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AGENDA

Pwyllgor	PWYLLGOR CRAFFU GWASANAETHAU OEDOLION A CHYMUNEDOL
Dyddiad ac amser y cyfarfod	DYDD MERCHER, 7 RHAGFYR 2016, 5.00 PM
Lleoliad	YSTAFELL BWYLLGORA 4 - NEUADD Y SIR
Aelodaeth	Cynghorydd McGarry (Cadeirydd) Y Cynghorwyr Ali Ahmed, Carter, Ralph Cook, Chris Davis, Magill a/ac Sanders

Tua
Amser.

1 Ymddiheuriadau am absenoldeb

Derbyn ymddiheuriadau am absenoldeb.

2 Datgan Buddiannau

I'w gwneud ar ddechrau'r eitem agenda dan sylw, yn unol â Chod Ymddygiad yr Aelodau.

3 Cofnodion (*Tudalennau 1 - 10*)

Cymeradwyo cofnodion y cyfarfod blaenorol fel rhai cywir.

4 Taliadau Uniongyrchol (*Tudalennau 11 - 40*)

5.00 pm

(a) Bydd y Cynghorydd Elsmore, Aelod Cabinet, (Iechyd, Tai a Lles) yn bresennol ac yn dymuno gwneud datganiad o bosibl;

(b) Bydd Tony Young, Cyfarwyddwr Gwasanaethau Cymdeithasol a Sarah McGill, Cyfarwyddwr Cymunedau, Tai a Gwasanaethau Cwsmeriaid ac Amanda Phillips Cyfarwyddwr Cynorthwyol Gwasanaethau Oedolion yn bresennol i ateb cwestiynau'r Aelodau;

(c) Bydd Denise Moriarty, Prif Swyddog Cynllunio Anableddau

Dysgu (Caerdydd a'r Fro) a Sam Harry Rheolwr Categori
Comisiynu a Chaffael yn bresennol i ateb cwestiynau'r Aelodau;

(d) Sesiwn holi ac ateb yr Aelodau.

5 Tai'r Sector Rhent Preifat (*Tudalennau 41 - 82*) 6.00 pm

(a) Bydd y Cyng. De'Ath, Aelod Cabinet (Sgiliau, Diogelwch ac Ymgysylltu) a'r Cyng. Derbyshire, Aelod Cabinet (Amgylchedd) yn bresennol ac yn dymuno gwneud datganiad o bosibl;

(b) Bydd Andrew Gregory Cyfarwyddwr Gweithrediadau'r Ddinas, Dave Holland Pennaeth Gwasanaethau Rheoliadol a Chefnogi, Will Lane Rheolwr Gweithredol, Amddiffyn y Cyhoedd a Bethan Jones Rheolwr Gweithredol Rhentu Doeth Cymru yn bresennol i ateb cwestiynau'r Aelodau;

(c) Sesiwn holi ac ateb yr Aelodau.

6 Busnes y Pwyllgor (*Tudalennau 83 - 142*) 7.00 pm

7 Y Ffordd Ymlaen 7.15 pm

8 Dyddiad y cyfarfod nesaf

Disgwylir i gyfarfod nesaf Pwyllgor Craffu Cymunedau a Gwasanaethau Oedolion ddigwydd am 5.00pm ar 18 Ionawr 2017 yn Ystafell Bwyllgor 4 Neuadd y Sir Caerdydd.

Davina Fiore

Cyfarwyddwr Llywodraethu a Gwasanaethau Cyfreithiol

Dyddiad: Dydd Iau, 1 Rhagfyr 2016

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

This document is available in English / Mae'r ddogfen hon ar gael yn Saesneg

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

2 NOVEMBER 2016

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

35 : APOLOGIES FOR ABSENCE

There were no apologies for absence received.

36 : DECLARATIONS OF INTEREST

A declaration of interest was received from Councillor Sanders in respect of Item 5. Councillor Sanders declared a personal interest as a family member is in receipt of Direct Payments for Domiciliary Care.

37 : MINUTES

The minutes of the Community and Adult Services Scrutiny Committee held on 5 October 2016 were agreed as a correct record and signed by the Chairperson.

38 : COMMUNITY SAFETY

The Chairperson welcomed Councillor Daniel De'Ath, Cabinet Member for Skills, Safety, Engagement and Democracy to the meeting.

The following officers and witnesses were also in attendance and welcomed to contribute to the discussion and answer Members' questions:

Joseph Reay, Head of Performance & Partnerships, Stephanie Kendrick- Doyle, Community Safety Manager, Louise Bassett – Partnership Delivery Team Leader, Ellen Curtis (OM Landlord Services), Will Lane (OM Neighbourhood Services (Shared Regulatory Services), Carl Davies, Prevent Co-ordinator, Superintendent Stephen Jones – South Wales Police, Chief Inspector Daniel Howe – South Wales Police, David Bents – South Wales Fire & Rescue Services, Conrad Eydmann, Head of Substance Misuse Strategy & Development, Cardiff & Vale University Health Board, Angela Stephenson, Strategic Partnership & Planning Manager, Cardiff & Vale University Health Board, Victoria Harris, Head of Local Delivery Unit for Cardiff & Vale, Wales Community Rehabilitation Company and Mark Brace Assistant South Wales Police & Crime Commissioner.

The Chairperson explained how the structure of the questioning would take place, namely in the following sections; current arrangements, operational effectiveness, anti-social behaviour, community cohesion and future arrangements. The Chairperson invited questions and comments from Members;

Current Arrangements and Operational Effectiveness

- Members asked how the Governance arrangements differed from previously and what implications this had. The Cabinet Member stated that the main governance vehicle was the safer and cohesive programme board, so there was no real change in what was being done there, and therefore no disconnect. Witnesses stated that they considered arrangements had improved, with better partnership working, keenness to align priorities through the Police and Crime plan and Public Service Board.
- Members asked if there were any problems with duplications or any issues with the forums; and were advised that the forums were different which allowed for focus on strategic issues and then also local issues, so a monitored strategy but operational on the ground. Officers added that the approach was in transition to ensure consistency it was important to take what was working, checking the understanding of value added and taking that to the new arrangement; which was open to all partners.
- Members noted that the main mechanism for decision making in the Council is the Cabinet, and were concerned that this sits outside of that and sought assurance that the governance was cohesive. Officers stated that it was, the Leader is the chair of the board and the Chief Executive is also on the board, this gives synergy and the opportunity to be fully aligned.
- Members asked if governance arrangements that were in place were robust enough to keep the City safe; Officers stated that it was a key priority to develop Safer Cardiff, this couldn't be allowed to slip even in times of austerity; confidence was needed in priority areas where it was possible to deliver and add value more in partnership than individually.
- Members noted that the partnership has statutory responsibilities regarding engaging and consulting with communities and asked how these would be delivered; and were advised that this was done through Ask Cardiff Survey, Partners have direct access to community groups and consultation and intelligence adds to the data collected. It was also noted that partners have contributed through the What Matters Strategy, through micro consultations such as Compass Survey in relation to Anti-Social Behaviour and PACT.
- Members asked what the difference was between highlight and intelligence reports and noted that the board would need composite performance data. Officers advised that this was being worked on; the data reports a broad range of criminal activity which was all useful but not all relevant; officers are focussing on outcomes and understanding the differences being made in partnership that couldn't be made alone and showing the outcomes that prove we are making a difference.
- Members asked what the differences were between incidences and offences; and were advised that incidents were all that were reported and offences were if a crime was found at source.
- With regard to Domestic Abuse, Members considered it would be useful to have information as to where crime was recorded and how many of these went on to

successful convictions; this would show what difference was being made. Members also noted the apparent lack of exploitation recorded and wondered if something was being missed collectively. Members were advised that all recorded crime data on Domestic Violence was tested robustly and data would stand up to scrutiny. With regards to exploitation, lots of work was being commissioned on this, there are a number of live investigations ongoing which would be addressed, highlighted and intelligence developed.

Anti-Social Behaviour

- Members noted that the Council carries out many roles including landlord and asked how the board interacts with registered social landlords with problem tenants. Officers explained that the primary element of ASB was noise, the Council has close relations with social landlords; noise is often associated with other problems such as alcohol abuse so officers work with other teams closely to address, including Health ensuring care plans focused on ensuring accommodation is retained. Forums and groups discuss case reviews and there are also problem solving groups that the Police and social landlords are invited to attend; at a higher level there are also Quality of Life meetings which takes into account mental health, addiction etc.
- Members noted that neighbourhoods all have very different issues and that these are reflected in Neighbourhood Partnership Action Plans, but how are city Wide strategic issues addressed and the City kept safe, particularly in times of austerity? Officers explained that it was a thematic issue, the nature of ASB means that different responses are needed; local response are needed to resolve at neighbourhood level, the more community led the better. Officers noted the importance of involving the community in developing solutions to ASB.
- Members asked about how partners worked together to resolve ASB issues in owner occupied and private rented sector which do not involve social housing tenants. Officers advised that the Police take the lead role but that there are less established protocols in these areas, with higher evidence levels required for injunctions etc.
- Members asked for an update on community triggers and were advised that it was currently being rolled out to local authorities.
- Members noted the importance of involving schools and further education establishments, including using facilities in school holiday time, and also noted the importance the Schools Community Police Officers and youth volunteers play in respect of the prevent agenda, ASB and CSE.

Community Cohesion and Future Arrangements

- With reference to the Prevent agenda, Members asked how the partnership was going with the Home Office targets, and were advised that things were challenging but improving; the Home Office and Welsh Government join up was very important strategically; Cardiff hasn't had the experiences of Channel like other parts of the UK but Cardiff has 25/30 partners all involved when an individual is identified as going down the extremism route; all at no cost unless

specialists are needed. Members also noted the involvement of the Mosques and social media training for Imams.

- Members asked for an update on the Domestic Homicide Review (DHR) referred to in the Safer and Cohesive Partnership Board Cohesion report. Officers explained that it was facilitated by the Communities area; DHR's were unpredictable by nature, new cases were coming through and given full significance.
- Members asked if there was a standard definition for Community Cohesion which the work programme flows from. Officers explained that they work to the Welsh Government definition, under that there is the action plan with 7 key priorities; Hate Crime/Human Trafficking/Asylum Seekers/Refugees & Migration/Policy Development/Community Tensions/Gypsy & Travellers. Officers were working with the Welsh Government Interim Action Plan for 1 year due to the elections and hoping for 3 year plans going forward; there are separate delivery plans for the Vale and Cardiff as they experience different issues.

AGREED – That the Chairperson on behalf of the Committee writes to relevant Cabinet Members, Directors and officers thanking them for attending the Community and Adult Services Scrutiny Committee on 2 November 2016 and to convey the observations of the Committee when discussing the way forward.

39 : DOMICILIARY CARE

The Chairperson welcomed Councillor Susan Elsmore – Cabinet Member Health Housing and Wellbeing; Tony Young Director Social Services and Amanda Phillips Assistant Director Adult Services to the meeting.

The following witnesses were also in attendance to welcomed to contribute to discussions and answer Members' questions: David Francis – CSSIW Regional Director, Bernard McDonald – CSSIW Area Manager Cardiff, John Cushen and Phil Harding, Cardiff & Vale Parents Federation, Kirsty Best – Director, Absolute Care and Huw Owens – Director, Bluebirds Cardiff South.

The Chairperson invited the Cabinet Member to make a statement in which she placed great importance on the issue and stated that the essential test was the quality of care Cardiff provides.

The Chairperson invited questions and comments from Members and explained that given the scope of the item, she would be structuring the questioning by the main areas committee wished to explore, namely capacity, sustainability and contingency planning, quality, cost control, and future plans.

Capacity, Sustainability and Contingency Planning

- Members noted that CSSIW had reflected on a number of arrangements around Wales on a different basis and it would be interesting to hear from providers what type of approach had been the most conducive to enable capacity; a provider stated that capacity had been a huge issue and it was now important to attract people to work into the sector and to extract

efficiencies on the sector; it was also noted that providers had looked at the geographical approach, some clients were reluctant to change staff, there were examples of different companies visiting next door to another, it would need to be started afresh.

- Members noted that bids aren't received for all types of packages, it hasn't generated the hoped for capacity in the market and wondered if there was a way this could be fixed. Officers stated that they were looking at a new model which included locality and that some providers present had been part of that forum; the gaps could be bridged with ICF funds; they were launching a campaign to attract workers into the Cardiff workforce; homecare had been part of the locality project in Llanishen so there were opportunities for efficiencies to be made.
- Members asked if it was accepted that the current model was not working even though it had sounded positive at the start, and that locality based was the way to go forward. Officers explained that it had delivered what was intended such as service receipting and transparency, but there were still improvements to be made. It was a hybrid approach with technology to procure and engage the market in a different way; there were improved relations within the sector now also.

The Director added that concerns had been addressed in the inspection, it was important to keep what was good, build on relations, understand respective positions. The locality approach needed testing, but nothing was ruled out or in and it was impossible to pilot every model. Officers stated that it was important to note that the Domiciliary Care market was fragile nationally, the matrix had not contributed to destabilising the market, the issues were the cost of care and attracting people into the sector.

Providers stated their views and said that the matrix was not to blame, it had been a new system with new ways of doing things, teething problems had been experienced but once they were used to the system it had been easier to service receipt etc. They added that the issue was not Cardiff specific but a National one.

Officers highlighted that the licence for matrix/ Adam runs out in November 2018 and that alternatives are being explored. A bridging team is being established using ICF funding to help with Winter pressures.

The Cabinet Member added that it was a Wales wide issue that needed Wales wide solutions.

Mr Francis stated that people using services was at the heart of the issue, there was no one way or easy way of addressing the issue, sudden changes affect the market directly; Cardiff had made the brave decision to use a dynamic purchasing system, fears had not been realised and good relations had been established between providers and commissioners, this gave a big tick for transparency and when providers had withdrawn they were able to cover calls, 97% of calls had been found a contract. With regard to Price, ADAM means that there is no central procurement driving down prices, it allows for overtime and builds a profile.

Representatives from the Parents Federation stated in relation to carers pay that there was a risk of losing skills and expertise through the constant erosion of salaries, with supermarkets offering better pay there was not going to be the longevity and commitment from staff.

- Members asked if there was evidence of any demand management initiatives to address capacity and ensure that the limited capacity is used most appropriately. It was stated that rates of Domiciliary Care varies from Council to Council and Cardiff was at the high end; timely reviews are very important, packages could be reduced if people received regular reviews; it is hard to get an outcome based approach, there was an opportunity for creative contracting.
- Members asked how significant the reablement approach still is. Officers explained that demand management statistics at the first point of entry, the threshold is as lean as it can be, people need to be supported at home for as long as possible and practical. Reablement was something that officers wanted to enhance and extend the CRT offer for older people, lots of people who go through CRT don't need care packages.
- Members asked with regards to Direct Payments, whether they are having to be topped with peoples own resources to get the care needed. It was stated that there was still some misunderstanding of how people can use Direct Payments, for instance day/night care and respite care. Providers stated that they are aware of clients who do top up to meet the rates; Direct payments are blocked at £11.96 per hour and some services can be up to £17.60 per hour.
- Members considered that there was a need to re-envisage the system, rebalance with more nursing care and look at ICF and cross transfer between Health and Social Care; the Cabinet Member stated that this was something that was being looked at, costs need to be rebalanced but it wouldn't be easy to address.

Quality

- Members referred to Annual Reviews and outcome focussed approach and asked how quality was measured to make sure that needs are met. Officers explained that the split between price and quality was 50/50; previously outcomes were measured at the beginning of the process they have now moved to a later stage at review stage where the service user needs are better known. Assessment/Care Plan – the review function has changed and is now more timely.
- Members asked if there were many calls that were under 30 minutes; officers advised that there was a low percentage, they regularly monitor the 15 minute calls from a quality perspective.
- Members asked for thoughts on zero hour contracts; Witnesses stated that staff mainly prefer them, research had shown that only 2% of staff wanted contracted hours as they enjoyed the flexibility zero hour contracts provided;

the job was 24/7 and it provided flexibility to share early and late shifts as well as week day and weekend shifts.

Cost Control

- Members asked what more could be done to control costs; officers stated that Cardiff pays well compared to other core cities in Wales and that there was a process in place to look at costs of care packages.
- Members referred to the single bid and asked if this was included in the prices; officers explained that providers were worried that it would reduce costs so agreement had to be sought from all to make the charge; there were still 2 providers outstanding; officers explained that the cost was for the life of the care package. A witness stated that they promote single bids as it stops unviability in the long term.

Future Plans

- Members asked that given the current projected overspends in budgets, that quality can't be compromised and that all services need to be delivered, what would be the key priorities to deliver the essentials. Officers explained that demand needed to be appropriately managed and as quality can't be compromised then efficiencies needed to be found, therefore effective monitoring was more important than ever; it was important to look at sustainable models, set up workshops with providers, look at thematic approaches and best practice. It was also important to recognise that there were increasing costs in Domiciliary Care and a significant pressure bid had been submitted. The Director added that the population in need was growing and was more complex, better relations within the sector were needed; it was a question of what society was prepared to pay for Care; the Cabinet Member had been involved in round table discussions and work with the WLGA.

Witnesses stated that work had also been undertaken with parents and unpaid carers; it was important to look at recruitment and retention for work force planning.

- Members discussed the transition from Child to Adult social services and officers explained that with 8000 service users, personal contact could not be made with all, as happens with children; some vacancies exist in the service area however not all applicants are the quality that is needed. The Director stated that ICF funding of £2.4m had recently been secured to help with the transition from Children to Adult social services

AGREED – That the Chairperson on behalf of the Committee writes to relevant Cabinet Members, Directors and officers thanking them for attending the Community and Adult Services Scrutiny Committee on 2 November 2016 and to convey the observations of the Committee when discussing the way forward.

40 : BUILDING MAINTENANCE FRAMEWORK PRE-DECISION SCRUTINY

The Chairperson welcomed Councillor Susan Elsmore – Cabinet Member Health Housing and Wellbeing, Sarah McGill Director of Communities, Housing and Customer Services, Jane Thomas Assistant Director Communities, Housing & Customer Services and Sue Bartlett Operational Manager, Community Maintenance Services to the meeting.

Committee were advised that any questions in relation to information contained within Appendices 5 & 6 of the report should be kept until the meeting goes into closed session as they contain information of the kind described in paragraph 16 of Part 4 of Schedule 12A to the Local Government Act 1972.

The Chairperson invited the Cabinet Member to make a statement in which she said that this was an important issue and she hoped that Members felt confident in the process that was being undertaken.

Members were provided with a presentation which included information on the Background to the Current Framework; Current Framework Summary; journey to date; Lessons Learnt/Action Plan; 3 Options for Consideration; Preferred Option for Disabled Adaptations; Tender Process and Timescales.

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

- Members referred to the exemptions being mentioned in the report and asked why painting and boilers had been left out. Officers explained that the list had actually been updated since the report had been distributed and that painting had now been added to the general framework; other areas that were considered specialist would go directly to the contractors to offer best value for money.
- Members considered the presentation very helpful and wanted to give credit to the work already undertaken particularly in relation to Voids.
- Members asked for clarification on the apportionment of value for each section and were advised that it is based on estimated spend.
- Members asked about the rationale regarding some work being done on geographical area and then also specialists coming in too and asked how the Council manages that; officers advised that they would always be run separately and be planned; the new process would mean better visibility and would hopefully address previous issues of main contractors not properly managing sub-contractors and lack of communication.
- Members asked if there were enough contractors to make it viable and were advised that there were; a supplier forum had been held and 75 different contractors had attended.
- Members noted the well acknowledged problems with capacity of main contractor and asked what would happen if 1 of the 3 contractors couldn't attend a job and the other 2 were working to capacity; officers stated that they

would have the option of recruiting or taking on the job themselves if absolutely necessary; officers considered it manageable.

- Members asked that now the process was tighter whether there would be penalties if problems occurred; officers explained that there would be, and these would be used to encourage good performance too.
- Members asked how the 3 geographical areas were determined; officers advised that they had broken the City into 3 areas taking into consideration access roads, numbers of properties etc.
- Members asked if it was possible to write into the contracts that the Council had to have full details of all sub-contractors; officers advised that yes Contractors would have to provide this information.
- With reference to Disabled Adaptations, Members referred to the 7 lots and asked what evidence/information there was to ensure that this was the right number of lots and that geographical was not the appropriate option; officers explained that they had looked at lots of options, it was important to find the right balance but still add value for money while dealing with peaks and troughs in demand.

The meeting went into closed session to discuss information contained in Appendices 5-6 of the report which were exempt from publication because they contain information of the kind described in paragraph 16 of Part 4 of Schedule 12A to the Local Government Act 1972.

AGREED – That the Chairperson on behalf of the Committee writes to relevant Cabinet Members, Directors and officers thanking them for attending the Community and Adult Services Scrutiny Committee on 2 November 2016 and to convey the observations of the Committee when discussing the way forward.

41 : COMMITTEE BUSINESS

At the Committee meeting on 16 September 2015 Members discussed how they wished to deal with future reports concerning committee business, such as correspondence reports and work programme reports. Members decided to combine these within an overarching Committee Business report.

This report provided the Committee with the latest update on correspondence. The Committee received copies of correspondence sent and received in relation to matters previously scrutinised by this Committee. Members noted that the only outstanding responses were from the last meeting.

Members noted that there would be an opportunity to feed into the Scrutiny Review process; there would be a draft report going to Policy Review and Performance Scrutiny Committee in January; which would then go to Constitution Committee and Council in February in order to review recommendations for the new administration.

The Principal Scrutiny Officer outlined the work programme; Members noted the additional item 'Suspending the right to buy – pre decision report' and considered that an email brief to Scrutiny Committee members be provided.

Members were advised that Cabinet meeting on the 10th November 2016 would have a report on budget proposals; therefore, this information would be in the public domain for a six-week consultation.

Members noted the topics due to be considered at the forthcoming scheduled meetings.

RESOLVED: To note the Committee Business Report.

42 : DATE OF NEXT MEETING

The next meeting of the Community and Adult Services Scrutiny Committee was scheduled for 7th December 2016 at 5.00pm in CR4, County Hall, Cardiff.

The meeting terminated at 9.20 pm

CITY AND COUNTY OF CARDIFF

DINAS A SIR CAERDYDD

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

7 December 2016

DIRECT PAYMENTS

Purpose of Report

1. To give Members background information to inform scrutiny of Direct Payments.

The following appendices are attached:

- **Appendix A** – Process Map detailing ‘As Is’
- **Appendix B** – Process Map detailing ‘To Be’
- **Appendix C** – Presentation Slides.

2. The Cabinet is scheduled to consider a report regarding Direct Payments at their meeting on 19 January 2017. At this committee meeting Members will have the opportunity to hear from internal witnesses on the work to date to develop recommendations for the Cabinet to consider. Members will be able to decide whether they wish to send comments, observations or recommendations to the Cabinet Member and officers for consideration when finalising the approach to Direct Payments.

Background

3. The Social Services and Well-being (Wales) Act 2014 sets out the duties of a local authority in meeting needs for care and support, or support in the case of a carer, following an assessment. The Part 4 Code of Guidance (meeting needs) details the requirements and guidelines for local authorities regarding direct payments; this is available on the Care Council for Wales’ website at:

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

4. The Code of Guidance states:

'Direct payments are monetary amounts made available by local authorities to individuals, or their representative, to enable them to meet their care and support needs; or in the case of a carer, their support needs. Direct payments are an important mechanism by which people can exercise choice, voice and control to decide how to meet their needs for care and support and achieve their personal outcomes. As such direct payments are an integral part of meeting people's needs through care and support planning, and must not be seen as a separate, secondary, consideration.'

5. The Code of Guidance details the requirements for local authorities, including:

- a. Developing a direct payment scheme that is responsive to solutions and outcomes, relevant to communities, by working in partnership with local care and support providers to support initiatives including the development of citizen led direct payment cooperatives and social enterprises;
- b. Providing appropriate and accessible information and support services so that people can decide whether they wish to receive direct payments;
- c. Ensuring direct payments are available in all eligible cases where they enable personal outcomes to be achieved;
- d. Being innovative and creative to find ways a direct payment can secure personal outcomes;
- e. Exploring all options for supporting the individual to manage a direct payment and ensure the correct level of support to overcome barriers is available;
- f. Working in partnership with the individual, or their representative, to agree how direct payments secure care and support that varies over time;

- g. Promoting self-management by encouraging and supporting people to find creative, flexible and innovative ways to maximise their personal outcomes;
 - h. Ensuring recipients, or their representatives, are full aware of their legal responsibilities as an employer and that they receive support and resources to manage these responsibilities;
 - i. Ensuring the value of a direct payment is equivalent to its estimate of the reasonable cost of securing the care and support required, including the inherent costs associated with being a legal employer;
 - j. Reviewing direct payments arrangements by 6 months after the first payment and no later than 12 months following the first review.
6. The Code of Guidance also provides details in relation to health and safety, risk assessments and financial monitoring. Overall, the Act extends the requirements on local authorities in respect of Direct Payments.
7. Direct Payments can be used to meet care and support needs in a variety of ways, including: employing a personal assistant; using agency support; undertaking activities in the community; purchasing aids and minor adaptations; and respite care.

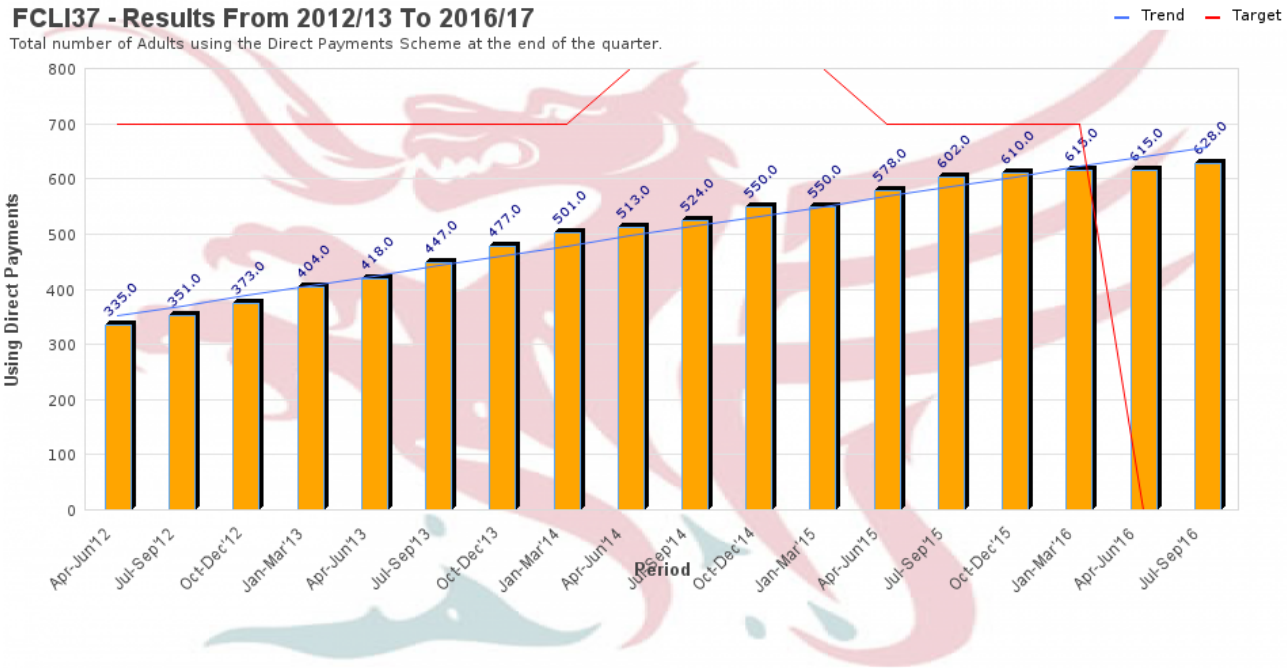
Current Position

8. Cardiff Council has operated a Direct Payments scheme since 1996, with the aim of increasing independence, choice and control and promoting social inclusion. The scheme sets out that service users can either employ a Personal Assistant (PA) or an agency. The Council currently offers two separate hourly rates for these, of £10.02 for a PA and £11.96 for an Agency.

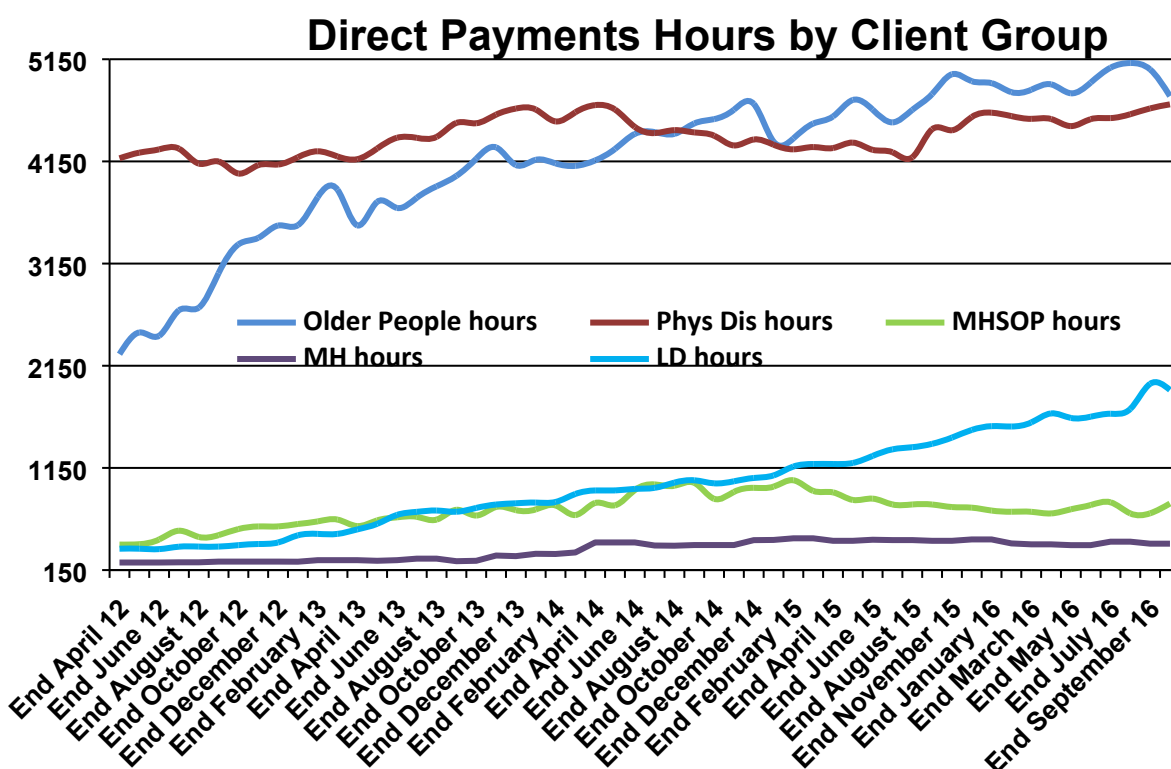
9. In 2005, the Cardiff and Vale Coalition for Disabled People (now part of Diverse Cymru) was appointed to provide a support service to service users who wished to recruit a Personal Assistant or use an Agency. Following feedback from service users, the scheme was extended to include support with banking via managed accounts. The value of this contract is approximately £700,000 per annum, with a fixed annual fee for the first twelve months of £881 per person and £721 post twelve months per person.

10. The Council’s Corporate Plan 2016-18 contains a commitment to ‘Continue to increase the uptake of direct payments as an alternative to direct provision of care for Cardiff adult residents with care and support needs in line with the Social Services and Well-being (Wales) Act by 2017’, with a target of 750 adults using the Direct Payments Scheme in 2016/17.

11. The number of Direct Payments service users has increased steadily from 2012, with 628 adults using the Direct Payments Scheme at the end of September 2016, as shown in the chart below taken from the Council’s Improvement System (CIS):



12. The graph below (provided by Adult Social Services) shows the trends for each client group in terms of the numbers of hours of care provided via Direct Payments. This shows that Older People have the most hours provided via Direct Payments, along with people with physical disabilities. The client groups with the lowest number of hours of care provided via Direct Payments are people requiring mental health services and mental health services for older people.



Review of Direct Payments

13. The Budget agreed by Full Council on 25 February 2016 included a saving of £200,000 from a review of the administrative arrangements for Direct Payments, including ‘the *current contract with a support provider. Consideration to be given to alternative service delivery focussing on quality and best use of resources whilst continuing to maintain existing service user support to those receiving a direct payment.*

14. The Council's Forward Plan shows a report on Direct Payments is scheduled to be taken to Cabinet on 19 January 2017; the information for this item states that *'The direct payment service has been reviewed and it is proposed to deliver a revised model and delivery of service to optimise that there is choice and control for the citizen.'*
15. Attached at **Appendix A** is a process map, prepared as part of the review, illustrating the current position, termed 'As Is'. This shows the referral routes into Direct Payments, the assessment processes, the role of Diverse Cymru's Support Service, the steps to set up a direct payment and the monitoring that happens once a direct payment is established.
16. Attached at **Appendix B** is a process map, prepared as part of the review, illustrating the 'To Be' position. This shows an updated process to reflect the changes required by the Social Services and Well Being (Wales) Act 2014, including a well being assessment and the option to use direct payments for residential care. It also shows process changes aimed at improving the service user experience, with a joint visit by the case manager and independent living visiting officer rather than separate visits. The process map also includes a heading of 'Package Setup Visit'.
17. Attached at **Appendix C** is a copy of the presentation to be given at this meeting, which includes the following:
- a. Slide 5 – reasons for reviewing the process
 - b. Slide 6 – journey to date
 - c. Slide 7 - consultation results
 - d. Slide 8 – issues encountered with current arrangement
 - e. Slides 9 to 14 – options under consideration and rationale for these
 - f. Slide 15 – timeline.
18. The presentation states that there are three options under consideration: Internal Provider; External Provider; or a hybrid of these. Officers will take Members through these at the meeting.

Previous Scrutiny

19. This Committee has scrutinised direct payments as part of regular performance monitoring scrutiny. Members also heard, at their joint meeting with the Children and Young People Scrutiny Committee 17 December 2015, that the CSSIW had praised progress in improving the take-up of Direct Payments and that the contract for direct payments provider was being reviewed.
20. Members also scrutinised the 2016/17 budgetary proposals at their meeting on 15 February 2016 and made the following comment regarding the proposed saving:

*'Line 145 – Members note that the existing contract will expire in January 2017 and the £200,000 saving should flow from the 3 months thereafter. Members also note the comments that the Local Safeguarding Adults Board wishes to raise awareness of the risks of financial abuse and that work on this area should happen this year.'*¹

Way Forward

21. Councillor Susan Elsmore (Cabinet Member – Health, Housing and Wellbeing) will be invited to make a statement. Sarah McGill, (Director of Communities, Housing and Customer Services and Senior Responsible Officer for this project), Tony Young (Director of Social Services), Amanda Phillips (Assistant Director of Social Services – Adults and Project Lead for this project), Denise Moriarty (Project Manager) and Samantha Harry (Commissioning and Procurement) will be in attendance.
22. Officers will give a presentation, as attached at **Appendix C**. Members will be able to ask questions relating to the information.

¹ Letter from Cllr McGarry to Cllr Bale, dated 16 February 2016

Legal Implications

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

Financial Implications

24. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct 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.

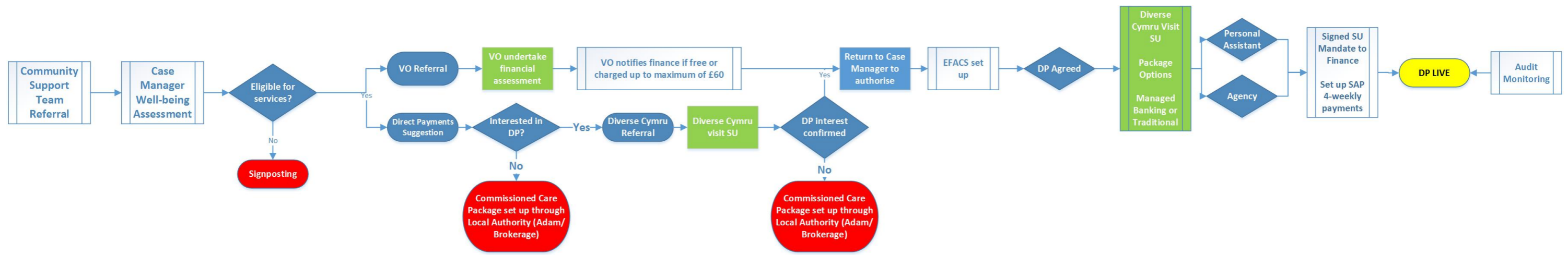
RECOMMENDATIONS

25. The Committee is recommended to:

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

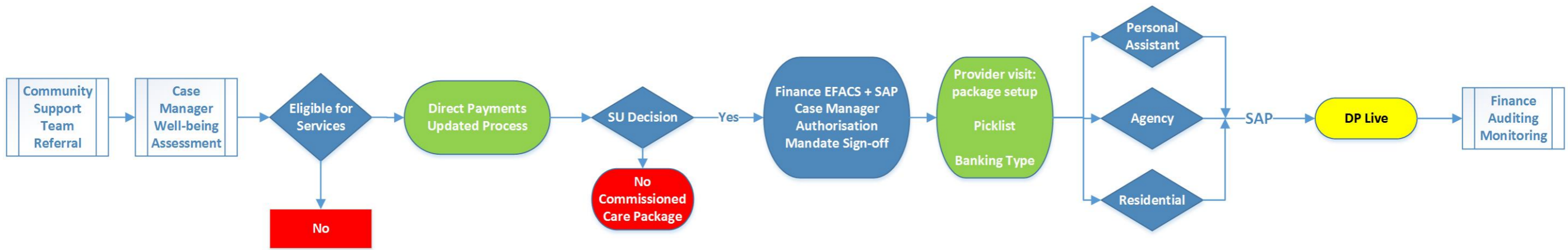
DAVINA FIORE
Director of Governance and Legal Services
01 December 2016

Mae'r dudalen hon yn wag yn fwriadol



Community Support Team Referral	Case Manager Assessment	Eligibility	Direct Payments Suggestion	Independent Living Visit - Finance	Diverse Cymru Referral	Diverse Cymru Visit <i>Terms & conditions confirm to Case Manager</i>	T&Cs SAP	Direct Payment Active
<p>Referrals come into CST from:</p> <ul style="list-style-type: none"> • C2C • PGP • Intake & Assessment • MASH <p>Learning Disability & Mental Health referrals go straight to the relevant teams.</p>	<p>Internal Social Services process</p>	<p>If not entitled to LA assistance, applicants are signposted to other services/third sector partners</p>	<p>Case Manager provides information:</p> <ul style="list-style-type: none"> • Script • List • Information Pack • Policy • Guidance • Default Positions <p>Not Interested Follow LA brokerage system through Adam</p>	<p>Assesses available income of potential service user to establish if services will be free of charge or chargeable up to £60</p>	<p>Diverse Cymru/Case Manager visit Service User and provide initial information:</p> <ul style="list-style-type: none"> • Checklist • DP info pack • HR support eg. recruitment • managed or traditional banking • 3 routes • Employment Law 	<p>Case Manager confirms that SU is interested and initiates ASWP to finance</p> <p>DC visit SU to set up final package options</p> <ol style="list-style-type: none"> 1. Domiciliary - Personal Assistant SU chooses to independently recruit a PA to cover their care 2. Domiciliary – Agency SU contacts a domiciliary care agency to arrange cover for their care 3. Residential SU also has the option of using a DP to pay for residential care, but this option has not yet been used <p>Managed Banking terms and conditions signed in person by SU</p> <p>Banking Type</p> <ul style="list-style-type: none"> • Recruitment • Interviewing • Advertising • Legal • Specific ongoing support requirements • Pensions/Insurance 	<p>Banking terms and conditions returned</p> <p>Start date agreed between Case Manager, provider and SU</p> <p>Finance sets up 4-weekly payments in SAP after start date has been sent to brokerage</p>	<p>Monitoring and auditing</p> <ul style="list-style-type: none"> • Case Manager • Visiting Officers • Finance • Brokerage

Mae'r dudalen hon yn wag yn fwiadol



Referral (Council)	Wellbeing Assessment (Council)	Introduction to Direct Payments Eligibility	Direct Payments Suggestion & Visit UPDATED PROCESS	Service User Decision	Finance & Case Manager Authorisation UPDATED PROCESS	Package Setup Visit UPDATED PROCESS	3 Routes SAP	Direct Payment Active UPDATED PROCESS
<p>Referrals come into Community Support Team from:</p> <ul style="list-style-type: none"> C2C MASH GP Intake & Assessment <p>Learning Disability, Mental Health and Children's Services referrals go straight to the relevant teams.</p>	<p>Internal Social Services process</p>	<p>A detailed explanation of Direct Payments is provided to SU/family and if interested then they are assessed for eligibility</p> <ul style="list-style-type: none"> New script New DP policy <p>If not entitled to LA assistance, applicants are signposted to other services/third sector partners</p>	<p>Case Manager visits to suggest DP and provide comprehensive overview of DP process:</p> <ul style="list-style-type: none"> New information pack Support information Banking terms & conditions Recruitment advice including adverts/JDs/interviewing Appointment advice including HMRC/employment law/pensions/insurance Managed banking T&Cs banking advice payroll hmrc Information sharing protocol PA/Agency/Residential options Local Authority required forms <p>VOs attend SU at the same time to conduct financial referral</p>	<p>If DP not requested, then traditional care package put in place through Children's Services brokerage process and Adam</p>	<p>Case Manager confirms that SU/family is interested and initiates ASWB and other finance processes</p> <p>Case Manager refers to Managed Banking provider</p>	<p>Provider visit SU/family to set up final package options using a picklist:</p> <ul style="list-style-type: none"> Specific package requirements Banking type Which route Sign banking documents Sign T&Cs <p>Mandate signed and delivered back to finance</p>	<p>Start date agreed between SU/Case Manager/provider</p> <p>Start date submitted to brokerage</p> <p>Finance sets up 4-weekly payments in SAP</p>	<p>Monitoring and auditing done through a single Direct Payments team based within the Council</p>

Direct Payments

Community & Adult Services
Scrutiny Committee

Progress Update

make the
difference | **wahaniaeth**
gwnewch



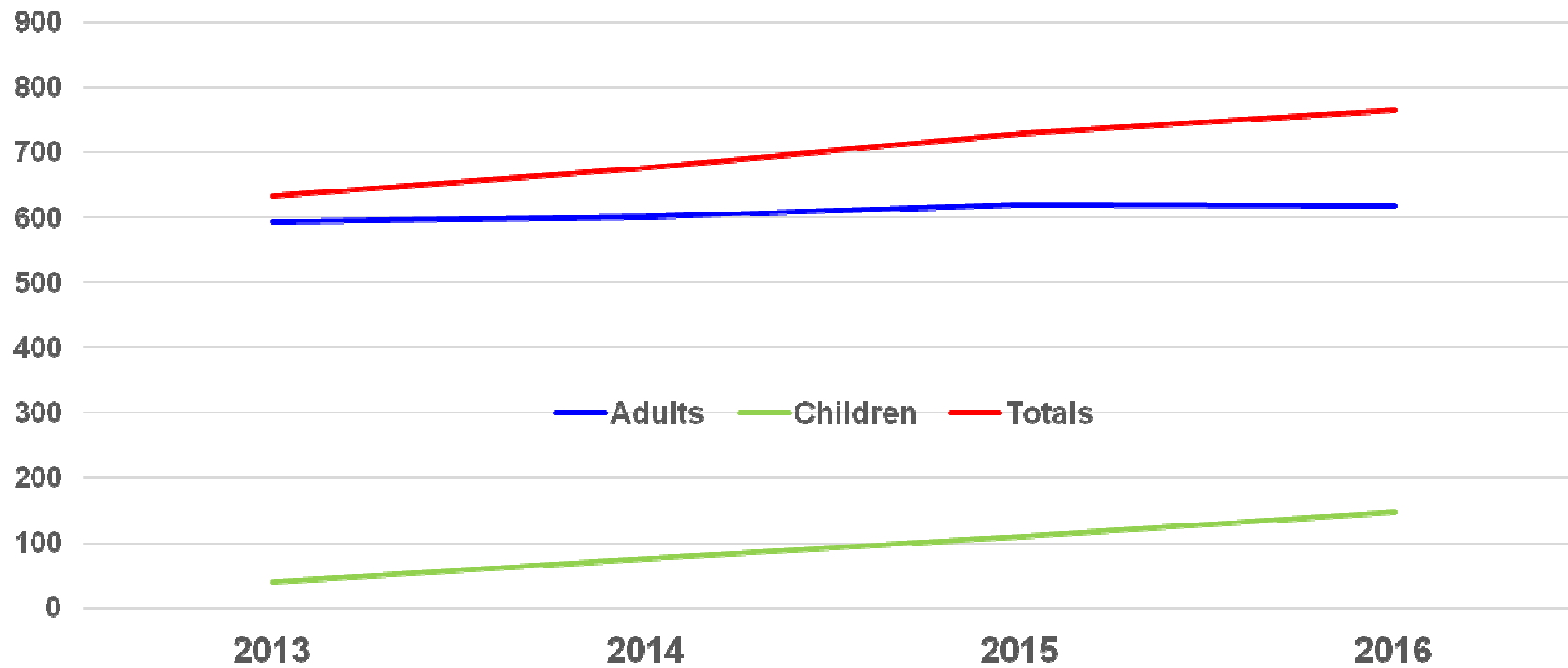


Introduction

- **Direct Payments are payments from the Local Authority which are available to people who have care and support needs under the Social Services and Wellbeing (Wales) Act.**
- **It is a statutory duty to support a person through a Direct Payments service. Part 4 of the Code of Practice outlines the Local Authority duties with respect of Direct Payments.**
- **This method of managing care is designed to promote independence, decrease social inclusion and enhance self – esteem.**
- **Cardiff Council has been operating a Direct Payments service since 1996; the service allows for the provision of Domiciliary care services either through a Personal Assistant (PA) or a Registered Domiciliary Care Agency (Agency).**
- **It is the Council’s intention to increase the uptake of Direct Payments**

Numbers of Direct Payments

Direct Payment Service Users (2013 - 2016)



Current situation

- At present, 20% of overall domiciliary care packages are handled through Direct Payments (Approx. £6million per annum of Adult care, £700,000 per annum for Children's care)
- As of 23.11.2016 – There are 621 adults (40 working towards) & 151 children (16 working towards)
- Use of Direct Payments has more than doubled over the last four years
- The Council currently commission, with the incumbent provider, a contract to the value of circa £700,000 per annum
- The Council currently pays £881 per year to an external provider for people to be assisted with Direct Payments, with a reduction to £721 per year after 12 months
- This arrangement delivers a 'one-size-fits-all' care package, which is issued to the provider regardless of how much support the citizen requires.



Why are we reviewing the process?

- **Legislative requirements of the Social Services & Wellbeing (Wales) Act 2014 have changed:**
 - Provide greater choice and control over care
 - Increased the range of services that can be paid for by Direct Payments
- **The Council has been working with an external provider for Direct Payments since 2007 and needs to enter into a new contractual arrangement post April 2017.**
- **Concerns have been raised about consistency of service we currently receive, and benchmarking in line with other Local Authorities indicate that the service could be suggested with better value for money.**
- **It is felt that the model could be more flexible in meeting the needs of people by offering a 'pick-list' containing a range of choice within the service provided.**
- **A more flexible service would give greater control over their people's lives and allow them to live more independently.**
- **An opportunity exists to stimulate the market for Personal Assistants/Domiciliary Carers by linking into the Council's Into Work Advice/Adult & Community Learning services.**



Journey to date

The Council has been working with an incumbent provider (Diverse Cymru) since 2007.

A Direct Payments Project Group has been established and has been collaborating to investigate the following:

- Reviewing and mapping current arrangements
- Researching alternative approaches, including examining the Direct Payments scheme as operated across the other Local Authorities in Wales and some in England
- Benchmarking the costs and components of the Cardiff system against other approaches
- Conducting detailed examination of the internal processes behind Direct Payments, and those of the incumbent provider
- Conducting consultation on the Service User and Case Manager/Social Worker perspective

As part of this investigation, the Group is considering opportunities a full range of delivery options to ensure the best possible quality of service and value for money.

The group has conducted a consultation with Case Managers, Social Workers and Service Users in order to assess the current service provision and establish principles for future service models.

Consultation Results



- *Roughly 30% of overall DP service users replied (187)*
- 90% believed that Direct Payments were able to meet their care needs
- Over 70% of respondents believed that the Direct Payment service satisfied or exceeded expectations
- Only 14% of respondents believed that the service only met some or none of their needs
- 74% chose to use Managed Accounts service for the first time, compared to 77% who would set it up if they started again
- 93% believe their banking choice provided enough support to manage their DP service
- Less than 20% of Service Users responded that they used all of the 'pick-list' services, and when asked which services would be used in future, the figure was less than 10%
- 66% of service users would prefer to have contact with their support worker 'As & When' rather than on a regular basis
- 93% of respondents felt their Social Worker was helpful during the process



Issues encountered with current arrangement

- Personal Assistant/Domiciliary Care Market has insufficient capacity
- Service Users have experienced difficulties arranging cover/contacting support agency
- The Council currently pays one rate to a provider to facilitate Direct Payments, which does not reflect the flexibility of service that is required
- Current DP rate is not in line with the established market rate for the service
- The 'Agency' option of employing PAs is perceived as more attractive so we need to build confidence about employment from a PA 'pool'

Options under consideration

1. Internal Provider

The Council is legally prevented from providing an internal Managed Banking service. As specified within the SSWB Act (Wales) 2014, it is a conflict of interest for a local authority to simultaneously act on behalf of Service Users in providing advice and support with managing Direct Payments whilst enforcing an auditing role on the management of those payments.

2. Hybrid

Support function provided by the Council with a managed accounts function to be provided externally.

3. External Provider

An external provider that offers both a support and managed accounts service. A discrete Direct Payments team based in Social Services will monitor the contract and direct payment activity.



Activity of Support Services

Delivered through a single provider

Providing support to set up and manage a Direct Payment provider that is appropriate to the person and covers their care requirements

- Managing active/eligible Direct Payment cases
- Advice on safety and best practices at home
- Support on planning to use PA/Agency or Residential
- Recruitment including adverts/job descriptions/interviews
- Advice on becoming an employer
- Setting up employment systems
- Legal advice relating to HR/Employment
- Advice in relation to training/qualifications/DBS
- Financial advice including pensions/insurance and payroll
- Ongoing advice around employment and Direct Payments
- Securing cover and emergency arrangements with PAs
- Establishing contingency arrangements with Service Users



Activity of Managed Account service

Delivered through a single provider

Setting up a Managed Account arrangement with the service user and providing ongoing support to keep the arrangement in place. Liaising with the Social Services with respect of payments.

- Setting up and monitoring the dedicated account
- Arrange & pay all agreed outgoings (PA wages, care agency fees, insurance etc)
- Pay all amounts due to HMRC and keep pensions/insurance covered
- Record income and payments
- Provide statements of all transactions

Key Objectives

Delivered within each model



- Assessing eligibility for Direct Payments and then ensuring a simple referral pathway into setting them up
- Providing a one-stop shop for enquiries, advice, support and complaints
- Encouraging the use of Direct Payments
- Providing support to prospective Personal Assistants to enter the market
- Monitoring the Direct Payment accounts to ensure that money is spent appropriately and balances are topped up
- Holding provider(s) to account for key performance indicators
- Guarantee and monitor contingency funds

Rationale for a Hybrid Service

- Council is able to directly manage quality and evolution of the service.
- Opportunity to deliver an effective model which takes into account the service user feedback supporting a single organisation as a point of contact, and the success of the ‘one-stop shop’ element of the current model.
- Offering a list of individual chargeable options could guarantee better choice for the Service User and deliver increased value, which has been suggested by feedback from consultation.
- When asked which options would be selected in future, Service Users again responded that they would select only a few options, and not the entire list, demonstrating that a list of individual chargeable options could better serve their purpose and deliver increased value.
- By administering the support service the Council could forge direct links between service users and a number of different services, both internal and community based.
- Council is well placed to provide a ‘one-stop-shop’ point of contact, as it has significant experience in providing a service of this kind.
- Stronger links between the team providing the wellbeing assessments and the support provider could produce a significantly more efficient process for the service user and limit ‘hand-offs’.

Rationale for an External Service



- There are a number of experienced providers in the Direct Payments market that could provide a valuable and effective service to citizens of Cardiff, and this could be accessed through a combined tender.
- Opportunity to deliver an effective model which takes into account the service user feedback supporting a single organisation as a point of contact, and the success of the 'one-stop shop' element of the current model.
- Offering a list of individual chargeable options could guarantee better choice for the service user and deliver increased value, which has been suggested by feedback from consultation.
- In order to ensure that personal assistants engage with a support provider, the most effective incentive could be a provider that operates both support and the managed accounts payroll.
- The new model will encourage greater uptake of Direct Payments, this will result in a higher volume of DP cases needing support from a provider, by designing an external contract, this can be written into the requirements and adequately planned for.
- In order to ensure the new contract is able to handle the volume required, it is possible to consider additional ways to deliver the service, including dividing contracts based on geography or volume
- The level of responsibility involved with providing legal and financial advice on this scale may represented a risk for the Council, which is allayed by tendering the service externally.
- The costs of delivering an external service can be mapped based on existing external provision in other Local Authorities, including analysis of volume and service charges.

Project/Tender Process & Timescale



<input type="checkbox"/> SU/Social Services Consultation	-	November 2016
<input type="checkbox"/> CASSC Scrutiny Submission	-	30 th November 2016
<input type="checkbox"/> CASSC Scrutiny Committee	-	7 th December 2016
<input type="checkbox"/> Detailed costing exercise	-	December 2016
<input type="checkbox"/> CASSC Scrutiny Committee (Pre-Decision)-	-	18 th January 2017
<input type="checkbox"/> Cabinet	-	19 th January 2017
<input type="checkbox"/> Provider Consultation	-	January 2017
<input type="checkbox"/> OJEU Contract Notice	-	January 2017
<input type="checkbox"/> ITT Stage	-	January/February 2017
<input type="checkbox"/> Tender Evaluation	-	March 2017
<input type="checkbox"/> Contract Award	-	March 2017
<input type="checkbox"/> Contract Commence	-	April 2017

Interim Contract Arrangements start April 2017

Mae'r dudalen hon yn wag yn fwriadol

CITY & COUNTY OF CARDIFF
DINAS A SIR CAERDYDD

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

7 DECEMBER 2016

PRIVATE RENTED SECTOR HOUSING

Purpose of Report

1. To provide Members with background information to inform their scrutiny of how the Council is working with landlords to improve homes in the private rented sector in Cardiff. This includes written submissions provided by Residential Landlords Association (RLA), Association of Letting and Management Agencies (ALMA), Cardiff Students Union and local Ward Councillors for Cathays and Gabalfa.
2. The following documents are attached as appendices:
 - a. **Appendix A** – RLA written submission
 - b. **Appendix B** – ALMA written submission
 - c. **Appendix C** – Cardiff Students Union written submission
 - d. **Appendix D** – Ward Councillors written submissions
 - e. **Appendix E** – Letter from Cllr Derbyshire, Cabinet Member – Environment, dated 30 June 2016
 - f. **Appendix F** – Rent Smart Wales – metrics.

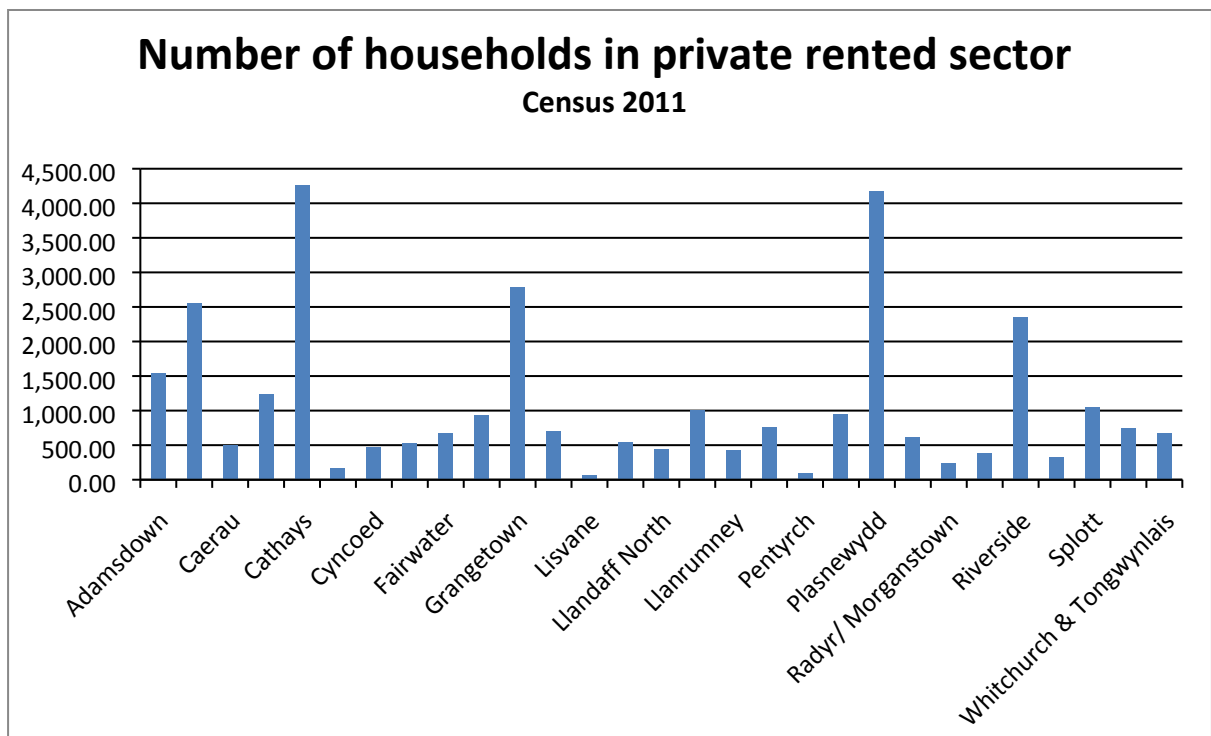
Scope of Scrutiny

3. This scrutiny has a specific focus on the Council's commitments with regards to private rented sector housing, detailed in the Council's Housing Strategy 2016-2021 and the Cardiff Student Community Partnership Action Plan 2015-2018.

These cover housing enforcement (including Rent Smart Wales), Houses in Multiple Occupation (HMO) licensing (including Additional Licensing schemes), returning empty properties to use and the interface between these.

An Overview of the Private Rented Housing Sector in Cardiff

- The 2011 Census data shows that the private rented housing sector in Cardiff almost doubled, from 11.1% to 21.9%, between 2001 and 2011. This is higher than the Welsh average of 14.2% households being in the private rented sector and equates to approximately 31,200 households in Cardiff living in the private rented sector in 2011.
- Whilst there are private rented properties in every ward in Cardiff, the table below shows that the main areas of concentration are Cathays (4,260 households), Plasnewydd (4,168 households), Grangetown (2,792 households), Butetown (2,550 households) and Riverside (2,352).



6. It is difficult to be certain how many private rented sector landlords and agents operate in Cardiff. The Welsh Government estimates that, across Wales, there are between 70,000 and 130,000 private landlords, of which approximately 15% operate in Cardiff. This equates to between 10,500 and 19,500 private landlords with properties in Cardiff. There are also estimated to be approximately 1,000 agencies operating across Wales. There were 5,344 Houses in Multiple Occupation (HMO) known to the Council in 2015/16, although overall it is estimated that there are approximately 8,000 HMOs in Cardiff.
7. The 2011 Census shows that, of the 31,200 households in Cardiff living in the private rented sector, 3,080 households consisted solely of students. The majority of these are located in Cathays, Gabalfa and Plasnewydd, where they constitute a significant proportion of the overall private rented market, as the table below illustrates:

Privately renting student households¹

Electoral Ward	Number of privately rented properties	% of all households	Number of full time student privately rented households	% of all privately rented properties
Cathays	4,260	68.8%	1,769	41.5%
Gabalfa	929	38.3%	216	23.5%
Plasnewydd	4,168	55.1%	785	18.8%

8. The last Private Sector House Condition Survey was carried out in 2005. This found that a quarter of the unfit properties in Cardiff were in the private rented sector.

¹ Information taken from Cardiff Student Community Partnership Action Plan 2015-2018

Council Commitments

9. The Council's Housing Strategy 2016-2021, approved at Council on 24 November 2016, contains the following commitments to improve homes in the private rented sector:

- *Undertake a private sector stock condition survey (March 2021)*
- *Work in partnership with Rent Smart Wales and other Councils to develop a consistent and effective private sector housing enforcement approach across Wales (November 2017)*
- *Evaluate the operation of the HMO Additional Licensing schemes and consider the case for extending city-wide (September 2018)*
- *Review the approach taken to tackling empty properties (September 2017)*

10. In addition, the Council is a joint signatory to the Cardiff Student Community Partnership Action Plan 2015-2018, which contains the following actions with regard to student accommodation:

- a. *Monitor any population changes of students*
- b. *Ensure student accommodation and impact are incorporated into planning policy*
- c. *Ensure adequate supply of Halls of Residence*
- d. *Maximise opportunities to provide information on accessing the private rented sector*
- e. *Reduce the level of properties below the legally required standard*
- f. *Educate and improve student knowledge of legal rights*
- g. *Review access to accommodation for disabled students in the private rented sector.*

Housing Enforcement

11. The Council has powers to address standards in the private rented sector which impact on the health and safety of tenants, progressing from informal action to statutory notices and ultimately prosecution. The Housing Health and Safety Rating System, introduced by the Housing Act 2014, is *'used to assess the degree and likelihood of harm from reported issues such as: dampness; excess cold; lack of space; and poor hygiene. Hazards are scored and classified as being Category 1 (mandatory action required) or Category 2 (discretionary action). Cardiff has decided to always act upon Category 2 hazards of fire, security, structural collapse and falling elements.'*²
12. Housing enforcement is undertaken by the Housing Safety section of Neighbourhood Services in Shared Regulatory Services. They work *'with private landlords and owners to provide warm, safe and healthy homes for tenants. They ensure that Houses in Multiple Occupation are licensed through Mandatory and Additional Licensing Schemes, inspecting HMO's and improving physical and management standards of privately rented accommodation. Complaints from tenants about their rented accommodation are investigated; these can include complaints about damp, mould, heating disrepair, nuisance and student housing issues. Problems with empty homes that have fallen into disrepair are addressed and immigration inspections undertaken.'*³
13. The Shared Regulatory Services Business Plan 2016-17 contains the following actions aimed at improving the quality of private rented sector housing accommodation:
- a. Quarter 1 – *'Review existing procedures across SRS for the inspection of properties in the private rented sector and identify areas of inconsistency and best practice in approach across the 3 authorities. Ensure effective implementation of HMO Licensing Schemes in Plasnewydd and Cathays through prioritised inspection schedules.'*

² Extract taken from Shared Regulatory Services Business Plan 2016/17

³ Extract taken from Shared Regulatory Services Business Plan 2016/17

- b. Quarter 2 – *‘Review scope of existing services provided within the SRS Neighbourhood teams, including response to waste/fly tipping and Pest Control enquiries and develop a standard response protocol within each local authority. Agree data sharing and enforcement protocols with Rent Smart Wales and carry out all necessary staff recruitment and training for the proper resourcing of those new enforcement duties.’*
- c. Quarter 3 – *‘Following implementation of Rent Smart Wales review and evaluate demand across SRS Neighbourhood teams in relation to regulation of the private rental sector to ensure staff resources are deployed in accordance with need.’*
- d. Quarter 4 – *‘Report of Joint Committee on regulation of private rental sector across SRS and the range of public health interventions undertaken by Neighbourhood teams.’*

HMO licensing

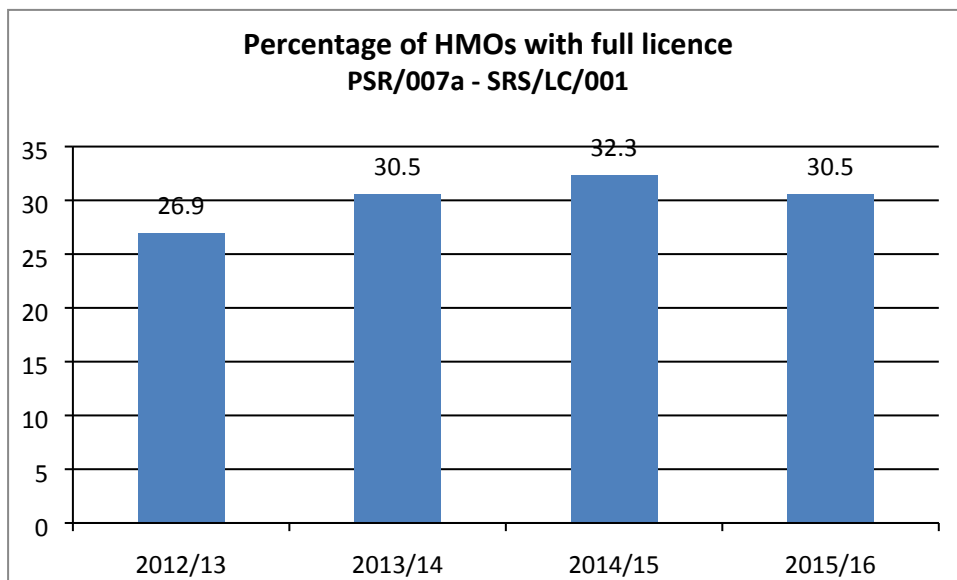
14. The Housing Act 2004 introduced licensing for HMOs. All private properties with 5 or more occupiers and 3 or more storeys must have a HMO licence; this is known as mandatory HMO licensing. As at June 2016, the Council had licensed 900 such properties in Cardiff.
15. The Housing Act 2004 enables the Council to extend licensing to other HMOs, via additional licensing schemes. From 2010 to 2015, an Additional Licensing Scheme operated in Cathays, leading to an additional 1,664 properties being licensed. This scheme has been extended for another 5 years, commencing on 1 January 2016. An additional licensing scheme also operates in Plasnewydd, where in June 2016, an additional 375 HMOs had been licensed, with a further 310 HMOs in the process of being checked. The Cathays and Plasnewydd schemes should bring around 50% of the City’s 8,000 HMOs under effective licensing control.

HMO Performance Information

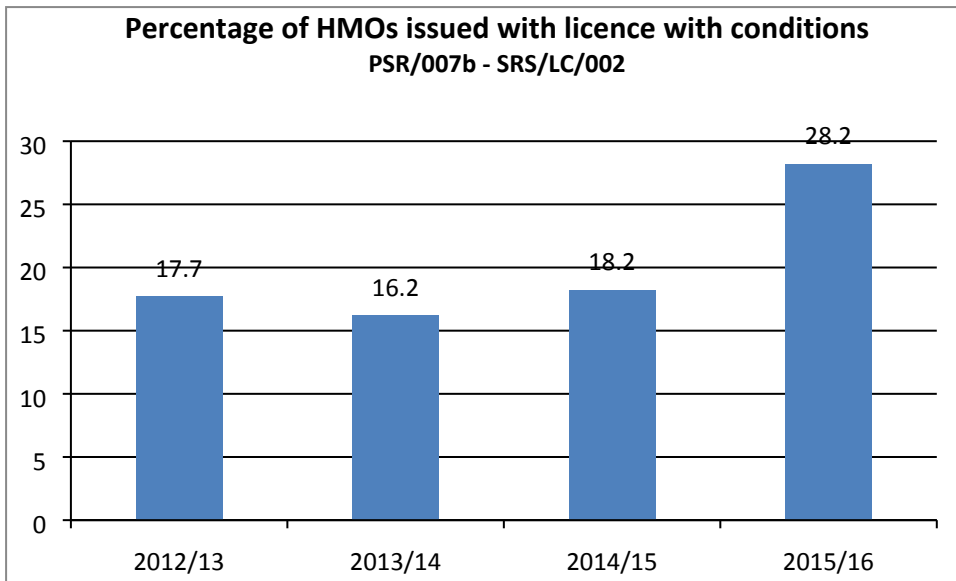
16. The Council keeps local performance indicators regarding HMOs, measuring the following:

- a. percentage that have a full licence;
- b. the percentage that have a licence with conditions attached; and
- c. the percentage where enforcement activity is underway as at 31 March of each year.

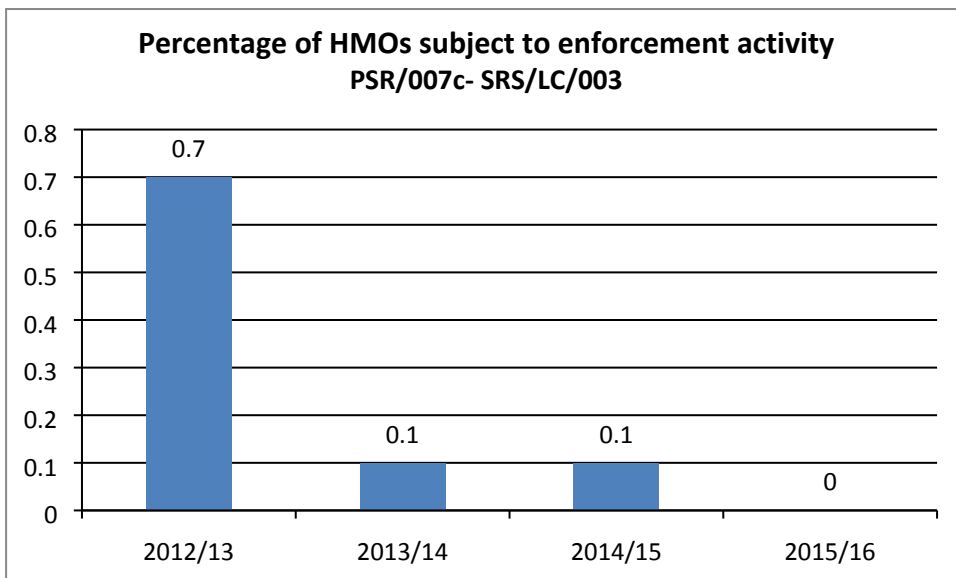
17. The chart over-page shows the results for the indicator now known as SRS/LC/001, previously known as PSR/007a: *Of the Houses in Multiple Occupation known to the local authority, the percentage that have a full licence:*



18. The chart over the next page shows the results of the indicator now known as SRS/LC/002, previously known as PSR/007b: *Of the Houses in Multiple Occupation known to the local authority, the percentage that have been issued with a licence with conditions attached.*



19. The chart below shows the results for the indicator now known as SRS/LC/003, previously known as PSR/007c: *Of the Houses in Multiple Occupation known to the local authority, the percentage that are subject to enforcement activity at 31 March.*

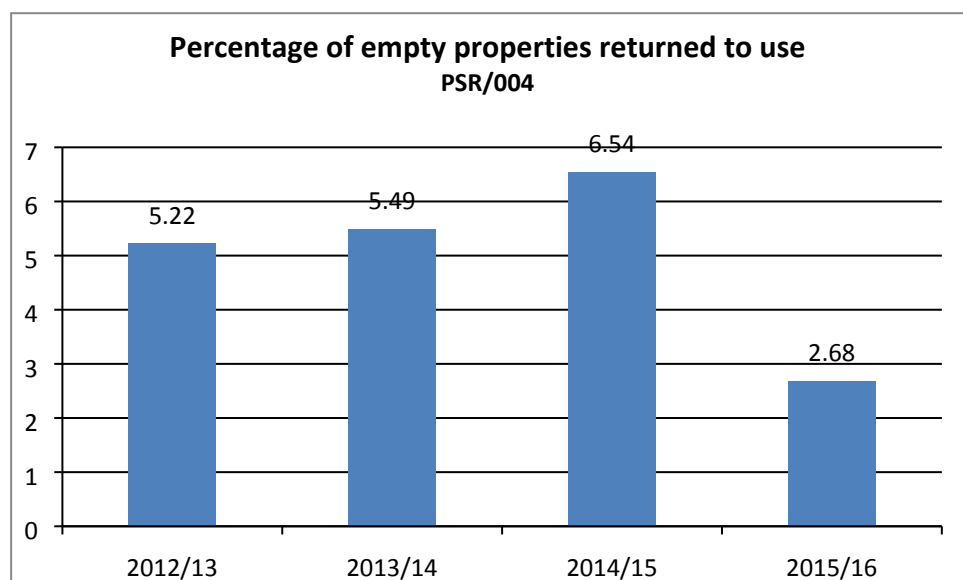


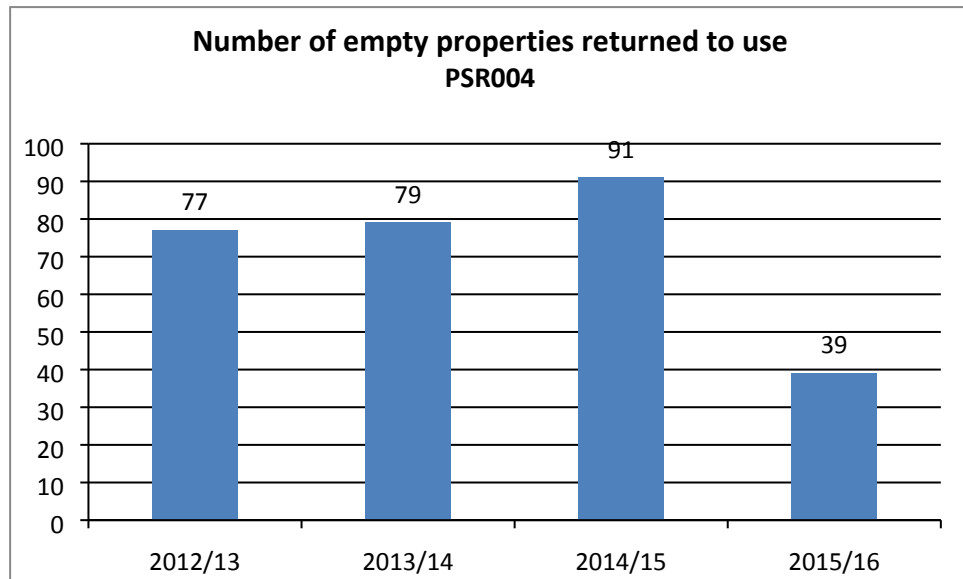
Returning Empty Properties to Use

20. The Council also has powers to return certain empty privately owned properties to use. There are approximate 4,000 privately owned empty dwellings in Cardiff, of which 1,300 have been vacant for over 6 months. The Council works with owners to help bring their properties back into use, focussing on those that have been empty the longest. However, when this approach fails, consideration is given to Compulsory Purchase, Enforced Sale or other enforcement measures.

Empty Properties Performance Information

21. The Council also collects a national strategic performance indicator, PSR004, which is: *The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April which were returned to occupation during the year through direct action by the local authority.* The charts below shows the Council's performance from 20012-2016, with the first chart showing the results for PSR004 and the second chart showing the number of properties this involved.





22. Members explored their concerns with performance in this area at their Committee Meeting in June 2016. Members heard that there were resource issues as a result of the negotiations to set up the Shared Regulatory Services and that officers would be meeting to try to resolve these. A copy of the letter regarding this, from Councillor Derbyshire, Cabinet Member – Environment, is attached at **Appendix E**.

Rent Smart Wales

23. The Housing (Wales) Act 2014 placed new obligations on private landlords and/or agents to register themselves and the addresses of their rental properties and to obtain a licence, in order to secure better protection for private tenants through improved property management practices. In order to obtain a licence, applicants must be deemed 'fit and proper' and undertake approved training. Once licensed, they must comply with a Welsh Government approved letting and management Code of Practice.

24. A licensing authority was established for the whole of Wales, known as Rent Smart Wales, which is run by Cardiff Council with funding from the Welsh Government. A new team was established, consisting of 49 Full Time Equivalent

posts; Welsh Government meets the costs associated so that there are no financial implications for Cardiff Council in being the host authority.

25. At this Committee's Call-In held in October 2015 (on the re-declaration of the additional licensing scheme in the Cathays ward), Members heard that *'under the Rent Smart scheme landlords will be required to register and to take training in order to get their licence. The licence will have conditions that landlords will have to comply with. If a lot of complaints are received about a landlord then that landlord could have their licence revoked. Licences could also be revoked if a landlord is convicted of certain criminal offences. Rent Smart will be in operation across Wales and sharing information with local authorities. This will assist them to deal with poor standards of rented accommodation. Fixed penalties can be used for registering and for failure to comply with certain provisions of the Housing Act (2004)' ... 'Rent Smart will not have a property by property, area by area approach ... and it will not focus on things like environmental health and fire safety. Also, it will not have officers knocking on doors and following up work with tenants and landlords.'*⁴

26. Rent Smart Wales is only responsible for the licensing of landlords and agents; the housing enforcement role remains with each local authority. In Cardiff, the housing enforcement role sits with Shared Regulatory Services. Their Business Plan 2016-17 contains the following actions in relation to Rent Smart Wales, in addition to those detailed at Point 13 of this report:

- a. Quarter 1 - *Support Rent Smart Wales by collating databases of landlords and agents from Cardiff, Vale of Glamorgan and Bridgend from existing databases of housing enforcement records across SRS to assist with implementation of scheme.*

- b. Quarter 2 - *Review and allocate resources in Neighbourhood Management teams to reflect additional enforcement demand as a result of Rent Smart Wales introduction.*

⁴ Extracts from minutes of Community & Adult Services Scrutiny Committee 7 October 2015

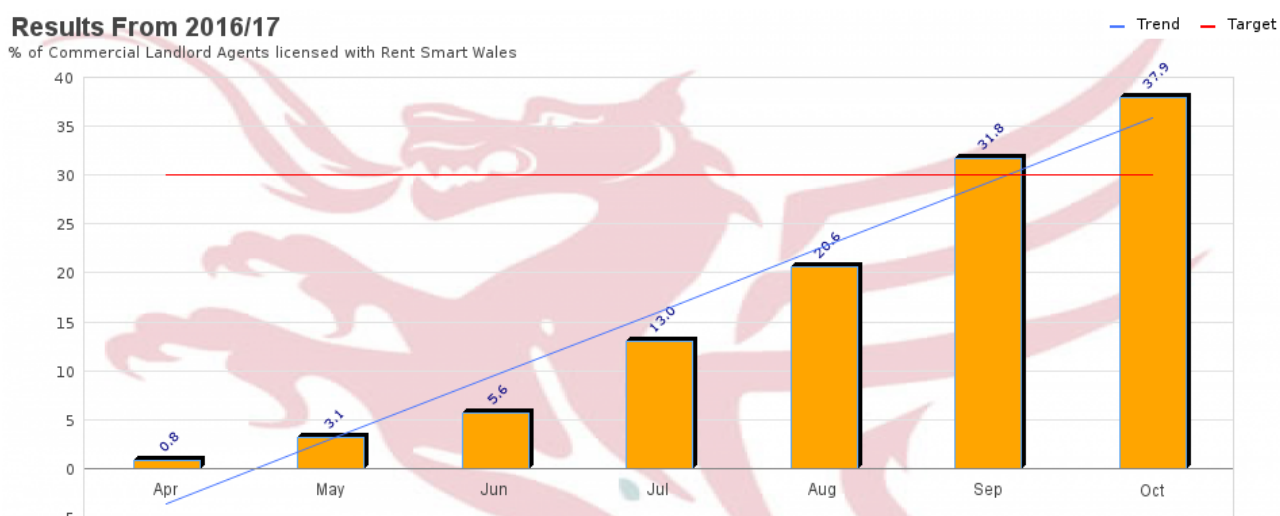
- c. Quarter 3 - *Continue to promote Rent Smart Wales through stakeholder liaison groups such as Cardiff Students Union, Landlord Forum, tenant groups and local authority partnerships.*

- d. Quarter 4 - *Together with Rent Smart Wales review take up of scheme within the SRS and prioritise enforcement work and resource allocation required for 2017/18.*

Rent Smart Wales Performance Information

27. There are a four performance indicators that the Council reports on in relation to Rent Smart Wales, which are shown below. All of these are cumulative⁵:

a. % of Commercial Landlord Agents licensed with Rent Smart Wales

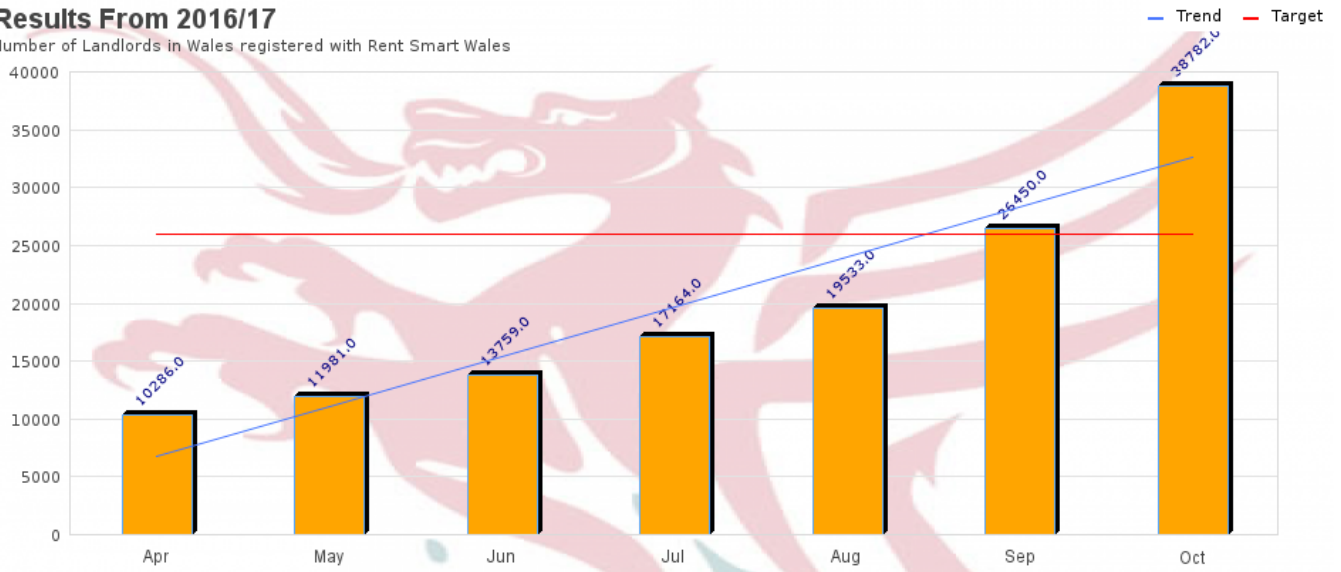


⁵ All graphs downloaded from Cardiff Council Improvement System (CIS) on 29 Nov. 16

b. Number of Landlords in Wales registered with Rent Smart Wales

Results From 2016/17

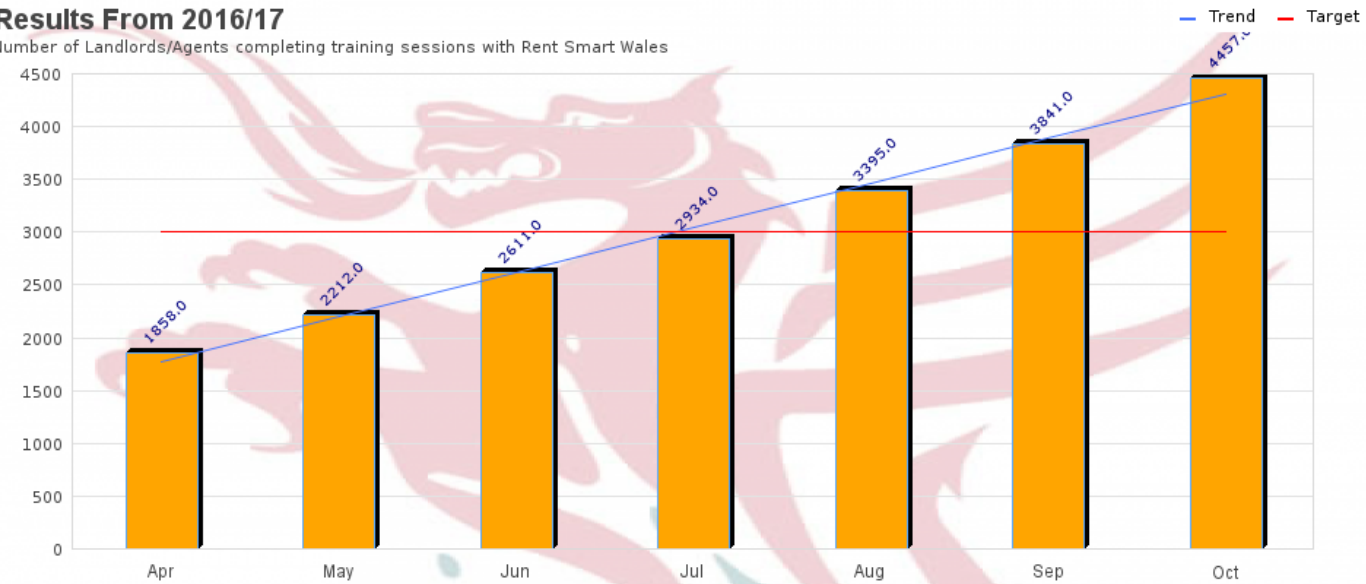
Number of Landlords in Wales registered with Rent Smart Wales



c. Number of Landlords/ Agents completing training sessions with Rent Smart Wales

Results From 2016/17

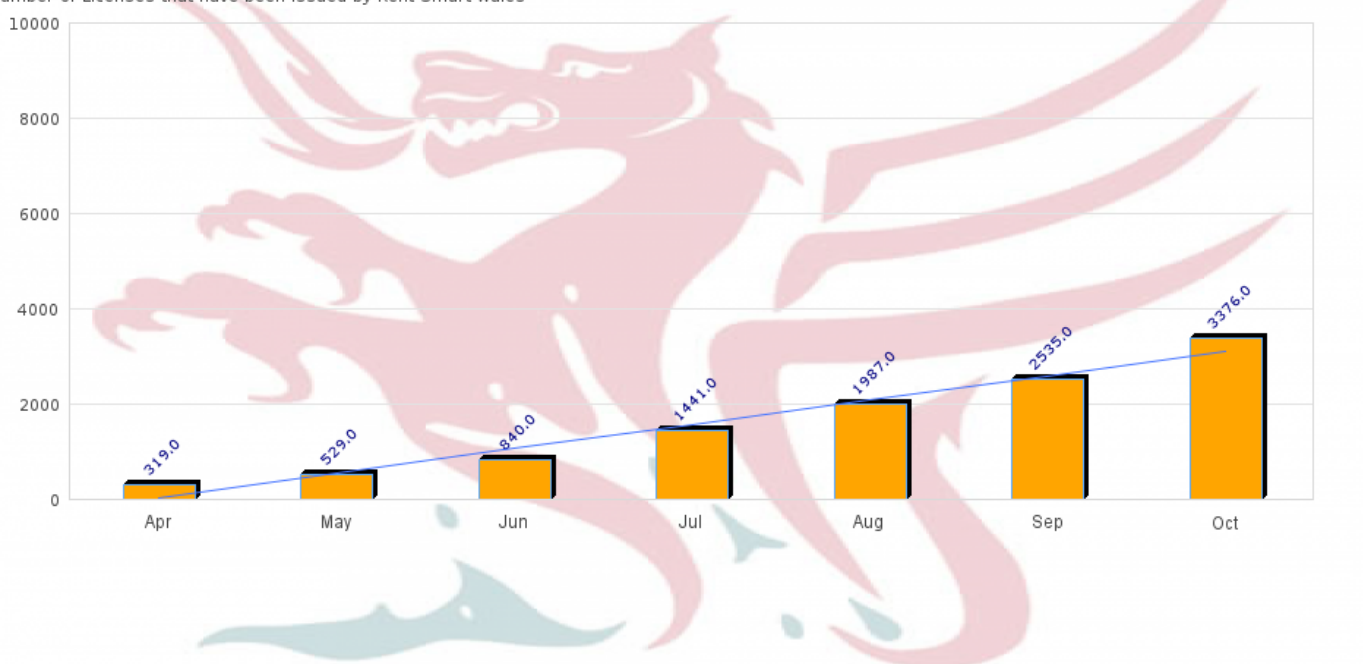
Number of Landlords/Agents completing training sessions with Rent Smart Wales



d. Number of Licenses that have been issued by Rent Smart Wales

Results From 2016/17

Number of Licenses that have been issued by Rent Smart Wales



28. Rent Smart Wales regularly publish progress reports on their website

(<https://www.rentsmart.gov.wales/en/>) and the latest of these are attached at Appendix F. These provide metrics regarding how many landlords and agents have registered and have been licensed as well as how many registrations and licenses are in progress and how many properties these cover. Also attached at Appendix F is a summary of the feedback received from those who have undertaken Rent Smart Wales training courses.

29. The 23 November 2016 marked the start of the powers which mean enforcement action can be taken against landlords and agents who are unregistered or unlicensed. A statement from the Welsh Government Communities Secretary Carl Sargeant, released on 22 November 2016⁶, stated that:

'By midnight on Monday November 21st over 55,000 private landlords had registered, another 12,000 had started the registration process and over 81,000 users had created accounts and are involved in the process of complying.'

⁶ Downloaded from Welsh Government website 23 November 2016

'96% of those attending the training sessions have said it would make them better landlords, which is precisely what we are trying to achieve.'

'Rent Smart Wales has said that those who have started the process to comply will not face enforcement action if they have done all they reasonably can to comply.'

Previous Scrutiny

30. Over the previous three years, this Committee has undertaken several scrutinies covering various aspects of private rented sector housing in Cardiff, including: the implementation of Rent Smart Wales; a Call-In on the re-designation of additional licensing in Cathays; work underway with private sector landlords in response to the Housing (Wales) Act 2014 and the ability to discharge homelessness duties using the private rented sector.

31. At their Committee Meeting 4 March 2015, Members carried out pre-decision scrutiny of the draft report to Cabinet titled *'Cardiff Council Designation as Single Licensing Authority for powers contained in Part 1 of the Housing (Wales) Act 2014 – Welsh Agent and Landlord Licensing Scheme'*. Following the meeting, the then Chair Councillor Groves wrote to Councillor Derbyshire, Cabinet Member Environment, stating that *'Overall, Members are supportive of the proposal that Cardiff Council becomes the Single Licensing Authority, with a Memorandum of Understanding to set out roles, responsibilities and funding arrangements across Welsh local authorities. Members appreciate the need to improve the private rented sector, from both a landlord and tenant perspective and recognise the benefits that flow from the licensing scheme. With regard to the funding for the Single Licensing Authority, Members note that officers have submitted bids to the Welsh Government to ensure that costs that cannot be met by the fees charged will be met by the Welsh Government. We agree that the response from Welsh Government to these bids must be available to Cabinet before they take a decision on this matter. Members recommend that, if necessary, the item be delayed from the proposed Cabinet meeting on 19th March to a later date when*

*the Welsh Government response has been received. Members request that they be informed when the Welsh Government response is received.*⁷

32. Councillor Derbyshire responded to the above, in a letter dated 11 March 2015, stating *'I am pleased to be able to advise that written confirmation has been received today from Welsh Government outlining its commitment to the project and the financial support available for 2015/16. This will be given proper consideration by Cabinet prior to any final decisions being taken.'*
33. This Committee held a Call In on 7 October 2015 regarding the re-declaration of the additional licensing scheme in Cathays Ward. Following this meeting, Members amended their 2015/16 work programme to include an update on HMO additional licensing schemes in Cathays and Plasnewydd, which came to the June 2016 committee meeting. The update report highlighted that there had been a recalculation of HMO licensing fees following an activity based costing exercise. The new fee structure allows for a discount of £150 for landlords who are re-licensing HMOs first licensed during 2010/11 and where properties are fully compliant with HMO standards.
34. Members also considered the work underway with private sector landlords in response to the Housing (Wales) Act 2014 and the ability to discharge homelessness duties using the private rented sector at their meeting on 2 March 2016, which included an update on the implementation of Rent Smart Wales.
35. Following the meeting, the Chair Councillor McGarry wrote to Councillor Derbyshire, Cabinet Member Environment, stating *'Overall, Members are pleased with the progress made to date and reassured by the answers provided at the meeting, which demonstrated that officers understood the dynamics operating in the private rented sector and were responding to these to ensure that Rent Smart Wales is implemented successfully. Members note the following points:*

⁷ Letter dated 9* March 2015 from Cllr Groves, Chair CASSC, to Cllr Derbyshire, Cabinet Member

- *Fewer landlords have been licensed to date than was estimated in the original business case but this is due to landlords now having a year's grace before they have to apply;*
- *In order to try to avoid a spike in applications (and subsequent renewals), officers are working on incentive schemes to encourage early applications;*
- *Welsh Government has provided each local authority with approximately £13,000 to meet the costs of promoting Rent Smart Wales and data cleansing;*
- *Welsh Government has provided Cardiff Council with £400,000 to cover the set up costs for hosting Rent Smart Wales, which means there will be no costs to Cardiff Council;*
- *Recent case law means that the Rent Smart Wales fees can be used to cover the enforcement costs, including administration costs, borne by individual local authorities.'*

36. The response from Councillor Derbyshire included additional information that Members requested on the milestones and metrics that are in place to measure progress in implementing Rent Smart Wales and for information on the actual proportion of money that comes in from fees and goes out to each Local Authority to cover enforcement costs.

37. With regard to the milestones and metrics, Members were provided with a copy of the Core Data set which is sent monthly to Welsh Government, and a list of the relevant Performance Indicators, as detailed at Point 26 of this report.

38. The response from Councillor Derbyshire also explained that '*In the business model over the next five years there is £5,459,552 assigned to Local Authority Enforcement (this also includes enforcement for City of Cardiff Council.) This is out of the total 5 year costs of £25,690,073, therefore 21.15% of the total fees.'*

39. Members also scrutinised the draft Shared Regulatory Services Business Plan 2016/17 at a joint meeting with the Environmental Scrutiny Committee on 3 March 2016 and scrutinised performance trends regarding returning empty properties to use at their meeting in June 2016, as detailed earlier in this report.

Way Forward

40. At the meeting, Councillor Bob Derbyshire, Cabinet Member for Environment, and Councillor Dan De'Ath, Cabinet Member for Skills, Safety, Engagement and Democracy, may wish to make a statement. Members will have the opportunity to ask questions of the following officers:

- Andrew Gregory – Director of City Operations and the Council's representative on the Shared Regulatory Services Management Board
- David Holland – Head of Shared Regulatory Services
- Will Lane – Operational Manager, Neighbourhood Services
- Bethan Jones – Operational Manager, Rent Smart Wales.

41. As part of the scoping exercise for this scrutiny, Members identified that they particularly wished to ask witnesses questions on the following:

- a. Their views on: what is working well, what needs to improve and how improvements could be achieved?
- b. How enforcement activity and licensing activity is being managed
- c. Specific questions on Rent Smart Wales – including the level of registrations and how enforcement activity will be undertaken in Cardiff
- d. Whether the staffing resources issues have been resolved between Shared Regulatory Services and Communities, Housing and Customer Services with regard to bringing empty properties back into use.

Financial Implications

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

Legal Implications

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

RECOMMENDATIONS

The Committee is recommended to:

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

DAVINA FIORE
Director of Governance and Legal Services
01 December 2016

Mae'r dudalen hon yn wag yn fwriadol

Evidence for Cardiff Council's Community & Adult Services Scrutiny Committee

ABOUT THE RESIDENTIAL LANDLORDS ASSOCIATION

The Residential Landlords Association (RLA) represents 48,000 small and medium-sized landlords in the private rented sector (PRS) who manage over 1,000,000 properties across the UK. It seeks to promote and maintain standards in the sector, provide training for its members, promote the implementation of local landlord accreditation schemes and drive out those landlords who bring the sector into disrepute. Members also include letting and managing agents.

November 25th, 2016

Thank you for inviting the RLA to contribute to the forthcoming scrutiny session on Cardiff Council's commitments regarding the private rented sector and the 2016-2021 strategy. We note that in within the Housing Strategy 2016-2021, Cardiff Council intend to carry out a private sector stock condition survey by 2021, a move which we welcome and would be more than happy to assist in the shaping of. We do however have concerns about the direction some aspects of the strategy are taking, namely the evaluation of HMO Additional licensing with a view to extending it city-wide.

Consistent and effective private sector housing enforcement.

The RLA has always argued the importance of consistent and effective enforcement of housing regulations and standards in Wales. Without the proper enforcement of the rules and regulations, their existence becomes helpless. This is often reflected in the rhetoric of an "unregulated private rented sector", when the PRS in Wales is regulated by over 140 Acts of Parliament (not including Welsh Assembly Acts) and over 400 different regulations. Many of these regulations, across the whole of the UK, are not consistently enforced, if enforced at all.

The RLA takes the approach that all legal requirements, enforced or not, should be upheld by landlords. We support and encourage landlords to fully comply with all of their legal responsibilities and liabilities, regardless of whether or not we agreed with them during the time that they may have been debated in Parliament or the Assembly.

However, this causes an issue when it comes to enforcement of the rules and regulations that exist Vs those landlords wilfully ignore such requirements. Where good landlords strive to comply with the rules and regulations, other landlords choose not to, because they are comfortable in the knowledge that it is unlikely that they will ever be enforced against. Inconsistent, or non-existent enforcement of rules and regulations, encourages more landlords to become comfortable breaking certain requirements, and undermines the message and ethos underpinning organisations such as the RLA who work to improve the sector.

Landlords do not become criminal landlords because they do not know the legal requirements, these people require education. Criminal landlords are criminals because they know the law and they choose to ignore it to exploit their tenants. These are the landlords that we would like to see greater enforcement of the rules and regulations of, and the criminal landlords that we do not want in our sector.

The RLA understands that local authorities have challenges of their own, and that housing enforcement can require a significant amount of resource to be effective. Without significant consideration of the

resources available to housing enforcement teams, it is difficult to imagine a future where the current rules and regulations are enforced to a standard where landlords do not become in the future comfortable ignoring certain requirements and responsibilities.

Rent Smart Wales Enforcement

Although the enforcement deadline has only just passed (23rd November), we would reiterate that enforcement should focus on the landlords and agents who know the rules and regulations and choose to ignore them.

We have particular concerns with the communication campaign on the requirements of Rent Smart Wales, in particular that not enough people know about Rent Smart Wales and not enough people know the full details. For example, many landlords claim to have fully complied with the requirements under Rent Smart Wales, but have only registered their properties and have not completed the required training and licensing. Further, we believe that there has been an underestimation of the number of landlords who have property in Wales, but do not themselves reside in Wales. Many landlords could find themselves at the wrong end of an enforcement notice, not because they have wilfully flouted the law, but because they haven't heard of it by virtue of not being located in the south east of Wales. As such we would like to see Rent Smart Wales adopt a policy of inform then enforce.

We would like to see Rent Smart Wales concentrate enforcement on those landlords and agents that are known to have a history of repeated non-compliance with their legal requirements, and who have clearly understood the requirements under Rent Smart Wales, but chosen not to comply under the belief that these rules will not be enforced.

Most of the public profile of Rent Smart Wales, its portrayal in the media, has been achieved in the final few weeks and days before the deadline due to a series of negative headlines. Although the tone of these headlines is perhaps not welcomed by Rent Smart Wales, it must be acknowledged that a series of negative headlines in the press have done more to communicate Rent Smart Wales in the past two weeks than the months before.

Rent Smart Wales cannot and should not suffer further negative press coverage going forward, however the communication strategy needs a complete overhaul. This is less of an issue within the Cardiff area as the communications focused here have been better than elsewhere, however we should be looking at areas away from the metropolitan centres that have not had the same exposure, and look at the ways small landlords communicate. For example, many landlords who attend the Cardiff Landlord Forum will have known about Rent Smart Wales well in advance, however, a landlord perhaps on the outskirts of Cardiff with 1 property who does not see themselves as a landlord, doesn't attend a forum, could have easily missed most of the communications over the last few months and be completely unaware that Rent Smart Wales exists.

The RLA has recently called for an extension to the Rent Smart Wales deadline, due to some of the issues expressed above. This extension would also be teamed with a reset on the expiry of all licences, so that all landlord licences start and expire on the same date (the new enforcement date). Licences have a 5-year limit, must be renewed at the end of each 5-year period, and begin the moment the licence is issued. We believe that this was a critical failure of the Rent Smart Wales campaign, as many landlords have left licensing until the last minute to gain the most amount of time once enforcement begins. i.e. those landlords who became licenced in November 2015 must renew a year earlier, despite no enforcement taking place during most of 2016. Allowing landlords to license under Rent Smart Wales, but delaying the date the licence is valid from, would have encouraged more landlords to sign up earlier.

The Rent Smart Wales stakeholder group, has largely been an exercise in information dissemination, rather than a constructive conversation as to how to take Rent Smart Wales forward. Some members of the group have commented that it is being treated as little more than a ‘tick-box’ exercise where virtually none of the industries concerns are taken forward or seriously considered. Although we are thankful for the stakeholder group existing, it almost epitomises what many landlords feel when submitting consultation responses.

HMO Licensing and Additional HMO Licensing

HMO licensing is one of the more controversial aspects of landlords regulation as we believe that the scheme at present does not offer value for money for landlords, consistency in its approach, or results in better quality accommodation for tenants. Many of our objections to HMO additional licensing were set out in our consultation response earlier this year to the renewal of the Cathays and Plasnewydd schemes.

Cost

The standard fee to obtain an Additional HMO license in Cathays is currently between £560 and £770, and over the last 5-year period the full amount must be paid each time regardless of the standard of the property. The scheme also licensed an additional 1,664 properties during this 5-year period. Many landlords feel that the cost for a 5-year licence is too high for too little, and simply join the dots between the cost for a licence and the number of properties licensed – concluding that the scheme is taking in a six-figure sum for little in return.

During the consultation earlier this year, no financial assessment of the scheme was published alongside its review, simply a section titled “Better value for money secured by a proactive approach in one area”. Transparency of the scheme is a major issue and source of friction between landlords who feel that additional licensing is a stealth tax and the objectives of the scheme – leading many landlords to view additional licensing with resentment.

Enforcement

The enforcement narrative can be told two ways. On one hand, the evaluation of the additional licensing scheme shows that 70% of HMOs inspected were non-compliant upon first inspection. These first inspection statistics are unhelpful for a number of reasons. Many landlords do not have properties re-inspected after the notice is given to improve aspects of the property, with the licence being granted on the understanding that the works will be done. This means that the headline figure of non-compliance is artificially higher than reality, and many landlords will have carried out the required works, but still be statistically classed as having non-complied. Secondly, some of the requirements under additional licensing were completely new and so many landlords were identified as having non-compliant HMOs simply because the scheme was introduced. They had not broken any previous law or standard, but had been identified as non-compliant by the very scheme existing. Finally, the consistency of the additional HMO regulations has considerable variance from EHO and period to period (this will be discussed in more detail in the next section), meaning a property may be fully compliant during one period and under the eyes of one EHO, and non-compliant 5-years later or under the eyes of a different EHO.

Landlords understandably feel frustrated when the goalposts are moved, and even more so when they are lambasted for non-compliance despite all efforts being made to be so.

Consistency in the standards required of HMOs is paramount to establishing better relationships between the scheme and PRS landlords. Between the first period of additional HMO licensing and since its renewal, some landlords who had fully compliant properties during the first period are now being asked to spend thousands making menial changes to meet the requirements of the new scheme. In some cases, a property that was fully compliant 6 months ago now needs alteration because of a new set of standards for additional HMO licensing or a different EHO had identified different issues that weren't identified during the first licensing period.

It is understandable that over time improvements will need to be made and the conditions of licensing change, however these alterations should be done with a full cost benefit analysis with a demonstrable benefit to the property. Otherwise, landlords may rightly feel as though the goalposts are being moved for no reason other than to justify a new scheme.

One common theme that emerges when discussing HMO licensing and additional licensing with landlords is trust. Landlords do not, at the moment, trust that the scheme is being run effectively or fairly. Instead they often perceive the scheme as being anti-landlord, inconsistent, heavy handed and even a stealth-tax. The scheme could go a lot further in working to improve relationships with landlords than it currently does.

City-wide Additional Licensing

Although we would expect such a move to be considered for its own independent full and proper public consultation, we most nonetheless express some of our concerns here briefly. Additional HMO licensing is already seen by landlords in a highly negative light, due to some of the reasons mentioned above. Extending it city-wide will do nothing to alter the perception held by many landlords that the scheme is nothing more than an expensive exercise in bureaucracy.

We would strongly suggest that Cardiff Council look at opening the transparency of the schemes that currently exist, to help negate some of the views, and seriously review and address the issue of the current schemes before extending it city-wide. Additional HMO licensing does nothing to build relationships with landlords, extending it city-wide could do more damage to the relationships between landlords and the council.

The introduction of Rent Smart Wales must also be included when considering the necessity of city-wide additional HMO licensing. With much of the data collected under Rent Smart Wales available to local authorities, would it be sensible for the Council to duplicate the licensing requirements and use its resources for minimal gain, or could better use of the existing information be both effective and economical.

Returning Empty Properties to use

Estimates show that Wales has over 30,000 empty homes, which could, with some work, be used to provide housing and help alleviate the housing crisis. Empty homes can also lead to a number of problems, such as; illegal squatting, vandalism, waste, pest infestation. All of which can cause further issues and require much greater local authority resources later.

Houses into homes

In 2012 the Welsh Government launches the Houses into Homes scheme, which offered loans to help bring empty properties back into use for sale or rent. The scheme had the right intentions and the Welsh Government beat its target with over 7,500 houses brought back into use. However, there are still an estimated 33,000 empty homes across Wales, and there remains work to be done to bring these assets back into use.

Investment

Many of the properties currently sitting empty require substantial works to bring them to a standard where they can be let or sold. The Houses into Homes fund provides an incentive and resource for owners of these properties to begin improving the standard, however we remain in a situation where, despite the fund, too many properties are left empty.

The Houses into Homes scheme has significant shortfalls, especially in securing significant equity on a property that is empty to qualify for the loan. Many empty properties have mortgages which take up most of the required funding to improve the property. However, it is very difficult to secure a Houses into Homes loan where a mortgage above 50% of the property value exists. This is especially difficult for those properties which may have fallen into negative equity. To bring more empty homes back into use, the Houses into Homes scheme must be willing to take more financial risk in the properties it invests in, and see the bigger picture. Too often the scheme looks at the repayment window (2/3 years) and makes an assessment based on the likelihood of that debt being repaid. The scheme should however take a longer-term view of bringing more properties back into use, be less conservative and consider longer repayment periods to better reflect long term market changes.

Council Tax

From April 2017, local authorities can charge council tax premiums on long-term empty homes and second homes, up to 100% of the standard rate of council tax. For the purposes of charging a premium, a long-term empty home is defined as a dwelling which is unoccupied and substantially unfurnished for a continuous period of at least 1 year. A second home is defined as a dwelling which is not a person's sole or main home and is substantially furnished. Local authorities are also required to issue a number of exemptions so that additional council tax is not charged in circumstances where it would be unreasonable or unfair to do so.

We believe that, where the exemptions are correctly written, this policy can work in conjunction with the Houses into Homes scheme to act as a 'carrot and stick' to help bring empty properties into use. Ideally, we would like to see a situation where someone with an empty property is encouraged to bring it back into use, perhaps via the Houses into Homes scheme, before additional council tax is charged. But where there is a refusal to do so, and no mitigating circumstances exist, the council should be able to charge higher rates of council tax on that property.

It is imperative however, that any additional income generated from council tax premiums on empty homes is put back into projects which can help solve the housing crisis.

Although we have tried to be brief on these matters, we would very much welcome any opportunity to explore some of these issues further. At the centre of Cardiff Council's approach with private sector landlords between now and 2016 should be about beginning to build good relationships with the sector. The PRS can help solve the housing crisis, but this will only happen if local authorities and landlords work together. It is fair to say that the relationship between Cardiff Council and landlords has, previously, been rather divisive and at times, highly charged. The Council has often adopted a two-tone approach in their interactions with landlords. On one hand recognising the benefits that the PRS can bring to Cardiff and our part to play in solving the housing crisis, but on the other hand, using the PRS as a political football. Although it may be politically popular, many landlords feel alienated from Cardiff Council and often feel as though they are "doing battle" whenever the PRS is used for such purposes. At the same time, housing options teams are doing all they can to establish good working relationships with the landlord community, and should be praised for their hard work in doing so. However, the constant tone of resentment does little to encourage landlords to see Cardiff Council as anything more than an adversary. We hope that from here we can begin exploring more effective solutions to the issues, and create a good working relationship between landlords and the Council, as it is only from this position can we genuinely begin to fix the housing crisis.

Yours faithfully,

Douglas Haig
Vice-Chairman & Director for Wales
Residential Landlords' Association

Email: douglas.haig@rla.org.uk

ALMA - Association of Letting and Management Agencies

Thank you for the opportunity to comment.

In respect of housing enforcement issues, particularly as it relates to Rent Smart Wales, we are disappointed that our proposal to require Agents to become licensed before landlords was not accepted. We are sure that if it had been, both the awareness and the future enforcement of the legislation would have been clearer. A staged approach would have fulfilled a ~ learning curve~ and avoided the low level of Landlord registrations and Agent licences that have been achieved by 23rd November.

Unless adequate resource is given to enforcement and penalties are seen to be imposed, Rent Smart Wales will be a 'damp squib.' It is already clear that resources for enforcement are unlikely to cope.

We have a number of suggestions as to improving awareness and assisting in enforcement of RSW. To mention just a few, TDS (Tenancy Deposit Scheme) and DPS (Deposit Protection Service) have thousands of Landlord and property details that could be cross-checked against the RSW register. Also 'Rightmove', 'Zoopla' and 'On the market' should ban all properties that are being advertised by non-licensed Agents.

HMO licensing remains confusing with some local authorities' definitions being different to others and enforcement is very varied, particularly tardy in Cardiff.

Mae'r dudalen hon yn wag yn fwriadol

Firstly, I want to thank the councillors for being supportive and open to working with the Students' Union since the new elected officer team started in July. It has been great to have regular contact, and the councillors' surgery held for students within the Students' Union appears to be successful development. Furthermore, the introduction of Rent Smart Wales is a welcome improvement which will hopefully make the housing market more transparent for students.

The actions taken in regard to the new HMO planning regulations is however an unwelcome change. This introduces a cap on the number of HMOs that can be developed within a certain radius. It has been pointed out that in the majority of the Cathays area this will restrict any new HMOs from forming. This development in our opinion arguably causes many concerns. Below is the statement we released explaining these concerns:

Hollie Cooke, Vice President Welfare, 'HMOs are a key source of housing for students, without which Cardiff University's student experience would be completely different. With the both the number of students and young professionals growing, it is clear that the continued development of HMOs is necessary to meet demand. By restricting, and essentially prohibiting the development of HMOs in the Cathays areas, students will be forced to move into other areas of Cardiff. This will not only create greater costs for students as they are forced to travel further, it will also cause individuals to rent in areas that are not used to student neighbours, causing greater community cohesion problems. Additionally, by pushing students to live in other communities, safety becomes a greater concern, as the frequency of students having to walk longer distances in the dark will increase. Aside from this, due to the location of Cathays, it will remain as the 'golden location'. This will most likely cause rent prices to inflate, as the number of students exceeded the number of HMOs. Furthermore, with the same number of HMOs remaining, these restrictions do little to address the core problems highlighted, as the population density in Cathays remains the same. Therefore, this is an unwelcome change, that will likely be detrimental to the student population, and do little to benefit the community in, and around, the Cathays area.'

Unfortunately, this decision was voted on by the council much sooner than anticipated, meaning that we had limited time to discuss these concerns. Although, it had been suggested that the Students' Union had been consulted in January, it was unclear what extent this had happened. In the future, any changes which affect students in such a way as this, should be discussed with the student body prior to the council making a decision. It was unfortunate that we weren't informed of the upcoming vote. In addition to this, the arguments put forward by the councillors in favour of capping of HMO failed to see the student side, which is arguably worrying as they represent a large majority of the population in Cathays. Furthermore they were based on concerns such as waste and antisocial behaviour, which can either be attributed to the council not dealing with Cathays as a high density area or are problems which cannot foreseeable be solved by this change.

In addition to this, it appears that the waste problems that exist with the Cathays areas have not be solved by the additional licensing as suggested. We have had numerous conversations with the council about waste enforcement and have explained our concerns with the process. In particular the requirement that students must conform to different rules depending on the street, and that a

fine can be issues on the spot with no appeal process. There have been many productive meetings, however changes within the council seem to take a long time, so the discussion so far has only led to a few changes.

As mentioned previously, the councillors' surgery in the Students' Union is a positive development. However, some more work at communicating the difference that talking to a councillor can have would be positive. This way, through positive examples, we might be able to get more individuals attending the surgery and consequently making change within the community.

I would again like to take the opportunity to thank the councillors and council representatives for being approachable and communicative in most regards.

Hollie Cooke

Vice President Welfare | Is-Lywydd Lles

Councillor Elizabeth Clark
Councillor for Cathays ward, Cardiff

Thank you for inviting me to comment on this issue.

I am concerned that the requirements of the mandatory and additional licensing schemes are not being fully met in the private rented sector in my ward. I'm also concerned that I have had very little direct engagement from the Welsh Government about the Rent Smart Wales scheme.

To allow the Committee to undertake effective scrutiny I would request the following information to be provided separately by ward (Cathays, Plasnewydd and Gabalfa) and by mandatory or additional licensing schemes to the Committee:

- Number of properties it is anticipated meet the licensing criteria
- Number of properties which have applied for a license
- Number of properties which have met the required standard.
- Number of properties which have not met the required standard broken down by main topic. For example, lack of smoke alarm, insulation etc.
- Number of landlords who have been fined for not applying for a license within the initial 5 years of the scheme and individual sum of each fine. Did any other penalties apply? How many between 1 July 2015 to date?
- Number of landlords who have been fined for not bringing their properties up to the required standard, despite applying for a licence within the initial 5 years of the scheme and the individual sum of each fine. Did any other penalties apply? How many between 1 July 2015 to date?
- Number of landlords who have been fined for not telling their tenants about the correct waste arrangements.
- How are landlords monitored on whether they tell their tenants about the correct waste arrangements?
- Is the list of additional and mandatory licensed properties in the public domain?
- Is the list of Rent Smart letting agents and landlords in the public domain? If so, what information does it contain?
- What was the initial and current fee for a property under the additional and mandatory licensing scheme. Do any reductions apply. If so, what are they?
- I understand tenants can have some/all of their rent reimbursed if the licensing requirements are not met. If so, how many tenants in Cardiff have had their rent reimbursed?
- How many properties in each of Cathays, Plasnewydd and Gabalfa wards have been registered under the rent smart scheme?
- What is the Rent Smart enforcement process. What penalties will be applied?

Councillor Ed Bridges has asked for his support of the above to be noted.

Mae'r dudalen hon yn wag yn fwriadol

Fy Nghyf / My Ref: CM34935
Dyddiad / Date: 30th June 2016



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

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

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

Annwyl/Dear Mary

Community & Adult Services Scrutiny Committee 8 June 2016

Thank you for your letter dated 8 June 2016 concerning the performance indicator PSR/004 – Bringing empty private sector properties back into use.

I can confirm that a series of meetings have been arranged between Sarah McGill, Director, Communities, Housing and Customer Services and Dave Holland, the Head of the Shared Regulatory Service (SRS).

The officers have begun discussing the precise allocation of roles following the creation of the SRS. While it is clear that responsibilities for Housing Strategy lie with the Communities Directorate and enforcement of the Housing legislation with the Shared Service, there are other aspects of service that need to be reviewed and allocated. The officers are thus engaged in a series of meetings to ensure there is a clear understanding of the various activities involved in delivering a successful programme of bringing private sector properties back into beneficial use.

You will be aware that some of these activities are statutory, whilst others are discretionary and in line with your Committee's suggestion, the officers will as part of this exercise undertake a cost benefits analysis to determine where the process can be improved or augmented, to create a more meaningful regime in tackling homelessness and property voids. I will ensure your committee is apprised of progress in these matters.

You also asked for some statistics on the current activities in relation to empty private sector properties. I am advised that in 2015/16, 43 properties were brought back into use, 4 of those through the houses into homes loan scheme.

ATEBWCH I / PLEASE REPLY TO :

Swyddfa Cymorth Y Cabinet / Cabinet Support Office, Ystafell / Room 518, Neuadd y Sir / County Hall
Glanfa'r Iwerydd / Atlantic Wharf, Caerdydd/Cardiff, CF10 4UW
Ffon / Tel: (029) 2087 2631

Mae'r Cyngor yn croesawu gohebiaeth yn Gymraeg a Saesneg a byddwn yn sicrhau ein bod yn cyfathrebu â chi yn eich dewis iaith boed yn Gymraeg, yn Saesneg neu'n ddwyieithog dim ond i chi roi gwybod i ni pa un sydd well gennyh. Ni fydd gohebu yn Gymraeg yn creu unrhyw oedi.

The Council welcomes correspondence in English and Welsh and we will ensure that we communicate with you in the language of your choice, whether that's English, Welsh or bilingual as long as you let us know which you prefer. Corresponding in Welsh will not lead to any delay.



The number of long term vacant homes in Cardiff was calculated during the financial year 2015/16 to be 1,453. Among that number are properties that are being renovated, in the process of being let or sold and some in use as holiday or second homes and as such are not the subjects of any action.

Currently there are 242 active cases registered against the Council's empty property database; these are properties that could be bought back into use and doing so would improve the local community within which they are situated. Once a property has been registered against the database, an officer visits and owners are provided with options for bringing the property back into use and invited to engage with the Council in order to work toward a resolution. Of the 242 active cases registered on the empty property database, resourcing issues mean that not all of those properties are actively monitored on a continuing basis. Priority is being given to problematic, long term empty properties which are considered unlikely to be brought back into use without utilising compulsory purchase or enforced sale powers.

I am grateful for your comments on the report on the HMO licensing schemes and have conveyed your comments to the officers concerned.

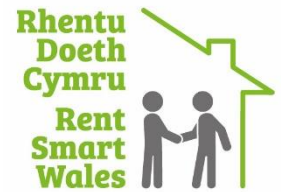
Yn gywir
Yours sincerely



Y Cyngorydd / Councillor Bob Derbyshire
Aelod Cabinet Dros Yr Amgylchedd
Cabinet Member For Environment

Monthly Statistics

As of 31/10/16



Number of Landlords Registered with Rent Smart Wales

38,782

Number of Registrations started but not completed

10,388

Number of Landlords Licensed with Rent Smart Wales

3,073

Number of Submitted Landlord Licences currently being assessed

3,986

Number of Agents licensed with Rent Smart Wales

303

Number of Submitted Agent Licences currently being assessed

576

Number of User Accounts created with Rent Smart Wales

56,791

Properties as part of a started and completed registration

82,039

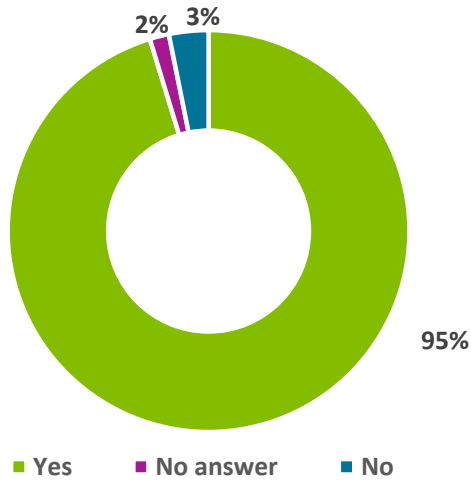


Mae'r dudalen hon yn wag yn fwriadol

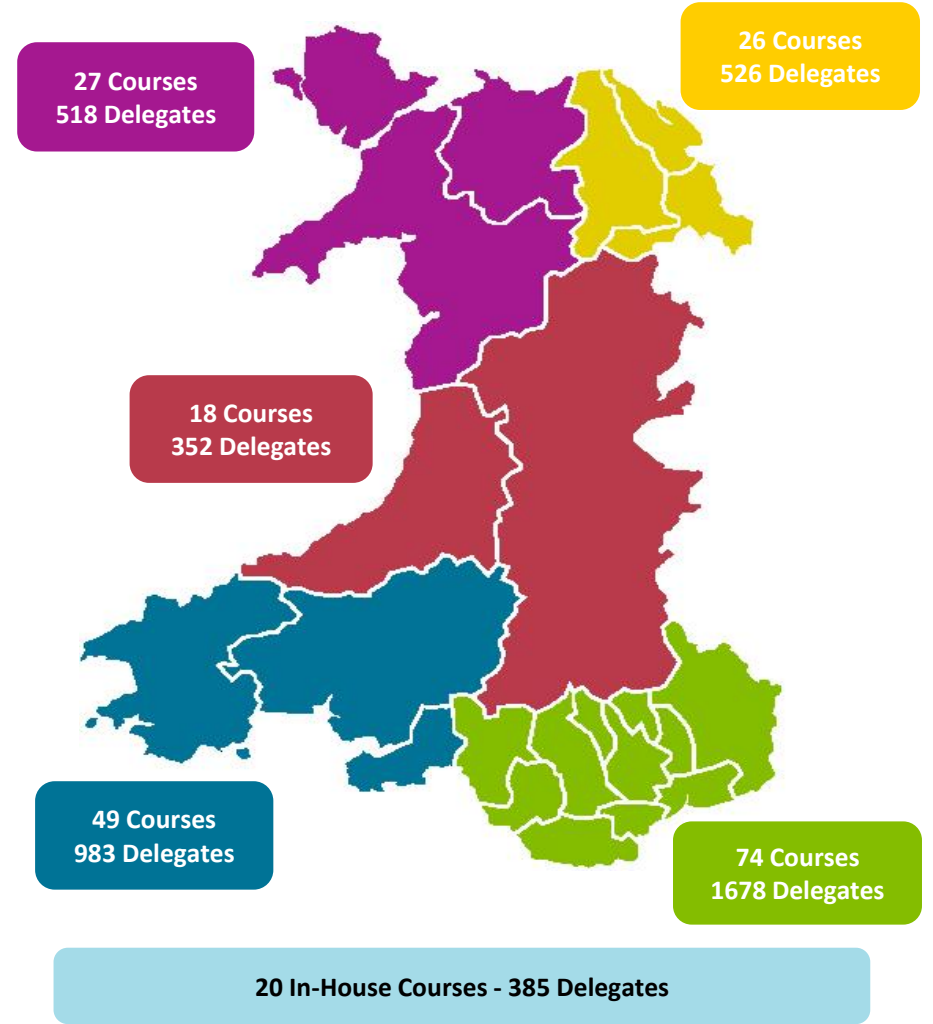


Total Attendees:	4442	Total Courses:	214
Average Attendees Per Course:	21		
Total Evaluations Completed:	4192 (94.3%)		

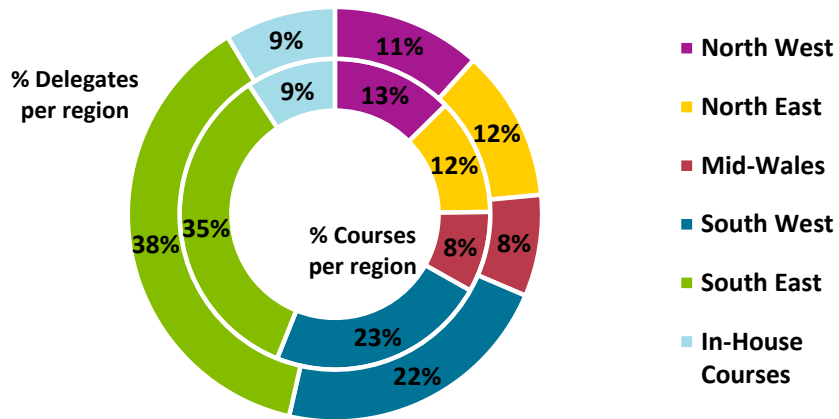
Will this course help you become a better landlord?



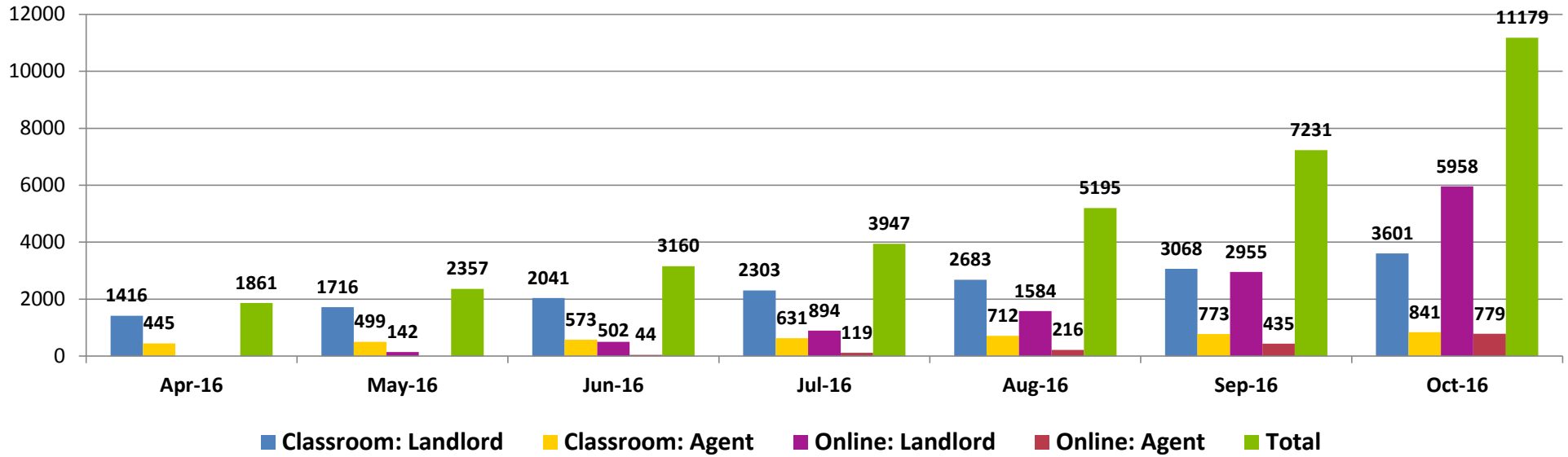
Course and delegate numbers by region



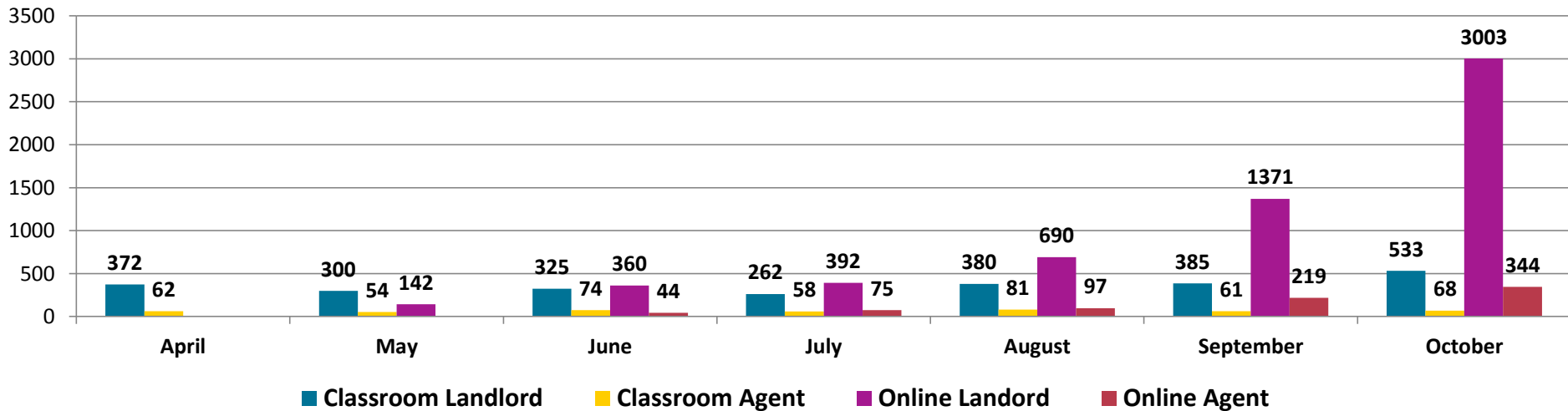
Percentage of Courses and Delegates by Region



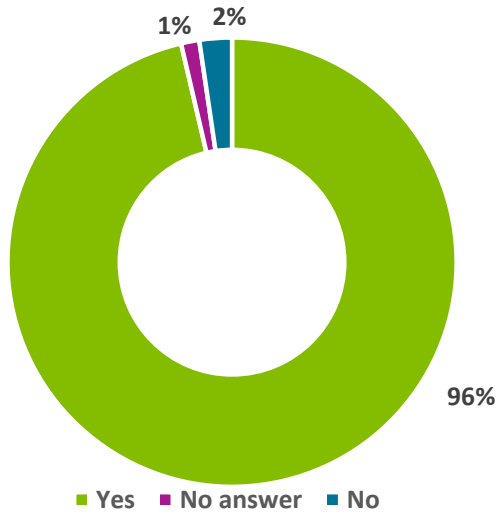
Total number of delegates per course type



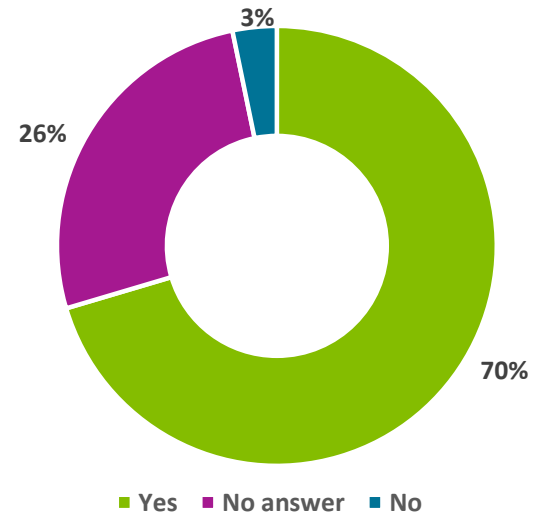
Rent Smart Wales monthly delegates numbers per course type



Would you recommend this course?

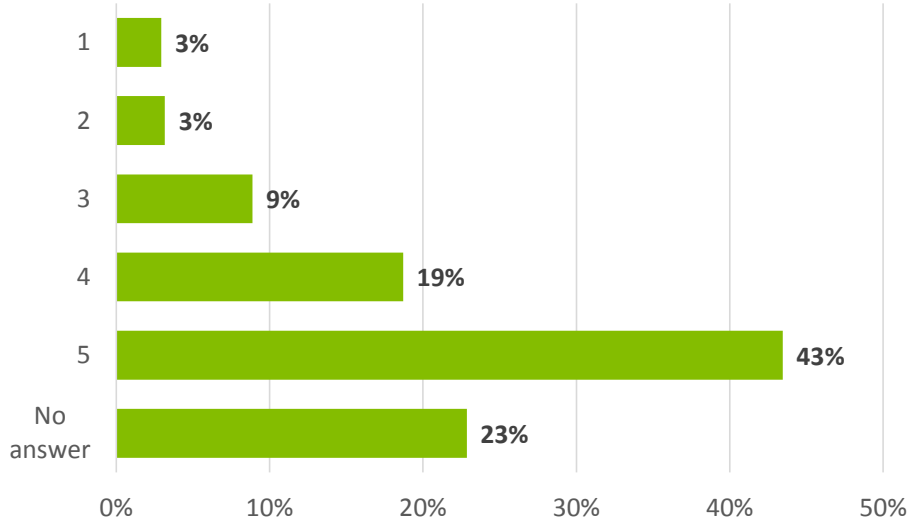


Sufficient pre-course info provided?



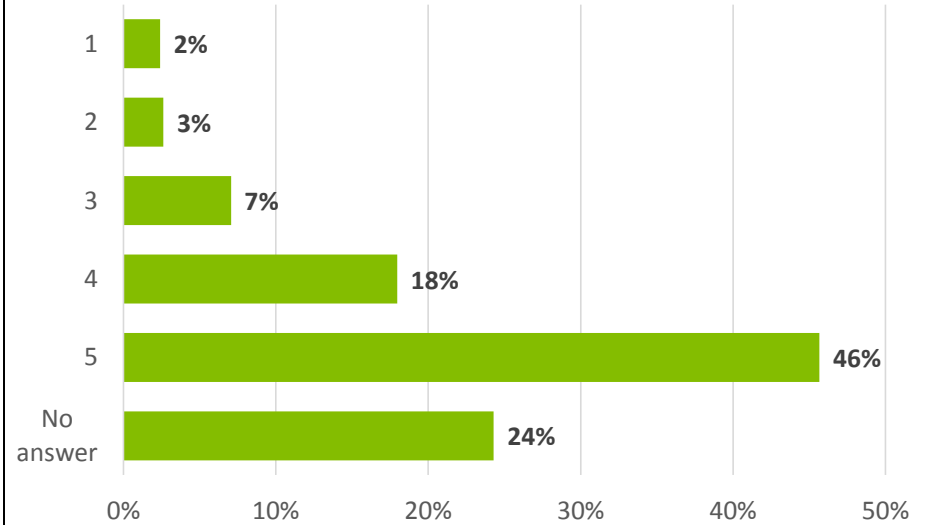
How easy was the online booking process?

(1 = difficult, 5 = easy)

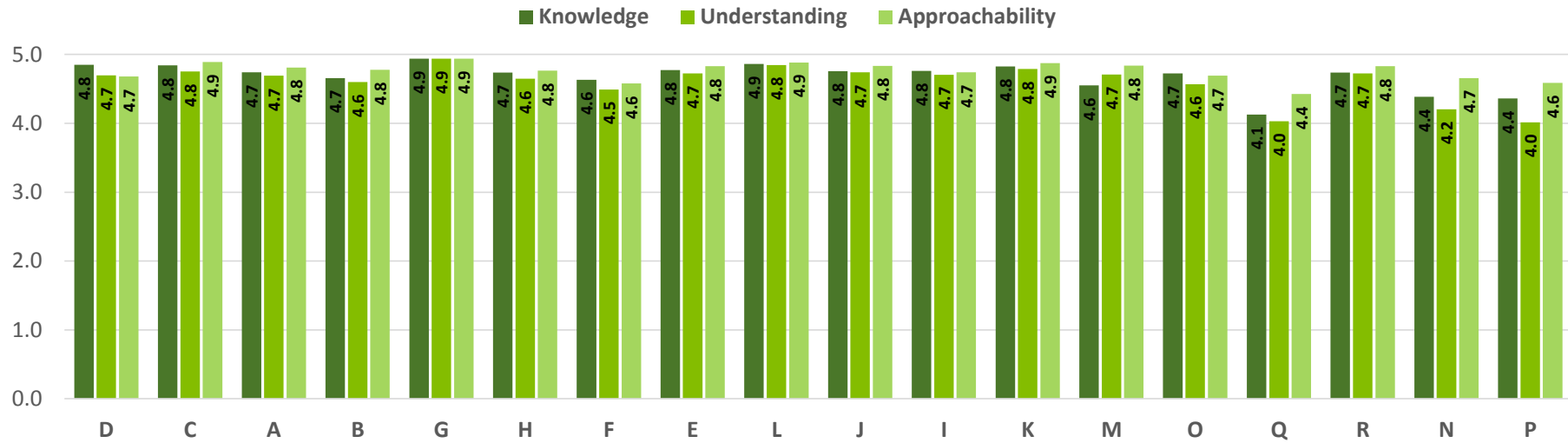


How easy was the online payment process?

(1 = difficult, 5 = easy)

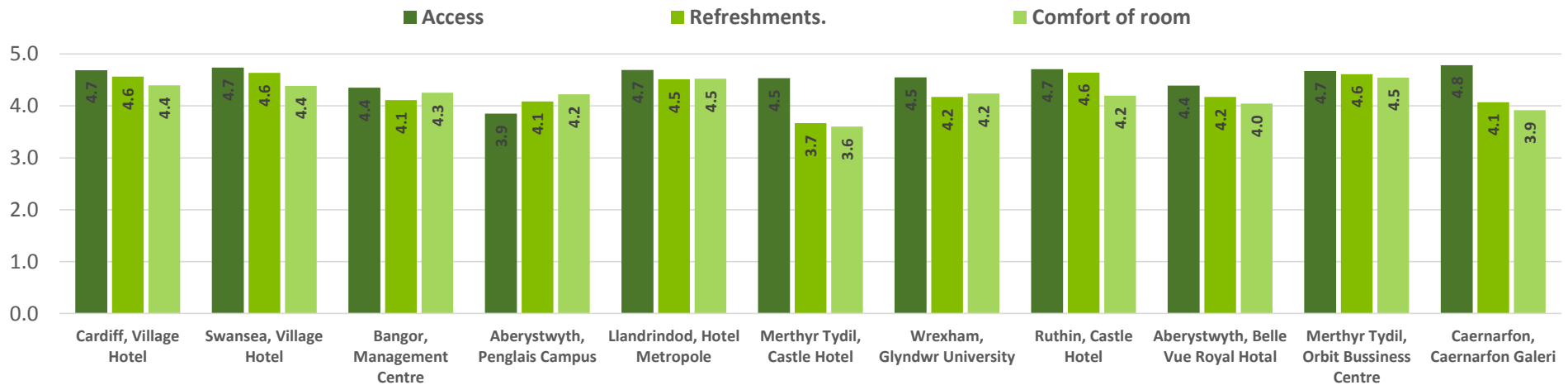


Trainer Review

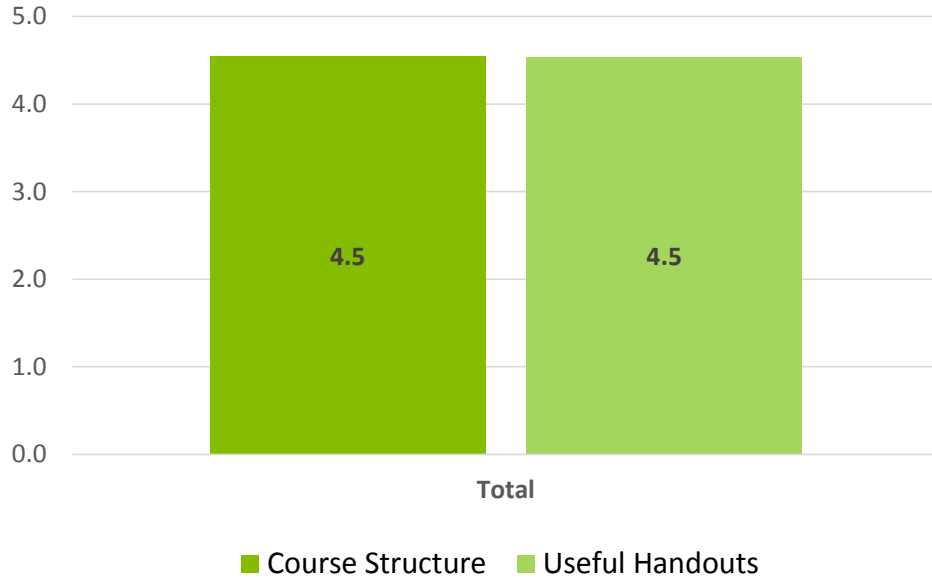


Venue Review

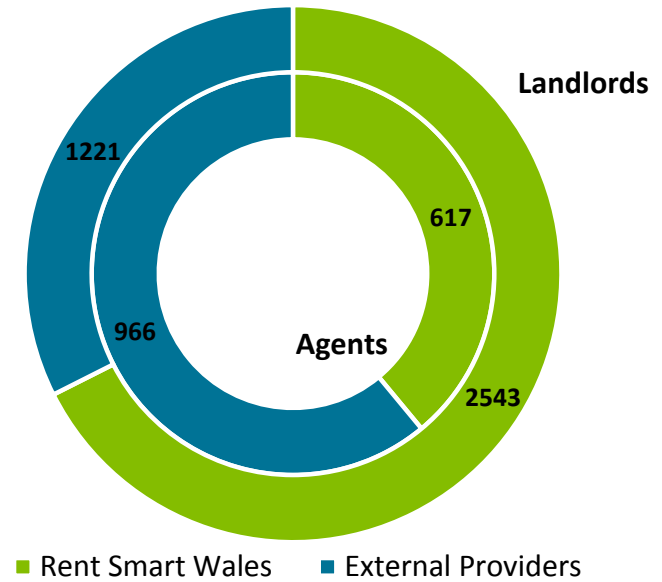
(1 = poor, 5 = excellent)



Content
(1 = poor, 5 = excellent)



Total of Landlords and Agents trained by training provider
(Jan-June 2016)



What were your views about the training course?

Landlords

"The course/License is a great idea. Simple and clear. Should be used across the UK."

"Enjoyed the day more than expected. Lots of valuable information. Very Good."

"Really enjoyed it. Trainer used easy language. Clarified some previous grey areas from legal/technical side."

Agents

"Trainer was excellent and I found the day very interesting and helpful!"

"Brilliant course"

"A great deal of useful information and extra tips packed into a short space of time. Handout was very clear and trainer excellent. Happy with the course."

Mae'r dudalen hon yn wag yn fwriadol

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

COMMUNITY AND ADULT SERVICES SCRUTINY COMMITTEE

7 DECEMBER 2016

COMMITTEE BUSINESS REPORT

Background

1. At the Committee meeting on 7 September 2016 Members agreed to continue to receive an overarching Committee Business report, which combines items such as correspondence reports and work programme reports where appropriate.
2. This report includes the correspondence schedule attached at **Appendix A**; an update from Committee's Performance & Budget Monitoring Panel including notes and the recent Wales Audit Office report on Delayed Transfers of Care attached at **Appendix B**; and an overview of the work programme 2016/17.

Correspondence Update

3. Following most Committee meetings the Chair writes a letter to the relevant Cabinet Member or officer, summing up the Committee's comments, observations and recommendations regarding the issues considered during that meeting. At the Committee meeting on 2 November 2016 Members received a report detailing the Committee-related correspondence sent and received by the Committee following Committee meetings held on 7 September 2016 and 5 October 2016.

4. The correspondence schedule attached as **Appendix A** provides an update since 2 November 2016 Committee meeting, with the following information:
 - i. Date the letters were sent;
 - ii. To whom the letter was addressed;
 - iii. The key recommendations set out in the Chair's letters;
 - iv. Date the response was received; and
 - v. The response of the Cabinet Member(s) to those recommendations.

5. The schedule attached at **Appendix A** shows:
 - i. *Response Received* – from Councillor De'Ath and Councillor Elsmore to the Chair's follow on letter, sent 27 October 2016, regarding scrutiny of the Recommissioning Advice and Support Services, following scrutiny at the Committee meeting on 7 September 2016;
 - ii. *Response Received* – from Councillor Elsmore to the Chair's letter regarding scrutiny of progress in implementing the Dementia Three Year Plan 2014-2017, sent 12 October 2016, following scrutiny at the Committee meeting on 5 October 2016;
 - iii. *No response required* – from Councillor Elsmore to the Chair's letter, sent 3 November 2016, regarding pre-decision scrutiny of the draft Cabinet Report re Recommissioning of the Building Maintenance Framework at the Committee meeting on 2 November 2016;
 - iv. *Response Received* – from Councillor De'Ath to the Chair's letter regarding Community Safety, sent 7 November 2016, following scrutiny at the Committee meeting on 2 November 2016;
 - v. *Response Awaited* – from Councillor Elsmore to the Chair's letter, sent 9 November 2016, following scrutiny of Domiciliary Care in Cardiff at the Committee meeting on 2 November 2016.

6. Copies of the Chair's letters and any responses received can be found on the Council's website page for the relevant Committee meeting, with a hyperlink provided at the top of the page, entitled '*correspondence following the committee meeting*'.

Update from Committee's Performance Panel

7. The Committee's Performance Panel met on 8 November 2016 to consider: answers to queries raised following scrutiny of the Quarter 1 Corporate Performance Report; the response to their recommendations regarding council housing voids management; the Quarter 2 Corporate Performance Report; the Wales Audit Office (WAO) report on Delayed Transfer of Care; and to commence the deep dive into Disabled Adaptations. The notes from this meeting are attached at **Appendix B** as well as a copy of the WAO report and the management response to this.
8. The key points the Panel wished to highlight to the whole of the Committee are:
 - i. The recommendations made following the deep dive council housing voids management update meeting on 18 October 2016, (regarding re-running the voids survey and ensuring information and reports provide key data), have been accepted;
 - ii. Rent Smart Wales indicators and actions are marked as Amber/Green in the Quarter 2 Corporate Performance Report; Members may wish to explore this during the planned Private Rented Housing Sector scrutiny, at this committee meeting;
 - iii. The Panel has requested that a briefing note on the planned changes to the approach to be taken re Rough Sleepers be provided, for circulation to all Members of this Committee;
 - iv. The Panel is meeting with the Director of Social Services and Assistant Director of Social Services to go through the Month 6 Budget Monitoring Report and to enable them to explain the approach being taken to budget planning as detailed in the Quarter 2 Corporate Performance Report;

- v. An email has been sent to Councillor Hinchey, Cabinet Member Resources & Performance, and the Head of Performance and Partnerships that details the Panel's concerns that the corporate performance report does not provide sufficient information to meet the needs of this Committee; and
 - vi. The WAO report on Delayed Transfer of Care is positive and reinforces the messages given to this Committee regarding the whole system approach being taken by the Regional Partnership Board. The management response to the WAO recommendations addresses Recommendations 1 and 3; an email has been sent to the Director of Social Services requesting an explanation as to why there is no response to Recommendation 2 and to seek a response to this.
9. The Disabled Adaptations Deep Dive has commenced, with the next meeting of the Panel scheduled for 5 December 2016, to hear from officers. The Panel is then meeting on 12 December 2016 to hear from the Director of Social Services and Assistant Director of Adults Social Services regarding Adult Services Month 6 Budget Monitoring report and their approach to budget planning, referenced in the Quarter 2 Corporate Performance Report.

Work Programme

10. Members agreed their 2016-17 work programme at the Committee meeting on 7 September 2016. As part of this, Members recognised the need to retain flexibility to move items if required, for example if there is a need to accommodate emerging items or as circumstances alter.
11. As part of the preparations for this Committee meeting, officers advised that the draft Housing Revenue Account Business Plan could no longer be available for scrutiny in December as guidance from the Welsh Government was awaited on rent setting, a key element in determining the overall Business Plan. The Welsh Government is, in turn, awaiting decisions by the

U.K. Government. It is anticipated that guidance will be available by January and officers suggest scheduling scrutiny of the draft Housing Revenue Account Business Plan for March 2017.

12. Members may wish to consider whether they wish to make any other amendments to the current work programme, which is attached at **Appendix C**.

Way Forward

13. During their meeting, Members may wish to reflect on the correspondence schedule, attached at **Appendix A**. Members will also have the opportunity to consider the information provided regarding the recent performance panel meeting and to discuss any changes they wish to suggest to the current work programme.

Legal Implications

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

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

Financial Implications

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

RECOMMENDATIONS

The Committee is recommended to:

- I. Note the content of the correspondence schedule attached at **Appendix A** and consider any further correspondence required;
- II. Note the feedback from the Performance Panel and the Wales Audit Office report on Delayed Transfers of Care; and
- III. Discuss and agree any amendments to the current work programme, attached at **Appendix C**.

Davina Fiore
Director of Governance and Legal Services
01 December 2016

APPENDIX A – CASSC Correspondence Schedule, as at 30 November 2016

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
27/10/16	Cllr De'Ath & Cllr Elsmore	Recommissioning of Advice and Support Services – Policy Development	<p>We welcomed the offer in Councillor De'Ath's response to my letter that officers will return to Committee at an appropriate point to provide feedback on progress with the recommissioning processes (especially the draft contract specifications). I will be grateful if Jane Thomas can liaise with Angela Holt to arrange this.</p> <p>OBSERVATIONS ON GENDER-SPECIFIC SUPPORT</p> <p>Members recommend that the new specification contains provision for close working and alignment between generic and specialist support services to enable target hardening in cases of domestic violence.</p> <p>Members recommend that the specification allows for people who experience domestic violence to maintain optimal contact with their children and pets.</p> <p>Members also recommend that the specification provides opportunities for people to self-refer and access support in ways that they can easily incorporate into their existing daily routines, without</p>	18/11/16	<p>Officers will be happy to involve scrutiny further at appropriate stages of the commissioning process and will keep Angela involved about the potential timing of this involvement.</p> <p>We welcome your recommendations regarding the Gender Specific Support, and all recommendations will be taken into account in the recommissioning process.</p> <p>We understand and share your concern that the recommissioning</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>creating suspicion in their partner's mind.</p> <p>Members were concerned to identify how, given ongoing pressure on resources, the Council would be able to avoid the "race to the bottom". They noted the officers' position that: the baseline would be the minimum number of units that need to be provided; clearly, the provider might be able to exceed this number; and there was an appetite within the Council for further thinking to go in to see how capacity could be maximised, with Children's Services and other partners wanting to shape arrangements creatively.</p> <p>Finally, Members received very helpful evidence from Gwendolyn Sterk of Welsh Women's Aid (WWA). To summarise, these were the main points contained within her evidence:</p> <ul style="list-style-type: none"> • Welsh Women's Aid have as their mission the development of "strength-based, needs-led services with results that last". • Cardiff was in a unique position in this area, with some excellent domestic, violence, sex work, black and minority ethnic and male focussed services. 		<p>process should not be a 'race to the bottom', and while there is a need to achieve value for money this should not be at the expense of quality of service. Therefore, essential quality standards will be written in to the specification of services as a requirement with minimum standards set for key performance indicators.</p> <p>I note the comments from Welsh Women's Aid that have been set out in the letter. A representative from Welsh Women's Aid sits on the council's Domestic Abuse Evidence Board and has also been invited to be involved in the commissioning process.</p> <p>The officers dealing with the detailed specification development have been made aware of all the comments set out in your letter and will take this into account in formulating the tender documents.</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<ul style="list-style-type: none"> • There are some gaps in local domestic violence service provision. • WWA would encourage a “consortium” to be developed and a co-production approach. • WWA would expect “quality” to feature more highly than “cost” in the commissioning criteria. • Commissioned services must secure a sufficiency of refuge places, which have been under great pressure across Wales. Similarly, there should be a sufficiency of gender responsive services, for both male and female victims. • Refuge is not just crisis support, but a holistic, needs-led provision that lasts as long as the victim needs support. • IDVA workloads are very high. Authorities need to work with agencies such as the CPS on target hardening. • Management costs for domestic violence services are already generally exceptionally low, as they have been cut back to focus on the front line. <p>OBSERVATIONS ON GENERIC AND</p>		<p>As your letter sets out, the Welsh Government has advised that sheltered housing wardens (or scheme managers as they known in council sheltered schemes) should only be funded on a needs basis which prevents services continuing to all residents because they live in a particular property type. Appreciating the concerns this has caused we have sought to maintain</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>OLDER PEOPLE'S SUPPORT</p> <p>A Member expressed concern that future arrangements might see a reduction in provision of wardens, which could lead to a reduction in good order, and timeliness of response, while potentially reducing control of bullying. Members recognise that new Welsh Government guidance prevents the Council from funding wardens through the Supporting People grant, but were pleased to hear Sarah and Jane affirming the need for wardens, and their commitment to seeking alternative funding mechanisms, for instance from rents.</p> <p>Another Member asked for details of the number of staff in place at Nelson House, and Jane kindly offered to provide this information. Please could she send this to Angela Holt for distribution to the Member?</p>		<p>these posts as far as possible. Most Council sheltered schemes have one scheme manager for every 2 schemes; they also have a housekeeper for each scheme. Nelson House which is much larger scheme has its own scheme manager and housekeeper. There is no proposal to reduce these staffing levels which are now funded from the rent/ service charge for the property. I'm pleased to inform you that a new post of Older Person's Accommodation Manager has recently been created which will be responsible for ensuring that the schemes are managed appropriately, and that residents receive the appropriate level of support.</p> <p>We note the comments made by witnesses at the hearing. As you</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>Members were grateful that Ceri Meloy, Frances Beecher, Phillip Richardson and Mark Sheridan were able to attend Committee to give evidence on behalf of providers and Registered Social Landlords. The central points they made were incorporated into my previous letter, but I thought it might be helpful to detail some of the other key points they made:</p> <ul style="list-style-type: none"> • The representatives were grateful that the Council had responded positively to their suggestion that after some “ad hoc” cuts made previously, a more strategic review of provision could be undertaken. • They also expressed their genuine appreciation of the transparency of the consultation process, and the opportunity they had been afforded to raise their concerns openly. <p>They were concerned at:</p> <ul style="list-style-type: none"> • The proposed size of the financial reduction of £900,000, equating to 30%, which they felt would lead to staffing cuts, which they did not feel were always factored into specifications. • The proposal to reduce the number 		<p>confirmed in your letter, officers have undertaken extensive consultation with providers and given full consideration to the issues raised, thus consequently being able to respond to the issues raised at the meeting. We would like to thank Committee for their understanding in this regard and welcome their request for further involvement.</p> <p>With regard to the Older People’s support, it has been decided to extend the timescales for the recommissioning process to ensure that full account has been taken of the current and further needs of Extra Care Schemes. The Generic Floating Support process is proceeding as planned.</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>of providers from 14 to two. Their concern was centred on what would happen if one of the two went into administration, or special measures, and they questioned how easy it would be for the Council to manage underperformance of such a small number of providers.</p> <ul style="list-style-type: none"> • They supported the idea of a consortium, which they felt would support delivery of flexible, adaptable services, but which they did not feel would necessarily deliver efficiencies in its own right. • The proposed timescale, which they felt to be too short to allow for developing a consortium. <p>OBSERVATIONS ON ADVICE SERVICES</p> <p>Members noted that there had been a recent review of existing Advice Services and would be interested to have sight of this. Please can you arrange for a copy to be sent to Angela Holt, for distribution to the Committee?</p> <p>Officers recognised that some service users might prefer to seek advice from an independent source and that there were other projects to which service users can</p>		<p>I note that you have requested information about the review of Advice Services. This was summarised in the presentation given to providers and a copy of this will be provided separately.</p> <p>We note your comment regarding the availability of independent advice. This issue was taken on</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>be referred. However, Members were concerned that given funding pressures it might be difficult to rely upon some of these independent providers.</p> <p>The Committee valued the evidence provided by Sheila Hendrickson Brown of Cardiff Third Sector Council. Sheila acknowledged the great strides taken by the Council on this issue, and also that there had been gaps in the provision previously delivered. She also understood that with funding reducing, it was in some ways inevitable that services would be delivered increasingly in-house.</p> <p>There were, however, some risks to manage to avoid unintentionally losing the additional benefits provided through co-production with the third sector. In particular:</p> <ul style="list-style-type: none"> • The benefit of the specialist skills that smaller and larger voluntary groups had built up with service users, and the ease of access that they provided. • The added value of social interaction and volunteering delivered through the voluntary sector. 		<p>board following the consultation with providers and the proposed services to be commissioned were changed to reflect this requirement. All advice provided will be available through the contract and not solely through Council provision.</p> <p>Thank you for setting out the comments made by Sheila Hendrickson-Brown at the meeting, which have been noted. We very much recognise the work of the third sector; this is reflected in the decision to continue to provide advice through a partner organisation rather than to provide all Advice Services in-house.</p> <p>Officers are fully committed to meeting the needs of marginalised and hard to reach service users and much work is currently being undertaken to identify and reach those with the greatest needs, for example those vulnerable families affected by the Benefit Cap. This is being achieved by joint working with a wide range of council services, social and private landlords, Communities First and other third sector organisations.</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<ul style="list-style-type: none"> The impact on the capacity and funding of third sector organisations. <p>Sheila hoped that the resultant services would listen to the voices of marginalised service users and support their needs, and that lessons could continue to be learnt to develop a truly inclusive service.</p>		<p>Thank you once again for your helpful comments and for the constructive and positive Scrutiny process.</p>
12/10/16	Cllr Elsmore	Dementia 3 Year Plan 2014/17- Progress Report	<ul style="list-style-type: none"> Members would like to be informed about the likely timescales for recommissioning and retendering of accommodation for learning disabilities and mental health. 	11/11/16	<p>Response Received</p> <p>Timescales for the recommissioning and retendering of accommodation for mental health are as follows:</p> <ul style="list-style-type: none"> Project Implementation Documents/ Project Plan December 2016 Scoping of Services across Health & Social Care December 2016 Project Groups to secure services via Procurement and Tender exercise from January to July 2017 <p>There are also plans to develop a Respite Accommodation Scheme for Adults with Learning Disabilities and Complex Needs across Cardiff and the Vale. Intermediate Care Funding has been secured for this project,</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<ul style="list-style-type: none"> • Members are pleased that work is underway re Dementia Friendly Communities and wish to receive a briefing in March 2017 with regard to the progress made in completing the Action Plans by each Neighbourhood Partnership. • Members are particularly interested to understand how the Good Work Framework, referenced at the meeting, is being used in rolling out Dementia Friendly Communities. • Members ask that the following recommendations be put forward by Cardiff Council as part of our partnership input into the final progress report: <ul style="list-style-type: none"> ○ the current structure of a Task Group and Sub Groups and the current level of representation on these be retained; ○ the Care Council for Wales training guidance be embedded 		<p>and discussions have commenced with the Vale of Glamorgan Council to deliver a regional respite facility by 2018.</p> <p>The 'Good Work' Dementia Learning and Development Framework can be found at: http://www.ccwales.org.uk/dementia-care/. You will notice that there are three categories of learners - informed, skilled and influencers. The dementia friendly community principles are aligned to the informed component, through the role out of Dementia Friends sessions.</p> <p>In terms of delivery of the new Plan, it is anticipated that to ensure success there will be an implementation group and sub-groups. The Care Council for Wales Training and Development Framework will be utilised to up-skill health and social care staff, and this is currently undergoing a process of gap analysis for existing courses. We would be happy to share the</p>

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>into the new Plan;</p> <ul style="list-style-type: none"> ○ more work be planned to increase the feedback received from carers, families and advocates and actions taken as a result of feedback; ○ more work be planned to ensure under-represented groups regarding dementia are heard from, such as people who are LGBT and people who are from an Ethnic Minority. <ul style="list-style-type: none"> ● Members will be interested to receive a copy of the Year Three Progress Report. As part of this, Members recommend that reference is made to the role of day centres in the provision of dementia services. Members also think that it would be helpful for carers' stories to be included in the Year Three report; it may be that the work Helen Joy referenced regarding the collation of Nexus consultation findings may be of use in this. 		<p>end Report on the current Dementia Plan, which should include more carer feedback and day centre references. There will importantly be consultation on the refreshed Dementia Plan with key groups, including service users and carers as previously. Furthermore, we will ensure that seldom-heard groups such as BME and LGBT groups will also be engaged during the process.</p>
3/11/16	Cllr Elsmore	Recommissioning of Building Maintenance Framework	<ul style="list-style-type: none"> ● Having considered the draft Cabinet Report, its' appendices and the evidence presented at the meeting, Members are content with the proposals which seem well thought out and designed to improve customer care, contract monitoring and capacity. 		Response Not Required

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>Members are particularly pleased that there will be better information available regarding sub-contractors and stronger mechanisms to ensure that the services delivered meet contractual requirements.</p> <ul style="list-style-type: none"> • Members are interested in carrying out further scrutiny of the specifications and ask that officers liaise with Scrutiny Services to enable this to happen in a timely manner. • Members note that the three geographical areas have been worked out by considering access routes around the city and the number of properties in each area. • Members were also reassured by the answers given that the risks were being appropriately managed. • Finally, as discussed at the meeting, the draft report needs amending at point 17 to remove 'painting' from the list of works that would be procured outside the framework. 		
7/11/16	Cllr De'Ath	Community Safety	<ul style="list-style-type: none"> • Members note that the new PSB/ CSP arrangements are at an early stage and that further refinements may be required. Members request that they 	30/11/16	<ul style="list-style-type: none"> - I agree that these arrangements are at an early stage and I will ensure that the Committee is kept abreast of any significant refinements in this area.

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>be kept informed of any further changes.</p> <ul style="list-style-type: none"> • Members recommend that further work be undertaken to clearly and transparently articulate in the PSB/ CSP terms of reference the requirement of each PSB/ CSP member to go back to their respective organisation's decision making bodies when formal decisions are required of these bodies. • Members recommend that the PSB/ CSP schematics be amended to reflect the requirements regarding decision making. • Members request information on the timescales anticipated for the production of an outcome based report. • Members observe that it is important to not only have the incident and crime numbers, as currently shown, but also to have measures that show how these are dealt with, for example sanction/ detection rates, prosecution rates, conviction rates and victim satisfaction rates. Members recognise that it will take time to put these in place for all categories and therefore, Members recommend that the Domestic Abuse and Human Exploitation categories are selected as the categories to commence this additional reporting; in 		<ul style="list-style-type: none"> - An addition to the terms of reference making this explicit will be drafted for consideration by a future meeting of the Public Services Board. - The key outcomes and associated performance indicators will be agreed by the Safer and Cohesive Communities Programme Board by the end of Quarter 4 and these will then be used as the focus of the Community Safety reports from Quarter 1 onwards. - From Quarter 1 2017/18 performance reports will also include additional information identified in the Exploitation work stream that will demonstrate the impact the work of the Safer And Cohesive Programme Board is having in relation to the support to victims and the sanctions and deterrents to perpetrators.

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>your response, if you agree this recommendation, Members would be grateful of an indication of the proposed timescale for this.</p> <ul style="list-style-type: none"> • Members note the comment that it is hoped that the Welsh Government will shortly issue a three year plan on Community Cohesion; Members request that they be kept informed on this. • Members recommend that the CSP consider how to ensure partnership working to tackle anti-social behaviour in the owner occupied or private rented sectors, where social housing tenants are not involved. • Members recommend that the CSP consider how to ensure a proactive strategic approach is taken to tackling the causes of anti-social behaviour across the city. 		<ul style="list-style-type: none"> - It has now been confirmed that Welsh Government have secured an additional year's finance to fund the posts of Regional Community Cohesion Coordinators from March 2017 to March 2018; It is anticipated that work will begin on a refresh of the National Cohesion Actions Plan shortly. - The response to Anti-Social Behaviour in private properties is led by the Police and supported by the Local Authority and partners via the Quality of Life meetings, where referrals are discussed and action plans put in place. These meetings are attended by Neighbourhood Partnership Officers amongst others and actions are attributed to a range of services such as noise nuisance and Closed Circuit Television. CCTV cameras have become an important element to crime prevention and the recently launched ARC has identified incidents and gathered evidence that has led to numerous arrests and has addressed instances of low level ASB. - Furthermore, a new priority workstream .. to support the development of Resilient Communities .. will continue to strengthen and add value to the

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					<p>partnership approach to anti-social behaviour.... The policy initiatives such as early intervention in regard to Adverse Childhood Experiences .. have the potential to have a significant impact on the cause of anti-social behaviour in the longer term. In addition, the Resilient Communities group will map current activity and identify good practice that can be rolled out as required in order to support a preventative approach to tackle anti-social behaviour.</p>
9/11/16	Cllr Elsmore	Domiciliary Care	<ul style="list-style-type: none"> Members were pleased to hear that the Regional Partnership Board is working on these issues and therefore Members request that more information on this is supplied with our committee papers for the planned scrutiny of the regional integration work, currently scheduled for consideration at Committee in January 2017. Members note that there is now agreement from all providers to assess the 10% regarding outcomes after 4-6 weeks as part of the review process. Members have some concerns about this and therefore Members request a briefing note on this element that 		Response Awaited

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			<p>particularly answers the following: if the providers approach to delivering desired outcomes is not assessed until the 4-6 week review, how can the Council be assured that the provider will meet the needs of the client in the first 4-6 weeks? What mechanisms will be in place to ensure the assessment of outcomes?</p> <ul style="list-style-type: none"> • Members would like to know how many clients receive visits that are scheduled to be less than 30 minutes; therefore Members request that this information be provided for 2016/17 thus far, along with the overall number of clients receiving visits. • Members note that discussions are underway with providers about whether to amend the <i>adam</i> system to allow providers to make one bid per care package. Members request that they be provided with an update on this if the current system of multiple bids is amended. • Members recommend that parents and carers are brought into the conversation about future models at an early stage to ensure that their views, experiences and expertise can inform the development of an appropriate model for Cardiff. • Members request a copy of the action plan developed to respond to the 		

Date Sent	Sent to	Topic	Comments and Recommendations Made	Date reply received	Response Received
			issues raised by the CSSIW in relation to Cardiff inn their recent Review of Domiciliary Care in Cardiff.		

DRAFT

Present: Cllr McGarry, Cllr Sanders

Angela Holt – Principal Scrutiny Officer

Alison Jones – Principal Scrutiny Support Officer

Key Points made during meeting

1. Queries from Corporate Quarter 1 performance report

Members discussed the information provided in response to their queries arising from their scrutiny of the Corporate Quarter 1 performance report and made the following points:

- a. Thank the Corporate Performance team for their answers to Members queries.
- b. Thank Communities for providing performance information in relation to repairs and to homelessness for Quarters 1 & 2; Members would like to receive these reports for Quarter 3. Members would like to understand more about how repairs complaints and customer satisfaction rates are determined and about homelessness.
- c. Thank Adult Social Services for providing dashboard reports for Quarters 1 & 2; Members would like to receive these reports for Quarter 3. Members would also like to thank officers for their written explanations re Care Plan Reviews, Direct Payments and the RAG status given for some indicators and actions in the Quarter 1 report.

AGREED:

Angela to:

- I. Request Communities provide Quarter 3 performance reports for repairs and homelessness.
- II. Request a written explanation from Communities of how customer satisfaction with repairs is determined.
- III. Request a written response from Communities as to whether the complaints reported re repairs include complaints made by Councillors on behalf of ward residents.
- IV. Request Communities, at the January 2017 meeting on homelessness target setting, take the Panel through the homelessness reports and through the homelessness flowchart so that Members can understand the process followed and the linkage between this and the categories on the tables. Members particularly wish to understand whether the categories in the tables apply to ongoing cases and/ or cases once

they are closed. Members also wish to understand the rationale for the targets initially set for 2016/17, bearing in mind that this is a baseline transitional year, and the range experienced thus far for these, so that Members can understand the variances e.g. HWA3 has a target of 20 days – Members want to know the range of days from the fewest taken to the most taken as the average.

- V. Request Adult Social Services provide Quarter 3 Adult Services dashboard.
- VI. Request Adult Social Services provide a written explanation as to what the categories used in the 'domiciliary contract variances' charts mean i.e. what has increased/ decreased – the actual care package minutes or the number of care packages or the number of contracts?

2. Update on Voids Deep Dive

Members were pleased to receive the response from the Assistant Director of Communities and Housing (Jane Thomas), in which she agreed to their recommendations following their deep dive update meeting on 18 October 2016. Members will keep an eye on progress in Quarter 3.

3. Corporate Quarter 2 performance report

Members noted the information provided in the dashboard regarding budgets, savings, staff spend and sickness absence.

With regard to Communities, Members noted that voids is marked as Red but, following their update on the voids deep dive, Members are aware of the actions being taken to address this. Members also noted that Rent Smart Wales indicators and actions are marked as Amber/Green and will look to explore the issues at their planned scrutiny at committee in December. Members also noted the progress re Hubs and that more information is awaited re Communities First. Members wish to understand which percentage is correct re new service requests managed within Independent Living Services – is it 53% (as stated in the Q2 2016/17 YTD column) or 62% (as stated in the commentary column)? Members also wish to receive more information on the new approach to Rough Sleeping mentioned in the Quarter 2 performance report.

With regard to Social Services, Members noted that staff vacancies is marked as Red, that Direct Payments are Amber and that there are issues with sickness absence and with budgetary challenges. Members wish to scrutinise staff vacancies at the joint meeting with Children and Young People Scrutiny Committee scheduled for 1 December 2016. Members are aware of the issues re Direct Payments following the written update provided (as set out above). Members wish to understand more about the budgetary challenges and the approaches being taken as described in the Quarter 2 report.

Members discussed the current content and format of the corporate performance report, which they do not feel is fit for purpose for CASSC scrutiny. Members decided to send their views to the relevant Cabinet Member and officers.

AGREED:

Angela to:

- I. Check with Communities which percentage is correct re '*new service requests managed within Independent Living Services*' – is it 53% (as stated in the Q2 2016/17 YTD column) or 62% (as stated in the commentary column)?
- II. Request that Communities provide a briefing note on the planned changes to the approach to be taken re Rough Sleepers, for circulation to all CASSC Members.
- III. Members also discussed the need for a briefing on the Benefit Cap, but after the meeting, this was circulated to all Members.
- IV. Arrange a meeting of the Panel with the Director of Social Services and Assistant Director of Social Services to go through Month 6 Budget Monitoring Report and to enable them to explain the approach being taken as detailed in the corporate Quarter 2 performance report.
- V. Draft an email to Cllr Hinchey and Joe Reay, cc'd to Tony Young and Sarah McGill, that details their concerns that the corporate performance report does not provide sufficient information on performance for the needs of CASSC in that:
 - a. Scrutiny Members are not able to understand the customers experience across the care pathway/ service provision;
 - b. Scrutiny Members are not able to identify areas requiring deep dives;
 - c. Scrutiny Members are not able to track progress as indicators are changing e.g. Q2 does not contain the Disabled Adaptations indicators;
 - d. Scrutiny Members have requested additional information from Directorates and this has been provided but this is not sufficient to enable effective scrutiny;
 - e. Scrutiny Committees are not being assisted to play their critical role in performance management and to assist in providing internal challenge, as expected by Inspectors and Regulators, and strong governance.
 - f. Members would therefore like to return to having specific performance reports, working with the Directorates to identify relevant performance indicators from those already collected and collated by the Directorates.

4. WAO Review of Delayed Transfer of Care

Members noted the positive review undertaken by the WAO in March – June 2016 and reported in September 2016. Members note that there are three recommendations but that the management response only details Recommendation 1 and Recommendation 3.

AGREED:

Angela to request an explanation from the Director of Social Services as to why there is no response to Recommendation 2 and to seek a response to this.

5. Disabled Adaptations Deep Dive

Alison took Members through the briefing report she had prepared. Members discussed what they felt the next steps should be, what additional information they needed, where they wanted to focus their attention and the fact that they wanted the deep dive to be of assistance to officers in improving performance.

AGREED:

Alison to:

- I. Draft the scope for the deep dive to be shared with Panel Members for review, amendment and agreement.
- II. Contact relevant officers to set up a meeting with them, for officers to take Members through:
 - a. the access points, flowcharts and procedures including some case studies to illustrate these
 - b. performance information e.g. the length of time waiting (for initial visit, assessment, work to start, work to be completed etc.).
 - c. demographic information e.g. numbers applying for disabled adaptations, projected and actual demand
 - d. relevant financial information e.g. amount of budget used, forecast budget pressures etc.
 - e. an update on discussions with Welsh Government regarding the use of low cost adaptations and DFGs.
 - f. any proposed policy and procedure changes e.g. synergy with other changes re Independent Living Services.
- III. Look at how Denbighshire and other high performing Welsh local authorities achieve their performance and whether there are any lessons that could be applied in Cardiff.
- IV. Clarify re low cost adaptations:
 - a. What is included in PRS/006 – does it cover Joint Equipment Service work?
 - b. Which tenures does this cover – council, RSL, private and/ or owner occupied?
 - c. How is it decided whether to follow the low cost route?

6. Any Other Business

Members discussed the forthcoming Month 6 Budget Monitoring report and felt that the meeting with Tony Young, as discussed at Agenda Item 3, should be sufficient for this based on the information contained in the Q2 performance report.

Members discussed the on-going lack of performance reports for Community Safety but reflected that their recent Committee meeting on 2 November 2016 had received evidence that work is planned for this area and that the Chair's letter has requested the timescale for when the performance reports will be ready.

Members discussed outstanding issues from their meeting 3 October 2016 and asked Angela to chase these:

AGREED:

Angela to:

- a. Check whether Audit Committee received a response to the question regarding at what point will unachieved savings 2014/15, 2015/16 and 2016/17 be deemed unachievable and written off.
 - b. Contact Community Safety for further information about Safer Splott CCTV – what type is it? Is it real time? Where is it?
- a. Date of next overall panel meeting: 5 December 2.00pm in Room 263c**
- i. Disabled Adaptations Deep Dive – with Alison.

Mae'r dudalen hon yn wag yn fwriadol



Review of delayed transfers of care

Cardiff and Vale Health and Social Care Community

Issued: September 2016

Document reference: 503A2016

Status of report

This document has been prepared as part of work performed in accordance with statutory functions.

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The team who delivered the work comprised Urvisha Perez and Anne Beegan.

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Partners are working well together to manage delayed transfers of care, whilst realising their plans for a whole systems model

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Summary report

Background

1. A delayed transfer of care (DToC) is when a hospital inpatient is ready to move to the next stage of care, but for one or more reasons is unable to do so. DToC can harm the wellbeing of those who suffer them and can have a negative impact on their independence. It also has an adverse effect on the wider health and social care system as delays can potentially deprive others from receiving timely care.
2. After a stay in hospital, most patients need little or no onward care. DToCs are associated with complex cases where patients need a care package or move to a different care setting such as a care home. These patients are more likely to be older, vulnerable people. A [national audit of intermediate care in England](#) showed that for older patients, 'a wait of more than two days negates the additional benefit of intermediate care, and seven days is associated with a 10 per cent decline in muscle strength'. This highlights the urgent need to ensure older patients do not stay in hospital for longer than needed. A prolonged stay may mean a patient admitted to hospital with simple discharge needs, which means not needing any or little onward care, may leave a hospital needing a more complex care package.
3. As with the rest of the UK, Cardiff and the Vale of Glamorgan has an aging population. Over the next 10 years, the number of over 65s in the region will grow by 22 per cent, from approximately 74,000 in 2014 to just over 91,000¹. Whilst many older people will have little or no need for health and social care services, for others, old age is associated with a number of complex medical conditions that may have an impact on their quality of life and independence. The focus of current policy is to shift demand from expensive services such as acute hospitals and nursing homes to managing conditions in a community setting.
4. DToCs are a complex problem and require effective partnership working by health and social care organisations. Transferring patients from one care setting to the next relies on appropriate joint processes and a patient centred approach. Therefore, DToC can be an indication of ineffective partnership working and issues along the patient journey. In effect, a DToC is a symptom of a broken patient journey.
5. In 2007, we carried out a review of DToC in Cardiff and the Vale of Glamorgan, and in 2009, we followed-up progress on our recommendations. Around the same time, the Welsh Assembly Government commissioned an independent review of DToC in Wales. Collectively, the findings from these reviews highlighted challenges across the whole system and recommended a more integrated approach to promoting older people's independence, and ensuring optimal use of capacity across the whole system. This work recognised that long-term improvement would need a considerable amount of prolonged and focussed attention from all partner organisations.

¹ Fast Tracking Integration of Health and Social Care Services: a review of community health and social care services and options for integration. Report by Whole Systems Partnership.

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6. A whole systems approach means putting the patient at the centre, by looking at what care a person needs instead of which organisation will deliver or pay for it. This way of working reduces duplication, can deliver cost savings, and ultimately ensures patients receive the right care, at the right time and by the right person. The best way of achieving a whole systems approach is by integrating services. Over the years, the Welsh Government has released funding streams that aim to foster greater collaboration between services².
 7. In April 2016, the Social Services and Well-being (Wales) Act 2014 (the Act) came into force. The Act aims to improve the wellbeing of people who need care and support, as well as carers who need support. It changes the way people's needs are assessed and services are delivered, giving people more of a say in what they receive. The expectation is for organisations delivering health and social care services to take a more integrated approach to develop early intervention and preventative services to help people live independently and reduce the need for planned, formal support. It also ensures that people have access to clear information and guidance.
 8. Cardiff and Vale has one of the highest numbers of DToCs in Wales. Unlike other health board regions, Cardiff and Vale has no community hospitals to provide step-down intermediate care. In addition, University Hospital Wales is a tertiary, specialist hospital, so demand from outside the region is greater. These two complications mean there is added pressure on acute hospital beds and extra demand on community services.
 9. This review sought to answer the following question: **Are partners making a sustainable improvement in delayed transfers of care?** We undertook the review between March and June 2016 and the approach taken to deliver this audit is set out in [Appendix 1](#).

Main findings

10. We concluded that partners are working well together to manage DToC, whilst realising their plans for a whole systems model.
11. In reaching this conclusion we found that:
 - Independence of older people is being prioritised through joint working and the implementation of an integrated service model, however, continuity of joint funding is a risk:
 - strategies are in place that guide short-term improvements and wider long-term transformation, and plans to integrate health and social care services are well underway;
 - addressing limitations to effective joint working has been prioritised, although, it is recognised that some areas of improvements will take longer to realise;

² Regional Collaboration Fund and Intermediate Care Fund

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- new service models and hospital prevention activities demonstrate a commitment to promoting the independence of older people, and
 - there is intelligent use of the intermediate care fund, but there are no plans in place if the fund was to stop.
 - There is a maturing, dynamic partnership in place with strong governance, performance monitoring and evaluation arrangements:
 - there is a consensus that relationships between partners have improved over the past year and there is a strong and well integrated governance structure in place;
 - partners jointly own delayed transfers of care and collective action is being taken to tackle the issue;
 - the Partnership has a learning culture and a lot of energy has gone into identifying barriers to progress;
 - performance is widely and regularly reported across the Partnership ensuring a sustained focus, but there are concerns about how it is measured; and
 - findings from a recent audit on discharge planning supports plans to introduce a patient flow performance dashboard.
 - Performance is steadily improving though delayed transfers of care remain the second highest in Wales.

Recommendations

Discharge planning audit

- R1 Address the findings from the Delivery Units discharge planning audit either by:
- developing a separate action plan; or
 - incorporating actions into existing service improvement action plans.

Intermediate Care Fund (ICF)

- R2 Strengthen performance monitoring and evaluation by setting performance targets for ICF funded projects and initiatives.
- R3 Explore ways of mainstreaming services funded through the ICF to ensure services remain resilient.
-

Summary report

Independence of older people is being prioritised through joint working and the implementation of an integrated service model, however, continuity of joint funding is a risk

Strategies are in place that guide short-term improvements and wider long-term transformation, and plans to integrate health and social care services are well underway

12. Better integration of health and community care services is key to reducing delayed transfers of care (DToC). Cardiff and Vale Integrated Health and Social Care (IHSC) partnership (the Partnership) has ambitious plans to integrate health and social care services. The Partnership has clear plans in place to govern operational improvements in the short term and long-term transformation. The strategies and action plans have a clear link from the strategic vision down to operational delivery plans.
13. Health Enterprise Alliance for Regional Transformation is the overarching blueprint for regional change over the next 10 years. This is a new strategy (March 2016) which includes plans for supporting an aging population in Cardiff and the Vale of Glamorgan, including dementia friendly initiatives and localities based service models.
14. In June 2015, the Whole Systems Partnership³ delivered a report that the Cardiff and Vale Councils and Cardiff and Vale University Health Board (the Health Board) jointly commissioned. The aim of the study was to establish a commonly agreed baseline, and opportunities and options for integrating regional health and social care services. The study analysed population health needs, mapped community services including associated spend and activity levels, and analysed the workforce. The recommendations from this review form the basis of the Partnership's fast track integration implementation plan. It is a three year plan that runs until 2016-17 with a virtual team at assistant director level managing its implementation.

³ Fast Tracking Integration of Health and Social Care Services: a review of community health and social care services and options for integration.

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15. Short-term plans to manage DToC are outlined in the Home First Plan. The plan is the latest version of the DToC action plan, which partners developed following a peak in DToCs in February 2015. It is clear that the focus has shifted from organisational and service based actions to implementing a regional whole systems model. The plan aims to speed up the progress of those needing acute or long-term care services and, where possible, to reduce the number of people needing these services in the first place. The Partnership's home first ethos means that whatever care a person needs, the aim will be to return them home or as close to home as possible. The actions within the plan reflect the different stages of the patient journey as identified in the report delivered by the Whole Systems Partnership, these being:
- First contact – when people present with a potential need;
 - Ongoing support – when people have an ongoing, though relatively stable set of needs;
 - Crisis response – when people have a crisis or short lived exacerbation of need; and
 - Comprehensive assessment – when people experience a significant and permanent stepped change.
16. The Home First plan details evaluations of existing schemes, development of new initiatives, and opportunities for regionally integrated services. It also identifies which initiatives will be funded through the intermediate care fund (ICF)⁴.
17. Although the plans for integration are ambitious, the Partnership is not starting from scratch. There are already examples of co-located health and social care teams, joint posts and pooled budgets. However, the strategies detailed above show a coordinated, phased and regional approach to service transformation.

Addressing limitations to effective joint working has been prioritised, although, it is recognised that some areas of improvements will take longer to realise

18. Our initial review in 2007 highlighted a number of organisational barriers that were preventing effective partnership working. Our follow-up review in 2009 found that partners had not taken sufficient action to address some of these barriers such as shared ICT systems, pooled funds and sharing human resources. Positively, our recent review found that partners are taking actions to address these barriers, and improvements are at various stages of development.

⁴ Welsh Governments intermediate care fund aims to facilitate integrated working between social services, health and housing and the third and independent sectors.

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- 19.** Currently different ICT systems are used for managing patient cases. The Health Board uses the Mental Health and Community Information System (PARIS), and the two councils use Care First and Swift. Staff have developed working practices to overcome this difficulty, but as more services become integrated, separate ICT systems will become increasingly impractical. This is a Wales wide issue, and as such, Welsh Government is investing £6.7m in developing the Welsh Community Care Information System (WCCIS). The WCCIS will allow information to be easily shared between health and social care service providers. The Partnership is aiming to implement the WCCIS by 2017-18. Whilst those interviewed felt that the implementation timescales were ambitious, there was agreement that this was a clear indication of the Partnership's commitment to integrating services. In the meantime, we were told that a number of methods are used to share information. For example, where health and social care staff are co-located, they have login details for both health and local authority ICT systems, printouts from PARIS are taken to the weekly DTtoC review meetings and colleagues share verbal updates.
 - 20.** Creating posts that work across organisational barriers is an important step in breaking down silo working and promoting integration. In 2010, the Vale of Glamorgan Council and the Health Board jointly appointed the Head of Adult Services/Locality Manager. This was the first joint appointment in the region. Those interviewed consider the appointment to have been instrumental in facilitating closer working relationships between the two organisations. For example, Vale's Community Resource Team (CRT) has co-located staff and joint management of health and social care budgets. The team provides a single point of access for intermediate home-based rehabilitation (health) and reablement (social care) service referrals. There have been other joint appointments made since, however, recently, the Partnership has taken joint appointments a step further. In 2016 Cardiff and Vale Councils and the Health Board jointly appointed two posts at assistant director level, these being Assistant Director, Integrating Health and Social Care (March 2016), and a Head of Integrated Care (June 2016). Both posts report to the three responsible directors, which allows strategic oversight across the region. Collectively, the posts are responsible for driving integration, improving patient flow and reducing levels of DTtoC.
 - 21.** The Partnership is in the early stages of exploring formally pooled budgets and joint commissioning arrangements. Currently, the ICF provides a pooled resource for the region that does not adversely impact local budgets. The fund is for initiatives that prevent admission to hospital, reduce DTtoC, and is important for innovation. Outside of this fund, there are some examples of centrally managed budgets. For example, Vale's CRT manager centrally manages both health and local authority budgets. But for a more sustainable solution, the Partnership is exploring further options for pooling and aligning budgets, this was one of the recommendations made by the Whole Systems Partnership. Another recommendation was around joint commissioning. At the time of this review, partners had held their first workshop to start exploring options for joint commissioning of older people services. The workshop had a particular emphasis on home care and care home services, where there are significant capacity issues.

New service models and hospital prevention activities demonstrate a commitment to promoting the independence of older people

- 22.** In 2015, we undertook a national review looking at whether councils in Wales were doing enough to support the independence of older people. The review found that whilst the challenges of an aging population were recognised, there were some key barriers stopping the focus shifting to reduce demand for health and social care services and support older people to live independently. The barriers included underestimating the value of other services such as those provided by partner organisations, and public services such as libraries and public toilets.
- 23.** The Partnership has a strong focus on prevention, which is reflected in their joint initiatives and strategies. Since 2013's Wyn Campaign⁵, a number of projects and teams have been set up with the intended purpose of preventing older and vulnerable people losing independence. For example by:
- Strengthening access to information – Vale of Glamorgan's integrated contact centre provides signposting for community health services. The service aims to direct callers to the right service first time, and includes a representative from Age Connects to advise callers about older people's services. In 2016-17, Cardiff's First Point of contact is due to merge with Vale's contact centre to create a regional single point of access for community health services.
 - Increasing access to information – one of the requirements of the Social Services and Wellbeing (Wales) Act 2014 is to ensure people have access to clear information. [Dewis Cymru](#) is an online directory of wellbeing services in Wales. Cardiff and Vale was one of the first regions to include information on the directory.
 - Helping to maintain wellbeing – Cardiff's Independent Living Officers visit older people in their own home to help maintain their health, wellbeing and safety. This includes helping them with financial management.
 - Preventing unnecessary hospital admissions – the Frail Older Person's Advice and Liaison (FOPAL) service is based in the emergency unit. The service is responsible for preventing unnecessary admission of older people brought to hospital, by assessing and diverting them to a more appropriate service. The FOPAL service has recently become a seven-day service.

⁵ [The Wyn Campaign](#) was a workstream of the Programme, and was a milestone in the journey towards integrating community health and social services in Cardiff and the Vale of Glamorgan. The Campaign involved health, social care and third sector partners working together to improve the experience of older people in the region.

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- 24.** For some older people hospital admission is unavoidable. But once the patient is deemed medically fit, it is imperative they are discharged quickly to avoid harm. Cardiff and Vale has a number of integrated teams and practices aimed at co-ordinating discharge and preventing readmission, such as:
- Daily Board rounds – each day, a multi-disciplinary team at each ward meets in front of the patient information white board. The meeting is to review each patient's status to see what actions can be taken to help their discharge.
 - Accommodation solutions team – include housing resettlement officers and occupational therapists who work with hospital staff to assess and plan for a person's housing needs on discharge. This can range from adaptations to arranging a deep clean to make homes safer on a patients return.
 - Integrated discharge service (IDS) – is made up of discharge liaison nurses, social workers, contact officers and Age Concern advisors. The service aims to provide a more cohesive discharge service to patients with complex needs.
 - CRT – play a role in preventing hospital admission (when referred by a GP) and facilitating early discharge by providing a reablement and rehabilitation service in people's homes.
- 25.** A prolonged stay in hospital for an older person can result in deteriorated health, loss of confidence and independence. Increasingly, a discharge to assess model is seen as best practice for patients that need onward care. In practice, this means assessing patients long term care needs in the comfort of their own home instead of at hospital. This type of model allows a person's level of independence and care needs to be assessed in a familiar environment, which may remove the need for a care home placement or long term care.
- 26.** Cardiff and Vale has adopted a home first ethos, which includes implementing a discharge to assess model from 2016-17. In preparation, last year the Partnership reviewed all patients waiting for care home placements with a view to helping them return home. A home care fund of £100,000 (ICF funding) was set aside for any help that a patient needed to be discharged home, in total the pilot helped 39 patients home who were waiting in hospital for a care home place.
- 27.** A further extension of the home first model is piloting a locality model for older people's services. The aim of the pilot is to provide more integrated and effective local services for older people. The first pilot will be run in Llanishen in Cardiff. The project was developed following a mapping exercise that found a number of home care providers serving a small area. For example, one sheltered housing block had five different home care providers visiting residents, meaning five different commissioning arrangements and the care workers having to travel. The pilot will see a locally based home care team established providing a more efficient and cost effective service. In addition, the pilot project will look to map and co-ordinate day care opportunities for older people. This would involve the third sector providing some services and looking to use older peoples housing complexes as a community hub for older people in the wider community.

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- 28.** It is too soon to comment on the success of the home first ethos, but the Partnership is developing innovative solutions to address the challenge of maintaining older people's independence. Embedding a home first culture will require all partner organisations to change their behaviour and way of thinking. Encouragingly, the Home First Plan includes details to promote a home first culture across the Partnership. [Appendix 2](#) sets out example case studies of service models that other health and social care services in England and Wales are using to reduce DToC.

There is intelligent use of the intermediate care fund, but there are no plans in place if the fund was to stop

- 29.** The Welsh Government introduced the ICF in 2013-14. The aim of the fund is to support older people to live independently by encouraging social services, health, housing, and third and independent sectors to work together. Initially the ICF was a one off fund, but in 2015-16, the fund became recurrent to support successful initiatives developed in its first year. In late 2015-16, an extra sum was released to specifically tackle delayed transfers of care.
- 30.** There is no doubt that the Partnership use the fund intelligently. For example, the majority of the preventative initiatives and services detailed in the previous section are funded, fully or partially, through ICF monies, as well as preparations for service transformation such as WCCIS and the fast track integration review.
- 31.** The Partnership has an ICF Programme Board which has overall responsibility for ensuring the programme of work funded through ICF is delivered. For 2016-17, all partners signed a memorandum of understanding that sets out their intention to work together to make effective use of the ICF and the document details the schemes agreed for 2016-17 by the Regional Partnership Board⁶. ICF projects are evaluated annually and a report submitted to Welsh Government, lessons learned are used to develop and improve projects the following year. However, there are no project targets set at the beginning of the year.
- 32.** Those interviewed agreed that the fund has been invaluable in facilitating partnership working and encouraging innovation. However, there are risks, although the ICF is now recurrent, there is no guarantee that it will continue indefinitely. The fund is released on an annual basis, which does not allow for long term planning. And some salaries are reliant on the fund which jeopardises continuity of service, for example the Accommodation Solutions Officers and where services like IDS, CRT and FOPAL have been expanded. The Partnership needs to explore ways of mainstreaming services funded by the ICF to ensure services remain resilient.

⁶ Regional Partnership Board are a requirement in the Social Services and Wellbeing (Wales) Act 2014

There is a maturing, dynamic partnership in place with strong governance, performance monitoring and evaluation arrangements

There is a consensus that relationships between partners have improved over the past year and there is a strong and well integrated governance structure in place

33. Integrating health and social care services has been a priority in the region for some time and was initially driven by the Integrated Health, Social Care and Wellbeing Board. In 2013, the Integrated Health and Social Care Partnership superseded the Board and its initial focus was on improving services for older people. The Partnership includes; the Vale of Glamorgan Council, Cardiff Council, the Health Board, the third sector⁷ and, more recently, the independent sector⁸.
34. There is a clear intention by all partners to work together; partners demonstrated this by signing and submitting a statement of intent to the Welsh Government in 2014. The document sets out their commitment to increase the scale and pace of partnership working so that older and disabled people receive high quality, integrated services that respond to their needs. Appended to the document is the Partnership's vision and a wider collaborative agreement.
35. Amongst those interviewed, the feeling was that in the past, partners have not always worked well together. However, over the last 12-18 months, partnership working has greatly improved and interviewees attributed this to the recognition that within the current financial climate they need to work together to improve services and maximise resources. Partners reported open and honest dialogue at leadership and strategic level so that all parties were clear about the pressures and challenges each organisation faced. There is, however, a healthy level of challenge and there can still be disagreements, but this was seen as part of a maturing working relationship.
36. It is good practice for local authorities to share their savings plan with their partner health board, this is because it allows them to have a say in decisions that may affect their services. Each year we review the governance and financial arrangements at all health boards in Wales⁹ and our findings show that sharing saving plans is not common. Both Cardiff and Vale Councils share their savings plans with the Health Board. This means that the Partnership is maturing and there are transparent working practices in place.

⁷ Third sector is represented by Glamorgan Voluntary Services and Cardiff Third Sector Council.

⁸ Care Forum Wales represents the independent sector.

⁹ Wales Audit Office Structured Assessment

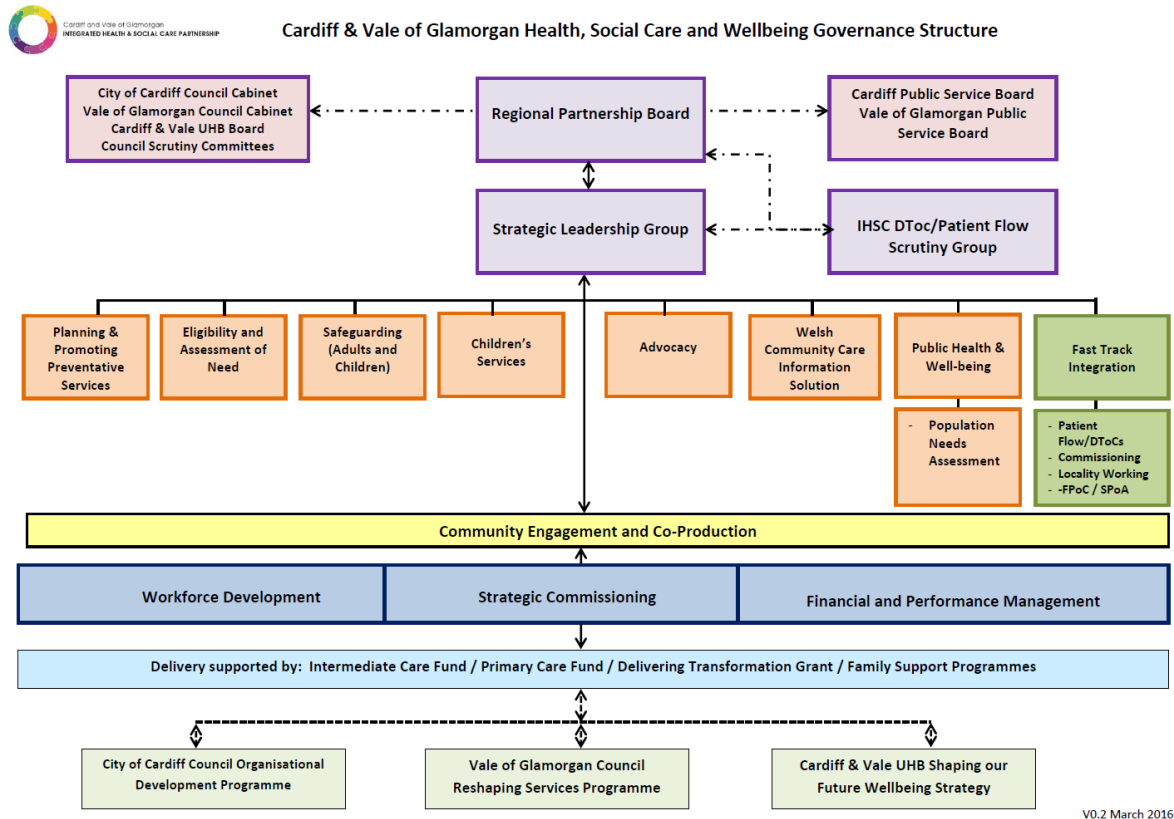
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- 37.** At an operational level, a number of interviewees praised the way Cardiff Council and partners worked together to manage a recent issue with a large home care provider. Both councils outsource the majority of home care services to local home care providers. In late 2015, a large provider in Cardiff was unable to deliver the care packages it had taken on, and would cancel them at short notice. For example, over a three day period in December 2015 the company missed approximately 300 calls¹⁰. We were told that Cardiff Council worked with the Vale of Glamorgan Council and other care providers to find home carers at short notice, and the provider was monitored under management procedures. The Care and Social Services Inspectorate Wales (CSSIW) told us that they received no complaints from service users during this period.
- 38.** The Partnership is starting to benefit from having a stable, consistent management tier in place. This has not always been the case, especially with regard to the Director of Social Services at Cardiff, where there has been significant turnover. The current director has been in post for two years.
- 39.** As well as good strategic leadership, the Partnership has a strong governance structure in place. The governance arrangements support the region's vision for whole systems working. **Exhibit 1** shows that the governance structure is well integrated across the region. At its highest level Cabinet, scrutiny committees, the Health Board, and the two Public Service Boards¹¹ feed into the Regional Partnership Board¹². It also incorporates the various working groups set up to meet the requirements of the Social Services and Wellbeing Act (orange boxes) and fast track integration plan (green boxes). The working groups report up to the IHSC Strategic Implementation Group.
- 40.** To establish a greater focus on tackling DToC, partners recently created a separate governance structure, but to ensure a strategic link, the top of this structure is also the Regional Partnership Board.

¹⁰ Care and Social Services Inspectorate Wales (CSSIW) inspection report

¹¹ Public Service Boards are a requirement of the Wellbeing of Future Generation Act, 2015.

¹² Regional Partnership Boards are a requirement of the Social Services and Wellbeing Act, 2016.

Exhibit 1: Cardiff and Vale Health, Social Care and Wellbeing Governance Structure



Data source: Provided by the Partnership

Partners jointly own delayed transfers of care and collective action is being taken to tackle the issue

41. In February 2015, the number of DTocS in the region peaked at 155. In response, the Partnership developed a DTocS action plan and set themselves the target of reducing the numbers of DTocS by 25 per cent within six months, which they achieved. The action plan clearly identifies issues causing DTocS, actions to address the issues, the lead organisation, timeframes and progress updates. The IHSC Governance Board¹³ monitored the action plan at a strategic level. Membership of the Board included leaders of Cardiff and Vale Councils, and the Chair of the University Health Board.

¹³ The IHSC Governance Board has been superseded by the Regional Partnership Board.

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42. The Home First Plan is the latest version of the DToC action plan and the recently developed DToC governance structure provides its monitoring framework. A number of these groups existed before the governance structure was developed. However, the formality clarifies the membership, roles, and responsibilities of the various groups, which strengthens accountability and creates a greater sense of ownership of the issue. The operational level of the structure outlines weekly meetings to review the progress of delayed patients. Monthly, the DToC improvement group agree data for the DToC census. This group is also responsible for practical delivery of the Home First Plan. The strategic level of the structure includes a two monthly meeting, which oversees the plan and considers strategic developments such as regional commissioning. The quarterly leadership group is the scrutiny function, the Cabinet Members responsible for health, the chair of the Health Board, and the strategic directors for each organisation attend. The Regional Partnership Board has overall oversight.
43. Partners take DToC seriously, but realised that for greater impact, a more co-ordinated approach was needed. As already mentioned, at the time of this review, partners had recently recruited a Head of Integrated Care. The purpose of the joint post is to improve patient flow and reduce levels of DToC across the region. The post reports to the three strategic directors, Cardiff and Vale Councils and the University Health Board.

The Partnership has a learning culture and a lot of energy has gone into identifying barriers to progress

44. Over the past 18 months, the Partnership has undertaken a number of reviews and evaluations. Together, the reviews have helped to identify barriers to reducing DToC, and establish a baseline from which to improve current services and plan future service models. Those interviewed agreed there was a learning culture in place and gave examples of reviews that involved both strategic and operational staff, and internal and externally commissioned work.
45. The reviews and evaluations cited include:
- Whole Systems Partnership review which led to options for fast track integration and the associated implementation plan.
 - Operational level DToC workshop, facilitated by GE healthcare consultants. The issues identified through this workshop form the basis of an operational level DToC action plan.
 - ICF initiatives are evaluated each year and lessons learned used to improve and develop projects.

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- GE healthcare consultants 'day of care audit' revealed that approximately a quarter of patients in acute wards at University Hospital Wales did not need to be there. The same audit is planned for University Hospital Llandough.
 - Commissioning older peoples services workshop, facilitated by IPC (part of Oxford Brookes University), saw partners explore options for joint commissioning.
 - The Home First Plan and original DToC action plan were based on needs and issues analysis.
- 46.** Interviewees highlighted a number of barriers to managing DToC. However, they were also clear about how the issues were being addressed. Both issues and solutions are outlined in the Home First Plan and/or the operational DToC action plan. Some of the frequently raised issues included, implementing the choice policy¹⁴, capacity and referrals to the IDS and care home and domiciliary care home capacity.
- 47.** For example, interviewees said that some ward staff lacked the confidence to implement the choice policy. This involves staff having difficult conversations with patients and their families about care home choices, which sometimes resulted in families bringing their solicitors to meetings. To address this issue we were told about plans to train staff on the choice policy and introduce performance indicators. The policy was being reviewed at the time of this audit.
- 48.** Some interviewees felt the Integrated Discharge Service (IDS) was too complicated, there was confusion about when to refer patients to the service and there are capacity issues. On reviewing the operational level DToC action plan, there are a number of actions which will help to improve communication between wards and the integrated teams such as IDS and CRTs. For example, representation at multi-disciplinary team meetings, early referral and for IDS and CRT to attend monthly DToC data validation meetings. In addition, part of the 2016-17 ICF allocation is being used to increase IDS capacity.
- 49.** Domiciliary care and care home capacity is a national issue for which a more sustainable solution has to be sought. As mentioned above, partners are exploring joint commissioning and locality model options for older people's services, which is part of their fast track integration plans.

¹⁴ When a patient needs to be discharged to a care home, the Choice Policy sets out the process and procedures.

Performance is widely and regularly reported across the Partnership ensuring a sustained focus, but there are concerns about how it is measured

- 50.** Regular and wide reporting ensures there is a sustained focus on tackling DToC. Performance is reported at strategic partnership boards as well as through local authority and health board governance structures. At a partnership level, DToC performance is reported to the Regional Partnership Board¹⁵ and to the IHSC Strategic Implementation Group. At both Cardiff and Vale Councils, Cabinet receives a quarterly update through regular performance reporting and DToC performance is scrutinised at the relevant scrutiny committees. At the Health Board, the Board meets every two months and receives a performance report that includes DToC. As part of this review, we interviewed key stakeholders from each partner organisation. Positively the interviews showed that all parties had a collective understanding of regional performance, issues and actions being taken to improve performance.
- 51.** Interviewees had mixed feelings about the usefulness of DToC as a measure. Those whose role involved overseeing and scrutinising performance, such as cabinet and scrutiny committee members, thought the measure was useful in providing a snapshot of performance from which to explore issues further. However, stakeholders involved in operational and strategic planning highlighted a number of issues with the measure.
- 52.** On the third Wednesday of each month all health board regions take a census of DToC. Health boards upload their DToC numbers to the NHS DToC database and the data is made available on Welsh Government's [StatsWales website](#). Before DToC data is uploaded on the database, health and social care partners at Cardiff and Vale meet to agree the figures. At these meetings, partners assign and agree a reason for each delayed patient, the reason codes generally fall into either social care (local authority) or health reasons. Some of those interviewed felt the categories reinforced a blame culture, which at times caused disagreements. There were also issues raised about the short amount of time allowed to agree data. Local authorities do not have access to the NHS DToC database, which some reported felt like health controlled DToC data. Another issue raised was that the figures underestimate the complexity of some of the cases, for example sourcing a care home with bariatric equipment and suitably qualified staff.
- 53.** DToC is the only national performance measure shared by health boards and local authorities. However, at a time when health boards and local authorities are being encouraged to integrate services it is unclear how DToC as a measure supports this vision.

¹⁵ Regional Partnership Boards are a requirement of the Social Services and Wellbeing (Wales) Act 2014

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- 54.** Currently, one of the national strategic performance indicators is 'rate of delayed transfers of care for social care reasons per 1,000 population for those aged 75 and over'. Moving forward, this measure is part of a suite of Social Services and Wellbeing Act performance indicators. Whilst the Partnership has little control over reporting against national performance measures, there are plans in place to develop a 'patient journey dashboard'. The dashboard will allow partners to see performance at various stages of a patient's care journey, this means from when a person first needs help to when they go home or to another care setting. Seeing the whole process will allow partners to tackle issues before the patient becomes a DToC. At the time of this review, the dashboard was in development and the intention is to report performance to the IHSC Strategic Implementation Group each quarter.

Findings from a recent audit on discharge planning support plans to introduce a patient flow performance dashboard

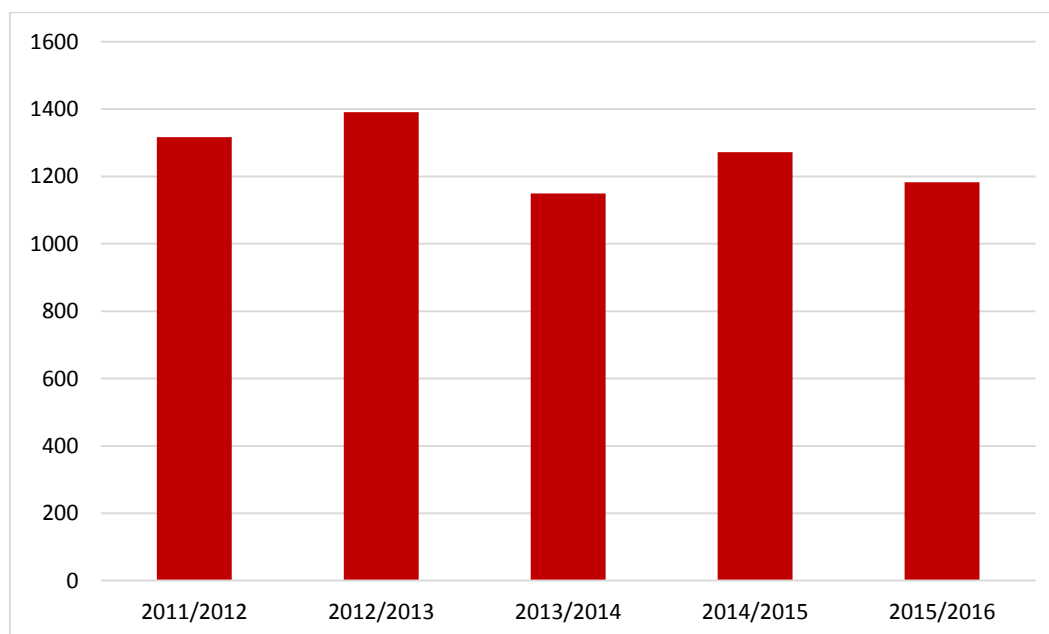
- 55.** Planning for discharge from hospital is fundamental to a patient's safety. Ultimately, poor discharge planning leads to DToC, which in turn can have a negative effect on a person's health. In January 2016, the Delivery Unit¹⁶ carried out a review of discharge planning at all acute hospitals in Wales. For Cardiff and Vale, this meant a review of all case notes for patients discharged from University Hospital Wales and University Hospital Llandough during the second week of January 2016. The Delivery Unit reviewed patient case notes against the Welsh Government's Discharge Process Map, which is seen as best practice.
- 56.** Findings from the hospital audits were less than positive and collectively concluded that extended lengths of stay and less than optimal discharge planning had led to poor patient experience, increased risk of harm, and readmission in some cases. Issues highlighted by the Delivery Unit could have been avoided by ensuring discharge planning processes were followed. For example, by identifying whether a patient has simple or complex discharge needs and for complex cases assigning a care co-ordinator to avoid delays in onward care. The audit found that acute hospitals were reasonable at considering alternative community pathways, for example home care package and rehabilitation/reablement, but waits to access those services extended patients length of stay. In general, managing complex cases was found to be ineffective. For example, patient notes showed few multi-disciplinary team (MDT) case conferences. At MDT meetings discharge plans and/or assessments are agreed. There was also no evidence of assigning a care co-ordinator; for complex cases a care co-ordinator acts as the liaison person between the patient/family and the care services the patient needs.
- 57.** The findings from the Delivery Unit's discharge audit adds weight to the Partnership's plans to introduce a patient flow performance dashboard. Moving forward, the Partnership needs to develop an action plan outlining how they will tackle the findings from the discharge planning audit.

¹⁶ The First Ministers Delivery Unit evaluates and reports on progress against Welsh Government priorities. The Delivery Unit was created in 2011.

Performance is steadily improving though delayed transfers of care remain the second highest in Wales

58. Over the past five years, the region has seen a steady decline in the number of people experiencing DToC. In 2011 and 2012, Cardiff and Vale had the highest average number of DToCs reported each month in Wales, since then, the region has maintained second place. The improvement extends to the number of bed days lost and average length of stay, which have both seen a steady decline. These figures show that onward care for delayed patients is resolved more quickly than in the past, which in turn points to better co-ordination between partner organisations.
59. **Exhibit 2** shows the total number of patients delayed between 2011-12 and 2015-16. The number of patients experiencing a delay has fluctuated, but overall there has been a 10 per cent reduction. In particular, there was a dramatic drop between 2012-13 and 2013-14. Numbers increased again the following year, but last year (2015-16), the region saw a seven per cent reduction in overall numbers. **Exhibit 3** shows that the reduction was across all delay categories except for those waiting for a care home. In addition, the region saw a nine per cent reduction in the total number of bed days lost (between 2014/15 and 2015/16).

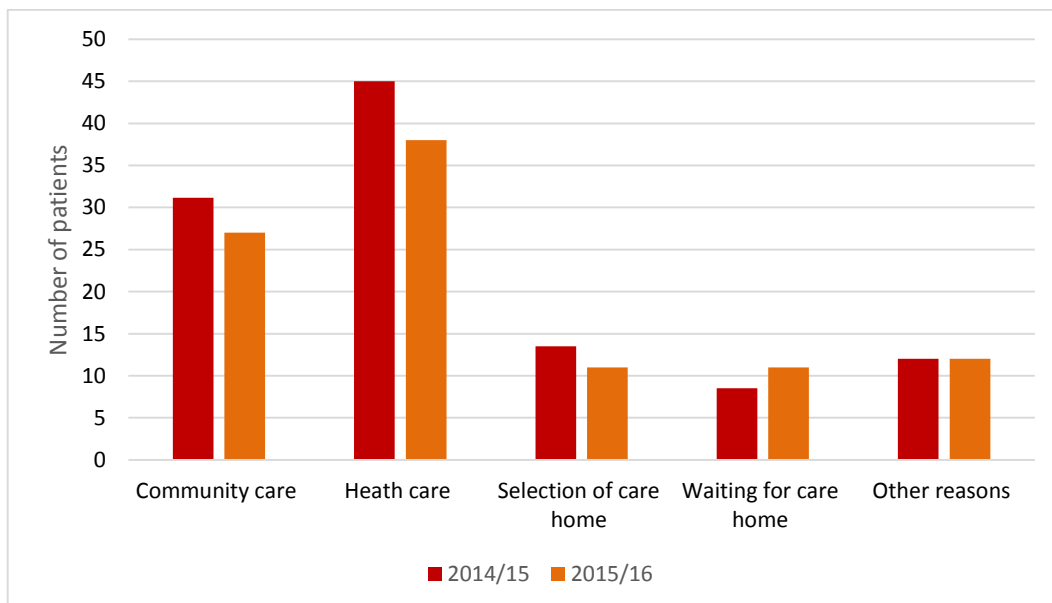
Exhibit 2: Total number of patients delayed between 2011/12 and 20/1516



Data source: The Health Board's DToC report, March 2016

60. Delays for health care and community care reasons account for the majority of DToC, in 2015-16 this was 65 per cent. The largest number of delays are because of health care reasons, such as waiting for equipment, assessment/arrangements by physiotherapists, occupational therapists, and palliative care team. Last year, approximately 40 per cent of delays were because of health care reasons and 63 per cent of these were because of delays in health care assessments. However, between 2014-15 and 2015-16 there was a drop in the average number of DToCs reported each month for health care reasons (from 45 to 38).
61. The second largest number of delays are for community care reasons, which could mean waiting for suitable housing such as sheltered accommodation, home adaptations and for a home care package. Last year approximately 30 per cent of delays were because of community care reasons and 90 per cent of these were because of delays in community care arrangements. Mirroring the overall trend, between 2014-15 and 2015-16 there was a drop in the average numbers reported each month for community care reasons (from 31 to 27).

Exhibit 3: Average number of delayed patients per month, by reason, in 2014/15 and 2015/16

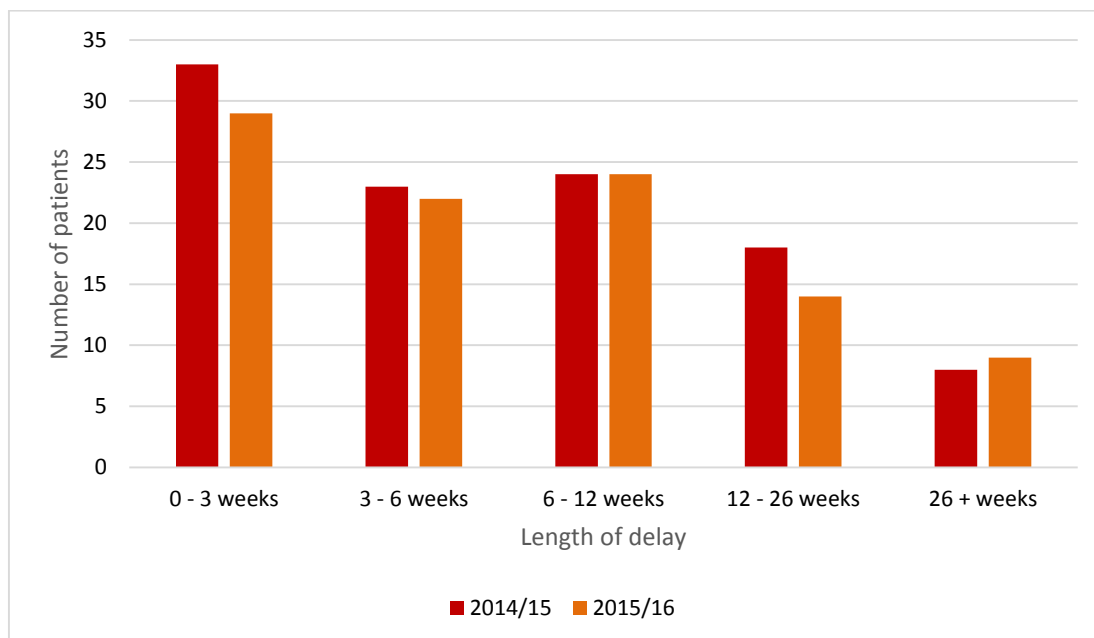


Data source: StatsWales and Wales Audit Office analysis

Note: 'Other reasons' include legal, financial, disagreements etc.

62. As well as a fall in the actual numbers of patients delayed, patients are also delayed for a shorter length of time. Between 2014-15 and 2015-16 the average length of delays fell across most time categories (Exhibit 4). There was little change in the number of patients delayed for 6-12 weeks and there was a slight increase in those delayed for 26 weeks and over (from an average of 8 to 9).

Exhibit 4: Average number of patients per month delayed, by length of delay, in 2014/15 and 2015/16



Data source: StatsWales and Wales Audit Office analysis

63. For local authorities, a key performance indicator is the rate of delays per 10,000 of the population aged 75 and over. At 28 (Cardiff) and 27 (Vale) the average rates for both local authority areas is similar. The same is true for mental health delays, with six in every 10,000 Cardiff residents and five in every 10,000 Vale residents aged 75 and over delayed (based on 2015-16 performance data).

Appendix 1

Audit approach

We carried out this review through semi-structured interviews with key stakeholders, reviewing documents, and analysing performance data. Further detail is provided in the table below.

Method	Detail
Stakeholder interviews	<p>We conducted semi-structured interviews with a range of key stakeholders, these included:</p> <p>Cardiff and Vale University Health Board Chief Operating Officer Director of Planning Head of Operations and Delivery, PCIC Cardiff Locality Manager Clinical Board Lead Nurse, PCIC Assistant Director of Nursing</p> <p>Cardiff Council Cabinet Member for Health, Housing and Wellbeing Chair of Community and Adult Services Scrutiny Committee Director of Social Services Assistant Director of Social Services Head of Housing Integrated Discharge Service Team Manager Adult Social Services Operational Manager</p> <p>Vale of Glamorgan Council Chair of Social Care and Health Scrutiny Committee Cabinet Member for Adult Services Director of Social Services Head of Housing Head of Adult Services/Locality Manager</p> <p>Third sector CEO Glamorgan Voluntary Services CEO Cardiff Third Sector Council</p> <p>Partnership posts Assistant Director, Integrating Health and Social Care Programme Manager for Health, Social Care and Well-Being Implementation Lead for Social Services and Wellbeing Act</p>

Method	Detail
Document review	<p>We requested and reviewed documents, these included:</p> <ul style="list-style-type: none"> • DToC and integration strategies and action plans • Minutes of relevant meetings where DToC issues and performance are discussed • Partnership governance structures • Evaluation reports from internal and external reviews
Data analysis	<p>We analysed DToC performance data available on the Welsh Government's StatsWales website and data provided by the Health Board.</p>

Appendix 2

Good practice case studies

Good practice case studies

Croydon Health Services Trust: [Enhanced front door model](#), Edgecombe Unit

As part of a radical plan to enhance the patient journey and redesign the front-end (emergency unit) model of care, the trust decided to co-locate acute assessment, ambulatory and comprehensive geriatric care services under one umbrella and in one single environment. These services now work collaboratively with the support of community and mental health services, creating a first-of-its-kind unit with one-stop consultant high quality care.

Powys Teaching Health Board: [Virtual Ward](#)

The Virtual Ward operates in the same way as a normal hospital ward, the difference is the patient stays comfortably and safely in their own home. The service is for patients who are at risk of emergency hospitalisation that can be avoided by a more coordinated and collaborative case management approach by their GP, District Nurse, Social Services, the third sector. and specialist nurses.

People are admitted and discharged from the Virtual Ward whilst they are at home. This is a number of named patients who are being proactively case managed or targeted to prevent deterioration in condition. or home circumstances to prevent a hospital admission.

The GP, District Nurse and Social Worker have a daily 'ward round' where they discuss and assess the patients on the virtual ward. In line with the principles of prudent healthcare, the most appropriate professional will attend the specific needs of the patient, and co-ordinate with the wider multi-disciplinary teams. This greatly improves the quality of care and patient outcomes and eliminates any duplication.

There is a weekly multi-disciplinary team meeting where patients on the frailty register are discussed, and team working evaluated. The wider multi-disciplinary team meetings reach out to specialist services and the third sector.

Northern Devon Healthcare Trust: [Enters the home care market](#)

The trust has won a bid to be prime contractor for domiciliary care services in Northern and Mid Devon, in a contract let by Northern, Eastern and Western Devon Clinical Commissioning Group (CCG), South Devon and Torbay CCG, and Devon County Council.

Northern Devon Healthcare Trust picked up three of the eight contract lots available. As prime contractor for Devon Cares, Northern Devon will not directly deliver the services, but will manage providers who will. If the trust has oversight of the local domiciliary care market, it can hopefully manage the services to prevent avoidable hospital admissions.

Aneurin Bevan Health Board: [Trip Advisor style review site for Care Homes](#)¹⁷

Aneurin Bevan Health Board is using a Trip Advisor style website to help people select care homes. The 'Think About Me: Good Care Guide' allows people to leave reviews about care homes to help families make informed decisions. So far, 80 out of the 96 homes across Gwent have joined this pilot project.

¹⁷ [Trip Advisor style review site for Care Homes](#). Aneurin Bevan University Health Board website

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Completion date: October 2016

Document reference: 503A2016

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Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R1	Address the findings from the Delivery Units discharge planning audit either by: <ul style="list-style-type: none"> developing a separate action plan; or incorporating actions into existing service improvement action plans. 	Improved discharge planning to prevent delays in discharging patients	High	Accepted	A well developed Discharge /Transfer plan is already in existence which includes many of the recommendations made as a result of the Delivery Unit audit. The plan will be reviewed and any omissions will be added. The Integrated Health and Social Care Partnership's Home First Plan also includes aspects of the DU audit recommendations.	End October 2016 Ongoing	Head of Integrated Care Integrated Health and Social Care Partnership

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					Progress against this plan is regularly reported within the partnership governance arrangements.		
R2	Explore ways of mainstreaming services funded through the ICF to ensure services remain resilient.	Strengthened service resilience and continuity	Medium	Accepted	<p>The ICF Programme Board is reviewing progress of all ICF projects and makes recommendations in relation to priorities and investment to the Strategic Leadership Group. All projects/services are using RBA to demonstrate outcomes, impact and value for money.</p> <p>A review of existing ICF projects will be undertaken by the SLG in November 2016 to inform prioritisation of</p>	31 st March 2017	Strategic Leadership Group/ Regional Partnership Board

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
					<p>investment in 2017/18 following WG's recent notification of recurrent ICF funding.</p> <p>Through the existing Partnership arrangements and reporting mechanisms projects will be subject to ongoing scrutiny and decisions made to secure funding streams which may include diversion of funding from existing mainstream services and informing new commissioning approaches based on services which have been piloted through ICF funding.</p>		

Mae'r dudalen hon yn wag yn fwriadol

	07-Dec	18-Jan	13-Feb	08-Mar	Election Period
Committee Item	Private Rented Sector Item	Adult Safeguarding Item	Corporate Plan and Budgetary Proposals	Annual Report - to include overview of impact of CASSC over life of administration	
Committee Item	Direct Payments	Regionalisation re Integrating Health and Social Care/ partnership with Health		HRA Business Plan	
Committee Item					
Committee Item					
Committee Item	Committee Business report	Committee Business report	Committee Business report	Committee Business report	
Outside of Committee-performance and budget monitoring panel	Care Pathway Deep Dive	Homelessness target setting	Quarter 3 Repairs Performance Community Safety	DTOC	
Outside of Committee		Review paper re impact of CASSC scrutinies - inc Inquiries, deep dive and cttee meetings		Briefing re NP Dementia Friendly Communities Action Plans	

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