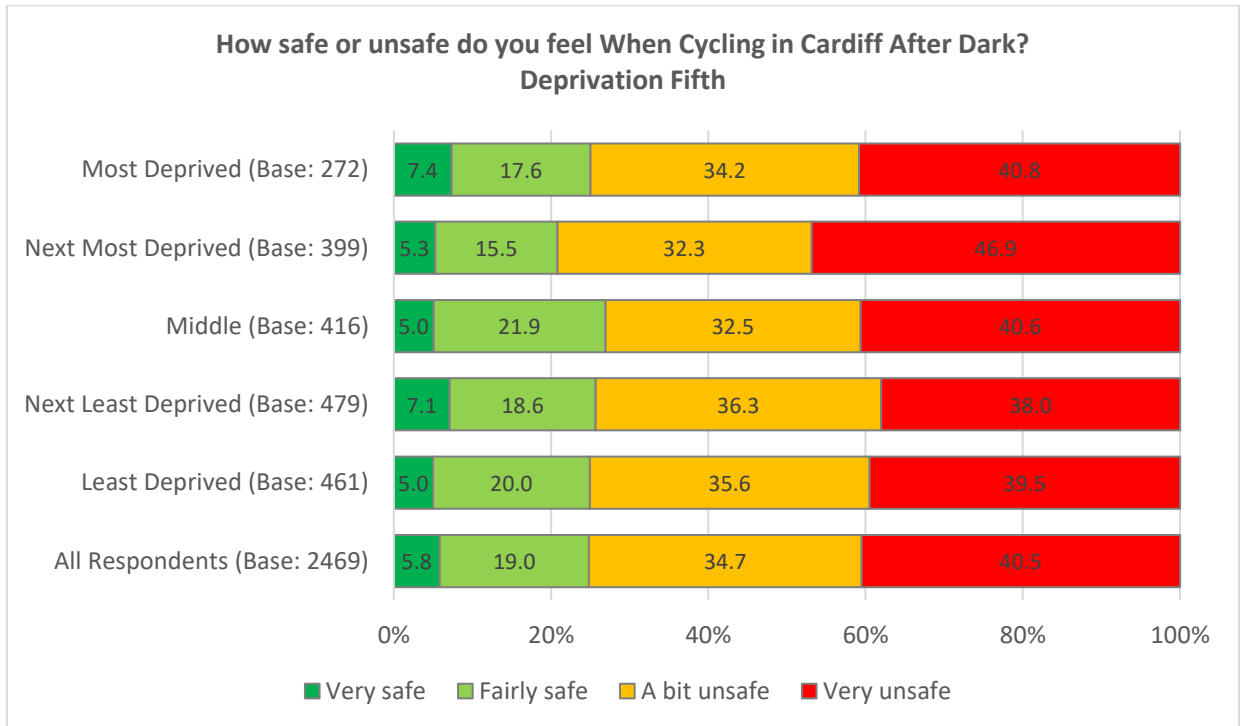


When cycling in Cardiff after dark

2w.

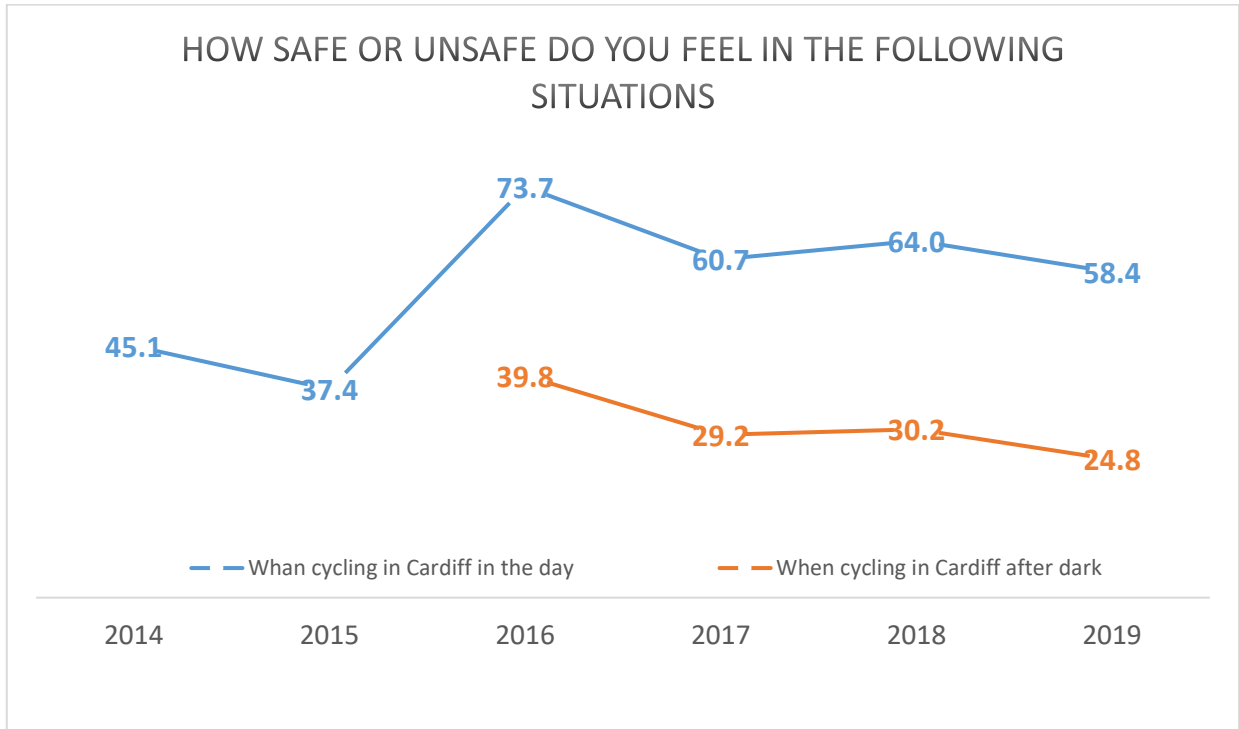


2x.



Cycling in Cardiff

2y.



NB: - The chart above depicts the feeling of safety 'Very' and 'Fairly' combined for all respondents Cycling in Cardiff in the day and after dark, for the period 2014-2019.

There are methodological differences in 2016 compared with previous years. From 2014 to 2015, Cycling in Cardiff did not differentiate in the day or after dark.

Those respondents that indicated they were 'A bit unsafe' or 'Very unsafe' cycling in Cardiff either in the day or after dark, were given the opportunity to explain why. 1,372 Respondents provided comments, they were grouped into fourteen themes with sample comments, and are detailed below.

Table 5

Theme	No	%	Example comments
Dangerous/Inconsiderate Drivers / Volume of traffic	677	49.3	<ul style="list-style-type: none"> • A small minority of drivers are very aggressive when meeting cyclists. • Overcrowded roads. • Don't trust motorists to be careful about cyclists in the dark • I have been hit by a Cardiff bus whilst cycling, been kicked by a pedestrian and cars get too close.
Lack of dedicated cycle infrastructure	523	38.1	<ul style="list-style-type: none"> • Lack of cycle paths and dedicated cycling lanes and the drivers on the road at night going faster. • Cycle network on roads in Cardiff is appalling. This needs to improve, separate cycle lanes needed! • Insufficient cycling infrastructure. • Very little genuine segregation from vehicular traffic.
Lighting/ Visibility	182	13.3	<ul style="list-style-type: none"> • In the dark, concern about an accident from poor visibility • Hard to see cyclists in the dark. • Lighting around cycle paths could be improved.
Road conditions	159	11.6	<ul style="list-style-type: none"> • The road conditions are a disgrace. It's like off road biking!!! • Road maintenance is poor in places; inconsiderate / illegal parking on double yellow lines and at junctions. • Condition of the road surface and speed of traffic.
Feel vulnerable - fear of assault	131	9.5	<ul style="list-style-type: none"> • I feel slightly vulnerable on lonely paths, especially if unlit. Underpasses can also be an issue. • Previous incidents of deliberate intimidation. • Fear of being attacked.
Don't cycle	102	7.4	<ul style="list-style-type: none"> • I don't cycle. But from point of view as a driver cyclists are difficult to spot in dark.
Criminal behaviour / Bike Crime	75	5.5	<ul style="list-style-type: none"> • I had 3 bikes stolen from a bike rack in the centre of town in the middle of the day. I won't cycle into town again.
Anti-social behaviour	74	5.4	<ul style="list-style-type: none"> • People don't take kindly to cyclists especially on quiet parts of the Taff trail or roads
Inconsiderate cyclists	38	2.8	<ul style="list-style-type: none"> • Far too many pavement cyclists !!!!
Lack of police	28	2.0	<ul style="list-style-type: none"> • Lack of police to deal with any incident that might occur.
Gangs/ Youths	28	2.0	<ul style="list-style-type: none"> • Litter, and gangs, particularly along the river paths through the parks.
Ability	20	1.5	<ul style="list-style-type: none"> • I am not a confident cyclist.
Cycle storage	3	0.2	<ul style="list-style-type: none"> • Dark streets, bike crime, nowhere safe to leave bike
Miscellaneous	59	4.3	<ul style="list-style-type: none"> • Have you tried cycling in Cardiff...

NB. Percentages do not sum to 100.0% because responses could be coded into multiple themes.

Child Friendly City Survey 2019

Introduction

Cardiff is working towards becoming a Child Friendly City, in partnership with Unicef UK. We are aiming to embed a child's rights approach to the planning and delivery of public services, making children's rights integral to policy and practice. A key component of the approach is ensuring that children and young people are given a voice and can help influence decisions about where they live, the services that they receive and the future development of the city.

Methodology

The survey was distributed through all primary and secondary schools in Cardiff via Head Teachers. The survey pack contained a slide deck for both staff and pupils that provided information about the survey and how the data would be used.

The survey was live from September until November 2020 and schools were asked to support pupils to complete the survey during the school day.

Each school has access to their own data to use within the school community where appropriate.

Response Rate

6,100 children and young people aged 8-18 responded to the survey from across 39 different communities. With a population size of 43,728, this gives a 95% confidence interval of +/-1.16. However, it is noted that completion rate was low in some schools due to the length of the survey and time allocated for completion. This will be considered as part of a review before the next survey is distributed.

Findings

83.4% of children and young people felt safe in their neighbourhood most or all of the time (*Reference Chart CFC1*).

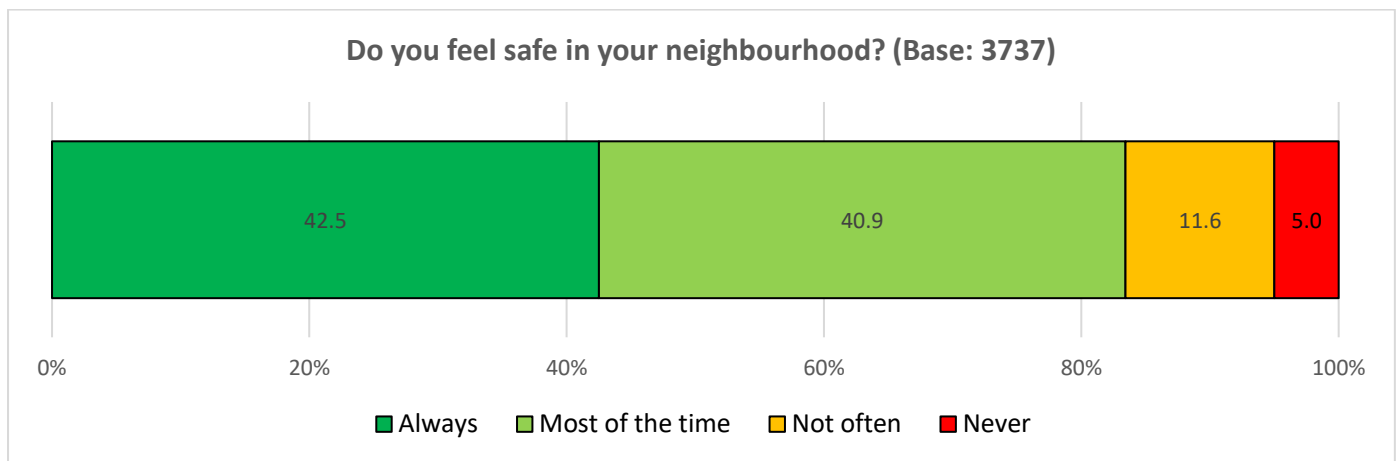
Fear of knife crime (40.5%), gangs (38.2%) and groups of people (37.7%) were the main things making children and young people feel unsafe in their neighbourhood. (*Reference Chart CFC2*)

13.2% of children and young people had been a victim of crime in the past 2 years, with 5% not reporting the incident to the police. (*Reference Chart CFC3*)

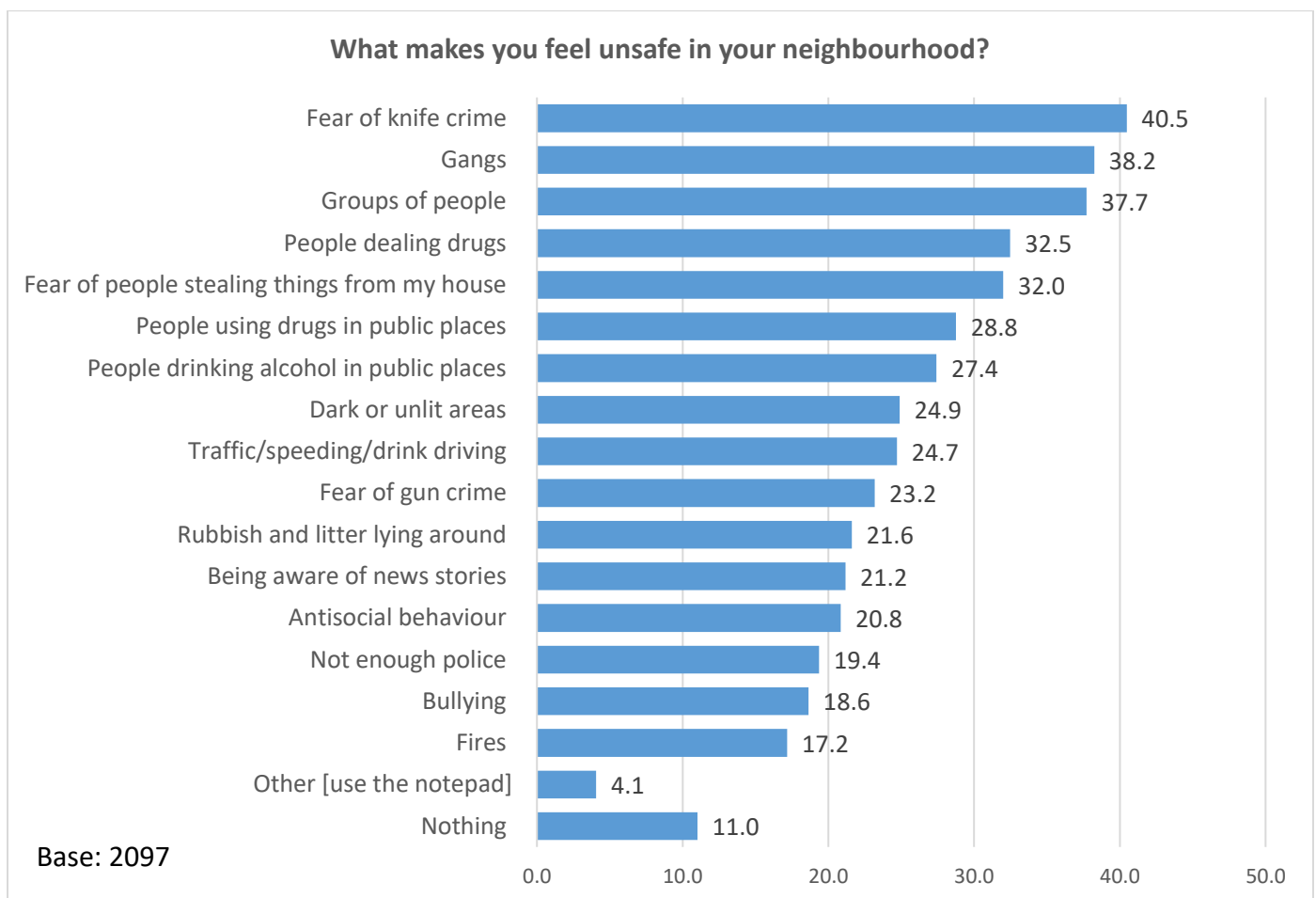
72.4% of children and young people agree public services are doing enough to deal with crime and anti-social behaviour in their neighbourhood. (*Reference Chart CFC4*)

Children and young people wanted to see people stopped from carrying/using knives (38.9%), more CCTV (36.4%) and more police patrols (35.8%) (*Reference Chart CFC5*)

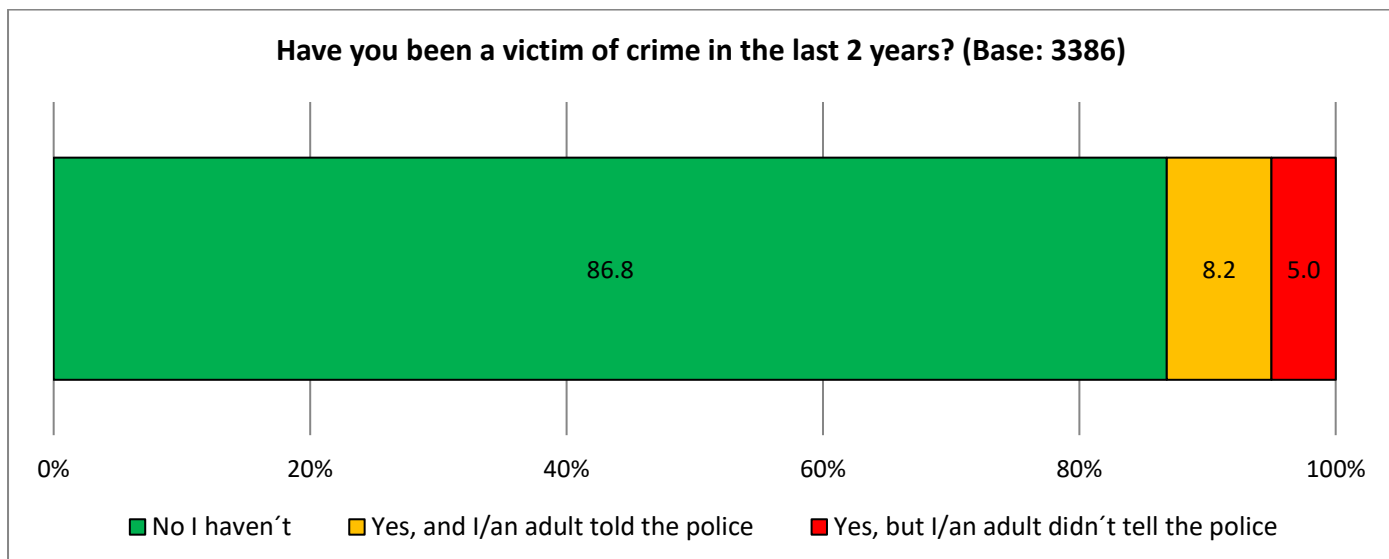
CFC1



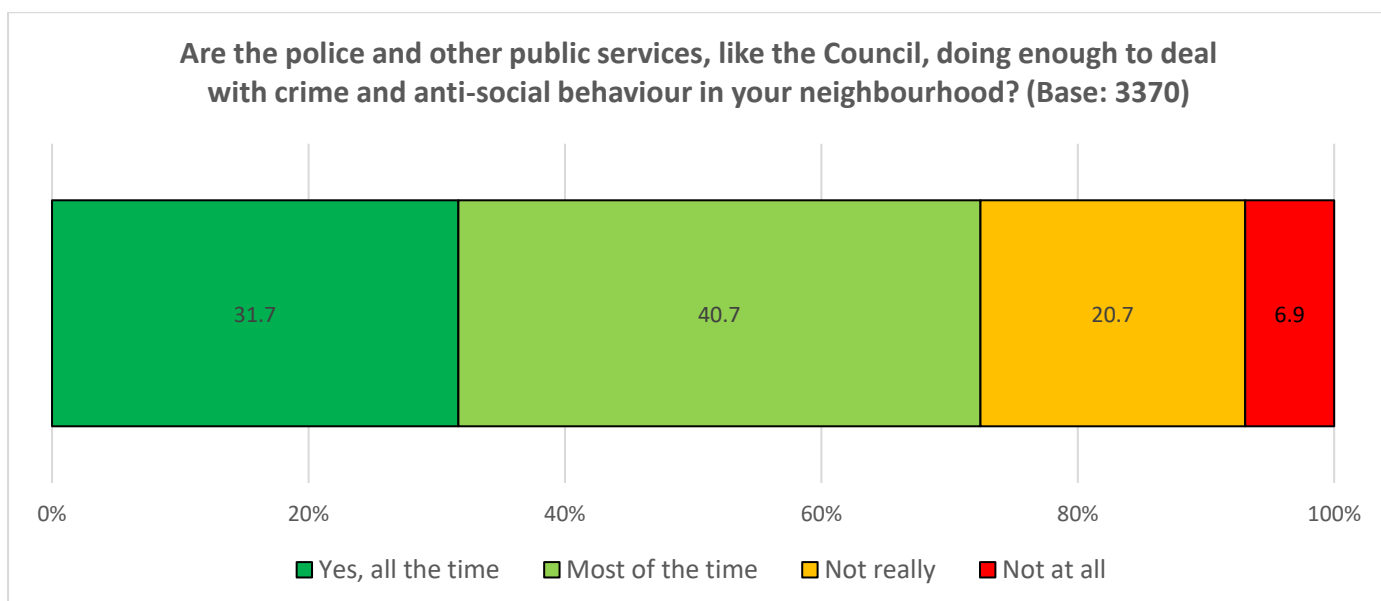
CFC2

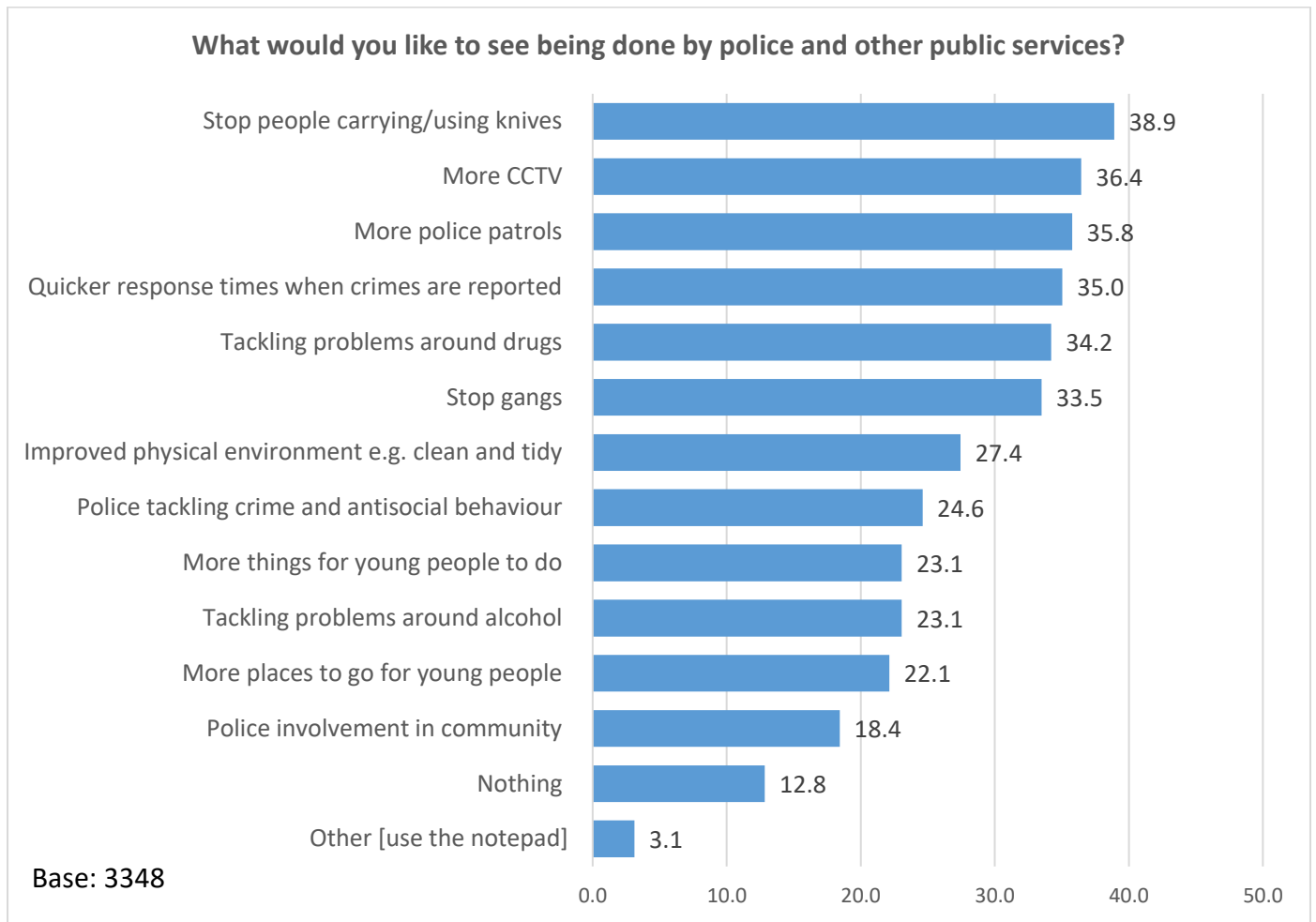


CFC3



CFC4





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