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AGENDA

Committee	COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE
Date and Time of Meeting	WEDNESDAY, 6 NOVEMBER 2019, 4.30 PM
Venue	COMMITTEE ROOM 4 - COUNTY HALL
Membership	Councillor Jenkins (Chair) Councillors Ahmed, Carter, Gibson, Philippa Hill-John, Lent and McGarry

Time approx.

1 **Apologies for Absence**

To receive apologies for absence.

2 **Declarations of Interest**

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

3 **Minutes** (*Pages 5 - 8*)

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

4 **Exclusion of the Public**

Information included in Appendix C of the following item is not for publication as it contains exempt information of the description contained in paragraph 12.1 of Part 4 of Schedule 12A to the Local Government Act 1972.

5 **Older Peoples Care Home Fee Setting Strategy 2019-2024** (*Pages 9 - 70*) 4.35 pm

For Members to undertake pre-decision scrutiny on the fee setting strategy for the older person's care home provision.
Exempt Appendix C – to Follow

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6 Exclusion of the Public

Information included in the following item is not for publication as it contains exempt information of the description contained in paragraphs 14 and 21 of Schedule 12A of the Local Government Act 1972.

7 Housing Benefit Risked Based Verification (Pages 71 - 112) 5.20 pm

For Members to undertake pre-decision scrutiny on risk based verification when processing Housing Benefit and Council Tax Reduction claims.

8 Cabinet Response to CYP & CASSC's Inquiry 'Preventing Young People's Involvement in Drug Dealing' (Pages 113 - 148) 6.00 pm

For Members to receive the Directorate Action Plan.

9 Way Forward 6.30 pm

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

10 Urgent Items (if any)

11 Date of next meeting

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled for 4 Dec at 4:30pm in Committee Room 4, County Hall, Cardiff

Davina Fiore

Director Governance & Legal Services

Date: Thursday, 31 October 2019

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

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COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

2 OCTOBER 2019

Present: Councillor Jenkins(Chairperson)
Councillors Ahmed, Gibson, Philippa Hill-John, Lent and McGarry

31 : APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Carter, Ebrahim and Goddard.

32 : DECLARATIONS OF INTEREST

None received.

33 : MINUTES

The minutes of the meeting held on 11 September 2019 were approved as a correct record and signed by the Chairperson.

34 : OLDER PEOPLE: ACCESS TO INFORMATION, ADVICE AND SERVICES

Members were advised that this item was focusing on digital inclusion of older people. It would centre on how the Council is accommodating the need of the older person in accessing services and how the development of the Council's digital strategy is being aligned with the needs of an ageing community.

The Social Services and Well Being (Wales) Act, places a duty on local authorities to secure provision of information, advice and services through a range of different channels such as media, website, phone, face to face and for there to be an up to date directory of services.

In Cardiff there are four main strands to meet the requirements of the Act which are:

- A directory of services
- A first point of contact
- Improving the Council's Website
- Using the hubs to provide info and signpost.

As this item would be focusing on digital inclusion for older people, it would address the strands of the directory of service and the use of the hubs.

The Chairperson welcomed Cllr Susan Elsmore Cabinet Member for Social Care, Health and Wellbeing, Cllr Lynda Thorne, Cabinet Member for Housing & Communities; Claire Marchant, Director of Social Services, Jane Thomas, Assistant Director Housing & Communities, Helen Evans, Operational Manager Advice & Benefits, Phil Bear, Service Manager ICT, Sharon Miller, Regional Coordinator and; Jessica Player, Project Manager.

Members were advised that the Agenda Item would be presented in three parts – firstly, officers from Resources would provide Members with an overview of the Council’s Digital Strategy and how it is being aligned to the needs of older people, then officers from People & Communities and Social Services would take Members through the work of the Hubs and Dewis Cymru.

The Chairperson invited Cllr Elsmore to make a statement in which she said that as the Older Peoples Champion, she wished to remind Members of the good practice of not using the term ‘elderly’ as the correct reference now was Older People. She added that today was the United Nations Day of Older People and it was an opportunity to raise awareness of the challenges facing older people in today’s world. The number of individuals over 60 was projected to grow by 46% globally.

The Chairperson invited Cllr Thorne to make a statement in which she said that it was Council policy to allow people of all ages to make contact with the Council in all ways. She made reference to Bus Passes needing to be renewed by December via the Transport for Wales website and there had been lots of contact through the Hubs for assistance with this. Wardens in sheltered accommodation also provide help to older people with digital issues.

Members were provided with a presentation on the Digital Strategy followed by a presentation on Hubs and Dewis Cymru after which the Chairperson invited questions and comments from Members;

Members noted that older people were not referenced in the digital strategy. Officers advised that the strategy was for everyone, the entire target audience and it did not assume that older people were less likely to use or understand digital. Members noted the need to look at the population as a whole but noted the statistics presented showed that older people are more digitally excluded.

Members asked if demographics were considered when testing a strategy. The Cabinet Member stated that she had met with a charity recently, all men over 75 years of age and only a third of their community were not digitally connected.

Members were pleased to see the work done to date for older people and noted the value older people have in our communities. Members were also pleased to see the training and support available to older people. Members asked if there was a goal in mind when considering older people. The Cabinet Member stated that her own personal goal would be that the majority of older people were digitally connected. She also added that work had started with the Older Peoples Commissioner for an Age Friendly Cardiff.

Members noted the large number of older people in the ethnic communities who cannot read or write and asked what help was available to them. The Cabinet Member stated that an invitation had been sent out to BAME elected Members in late summer, work was starting now to ensure that BAME elders are supported.

Members asked how people with no access to a computer get to know that these services exist. Members were advised that it was always about trying to reach everyone, various methods were used such as libraries, GP’s, social workers, Hubs,

anyone who provides home visits. More could be done on the social prescribing front as it was essential to have the information available where people go most often.

Members asked about the critical audience when developing a digital strategy and were advised that there had been engagement with Cardiff Citizens Panel, whereby volunteers give feedback. A representative sample of 100 people had been used when designing the strategy.

Members referred to the Hubs and the radius around them not being equal, so accessing some hubs could prove difficult for some older people.

Members discussed digital by default and sought assurances that there would always be other routes available for people of all ages who do not use the internet. Officers stated that they look at percentages but there would always be a safety net, the position was not digital by default as yet, this position would change as percentages change. It was noted that not all services are relevant for digital by default.

Members noted the reference to the shift away from traditional contact methods such as a telephone call and were worried that in relation to social isolation, telephone calls may be the only conversation some older people have in days/weeks. Officers explained that unfortunately they need to do more for less, but acknowledged that it was a service by service discussion and it wouldn't be suitable for all services. Officers stressed that they wouldn't be complacent and would listen to feedback, but added that technology can also give people a platform out of social isolation.

AGREED: that the Chairperson, on behalf of the Committee, writes to the Cabinet Member conveying the observations of the Committee when discussing the way forward.

35 : COUNCIL HOUSE BUILD AND DESIGN STANDARDS UPDATE

This item was deferred to a later meeting.

36 : WORK PROGRAMME

The Principal Scrutiny officer outlined the items coming forward to Committee in November and December.

Members agreed the work programme for November and December.

37 : CORRESPONDENCE STATEMENT

Noted.

38 : URGENT ITEMS (IF ANY)

None received.

39 : DATE OF NEXT MEETING

The next meeting of the Community & Adult Services Scrutiny Committee is scheduled for 6 November at 4:30pm in Committee Room 4, County Hall, Cardiff.

The meeting terminated at 6.05 pm

**CYNGOR CAERDYDD
CARDIFF COUNCIL**

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

6 November 2019

OLDER PEOPLES CARE HOME FEE SETTING STRATEGY 2019- 2023

Reason for the Report

1. To provide the Committee with background information to enable Members to carry out pre-decision scrutiny of the draft proposals for the Older Peoples Care Home Fee Setting Strategy, prior to its consideration by the Cabinet at its meeting on the 21 November 2019.
2. A copy of the draft cabinet report is attached at **Appendix A**, which in turn contains the following:
 - **Appendix 1** – Equality Impact Assessment
3. A summary of the cost of care exercise is detailed in **Appendix B**, whilst the presentation which will be delivered at Committee is attached at **Appendix D**.
4. **Appendix C**, which is marked to follow and contains legal advice is exempt from publication as it contains exempt information of the description contained in paragraph 12.1 of Part 4 of Schedule 12A to the Local Government Act 1972

Background

5. Adult social services, in consultation with Cardiff's care home providers, have recently undertaken a cost of care exercise in order to understand the usual cost of care of the older people's residential and nursing care services operating within Cardiff. The purpose of this exercise was to inform an evidence based, fee setting strategy for older person's care home provision.

6. Key milestones for the cost of care exercise is set out with the Directorate's Delivery Plan (2019/20) as follows:

Ref	Headline Actions	Start Date	End Date	Responsible Officer*	Key Milestones during 2019/20	Link to Equality Objective
DP 28 AS	Undertake cost of care exercise with care home providers to support evidence based fee setting methodologies for commissioned services	April 2019	March 2020	Operational Manager	<p>Q1</p> <ul style="list-style-type: none"> Final round of 1 to 1 provider meetings to confirm accuracy of date and exercise undertaken Meetings held with senior council officers to consider the information obtained during the exercise Information on cost of care confirmed Meetings held with providers to share cost of care information Internal and external discussions on how to use the cost of care information commenced <p>Q2</p> <ul style="list-style-type: none"> Changes that reflect the outcome of the cost of care exercise agreed and implemented <p>Q3</p> <ul style="list-style-type: none"> Work undertaken with providers in relation to the cost of care continued <p>Q4</p> <ul style="list-style-type: none"> Work undertaken with providers in relation to the cost of care continued 	Meet our Specific Equality Duties and build equality into everything we do

7. The draft cabinet report (attached at **Appendix A**) sets out recommendations for the Council's fee setting approach for Cardiff's Care Homes which Members are advised will have financial implications for the 2019/20 financial year and the 3 year period from 2020/21 to 2022/23. The six recommendations within the draft cabinet report are based on the outcomes of the cost of care exercise (**Appendix A**, pg21-22).

Issues

8. The draft cabinet report sets out an overview of:
- Background and Context (including strategic context) (pg1-2)
 - National Drivers (pg2-3)
 - Strategic Priorities of the Council (pg3)
 - The Older People's Care Homes Market in Cardiff (pg4)
 - Analysis of Demand – Past and Current and Future (pg5-7)
 - Cardiff Council Current Approach to Care Home Commissioning 2014-2019 (pg7-8)
 - Resource Availability – Cardiff Council's Financial Situation (pg8)

- Regional Commissioning, including the Cost of Care in Cardiff Compared to Other Welsh Local Authorities (pg10-11)
- Quality and Market Stability (pg11)
- Summary of the Cost of Care Exercise (pg 12-18)
- Cardiff Council Approach to Care Home Fees 2020/21 – 2022/23 (pg18)
- Reason for Recommendations (pg19)
- Financial implications (pg20)
- Legal Implications (pg21)
- Recommendations (pg21-22)

9. The council requires residential and nursing care services for older people to provide:

- A safe, secure and stable environment, with onsite 24/7 hour access to care and support;
- the opportunity to promote choice, engagement and meaningful activities for its residents, carers and family members;
- dignity and respect for all residents;
- a good quality of life for residents; and,
- an appropriately skilled and qualified workforce that is competent to meet the individual needs of residents.

10. The care home market in Cardiff is made up of a diverse mix of providers, ranging from small family run care homes operating within older building to more larger, purpose built care homes operated by national, or international companies. At present, the Council does not have any internal care home provision and relies solely on the external market, commissioning care and support services to meet the needs of those who require care home service.

Projected Future Demand

11. A wealth of information including statistics and key documents were drawn upon for both analysing and understanding the future demand for care home services within Cardiff.

The key documents which informed the strategy were:

- Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy for Older People's Services 2017-2022 – Me, My Home, My Community'.
- Cardiff and Vale of Glamorgan Population Needs Assessment'.

12. Both documents confirmed that the population of Cardiff is growing older, with the number of people aged 65-84 in the city increasing by 45% and those aged 85+ increasing by 88% within the next twenty years. However, the council expects the number of residential care services it commissions in the future to continue to reduce as housing with support is better able to help more people with physical frailty and dementia to remain living in their own homes.
13. The council recognises the value of residential care for people that can no longer continue to live in their own homes and understands that they will continue to be a vital service for those that need it. The draft cabinet report states that the council is committed to providing the appropriate level of funding for these services and to support providers to deliver services of the highest possible quality.
14. The council will also be seeking to expand the provision of residential reablement provision and is investing Integrated Care Fund monies into this approach. This will enable people who are unable to live in their own homes with domiciliary support to receive reablement services within a residential setting in order for them to return to living independently when they have recovered sufficiently to do so.

Cardiff Council's Current Approach to Care Home Commissioning 2014-2019

15. In 2014, the Council introduced a Dynamic Purchasing System (DPS) for the commissioning of care home services which entails the Council putting care packages out to tender on a web-based system to which care providers respond submitting their price for delivering the package.
16. As a result of the DPS approach, the Council is paying very different rates for very similar types of service. The figures below illustrate the variance in weekly costs:
- **Residential Care:** Minimum = £469.73, Maximum = £1,600.00, Mean = £689.08, Median = £650.00
 - **Nursing Care:** Minimum = £485.93, Maximum = £1,556.00, Mean = £861.11, Median = £800.33

17. These inequitable arrangements is the key driver behind the Older Persons Care Home Fee Setting Strategy 2019-2023 which will bring out key changes to the current fee setting policy.

Finance

18. The Chart below details the actual net budget spend on residential and nursing placements over the last three years:

Actual Net budget	2016/17 Years	2017/18 years	2018/19 years
OP Residential	£6,720,311	£6,653,896	£8,025,474
OP Residential Dementia	£2,094,808	£1,986,608	£2,096,740
OP Nursing	£12,264,596	£14,729,290	£15,966,926
OP Nursing Dementia	£2,519,207	£2,962,912	£3,216,800
Total	£23,598,922	£26,332,706	£29,305,940
Percentage Increase		11.6%	11.3%

The table above indicates that expenditure on care homes has increased by over 10% each year – which greatly exceeds the continuing budgetary pressures faced within the service area.

19. With regard to Nursing Home costs, Members are reminded that responsibility for funding Nursing Care is the NHS, Cardiff Council is responsible for the residential care element of nursing home fees.

20. In terms of the discrepancy in care rates, the draft cabinet report states that, further analysis has shown that between the years 2014 and 2018 for residential care: 1/3 providers saw the average rate they receive increase by less than 10%; 1/3 providers saw the average rate they receive increase by between 10%-20% and 1/3 providers saw the average rate they receive increase by in excess. However, there is no correlation between the level of increase and the levels of service provision. This variance is also present within nursing care, further detailed in the attached draft cabinet report.

Annual Uplift

21. Historically, an annual uplift has been applied to all care home placements funded by the Council. However, following the introduction of the national living wage (NLW), uplifts were weighted towards those packages submitted prior to its introduction, the assumption being that packages commissioned after the introduction would take account of the NLW in the prices submitted via the DPS.

22. In 2018/19, a modified approach was initially taken which further targeted uplifts to certain packages. However a pre-judicial review challenge was received on behalf of providers on the assertion that the council had not consulted effectively with providers on its fee setting process and therefore has acted outside of the Welsh Government Statutory Guidance.

23. Following this, the council made a commitment to undertake a cost of care exercise to inform future decision making in setting fee levels for the older people care home sector.

Cost of Care Exercise

24. The exercise was conducted by an independent consultant who had undertaken similar work with a number of other welsh local authorities. The exercise considered costs for older peoples' residential and nursing care under the following four categories of provision:
 - General Residential Care
 - Residential Dementia care
 - Nursing Care
 - Nursing Dementia Care

25. The costs of providing care were analysed under the following headings:-
 - Staff hours per person per week.
 - Blended wage rates plus on costs.
 - Variable expenses
 - Administration costs
 - Finance costs

26. The cost of care exercise identified the usual cost of care home provision in Cardiff, the intent of the Council is to use this understanding to set a standard set of care home fees in the City as it reflects a fair price of care. The fee judgment which arised from the Cost of Care exercise is set out below:

£ per person per week @ 92% Occupancy	General Residential	Dementia Residential	General Nursing	Dementia Nursing
Wages	£447	£498	£441	£493
Variable	£45	£45	£45	£45
Est2blishment	£61	£61	£61	£61
Admin	£49	£49	£49	£49
Rent/Notional return/plus margin	£85	£85	£85	£85
Margin 3.5%	£21	£23	£21	£23
Total	£709	£761	£702**	£756**

27. The outcome, was the production of a 'usual cost of care' for each category, as show in the below table:

Cohort	Standard (as per cost of care exercise)	Current (Average)	Current (Median)
Older People Residential	£708.60	£689.08	£650.00
Dementia Residential	£761.19	£676.64	£629.00
Older People Nursing	£702.04	£861.11	£800.33
Dementia Nursing	£755.79	£924.04	£925.00

28. The intention is to implement the above standard fees in a phased way over a 3 year period between 2020/21 and 2022/23 (subject to the availability of resources to the Council).

29. Phased implementation will have the following features:

- All new care home services for older people from January 2020 will be funded at the published rates;
- services currently commissioned at rates significantly below the standard published will receive annual fee uplifts at a rate above the standard uplift from 2020/21 onwards;
- services currently commissioned at rates significantly above the standard published fees will receive no uplift or an uplift below the standard fee uplifts; and,
- the exact uplifts will be determined on an annual basis, taking into account provider cost pressures and the resources available to the council.

30. An options appraisal will be undertaken to consider the most appropriate way of securing care home placements for older people going forward with an expectation that new arrangements that will be in place for a commencement date of 1 April 2020, which will remove the need for a DPS.

31. The fee setting strategy also seeks to address future staffing costs impacted by the national living wage which will see the standard rate increasing annually by a level in excess of 3.4%, as opposed to 2%. This means that there will be a potential additional commitment of c£350-£400k per year for the directorate which is over and above the typical budget allocation for fee uplifts.

32. The draft report presents Cabinet with six recommendations (**Appendix A**, pg21-22) and takes into account the following factors:

- The available resources that the council has;
- demand and priorities for care home services;
- providers legitimate and future costs;
- more cost effective operating models expected and commissioned services;
- the investment needed here for providers to meet requirements of both commissioners and regulators (Care Inspectorate Wales); and,
- the acknowledgement that services must operate safely and effectively to promote the welfare of individuals in their care.

Scope of Scrutiny

33. At this meeting, Councillor Susan Elsmore, (Cabinet Member Social Care, Health & Well-Being) along with relevant officers from the Social Services Directorate will be in attendance to give a presentation and answer Members' questions. The presentation, attached at **Appendix D**, will provide Members with an overview of:
- How the Council currently commissions residential & nursing home placements for older people;
 - The current annual uplift process;
 - The methodology and outcome of the cost of care exercise;
 - Implications for fee uplifts 2019/20; and,
 - Future years.
34. Pre-decision scrutiny aims to inform Cabinet's decisions by making evidence based recommendations. Scrutiny Members are advised to:
- a. Look at the information provided in the report to Cabinet to see if this is sufficient to enable the Cabinet to make an informed decision;
 - b. Check the financial implications section of the Cabinet report to be aware of the advice given;
 - c. Check the legal implications section of the Cabinet report to be aware of the advice given;
 - d. Check the recommendations to Cabinet to see if these are appropriate.
35. Members will then be able to decide what comments, observations or recommendations they wish to pass on to the Cabinet for their consideration prior to making their decisions on the 21 November 2019.

Legal Implications

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

Financial Implications

37. 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

38. The Committee is recommended to:
- a. Consider the information provided in the draft cabinet report attached at **Appendix A**;
 - b. consider the information provided in the presentation to this meeting; and
 - c. determine whether it wishes to relay any comments or observations to the Cabinet for consideration at its meeting on the 21 November 2019.

Davina Fiore

Director of Governance & Legal Services

31 October 2019

CABINET MEETING: DATE 12th December 2019

TITLE

**Adult Social Services
Cardiff Older Peoples Home Care Fee Setting 2019/20 –
2022/23**

AGENDA ITEM:

PORTFOLIO: Social Care, Health & Well-being

Reason for this Report

1. The purpose of this report is to present the outcome of a 'cost of care exercise' undertaken with Cardiff's care home providers for older people. The report recommends an evidence based approach to the setting of fees for care homes for older people based on an understanding of the usual cost of care home provision in the city. The approach to fee setting recommended has implications for the 2019/20 financial year and the 3 year period from 2020/21 to 2022/23.
2. The recommendations based on the outcome of the cost of care exercise are a reflection of the importance of effective commissioning of social care provision. The recommendations support compliance with the statutory duty on the Council to fund care and support services at a level that reflects a real understanding of the cost of provision, which is balanced by the availability of resources. This enables the Council to meet its statutory duties and ensure cost effective and quality services for its most vulnerable citizens.

Background and Context

3. The Council is committed to ensuring that older people receive high quality care and support in the most appropriate and cost effective way to meet their individual outcomes. The Council is committed to improving how people are supported to stay well and independent for as long as possible. This aim is being achieved through the provision of a range of services including community based models such as re-abling services, direct payments and domiciliary care. Doing the right thing for (and with) older people is reducing the need for long term care home services. It is, however recognised that when people do need care home services they are now older and frailer than before.

4. The Council is committed to stimulating a diverse, active market of provision where innovation is encouraged and people's right to exercise choice and control is respected.
5. Care homes for older people play a vital role in supporting the City's most vulnerable residents to live in their own communities near their families. Cardiff Council is committed to ensuring that the care and support commissioned from the care home sector for older people provides safe, personalised support.
6. In summary, the Council requires residential and nursing care services for older people to provide:
 - a safe, secure and stable environment, with onsite 24/7 hour access to care and support
 - the opportunity to promote choice, engagement and meaningful activities of its residents, carers and family members,
 - dignity and respect for all residents
 - a good quality of life for residents
 - an appropriately skilled and qualified workforce that is competent to meet the individual needs of residents.

The Strategic Context

7. Statutory guidance to Local Authorities on the commissioning of social care services is set out within Welsh Government statutory guidance **'Commissioning Framework Guidance and Good Practice. Standard 10 (2010)** This guidance sets out the factors a Local Authority should take into account when considering fees: The Guidance states,

'Commissioners will have to take into account the full range of demands on them and their strategic priorities, as well as the resources they have at their disposal in developing their commissioning strategies..

Fee setting must take into account the legitimate and future costs faced by providers as well as the factors that affect those costs and the potential for improved performance and more cost effective ways of operating. The fees need to be adequate to enable providers to meet the specification set by the Commissioners together with regulatory requirements.....

Commissioners must have a rationale to explain their approach to fee setting. The primary concern is that services operate safely and effectively to promote the welfare of the people and carers and meet regulatory requirement.

National Drivers

8. **The Well-Being of Future Generations (Wales) Act 2015 ("The 2015 Act")** places a 'well-being duty' on public bodies aimed at achieving seven well-being goals for Wales - a Wales that is prosperous, resilient, healthier, more equal, has cohesive communities, a vibrant culture thriving Welsh language, and is globally responsible. In discharging its duties under this legislation, the Council has set

and published wellbeing objectives designed to maximise its contribution to achieving the national wellbeing goals. The wellbeing objectives are set out in Cardiff Council's Corporate Plan 2018-21.

9. **The Social Services and Well-being (Wales) Act 2014 ("The 2014 Act")** came into force on 6 April 2016. This legislation provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales
10. The Regulation and Inspection of Care Act (2016) ("**The 2016 Act**") provides the statutory framework for the regulation and inspection of social care in Wales including the care home sector. It reforms the regulation and registration of regulated services and enhances the regulation of social care workforce, including the adult residential workforce who must achieve registration with Social Care Wales by April 2021.

Strategic Priorities of the Council

11. Cardiff Council published its '**Capital Ambition**' strategy in July 2017, which sets out the vision for the City. Capital Ambition was followed by the Corporate Plan (2018-21) that set out how the Council would deliver the commitments made in Capital Ambition. Capital Ambition focusses on four key areas:
 - Working For Cardiff
 - Working For Wales
 - Working For the Future
 - Working For Public Services
12. Improving outcomes for older people is a key part of the Capital Ambition commitments:

The way we look after our older people is a message to future generations. Though Cardiff is a young city the number of older people is predicted to rise significantly. This administration is committed to finding working solutions to emerging social care pressures and support people to live fulfilled and independent lives in their communities.
13. Capital Ambition also makes the following commitment:

We will provide the highest quality of social care possible, in practice and delivery.
14. This statement and commitment give a clear direction for the Council. It commits to achieving a high standard in supporting older people in Cardiff to live fulfilled lives in their own homes and communities.
15. The steps within '**Delivering Capital Ambition: Corporate Plan 2018 – 2021**' reflect the Council's absolute commitment to supporting older people living in the City. They describe the detail of how these steps will be delivered and sets the specific objectives against which progress will be measured.

The Older People’s Care Homes Market in Cardiff

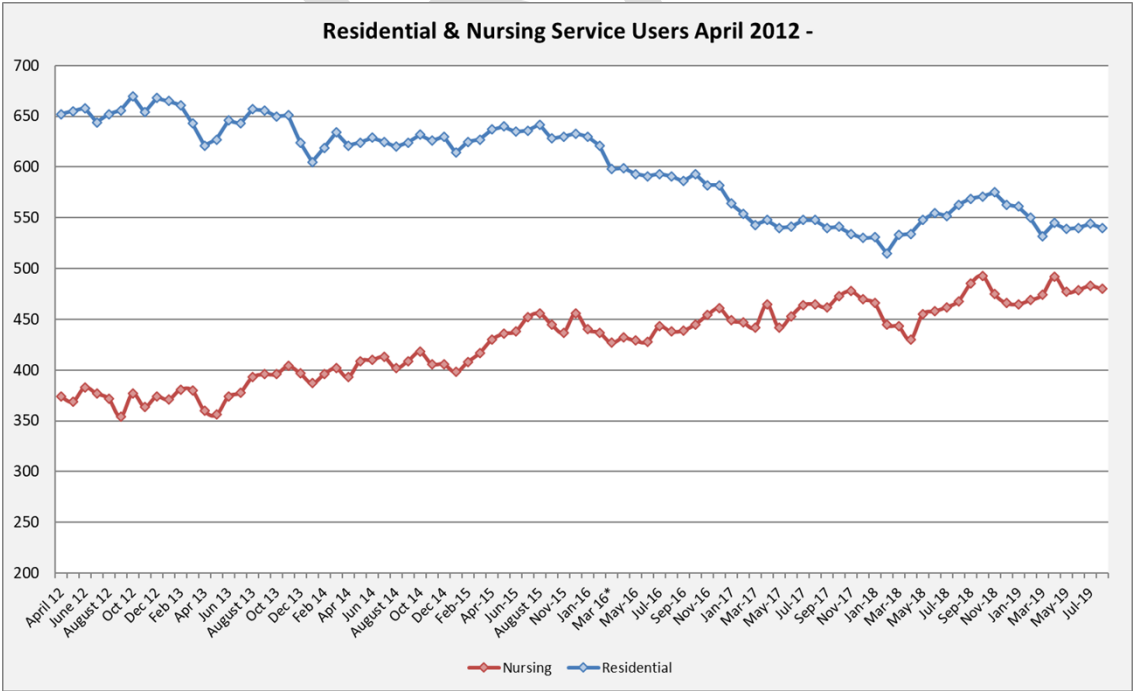
- 16. The care home market is made up of a diverse mix of providers, ranging from small family run care homes operating in older buildings to purpose built large, modern care homes with en-suite facilities run by large national and international companies.
- 17. The Council does not currently have any internal care home provision for older people and solely relies on the external market to meet the care and support needs of people who require care home services. The Council commissions a mix of care home services to meet individual needs.

Issues

Analysis of Demand – Past and Current and Future

18. Cardiff Council collects detailed and robust information on the number of people who receive Council-commissioned care and support services. This information has been used to help inform expectations and predictions about the future need and demand for these services. **Charts 1** below shows the level of recent care provision.

Chart 1: Number of People Living in Residential & Nursing Care (All Ages and Client Groups): April 2012 – August 2019



Analysis of Demand – Future

19. There are two key documents on which Cardiff Council has based its analysis and expectations of future demand for care and support. Both of these documents have been produced by the Cardiff and the Vale of Glamorgan Integrated Health and Social Care Partnership (CVIHSCP), which is formed between Cardiff Council, Vale of Glamorgan Council (VoGC), Cardiff and Vale University Health Board (CVUHB) and 3rd sector partners. These two documents, should be considered together. They are:

- **The ‘Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy for Older People’s Services 2017-2022 – Me, My Home, My Community’.** This strategy will be referred to in this report as the ‘MPS’. It describes the challenges and opportunities facing commissioners, providers and those who receive care and support services. It also sets out partner’s responses to these challenges and opportunities and how this response will support delivery of the vision, priorities and objectives over the period 2017 – 2022. The document describes:
 - A vision for how the partnership wish to respond to the changing needs for care and support in the future
 - Current and projected demographics, expenditure and activity levels
 - The types of services lone partnership we will be investing / disinvesting in
- **The ‘Cardiff and Vale of Glamorgan Population Needs Assessment’** is an assessment of the care and support needs of the population, including carers who need support. This document will be referred to in this report as the ‘needs assessment’. It was undertaken between February 2016 and January 2017 with the aim of identifying needs of the population for health social care and preventative services.

20. In summary, projections in the needs assessment and MPS show that the population of Cardiff is growing, is growing older and is projected to have increasing health and social care needs in the next 20 years. Specifically;

- Cardiff’s population is expected to grow at a faster rate than that of any other major British city, except London.
- The number of people aged 65-84 in the city is expected to increase by 45%
- The number of people aged 85+ in the city is predicted to increase by 88%

21. Charts 2 and 3 below further illustrate the challenge facing the health and social care sector and provide the data on which Cardiff Council’s planning and expectations are based.

Chart 2: % increase in the population of Cardiff, by age group

Age Group	Projection Year		
	2019	2021	2026
0-4	1.1%	3.8%	11.7%
5-16	6.4%	10.3%	16.0%
17-64	1.5%	2.5%	5.4%
65-84	5.7%	9.5%	23.1%
>84	7.2%	12.5%	26.6%
All	2.7%	4.6%	9.8%

Chart 3: Number of people in each age group with dementia

Age Group	Projection Year				
	2015	2020		2025	
	No. of people	No. of people	% increase from 2015	No. of people	% increase from 2015
30-64	109	116	6.4%	121	11%
65-69	282	269	-4.6%	291	3.2%
70-74	465	576	23.9%	554	19.1%
75-79	813	894	10%	1110	36.5%
80-84	1262	1375	9%	1540	22%
85+	2565	2875	12.1%	3355	30.8%
65+	5387	5988	11.2%	6849	27.1%

Past, Present and Future Demand: Cardiff Council Conclusions

22. The demand for older person's residential care has remained reasonably consistent over the last 3 years. However, the Council expects the number of residential care services it commissions in the future to continue to reduce as housing with support is able to help more people with physical frailty and dementia to remain living in their own homes. It is the Council's intention to work with partners to meet the desire of many people to remain living at home for as long as possible. Furthermore, the Council is currently re-modelling community based provision, which it anticipates will significantly improve the ability of people to remain living in their own homes for longer, delaying or avoiding a move into residential care.

23. The Council recognises the value of residential care for people who can no longer continue to live in their own homes and understands that this will continue to be a vital service for people who need it. The Council is committed to providing the appropriate level of funding for these services and to support providers to deliver services of the highest possible quality. The Council will also be seeking to expand the provision of residential reablement provision and is investing Integrated Care Fund monies to this end. This will enable people who are unable to live in their own homes with domiciliary support to receive reablement services

in a residential setting to support as many people as possible to return to live independently when they have recovered sufficiently to do so.

24. The demand for nursing home care has increased in recent years. Whilst the measures the Council will take to support more people to live in their own homes will have some impact on the number of people that require nursing home care in the future, the Council expects that this will be outweighed by the impact of demographic factors, leading to an overall net increase in future demand. Responsibility for Funded Nursing Care for funding Nursing Care is the responsibility of the NHS. Cardiff Council is responsible for the residential care element of nursing home fees. The challenge for the Health Board and the Council is how to effectively work together to commission quality and sustainable provision in a sector experiencing pressure retaining a nursing workforce.

Cardiff Council Current Approach to Care Home Commissioning 2014-2019

25. In 2014, the Council introduced a Dynamic Purchasing System (DPS) for the commissioning of care home services. A key feature of a DPS is that it requires providers to make an offer to take on a new package and as part of their submission, they must state the rate they will charge to deliver this care. This has given providers the flexibility and control over the rates they receive the care they deliver but it has also meant that Cardiff Council is in the minority in Wales in that it has not published a standard cost of care for its homes for older people. There are currently 79 care home providers enrolled on the DPS.

26. One impact of this approach has been that the rates the Council now pays for services vary hugely across care types and even for similar types of care. Cardiff is different from other Local Authorities in Wales who do not use a DPS and do not commission at such varying rates. The figures below illustrate the variance as at September 2019:

- **Older People Residential Care:** Minimum = £469.73, Maximum = £1,600.00, Mean = £689.08, Median = £650.00
- **Dementia Residential Care:** Minimum = £465.93, Maximum = £1205, Mean = £676.64, Median = £629
- **Older People Nursing Care:** Minimum = £485.93, Maximum = £1,556.00, Mean = £861.11, Median = £800.33
- **Dementia Nursing Care:** Minimum = £480, Maximum = £1556, Mean = £924.04, Median = £925

27. Whilst some of the different rates are for services to individuals that reflect specific needs, the majority of care home services the Council is paying very different rates for very similar types of service.

Resource Availability – Cardiff Council’s Financial Situation

28. Cardiff Council’s financial position in recent years has been dominated by increased budgetary pressures and the impact this has had on its capacity to invest in public services, which includes services that are delivered by external organisations on the Council’s behalf. The situation with Local Government funding is well known and there are numerous statistics that illustrate the challenge of decreasing (or static) budgets and increasing demand and expectations. However, what is most relevant for this report is the cost pressure the Council is facing in funding residential and nursing services.

29. **Chart 4** below shows the actual net budget spend on older peoples residential and nursing care placements over the last three years.

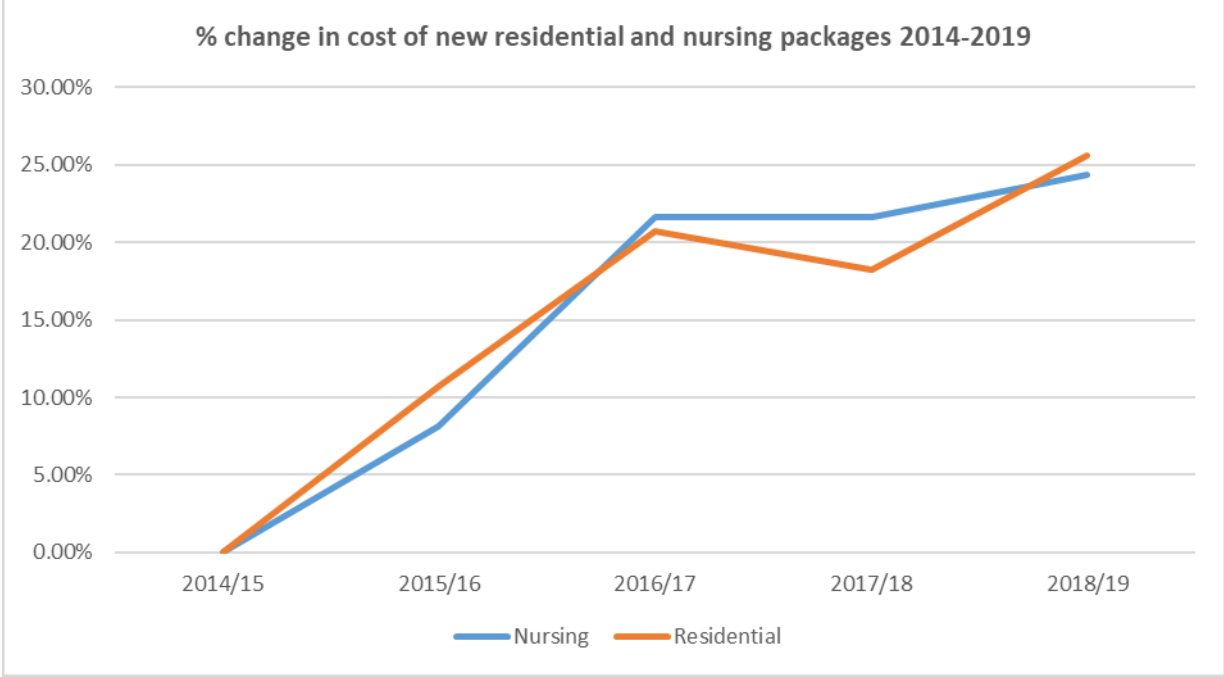
Chart 4

Actual Net budget	2016/17 Years	2017/18 years	2018/19 years
OP Residential	£6,720,311	£6,653,896	£8,025,474
OP Residential Dementia	£2,094,808	£1,986,608	£2,096,740
OP Nursing	£12,264,596	£14,729,290	£15,966,926
OP Nursing Dementia	£2,519,207	£2,962,912	£3,216,800
Total	£23,598,922	£26,332,706	£29,305,940
Percentage Increase		11.6%	11.3%

30. The information provided in **Chart 4** shows that expenditure on care homes increased by a level in excess of 10% over the last two years. This greatly exceeded increases in the overall Council budget over the same period.

31. **Chart 5** shows that in recent years the average rates for residential and nursing provision have increased significantly.

Chart 5 – The percentage change in the average rate paid for new placements on Proactis, compared to a baseline of 2014 (Older People and MHSOP over 65)



Conclusions in Relation to the Current Spend on Care Home Provision for Older People.

32. A consideration of the information in the charts above has led to the following conclusions

- Residential Care** – From 31st March 2014 to 31st March 2019 there was a decrease in the number of people over the age of 65 in residential placements commissioned by the Council of 22.6%. Over this same period the Council’s overall spending on residential care showed a net increase with, the average rate of these placements increasing significantly (**Chart 5**). This increase in rate far exceeds any increase in cost pressures over this period that has been shared by providers or which the Council is aware of (e.g. legislative changes).
- Nursing Care** – From 31st March 2014 to 31st March 2019 there was an increase in the number of people over the age of 65 in nursing placements commissioned by the Council of 19.7%. However over this period the Council’s overall spending on nursing care increased by a figure significantly in excess of this figure and the average rate of new nursing placements commissioned by the Council also increased by 24.3%. As with residential placements, and even when accounting for the slight increase in the number of placements commissioned, these funding increases are at a level that far exceeds any

increase in cost pressures over this period that has been shared by providers (e.g. rates of pay of nursing staff) or which the Council is aware of.

33. Whilst some of the different rates for care home services reflect different needs of residents, in the vast majority of cases the Council is paying highly valuable rates for essentially the same service provision.

34. The Council has undertaken further analysis to understand how this additional investment has been distributed, by looking at the change in the average rate received by individual providers since 2014. The conclusions are set out below:

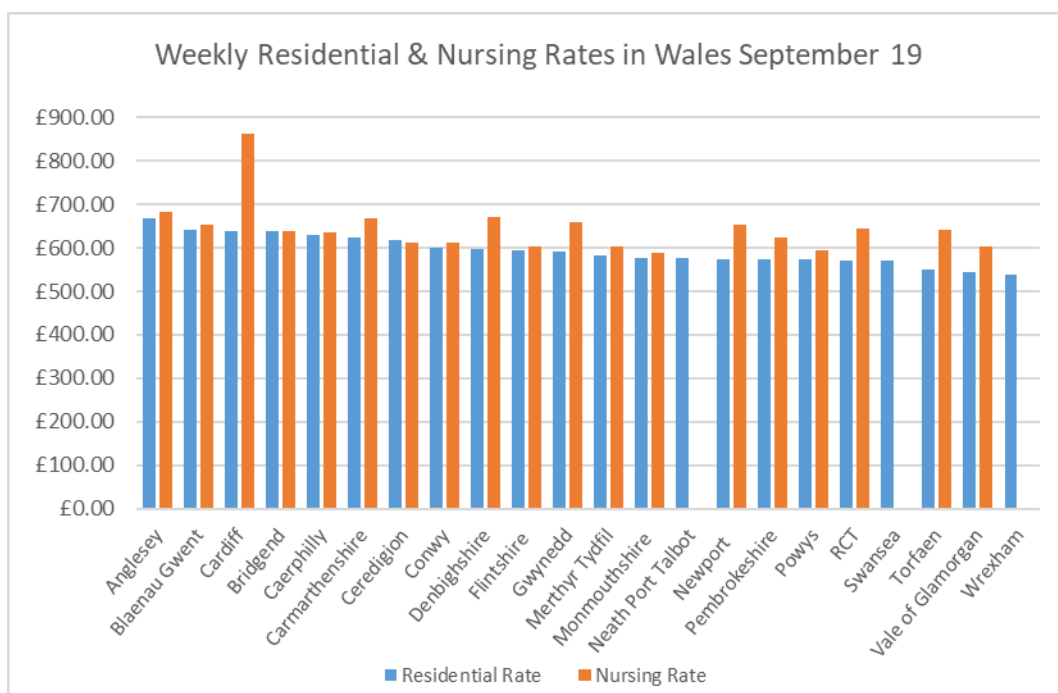
- **Residential Care (Cardiff homes only):** Between 31st March 2014 and 31st March 2019: 7 providers saw the average rate they receive increase by less than 20%; 8 providers saw the average rate they receive increase by between 20%-30% and 11 providers saw the average rate they receive increase by in excess of 30%. There is little correlation between the average rate a provider received in 2014 and the rate of increase in the following 5 years. There is no correlation between the level of increase and the levels of service provision. The annual rate of inflation(CPI) between Quarter 2 2014 and Quarter 1 2019 was 7.7%
- **Nursing Care (Cardiff homes only):** Between 31st March 2014 and 31st March 2019: 2 providers saw the average rate they receive increase by less than 30%; 10 providers saw the average rate they receive increase by between 30%-50% and 6 providers saw the average rate they receive increase by in excess of 50%. There is little correlation between the average rate a provider received in 2014 and the rate of increase in the following 5 years. There is no correlation between the level of increase and the levels of service provision. The annual rate of inflation(CPI) between Quarter 2 2014 and Quarter 1 2019 was 7.7%

Regional Commissioning and the Cost of Care in Cardiff Compared to Other Welsh Local Authorities

35. The Social Services and Well-being (Wales) Act 2014 places a requirement on all Welsh Councils to take a regional approach to commissioning care home services for older people. Cardiff and the Vale of Glamorgan Councils and the Cardiff and Vale of Glamorgan University Health Board are working together to achieve this end through a pooled fund arrangement.

36. Whilst the Council understand there will be different factors in Cardiff, which contribute to the cost of care, and as such a comparative analysis cannot be determinative, the Council also believes some factors are the same in all parts of Wales. As such, an analysis has been undertaken to understand how the rates it pays for care home services compare to the rates paid by other Local Authorities across Wales for these services. **Chart 6** below show this information:

Chart 6 – The average rates for residential and nursing care paid by each Local Authority in Wales in September 2019 (This is the data as reported by each Local Authority and is for older people’s care and excludes Funded Nursing Care)



37. Based on the data and commentary in paragraphs 29-33 of this report and knowledge of the care sector, most of which has been shared by providers themselves, the Council is of the view that the current fee setting policy should not continue, as it:

- Creates an inequitable set of arrangements for the payment of care home provision creating an ‘uneven playing field’ in the care home sector.
- Is financially unsustainable for the care home providers that receive lower rates than other providers. These providers could be at an increased risk of having to exit the market because they are not financially viable or being subject to sanctions because they have insufficient income to meet the standards of care required of them
- Is financially unsustainable for the Council, as the annual increases in rates far exceeds the annual increase in the Council’s budget
- Is an inequitable use of public funds and does not represent value for money.
- Does not take into account an analysis of the costs of care, which is required under the statutory commissioning guidance.
- Does not support a move to regional commissioning in accordance with the Social Services Well-being (Wales) Act 2014.

Quality and Market Stability

38. The Council recognises that across the care home sector the level and impact of financial challenges facing providers are increasing. However, Cardiff Council is not aware of any home in Cardiff that has closed in the last 3 years due to it having insufficient funds to operate.

39. The number of providers subject to provider performance procedures due to quality concerns has remained stable across the last 4 years. Of the organisations that are subject to performance measures, the rates they receive is not evidentially a significant factor.
40. The Social Services Contracts and Service Development Team carry out announced and unannounced contract compliance visits to Cardiff care homes. The standard of care provided by all care homes visited in 2018-19, in general showed that the privacy, dignity, rights, welfare and care of residents remains paramount for providers. Key findings from the visits are summarised below.
- Homes have sufficient staffing levels in order to have capacity to meet individual needs
 - Some care homes have invested in their buildings undertaking refurbishment /decoration of the building in the last year
 - Assistive technology is being used by some care home providers to increase efficiency
 - In all care homes there is support for individuals to maintain family/other relationships and
 - Training and development opportunities are offered to all staff
41. Whilst the operating conditions for providers can be challenging, the available evidence in terms of market stability is:
- Low numbers of care home providers closing, or selling their business at this time
 - Low numbers of care home providers are failing to meet the required quality standards and of those that do, no examples are linked to, or caused by, a lack of funds.
 - The Council is able to commission placements relatively easily for residential care but it is more challenging for nursing home placements.
 - Availability of the right leadership and management capacity and the right quality of registered nurses in the nursing home sector are key themes in provider performance processes. The Council is committed to working with Social Care Wales (to support improved management and leadership in the sector) and the Cardiff and Vale University Health Board (to address nursing workforce issues) to support the sector to improve.

Understanding Provider Costs – A Summary of the Cost of Care Exercise, Findings and Report on the Usual Cost of Care Home Provision in Cardiff

Context for the Cost of Care Exercise

42. The Council has routinely undertaken an annual rate review to identify, and understand the impact of, financial pressures facing providers, which are often a direct result of specific legal requirements. One such change was the announcement by the Chancellor of the Exchequer in July 2015 that with effect from 1st April 2016, all employers would be required to pay a mandatory National

Living Wage (NLW) for workers aged 25 and above. Cardiff Council acknowledged that pressures such as this affect the cost of delivering the commissioned services. The Council also recognises that the impact and extent of these pressures is unique to each organisation, given the particular circumstances under which contracts are agreed and the different cost bases and income levels of providers.

43. Going forward, the Council is seeking to provide a level of funding that:

- Ensures the people of Cardiff are able to access and receive quality services through appropriately resourced contractual arrangements.
- Ensures providers are sustainable organisations and do not have to make changes that could affect or disrupt the provision of care and support to people that it need it.
- Is fair and equitable across different types of service provision

44. In 2018/19, a modified approach to fee uplifts was proposed initially which targeted uplifts to certain packages, recognising the inequity in the fees paid. However, a pre-action letter in accordance with the Judicial Review Pre-Action Protocol was received on behalf of providers. This challenge was predicated on an assertion that the Council had not consulted effectively with providers on its fee setting process and therefore has acted outside of the Welsh Government Statutory Guidance.

45. A revised offer was made following a commitment that the Council would review its fee setting approach as part of further consultation with providers. The Council made a commitment to undertake a cost of care exercise to inform future decision making in setting fee levels for the older people care home sector. It also gave an undertaking that the fee settlement for 2018-19 would be reviewed in light of the findings of this exercise.

46. Early in 2019, Cardiff Council commissioned an independent expert to work with Council officers to establish the usual cost of care home provision in the city. The expert had undertaken similar work with a number of other Welsh local authorities. The exercise considered costs for older peoples' residential and nursing care under the following four categories of provision:

- General Residential Care
- Residential Dementia care
- Nursing Care
- Nursing Dementia Care

47. The purpose of the cost of care exercise was to gain clear knowledge and evidence of the actual costs of older people's care home delivery in a residential setting within the Cardiff Council boundary.

48. At the time the exercise commenced, Cardiff had 35 care homes for older people providing a total of 1757 beds. Occupancy level were at 92% with 36.5% of beds commissioned by Cardiff Council (as at end of March 2019).

49. The remainder of beds were occupied by self funding individuals or were commissioned by Cardiff and Vale University Health Board for people with

continuing health care needs. Cardiff Council commissioned a total of 277 residential beds at that time and 365 nursing beds from 28 providers.

50. The average number of beds per home was 50. 21 homes provided data for the exercise (although 2 homes were excluded because they did not provide care for older people so were out of scope of the exercise). The size of the participating homes ranged from 15 beds to 86 beds. By category, there were 13 homes that fell into the residential / residential dementia category (plus 2 mental health) and 6 were in the nursing / nursing dementia category.
51. Some providers submitted less comprehensive data than others, but agreed to reliance being placed on the data of others. Providers who elected not to participate did not raise any objections to reliance being placed on the data provided by the participating operators
52. Participating providers attended one to one meetings with the Council from February 2019 through to July 2019. Attendees discussed their operating models in detail including:
- Movement, if any, in working practices from 2018 to 2019
 - Staffing levels,
 - Challenges posed by movements in staffing levels, if any.
 - Establishment and financial overheads.
 - Capital employed – loan or rental arrangements
 - Quality Frameworks
53. The costs of providing care were analysed under the following headings:-
- Staff hours per person per week.
 - Blended wage rates plus on costs.
 - Variable expenses
 - Administration costs
 - Finance costs
54. The following is of note from analysis of providers costs:
- Providers employ diverse operating models including different management structure, wage rates, staff utilisation and funding mechanisms.
 - Occupancy levels appear stable across the sector at circa 92%.
 - Pressure on staffing levels is largely driven by location (urban/semi-rural), and can vary markedly between organisations.
 - Payroll costs accounted for between 74% and 82% of pre-finance costs
 - Across comparable service offerings, variation in costs associated with the number of beds within a care home were modest. More material issues appeared to reflect the providers preferred operating model.
55. The data set employed is the most comprehensive Cardiff Council has ever had available to understand the cost of providing care home service. The data reflects

providers usual cost of providing care at the defined 92% occupancy level within Cardiff.

Fee Report Arising from the Cost of Care Exercise and Impact on Fee Uplifts Going Forward

56. The purpose of the cost of care exercise was to enable a judgement to be made on a fair fee for the different types of care home provision. The fee judgement arising from the Cost of Care exercise is set out in **chart 7** below:

Chart 7

£ per person per week @ 92% Occupancy	General Residential	Dementia Residential	General Nursing	Dementia Nursing
Wages	£447	£498	£441	£493
Variable	£45	£45	£45	£45
Establishment	£61	£61	£61	£61
Admin	£49	£49	£49	£49
Rent/Notional return/plus margin	£85	£85	£85	£85
Margin 3.5%	£21	£23	£21	£23
Total	£709	£761	£702**	£756**

Implications for Cardiff Council Approach to Care Home Fee Setting

57. The 'usual' costs of care indicated by the cost of care exercise and the Council's current average and median levels are shown below in **Chart 8**:

Chart 8

Cohort	Standard (as per cost of care exercise)	Current (Average)	Current (Median)
Older People Residential	£708.60	£689.08	£650.00
Dementia Residential	£761.19	£676.64	£629.00
Older People Nursing	£702.04	£861.11	£800.33
Dementia Nursing	£755.79	£924.04	£925.00

58. The standard cost of care is the rate that evidentially should form the fee paid to care home providers for different categories of provision.

Provider Feedback

59. The findings from the cost of care exercise were fed back to care home providers at an engagement session on 11th October 2019. 13 providers attended this event and were generally accepting of the judgement of the cost of care exercise and broadly in agreement with the proposed way forward set out in the next section.

60. The event was followed by a letter to all providers dated 14th October 2019, sharing with them the information that was cascaded at the session and seeking further feedback by 24th October 2019 regarding the judgement and the Council's proposed way forward. The following is a summary of the feedback received:

- Five responses were submitted. One came from the Cardiff Nursing and Residential Homes Association (CNARHA) and the other four came from individual providers. The submission from CNARHA was positive. It stated that the Council's commitment to incrementally uplift those fees that have fallen below the standard cost identified by the cost of care exercise is welcomed by the providers. However, it urged the Council to uplift incrementally over three years rather than five years and to make a strategic commitment not to purchase any new care placements at a fee level below the standard cost of care for each category, whilst encouraging market competition above that level. CNARHA felt that this would assist to stabilise the market, guarantee quality care provision, whilst bringing existing placement contracts that are currently below the standard fee to guarantee continuity of service provision and quality care. CNARHA also felt that it was laudable that the Council is committed to be a Living Wage employer but was disappointed that it continues to purchase placements at prices below the true cost of care which they felt does not leave the provider with any room to contemplate becoming a Living Wage Employer. CNARHA recommends that the Council makes a commitment to pay a "Living Wage Premium" over and above contracted rate for those providers.
- In respect of the representation made by four individual providers, this was on the whole, in relation to their own specific financial situations and how they felt the Cost of Care Exercise would impact on them. This feedback was received from some providers who had participated in the exercise and some who did not.

61. Officers are preparing detailed responses to each of the providers who have submitted individual feedback. Where significant concerns have been raised by providers in respect of financial sustainability, Officers have arranged urgent face to face meetings to better understand the challenges that the providers are facing and to consider how the Council may be able to support them going forward to mitigate the risks of home closure.

Review of Uplift for 2018-2019

62. In light of the findings of the cost of care exercise, a review was undertaken of the fee uplift decision for 2018-19. The review finding was that the overall uplift

substantially took into account the cost pressures impacting on providers at that time.

63. The Council continues to stand by its judgement that the increases in the rates and overall funding for the care home sector for 2018-19 have been in line with the cost pressures facing the sector. The Council believes that in recent years, the level of funding for the nursing care sector and average rate of a nursing care placement have both increased by levels that are significant and unprecedented in Cardiff. In the Council's analysis, these increases have exceeded any reasonable calculation of cost pressures and any reasonable expectation of providers, even when accounting for the increasing number of placements being commissioned and the increasing cost of the workforce.
64. The increases in the level of funding for residential and nursing care now means that the majority of these placements and the average rate of these placement types, are significantly higher than the rate paid by all other Local Authorities in Wales for this type of care. The Council has evidence that the proportion of its spending that goes on residential and nursing care has increased significantly in recent years, which has only be possible due to significant cuts in other Council budgets.
65. The Council recognises that the level of funding is not distributed across the sector in an equitable way. In the absence of a cost of care model or exact cost breakdown, the Council could not be specific about exactly which placements this applied to in the 2018-19 uplift process or what uplift was required to address this situation.
66. It is acknowledged that the settlement did not address the packages that fell below the standard cost of care because the standard cost was not known at that time. However, the proposal for 2019/20 fee up lift, and the strategy for the next 3 years, seeks to address this incrementally.
67. Feedback from CNARHA indicates that the Council's commitment to addressing the shortfall over the next 3 years is acceptable to providers. It raised concerns that a 5 year strategy would be more challenging for them to accept and the Council listened to the feedback and reflected this in its recommendation to implement the Fee Setting Strategy over a 3 year rather than a 5 year period.

Funded Nursing Care (FNC)

68. The rates for nursing care referred to in this report exclude the funded nursing care (FNC) component of the care package. The FNC is an additional payment made to providers, for each care package, in recognition of the input of a registered nurse in nursing homes. The FNC element increased from £149.67 per week in 2017/18 to £167.87 per week in 2018/10, (an increase of 12%) largely as a result of a Supreme Court ruling in 2017 that indicated that the FNC rate should be increased to reflect a wider range of nursing duties.

69. Prior to 2017, the FNC was funded wholly by the Health Service, albeit the payment was administered by the Council as part of the care package payment. However, the Supreme Court ruling in 2017 also indicated that the FNC should be increased by a further amount (c£6.80 per week in 2018/19) to reflect the care related (rather than medical) duties undertaken by the registered nurse in a home. This element is deemed to be a local authority responsibility and Councils have received additional funding from Welsh Government in order to make the further payment to providers. As a result of the changes in FNC, funding for individual care packages will have increased significantly in the last two years.

Cardiff Council Charging Policy

70. The Social Services and Well-being (Wales) Act 2014 provides a single legal framework for charging for care and support, or in the case of a carer, charging for support. It provides a Local Authority with the discretion to charge in either case. It also provides authorities with the discretion to require payment of a contribution, or a reimbursement, towards the cost of securing care and support (or support to a carer) where a person receives direct payments to enable them to obtain this. Local authorities can exercise this discretion to charge, or to require a contribution or reimbursement, where they feel it is appropriate to do so and where they have established that the person required to pay any charge, contribution or reimbursement, has sufficient financial means to do so.

71. The charging and financial assessment framework introduced by the Social Services and Well-being (Wales) Act 2014, the regulations and the Code of Practice Part 4 and 5 (Charging and Financial Assessments) are intended to make charging, where it occurs, consistent, fair and clearly understood. The overarching principle is that people who are asked to pay a charge **must** only be required to pay what they can afford. People who require care and support will be entitled to financial support from their local authority in certain circumstances based on their financial means and some will be entitled to care and support at no charge.

72. Save for the requirements of **The 2014 Act**, the Regulations and the Code of Practice Part 4 and 5, where a local authority decides to use its discretion to charge for care and support it provides or arranges the design and content of its policy for that charging is a matter for that authority.

73. Cardiff Council is currently updating its Charging Policy to reflect the requirements set out in **The 2014 Act** and the implications for the charging of individuals of the proposals contained within this paper. It is expected that the new policy will be presented to Cabinet in January 2020.

Cardiff Council Approach to Care Home Fees 2020/21 – 2022/23

74. The cost of care exercise identified the usual cost of care home provision in Cardiff. The intent of the Council is to use this understanding to set a standard set of care home fees in the City as it clearly reflects a fair price of care.

75. The intention is to implement the standard fees in a phased way over a 3 year period between 2020/21 and 2022/23, subject to the availability of resources to the Council.

76. The timeline for the incremental approach reflects CNARHA's request that implementation takes place over a 3 year period rather than a 5 year period.

77. Phased implementation will have the following features:

- All new care home services for older people from January 2020 will be funded at the published rates
- Services currently commissioned at rates significantly below the standard published will receive annual fee uplifts at a rate above the standard uplift from 2020/21 onwards
- Services currently commissioned at rates significantly above the standard published fees will receive no uplift or an uplift below the standard fee uplifts
- The exact uplifts will be determined on an annual basis, taking into account provider cost pressures and the resources available to the Council

78. The adoption of a standard fee for care home provision has implications for the use of a DPS in Cardiff. An options appraisal will be undertaken to consider the most appropriate way of securing care home placements for older people going forward with an expectation that new arrangements that will be in place for a commencement date of 1 April 2020, which will remove the need for a DPS.

79. It is noted that a significant element of the costs included in the calculated standard/'usual' cost of care relate to staffing costs impacted by the National Living Wage. The standard rate is thus likely to increase annually by a level in excess of CPI (e.g. 3.4% as opposed to 2%) with a potential additional commitment of c£350-£400k per annum over and above the typical budget allocation for fee uplifts.

Reason for Recommendations

80. The reason for the recommendations is that the current funding situation for care homes for older people creates an inequitable market for provision and an 'uneven playing field' in the care home sector. There is concern that this inequity, where some providers receive lower rates than others for providing similar types of care, may lead to financial instability for some providers, and not represent cost effective use of public money in respecting other providers.

81. The high average rates that the Council is unsustainable and far exceeds the annual increase in the Council's budget.

82. The Cost of Care Exercise provides the Council with a standard cost of care that it had not previously understood and provides a platform for the Council to address the current inequity for providers whilst providing a more financially sustainable approach for the Local Authority.

Financial Implications

83. The report considers a new approach to fee setting for care homes for older people. This follows the completion of a 'cost of care' exercise undertaken with care providers.
84. Currently, care homes fees are determined via a 'dynamic purchasing system' whereby, care providers submit a separate price offer for individual care packages. Currently, therefore, there is no standard price for a care home bed and subsequently there is a wide range of different rates for similar types of package.
85. The report recommends acceptance of a specific set of standard rates for care home beds arising from the 'cost of care' exercise. The report further recommends that a phased approach is adopted towards uplifting packages that are currently below the 'standard rate' to the relevant level. In recognition of this, the report recommends that the fee uplift process for 2019/20 weights increases to those packages that are currently below the standard level.
86. In 2018/19 £29.3m of expenditure was incurred in the commissioning of care home places for older people. Expenditure in this area has increased significantly in recent years. As part of the annual Council budget process, an additional allocation (largely reflecting CPI) is made to Social Services each year to support an uplift in care home fees. No uplift has to date been made in respect of care home fees in 2019/20, pending the outcome of the cost of care exercise.
87. The cost of bringing all packages currently falling below the suggested standard rate to the relevant level is projected as c£1.6m. This exceeds the level of additional funding (c£600,000) made available to the Directorate for fee uplifts in this area in 2019/20.
88. It is, therefore, proposed in the report that, subject to available resources, a phased approach is taken over 3 years to uplifting packages below the standard rate to the relevant level. Whilst, the proposed phased approach to uplifting package rates to a level suggested by the 2019/20 standard rates could largely be accommodated within existing MTFP assumptions, further consideration needs to be taken of the impact of increases in the standard rate itself in subsequent years. On a formula basis, the standard rate will increase each year to take account of inflationary factors including the NLW which may be in excess of CPI. This implies a further significant cost. Existing MTFP assumptions will therefore need to be re-visited in the short term to take account of the proposed change in approach.
89. It is assumed that annual fee uplifts, within the three year timeframe, will be restricted to those packages that are below the standard level, with no or limited increases given to those above. In the longer term, the adoption of and adherence to a standard rate would assist in limiting the costs of individual care packages and overall costs.

90. The proposed uplift proposal for 2019/20, contained in recommendation 2, can be accommodated within the allocation for fee uplifts provided as part of the 2019/20 budget. Fee uplifts for future years will need to reflect the level of available resources.

Legal Implications (including Equality Impact Assessment where appropriate)

91. Legal advice is located at **Appendix C**. it is exempt from publication pursuant to Paragraph 12.1 of Part 4 of Schedule 12A to the Local Government Act 1972

RECOMMENDATIONS

91. The recommendations set out below take into account the following factors:

- the available resources that the council has
- demand and priorities for care home services
- providers legitimate and future costs
- more cost effective operating models expected and commissioned services
- The investment needed here for providers to meet requirements of both commissioners and regulators (Care Inspectorate Wales)
- the acknowledgement that services must operate safely and effectively to promote the welfare of individuals in their care

Recommendation One: Cabinet accept the judgement on the standard cost of care homes for older people as set out in this paper and agree that all new care home services for older people will be commissioned at a standard published fee from 1st January 2020 at the rate set out below:

<u>Category</u>	<u>Costs per week</u>
• Older People Residential	£708.60
• Dementia Residential	£761.19
• Older People Nursing	£702.04
• Dementia Nursing	£755.79

Recommendation Two: Cabinet agrees fee uplifts for 2019-20 backdated to 8th April 2019, as set out below:

- £40 per week increase for all care home placements below the standard cost of care set out in **Recommendation One** and
- £10 per week increase to all care home placements within £100 of the standard cost
- No uplift for those care home packages that are in excess of £100 above the standard cost.

Recommendation Three: Subject to available resources, Cabinet agree a phased approach to uplifting care packages that fall below the standard price set out in **Recommendation One** over the next 3 years (April 2020 until March 2023). The incremental rise will need to appropriately take into account standard costs impact from increases in the National Living Wage that will exceed CPI rates, as well as the resources available to the Council.

Recommendation Four: Cabinet delegate authority for the decision-making for fee uplifts from 2020 onwards to the Director of Social Services, in consultation with the Cabinet Member for Social Care, Health and Well-being, the Council's Section 151 Officer and the Director of Legal and Governance, using the approach set out in **Recommendations Two and Three** and subject to the availability of the required resources.

Recommendation Five: Cabinet delegate authority for all decision making, related to the new approach to securing care home placements for older people, including the methodology for determining quality, to be implemented from 1 April 2020, to the Director of Social Services in consultation with the Cabinet Member for Social Care, Health and Well-being, the Council's Section 151 Officer and the Director of Legal and Governance.

Recommendation Six: Cabinet note that it will be asked to consider a new Social Services Charging Policy that will be presented in January 2020.

Claire Marchant
Director of Social Services
30 October 2019

The following appendices are attached:

Appendix A – Equalities Impact Assessment

Appendix B – Summary of Cost of Care Exercise Findings

Appendix C – Legal Advice - exempt from publication pursuant to Paragraph 12.1 of Part 4 of Schedule 12A to the Local Government Act 1972



Cost Of Care Exercise for Older Peoples Care homes in Cardiff

Findings October 2019



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



Findings



Usual Hourly Labour rates as at 1 April 2019

Employee type	Wage rate Residential	Wage rate Nursing
Nurses	Not Applicable	Not Applicable
Senior carers	£9.70	£9.70
Carers	£8.41	£8.41
Management (blended)	£15.02	£20.98
Administrator	£10.00	£10.00
Activities Coordinator	£8.65	£8.65
Kitchen (blended)	£8.95	£8.95
Domestic / Laundry	£8.38	£8.38
Maintenance	£9.92	£9.92



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

Findings

Labour utilization- based on 92% occupancy

Employee type	Range of hours per person per week
Nurses	0.00 – 12.59
Senior carers	0.00 – 16.49
Carers	9.78 – 34.44
Management	0.65 – 4.66
Administrator	0.56 – 2.14
Activities Coordinator	0.51 – 3.34
Kitchen	1.90 - 5.21
Domestic/Laundry	0.72 – 5.46
Maintenance	0.36 – 2.63



Findings

Labour: care delivery utilisation: per service user per week at 92% occupancy

Category	Range of Total: Paid Hours per resident per week	Range of Nursing Paid Hours per resident per week	Range of Carers Paid Hours per resident per week	Decision: Typical: Carers Paid Hours per resident per week
General Residential	22.3 - 36.4	0.00	22.3 - 36.4	23.8
Dementia Residential	19.3 - 38.4	0.00	19.3 - 38.4	28.27
General Nursing	25.6 - 44.0	5.0-12.2	18.6 -37.2	21.77
Dementia Nursing	32.3	7.6	24.7	26.4



Findings

Labour utilisation: per service user per week at 92% occupancy

Function	Nursing/ Dementia Nursing Range: Hours per resident per week	Residential/Dementia Residential: Hours per resident per week
Management	1.01 – 2.04	0.65 – 4.66
Catering	2.79 – 4.91	1.90 – 5.21
Cleaning	3.02 – 4.06	0.72 – 5.46
Laundry	0.61 – 2.01	0.35 – 2.17



Findings

General Residential: Typical /wage rates per person per week-based on 92% Occupancy

Grade	Total rate including on-costs	% of total costs excluding finance
Senior Care	£91.96	15%
Carer	£176.99	30%
Ancillary staff	£119.77	20%
Management	£58.74	9%
Agency Premium	£0.00	0%
Total	£447.46	74%



Findings

Based on 92% occupancy levels

Dementia Residential: Typical utilisation/wage rates per person per week

Grade	Total rate including on-costs	% of total costs excluding finance
Senior Care	£115.06	18%
Carer	£204.69	32%
Ancillary staff	£119.77	18%
Management	£58.74	8%
Agency Premium	£0.00	0%
Total	£498.26	76%



Findings

Based on 92% occupancy levels

General Nursing: Typical utilisation/wage rates per person per week

Grade	Total rate including on-costs	% of total costs excluding finance
Senior Care	£40.59	5%
Carer	£200.70	24%
Ancillary staff	£120.55	14%
Management	£79.27	9%
Agency Premium	£0.00	0%
Total (excluding Nursing)	£441.11	52%
Total (Including Nursing)	£688.64	82%



Findings

Based on 92% occupancy levels

Dementia Nursing: Typical utilisation/wage rates per person per week

Grade	Total rate including on-costs	% of total costs excluding finance
Senior Carer	£53.46	7%
Carer	£239.77	30%
Ancillary staff	£120.55	15%
Management	£79.27	9%
Agency Premium	£0.00	0%
Total (Excluding Nursing)	£493.05	61%
Total (Including Nursing)	£646.08	77%



Findings

Based on 92% occupancy levels

Illustrative examples of Variable expenses: typical values £ per person per week

Variable	Residential	Dementia Residential	Nursing	Dementia Nursing
Food	£28.25	£28.25	£28.25	£28.25
Medical and sundries	£3.64	£3.64	£3.64	£3.64
Cleaning, Consumables	£7.32	£7.32	£7.32	£7.32



Findings

Based on 92% occupancy levels

Illustrative examples of Establishment expenses: typical values £ per person per week

Property	Residential	Dementia Residential	Nursing	Dementia Nursing
Repairs & Maintenance	£26.21	£26.21	£26.21	£26.21
Power	£17.82	£17.82	£17.82	£17.82
Council Tax	£0.69	£0.69	£0.69	£0.69
Waste Disposal	£3.87	£3.87	£3.87	£3.87
Insurance	£3.99	£3.99	£3.99	£3.99



Findings

Based on 92% occupancy levels

Illustrative examples of Administration expenses: typical values £ per person per week

Administration	Residential	Dementia Residential	Nursing	Dementia Nursing
Depreciation	£15.92	£15.92	£15.92	£15.92
Head Office	£22.47	£22.47	£22.47	£22.47



Return on Capital/ Margin-based on 92% occupancy levels

- ❖ The opportunity was taken to utilise the typical rental cost, together with a margin, as a measured bench mark, to ascertain if it was sufficient to cover not only the cost of loan interest, but also capital repayments, where provided by operators, offering frail elderly services.
- ❖ The judgment reached, based on the data provided by Operators, is this benchmark measured against returns on capital linked to movements in interest rates, coupled with an attendant margin, broadly remains valid and appropriate for the portfolio as a whole.
- ❖ Accordingly, the finance element has been set at as an average in respect of data received of £84.55 per resident per week



Judgement 2019/20

Based on 92% occupancy levels

Operating costs plus finance cost

£ per person per week @ 92% Occupancy	General Residential	Dementia Residential	General Nursing	Dementia Nursing
Wages	£447	£498	£441	£493
Variable	£45	£45	£45	£45
Establishment	£61	£61	£61	£61
Admin	£49	£49	£49	£49
Rent/Notional return/plus margin	£85	£85	£85	£85
Margin 3.5%	£21	£23	£21	£23
Total	£709	£761	£702**	£756**

Note: numbers incorporate rounding

**Excludes FNCC



Appendix 1

EQUALITY IMPACT ASSESSMENT



Project Title: Older People Care Home- Fee Setting Strategy
New.

Who is responsible for developing and implementing the Project?	
Name: Angela Bourge	Job Title: Operational Manager -Strategy, Performance and Resources
Central Business Support - Strategy, Performance & Resources	Service Area: Social Services
Assessment Date:	

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

The Council has a statutory duty under the Social Services and Wellbeing (Wales) Act 2014, to commission services to meet the assessed needs for its customers. This equalities impact assessment is for the uplift proposed for the provision of:

- Residential and nursing care service

The beneficiaries of the above services, commissioned by the Council are the service users of Cardiff, the Council places great importance in the meeting of their assessed needs

In July 2015, the Chancellor of the Exchequer announced that from April 2016, the UK Government has introduced a requirement for all employers to pay a mandatory National Living Wage (NLW) for workers aged 25 and above is set to increase; From April 2016 –March 2017, the NLW was set at £7.20 this increased by (30p) to £7.50 in March 2018. From April 2018-March 2019 is now at £7.83 increased by (33p), this is now set to increase from April 2019-March 2020 to £9.00 a further increase by (£1.17p).

The Council is seeking authorisation to agree and implement fee uplifts across all care providers in Cardiff.

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

Background
The Residential and Nursing Care service in Cardiff include:

In August 2014 the Council implemented its Proactis System for the procurement of residential and nursing care for older people and older people with dementia. The Proactis system takes individual cases which are offered to the market. Providers then submit a cost for the individual placement and the full list of submitted bids are shown to the service user and their family to inform their choice of available placement. The lowest cost bed is considered to be the Council's usual rate for that placement and if the service user chooses a more expensive placement, then this has to be met by a third party.

Placements for people with Learning Disabilities, Physical Disabilities and Mental Health are procured through the regional CCAP process. All residential and nursing home placements will be treated the same in terms of fee uplifts.

The Council also agreed that a cost of care exercise will be carried out the better engage with the sector to understand the standard cost of care for older peoples care homes services in Cardiff. The council appointed a consultancy firm who did similar exercise across other Welsh local authorities.

3 Assess Impact on the Protected Characteristics

3.1 Age

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

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

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

There will be no differential impact, regardless of age

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

To implement a fee uplift for all current services regardless of age.

3.2 Disability

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

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

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There will be no differential impact, regardless of disability.
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of disability.

3.3 Gender Reassignment

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

	Yes	No	N/A
Transgender People		✓	
To implement a fee uplift for all current services regardless of their gender reassignment will not be effected.			

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of transgender or gender reassignment.

3.4. Marriage and Civil Partnership

Will this Project have a differential impact [positive / negative] on marriage and civil partnership?

	Yes	No	N/A
Marriage		✓	
Civil Partnership		✓	

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There will be no differential impact, regardless of Marriage and Civil partnership.
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of marriage and or Civil partnership.

3.5 Pregnancy and Maternity

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

	Yes	No	N/A
Pregnancy		✓	
Maternity		✓	

Please give details/consequences of the differential impact, and provide supporting
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evidence, if any.
There will be no differential impact, regardless of pregnancy and maternity
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of pregnancy and maternity.

3.6 Race

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

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

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There will be no differential impact, regardless of race.
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of race.

3.7 Religion, Belief or Non-Belief

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

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

Please give details/consequences of the differential impact, and provide supporting evidence, if any.
There will be no differential impact, regardless of religion, belief or non-belief.
What action(s) can you take to address the differential impact?
To implement a fee uplift for all current services regardless of religion, belief or non-belief.

3.8 Sex

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

	Yes	No	N/A
Men		✓	

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

There will be no differential impact, regardless of sex.

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

To implement a fee uplift for all current services regardless of sex.

3.9 Sexual Orientation

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

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

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

There will be no differential impact, regardless of sexual orientation.

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

To implement a fee uplift for all current services regardless of sexual orientation.

3.10 Welsh Language

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

	Yes	No	N/A
Welsh Language		✓	

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

There will be no differential impact, regardless welsh language.

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

To implement a fee uplift for all current services regardless of the welsh language.

4. Consultation and Engagement

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

The Council has taken a robust engagement and consultation process with all residential and nursing care providers in Cardiff. The following steps were undertaken to engage with the residential and nursing care market:

- Letter to the sector
- Provider forum
- Providers participation in the usual cost of care exercise through the completion of the questionnaire
- 1:1 sessions with market operators in order to carry out verification of their costs and

accredited annual accounts

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

Groups	Actions
Age	To implement a fee uplift for all current services regardless of age.
Disability	To implement a fee uplift for all current services regardless of disability.
Gender Reassignment	To implement a fee uplift for all current services regardless of gender reassignment.
Marriage & Civil Partnership	To implement a fee uplift for all current services regardless of marriage and civil partnerships.
Pregnancy & Maternity	To implement a fee uplift for all current services regardless of pregnancy and maternity.
Race	To implement a fee uplift for all current services regardless of race.
Religion/Belief	To implement a fee uplift for all current services regardless of religion or belief.
Sex	To implement a fee uplift for all current services regardless of sex.
Sexual Orientation	To implement a fee uplift for all current services regardless of sexual orientation.
Welsh Language	To implement a fee uplift for all current services regardless of the welsh language.
Generic Over-Arching [applicable to all the above groups]	To implement a fee uplift for all current services.

6. Further Action

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

7. Authorisation

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

Completed By : Amina Begum	18 TH September 2019
Designation: Interim OM	
Approved By: Angela Bourge	
Designation: Operational Manager, Resources	

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

For further information or assistance, please contact the Citizen Focus Team on 029 2087 3059 or email citizenfocus@cardiff.gov.uk

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FEE UPLIFT FOR OLDER PEOPLE RESIDENTIAL & NURSING HOMES – COST OF CARE EXERCISE & IMPLICATIONS



AREAS TO COVER

- **Background**
 - How we commission residential & nursing home placements for older people.
 - Annual uplift process
- **Cost of Care Exercise**
 - Methodology
 - Outcome
- **Implications for Fee Uplift for 2019/20**
- **Future Years**
 - Fee Setting Strategy



BACKGROUND (1)

How we commission residential & nursing home placements for older people.

- Cardiff does not publish or apply a standard price for a commissioned residential or nursing home placement for older people.
- It operates a Dynamic Purchasing System (DPS) – new packages are put out to tender on a web-based system and care providers submit a price for the delivery of the package.
- The DPS was intended to give providers flexibility and control over the prices they submit whilst the element of competition was expected to assist in controlling costs.
- An outcome of the approach has been a large variance between the rates paid for similar types of care. For example, we have experienced increasingly higher weekly rates, particularly for nursing care, some in excess of £1500/wk leading to significant budget pressures for the Directorate.



BACKGROUND (2)

Annual Uplift

- Historically an annual uplift has been applied to all care home placements funded by the Council.
- Prior to the introduction of the NLW this would generally take the form of a % increase applied across all packages.
- Following the introduction of the NLW, uplifts were weighted towards those packages submitted prior to its introduction, the assumption being that packages commissioned after the introduction would take account of the NLW in the prices submitted via the DPS.
- In 2018/19, a modified approach was initially taken which further targeted uplifts to certain packages.
- However, a pre-judicial review challenge was received on behalf of providers, alleging the basis that the Council had not adequately consulted on its fee setting process and therefore had acted outside of the Welsh Government Statutory Guidance.
- The decision was withdrawn and a revised offer was made with a commitment that the Council review its fee setting approach as part of a further consultation with providers.
- It made a commitment to undertaking a Cost of Care exercise to inform future decision –making.



Cost of Care Exercise (1)

Methodology

- The Council commissioned a consultant who had undertaken similar work with a number of other Welsh LAs to determine a “usual (or “standard”) cost of care for older people residential and nursing packages in Cardiff.
- 19 care homes participated in the exercise - they fell into the following categories:
 - General Residential
 - Dementia Residential
 - General Nursing
 - Nursing Dementia
- The exercise involved the following stages:
 - Questionnaire sent out to all providers of care homes for older people seeking detailed information about their annual costs
 - individual interviews with participants to validate the information they provided on the questionnaires
 - Workshops with Senior Officers (including a “Judgement Day” exercise)
 - The information from providers considered as part of the exercise included:
 - Operating model
 - Movement if any, in working practise from 2018 to 2019
 - Current staffing levels,
 - Challenges posed by movements on staffing levels if any,
 - Establishment and financial overheads,
 - Capital employed e.g. loan or rental arrangements
 - Positions taken in relation to quality



Cost of Care Exercise (2) Outcome

- The outcome was the production of a “usual cost of care” for each category:

	Standard Rate Per Week (as per cost of care exercise) £	Current Average £	Current Median £
• Older People residential	708.60	689.08	650.00
• Dementia residential	761.19	676.64	629.00
• Older People nursing	702.04	861.11	800.33
• Dementia nursing	755.79	924.04	925.00

NB: all nursing figures are net of FNC.



Future Years

- A Fee Setting Strategy for care homes for older people details the approach that seeks to move to a published / standard price of care in line with the “usual cost” implied by the Cost of Care Exercise.
- It sets out how the Council will seek to adopt a phased approach to uplift fees that fall below the usual cost over a period of 3 years.
- It also seeks to address the future staffing costs impacted by the NLW. The standard rate is therefore likely to increase annually by a level in excess of CPI (e.g. 3.4% as opposed to 2%).
- This means that there will be a potential additional commitment of **c£350-£400k** per year over and above the typical budget allocation for fee uplifts.
- The impact is expected to be affected by a policy adopted in relation to new care packages (e.g. if future fees are restricted to standard / usual levels).



By virtue of paragraph(s) 14, 21 of Part(s) 4 and 5 of Schedule 12A of the Local Government Act 1972.

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

COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

6 NOVEMBER 2019

**CABINET RESPONSE TO THE TASK AND FINISH REPORT OF CASSC & CYP RE:
'PREVENTING YOUNG PEOPLE'S INVOLVEMENT IN DRUG DEALING'**

Purpose of Report

1. To provide Members with an overview of the Cabinet response to the recommendations from Community & Adult Services and Children & Young People Scrutiny Committees joint Task & Finish Inquiry on 'Preventing Young People's Involvement in Drug Dealing'.

Background

2. At its meeting in September 2017 the Committee agreed to undertake a joint Task & Finish investigation into "preventing young people becoming involved in drug dealing". The issue was raised by Councillor Lynda Thorne in a letter to the Chair of the Children & Young People Scrutiny Committee.
3. The Committee agreed the following Terms of Reference for the task group:
Identify and Investigate:
 - The contributing factors that give rise to young people becoming involved in drug dealing in the city.
 - The positive contributing factors that communities can put in place to protect and prevent young people becoming involved in drug dealing in the city.
 - Determine the effectiveness of current policies and services in protecting and preventing young people becoming involved in drug dealing in the city.
 - Identify good practice.
 - Determine how best statutory agencies can work with communities to ensure they are informed about services and support available and are confident to report concerns.
 - Make recommendations to be taken forward to the Safer & Cohesive Communities Programme Board.

4. Members of the Task & Finish group were:
 - Councillor Lee Bridgeman
 - Councillor Saeed Ebrahim (Chair)
 - Councillor Kathryn Kelloway
 - Councillor Ashley Lister
 - Councillor Mary McGarry
 - Councillor Mike Phillips
 - Councillor Kanaya Singh

5. The Task Group reviewed evidence gathered from discussions with a wide range of witnesses including Council Members and officers (including Youth Service); third sector organisations; Community Safety Board Members; schools; Cardiff & Vale UHB; residents and community representatives; and probation. The Members also reviewed a number of publications and reports, and developed, distributed and analysed a community survey to gain a snapshot of opinion across Cardiff.

6. Evidence from all of the above was used to identify suitable findings and recommendations from the Inquiry. The Inquiry Report was agreed at Committee on 5 December 2018 and was presented to Cabinet on 24 January 2019. The full Inquiry report is available at:
<https://cardiff.moderngov.co.uk/ieListDocuments.aspx?CId=151&MId=3543&Ver=4>

Cabinet Response to Recommendations

7. Overall, the Committee made nineteen recommendations to the Cabinet.

8. The Cabinet agreed their response at their meeting 18 April 2019. The full response is attached at **Appendix A** and shows that:
 - 12 - of the recommendations are accepted – R1, R2, R4, R6, R7, R9, R10, R11, R12, R13, R18, R19
 - 6 – accepted in principle – R3, R5, R8, R14, R15, R16
 - 1 – was not accepted - R17.

Way Forward

9. Councillor Lynda Thorne, Cabinet Member for Housing and Communities and relevant officers from the People & Communities directorate have been invited to present the directorate's Action Plan for the accepted recommendations (attached at **Appendix B**) and answer Members' questions.

Legal Implications

10. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not making 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

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

RECOMMENDATION

The Committee is recommended to receive the Action Plan and agree the way forward for receiving progress reports on the work required in response to the recommendations in the report.

Davina Fiore

Director of Governance and Legal Services

31 Oct 2019

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CABINET MEETING: 18 APRIL 2019

**RESPONSE TO THE CHILDREN AND YOUNG PEOPLE'S
SCRUTINY COMMITTEE AND COMMUNITY AND ADULT
SERVICES SCRUTINY COMMITTEE INQUIRY REPORT
ENTITLED "PREVENTING YOUNG PEOPLE'S INVOLVEMENT IN
DRUG DEALING".**

HOUSING & COMMUNITIES (COUNCILLOR LYNDA THORNE)

AGENDA ITEM: 5

Reason for this Report

1. To respond to the Inquiry Report entitled "Preventing Young People's Involvement in Drug Dealing" undertaken by the Task Group established by the Children and Young People's Scrutiny Committee and the Community and Adult Services Scrutiny Committee.

Background

2. A Joint Task and Finish Inquiry considering the issues around preventing young people's involvement in drug dealing took place between October 2017 and May 2018.
3. The Task Group comprised Members from both the Children and Young People Scrutiny Committee, the Community and Adult Services Scrutiny Committee and Ward Members from Butetown and Grangetown.
4. The Task Group heard from approximately 30 witnesses and considered the results of a survey that was completed by 413 people or groups.
5. The Inquiry report was presented to Cabinet in November 2018 and made 19 recommendations supported by associated key findings. The key findings and conclusions from the Inquiry were themed under a number of headings. These were:
 - Culture shift – the "Normalisation" of drugs
 - Impact on Communities
 - Safeguarding Young People(and their families)
 - The role of Agencies
 - Education and awareness raising
 - Crime and Enforcement

6. The recommendations of the Task Group were endorsed by both Scrutiny committees and commended to Cabinet for implementation, in consultation with the community safety board and organisations within the wider Cardiff partnership arrangements.

Issues

7. The recommendations in the report have been shared with partner agencies for consideration and have been discussed at the community safety delivery board.
8. Of the 19 recommendations, 12 have been accepted, 6 accepted in principle and 1 to follow (Recommendation 17). The response to each recommendation is detailed in Appendix 1 with an explanation as to why the recommendation is either accepted, rejected or accepted in principle or in part.

Reasons for Recommendations

9. To enable the Cabinet to respond to the Scrutiny report.

Financial Implications

10. Whilst there are no direct financial implications arising from the report, as and when individual proposals are developed in respect of accepted recommendations, financial advice will need to be taken in order to demonstrate appropriate diligence and affordability and that it is affordable within the parameters set when Council approved the 2019/20 and the medium term revenue and capital budget.

Legal Implications

11. 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) 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.
12. The Council must consult with the police, Police and Crime Commissioner and other relevant bodies before issuing Public Spaces protection Orders.
13. The Council has to satisfy its public sector duties under the Equalities Act 2010 (including specific Welsh public sector duties). Pursuant to these legal duties Councils must in making decisions have due regard to the need to (1) eliminate unlawful discrimination, (2) advance equality of opportunity and (3) foster good relations on the basis of protected characteristics.

14. The Well-Being of Future Generations (Wales) Act 2015 ('the Act') places a 'well-being duty' on public bodies aimed at achieving 7 national well-being goals for Wales - a Wales that is prosperous, resilient, healthier, more equal, has cohesive communities, a vibrant culture and thriving Welsh language, and is globally responsible.
15. The well being duty also requires the Council to act in accordance with a 'sustainable development principle'. This principle requires the Council to act in a way which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. Put simply, this means that Council decision makers must take account of the impact of their decisions on people living their lives in Wales in the future.

HR Implications

16. There are no HR implications arising from this report.

RECOMMENDATION

Cabinet is recommended to agree the response to the Scrutiny Committee report entitled "Preventing Young People's Involvement in Drug Dealing"

SENIOR RESPONSIBLE OFFICER	SARAH McGILL Corporate Director People & Communities
	12 April 2019

The following appendix is attached:

Appendix 1 - Response to Recommendations

The following background papers have been taken into account:

An Inquiry report of the Children and Young People Scrutiny Committee & Community and Adult Services Scrutiny Committee entitled 'Preventing Young People's Involvement in Drug Dealing' (Nov 2018).

Cabinet Response to Recommendations

Impact on Communities

R1. Improve community engagement and consultation in terms of tackling drug-related crime by replicating the locality based partnership model and strengths based approach model implemented in Butetown, via a sequenced roll-out to other parts of Cardiff.

Supported by Key findings 2-3

This recommendation is **ACCEPTED**.

Background:

Following concerns raised that young people in Butetown were becoming involved in crime and Anti-Social Behaviour (ASB) (specifically drug related), and issues regarding drug use and disposal of needles in local parks, a multiagency workshop was held including representatives from various Council services, Police, health services (statutory and 3rd sector), schools, housing associations and Probation. 4 key themes were identified as shown below, together with the resources in the local community and working groups were set up to take forward the actions identified.

Butetown 2018 – Multi Agency Response to Crime and Anti-Social Behaviour Issues.



What has been achieved?

Improved diversionary activities and advice

- The new Youth Hub at the Pavilion now offers a wider range of activities and support for both young people and families. The open access youth activity has

increased with diversionary programmes during school holidays, Halloween and Bonfire night periods

- Two youth Employment Mentors and a volunteer mentor are based in Pavilion fulltime providing support and advice for career options.
- A parent's forum now meets regularly to talk about local issues, young people and is used for sharing information.

Targeted community safety activity

- Communication has improved between agencies and joint working initiatives have been delivered on some of the quick wins identified in the earlier workshop.
- 'Hot-spots' have been mapped and target hardening carried out including gating of communal areas of flats, cutting back shrubbery and measures to disrupt criminal activity. A CCTV strategy has been developed.
- Engagement with residents to encourage them to report anti-social and criminal behaviour by increasing outreach and visits by the housing ASB teams worked well alongside visible foot patrols by the Neighbourhood Police Team (NPT). This included targeted surgeries for residents of hotspot areas and warrants conducted at key addresses and feeding this back to the community on social media / PACT meetings etc. to advise what has happened.

Could this activity be rolled out across the city?

Diversions activities and advice

The further roll out of Community Inclusion Officers in the Hubs planned for 2019 will help to increase the diversionary activities available for young people.

The officers will work with community organisations and volunteers to extend provision. However to be effective city wide it is recognised that there will need to be further integration of locality based partner activity for young people.

The review of the Council's youth service, currently underway, will assist to ensure that current provision is being co-ordinated as effectively as possible and to identify service gaps or duplication. Once the review is complete a timetabled roll out of diversionary activities and advice will be planned and implemented, taking into account resource levels across the partnership.

Targeted Community Safety Activity

It is acknowledged by the Community Safety delivery board that partnership activity in this area needs to be more effectively co-ordinated and prioritised.

At a Community safety workshop event held in Butetown in October 2018, partners from across the public and third sectors agreed to prioritise activity across a more focussed number of key themes.

Area Based Working and County Lines/Exploitation were 2 of the 4 key priorities identified for 2019/20 and these priorities were developed at the Community safety delivery board in January 2019 and confirmed by the Community Safety Board at

a meeting on 26th March 2019. It was further agreed that a strengths based approach would underpin joint work across all 4 of the prioritised workstreams with a particular focus on:

- Building resilience – helping communities to respond to , withstand and recover from adverse situations and
- Addressing vulnerabilities – identifying those in the community who are subject to harm or are likely to be exposed to harm and taking action at the earliest opportunity.

Any funding requirements that are identified as part of the activity of the work streams will be reported through the Community safety board arrangements and into the Public Service Board as appropriate.

R2. The Community Safety Board undertake a neighbourhood review to work towards formalising engagement with the community, using the resources of PACT within the new arrangements. This new arrangement should be a two-way communication tool between partners and the community.

Supported by Key findings 4-7; 28

This recommendation is **ACCEPTED**.

In January 2019, the Community Safety Delivery Board reviewed the current partnership approach to community engagement for the areas of activity that fall with its area of accountability. A new model of engagement has been recommended which is based around the following;

- **Community focused** - Engagement between services and residents is centred around the city's hubs and existing networks.
- **Asset based** - Partner resources are brought together to address issues impacting the community the Hub serves (building on the assets in the community and supporting individuals and organisations to come together to realise and develop their strengths). This will include the better integration of resources and include consideration of the PACT arrangements.
- **Bottom up and top down** - Issues are collated and escalated by community based coordinators (bottom up) and work is commissioned by the Community Safety Board based on what is added value (top down).

Arrangements already in place in Butetown will be used as a model to roll out across Cardiff as per recommendation 1 and a review of resources including the results of new approach to the integration of PACT with will be undertaken as part of this roll-out.

R3. The volunteer portal already in place to include attracting volunteers to act as community role models and ambassadors in order to advise young people on the dangers of drug-use and involvement with drug-related crime. This voluntary scheme should be suitably funded and involve collaborative working with relevant groups and partners.

Supported by Key findings 8-11

This recommendation is **ACCEPTED** in principle.

The collaborative working of volunteers alongside professional advisors is a model that currently works well across all Community hubs. Further work will be undertaken to identify the scale of opportunity presented by schemes that already exist delivered by organisations such as Princes Trust, Gofal and New Link and which offer mentoring and peer support schemes, some specifically for those affected by substance misuse or mental health issues.

In addition we will review the success of the parent's forums and other work being piloted in Butetown and extend where appropriate. In February a Careers Fair themed 'Inspire Our Youth' was held in Butetown Pavilion. Over 380 people attended the event which included a Parents Panel plus Youth Inspired Professional Speakers from a range of professions and the potential to build on such events to develop community role models and ambassadors will be explored.

R4. For the Council, through its neighbourhood partnerships, explore the use of community facilities by the community – creating a pool of volunteers; offering support and training; and explore funding opportunities, to enable the community to have access to these buildings to run clubs/groups for young people, and give them a place to go outside of normal hours.

Supported by Key findings 10-11

This recommendation is **ACCEPTED**.

Several Hubs already offer community groups the opportunity to open the facilities on an out of hours / weekend basis.

For this to take place the building needs to be suitably alarmed so that areas with sensitive information and equipment can be separately locked down. This is already in place in Grangetown, Llandaff North, Ely, St Mellons, Rumney, & Powerhouse Hubs. It is also proposed that the Butetown Youth Hub will also have this facility once refurbished.

Any community groups using the buildings need to have public liability insurance. Help is available for groups to become properly constituted and to apply for small grants.

Encouraging the formation of community groups and helping them to attract volunteers has been included in the role of the new Community Inclusion Officers. With the expansion of this service in 2019 there will be greater focus on developing groups to support young people.

R5. The Council and its partners review where drug related services are located and commit to thorough community engagement in areas of the city chosen for any proposed location for drug-related services such as needle exchanges. The size of the development should be clearly explained to residents as part of this engagement process.

Supported by Key findings 12-13

This recommendation is **ACCEPTED in Principle.**

This recommendation has been considered by Health Colleagues who represent the views of the lead agency in this area of work. There was concern expressed that the consultation process should include service users as well as residents with harm reduction for all being a key consideration. The recommendation was accepted in principle and a commitment made in line with Welsh Government directives to consult with communities and appropriate statutory bodies where future drug related services are located. It was agreed that consultation should include the size of the development which should be clearly explained to residents as part of this engagement process.

The Area Planning Board for substance misuse is currently undertaking a wide ranging recommissioning process for regional substance misuse services. As part of this process comprehensive consultation with partners and communities will be undertaken.

It is important that services are recommissioned in a holistic way so as to ensure that existing vital service delivery is not compromised whilst planning for the commissioning of services to address new areas of demand.

Progress in this important area will be reported through the community safety board arrangements.

Safeguarding Young People (and their Families)

R6. The Council and partners undertake a review of current youth service provision. This should include assessing the function and developing a new model of service delivery that is more effective and fit for purpose. This should include an evaluation of the flexibility of the service and how it can meet the demand. The service could be more sessional based approach, linked up across a range of partners and be available outside of school hours and in the school holidays. There is a need to recognise the crucial role played by youth services in preventing young people's involvement with drugs and drug-related crime and that the Council should be mindful of this factor before future funding decisions are made regarding the service. If the remaining youth centres are to continue to offer young people a place to go, feel safe and be supported, budgets should be protected as much as possible, and considered as an integral part of the development of community-based services and facilities.

Supported by Key findings 14-15

This recommendation is **ACCEPTED**.

The enquiry considered whether the reduction in youth services was a contributory factor to young people's involvement with drug dealing and concluded that, "the closure of Council-run youth centres had not contributed to an increase in drug related crime". KF14. The report nonetheless acknowledges the key role of youth provision in preventative work and in support for young people at risk of involvement in drug dealing and consumption.

A significant reduction in the youth service core budget over recent years, by two thirds from the 2014 baseline, has unavoidably resulted in changed and reduced provision. The current operating model results from an extensive review in 2014 which drew on practice elsewhere in Wales and the UK. Targeted work was refocussed to achieve closer alignment with schools, and this has undoubtedly played a significant role in securing the marked reduction in young people NEET over this period. It is not the case however that all youth service provision is "education-based" (KF15) as the report suggests.

A key policy of the 2014 review was to sustain, on a significantly reduced budget, open-access, sessional provision. For this reason youth innovation grants (YIGs) were introduced, drawing on practice elsewhere, which sought to leverage increased provision from third sector providers by the issuing of grants to support open access provision for young people to complement the directly delivered provision which

continues to be offered through a reduced number of Council run venues, including Hubs.

A review of the Youth Innovation Grants is in process which will look at the added value they have delivered, the numbers of young people they have reached, where they have worked well, and where they have had limited impact. The recent restructure in the Education Directorate has strengthened alignment of the youth service with other services supporting young people. Outcomes from a review of open access provision and YIGs will inform any further changes required, including the model of open-access sessional provision, and will seek to further strengthen alignment with support for young people including those on the edge of care, those in the youth justice system, and will integrate Council provision with enhanced support for young people's mental health and wellbeing funded through the Health Authority.

R7. The Council and partners to undertake a review of all streams of "safeguarding" related activity across the City, with a view to developing a model for intervention and prevention for young people vulnerable to drug-related crime. There is a wide range of good practice already in place in relation to child sexual exploitation, FGM, radicalisation, sex work etc. and Members agreed that pooling the expertise and knowledge from these streams would establish the links with current work and assist in developing a specific model for young people caught up in drugs. This will also provide the tools required for engaging the parents/carers and families of these young people.

Supported by Key findings 7; 15-16

This recommendation is **ACCEPTED**.

This work is currently underway, based on the good practice models that have been implemented to address CSE and using the same or slightly adapted processes for other forms of exploitation and managing associated risk. This includes work around young people and drug dealing.

An exploitation strategy is being drafted covering Children and Adults (Cardiff and the Vale) which will include all forms of environmental / contextual safeguarding. Subsequently an action plan will be developed for service areas highlighting the implementation and work plan around these issues. We will work closely with colleagues in the Youth Offending Service in this work.

We are keen to develop an 'Adolescent service' to work directly with those presenting with potentially high risk issues. This will build on the work that is currently done by Adolescent Resource Centre / Thinksafe! and the 11+ team and complement the preventative work that the Family Advice and Support service will undertake.

R8. The Council and partners develop a "Well-being Strategy" for young people based on the strengths based approach, and using initiatives such as "Goodies in Hoodies" that had had a positive impact on tackling negative perceptions of young people.

Supported by Key findings 7; 18-20

This recommendation is **ACCEPTED in Principle.**

It is recognised there is a range of good practice already in place- including initiatives such as 'goodies in hoodies'- that contribute to well-being support. Services in education, health, children and adult services and communities are being reviewed to align approaches being taken to children and young people's wellbeing. This will include an audit of early intervention initiatives, as well as responses to complex or acute needs. Engagement with children and young people, schools and other settings also form part of this audit.

Wellbeing is a priority in the Education Service delivery plan and an integral part of the new Estyn Common Inspection Framework. The Child Friendly Cardiff Strategy is the overarching policy for promoting the wellbeing of young people and targets are being established to integrate the principles of a Children's Rights Approach into all education plans and strategies.

R9. The Council and its partners undertake a major review of current arrangements in relation to options available to young people who find themselves excluded from school or on reduced timetables. Schools should play a central role in this review. The review should include drawing on existing examples of good practice already in place in some of Cardiff's schools. The review should include the identification and implementation of a number of preventative, diversionary methods to help steer young people towards a more positive life path. Sport, art, the opportunity to undertake apprenticeships and training, working within their community should all be considered to help achieve this. The review

should also consider the development of a measurement to monitor and review school practice in relation to this area.

Supported by Key findings 21-24

This recommendation is **ACCEPTED**.

The concerns expressed are recognised and highlighted in the Schools Annual Performance Report, considered by Cabinet and CYP Scrutiny January 2019. Targets have been set to address these issues. The work is part of the Education Other than at School delivery plan with five priorities

1. Improve practice through the development of access panel and protocols for pupil placement
2. Improve commissioned provision through clearly defined aims and quality assurance.
3. Improve local authority provision
4. Improve processes via work with schools to retain pupils and to track pupil progress to reduce the risk of disengagement
5. Improve the curriculum offer for learners.

The Role of Agencies

R10. The Council and its partners ensure the development and implementation of a city-wide strategy on tackling drug-related crime to highlight in particular the dangers posed by the UK-wide increase in "County Lines" activity. Part of this strategy should include a hard-hitting communications campaign involving social media platforms and more traditional advertising measures such as the use of billboards. This should be coordinated with recommendations 15 and 16.

Supported by Key findings 29-31

This recommendation is **ACCEPTED**.

The Community Safety Board has agreed 4 key priorities for 2019/20, one of which is "County Lines and Exploitation". The work is to be progressed by a "Task & Finish" Group of key partners. The Board is currently confirming membership of this Task & Finish Group and the development of a Strategy will be explored as part of work going forward.

Communication and awareness raising options will also be considered as part of the work of this Task & Finish Group; and will be based on good practice already in place, as well as campaigns adopted elsewhere.

R11. The Safer Communities Board ensure that relevant third sector organisations are invited to operational meetings in order to achieve a wide-ranging approach to tackling the issue of drug-related crime. All parties should then be encouraged to promote each other's services and campaigns on their respective communication platforms in order to raise public awareness. Such action would give residents clearer indication of points of contact for reporting incidents of drug-related crime.

Supported by Key findings 25- 27

This recommendation is **ACCEPTED**.

Representatives from the Third Sector already sit on the Community Safety Delivery Board, and the Community Safety Manager has been tasked to establish a Community Safety Network with relevant partners, including those from the third sector. Key to the success of the network will be for members to share service updates; campaigns; key messages; best practice; information sharing; and training and funding opportunities. The network will also undertake focussed pieces of work to assist the work of the Boards in areas which may include developing improved communications and awareness raising platforms; and developing a signposting toolkit. Outputs from the network will be fed back to the Community Safety Boards and will play a crucial part of the governance arrangements in relation to community safety. In addition, representatives of the third sector will play a crucial role in the work of the Task & Finish Groups, including the "County Lines and Exploitation" Group outlined in R10 above.

R12. The Council and its partners develop and implement a system of community based operational meetings to include partners, third sector, parents and community members to share local data and intelligence in order identify hotspots, problem areas and shared solutions to the problem. This could include adopting a similar approach used by the CSE PING meetings.

Supported by Key finding 28

This recommendation is **ACCEPTED**.

The PING meetings will evolve to cover other forms of exploitation in due course. All parties acknowledge that this format would work for other forms of exploitation and risk. The implementation of the exploitation strategy and action plans will document the work plan. This will be devised in partnership and it is felt that a launch / pledge from key partners would further commit to joint working in this. We have discussed setting up 'Risk Panels' where such cases can be discussed and monitored.

Discussions with the police have informed us that they are looking into a 'Risk MARRAC' meeting format. It is agreed that it is important to have key partners involved in these processes.

R13. The Council and partners adopt a similar model used by other work areas (such as CSE) to enable them to discuss individual young people in order to assess and address the individual's needs – including issues raised in recommendations 7 and 9. This should also link with the early help new proposals and the young person's gateway.

Supported by Key finding 28

This recommendation is **ACCEPTED**.

This is also being developed. We use the same MASM (Multi Agency Safeguarding Meeting) to discuss all cases of exploitation. Again, the development of an 'Adolescent Service' would help direct services in this area. Using the former 'Grassroots' provision in Charles Street as well as the ARC building in Neville street to engage with young people *and* their families would ensure that there was scope to be more centrally available and work with relevant key partners locally.

R14. Cabinet ensures that plans for a city-wide youth survey to ascertain attitudes to drugs and drug-related crime are fully supported by Cardiff Council and that meaningful results are eventually achieved. Currently, it is proposed that a potential youth survey be commissioned by the Community Safety Partnership, in partnership with Youth Services. Members would wish to strongly encourage that this take place at the earliest possibility.

Supported by Key finding 32

This recommendation is **ACCEPTED in Principle**.

The School Health Research Network undertakes a biennial survey of secondary school pupils in Wales which is fed back to local authorities and participating schools. The report contains information on pupils contact with drugs as well as wider issues relating to the well-being of young people.

Further survey and engagement with young people will valuable inform future service provision.

Education and Awareness Raising

R15. A strategic, coordinated Communications Plan be developed with input from all partners. This should include the coordination of current materials that could be used as part of the programme. The programme should include mechanisms for delivering a large scale campaign across the City, and also more targeted awareness raising and training with recognised vulnerable groups. This should be developed in line with the Strategy recommended in R10 above, and should acknowledge the range of diverse communities across Cardiff. The Communications Plan should also develop targeted programmes for specific areas of Cardiff to address specific challenges faced by that area.

Supported by Key findings 33-37

This recommendation is **ACCEPTED in Principle.**

Given the wide range of activity that is being developed across the partnership to tackle the issues identified by the task and finish Inquiry it will be necessary to develop communications plans that are integrated to the work actually being undertaken. The approach would ensure the principles and methods identified in recommendations 2 , 5 10,11 and 16 are utilised across a unified implementation plan overseen by the community safety board.

R16. A programme of campaigns for children and young people be developed by young people and current providers (for example, the St. Giles Trust), to include PSHE teaching materials, social media, development of apps, etc. The wording of all material should be very carefully considered and should include a strong message in informing young people of the consequences of being involved in drug dealing; recognising grooming; where they can go for more advice; and what options are available to them if they find themselves in trouble via drug-related activity. The coordination of budgets from other sources (Public Health Wales, Welsh Government etc) should also be explored as part of developing this campaign.

Supported by Key findings 33-37

This recommendation is **ACCEPTED in Principle as above.**

Crime and Enforcement

R17. The Police & Crime Commissioner review the powers that are given to PCSO's.

Supported by Key finding 38

This recommendation is **NOT ACCEPTED**

This recommendation has been considered by the Police & Crime Commissioner. The powers given to PCSOs are kept under review by the Chief Constable and discussed regularly with the Police and Crime Commissioner but there are no current plans to increase their powers as this could undermine the strengths of the role currently undertaken by the PCSOs.

PCSOs play a key role in the way that South Wales Police approaches Neighbourhood Policing, which is central to the way we police our communities and which is being refreshed as part of an ongoing review at the present time.

A regular plea to the Commissioner by Councillors and by community representatives is to maintain the presence of the PCSOs on the streets and in their communities, and it is precisely because the PCSO does not have the powers of a constable that their presence in the local community is not subject to the same level of abstraction that affects police officers, nor to the same level of churn that is necessary in respect of Police Officers as they develop their career and broaden their experience.

The Chief Constable has strengthened the approach to maintaining continuity in this role in local areas across South Wales. The current review aims to strengthen the role of the PCSO in terms of being a problem solver in and with the local community, having a focus on communication and engagement with the local community, and in terms of empowering the local community and helping it to be safe confident and resilient.

R18. The Community Safety Board explore options of enforcement routes to tackle anti- social behaviour associated with drug dealing and problematic drug use in order to strengthen current arrangements and ease pressure on the Police. This could include a local, hybrid version of the use of Public Spaces Protection Orders.

Supported by Key findings 39-42

This recommendation is **ACCEPTED.**

A process for considering the use of PSPOs alongside alternative enforcement routes in response to anti-social behaviour is currently being explored. It is intended that the process would provide a decision record setting out the reasons for a PSPO and the steps taken to consult on, introduce or vary an existing PSPO.

R19. The Council and partners link with relevant third sector providers to address the issue of “County Lines” activity in the City and links to other drug-related crime, such as knife crime. This should form part of both the strategic and operational elements of work going forward.

Supported by Key findings 43-46

This recommendation is **ACCEPTED**.

As already stated in R10, a Task & Finish Group to address issues in relation to County Lines and Exploitation is currently being developed. Critical to the work of this Group will be making links with other related crime, including knife crime. The membership of the Group will include relevant third sector partners to provide strategic, operational and grassroots input.

FURTHER RESPONSE – “PREVENTING YOUNG PEOPLE’S INVOLVEMENT IN DRUG DEALING” JOINT SCRUTINY INQUIRY

R1. Improve community engagement and consultation in terms of tackling drug-related crime by replicating the locality based partnership model and strengths based approach model implemented in Butetown, via a sequenced roll-out to other parts of Cardiff.

In terms of progress to date, the Cardiff Community Safety Partnership (CSP) has achieved the following:

- A priority for the Cardiff Community Safety Partnership was the further development of the “Area Based Working” approach, following the Butetown Pilot.
- A review of the Butetown model was considered by the Community Safety Delivery Board on the 31st July. The Butetown Pilot group was reconvened 9th October 2019 and a new Aspirations sub-group convened 21st October 2019 as a way to continue the trial.
- Splott & Tremorfa were identified as a potential area to pilot further area based responses. Nominations for participants sought across partners and links made with the local Police Problem Solving Group.
- A multi-agency workshop aimed at canvassing partner views for extending the Butetown pilot into Splott & Tremorfa took place 1st October 2019.

Next Steps:

- Establish detailed Action Plan for the Butetown Area pilot area working group, aligning new and existing partner work streams while capturing and highlighting successful outputs (25th November 2019).
- Share initial Splott & Tremorfa workshop report highlighting key findings and recommendations for next steps and resource required (14th November 2019)
- Convene new Splott & Tremorfa area based group as an extension of the Butetown trial. Align governance with existing STAR Youth Action Group and Off Road Motorcycle Group (6th December 2019)

R2 - Undertake a neighbourhood review towards formalising engagement with the community. New arrangements to include using the resources of PACT and to be a two-way communication tool between partners and the community

Since the last update, the Community Safety Partnership and Public Services Board has agreed its approach to engagement, which is based around the following;

- **Community focused** - Engagement between services and residents is centred around the city’s hubs and existing networks.
- **Asset based** - Partner resources are brought together to address issues impacting the community the Hub serves (building on the assets in the community and supporting individuals and organisations to come together to

realise and develop their strengths). This will include the better integration of resources and include consideration of the PACT arrangements.

- **Bottom up and top down** - Issues are collated and escalated by community based coordinators (bottom up) and work is commissioned by the Community Safety Board based on what is added value (top down).

In operational terms, the Butetown model and rolling this out to Splott and Tremorfa, it has presented the Partnership with the opportunity to review its community engagement arrangements, based on the above principles. Further details of progress to date includes:

- Area Based Working workshop held at Community Safety Conference 19th September, which canvassed partner agencies on best approach for engaging with the community and how they would like to be involved.
- Complementing 19th September workshop, a Splott & Tremorfa Area Based Working workshop was held 1st October which also asked partners for views in operating community engagement and how they would like to be involved.

In relation to next steps:

- As a part of the Butetown pilot, establish a Citizen Engagement workshop with key nominated community members for developing a localised two way engagement mechanism. Output ideas to be further investigated for trialling locally and what resources would be required to expand across the city (14th December 2019).
- Both trial area based Working Groups (Butetown and Splott & Tremorfa) to arrange Community Reporting Workshop sessions with local police and relevant agencies, assessing existing citizen reporting methods for key concerns and conceiving alternative mechanisms where gaps are identified (21st December 2019).
- Launch campaign within Butetown and Splott & Tremorfa communities, encouraging resident reporting using Cardiff Council app and any other methods identified at Community Reporting workshops (31st January 2020).
- Assess results of 2019 Ask Cardiff Survey to further establish what this could mean for community engagement within the context of the Butetown/ Splott & Tremorfa pilot (28th February 2020).

In addition, South Wales Police have undertaken a review of its neighbourhood policing arrangements, and this includes the re-establishment of “Problem Solving Groups” (PSGs) and Quality of Life meetings. Currently, the Police and partners are discussing and agreeing the number of meetings across the city and the governance arrangements into the CSP arrangements.

The objective of PSG meetings is to streamline partnership working and to be an operational group to identify, tackle and resolve local issues to:

- Improve the quality of life of the community
- Reduce demand through problem solving
- Share good practice

Intelligence driving each PSG will be collected and collated across partners from the police analyst, partnership analyst and any escalation across community cohesion groups, PSBs and CSPs.

This is already gaining traction operationally. For example, the PSG operating in Splott reports into the Splott and Tremorfa Area Based Working Group, which in turn report to the Community Safety Delivery Board. Police colleagues managing the PSG sit on the Area Based Working Group to ensure that there is cross over between both groups.

R3. The volunteer portal already in place to include attracting volunteers to act as community role models and ambassadors in order to advise young people on the dangers of drug-use and involvement with drug related crime. This voluntary scheme should be suitably funded and involve collaborative working with relevant groups and partners.

To date, as part of the Butetown pilot, 10 volunteers have been recruited (6 x under 25). 1 x (under 25) is still volunteering, 2 (under 25) have returned to work, 2 x (under 25) no longer wanted to volunteer and 1 (under 25) is awaiting a DBS check.

Next steps are:

- Launch appeal for role models with a link to Butetown who are happy to take part in future employability and aspirational sessions facilitated by the Area Based Working group for young people (28th February 2020).
- In partnership with Cardiff & Vale Scouts, launch appeal for volunteers interested in developing and running new Scout groups within Butetown ward. If successful group to develop campaigns with similar volunteer groups (31st January 2020).
- Facilitate more community based staff to directly engage with local youngsters and establish the type of activities and volunteering opportunities that they would like to be involved with (28th February 2020).

R4. For the Council, through its neighbourhood partnerships, explore the use of community facilities by the community – creating a pool of volunteers; offering support and training; and explore funding opportunities, to enable the community to have access to these buildings to run clubs/groups for young people, and give them a place to go outside of normal hours.

Several Hubs already offer community groups the opportunity to open the facilities on an out of hours / weekend basis. In relation to work with young people across Cardiff, examples of this include:

St Mellons and Powerhouse

- Street Safe Project (14-18 years)- 5 week project working with different partners on Knife crime, CSE (Child Sexual Exploitation), Gangs, Drugs, Relationships and how to report Crime anonymously. This was put on as an additional evening to Youth Club.
- Crimes and Consequences (11-16 years) in partnership with South Wales Fire Service. Workshops to raise awareness on different issues such as Arson, Riding without helmets and not wearing seatbelts, etc.
- Afterschool Club (9-11 years) – this is to try to alleviate ASB in and around the Hub.
- Cardiff Met Football outside in the Muga.
- Inner Strength (11-14 years) for female girls to tackle health and wellbeing, confidence, relationships and any other issues.
- Cardiff City (10-14 years)- Extra Time Project. This is an Afterschool Club to minimise ASB.
- Garden Project (10-14 years)- to tackle ASB in the Llanederyn area.
- Sports on the Muga (Powerhouse) to tackle ASB Followed by Cardiff City coach at St Teilo's High School (football).

Butetown, Star and Grangetown

- In Butetown we are starting a parents workshop on awareness of drugs, gangs, grooming and county lines.
- Providing sessions on knife crime, grooming and drug dealing in Mount start primary school with YOT.
- Diversionary activities in the hubs over the school holidays and after school clubs. Late opening hours in Butetown pavilion.
- In star and St Mellons hubs you have the Cardiff City Foundation homework clubs to tackle
- Youth ASB issues.

- Fit and fed activities to tackle child poverty in the hubs with partner agencies street games, Taff and Asda. As well and senior library officers doing SHEP activities with the schools.

Ely and Caerau and Llandaff North

- Ely and Caerau Youth shelter building project – in partnership with Youth Services, the project will involve young people building the shelter which can then be used as a safe meeting point with access to wifi and phone chargers - funding bid currently being completed.
- Ely and Caerau Girl's youth sessions in the Ely and Caerau Hub – focusing on emotional; wellbeing, and physical activities such as boxercise.
- Gaming club – community room at Ely and Caerau Hub
- Regular school holiday activities, this week in Ely and Caerau:
 - Breakfast Club
 - Slime Sessions
 - Play sessions
 - Halloween Film sessions
 - Halloween party with local PCSOs
 - Sport sessions with paly services and Cardiff City Foundation
- Ministry of Life youth sessions in Llandaff North Hub.

R5. The Council and its partners review where drug related services are located and commit to thorough community engagement in areas of the city chosen for any proposed location for drug-related services such as needle exchanges. The size of the development should be clearly explained to residents as part of this engagement process.

Partners within the Cardiff & Vale Area Planning Board continue to play an important role within CSP arrangements and reported progress on the substance misuse recommissioning process for regional substance misuse services in March and May 2019. Reps from the APB sit on the Community Safety Delivery Board.

The CSP recognised the concerns that the Scrutiny Inquiry highlighted, and continues to monitor issues that the potential links between drug related services and its impact on the community. To this end, the Council and partners have established a “Single Persons & Vulnerabilities Board”, chaired by Councillor Thorne to tackle a range of issues, but will include the community impact of services such as needle syringe programmes (NSP).

In addition, the APB are involved in the Butetown and Splott/Tremorfa Area Based Working Groups, so will be part of the work going forward – both with partners and the community.

R6. The Council and partners undertake a review of current youth service provision. This should include assessing the function and developing a new model of service delivery that is more effective and fit for purpose. This should include an evaluation of the flexibility of the service and how it can meet the demand. The service could be more sessional based approach, linked up across a range of partners and be available outside of school hours and in the school holidays. There is a need to recognise the crucial role played by youth services in preventing young people’s involvement with drugs and drug related crime and that the Council should be mindful of this factor before future funding decisions are made regarding the service. If the remaining youth centres are to continue to offer young people a place to go, feel safe and be supported, budgets should be protected as much as possible, and considered as an integral part of the development of community based services and facilities.

As per the original response to this recommendation, it needs to be stressed again that the Youth Service in Cardiff has a mixture of targeted support within schools and the communities as well as an open access offer within our communities.

The majority of core funding for the Youth Service in Cardiff is directed to community based open access provision. Targeted support provision is almost exclusively funded by external grants, and continues to support open access provision for young people to complement the directly delivered provision which continues to be offered through a reduced number of Council run venues, including Hubs – many examples of which are set out in Recommendation 4 above.

R7. The Council and partners to undertake a review of all streams of “safeguarding” related activity across the City, with a view to developing a model for intervention and prevention for young people vulnerable to drug-related crime. There is a wide range of good practice already in place in relation to child sexual exploitation, FGM, radicalisation, sex work etc. and Members agreed that pooling the expertise and knowledge from these streams would establish the links with current work and assist in developing a specific model for young people caught up in drugs. This will also provide the tools required for engaging the parents/carers and families of these young people

The CSP and Safeguarding Boards have, over the past several months, made strides to join up work-streams - this is continuing to develop and details of this will emerge over the coming months. There is a general agreement that, in terms of maximising this relationship effectively and avoid duplication that the Safeguarding Board will continue to work on individual safeguarding, but will link with the CSP in terms of “contextual” safeguarding issues.

It has been recognised across the CSP and Safeguarding Boards that there is a need to address the issue of “vulnerability” across the board. A recent audit undertaken in Children’s Services has highlighted some gaps in current arrangements and the need for an improved joined up approach to information sharing on young people linked with or involved with criminal exploitation/activity that also considers safeguarding for the young people’s parent(s) and siblings. This will be considered across the CSP and Safeguarding in the coming weeks.

In addition, at the recent Community Safety Conference at a workshop on Violence and Vulnerabilities highlighted that vulnerability is a key driver and root cause in a young person being involved in drug related crime.

In order to gain an insight into this issue, the CSP has commissioned the Community Safety Manager to coordinate a group to undertake a “problem profiling” exercise, pulling together representatives from the Council (including Education and Social Services), the Police, partnership analyst, probation and health. The aim of the exercise will be to gain an understanding of some of the very complex issues/circumstances that would lead to a person to end up within the criminal justice system. Board members felt that the need to work together (including sharing information) was critical. The first meeting of this Group will be on the 8th November, with outputs being reported to the CSP Board on the 14th November.

There is a project looking specifically at ‘Contextual safeguarding’, being led by Safeguarding that will be a key part of the work required around drug dealing in communities. This work will be reported into the CSP in due course.

R8. The Council and partners develop a “Well-being Strategy” for young people based on the strengths based approach, and using initiatives such as “Goodies in Hoodies” that had had a positive impact on tackling negative perceptions of young people.

Into-Work Service

Youth Employment Mentors within Into Work Advice Service are supporting young people aged 16-24 to get into work.

As a service, we do not have the tools to make young people stop using drugs if they are not ready to do so. However, if they are beginning to think about their future, and are at a point where they no longer want this to be their main focus on a daily basis and want to reduce or stop the habit so they can gain work or start training for a career; then we have often helped with this.

Many of the young people we support are using substances on a daily basis. This is often a significant barrier to their progress into sustainable employment. All Youth Employment Mentors have completed substance misuse training, and many have also completed further training in psychoactive substances and harm reduction techniques, with NewLink Wales. We recognise that understanding the drugs, their impact on the person and the reasons for their use are vital if we are going to empathise with young people and support them to overcome this barrier so they can progress with their lives.

Drug reduction is often written into the young people's action plans created when they begin receiving 1:1 mentor support with the Into Work Advice Service. Often, many industries young people want to go into, such as construction or rail track maintenance, require drugs tests so intensive support is provided on these instances. A case study has been attached to demonstrate this. There have been at least a dozen more young people supported in a similar way to this example.

Generally, young people who gain employment through our support, find that the bespoke training we fund for them can be a catalyst to reducing drug use. They appreciate the intensive support and respect the significant amount of funding they are receiving. This can be up to £2000 on an individual. Having someone invest in them gives them the intrinsic motivation to 'invest in themselves' by changing their lives and trying to take on a more positive lifestyle. This doesn't necessarily mean they no longer use drugs but it can mean that drugs are no longer their motivation, so they are being used much less frequently and they aren't having a negative impact on their life anymore.

Recommendation 4 also sets out examples of young people initiatives taking place across the hubs.

R9. The Council and its partners undertake a major review of current arrangements in relation to options available to young people who find themselves excluded from school or on reduced timetables. Schools should play a central role in this review. The review should include drawing on existing examples of good practice already in place in some of Cardiff's schools. The review should include the identification and implementation of a number of preventative, diversionary methods to help steer young people towards a more positive life path. Sport, art, the opportunity to undertake apprenticeships and training, working within their community should all be considered to help achieve this. The review should also consider the development of a measurement to monitor and review school practice in relation to this area.

As previously reported, the concerns expressed are recognised and highlighted in the Schools Annual Performance Report, considered by Cabinet and CYP Scrutiny

January 2019. Targets have been set to address these issues. The work is part of the Education Other than at School delivery plan with five priorities

1. Improve practice through the development of access panel and protocols for pupil placement
2. Improve commissioned provision through clearly defined aims and quality assurance.
3. Improve local authority provision
4. Improve processes via work with schools to retain pupils and to track pupil progress to reduce the risk of disengagement
5. Improve the curriculum offer for learners.

Progress on these targets are reported to the Children & YP Scrutiny Committee.

R10. The Council and its partners ensure the development and implementation of a city-wide strategy on tackling drug-related crime to highlight in particular the dangers posed by the UK-wide increase in “County Lines” activity. Part of this strategy should include a hard-hitting communications campaign involving social media platforms and more traditional advertising measures such as the use of billboards. This should be coordinated with recommendations 15 and 16.

The Community Safety Board agreed 4 key priorities for 2019/20, one of which is “County Lines and Exploitation of the Vulnerable”. The CSP has received regular updates on County Lines activity as well associated crime such as knife crime.

A new Violence Reduction Unit (VRU) has been recently been established, following a Home Office announcement that a total of £880k had been awarded to South Wales, the only policing area in Wales to receive funding to help tackle violent crime. The Violence Prevention Unit brings together South Wales Police, local authorities, health, community leaders and other key partners to tackle violent crime by understanding its root causes. The new unit will be responsible for identifying what is driving violent crime in South Wales to develop a co-ordinated response.

The CSP are currently undertaking a mapping exercise of the boards, networks and groups associated with this work. The aim of the exercise is to identify the breadth of work already taking place across the partnership, with the aim of aligning and streamlining these groups to make the system effective, avoid duplication and ensure that governance structures are in place. The results of the mapping exercise will be reported to the CSP Delivery Board on the 14th November 2019.

Developments in relation to the VRU are also reported into the CSP Boards at each meeting.

Communication and awareness raising options will be considered as part of the work of this CSP Priority; and will be based on good practice already in place, as well as campaigns adopted elsewhere.

R11. The Safer Communities Board ensure that relevant third sector organisations are invited to operational meetings in order to achieve a wide ranging approach to tackling the issue of drug related crime. All parties should then be encouraged to promote each other's services and campaigns on their respective communication platforms in order to raise public awareness. Such action would give residents clearer indication of points of contact for reporting incidents of drug-related crime.

Representatives from the Third Sector already sit on the Community Safety Delivery Board, and are involved in the Area Based Working Groups in Butetown and Splott/Tremorfa.

The Community Safety Manager has just launched a Community Safety Network with relevant partners, including those from the third sector. Key to the success of the network will be for members to share service updates; campaigns; key messages; best practice; information sharing; and training and funding opportunities. The network will also undertake focussed pieces of work to assist the work of the Boards in areas which may include developing improved communications and awareness raising platforms; and developing a signposting toolkit.

Outputs from the network will be fed back to the Community Safety Boards and will play a crucial part of the governance arrangements in relation to community safety. In addition, representatives of the third sector will play a crucial role in the work of the Task & Finish Groups, including the "County Lines and Exploitation" Group outlined in R10 above.

R12. The Council and its partners develop and implement a system of community based operational meetings to include partners, third sector, parents and community members to share local data and intelligence in order identify hotspots, problem areas and shared solutions to the problem. This could include adopting a similar approach used by the CSE PING meetings.

The development of the Area Based Working Groups in Butetown and Splott/Tremorfa is providing an opportunity to share data and intelligence. For example, at the first meeting of the Splott/Tremorfa Group, a crime intelligence report was presented to all partners in the Group, which included hotspots and levels of crime in the area. Building a trusting relationship across partners is critical in taking

work forward to bringing about shared solutions to the problem faced by that community.

In addition, an “off road biking” group has recently been established to look at the ongoing issues in relation to scrambler bikes, quads etc. This group share and discuss individuals and groups involved in this activity, and trust within this group has resulted in successes across Operation Red Mana in the City.

The Problem Profiling exercise highlighted in R7 above will require all partners to share and discuss individuals in the criminal justice system in order to track their story and identify vulnerabilities and interventions.

Further developments along the lines of the CSE PING meetings will form part of the ongoing developments around safeguarding as highlighted in R7 above.

R13. The Council and partners adopt a similar model used by other work areas (such as CSE) to enable them to discuss individual young people in order to assess and address the individual’s needs – including issues raised in recommendations 7 and 9. This should also link with the early help new proposals and the young person’s gateway.

Criminal exploitation as well as Child Sexual Exploitation are already subject to the same processes and procedures in regard to safeguarding. Work in this area continues to develop via the exploitation strategy and wider work taking place, as highlighted in R7 above.

R14. Cabinet ensures that plans for a city-wide youth survey to ascertain attitudes to drugs and drug related crime are fully supported by Cardiff Council and that meaningful results are eventually achieved. Currently, it is proposed that a potential youth survey be commissioned by the Community Safety Partnership, in partnership with Youth Services. Members would wish to strongly encourage that this take place at the earliest possibility

Update to follow.

R15. A strategic, coordinated Communications Plan be developed with input from all partners. This should include the coordination of current materials that could be used as part of the programme. The programme should include mechanisms for delivering a large scale campaign across the City, and also more targeted awareness raising and training with recognised vulnerable groups. This should be developed in line with the Strategy recommended in R10 above, and should acknowledge the range of diverse communities across Cardiff. The Communications Plan should also develop targeted programmes for specific areas of Cardiff to address specific challenges faced by that area.

It has been flagged by the CSP that a mapping of current materials available for training in schools and across professional groups is crucial in establishing a “where are we now” picture, prior to the development of a strategy and communications plan. The Council’s Cohesion Team are currently undertaking this exercise in relation to professional training streams available, and this will be expanded to schools based materials in due course.

Once this exercise is complete, the results will be considered by the CSP Boards and taken forward as appropriate.

R16. A programme of campaigns for children and young people be developed by young people and current providers (for example, the St. Giles Trust), to include PSHE teaching materials, social media, development of apps, etc. The wording of all material should be very carefully considered and should include a strong message in informing young people of the consequences of being involved in drug dealing; recognising grooming; where they can go for more advice; and what options are available to them if they find themselves in trouble via drug-related activity. The coordination of budgets from other sources (Public Health Wales, Welsh Government etc) should also be explored as part of developing this campaign.

See R15 above.

R18. The Community Safety Board explore options of enforcement routes to tackle anti- social behaviour associated with drug dealing and problematic drug use in order to strengthen current arrangements and ease pressure on the Police. This could include a local, hybrid version of the use of Public Spaces Protection Orders.

A range of options regarding enforcement routes is still being explored across the CSP.

R19. The Council and partners link with relevant third sector providers to address the issue of “County Lines” activity in the City and links to other drug-related crime, such as knife crime. This should form part of both the strategic and operational elements of work going forward.

As already stated in R10, work around County Lines and Exploitation of the Vulnerable is developing. As previously stated, critical to the work of this Group will be making links with other related crime, including knife crime.

R4 in this update showed the ongoing work between the third sector, young people, and the council.

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