
GOVERNANCE & AUDIT COMMITTEE: 21 MARCH 2023

**ADULTS, HOUSING & COMMUNITIES CONTROL ENVIRONMENT
UPDATE**

AGENDA ITEM: 5

REPORT OF THE DIRECTOR OF ADULTS, HOUSING & COMMUNITIES

Appendix B, C and D of the report are not for publication as they contain exempt information of the description in paragraphs 14 and 21 of Schedule 12A of the Local Government Act 1972.

Reason for this Report

1. This report has been produced in response to the Governance and Audit Committee's request for an update on the Adults, Housing and Communities control environment.
2. The Governance Audit Committee has requested this update in respect of its role to:
 - Monitor progress in addressing risk-related issues reported to the committee.
 - Consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.
 - Consider the Council's framework of assurance and ensure that it adequately addresses the risk and priorities of the Council.
 - Consider the Council's arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.
 - Review the assessment of fraud risks and potential harm to the council from fraud and corruption.
 - Review the governance and assurance arrangements for significant partnerships or collaborations.
 - Review and assess the authority's ability to handle complaints effectively and make any associated reports and recommendations.

Background

Directorate Overview

3. The Adults Housing and Communities Directorate covers a wide range of functions, including both statutory and non-statutory services. A summary of these is set out below:

Housing and Communities

- **Housing Services** - management and responsive maintenance of 13,800 council homes. Also includes housing benefit and council tax reduction assessment.
- **Building Improvement Service** – planned maintenance of council homes, commissioning and contract management and statutory compliance for council homes.
- **Homelessness Services** – homeless information, advice and prevention services and the provision of temporary accommodation.
- **Community Hubs and Older Persons Day Centres** – 24 buildings across the city offering a wide range of council and partner services, activities and events.
- **Advice Services** - including money advice and into work advice.
- **Early Help for Families and Children** - advice and preventative services, flying start childcare provision access to a range of support services.
- **Specialist Accommodation and Support Services** – direct delivery of hostel, supported accommodation and community living schemes and delivery of support services such as Housing First, Homeless Multidisciplinary Team and Outreach Services.
- **Partnerships and Joint Commissioning** - grant management and commissioning of both internal and external services across a wide range of client groups and need.

Adult Services, including:

- Independent Living Services – Information, advice, assistance and preventative services.
- Community & Hospital Social (Older People and Physical Disabilities)
- Mental Health Services
- Learning Disability Services
- Care Commissioning
- Direct delivered services - Internal Supported Living and CRT Homecare
- Adult Safeguarding

The Directorate as a whole includes 2,921 FTE staff.

Governance

4. The Director Adults, Housing and Communities has strategic oversight of the whole directorate and is responsible for the management of Adult Services.
5. The Assistant Director, Housing and Communities is responsible for the management of the Housing and Communities Service area.
6. Operational Management – a strong tier of operational managers is in place to oversee the delivery of the services and manage both performance and risk on a day-to-day basis.
7. Together the Director, Assistant Director assisted by the Operational Managers provide governance for the directorate; ensuring a comprehensive approach to risk management, escalating these where necessary and ensure that internal controls are in place and work effectively.
8. The following key meetings form an important part of the governance arrangements for the directorate.

| Title | Purpose / Activities | Chair |
|--|--|---|
| Housing Development and Capital Delivery Board | Oversight of major capital programmes / spend and commissioning arrangements within the Housing Revenue Account (HRA) | Shared Chair - Corporate Director People and Communities & Corporate Director Resources |
| Adults Senior Management Team Meeting | Performance, budget and risk management, reviewing complaints – oversight of statutory compliance and all major change programmes and key services issues. | Director Adults Housing and Communities |
| Housing and Communities Senior Management Team Meeting | Performance, budget and risk management, reviewing complaints – oversight of all major change programmes or service issues. | Assistant Director Housing and Communities |
| Housing Management and Maintenance Board | Oversight of: <ul style="list-style-type: none"> • Statutory compliance • Major planned works • Key projects • Major service issues / risks. | Director Adults Housing and Communities |
| Homelessness and Housing Need Board | Oversight of: | Director Adults Housing and Communities |

| | | |
|--------------------------------------|--|---|
| | <ul style="list-style-type: none"> • Key service delivery indicators, service development projects • Significant risks and issues and responses to these | |
| Compliance Meeting (Building Safety) | <ul style="list-style-type: none"> • Detailed review of statutory compliance relating to building / fire safety | Director Adults Housing and Communities |
| Care Capacity Meeting | <ul style="list-style-type: none"> • Detailed review of capacity and issues affecting care provision. • Oversight of care quality and risk in care provision | Director Adults Housing and Communities |

Performance Management

9. Strong performance management arrangements are in place across the directorate. Quarterly reports are produced covering delivery against Key Performance Indicators (KPI) and Corporate Plan and Directorate Delivery Plan objectives. Monthly core data sets are produced and for areas of greatest risk weekly and even daily performance / service delivery information is produced and circulated. Power Bi is increasingly being used across the directorate to provide dashboards of information which managers can drill down into to see more detailed data. This information is reviewed at regular meetings as detailed above. Quarterly monitoring is reviewed by various Scrutiny Committees and where appropriate is made available to outside organisations such as Care Inspectorate Wales (CIW). Performance against KPI and Corporate Plan objectives are monitored by the Chief Executive through SMT and directorate assurance meetings.
10. Individual performance is monitored through PPDRs, these also provide a line of sight to the Corporate and Directorate Delivery Plan. The directorate takes a robust approach to ensuring that PPDRs are undertaken, monitoring this carefully and escalating to Director / Assistant Director level where there are any issues with compliance.
11. Further work is needed to ensure the accuracy and availability of data in some areas of the directorate, in particular for some data within Adult Services' Care First and Com Care Systems and where the service uses the Health system, Paris. A project has commenced to improve the availability and accuracy of Adult Services' monitoring information.

Risk Management

12. A thorough approach to risk management is taken by the directorate, risks are identified and managed as a continuous day to day process. The meetings as set out in paragraph 9 above are used to oversee functions where there is an inherent risk, such as building statutory compliance, and also to identify and monitor other significant risks that may arise. Where appropriate these risks are recorded on the Directorate Risk Register / Corporate Risk Register and reported on formally each quarter. Escalated Directorate and Corporate Risks are reviewed by the Council's Senior Management Team and subsequently reported to Cabinet and Governance and Audit Committee.

Copies of the Directorate's risk registers can be found as follows:

- Corporate Risks (see Appendix A)
- Escalated Directorate Risks (see Appendix B)
- Directorate Risks (see Appendix C)

Key issues / areas of risk

Corporate Risks

Safeguarding

13. Managers throughout the directorate have a good understanding of their safeguarding responsibilities for both adults and children and report cases appropriately.
14. The statutory responsibility for Adult Safeguarding is managed within the Directorate. The Adult Safeguarding Team receive referrals from within the Council and from external organisations and individuals. The time taken to review these referrals is monitored and a KPI is included and reported as part of the Corporate Plan KPIs. The Director meets weekly with the Adult Safeguarding Lead Manager and performance and significant cases are reviewed.
15. Quality of care is recognised as a key safeguarding risk and clear multi-agency processes are in place to address any issues that arise. Escalating concerns meetings include council operational managers responsible for commissioning, safeguarding officers, representatives from Care Inspectorate Wales (CIW), University Health Board (UHB), Police and other organisations as appropriate. The aim is to work with care providers to improve quality of care, but where required it may be necessary to close a service, processes are in place to ensure that this is achieved with minimum impact on service users.

Welfare Reform

16. The directorate oversees the response to Welfare Reform and more recently the cost-of-living crisis, co-ordinating internal and external partnerships and maximising the use of grant funding, to mitigate the impact on citizens and on

the Council, for example by working to prevent an increase in rent arrears and potential homelessness. The cost-of-living crisis is also included in more detail in the directorate risks.

Key Directorate Risks- Adult Services

17. In addition to Adult Safeguarding, Adult Services has two key functions: the assessment of care and support needs and the provision of care and support, which is largely provided by externally commissioned care providers. Nationally, Social Services have come under considerable pressure both during and following the pandemic with increased demand for care, higher level of care needs in the individuals presenting and a lack of social care staff. This remains a significant issue.
18. There are two escalated risks for Adult Services:
 - Recruitment and retention of sufficient care workers
 - Recruitment and retention of sufficient social workers and occupational therapists
19. The impact of these risks is a potential failure to assess needs and put care in place in a timely manner, with consequent safeguarding risks for vulnerable adults in the community and delayed discharge for those in hospital. In addition to the impacts on the individual this could result in a failure to meet legislative requirements and reputational risk to the Council.
20. A wide range of actions have been undertaken to help address this risk and they are set out in the risk register. While more recently, concerns about availability of care provision has reduced, the care market remains fragile and operational managers meet regularly with care providers to help ensure that service and senior managers are informed of any issues and can react accordingly.
21. Concerns about recruitment of social workers and occupational therapists remain and an increased market supplement has recently been agreed for qualified staff to help improve this situation. A full review of the workforce plan is currently underway to include a range of initiatives to improve recruitment.
22. Due to the high level of risk that remains in this area, reports are produced and circulated weekly, and in some cases daily, to ensure that up to date information is available. Weekly care capacity meetings are held chaired by the Director, these meetings review care availability, care provider issues/concerns and any delays in social work assessment and hospital discharge. The risk registers are updated as appropriate following these meetings.
23. There are a number of other risks that are managed through the Directorate Risk Register, and mitigating actions are set out. These are reviewed and updated regularly by the appropriate operational managers. Current and emerging risks are considered monthly in Senior Management Team Meetings.

Key Directorate Risks - Housing Services

Building Safety

24. A number of issues relating to building safety are included in the Directorate Risk Register. The Directorate is responsible for the management and maintenance of 13,800 homes including 800 blocks of flats (of which 9 are high rise blocks) homeless hostels and sheltered housing complexes.
25. The service operates a responsive repairs service, carrying out emergency repairs to keep homes safe on a 24/7 basis. More than 70,000 repairs are completed each year with set targets for completion depending on priority. The target to respond to emergency repairs is 2 hours. A backlog of repairs that accrued during the pandemic has recently been cleared, although the impact of this is still being felt through increased complaints and members enquiries.
26. Performance information on meeting targets with regard to responsive repairs is reviewed regularly by the Assistant Director as part of a core data set and issues and risks are considered regularly at Housing and Communities SMT. Any significant issues are escalated to the Housing Maintenance and Management Board chaired by the Director.
27. As a landlord the Council has a responsibility to carry out a number of statutory compliance checks including annual gas servicing, 5 yearly electrical testing, provision and testing of smoke alarms and fire risk assessments in blocks of flats.
28. Fire Safety Arrangements are included as an escalated risk, with particular reference to high rise blocks. Following the tragic event at Grenfell Tower the Council removed the cladding from a number of blocks and where this remains in place a 24/7 waking watch has been put in place. A programme of improvements including the replacement of cladding, and installation of sprinklers is ongoing.
29. Performance, at meeting statutory obligations such as gas services and electrical testing are monitored regularly against targets as are regular fire safety audits including any audits undertaken by the Fire Service. Reports are produced regularly and considered in detail at the Compliance Meetings and at the Housing Maintenance and Management Board, both of which are chaired by the Director.

Homelessness and Housing Need

30. A number of issues related to homelessness are included in the directorate risk registers.
31. 385 people are assisted by the Housing Options Service each month with 160 requiring temporary accommodation. Meeting this need is becoming

increasingly challenging both in terms of the very high number of the clients presenting for assistance and the complexity of their support needs.

32. Information is circulated daily on availability of temporary accommodation, and this is copied to both Assistant Director and Director. Weekly information is provided relating to rough sleeping and trend reports on all aspects of homelessness are produced monthly. Due to the fast pace of change in Temporary Accommodation provision, the Assistant Director currently reviews performance at the bi-weekly Temporary Accommodation Availability meetings. This pulls together teams from across the service area to work collectively to help meet the demands on Temporary Accommodation. In addition, there are weekly Homelessness Prevention and Assessment meetings and Private Rented Sector meetings are held every 3 weeks, both of which are chaired by the Assistant Director. These meetings provide opportunities to understand and address housing need and demand. The Director chairs the Homelessness and Housing Need Board which oversees the issue at a strategic level.

Gypsy and Traveller sites

33. The lack of gypsy and traveller pitches within the city, and the consequent overcrowding in the Council operated sites, particularly at Rover Way is recorded in the Directorate's escalated risks. The overcrowding has fire safety implications and while these have been mitigated, the need to increase pitches is pressing. The Chief Executive chairs a regular meeting dedicated to overseeing Gypsy and Traveller issues with a particular focus on finding additional sites so that pitch numbers can be increased and the risk issues can be addressed.

(a) Internal Audit Engagement and Response

Internal Audit Assurance

34. The Director and Assistant Director meet regularly with representatives from Internal Audit to ensure a robust programme of audits are in place and that actions arising are understood and any outstanding issues are addressed. Internal Audit are also advised of any major service change work that is underway that they may need to be aware of or advise on.
35. Over the period from April 2020 to date, 15 audits have been undertaken of which 12 have been effective or effective with opportunity for improvement. 3 have been insufficient with major improvement needed.
36. The directorate currently has 9 audits with open recommendations, 18 outstanding actions (2 red, 9 red/amber, 6 amber green and 1 green).
37. The table below summaries the position with respect to internal audit recommendations and paragraph 40 to 43 provide some narrative commentary.

38. Adults, Housing and Communities was also part of contract monitoring, a corporate audit that took place across directorates due to this an assurance rating of n/a was applied.

39. The Adults, Housing and Communities directorate has faced unprecedented challenges throughout 2022/23 due to the post pandemic recovery, a surge in demand and problems recruiting and retraining staff both for our internal services and also for our commissioned services and partners. This has impacted on services and led to some delays in the actioning of audit recommendations.

| Audit | Report Status | Assurance Rating | Total Actions | Completed Actions | Outstanding Actions | Implementation Status |
|--|---------------|--|---------------|-------------------|---------------------|--|
| 2022/23 (to date) | | | | | | |
| Housing Benefit -Local Housing Allowance -Council Tax Reduction Scheme | Final | Effective | 3 | 1 | 2 | 1 actions due for completion 31.05.2023 1 action due for completion 31.10.23 |
| Agency Payments | Final | Effective with opportunity for improvement | 1 | 1 | 0 | All actions completed |
| Get Me Home Service | Final | Effective | 0 | 0 | 0 | All actions completed |
| Income and Debtors | Final | Effective with opportunity for improvement | 4 | 4 | 0 | All actions completed |
| ICF Schemes | Final | Effective | 2 | 2 | 0 | All actions completed |
| 2021/22 | | | | | | |
| Libraries and Hubs | Final | Effective with opportunity for improvement | 11 | 11 | 0 | All actions completed |
| Pre-Contract Assurance - Adults, Housing & Communities | Final | Effective with opportunity for improvement | 2 | 2 | 0 | All actions completed |
| Contract Monitoring and Management - Adults, Housing & Communities | Final | N/A - sampled as part of corporate audit | 3 | 3 | 0 | All actions completed |
| Homelessness (Temporary Accommodation) | Final | Effective with opportunity for improvement | 1 | 1 | 0 | All actions completed |
| Joint Equipment Service | Final | Insufficient with major improvement needed | 8 | 6 | 2 | 1 action due for completion 01.06.2023 1 action due for completion 01.07.2023 |
| 2020/21 | | | | | | |
| Housing Benefit -Local Housing Allowance -Council Tax Reduction Scheme | Final | Effective with opportunity for improvement | 4 | 4 | 0 | All actions completed |
| Risk Based Verification | Final | Effective | 2 | 2 | 0 | All actions completed |

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|---|-------|--|---|---|---|---|
| Income and Debtors - People and Communities | Final | Effective with opportunity for improvement | 6 | 5 | 1 | 1 action due for completion 31.03.23 |
| Income & Debtors - Social Services | Final | Effective with opportunity for improvement | 3 | 2 | 1 | 1 action due for completion 30.05.2023 |
| Commissioning and Procurement - Social Services | Final | Insufficient with major improvement needed | 5 | 5 | 0 | All actions completed |
| Communities - Asset Management | Final | Effective with opportunity for improvement | 3 | 3 | 0 | All actions completed |
| Older – Longstanding Recommendations | | | | | | |
| Social Services - Health and Safety | Final | Effective with opportunity for improvement | 5 | 4 | 1 | 1 action due for completion 31.03.23 |
| Domiciliary Care | Final | Insufficient with major improvement needed | 8 | 3 | 5 | Full review required - see below/Appendix D. |
| Deprivation of Liberty Safeguards | Final | Insufficient with major improvement needed | 3 | 1 | 2 | Subject to legislative change – full review required. See Appendix D. |
| Direct Payments Support Service | Final | Insufficient with major improvement needed | 6 | 4 | 2 | 2 actions for completion 31.3.23 |
| Learning Disabilities | Final | Effective with opportunity for improvement | 2 | 0 | 2 | 2 actions for completion 31 July 2023 |

Audit Actions Progression – Key issues

Joint Equipment Services

40. Of the 8 recommendations, 2 remain outstanding.

Outstanding Recommendation 1

A draft Section 33 Agreement should be finalised and signed off by all partners, the University Health Board, the Vale of Glamorgan Council and Cardiff Council.

While the Council has drafted a revised Section 33 Agreement and this has been circulated to partners, it is not possible to complete this without outstanding financial information which has been requested from the University Health Board. It is anticipated that this information will be received by the 31st of March 2023. Following this a final draft can be submitted to partners. This will then

need to go through each partners legal process. It is estimated this will be completed by the 1st of July 2023.

Outstanding Recommendation 2

Expired cleaning and maintenance contracts should be reviewed.

An existing framework has been identified to take this forward. In order to utilise this framework, the existing contractor will need to be given three months' notice. Due to this it is estimated that this will be in place by the 1st of June 2023.

Income & Debtors – People and Communities

41. Of 6 recommendations, 1 remains outstanding.

Outstanding Recommendation

Management to consider whether there is a need for outstanding library fines to be written off by the service area due to the length of time they have been outstanding.

Since this recommendation was made a review of the library management system has taken place to establish fine levels. An Officer Decision Report has been written recommending the writing-off of historic fines. The report is currently awaiting finance comments, following this it will be reviewed by legal. Provided these comments are received this is on target for completion on the 31st of March 2023.

Income & Debtors - Social Services

42. Of the 3 recommendations, 1 remains outstanding.

Outstanding Recommendation

Management must engage with the Finance Income Recovery team for guidance on elements of Residential Care debt recovery that are within the control of the directorate, to ensure that effective debt recovery is applied and maintained.

Unfortunately, due to the extreme pressure that Adult Services have been under during the pandemic and the ensuing period of high demand, this action was delayed. While work has been undertaken to fully identify the issues, this has identified that a significant amount of further work is required to fully review debt recovery within the service. A project manager with experience of debt recovery has been appointed and will undertake a full review of existing debt and debt recovery processes. Changes to the staffing and management structure for the recovery of debt are currently under consideration.

Older Actions – Pre 2020

43. There are a number of audit reports that pre-date 2020/21 that were put on hold during the pandemic and post pandemic surge in demand. Details of these can be found at Appendix D. The pressure on Adult Services has prevented these actions being taken forward as focus has been on delivering core services. Where possible, dates have now been provided for completing the actions. However, in some areas, as with the Income and Debtors audit above, investigation has shown that a more fundamental review of support functions is required to meet the needs of the services. A deep dive is currently underway into current processes which will inform the best way forward in delivering these functions in future.

(b) The Wider Control Environment

Senior Management Assurance Statement

44. A recent review of the senior management assurance statement has been completed by the Director. A chart of the findings can be found at Appendix E. While good assurance levels were demonstrated there were clear opportunities for improvement including:

- Response to internal audits is currently good, however as noted above the pandemic and the need to prioritise “life and limb services” has delayed some responses - improved monitoring arrangements have been put in place to bring this back on track.
- The delivery of major projects is well planned with full project governance in place, however there is a need to ensure that smaller projects are better prioritised/limited in number so that they can be delivered effectively.
- Budgetary control is good, both services were within budget and able to contribute to in year savings. There is a need to ensure that timing for achieving savings is realistic given the complex nature of the client group.
- Administrative functions are generally sound - however it is recognised opportunities exist to improve back office and debt management functions and systems within Adult Services, with opportunities for join up services and learning from elsewhere in the directorate.

Partnership Arrangements

45. The Directorate takes part in a range of partnerships most notably with the University Health Board and Vale of Glamorgan through the Integrated Health and Social Care Partnership. The Partnership has project management resources and clear project and governance arrangements are in place with regular meetings including Senior Leadership Group Meetings, Regional Partnership Board and many multi agency sub groups. Projects such as the @Home project which aims to help people remain independent at home have full project briefs, shared objectives and risk registers. Shared performance monitoring is in place for key projects, an example is the 1,000 beds project

which is aimed at improving hospital discharge. Performance against the 1000 bed targets are reported regularly to the Welsh Government.

46. Shared services are in place such as the Joint Equipment Service, a service that is managed by Cardiff Council on behalf of the UHB and Vale of Glamorgan. A Section 33 agreement is in place, which lays out our operating model, and partnership costs, for both activity and running of the business. The partnership runs quarterly board meetings along with monthly operational meetings.
47. Within Housing and Communities has a key partnership in place with Registered Social Landlords (RSLs), regular partnership meetings take place. A Common Housing Waiting List and Allocations Policy is in place with the RSLs and targets are set for allocation of properties to certain groups, such as homeless households, and performance against these is monitored quarterly for all social landlords including the Council.
48. Adults Housing and Communities is a large directorate with many opportunities for cross directorate working. A joint SMT meeting is held monthly to share this join up and many project groups include managers from across the services.

External Assurance

Scrutiny Committee

49. Communities and Adult Services Scrutiny Committee oversees Adult Services and Homeless and Housing services and regularly report on findings and make recommendations. The Committee recently carried out a deep dive into the cost-of-living crisis and a review was also carried out of the Anti-Social Behaviour service. Future reviews include homelessness and hospital discharge.
50. Economy and Culture Scrutiny have oversight of Hubs and library services and Into Work Advice Service. This Scrutiny Committee has recently been updated on the Shared Prosperity Fund, which has replaced the European Social Fund and which funds much of the Into Work team.
51. Children and Young People Scrutiny oversees the Early Help team. Recent scrutiny has included an update on the Childcare Sufficiency Plan, where recommendations were made by Scrutiny and have subsequently been implemented.

External Audits / Oversight

Adult Services

52. External Oversight – Care Inspectorate Wales (CIW) oversees Adult Services. The last general inspection of the service was in November and December 2020. While the report did not provide clear improvement actions, the service identified a number of opportunities for improvement from the report. 4 of these

actions have been completed and the remainder have been incorporated into longer term projects for improvement.

53. Regular meetings take place between CIW and the Director where issues / risks are considered and actions to remedy these are discussed. CIW representatives recently attended the Council's Senior Management team and while acknowledging national issues were impacting Cardiff, reported positively about the management of Adult Services and noted the innovative work being done to address any issues.

Direct Care Provision

54. Cardiff provides two services which are regulated under the RISCA regulations. Internal Supported Living for people with learning disabilities and CMT Homecare Service. Both services are overseen by registered managers. The Service also has a senior manager who acts as Responsible Individual (RI), this is separate from the manager role as required by the regulations. The RI undertakes regular reviews which consist of 3 monthly quality assurance visits to the service and 6 monthly quality of care reviews and provides reports to the Director on compliance with the regulations, action plans are developed to address any issues.

55. External Oversight - CIW have inspected both direct services recently and while some issues were identified it was acknowledged that plans were already in place to address these.

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| <p>Type of External Audit: Care Inspectorate Wales Inspection Service: Cardiff Domiciliary Care Service (Community Resource Team & Internal Supported Living) Date of Inspection: 28, 29 & 30 June 2022.</p> | |
| <p>Rating / Opinion</p> | <p>Summary of Findings <i>N.B. CIW do not currently provide an inspection rating. Ratings are due to be introduced for inspections undertaken from April 2023, however, for 23/24 ratings will be silent (i.e. will not be published).</i></p> <p>The Inspector reported that:</p> <ul style="list-style-type: none"> • People appear happy with the support they receive from the service. • Their physical, mental, and social needs are recognised and supported, and the service is committed to achieving positive outcomes for them. • The support provided by the service encourages and enables people to be independent and enjoy community life. Interactions between people and staff are warm and |

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| | <p>positive, and staff are familiar with the needs and likes of the individuals.</p> <ul style="list-style-type: none"> • Staff are well trained but there is improvement required in supervising staff and keeping training updated regarding refresher training. • Robust organisational and governance arrangements ensure the service runs smoothly and delivers good quality support. Management act in a timely and appropriate manner with any issues arising. • The service also has a strong focus on development and improvement. |
| Priority Action Notices* | None |
| Areas for Improvement** | <p>Two areas of improvement were identified. These are summarised below along with the action that Adult Services has undertaken to make the improvement:</p> <ul style="list-style-type: none"> • There were a few people discharged from hospital assessed as suitable for CRT support. However, on discharge it was established that they did not have adequate home environments, or needs were not suitable to be met by the CRT service. <p>Management Response: In November 2022 a new Integrated Discharge Hub was formed in the UHB. A new referral form from the wards to the Hub was produced. The person being discharged is now more effectively placed at the heart of the triage process to enable the team to determine the best discharge outcome. New pathways were formed to support the more complex needs people presented with at discharge. All this work completed along with our Health and Social Care colleagues has provided an effective mechanism to ensure the Community Resource Home Care team are suitable to meet the needs of those people discharged from hospital.</p> <ul style="list-style-type: none"> • Staff have not received refresher (updated) training in a number of mandatory areas. Staff supervisions are not happening in line with regulatory required timescale. • Management Response: A Training Needs Analysis has been undertaken for CRT & ISL and planning has been undertaken to ensure mandatory training is available and that compliance is tracked on the training matrices held in CRT and ISL. Compliance is regularly monitored via the QA managers with follow up action undertaken when staff have been unable to attend pre-arranged training and this needs to be re-booked. The RI also reviews compliance with mandatory training as |

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| | part of her 3 monthly statutory visits and for her 6 monthly quality of care reviews. |
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Definitions

***Priority Action Notices:** *CIW respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s). The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date CIW may escalate the matter to an Improvement and Enforcement Panel.*

****Areas for Improvement:** *Where there is noncompliance identified that presents no immediate or significant risk for people using the service, CIW highlight these as Areas for Improvement. CIW expect the provider to take action to rectify this and will follow this up at the next inspection.*

Housing and Communities

Housing Services

56. The Council's homes and neighbourhoods are required to meet the Welsh Housing Quality Standards as set out by the Welsh Government. The service is required to submit an annual HRA Business Plan to demonstrate that this standard can be maintained and the Housing Revenue Account, which is a ringfenced account, is viable into the long term. A separate risk matrix is developed as part of the HRA Business Plan which records the key assumptions and risks related to the HRA. One of the key issues currently is the ambitious new build plans and the borrowing required for these. The HRA Business plan is considered by the Council's Cabinet and is then submitted to Welsh Government by the 31st March each year. Cardiff's HRA business plan, along with all other Welsh housing authorities' plans, are scrutinised by Welsh Government to assess whether they are "acceptable" and thus qualify for the Major Repair Allowance (MRA) funding grant. Cardiff's MRA is £9.6m in 2022/23). This grant is used to maintain the Welsh Housing Quality Standard for the following financial year. Cardiff's current HRA Business Plan has deemed acceptable, and the grant was awarded.

Housing Benefits

57. Annually, Audit Wales carry out checks on Housing Benefit claims on behalf of the Department for Work and Pensions (DWP) to certify that assessments have been made correctly and therefore subsequent subsidy claims are accurate. Audit Wales are currently working with the benefit assessment team to certify the 2021-22 subsidy claim. Overall findings from last year were satisfactory and any issues raised were addressed through more targeted internal audits, training, and briefing sessions.

58. A Housing Benefit Review is also conducted annually by the DWP. Claims are randomly selected by the DWP who then contact the customer to verify all their details, the cases are returned to the LA with either a no action or for reassessment. Last year no claims were returned due to errors that assessor had made on cases.

Early Help

59. Care Inspectorate Wales carry out inspections on the two Council run and 31 externally provided Flying Start settings. The last inspection on Council provision was in 2019 at the Twinklestars site. All outcomes were rated as 'good'.

60. Of the external provider settings that have been inspected, just 2 sites received an 'adequate' rating.

61. Any recommendations made in any of the reports following inspections are always actioned and the Council team will support external providers to meet any required actions to make improvements.

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV) training.

62. Following an audit of Cardiff Council's Safeguarding Policy by the Wales Audit Office in 2018/19 it was recommended that the mandatory completion of Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV) training was accelerated. This training is overseen by Housing and Communities and a commitment was made to accelerate the completion of VAWDASV training by its staff, focussing initially on hitting the corporate target for Group 1 (85%) and then expanding its work to all other staff groups contained in the VAWDASV training framework. Oversight of training compliance has been strengthened through reporting on a bi-annual basis to the Corporate Safeguarding Board. Group 1 delivery is being advertised widely and managers chased for staff who have yet to complete this mandatory module.

Age Friendly City

63. Cardiff was officially accepted as a member of the WHO Global Network for Age-friendly Cities and Communities in March 2022 following submission of an Age Friendly action plan and City Baseline assessment. By joining the Network, Cardiff committed to sharing and promoting the values and principles central to the WHO Age-friendly approach, implementing the four steps to create age-friendly local environments, and actively participating in the Network, including sharing experiences with other members.

64. Ongoing evidence on both the progress of implementing the age-friendly approach as well as its impact on people lives is required by the WHO as this is viewed as crucial to the success and sustainability of Cardiff's efforts to become increasingly age-friendly.

65. An evaluation framework was therefore developed in alignment with Cardiff's Action plan. An annual evaluation report will be produced to identify successes and re-define priorities for future action. As a member of the Network, Cardiff is also required to submit examples of best practice and maintain communication with both the WHO and key stakeholders within the Network.

Community Living

66. Two of the ten Council-owned and managed Community Living Schemes have been awarded accreditation from the Royal National Institute for the Blind (RNIB). Three more are in the process of achieving this. Work will also then be carried out to understand how and when the remaining schemes can be accredited.

67. This accreditation ensures that the accommodation adheres to the design principles of Visibly Better, this includes fundamental considerations to help prevent falls, and promotes confidence and independence. The principles also help to meet legislative obligations under The Equality Act 2010; BS8300, Welsh Housing Quality Standards, Development Quality Requirements and Lifetime Homes.

68. There is a requirement for this accreditation to be renewed every 3 years. Sandown Court, the first scheme to achieve this accreditation in 2019, is currently under the process of being reviewed by the RNIB.

Into Work Advice Services (including Adult Learning)

European Social Funded projects

69. The Into Work Advice Service delivered a number of European Social Funded (ESF) projects. These projects will cease in March 2023. Following the submission of quarterly claims, the lead bodies, Welsh Government (Communities for Work) and Newport City Council (Journey 2 Work, Skills@Work and Inspire 2 Work) undertake an audit led by their Management Verification Team (MVT). The MVT carry out an audit of portfolio and financial checks, to look at quality of paperwork, ensuring evidence is sought and secured and is on file. Financial checks have been carried out on individual line items of spend, including staff salary or purchase of goods/services.

70. The funder chose, at random, a sample of either portfolios or financial items. The service is always given feedback on the outcome of MVTs, usually at project meetings. The service has consistently been awarded a green rating.

71. The Into Work team has an established Quality and Performance team who assist delivery staff with ensuring eligibility is maintained.

72. ESF project case files can be audited for up to 7 years after the project ceases in March 2023.

Shared Prosperity Fund projects

73. The Shared Prosperity Funding (SPF) is a new fund that has been launched by Central Government. This will replace the ESF funding that the Into Work Advice Service previously received. External audits will be carried out by the UK Government. These audits will be similar to the European Social Fund audit processes. Spot checks will be completed on participant portfolios and financial transactions. The service has not been audited to date, but will be in the future, no dates known currently.

Adult Learning

ESTYN

74. Cardiff Adult Learning is part a formal partnership with Vale of Glamorgan Council and Cardiff and Vale College. This partnership arrangement is called Cardiff and Vale Adult Learning in the Community Partnership (CVALCP).

75. Cardiff and Vale Adult Learning in the Community Partnership (CVALCP) are inspected by Estyn every 3-4 years; however the last formal inspection took place in 2012, with a review meeting completed in 2013.

76. Although formal inspections were postponed throughout the pandemic, each of the Adult Learning partnerships was assigned a link inspector who met regularly with managers to discuss a range of topics. The link inspector engaged with the partnership leads on four separate occasions throughout the pandemic. The link inspector also engaged with line managers and a small cohort of tutors and learners on a further two occasions to gauge views of delivery and impact of Adult Learning delivery. No formal reports were produced following visits, but Estyn did produce a National Thematic report on the findings from these visits. This report was released in March 2022 and documented the findings from the link inspectors. No recommendations were made for Cardiff.

77. A formal inspection will take place week commencing 20th March 2023. Following this, an evaluation report will be produced and will be officially released in July 2023. Estyn no longer provide a ranking system but will consider if any follow up actions are required.

Major Project and Partnership Governance

78. The Directorate has a number of key projects or programmes, an example of this is the implementation of the Ageing Well Strategy.

Programme Management - Cardiff Ageing Well Strategy

79. The delivery of the Ageing Well Strategy is a major crosscutting council programme which aligns closely with the Integrated Health and Social Care Partnership but with a focus on improving the Council's services to support older people. Recognising the projected increase in the older population and the increase in the number of people living with dementia, the Strategy's main

purpose is to “support older people to live well in their homes and communities” This will both promote wellbeing of the individual and prevent the need for intervention and in particular residential care. 7 key aims are set out in the strategy and these form the basis of a number of key workstreams.

80. A programme board is in place chaired by the Director and a programme manager and project team have been recruited. A range of workstreams have been identified to deliver these aims. Clear project groups have been established each with a project lead manager and assigned project resources. A range of performance indicators have been identified to assess the success of this work and highlight reports are produced for each workstream. Progress with this work is overseen by the Council’s Senior Management Team, the latest presentation to SMT was in February 2023 and set out progress across all key workstreams.

Value for Money

81. Budgets for both Adult Services and Housing and Communities are well managed with significant underspends recorded at month 9 for both services. Operational Managers have regular meetings with their accountants. A manager from financial services attends ASMT on regular basis to report on budget management and performance in delivering any savings. Both Director and Assistant Director attend regular meetings regarding the Housing Revenue Account.

82. As the directorate commissions extensive external services achieving value for money in procurement is essential, as is effective contract management. Key examples are provided below:

83. **Maintenance and improvement of council homes** – with an annual budget of £15.8m it is vital that programmes of work are cost effective and delivered on time. Effective commissioning, contract management and financial oversight is provided through a dedicated commissioning and contract management team.

84. The service commissions a number of Frameworks to deliver planned and responsive works to maintain the Council’s housing stock. These are commissioned using clear Schedules of Rates (SOR) provided by independent consultants to ensure that descriptions of work are clear and guide rates are realistic and in line with current market conditions.

85. The Invitation to Tender (ITT) clearly set out detailed requirements regarding the processes and procedures to be followed, expected customer care standards, effective complaint resolution, minimising time on site and disruption to residents. It is also made clear that delivery of the works is subject to several KPIs monitored on a monthly basis and failure to meet the required level of performance could result in the application of financial penalties in the form of Performance Deductions. As part of the tender process, both cost and quality are considered in the evaluation of bids.

86. The appointed contractors are subject to a robust contract management regime which measures their performance against the required service standards. Their performance is monitored on a monthly basis against the contracted KPIs. (The contracted KPIs are based on the following categories: Health & Safety, sub-contractor management, quality of work, delivery to timescales, complaints handling, community benefits and customer satisfaction). Monthly Performance Reports are prepared, circulated to all stakeholders (including the corporate procurement team), and discussed at the monthly strategic meetings. Minutes are taken at these meetings and circulated to appropriate Operational Managers, delivery teams and Contractors. Financial penalties in the form of performance deductions can be and have been claimed should a Contractor fail to meet their contracted KPIs.

87. An annual report evaluating the extent to which contractors are meeting the framework objectives is written and sent to the Service Area's Director and Assistant Director. To date all appointed Contractors remain and continue to deliver efficiently, effectively, and economically in line with framework aspirations.

Adult Services Commissioned Services

88. The budget for external services in Adult Services is circa £106m per annum so good value for money and financial control is key. Approved provider lists are in place covering the majority of residential and domiciliary care with 120 providers registered and all have met set quality requirements. Each individual care package is commissioned separately by offering it to the approved providers through a dynamic purchasing system called Adam. This approach ensures competition and therefore ensures the most economical care package is achieved.

89. There are a number of issues with the current arrangements which calls into question the efficiency and effectiveness of the system for all cases:

- The administrative process of putting each individual package of care out to the market can lead to delays. The time taken from referral to care being in place is monitored for domiciliary care and targets have recently been set, however there is inevitably some delay. The use of block contracts is being piloted in the hospital setting to put care in place more quickly.
- Where a residential placement is required urgently or specialist care is needed such as residential care for clients with learning disabilities, direct awards are made, leading to higher cost. There is a need to review commissioning arrangements for more specialist or urgent cases.
- The commissioning of individual packages of care does not allow the service to shape the market effectively, for example to encourage more provision of dementia / nursing residential provision rather than general residential provision. There is no incentive for providers to

invest in changing their premises and services as they have no guarantee of a level of future work with the Council.

90. A review is therefore underway of commissioning going forward and a Market Engagement Manager post has recently been created to take this forward.

91. The very large number of care providers, while ensuring competition and availability of care, also makes effective contract management and oversight difficult. Given the importance of these services to the wellbeing of very vulnerable individuals this is of concern. A team has recently been put in place, including a qualified social worker manager and social work assistants, to regularly visit residential care settings to oversee the quality of care provided. A review of contract management arrangements is also underway to ensure that available resources are focused effectively.

Complaints Handling

Adult Services

92. The Complaints Team in Adult Services is located in the Strategy Performance & Resources section of the service area. This ensures that the service is able to work independently from Adult Social Services activities.

93. Complaints are received by email to the dedicated email box, by phone to the dedicated phone number or by post. Holding responses are monitored daily to ensure that all complainants are kept informed regarding the progression of their cases.

94. The team meet weekly to discuss all open cases. Additionally, the Complaints Manager meets with the Operational Manager for Strategy Performance & Resources to discuss contentious or difficult cases. The Operational Manager for Strategy, Performance & Resources also undertakes a quality assurance role and signs off all stage one complaints responses before they are sent out.

95. During 2022/23 the categories of complaints were redefined to better understand the reason for dissatisfaction and complaints are now categorised around the following five themes.

- Relationship
- Communication
- Safeguarding
- Finance
- Data

96. Actions identified within complaints responses are confirmed when the complaint is closed. Trends are identified and reported to Adult Services Management Team.
97. Between January 2022 and January 2023, the team received 115 complaints, of which 26 cases were either upheld or partially upheld.
98. If a customer is not satisfied with the response to their complaint they can request an independent formal investigation, called a Stage 2 Investigation. All Stage Two responses are reviewed and signed off by the Director of Adults, Housing and Communities. There have been 7 requests for Stage 2 Investigation to date this year. 2 of which have been upheld, and 4 have not been upheld.
99. Adult Services complaints make up 2% of the complaints received by the Ombudsman regarding Cardiff Council. So far this year, 3 complaints have been decided upon by the Ombudsman, none have been upheld.
100. A report on complaints is provided to the Adult Services Management Team monthly. Information about complaints are included in quarterly KPIs. Both the quarterly KPIs and the annual complaints report are considered by Community and Adult Services Scrutiny Committee (CASSC).

Housing and Communities

101. Complaints regarding Housing & Communities are dealt with by The Quality and Appeals team who are part of the Housing Strategy & Service Development section. The team are a separate entity from other service delivery teams within Housing and Communities, they can investigate complaints on an impartial basis and provide resolutions to the issues raised by customers.
102. Housing & Communities Complaints are received in a number of ways; via email through the team's dedicated mailbox, a customer phone call to Connect to Cardiff or the completion of a complaints form.
103. Between January 2022 and January 2023, the team received 840 complaints, of which 340 cases were either upheld or partially upheld.
104. Housing & Communities complaints make up 38.1% of the complaints received by the Ombudsman regarding Cardiff Council. In 2022/23 there have been 59 Ombudsman complaints, 4 of which are still being considered by the Ombudsman. None have been upheld.
105. Where the Complaints & Communication Officers identify a service failure or an opportunity for service improvement, this is presented in a report to the appropriate service managers and Operational Managers, outlining the failure and any recommendations that could potentially be implemented. Performance reports are circulated monthly to both Assistant Director and Director and the compliments and complaints dashboards are presented regularly at the Housing and Communities SMT meetings.

Legal Implications

106. There are no direct legal implications from this report.

Financial Implications

107. The financial implications (if any) arising from this report have been contained within the body of the report.

RECOMMENDATIONS

108. That the Governance and Audit Committee considers and notes the content of the report.

Jane Thomas

Director, Adults, Housing and Communities

The following is attached:

Appendix A - Corporate Risks

Appendix B - Escalated Directorate Risks – Not for publication

Appendix C - Key Directorate Risks – Not for publication

Appendix D - Outstanding Audit Recommendations – pre-2020 – Not for publication

Appendix E - Senior Management Assurance

Appendix F - Governance and Audit Committee Presentation