

DINAS A SIR ABERTAWE

Y CABINET

Lleoliad: Ystafell Dderbyn yr Arglwydd Faer, Neuadd y Ddinas, Abertawe

Dyddiad: Dydd Mawrth, 14 Ebrill 2015

Amser: 5.00 pm

AGENDA

1. **Ymddiheuriadau am absenoldeb.**
2. **Datgeliadau o fuddiannau personol a rhagfarnol.** 1 - 2
3. **Cofnodion.** 3 - 12
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4. **Adroddiad(au) Arweinydd y Cyngor.**
5. **Cwestiynau gan y cyhoedd.**
6. **Hawl i holi cynghorwyr.**
7. **Adroddiad(au) craffu:**
Dim.
8. **Adroddiad Aelod y Cabinet dros Gymunedau a Thai.**
8.a Rhaglen Grant Cyfleusterau i'r Anabl a Gwella. 13 - 17
9. **Adroddiad Aelod y Cabinet dros Addysg.**
9.a Arolygiad Estyn o Wasanaethau Plant a Phobl Ifanc yr Awdurdod Lleol 2013 - Y diweddaraf ar y cynnydd wrth ymateb i'r pum argymhelliad. 18 - 23
10. **Adroddiad Aelod y Cabinet dros yr Amgylchedd a Chludiant.**
10.a Ymateb Aelod y Cabinet i Adroddiad Ymchwiliad Craffu Strydlun. 24 - 40
11. **Adroddiad Aelod y Cabinet dros Gyllid a Strategaeth.**
11.a Trosglwyddo cyllideb gyfalaf. 41 - 44
11.b Rhaglen Cynnal a Chadw Cyfalaf Adeiladau 2015/16. 45 - 52
12. **Adroddiad ar y cyd gan Aelodau'r Cabinet dros Gyllid a Strategaeth a Chymunedau a Thai.**
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13.a Ymateb Bae'r Gorllewin i adroddiad Comisiynydd Pobl H?n Cymru ar 57 - 100

gartrefi gofal yng Nghymru, 'Lle i'w Alw'n Gartref?'

- | | |
|---|------------------|
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| 16.a Cytundeb Fframwaith CPC ar gyfer Darparu Gwasanaethau Arolygu/Archwilio/Profi/ Dadansoddi a Gwaredu Asbestos Trwyddedig. | 154 - 161 |



Patrick Arran
Pennaeth Gwasanaethau Cyfreithiol, Democrataidd a Chaffael
Dydd Llun, 30 Mawrth 2015

Cyswllt: Gwasanaethau Democrataidd - 636820

CABINET (10)

Labour Councillors:

| | |
|-----------------------|---|
| Mark C Child | Clive Lloyd |
| William Evans | Jennifer A Raynor |
| Robert Francis-Davies | Christine Richards (Deputy Leader) |
| Jane E C Harris | Rob C Stewart (Leader) |
| David H Hopkins | Mark Thomas |

Officers:

| | |
|-----------------------------|--|
| Jack Straw | Chief Executive |
| Phil Roberts | Director of Place |
| Dean Taylor | Director of Corporate Services |
| Chris Sivers | Director of People |
| Lindsay Harvey | Chief Education Officer |
| Deborah Driffield | Chief Social Services Officer |
| Mike Hawes | Head of Financial Services |
| Lee Wenham | Head of Marketing, Communications & Scrutiny |
| Steve Rees | Head of Human Resources |
| Patrick Arran | Head of Legal, Democratic Services & Procurement – Electronic and hard copy |
| Tracey Meredith | Deputy Head of Legal, Democratic Services & Procurement - Electronic and hard copy |
| Huw Evans | Head of Democratic Services |
| Democratic Services | 1 Copy |
| Patrick Fletcher | Communications |
| Scrutiny Team | 1 Copy |
| Archives | 1 Copy |
| CAC, Licensing & DMC Chairs | 7 Copies |
| Various Councillors | 10 Copies |
| All Other Councillors | Via e mail |

Total Copies Needed:

| |
|---------------------|
| 57 Full & 10 Public |
|---------------------|

Disclosures of Interest

To receive Disclosures of Interest from Councillors and Officers

Councillors

Councillors Interests are made in accordance with the provisions of the Code of Conduct adopted by the City and County of Swansea. You must disclose orally to the meeting the existence and nature of that interest.

NOTE: You are requested to identify the Agenda Item / Minute No. / Planning Application No. and Subject Matter to which that interest relates and to enter all declared interests on the sheet provided for that purpose at the meeting.

1. If you have a **Personal Interest** as set out in **Paragraph 10** of the Code, you **MAY STAY, SPEAK AND VOTE** unless it is also a Prejudicial Interest.
2. If you have a Personal Interest which is also a **Prejudicial Interest** as set out in **Paragraph 12** of the Code, then subject to point 3 below, you **MUST WITHDRAW** from the meeting (unless you have obtained a dispensation from the Authority's Standards Committee)
3. Where you have a Prejudicial Interest you may attend the meeting but only for the purpose of making representations, answering questions or giving evidence relating to the business, **provided** that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise. In such a case, you **must withdraw from the meeting immediately after the period for making representations, answering questions, or giving evidence relating to the business has ended**, and in any event before further consideration of the business begins, whether or not the public are allowed to remain in attendance for such consideration (**Paragraph 14** of the Code).
4. Where you have agreement from the Monitoring Officer that the information relating to your Personal Interest is **sensitive information**, as set out in **Paragraph 16** of the Code of Conduct, your obligation to disclose such information is replaced with an obligation to disclose the existence of a personal interest and to confirm that the Monitoring Officer has agreed that the nature of such personal interest is sensitive information.
5. If you are relying on a **grant of a dispensation** by the Standards Committee, you must, before the matter is under consideration:
 - i) Disclose orally both the interest concerned and the existence of the dispensation; and
 - ii) Before or immediately after the close of the meeting give written notification to the Authority containing:

- a) Details of the prejudicial interest;
- b) Details of the business to which the prejudicial interest relates;
- c) Details of, and the date on which, the dispensation was granted; and
- d) Your signature

Officers

Financial Interests

1. If an Officer has a financial interest in any matter which arises for decision at any meeting to which the Officer is reporting or at which the Officer is in attendance involving any member of the Council and /or any third party the Officer shall declare an interest in that matter and take no part in the consideration or determination of the matter and shall withdraw from the meeting while that matter is considered. Any such declaration made in a meeting of a constitutional body shall be recorded in the minutes of that meeting. No Officer shall make a report to a meeting for a decision to be made on any matter in which s/he has a financial interest.
2. A "financial interest" is defined as any interest affecting the financial position of the Officer, either to his/her benefit or to his/her detriment. It also includes an interest on the same basis for any member of the Officers family or a close friend and any company firm or business from which an Officer or a member of his/her family receives any remuneration. There is no financial interest for an Officer where a decision on a report affects all of the Officers of the Council or all of the officers in a Department or Service.

CITY AND COUNTY OF SWANSEA

MINUTES OF THE CABINET

HELD AT THE LORD MAYORS RECEPTION ROOM, GUILDHALL ON
TUESDAY, 17 MARCH 2015
AT 5.00 PM

PRESENT: Councillor R C Stewart (Leader of the Council) Presided

| Councillor(s) | Councillor(s) | Councillor(s) |
|----------------------|----------------------|----------------------|
| M C Child | D H Hopkins | M Thomas |
| W Evans | C E Lloyd | |
| J E C Harris | J A Raynor | |

186. **APOLOGIES FOR ABSENCE.**

Apologies for absence were received from Councillors R Francis-Davies and C Richards.

187. **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the provisions of the Code of Conduct adopted by the City and County of Swansea, the following interests were declared:

- 1) Councillor R C Stewart declared a Personal in Minute 195 "Local Authority Governor Appointments" as he knew the person recommended to be appointed as a Glynollen Primary School Governor;
- 2) Councillor C E Lloyd declared a Personal and Prejudicial interest in Minute 197 "Vetch Masterplan Review" as his father is the Vice Chair of the Sandfields Residents Association and withdrew from the meeting prior to its consideration.

188. **MINUTES.**

RESOLVED that the Minutes of the meetings held on 10 and 17 February 2015 be approved as a correct record.

189. **LEADER OF THE COUNCIL'S REPORT(S).**

None.

190. **PUBLIC QUESTION TIME.**

A number of questions were asked in relation to the following items:

- i) Peter East - Minute 205 "Elba Estate Gowerton - Rent Review". The Leader of the Council responded accordingly;

- ii) Chris Williams, Colin Joslyn and Alan Lloyd - 197 "Vetch Masterplan Review". The Leader of the Council and the Cabinet Member for Wellbeing and Healthy City responded accordingly.

191. **COUNCILLORS' QUESTION TIME.**

A number of questions were asked in relation to the following items:

- i) Councillors S E Crouch and E T Kirchner - Minute 197 "Vetch Masterplan Review". The Cabinet Member for Wellbeing and Healthy City responded accordingly;

192. **SCRUTINY REPORT(S): NONE.**

None.

193. **TRANSFER OF GRAIGFELEN HALL TO CLYDACH COMMUNITY COUNCIL.**

The Cabinet Member for Communities and Housing submitted a report which sought approval to grant Clydach Community Council a 99 year lease on Graigfelen Hall for a peppercorn rent under the Authority's Wellbeing Powers.

CABINET DECISION

The grant of a Lease to Clydach Community Council on the terms set out in the report be authorised.

Policy Framework

Sustainable Swansea - Fit for the Future.

Reason for Decision

Because the land to be disposed of is going to be on terms of less than best value, Cabinet authority needs to be obtained to approve terms of a Lease to be granted by the Council of Graigfelen Hall.

Consultation

Access to Services, Finance, Legal.

194. **CONTRACT AWARD REPORT FOR SUPPLY OF KITCHEN UNITS AND WORKTOPS.**

The Cabinet Member for Communities and Housing submitted a report which sought approval to utilise the London Housing Consortium (LHC) K5 Framework agreement for the supply of Kitchen Units and Workshops. A mini competition with capable suppliers was run. The result of this competition will allow for direct

orders and stock maintenance projects in line with the Welsh Housing Quality Standards (WHQS).

CABINET DECISION

- 1) The award of the contract as recommended in the report to supplier B be authorised;
- 2) The Head of Legal, Democratic Services and Procurement be authorised to enter into a contract as a result of a mini competition under the framework without the need for further approval from Cabinet.

Policy Framework

Council Constitution.

Reason for Decision

To comply with Contract Procedure Rule 13, as set out in the Council Constitution.

Consultation

Access to Services, Finance, Legal, Democratic Services and Procurement.

195. **LOCAL AUTHORITY GOVERNOR APPOINTMENTS.**

The Cabinet Member for Education submitted a report which sought approval the nominations submitted to fill the Local Authority (LA) Governor vacancies in School Governing Bodies.

CABINET DECISION

The following nominations be approved as recommended by the LA Governor Appointment Panel:

- i) Cadle Primary School. Miss Laura Murton;
- ii) Glyncollen Primary School. Mr Ceri Evans;
- iii) Parkland Primary School. Mrs Eira Wyn Davies and Mrs Sylvia Wilks;
- iv) Pennard Primary School. Miss Eleanor Treen;
- v) St. Thomas Community Primary School. Rev. Steven Bunting;
- vi) Ysgol Gynradd Gymraeg (YGG) Gellionnen. Mrs Helen Margaret Jones;
- vii) Ysgol Gynradd Gymraeg (YGG) Llwynderw. Mr Meirion Howells;
- viii) Ysgol Gynradd Gymraeg (YGG) Y Login Fach. Mrs Caryl George;
- ix) Bishopston Comprehensive School. Mr Adrian Clive Novis.

Policy Framework

Policy and Procedure for Appointment of LA Governors as amended by Council on 23 October 2008.

Reason for Decision

To ensure that vacancies are to be filled expeditiously.

Consultation

Education, Finance, Legal.

196. **ADMISSION ARRANGEMENTS 2016/2017.**

The Cabinet Member for Education submitted a report which sought to determine the Admission Arrangements for maintained schools for the academic year 2016-2017.

CABINET DECISION

Cabinet recommends to Council that:

- 1) The proposed Admission Arrangements for 2016-2017 for Nursery Classes as set out in Appendix A be approved;
- 2) The proposed Admission Arrangements for 2016-2017 for Primary Schools as set out in Appendix B be approved;
- 3) The proposed Admission Arrangements for 2016-2017 for Secondary Schools as set out in Appendix B be approved;
- 4) The proposed Admission Arrangements / Criteria for Entry for 2016-2017 Sixth Forms set in Appendix B be approved;
- 5) The Schedule of Events in Appendix C be approved;
- 6) The Admission Numbers for primary and secondary schools are noted, as set out in Appendix D.

Policy Framework

The Admission Arrangements to Schools Policy.

Reason for Decision

There is a duty on the Local Authority (LA) to determine its admission arrangements annually.

Consultation

Education, Finance, Legal, All Head Teachers and Governing Bodies including Voluntary Aided schools, Neighbouring Admission Authorities, The Admissions Forum.

197. **VETCH MASTERPLAN REVIEW.**

The Cabinet Member for Enterprise, Development and Regeneration submitted a report which sought endorsement of the Vetch Field Masterplan Review and approval to refer the Revised Masterplan to Planning Committee for adoption as Supplementary Planning Guidance.

CABINET DECISION

- 1) The Revised Masterplan resulting from the Vetch Field Masterplan Review be endorsed;
- 2) The Revised Masterplan be referred to the Planning Committee for adoption as Supplementary Planning Guidance.

Policy Framework

City and County of Swansea Unitary Development Plan adopted 2008;
CCS Asset Management Plan;
One Swansea Plan 2013;
Corporate Improvement Plan 2013-2017;
CCS Sustainable Development Policy.

Reason for Decision

The adopted Masterplan will provide Supplementary Planning Guidance to inform future development and us of the site and to inform site marketing.

Consultation

Finance, Legal, Planning, Corporate Building and Property Services, Community Recreation, Housing.

198. **VIBRANT AND VIABLE PLACES (V&VP) - FPR7 - PROPERTY ENHANCEMENT / DEVELOPMENT FUND.**

The Cabinet Member for Enterprise, Regeneration and Development submitted a report which sought approval for the scheme and to include the budget within the Capital Programme.

CABINET DECISION

- 1) The scheme be approved as described within the report;

- 2) The budget be committed to the Capital Programme for 2014-2015 to 2016-2017.

Policy Framework

City Centre Strategic Framework.

Reason for Decision

To comply with Financial Procedure Rule 7 'Capital Programming and Appraisals' to commit and authorise schemes as per the Capital Programme or to include new schemes in the Capital Programme.

Consultation

Access to Services, Finance, Legal.

199. **QUARTER 3 2014/15 PERFORMANCE MONITORING REPORT.**

The Cabinet Member for Finance and Resources submitted a report which sought approval to present the Corporate and Service Performance for the third quarter 2014-2015.

CABINET DECISION

Performance be reviewed to help inform executive decisions on resource allocation and where relevant, corrective actions to manage and improve performance and efficiency in delivering national and local priorities.

Policy Framework

'Standing Up for Swansea' Corporate Improvement Plan 2013-2017 updated for 2014-2015.

Reason for Decision

To receive and review the performance results for Quarter 3 2014-2015.

Consultation

Access to Services, Finance, Legal.

200. **INTRODUCTION OF A NEW SOCIAL SERVICES COMPLAINTS POLICY.**

The Cabinet Member for Transformation and Performance submitted a report which sought approval to replace the existing Social Services Complaints Policy with a revised policy in line with new legislative requirements.

CABINET DECISION

- 1) The new Social Services Complaints Policy as set out in Appendix A of the report be approved;
- 2) The new Policy be adopted with immediate effect.

Policy Framework

None.

Reason for Decision

To comply with legislative changes.

Consultation

Access to Services, Finance, Legal, Cabinet Member.

201. **ANNUAL EQUALITY AND DIVERSITY REVIEW REPORT 2013-14.**

The Cabinet Member for Wellbeing and Healthy City submitted a report which sought to present the Annual Equality and Diversity Review Report for 2013-2014 as required by the Public Sector Equality Duty for Wales.

CABINET DECISION

The report be approved prior to submission to the Equality and Human Rights Commission (as the regulator) and publication on the Council's website.

Policy Framework

Strategic Equality Plan 2012-2016.

Reason for Decision

To approve the report for submission to the Equality and Human Rights Commission (as the regulator) and publication on the Council's website (as required by law).

Consultation

Access to Services, Finance, Legal, Engagement and Inclusion Cabinet Advisory Committee.

202. **EXCLUSION OF THE PUBLIC.**

Cabinet were requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendations to the report(s) on the grounds that they involve the likely disclosure of exempt

information as set out in the exclusion paragraph of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 relevant to the items of business set out in the report(s).

Cabinet considered the Public Interest Test in deciding whether to exclude the public from the meeting for the item of business where the Public Interest Test was relevant as set out in the report.

RESOLVED that the public be excluded for the following item(s) of business.

CLOSED SESSION

203. **COUNCILLORS' QUESTION TIME.**

A number of questions were asked in relation to the following items:

- i) Councillors D Phillips - Minute 204 "Acquisition of Llys Dewi Sant and Disposal of Land at Vetch Field to Accommodate a Replacement Facility". The Leader of the Council asked Councillor D Phillips to submit his question in writing and that he would then provide a written response;
- ii) Councillor S M Jones and D Phillips - Minute 205 "Elba Estate Gowerton - Rent Review". The Leader of the Council responded accordingly.

204. **ACQUISITION OF LLYS DEWI SANT AND DISPOSAL OF LAND AT VETCH FIELD TO ACCOMMODATE A REPLACEMENT FACILITY.**

The Cabinet Member for Enterprise, Development and Regeneration submitted a report which sought Cabinet approval to purchase the residential facility known as Llys Dewi Sant; the disposal of part of the Vetch site for the development of a replacement scheme and for further residential development.

CABINET DECISION

The recommendations as indicated in the report be approved.

Policy Framework

Swansea City Centre Strategic Framework (SCCSF);
City and County of Swansea Unitary Development Plan adopted 2008;
CCS Asset Management Plan;
One Swansea Plan 2013;
Corporate Improvement Plan 2013-2017.

Reason for Decision

To allow City Centre regeneration to be progressed and to comply with Financial Procedure Rule 7 - to include a new capital scheme in the Capital Programme.

Consultation

Access to Services, Finance, Legal, Corporate Property, Housing.

205. **ELBA ESTATE GOWERTON - RENT REVIEW.**

The Cabinet Member for Finance and Resources submitted a report which sought to provide an update and advice on the Elba Estate Rent Review and recommendation of the way forward.

CABINET DECISION

The recommendations as indicated in the report be approved.

Policy Framework

Asset Management Plan.

Reason for Decision

For Cabinet to provide Officers with instructions upon the future conduct of this issue.

Consultation

Access to Services, Finance, Legal.

206. **LEASE OF SWANSEA INDOOR BOWLS CENTRE.**

The Cabinet Member for Wellbeing and Healthy City submitted a report which sought to provide a review of the options available in operating the Swansea Indoor Bowls Centre and to recommend a way forward.

CABINET DECISION

The recommendations as indicated in the report be approved.

Policy Framework

Climbing Higher (Sport and Physical Activity) Strategy;
City of Sport;
Medium Term Financial Plan;
Healthy Cities, Sustainable Swansea - Fit for the Future.

Reason for Decision

To approve the proposed terms of Lease and Management Agreement and authorise Officers to enter into a lease.

Consultation

Access to Services, Finance, Legal, Corporate Property.

The meeting ended at 5.54 pm

CHAIR

Published on 18 March 2018

Report of the Cabinet Member for Communities and Housing

Cabinet – 14 April 2015

DISABLED FACILITIES & IMPROVEMENT GRANT PROGRAMME

| | |
|------------------------------------|--|
| Purpose: | To provide details of the Disabled Facilities & Improvement Grant Programme and to seek approval to include schemes in the 2015/16 Capital Programme. |
| Policy Framework: | 1. Local Housing Strategy. 2. Private Sector Housing Renewal and Disabled Adaptations: Policy to Provide Assistance 2012-2017. 3. Statutory declaration of the Sandfields Renewal Area approved by Cabinet on the 14 th January 2014. |
| Reason for Decision: | To comply with Financial Procedure Rule No.7 (Capital Programming and Appraisals) - to commit and authorise schemes as per the Capital Programme. |
| Consultation: | Legal, Finance, Access to Services. |
| Recommendation(s): | It is recommended that: 1) The Disabled Facilities and Improvement Grant Programme as detailed, including its financial implications, are approved and included in the 2015/16 Capital Budget. |
| Report Author: | Mark Wade |
| Finance Officer: | Jayne James |
| Legal Officer: | Debbie Smith |
| Access to Services Officer: | Phil Couch |

1.0 Introduction

- 1.1 The current Private Sector Housing Renewal and Disabled Adaptations Policy was approved by Council on 24th November 2011.

2.0 Capital Programme Process

2.1 The Disabled Facilities Grants and Improvement Grant Budget of £5.2m was agreed by Council on 24th February 2015.

3.0 The Scheme

3.1 The current Policy for Private Sector Housing Renewal and Disabled Adaptations sets out the detail of various types of assistance aimed at helping vulnerable home owners and tenants to carry out essential adaptations and repairs. Assistance is provided on the basis of helping residents maintain their independence at home. In summary, types of assistance include:

- Disabled Facilities Grant (DFG) – Mandatory large scale adaptations for private home owners and tenants of private rented accommodation. For example, level access showers.
- Council House Adaptations – small and large scale adaptations for Council tenants
- Homefix Loans – Recyclable loans for homeowners needing large repairs. For example, roof repairs and damp proofing.
- Emergency Repair Fund – Small repairs of an emergency nature. For example, dangerous electrics.
- Grants for Nominations – For works to bring long term empty properties back into use. Grant is provided in exchange for nomination rights.
- Swansea Care & Repair – Small, rapid adaptations and repairs provided for elderly and disabled residents.
- Houses to Homes Loan Scheme – interest free loans to tackle empty homes. To renovate and improve properties or convert empty properties into a number of units suitable for residential accommodation. Loans to be repaid and recycled as further loans.
- National Home Improvement Loan Scheme – interest free loans for the repair or conversion of properties to make them safe, warm and/or secure. Loans to be repaid and recycled as further loans.
- Renewal Areas – Renewal Area funding to deliver an agreed programme of property repair and environmental improvement works in designated Renewal Areas.

4.0 Financial Implications

- 4.1 The programme for 2015/16 is shown at table 1 below and is fully funded by the General Fund and the Housing Revenue Account (HRA) with the exception of the Sandfields Renewal Area which is funded by Welsh Government Grant, Utility Company funding and the General Fund. The Houses to Homes and National Home Improvement Loan schemes for 2015/16 are funded by WG grants and have been reported separately.
- 4.2 The anticipated annual programme for tenant adaptations from the HRA is £2.75 million. This has been reduced by £0.5m. This is not a budget cut, but reflects the estimated amount of tenant adaptations that will be completed proactively and funded by the Welsh Housing Quality Standard (WHQS) kitchen and bathroom replacement programme.
- 4.3 The Emergency Repair Fund has been reduced by £25,000 and the Homefix loans budget reduced by £12,976. This has been done to reflect reducing demand for ERF, increasing demand for Homefix and to fund the estimated level of future loan defaults as per Cabinet Report 18th November 2014 regarding the Houses to Homes and National Home Improvement Loan schemes.

Table 1 details proposed 2015/16 programme and draft programme for 2016/17.

| Table 1 | | | |
|--|--------------------|-------------------------|----------------------|
| SCHEMES | 2014/15 | Proposed 2015/16 | Draft 2016/17 |
| DFG, mini and fast track adaptations | £4,500,000 | £4,500,000 | £4,500,000 |
| Tenant adaptations (HRA funded) | £3,250,000 | £2,750,000 | £2,750,000 |
| Homefix Loans | £390,000 | £377,024 | £415,000 |
| Emergency Repair fund | £30,000 | £5,000 | £5,000 |
| Grants for nominations | £80,000 | £80,000 | £80,000 |
| Swansea Care and Repair Handyperson | £200,000 | £200,000 | £200,000 |
| Houses to Homes | | | |
| Sandfields Renewal Area* | £730,000 | £730,000 | £730,000 |
| WG ECO funding** | £1,800,000 | £0 | £0 |
| Loan default provision*** | £0 | £37,976 | £0 |
| TOTAL PROGRAMME | £10,980,000 | £8,680,000 | £8,680,000 |
| Funded as follows: | | | |
| Total general funded | £5,200,000 | £5,200,000 | £5,200,000 |
| Total HRA funded | £3,250,000 | £2,750,000 | £2,750,000 |
| Total Grant funded | £2,530,000 | £730,000 | £730,000 |
| * Renewal Area budgets are ring fenced to Sandfields. ** see 4.5 *** see 4.3 | | | |
| Total funding | £10,980,000 | £8,680,000 | £8,680,000 |

- 4.4 Revenue running costs for 2015/16 are estimated at £1,069,100 and are met from fees generated from administering grants of £1,062,400. The balance is met from a contribution of £6,700 from the General fund. It is proposed that the Departmental Fee charged will be increased to 10% in 2015/16 in response to changes in the way VAT is accounted for in grant administration. There are no asset rent charges.

4.5 In December 2014 WG approved funding of up to £1.8m from their Energy Company Obligation (ECO) programme for the Sandfields Renewal Area. This will be added to the 2014/15 Capital Programme. WG have approved carry forward of this funding to 2015/16.

5.0 Equality and Engagement Implications

5.1 The Access to Services Team has advised that an equality impact assessment (EIA) is not required.

6.0 Staffing Implications

None.

7.0 IT/Systems Implications

None.

8.0 Legal Implications

8.1 The schemes detailed are in line with local authority powers to provide assistance, contained in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 and the Councils published Policy.

8.2 The Council will need to ensure that it complies with any terms and conditions attached to any Welsh Government grant funding.

Background Papers: Private Sector Housing Renewal and Disabled Adaptations Policy to Provide Assistance 2012-2017.

Appendices: None.

Agenda Item 9.a

Report of the Cabinet Member for Education

Cabinet – 14 April 2015

ESTYN INSPECTION OF LOCAL AUTHORITY EDUCATION SERVICES FOR CHILDREN AND YOUNG PEOPLE 2013 – UPDATE ON PROGRESS IN ADDRESSING THE FIVE RECOMMENDATIONS

| | |
|------------------------------------|---|
| Purpose: | For Cabinet to receive an update on the progress in meeting the five Recommendations in the Estyn Inspection Report. |
| Policy Framework: | Estyn Common Inspection Framework. |
| Reason for Decision: | Political monitoring of progress in meeting the five Recommendations was stipulated by Estyn. |
| Consultation: | Legal, Finance and Access to Services. |
| Recommendation(s): | It is recommended that: 1) Cabinet notes the progress update on the five recommendations in the Estyn Inspection Report. |
| Report Author: | Helen Morgan-Rees |
| Finance Officer: | Ben Smith |
| Legal Officer: | Stephanie Williams |
| Access to Services Officer: | Sherill Hopkins |

1.0 Introduction

1.1 All local authorities' education services for children and young people in Wales are inspected by Estyn under the Common Inspection Framework. Authorities are inspected on the basis of a self-evaluation. City and County of Swansea was inspected in June 2013 and the Report published in September 2013.

2.0 Background – what the Estyn Inspectors found in 2013

2.1 Many good features and services were noted in the inspection report. <http://www.estyn.gov.uk/download/publication/291263.7/inspectionreport-city-and-county-of-swanea-2013/>

2.2 Estyn made the following specific judgements:

- Primary attendance rates were well below average with nearly half of schools in the bottom 25% when compared to similar schools on the free-school-meal benchmarks;
- Too many schools did not improve quickly enough when identified as needing follow-up after a core inspection and too many were in categories of concern;
- The reintegration of pupils in key stage 3 educated other than at school back into mainstream schools and the provision in the key stage 4 pupil referral unit were not good enough;
- Processes to quality assure the work of officers were not effective enough to make sure that all officers consistently challenge all schools to improve.
- Performance management and quality assurance processes were not applied consistently enough within education services to identify and address underperformance of staff;
- Education targets were often not sufficiently challenging; and
- Annual reviews of the authority's education services and the self-evaluation report prepared for the inspection provided too positive an analysis of the authority's work in a few areas.

2.3 The outcomes of the 2013 inspection were that Performance was judged to be Adequate and Capacity to Improve judged to be Good. The Inspection Report made five Recommendations for improvement.

- Develop and implement a strategy to improve levels of attendance in primary schools
- Quality assure the work of officers to secure greater consistency in the level of challenge they offer to schools
- Improve officers' evaluation of the quality of leadership and management in schools to make sure that underperforming schools are identified and supported quickly
- Improve the quality of provision for those pupils who are educated other than at school, particularly to raise standards of achievement and to assist reintegration back into schools
- Improve the consistency of leadership across all education services and the quality of self-evaluation and improvement planning within education services

2.4 A Post-Inspection Action Plan was developed in the format of the Education Department Business Plan 2014-15. Estyn accepted the PIAP/Business Plan in July 2014. It can be found at: www.swansea.gov.uk/estyninspections.

2.5 The Chief Executive established an Improvement Board in July 2013 to monitor progress following the inspection. It has met at least monthly from that date to now. In addition, the Leader of the Council established a Member-led monitoring board, the Education Leadership Board, which

met termly during the first year after the inspection and most recently in February 2015.

2.6 In March 2015 the Education Strategic Group was established, under the Terms of Reference:

- To act as an innovation and ideas forum, drawing together schools and local authority Members and officers
- To ensure the development of coherent and consistent short, medium and long term financial strategies for education in the City and County of Swansea
- To ensure political, officer and school involvement in developing such financial strategies - both revenue and capital
- To propose options for Council to consider, outlining potential implications
- To provide a mechanism for strategic dialogue in making budget choices, building on the current base budget review

The Group is served by a number of key stakeholders and delivery partners including Governors.

3.0 Progress on addressing the five Recommendations and further work required

Key to ratings:

GREEN = Excellent progress, YELLOW = Good progress,

AMBER = Limited progress, RED = Remains a concern

3.1 Recommendation 1: Develop and implement a strategy to improve levels of attendance in primary schools
Status: AMBER

- Schools made Attendance a top priority and strengthened their structures, systems and processes in line with established effective practice.
- Schools were set more challenging targets based on national improvement trends plus an uplift.
- As a result, there has been good improvement of 1.4% in the rate of Primary Attendance in 2013-14. Wales improved by 1.1%.
- Almost all schools made good improvement. However, other similar schools across Wales also improved and although fewer Swansea schools were in quartiles three and four, the quartile distribution was still negative, with 31% above the median and 69% below (last year was 22% above the median and 78% below).
- The position in the first half of the 2014-15 academic year is that primary school attendance is up on the same period in 2013-14. This is encouraging but improvement needs to be maintained.

Further work required:

- Although there has been good improvement in absolute terms, the comparative position of too many primary schools remains an area for improvement. Schools and the authority will continue to work together to embed and share the strategies and actions that lead to high levels of attendance.

3.2 Recommendation 2: Quality assure the work of officers to secure greater consistency in the level of challenge they offer to schools
Status: YELLOW

- The new Hub arrangements within ERW have strengthened the challenge to schools and the Head of the Education Improvement Hub, appointed in September 2014, has provided strong leadership.
- The team of nine Swansea Challenge Advisers have now been working effectively for one and a half terms. The team has been jointly trained, with Hub colleagues from Neath Port Talbot, by the new Head of Hub and the region.
- The Autumn Core Visits were subject to robust quality assurance processes. These included joint visits with peers and joint visits with the Lead Challenge Adviser or the Head of Hub. All Autumn Core Visit documentation was assessed by the Head of Hub there were moderation exercises at local, Hub, regional and national levels prior to submission of final categories to Welsh Government. This ensured consistency in the work of the Challenge Advisers and reassured schools that they had been treated objectively.

3.3 Recommendation 3: Improve officers' evaluation of the quality of leadership and management in schools to make sure that underperforming schools are identified and supported quickly
Status: YELLOW

- As for Recommendation 2, the new Hub arrangements within ERW have strengthened all aspects of the challenge to schools. The Hub team has been trained to apply the new national categorisation system and the regionally agreed processes consistently and rigorously. Regional paperwork describing the characteristics of leadership and management has been strengthened and that assisted Challenge Advisers in assessing schools fairly and robustly, where in the past they may have been too generous.

3.4 Recommendation 4: Improve the quality of provision for those pupils who are educated other than at school, particularly to raise standards of achievement and to assist reintegration back into schools
Status: AMBER

- The Post-Inspection Action Plan for the KS4 PRU has progressed. Estyn's final monitoring visit took place in January 2015. The KS4 PRU was removed from Special Measures but the whole PRU (all Key Stages)

was judged In Need of Significant Improvement. A new Post-Inspection Action Plan will be drawn up.

- To address the LAESCYP Recommendation, an independent review of Behaviour/EOTAS has been undertaken and a report produced.
- Based on the report's recommendations, a proposal to reorganise EOTAS provision has been developed. It is being consulted on February 2nd – March 19th.

Further work required:

- Reorganised provision will need to be introduced and monitored over time to assess its impact on improved reintegration rates and standards of achievement for pupils.

3.5 Recommendation 5: Improve the consistency of leadership across all education services and the quality of self-evaluation and improvement planning within education services
Status: AMBER

- The Chief Executive established a corporate Improvement Board in July 2013 which has met monthly to monitor progress against the Recommendations from the inspection. In addition, there is a Member-led board which meets regularly to do the same.
- A comprehensive accountability framework is in place. The business planning and performance management process through the Education Department's Business Plan has been streamlined and is supported by lower level plans. Each plan has a nominated lead officer. Estyn accepted the Education Department Business Plan 2014-15 as the post-inspection action plan.
- The Business Plan is aligned with national, Local Service Board and corporate priorities, while also addressing all the Recommendations from the Inspection. It sets out the governance and performance management arrangements for Education.

Further work required:

- The capacity of the senior leadership team within the education department has decreased in 2015. However, the suitable management of key absences has ensured that service delivery has been maintained effectively.

3.6 A self-evaluation of Local Authority Education Services for Children and Young People takes place each year. The latest self-evaluation was completed and published online in December 2014. It can be found at www.swansea.gov.uk/estyninspections. It provides more detail on all the areas covered by the Recommendations.

4.0 Equality and Engagement Implications

Whilst there are no specific equality or engagement implications associated with this report, some specific areas of work resulting from the recommendations will be subject to the Equality Impact Assessment (EIA) process (which incorporates the UNCRC). For example, an EIA report is already being developed for the EOTAS review.

5.0 Financial Implications

There are no financial implications associated with this report.

6.0 Legal Implications

There are no legal implications associated with this report.

Background Papers:

Common Inspection Framework

<http://www.estyn.gov.uk/download/publication/11438.7/common-inspection-framework-from-september-2010/>

Estyn Guidance on inspection of Local Authority Education Services for Children and Young People

<http://www.estyn.gov.uk/download/publications/8326.5/guidance-for-the-inspection-of-local-authority-education-services-for-children-and-young-people-from-september-2010/>

City and County of Swansea LAESCYP Inspection Report 2013

<http://www.estyn.gov.uk/download/publication/291263.7/inspection-report-city-and-county-of-swanse-2013/>

Annual self-evaluation of Local Authority Education Services for Children and Young People, December 2014 / www.swansea.gov.uk/estyninspections

Appendices: None.

Agenda Item 10.a

Report of the Cabinet Member for Environment & Transportation

Cabinet – 14 April 2015

RESPONSE TO THE REPORT OF THE STREETSCENE SCRUTINY INQUIRY

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| Purpose: | To outline a response to the scrutiny recommendations and to present an action plan for agreement. |
| Policy Framework: | None. |
| Reason for Decision: | To comply with the requirements of the Council Constitution. |
| Consultation: | Legal Services, Financial Services. |
| Recommendation(s): | It is recommended that: 1) The response as outlined in the report and related action plan be agreed. |
| Report Author: | Stuart Davies |
| Finance Officer: | Paul Roach |
| Legal Officer: | Chris Allingham |
| Access to Services Officer: | Sherrill Hopkins |

1.0 Introduction

- 1.1 The Streetscene Inquiry report was submitted to Cabinet on the 16 December 2014 after the Streetscene Scrutiny Inquiry Panel completed a detailed inquiry into improving Streetscene Services.
- 1.2 Having considered the contents of the scrutiny report, and specific recommendations made, advice to Cabinet on whether it should agree, or not agree, with each recommendation is detailed in this report.
- 1.3 Cabinet is also asked to consider, for each of the responses, any relevant policy commitments and any other relevant activity.

2.0 Response to Scrutiny Recommendations

Recommendation 1

Promotes the Welsh Government public toilet scheme and increases sign up from local businesses to make their toilets available for public use

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| Relevant Policy Commitments: NA |
| Action already being undertaken: The Welsh Government community toilet scheme has been stopped however the Authority are looking at the feasibility providing a similar scheme as part of the overall Public toilet review. |
| New actions following from the recommendation: Investigate introduction of in house alternative to allow public use of private facilities. |
| Cabinet Member Comments: Cllr Mark Child and myself are involved with the public toilet review which will consider the provision of facilities across the City and County. |
| Recommendation is NOT AGREED |

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| Recommendation 2 |
| As a minimum, the Cabinet Member maintains the current level of provision for the NEATs programme and identifies additional sources of funding to support the continuation and development of the NEATs programme |
| Relevant Policy Commitments: Explore collaborative and innovative ways in which local services can be financed and delivered most efficiently. (ref: 3.4) |
| Action already being undertaken: There are no plans to cut the NEAT programme at present. However it will be necessary to review service provision across all areas in the future due to budget pressures. |
| New actions following from the recommendation: It is not possible to identify further funding in the current economic climate. |
| Cabinet Member Comments: It is clear that there is strong support for the work of the NEAT teams |
| Recommendation is PARTIALLY AGREED |

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| Recommendation 3 |
| Promotes and encourages communities to take up the Winter Warden Scheme by reducing the bureaucratic burden on the communities and individuals who want to sign up to the scheme |
| Relevant Policy Commitments: Explore collaborative and innovative ways in which local services can be financed and delivered most efficiently. (ref: 3.4) |
| Action already being undertaken: Service officers are not aware of any current issues with unnecessary bureaucracy with the scheme. |
| New actions following from the recommendation: The scheme is modelled on recommended best practice (National Winter Maintenance Review) therefore detailed feedback about the issues will be sought from Members and community representatives. |
| Cabinet Member Comments: The winter warden scheme is a very positive initiative which should be encouraged and I would encourage any issues to be raised with officers. |
| Recommendation is NOT AGREED |

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| Recommendation 4 |
| Identifies and investigates “invest to save” opportunities and community development initiatives and provides support for this |
| Relevant Policy Commitments: Explore collaborative and innovative ways in which local services can be financed and delivered most efficiently. (ref: 3.4) |
| Action already being undertaken: The service is always seeking opportunities to reduce costs and improve service levels e.g. the introduction of Brynmill Pod for closer working with the community. |
| New actions following from the recommendation: If Members have specific examples of opportunities these will be investigated accordingly. |
| Cabinet Member Comments: Please discuss ideas and suggestions with officers |
| Recommendation is PARTIALLY AGREED |

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| Recommendation 5 |
| Report on the outcome of the APSE review |
| Relevant Policy Commitments: NA |
| Action already being undertaken: The APSE review has led to a review of operational arrangements. Approval for current proposal for Cleansing functions to join Waste & Parks is to be sought by end of March. If approved, revised structure could be implemented by July. |
| New actions following from the recommendation: |
| Cabinet Member Comments: The efficiency and effectiveness of the service of the operational service is being reviewed at present |
| Recommendation is AGREED |

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| Recommendation 6 |
| Ensures that all future planning applicants are made aware of the highway adoption process via a checklist and that they are aware of the implications |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Officers were not aware that there were any difficulties with the awareness of applicants as to the highway adoption process. The policies and practices are generally consistent with all other authorities. However, work is underway to review information provided to planning applicants, and also information provided via the council's website. |
| New actions following from the recommendation: None |
| Cabinet Member Comments: I would encourage members to raise any concerns about the processes with officers. |
| Recommendation is AGREED |

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| Recommendation 7 |
| Ensures that the highway adoption process is as efficient and economical as possible to meet the expectations of Swansea residents. |
| Relevant Policy Commitments: NA |
| Action already being undertaken: This process is currently the subject of a Systems Thinking review, which is specifically targeted at the customer and their experience of our service |
| New actions following from the recommendation: none |

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| Cabinet Member Comments: |
| Recommendation is AGREED |
| Recommendation 8 |
| Publicises and promotes the new Highways Asset Management Plan to councillors and residents groups and includes in it the pothole repair schedule and the highways and footways inspection timetable |
| Relevant Policy Commitments: NA |
| Action already being undertaken: The new Highway Asset Management Programme and Asset Management Plan will be publicised once complete. The 2015-16 Patch programme has been published and sent to members. |
| New actions following from the recommendation: With regard to the recommendation to publish inspection timetables, the hierarchy and frequency of inspections can be publicised but the dates themselves cannot be published simply as there are circa 6,000 streets on different routes, and frequency's, this information has not been put in the public domain due to concerns over misuse in relation to claims. Pot Holes are not repaired to a schedule; it is a constantly changing categorised work list with between 400 - 600 defects being completed each month and between 400 and 800 defects being added to the work list. |
| Cabinet Member Comments: I am pleased with the communication relating to the patch programme and the highway improvement schemes which keep the public and members well informed. |
| Recommendation is PARTIALLY AGREED |

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| Recommendation 9 |
| Extend the environmental enforcement scheme across Swansea and into district areas |
| Relevant Policy Commitments: NA |
| Action already being undertaken: This operation is already city wide with approximately 25-30% of staff time spent outside the city centre, Members can request visits but this needs to be intelligence lead – i.e. locations and times where the problems occur. A new tender will be issued early in the next financial year and the need to carry out a proportion of the enforcement outside the core will be included in the terms and conditions. |
| New actions following from the recommendation: none |

Cabinet Member Comments: I am happy to see this positive initiative being rolled out to other areas of the City. It is important that members raise problems and concerns with officers.

Recommendation is **AGREED**

Recommendation 10

Closely monitor the environmental enforcement scheme to ensure it remains a cost neutral scheme

Relevant Policy Commitments: NA

Action already being undertaken: Monitoring is already in place, and it is predicted that there will be a surplus to the Authority of up to £30k for the first 12 months. This funding will be used to fund cleansing and education and communications around the issue of littering.

New actions following from the recommendation: none

Cabinet Member Comments: I am very pleased to see this positive being operated at no cost to the Council. It is particularly pleasing to have surplus income to reinvest in improving the environment.

Recommendation is **AGREED**

Recommendation 11

Takes steps via the Highways Inspection service to minimise the proliferation of street signage

Relevant Policy Commitments: NA

Action already being undertaken: Life expired signs are removed as a matter of course and wherever possible new signs are located on existing posts. Due to traffic regulation orders and regulations signage has to be located at precise positions for the TROs to be enforceable and therefore new signage will be required in some locations. Highways Inspections are focused on safety issues and this is a separate area of work/responsibility however dangerous or damaged signs would be reported and reviewed for replacement.

New actions following from the recommendation:
Inspectors will be asked to report empty sign posts to ensure these are assessed and either replaced or removed.

Cabinet Member Comments: If members have any specific concerns then please raise them with myself or with officers.

Recommendation is **AGREED**

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| Recommendation 12 |
| Allocate resources to the Waste Management teams to enable them to clean up split bag residue: |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Crews have been reminded of requirements to clear any spillage they create, and have been provided with small shovels and brushes. |
| New actions following from the recommendation: none |
| Cabinet Member Comments: It is important that we monitor this issue to ensure that spillages are dealt with at source. |
| Recommendation is AGREED |

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| Recommendation 13 |
| Provide information to commercial waste customers on waste collection and recycling services provided by the Council |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Ongoing – Separation of commercial food waste has increased by over 10 tonnes per week. |
| New actions following from the recommendation: none |
| Cabinet Member Comments: |
| Recommendation is AGREED |

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| Recommendation 14 |
| Ensure that agency provided refuse collectors receive the same training as Council employed refuse collectors |
| Relevant Policy Commitments: NA |
| Action already being undertaken: This is already in place |
| New actions following from the recommendation: none |
| Cabinet Member Comments: I am happy to assure members that all staff in the waste service receive the appropriate training. |

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| Recommendation is AGREED |

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| Recommendation 15 |
| Review how replacement refuse and recycling bags are supplied and where they are available with a view to reducing the cost of provision. |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Refuse bags are no longer being provided, a trial of reusable pink bags is due next month, and a rationalisation of bag outlets is underway. |
| New actions following from the recommendation: none |
| Cabinet Member Comments: The cost of provision of refuse and recycling bags is regularly reviewed by officers |
| Recommendation is AGREED |

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| Recommendation 16 |
| That the operational waste management team seek to minimise breakages and damage to food waste caddies provided to residents. |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Crews are aware of the need to be careful with food caddies. |
| New actions following from the recommendation: All crews to be reminded of the need to replace caddies back carefully to avoid damage |
| Cabinet Member Comments: |
| Recommendation is AGREED |

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| Recommendation 17 |
| Consider the effectiveness to date of public information campaigns and education programmes designed to increase recycling of all household waste including food. |
| Relevant Policy Commitments: NA |

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| Action already being undertaken: The service constantly reviews recycling rates and ways to increase recycling levels. The approaches within the service have led to significant improvements in recycling levels. A recent analysis of the contents of black bags is to be used to focus a new education campaign. |
| New actions following from the recommendation: None |
| Cabinet Member Comments: Any issues not covered above |
| Recommendation is AGREED |

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| Recommendation 18 |
| Enforce planning conditions for litter picking for fast food outlets and ensure that these planning conditions are contained in all new planning applications for food outlets |
| Relevant Policy Commitments: NA |
| Action already being undertaken: |
| New actions following from the recommendation: This matter will be discussed with planning to see what improvements could be implemented. The use of Litter Control Notices has proved successful in other Authorities therefore their use (or the use of Public Space Protection Orders, which will replace them shortly) will be investigated. |
| Cabinet Member Comments: I look forward to seeing what improvements can be introduced through reviewing best practice. |
| Recommendation is AGREED |

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| Recommendation 19 |
| Consider new ways of managing household waste generated by residential developments in the city centre which are efficient, effective and economical. |
| Relevant Policy Commitments: NA |
| Action already being undertaken: Crossovers between the domestic and commercial waste collections are already being used for this purpose. The service is constantly reviewing waste collection and management processes. |
| New actions following from the recommendation: none |
| Cabinet Member Comments: Any issues not covered above |

Recommendation is **AGREED**

Recommendation 20

Increase the license fee for Houses of Multiple Occupation to reflect the scale and cost of the clean-up undertaken by the Council

Relevant Policy Commitments:

Target HMOs for improved standards of management and maintenance. (ref: 10.2)

Action already being undertaken: Current fees due to be increased however these fees can only be based on the actual cost of processing the application itself so there is no opportunity to charge in relation to our costs for cleansing/waste.

New actions following from the recommendation: none

Cabinet Member Comments: In view of the limitations of the fees which can be charged, our best approach is to consider further education and enforcement.

Recommendation is **NOT AGREED**

Recommendation 21

Produce a publicly available organisational chart for each area of Swansea with contact details for relevant officers

Relevant Policy Commitments: NA

Action already being undertaken: Map based chart available on line in relation to current operational set up in Neighbourhood working covering all cleansing and maintenance operations. This has previously been circulated to all members

New actions following from the recommendation: Following the operational review and likely changes to structure updated contact details will be circulated and posted online.

Cabinet Member Comments:

Recommendation is **PARTIALLY AGREED**

3.0 Equality and Engagement Implications

3.1 Where appropriate, any recommendations agreed will be subject to the Equality Impact Assessment process, including relevant engagement.

4.0 Legal Implications

- 4.1 The implications/opportunities of the Antisocial behaviour Crime and Policing Act 2014 will need to be considered in relation to any specific proposals related to recommendation 18

5.0 Financial Implications

- 5.1 Whilst there are no immediate financial implications arising from this report, acceptance of this report could result in additional expenditure at a future time. Acceptance of the report does not mean that additional resources will be made available and it should be assumed that future spending needs will need to be contained within existing budget provision.
- 5.2 Recommendation 7 may have implication for maintenance costs if non-standard Highways are adopted.

Background Papers: Streetscene Scrutiny Report Dated 16/12/2014.

Appendices: Appendix A - Scrutiny Inquiry of Streetscene– Cabinet Action Plan.

Scrutiny Inquiry of Streetscene– Cabinet Action Plan

| | Recommendation | Action already being undertaken | New Action Proposed | Timescale | Responsible Officer |
|----|--|--|--|----------------|---------------------|
| 1. | Promotes the Welsh Government public toilet scheme and increases sign up from local businesses to make their toilets available for public use | The Welsh Government community toilet scheme has been stopped however the Authority are looking at the feasibility providing a similar scheme as part of the overall Public toilet review. | Investigate introduction of in house alternative to allow public use of private facilities. | June 2015 | B. Fenwick |
| 2. | Maintain the current level of provision for the NEATs programme and identifies additional sources of funding to support the development of the NEATs programme | There are no plans to cut the NEAT programme at present. However it will be necessary to review service provision across all areas in the future due to budget pressures. | It is not possible to identify further funding in the current economic climate. | March 2016 | B. Fenwick |
| 3. | Promotes and encourages communities to take up the Winter Warden Scheme | Service officers are not aware of any current issues with unnecessary bureaucracy with the scheme. | The scheme is modelled on recommended best practice (National Winter Maintenance Review) therefore detailed feedback about the issues will be sought from Members and community representatives. | September 2016 | B. Fenwick |
| 4. | Identifies and investigates invest to save opportunities and community development initiatives and provides support for this | The service is always seeking opportunities to reduce costs and improve service levels e.g. the introduction of Brynmill Pod for closer working with the community. | If Members have specific examples of opportunities these will be investigated accordingly. | Ongoing | B. Fenwick |

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| 5. | Report on the outcome of the APSE review | The APSE review has led to a review of operational arrangements. Approval for current proposal for Cleansing functions to join Waste & Parks is to be sought by end of March. If approved, revised structure could be implemented by July. | | Revised structure implemented by July if approved. | M. Nicholls |
| 6. | Ensure that all future planning applicants are made aware of the highway adoption process via a checklist and that they are aware of the implications | Officers were not aware that there were any difficulties with the awareness of applicants as to the highway adoption process. The policies and practices are generally consistent with all other authorities. However, work is underway to review information provided to planning applicants, and also information provided via the council's website. | NONE | September 2015 | M. Thomas |
| 7. | Ensure that the highway adoption process is as efficient and economical as possible to meet the expectations of Swansea residents. | This process is currently the subject of a Systems Thinking review, which is specifically targeted at the customer and their experience of our service | NONE | September 2015 | M. Thomas |
| 8. | Publicises and promotes the new Highways Asset Management Plan to councillors and residents groups and includes in it the pothole repair schedule and the highways and footways inspection timetable | The new Highway Asset Management Programme and Asset Management Plan will be publicised once complete. The 2015-16 Patch programme has been published and sent to members. | With regard to the recommendation to publish inspection timetables, the hierarchy and frequency of inspections can be publicised but the dates themselves cannot be published simply as there are circa 6,000 streets on | June 2015 | B. Fenwick |

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| | | | <p>different routes, and frequency's, this information has not been put in the public domain due to concerns over misuse in relation to claims.</p> <p>Pot Holes are not repaired to a schedule; it is a constantly changing categorised work list with between 400 - 600 defects being completed each month and between 400 and 800 defects being added to the work list.</p> | | |
| 9. | Extend the environmental enforcement scheme across Swansea and into district areas | This operation is already city wide with approximately 25-30% of staff time spent outside the city centre, Members can request visits but this needs to be intelligence lead – i.e. locations and times where the problems occur. A new tender will be issued early in the next financial year and the need to carry out a proportion of the enforcement outside the core will be included in the terms and conditions. | NONE | June 2015 | B. Fenwick |
| 10. | Closely monitor the environmental enforcement scheme to ensure it remains a cost neutral scheme | Monitoring is already in place, and it is predicted that there will be a surplus to the Authority of up to £30k for the first 12 months. This funding will be used to fund cleansing | NONE | Ongoing | B. Fenwick |

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| | | and education and communications around the issue of littering. | | | |
| 11. | Takes steps via the Highways Inspection service to minimise the proliferation of street signage | Life expired signs are removed as a matter of course and wherever possible new signs are located on existing posts. Due to traffic regulation orders and regulations signage has to be located at precise positions for the TROs to be enforceable and therefore new signage will be required in some locations. Highways Inspections are focused on safety issues and this is a separate area of work/responsibility however dangerous or damaged signs would be reported and reviewed for replacement. | Inspectors will be asked to report empty sign posts to ensure these are assessed and either replaced or removed. | Ongoing | B. Fenwick/R. Mulcahy |
| 12 | Allocate resources to the Waste Management teams to enable them to clean up split bag residue: | Crews have been reminded of requirements to clear any spillage they create, and have been provided with small shovels and brushes. | NONE. | Complete | C. Howells |
| 13 | Provide information to commercial waste customers on waste collection and recycling services provided by the Council | Ongoing – Separation of commercial food waste has increased by over 10 tonnes per week. | NONE | Complete | C. Howells |
| 14 | Ensure that agency provided refuse collectors receive the same training as Council employed refuse collectors | This is already in place | NONE | Complete | C. Howells |
| 15 | Review how replacement refuse and recycling bags are supplied and where | Refuse bags are no longer being provided, a trial of | NONE | Ongoing | C. Howells |

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| | they are available with a view to reducing the cost of provision. | reusable pink bags is due next month, and a rationalisation of bag outlets is underway. | | | |
| 16 | Operational waste management team seek to minimise breakages and damage to food waste caddies provided to residents. | Crews are aware of the need to be careful with food caddies. | All crews to be reminded of the need to replace caddies back carefully to avoid damage | Complete | C. Howells |
| 17 | Consider the effectiveness to date of public information campaigns and education programmes designed to increase recycling of all household waste including food. | The service constantly reviews recycling rates and ways to increase recycling levels. The approaches within the service have led to significant improvements in recycling levels. A recent analysis of the contents of black bags is to be used to focus a new education campaign. | NONE | Complete/On going | C. Howells |
| 18 | Enforce planning conditions for litter picking for fast food outlets and ensure that these planning conditions are contained in all new planning applications for food outlets | This matter will be discussed with planning to see what improvements could be implemented. The use of Litter Control Notices has proved successful in other Authorities therefore their use (or the use of Public Space Protection Orders, which will replace them shortly) will be investigated. | I look forward to seeing what improvements can be introduced through reviewing best practice. | Ongoing | C. Howells |
| 19 | Considers new ways of managing household waste generated by residential developments in the city centre which are efficient, effective and economical. | Crossovers between the domestic and commercial waste collections are already being used for this purpose. The service is constantly reviewing waste collection and management processes. | NONE | Ongoing | C. Howells |

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| 20 | Increase the license fee for Houses of Multiple Occupation to reflect the scale and cost of the clean-up undertaken by the Council | Current fees due to be increased however these fees can only be based on the actual cost of processing the application itself so there is no opportunity to charge in relation to our costs for cleansing/waste. | NONE | Complete | P. Livingstone |
| 21 | Produces a publicly available organisational chart for each area of Swansea with contact details for relevant officers | Map based chart available on line in relation to current operational set up in Neighbourhood working covering all cleansing and maintenance operations. This has previously been circulated to all members | Following the operational review and likely changes to structure updated contact details will be circulated and posted online. | Complete | B. Fenwick |

Report of the Cabinet Member for Finance and Strategy

Cabinet – 14 April 2015

TRANSFER OF CAPITAL BUDGET

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|------------------------------------|---|
| Purpose: | To present the case to transfer existing unexpended capital budget from the refurbishment of the Civic Centre Council Chamber (now discontinued) scheme to the Glynn Vivian Art Gallery Project, the proposed Guildhall chamber works and the recent Guildhall accommodation moves. |
| Policy Framework: | None. |
| Reason for Decision: | To comply with Financial Procedure Rule 7 |
| Consultation: | Legal, Procurement, Finance, Corporate Building & Property Services. |
| Recommendation(s): | It is recommended that: - 1) Cabinet transfer £300K of the existing unexpended £500k capital budget allocated to Civic Centre Chamber public access works to Guildhall Chamber public access works and recent Cabinet and senior officer accommodation costs; 2) The remaining budget of £200k is transferred from the existing budget set aside to refurbish the Civic Centre Council Chamber to the Glynn Vivian Art Gallery refurbishment project. |
| Report Author(s) | Rob David |
| Finance Officer: | Jayne James |
| Legal Officer: | Deborah Howell |
| Access to Services Officer: | Euros Owen |

1.0 INTRODUCTION

- 1.1 The purpose of this report is to outline the case for transferring a proportion of the capital budget originally earmarked for the refurbishment of the Civic Centre Council Chamber to the Glynn Vivian Art gallery development project, and the transferal of the surplus budget to the Guildhall Chamber project and accommodation moves.

2.0 CIVIC CENTRE COUNCIL CHAMBER REFURBISHMENT

- 2.1 Cabinet approved a scheme to modernise the Council Chamber, Civic Centre on 25th June 2013. The Council Chamber enabling work commenced on the 13th January 2014; however the scheme was discontinued following the removal of the asbestos and enabling works in September 2014.
- 2.2 Although the works to the Civic Centre Chamber have been discontinued, a capital budget of £500K still remains within the I.T capital programme to undertake specialist installations to enable electronic voting and web casting of full Council meetings.

3.0 PROPOSED WORKS AT GUILDHALL COUNCIL CHAMBER

- 3.1 As part of the recent accommodation moves, Cabinet Members and Senior Council Officers have been re-located from the Civic Centre to the Guildhall. The cost of these moves is in the region of £35K.
- 3.2 It is now the intention to hold full council meetings at the Guildhall Chamber and that a full voting, web cam and simultaneous interpretation functionality is provided at this location. Additional seating is also proposed for the chamber. All these works are subject to Listed Building Consent.
- 3.3 Budget costs to undertake the above works at the Guildhall Chamber only indicate that the cost of the works will be in the region of £260K inclusive of professional fees.
- 3.4 Given the estimated cost of the works at the Guildhall Chamber, and the already expended cost of the recent accommodation moves there will be a surplus capital budget of approximately £200K.

4.0 GLYNN VIVIAN ART GALLERY

- 4.1. Cabinet on 14th November 2012 approved the revised budget for the refurbishment of the Glyn Vivian and approved the Contractor OPCO for the refurbishment works.
- 4.2 The Contract Award went to OPCO based on a 65 week contract. OPCO started on site at the beginning of January 2013 but unfortunately went in to administration in June 2013.

- 4.3 As a result of the termination of the OPCO contract, a new procurement process was carried out to engage a new Principle Contractor to complete the works. Cabinet awarded the contract to John Weaver Contractors in January 2014 based on a 52 week contract. The new completion date at this time was March 2015.
- 4.4 Since the engagement of John Weaver there have been numerous site issues which have caused delay. Some of which have been agreed by the project team as justified causes of delay and some are still being assessed.
- 4.5 All in all, the project is now facing a 25 week delay and is due to be complete in late August 2015 giving a construction period of 75 weeks as opposed to the original 52 week contract with John Weavers.
- 4.6 These delays, whether agreed or still to be settled added to the historical procurement issues have caused a significant cost increase in terms of additional contractors preliminary costs and additional consultancy costs given the need for redesign works due to site conditions and prolongation of the contract period. This has been separately reported to the Director of place.
- 4.7 Unfortunately, the project started out with an inadequate contingency allowance given the technical difficulties with the refurbishment of a grade 2 listed building and the construction of a large, complex extension on a confined and difficult site.
- 4.8 Given the issues outlined above, the original contingency allowance for this project has now been expended. Given that the project is now only 52 weeks in to what is now a 75 week project it is essential that a new contingency allowance is created.

5.0 FURTHER GRANT FUNDING OPORTUNITIES

- 5.1 Investigations have been undertaken as to whether or not additional grant funding would be available from those organisations that have already provided grant funding. Apart from the possibility of a further small grant from CADW, given the scale of the grant funding already received, there is no possibility of further grant funding.

6.0 FINANCIAL IMPLICATIONS

- 6.1 The current approved funding for the scheme is £8,474k, the majority of which is grant funded by external bodies. Due to the issues highlighted by project management, the project is unlikely to be delivered within the above budget.
- 6.2 As a result of decisions outlined in 2 and 3 above, there is an available resource of £200k which can be vired to support the GVAG project as contingency.

| | |
|-----------------------------|-------|
| GVAG Project funding | £'000 |
| | |
| SCIF grant - WG | 3500 |
| ACW grant 1 - WG | 2175 |
| ACW grant 2 - WG | 500 |
| SRA grant – WG | 550 |
| CCS own resources committed | 788 |
| Revenue contribution GVAG | 316 |
| BEP grants - WEFO | 340 |
| CADW | 30 |
| | 8199 |
| HLF grant | 275 |
| | |
| | 8,474 |

- 6.3 As separately reported to the Director of Place, there are potential risks to some elements of the grant funding above in light of the procurement issues highlighted in the report to the Director. The financial implications of the same cannot be assessed until that is resolved.

7.0 LEGAL AND PROCUREMENT IMPLICATIONS

- 7.1 The additional sum allocated to the Guildhall Chamber public access works will need to be a formal variation to the existing contract. The contract is for Phase 5 Guildhall Refurbishment Project. The contract was awarded at the value of £5,147,285.61. A subsequent variation was agreed for additional works in the sum of £168,703.53. The further variation equates to approximately £260,000. The total sum of both variations does come within the financial scope of the acceptable limit for variations within a contract. However, it may be argued that the additional work is of a different nature to the scope of the original contract. The additional work would entail specialist electrical works which would be sub- contracted from the main contractor. The risk of challenge is low as the Council would class the additional work as associated works within the project.

- 7.2 As mentioned in 6.3 above, there are potential risks to some of the funded grants within the Glynn Vivian Art Gallery Project.

8.0 EQUALITY AND ENGAGEMENT IMPLICATIONS

- 8.1 There are no equality issues in relation to the transfer of the budget but the individual projects will need to be subject to the equality impact assessment process including relevant engagement.

Background Papers: None.

Appendices: None.

Report of the Cabinet Member for Finance and Strategy

Cabinet – 14 April 2015

BUILDING CAPITAL MAINTENANCE PROGRAMME 2015/16

| | |
|------------------------------------|---|
| Purpose: | To agree the schemes to be funded through the Capital Maintenance programme |
| Policy Framework: | The Revenue and Capital Budget as reported to and approved by Council on the 24 th February 2015 |
| Reason for Decision: | To comply with Financial Procedure Rule No. 7 (Capital Programming and Appraisals) to commit and authorise schemes as per the Capital programme. |
| Consultation: | Finance, Legal and Access to Services |
| Recommendations: | It is recommended that Cabinet: - <ol style="list-style-type: none">1) Approves the proposed capital maintenance schemes as listed in Appendix A.2) Authorises the financial implications identified in Appendix B to be included in the capital programme. |
| Report Author: | Martin Nicholls |
| Finance Officer: | Paul Roach (Revenue) Jayne James (Capital) |
| Legal Officer: | Patrick Arran |
| Access to Services Officer: | Phil Couch |

1.0 Introduction

Cabinet has previously approved the Council's Asset Management Plan for Property Assets which sets out a series of measures to improve the management and performance of the property portfolio. This Report sets out the way in which the Capital Maintenance resources for 2015/16 will be deployed.

2.0 Capital Programme Process

On 24th February 2015 Council approved a Capital Maintenance allocation of £4m for the financial year 2015/16.

3.0 Objectives of Scheme

- 3.1 The proposals set out will directly support the corporate objectives of the Authority, in relation to the maintenance and improvement of the Authority's building portfolio.
- 3.2 This maintains the previous commitment to address the significant backlog of maintenance and minimise the potential effect of unforeseen breakdowns of building elements.
- 3.3 As was reported in previous building maintenance programme reports, attention needs to be drawn to the fact that the Authority still has significant backlog of maintenance and whilst there have been some reductions in this backlog, the limited programme contained within the 2015/16 budget, whilst being very important, will not remedy the immediate backlog which still amounts to in excess of £268m. Notwithstanding the current financial pressures, further budget provisions will therefore need to be made in subsequent years to maintain this investment and minimise the risks of failure and unplanned closures.
- 3.4 The list of identified schemes (**Appendix A**) has been selected on a priority basis. The criteria for selection (unless otherwise stated) was based upon Condition rating, Legislative compliance, Health and Safety implications, likelihood of failure and business continuity. Whilst all schemes have been selected on this basis there are a number of similar priorities which we are unable to progress within the budgets available.

4.0 Description of Schemes

- 4.1 The recommended list of schemes is included in **Appendix A** and to assist, a brief summary of the planned works have been included as follows:-
- 1a) **Statutory Compliance - Electrical**
The schemes listed consist of total rewires, partial rewires or upgrades to ensure safety and compliance with electrical regulations and maintained operation of the premises.
- 1b) **Mechanical/Heating Schemes**
The schemes listed in this section deal with the avoidance of heating failures within our establishments on a prioritised basis.
- 1c&1d) **Statutory Compliance - Legionella and Asbestos**
As a result of the existing policy to enable compliance with the legionella and asbestos legislation, capital repairs arising out of risk assessments and surveys need to be carried out to retain

compliance. These upgrades are actioned throughout the year and therefore a list of schemes cannot be prepared in advance. Separate revenue monies have been set aside to deal with the ongoing management process and minor repairs.

- 1e) **Statutory Compliance – Glazing Regulations**
Following Notice served by the Health and Safety Executive, money was set aside for 2006/07 to allow safety filming of relevant glazing within schools. Following the completion of these works the Authority was advised by the HSE that it needs to demonstrate its ongoing commitment relating to all of its remaining buildings and the allocation for 2015/16 will allow this process to continue.
- 1f) **Statutory Compliance – Accessibility for Disabled People**
The ongoing review of the Authority's Strategy by The Chief Operating Officer with consultation with Local Access Groups would lead to the prioritisation of buildings within the available budget for 2015/16.
- 2) **Essential Building Repairs**
The schemes listed in **Appendix A** are a combination of prioritised schemes and allowances linked to the ongoing maintenance strategy.
- 2a) **Essential Repairs to Listed Buildings**
In line with the Listed Buildings Strategy agreed by Cabinet on the 6th January 2014, Corporate Building and Property Services will liaise with planning officers and ensure that the available budget will continue a programme dealing with the Authority's listed assets on a prioritised basis.
- 3) **Drainage Works to Schools**
Previous allocations have been made to initiate a programme of drainage surveys to all of the Authority's Schools. This has identified a range of significant repairs which, if rectified, should assist the Authority in mitigating future structural failures and health and safety issues within the Schools. Minor repairs should be undertaken by Schools in line with their delegated budget.
- 4) **Energy/Sustainability Investment/Carbon Reduction Commitment**
The budget for 2015/16 will allow the extension of good practice measures to reduce the Councils energy use and carbon emissions. The planned programme of works will help deliver on the Councils Carbon Reduction Strategy approved by Cabinet on the 17th November 2011 and help mitigate the Authority's financial obligation within the Carbon Reduction Energy Efficiency Scheme (CRC). It will also explore the opportunities linked to micro generation and in particular PV installations where it is cost effective to do so. CB&PS is currently developing a Micro

Generation strategy which will determine how we consider future renewal technologies. When the strategy is completed there will be more scope to consider the funding of future renewal technologies via this element of the budget.

5) **Fire Risk Assessments**

The Council is required to undertake Fire Risk Assessments as dictated by *The Regulatory Reform (Fire Safety) Order 2005*. Mid & West Wales Fire Service (M&WWFS) who are responsible for the enforcement of general fire safety legislation to include *The Regulatory Reform (Fire Safety) Order 2005*.

A joint approach now takes place with M&WWFS who inspect council owned assets and at times can highlight a number of measures that require attention in relation to fire safety. It is difficult to quantify the scale of works required, therefore a budget will be allocated and monitored accordingly in line with prioritised actions.

6) **Emergency Reserve Fund**

This limited fund will allow immediate response to potential building failure to avoid significant disruption, Health and Safety risk or closure. This is a limited amount which will be allocated on a priority basis throughout the year and therefore individual schemes are not listed.

7) **Disposal of Building Assets**

As part of 'Sustainable Swansea' there will inevitably be a reduction in the number of building assets in the ownership of the City and County of Swansea. All works identified within **Appendix A** have been selected on a priority basis and those deemed at risk of failure. As part of the process there were a number of assets identified as requiring capital investment, however there was uncertainty with regard to their long term future. To that end, funds will be set aside by way of a contingency, until the certainty of the building has been established. It would therefore not be the intention to invest in such assets if the likelihood is that they are to be released, closed or transferred. However, where such work is unavoidable an allocation has been proposed but this is the minimum to allow continued short term occupation. Clearly should the identified element of works fail in the short term, there may be a need to invest to maintain service provision, rental income etc.

8) **Preliminary Design**

This limited budget will allow initial design to commence for schemes likely to feature in 16/17 which will in turn inform the future work programme allowing early procurement and maximise spend against profile.

4.2 QEd Programme

- 4.2.1 The proposed list of schemes listed under **Appendix A** is based on the technical assessment of the individual establishments, resulting in the prioritised listing attached. However consultation has taken place with Education colleagues to confirm that none of the suggested schemes will conflict with the Authority's ongoing QEd Strategy at this time.

5.0 Equality and Engagement Implications

- 5.1 The Capital maintenance investment within building assets in Swansea will help to realise a more sustainable asset portfolio for the City and County of Swansea. Where relevant, each specific project for which funding is agreed will be screened for an Equality Impact Assessment.

6.0 Financial Implications

6.1 Capital

The total capital cost of the schemes amounts to £4m capital maintenance and will be fully funded by the Authority's own resources (borrowing/capital receipts). Details are set out in **Appendix B**.

6.2 Revenue

Maintenance costs will be met from existing revenue budgets.

7.0 Staffing Implications

- 7.1 Elements of the design and works will be procured externally to supplement in-house resources although first call will be to seek interest from neighbouring Authorities.

8.0 Procurement

- 8.1 The 2015/16 Capital Maintenance projects identified within **Appendix A** of this report will therefore be delivered by a combination of in-house resources, with other projects procured via traditional tender processes. Any externalised works will be procured in accordance with Contract Procedure Rules (CPRs) and procurement rules and regulations.

9.0 Legal Implications

- 9.1 As indicated in Paragraph 4 of the Report, the Council must comply with various statutory requirements as well as general obligations under the Occupiers Liability Acts.

Background Papers: None

Appendices:

Appendix A: Capital Maintenance Budget 2015/16 – Proposed Programme

Appendix B: Financial Implications Summary

CAPITAL MAINTENANCE BUDGET 2015/16**PROPOSED PROGRAMME**

| | £ | £ |
|---|--------------|--------------|
| 1 <u>STATUTORY COMPLIANCE WORKS</u> | | |
| 1a <u>ELECTRICAL SCHEMES</u> | | |
| Waunarlwydd Primary School Rewire Phase 2 of 2 | 120 | |
| St Davids Primary School Rewire Phase 2 of 2 | 120 | |
| Ty Waunarlwydd Warden Call | 73 | |
| Rose Cross House Warden Call | 57 | |
| Pontarddulais Primary School Rewire Phase 1 of 2 | 100 | |
| Casllwchwr Primary School Rewire Phase 1 of 2 | 100 | |
| Civic Centre Fire Alarm | 50 | |
| PentreGraig Primary School Rewire | 70 | |
| | 690 | 690 |
| 1b <u>MECHANICAL SCHEMES</u> | | |
| Upgrading pneumatic valves in plant rooms Civic Centre Phase 2 of 2 | 20 | |
| Brynmill Primary School Renewal of Heating, Pipework & Radiators phase 3 of 3 | 50 | |
| Air Conditioning refurbishment | 60 | |
| Kitchen/Gas/Ventilation | 70 | |
| External Water mains Replacement | 30 | |
| Swimming Pool upgrades | 30 | |
| Bishop Gore Comprehensive School 'Kitchen Block' Boiler House renewal | 180 | |
| PentreGraig Primary School Replacement of heating system | 60 | |
| St Josephs Primary School Boiler House Refurbishment | 100 | |
| Ysgol Grug Glas Boiler House Refurbishment | 60 | |
| Cwmrhydyceirw Primary School Boiler House Refurbishment | 100 | |
| Cadle Nursery Replacement of Radiators and associated Pipework | 30 | |
| | 790 | 790 |
| 1c <u>LEGIONELLA</u> | | |
| Legionella Works | 70 | 70 |
| 1d <u>ASBESTOS</u> | | |
| Asbestos Removal | 70 | 70 |
| 1e <u>GLAZING REGULATIONS</u> | | |
| Filming/Re-glazing Works | 30 | 30 |
| 1f <u>DDA</u> | | |
| DDA Works | 40 | 40 |
| 2 <u>ESSENTIAL BUILDING REPAIRS</u> | | |
| Waunarlwydd Primary School Roofing Phase 3 of 5 | 75 | |
| Crug Glas Primary School Flooring and Roofing Phase 3 of 5 | 127 | |
| Gors Primary School Roofing Phase 1 of 2 | 200 | |
| Clydach Depot Roofing Phase 4 of 5 | 153 | |
| Pentrechwyth Primary School Roofing | 60 | |
| Pontlliw Primary School Fabric Repointing Phase 1 of 3 | 75 | |
| Penllergaer Primary School Roofing | 115 | |
| Clase Primary School Window Replacement | 38 | |
| Blaenymaes Primary School Window Replacement | 50 | |
| Gwrysydd Primary School Window Replacement | 54 | |
| Suresprung Window Replacement Phase 1 of 2 | 53 | |
| | 1,000 | 1,000 |
| 2a <u>ESSENTIAL REPAIRS TO LISTED BUILDINGS</u> | | |
| General repairs to Listed Buildings | 40 | 40 |
| 3 <u>DRAINAGE WORKS TO SCHOOLS</u> | | |
| Drainage Repairs to Schools | 35 | 35 |
| 4 <u>ENERGY/SUSTAINABILITY INVESTMENT</u> | | |
| Energy/Sustainability Works | 60 | 60 |
| 5 <u>FIRE RISK ASSESSMENT</u> | | |
| Fire Risk Assessment Works | 230 | 230 |
| 6 <u>EMERGENCY FUND FOR URGENT REPAIRS</u> | | |
| Emergency Fund Works | 500 | 500 |
| 7 <u>DISPOSAL OF BUILDING ASSETS</u> | 300 | 300 |
| 8 <u>PRELIMINARY DESIGN</u> | | |
| Preliminary Design Works | 70 | 70 |
| 9 <u>DEPOT REVIEW</u> | 75 | 75 |

APPENDIX B

FINANCIAL IMPLICATIONS : SUMMARY

Portfolio: PLACE

Service : CORPORATE BUILDING & PROPERTY SERVICES

Scheme : CAPITAL MAINTENANCE - BUILDINGS 2015/16

Head of Service: CORPORATE BUILDING & PROPERTY SERVICES

| <u>1.1. CAPITAL COSTS</u> | 2015/16 | 2016/17 | 2017/2018 | 2018/2019 |
|---|--------------|----------|-----------|-----------|
| | £'000 | £'000 | £'000 | £'000 |
| <u>EXPENDITURE</u> | | | | |
| Capital Maintenance | | | | |
| Stat Compliance - Electrical works | 690 | | | |
| Stat Compliance - Mechanical works | 790 | | | |
| Stat Compliance - Legionella/Asbestos | 140 | | | |
| Stat Compliance - Glazing | 30 | | | |
| Stat Compliance - Accessibility for Disabled People | 40 | | | |
| Building repairs | 1000 | | | |
| Essential Repairs to Listed Buildings | 40 | | | |
| Drainage works to schools | 35 | | | |
| Energy/sustainability works | 60 | | | |
| Fire risk assessments | 230 | | | |
| Emergency works | 500 | | | |
| Disposal of Building Assets | 300 | | | |
| Preliminary design 2015/16 | 70 | | | |
| Depot Review | 75 | | | |
| EXPENDITURE | 4,000 | 0 | 0 | |
| <u>Financing</u> | | | | |
| Loan/capital receipts | 4,000 | | | |
| FINANCING | 4,000 | | | |
| <u>1.2. REVENUE COSTS</u> | 2015/16 | 2016/17 | 2017/2018 | FULL YEAR |
| | £'000 | £'000 | £'000 | £'000 |
| <u>Service Controlled - Expenditure</u> | | | | |
| To be met by existing budgets | | | | 0 |
| NET EXPENDITURE | 0 | 0 | 0 | 0 |

Joint Report of the Cabinet Members for Finance and Strategy and Communities and Housing

Cabinet – 14 April 2015

REFORM OF THE HOUSING REVENUE ACCOUNT SUBSIDY SYSTEM

| | |
|-----------------------------------|--|
| Purpose: | To set out the final terms of the exit from the Housing Revenue Account Subsidy system and the implications on the Council |
| Policy Framework: | Local Housing Strategy |
| Reason for Decision: | To provide the final terms of the reforms |
| Consultation: | Legal, Finance & Access to Services |
| Recommendation(s): | It is recommended that: 1) The final terms of the exit from the Housing Revenue Account Subsidy system are noted. |
| Report Author: | David Evans |
| Finance Officer: | Jeff Dong |
| Legal Officer: | Sandie Richards |
| Access to Services Officer | Phil Couch |

1.0 Introduction

- 1.1 The exit of all 11 Welsh Council's with a housing stock out of the Housing Revenue Account Subsidy system (HRAS) is planned to take effect on the 1st April 2015 via the Voluntary Agreement of each Council.
- 1.2 At its meeting on the 2nd December 2014 (minute 146), the Council delegated authority to the Director of Place and the Head of Finance to enter into the Voluntary Agreement and to determine the accounting and debt management policy of legacy and additional borrowing.
- 1.3 The terms of the exit have now been finalised and the Voluntary Agreement has been signed and submitted.

2.0 The Revised Terms of the Exit

All Councils

- 2.1 The HRAS is a complex and bureaucratic system which results in the 11 Welsh Councils with a housing stock paying a combined total of around £73m in negative subsidy payments each year to the Government. The reforms aim to replace this with a system of 'self – financing' which would allow each individual Local Housing Authority (LHA) the freedom to retain the rent income in full and use it to fund their priorities for existing Council housing stock and the provision of new housing.
- 2.2 The terms for the exit reported to Council in December 2014 reflected the original agreement between the Welsh Government (WG) and HM Treasury (HMT) which was made in July 2014.
- 2.3 However, unforeseen and unprecedented low interest rates in the period since the agreement had the effect of increasing the settlement value and if taken forward, the overall 'deal' would have been less favourable than originally estimated. In addition, continuing uncertainty over what interest rate would prevail on the date of the settlement transaction (i.e. March 31st 2015) introduced new and unacceptable risks for Welsh Council's.
- 2.4 In response, both the WG and the HMT recognised this and conceded that the terms needed to be renegotiated to ensure that the deal remained beneficial to Welsh Councils and fiscally neutral from the Treasury's perspective. The revised terms which have been agreed are summarised below:

| | Original Terms (as reported in December 2014) | Revised Terms |
|----|---|--|
| a) | LHA's will need to buy themselves out of the HRAS | Unchanged |
| b) | The £73m of annual negative subsidy payments would be replaced by interest payments of approximately £40m. Councils will also have to provide for repayment of the extra debt, which at the current rate of 2% per year will equate to £18.4m per annum | The £73m of annual negative subsidy payments will be replaced by interest payments of approximately £38.2m. Councils will also have to provide for repayment of the extra debt, which at the current rate of 2% per year will equate to £18.4m per annum |
| c) | The £40m annual interest payments would be converted to a lump sum settlement value shortly before the agreed implementation date. The precise amount would depend on the interest rate prevailing at the time of the transaction. | The settlement value is now fixed at £919m (i.e. the value used at the time of the original consultation in June 2014) and a 'special' interest rate for the settlement debt will be fixed at an agreed date in March 2015 around the 4.25% rate for the standard PWLB 30 year maturity. |

| | | |
|----|---|--|
| d) | HMT would require LHA's to borrow from the Public Works Loan Board (PWLB) | HMT will require LHA's to borrow from the Public Works Loan Board (PWLB) and the special rate can only be used for borrowing the settlement value. |
| e) | HMT would require a housing related borrowing cap to be imposed on each LHA in order to control public sector borrowing | Unchanged |

Swansea's Position

2.5 In terms of the impact locally, Swansea's share of the settlement value will be £73.6m which results in annual interest payments of £3.06m. After adding principal repayments (MRP of 2%) of £1.47m, the total payment is £4.54m p.a.. In comparison, the Council's HRA currently returns £5.85m in negative subsidy under the HRAS system so the result of the revised terms is a net benefit of £1.3m p.a. In the report to Council in December 2014, the net benefit was forecast to be £1m p.a.

2.6 In summary, the net result of the revised terms is that:

- The all Wales settlement value is made certain and fixed at the level forecast as part of the original consultation in June 2014.
- The overall cap on Welsh HRA borrowing remains in place at the level originally negotiated (i.e. £1.85bn)
- Swansea's share of the settlement value is also fixed at £73.6m (slightly higher than the figures forecasted in December 2014),
- There is certainty on interest payments that would be used for the settlement which after adding principal repayments results in a total of £4.54m as opposed to the current negative subsidy payment of £5.85m.
- The overall benefit to the Council is greater than what was forecast in December 2014.

3.0 The Voluntary Agreement

3.1 Due to the legislative timetable, the reforms are planned to go ahead by way of a Voluntary Agreement between each of the 11 stock owning Welsh authorities and Welsh Ministers.

3.2 The Council at its meeting on the 4th December 2014 delegated authority to the Director of Place and the Section 151 Officer to enter into the Voluntary Agreement along the lines set out in that report.

3.3 Whilst some of the detailed terms reported in December 2014 have since been amended, the net result is an improved benefit to the Council and in order to ensure the exit took place, Swansea's Voluntary Agreement was signed and submitted.

4.0 Equality and Engagement Implications

- 4.1 An EIA screening form was completed for the report to Council in December 2014 and concluded that a full EIA report is not required at this time. However, any specific matters / opportunities that arise in the future as a result of the reforms (directly or indirectly) will be considered at that time and will be subject to a separate screening.

5.0 Financial Implications

- 5.1 Where applicable, the anticipated financial implications of the proposed reforms are set out in the report but as reported in December 2014, the terms for the exit from the HRAS will result in a significant increase in the liabilities of the Authority in respect of the Housing Revenue Account (HRA). However, the ending of the subsidy system will mean an increase in the surplus in the HRA and greater freedom and flexibility for the Council in financing future housing provision.
- 5.2 Failure to enter into the Voluntary Agreement would have resulted in the HRAS remaining in place and the continuation of negative subsidy payments which are significantly more than the anticipated share of the interest and debt payments of the settlement.
- 5.3 The cost of financing and repayment of this additional borrowing falls entirely within the HRA and will not impact on Council Tax Payers as part of the General Fund of the Council. Repayment of the debt in line with normal practice together with interest financing costs can be met from within the projected HRA Business Plan.
- 5.4 However, as reported in December 2014, this additional debt will appear on the annual Balance sheet of the Council and it is therefore important that Members are aware of the reasoning behind the increase.

6.0 Legal Implications

- 6.1 The Voluntary Agreement sets out the financial implications for the authority in terms of exiting the HRAS and has been signed and submitted under the authority delegated to the Director of Place and the Section 151 Officer.

Background Papers: Report to Council on the 2nd December 2014 'Reform of the Housing Revenue Account Subsidy System'.

Appendices: None

Report of the Cabinet Member for Services for Adults and Vulnerable People

Cabinet – 14 April 2015

WESTERN BAY RESPONSE TO THE OLDER PEOPLES COMMISSIONER FOR WALES REPORT ON CARE HOMES IN WALES '*A PLACE TO CALL HOME*'

| | |
|------------------------------------|--|
| Purpose: | To provide Members with the background to the Older Peoples Commissioners (OPC) report 'A place to Call Home' To inform Members of the OPCs requirements for action contained within the report. |
| Policy Framework: | Sustainable Social Services for Wales: A Framework for Action |
| Reason for Decision: | To seek endorsement of the Western Bay response to the OPC report and the requirements for action therein. |
| Consultation: | Legal, Finance and Access to Services. |
| Recommendation(s): | It is recommended that Cabinet: 1) Note the Swansea position within the Western bay response to the OPC report. 2) Endorse the Western Bay response to the OPC report and the requirements for action identified within. 3) Support the Western Bay collaborative approach to develop and improve the quality of life for care home residents |
| Report Author: | Deborah Driffield |
| Finance Officer: | Chris Davies |
| Legal Officer: | Debbie Smith |
| Access to Services Officer: | Catherine Window |

1.0 Background

The Older Peoples Commissioner for Wales is invested with powers that include the requirement to review the way in which the interests of older people are safeguarded and promoted when public bodies discharge their functions, or fail to discharge their functions. The Commissioner also has the discretion to publish the findings of any such reports, where the Commissioner chooses to issue a report and recommendations following a review, she may request that the recommendations are responded to by the bodies reviewed, and can specify the timetable and reporting requirements for this.

In November 2014, Sarah Rochira the Older Peoples Commissioner for Wales undertook a review of over 100 care homes across Wales. The review was the biggest of its kind in Wales and looked at: -

- The residents social participation
- The care home environment
- Access to health care services
- Food and diet
- Care home staff capacity and training
- Service commissioning and inspection

The OPC will use the review findings to set a new benchmark in respect of the duty of care owed to older people and to provide a high level assessment of those areas where change is required. The OPC will also set out how compliance against these actions will be reported and how assurance will be provided that the intended outcomes have been delivered.

On the whole, the review found many excellent examples of person centred care that was delivering the very best outcomes for people living in care homes. Specific examples of good practice within the Western Bay region can be found on pages 62, 72, 85 and 88 of the report.

Notwithstanding this, the report also found significant variation in the quality of care homes across Wales, and concluded that too many people living in care homes had little in the way of any meaningful choice and control over their lives and often struggled to have their voices heard: few care homes actively promote the use of independent advocacy.

The report findings culminated in the OPC issuing a set of requirements for action, that make clear what needs to be in place across the wider system to ensure that quality of life underpins residential and nursing care at every level from commissioning of services through to the front line delivery of care.

As a result the OPC has requested (in line with the Commissioner for Older Peoples (Wales) Act 2006), that all bodies responsible for providing / commissioning care home services, provide an account of: -

- How they have complied , or propose to comply with the Commissioners requirements for action **OR**
- Why they have not complied with the Commissioners requirements for action **OR**
- Why they do not intend to comply with the Commissioners requirements for action.

2. **Western Bay response to OPC report**

As part of the Western Bay Collaborative, Bridgend, Neath Port Talbot and Swansea local authorities and ABMU HB have elected to submit a Western Bay response to the OPCs '*A place to call home report and 'required actions'*' (see **Appendix 1**).

In collaborating to develop a single response to the requirements for action Western Bay partners have built on an already well-established joint approach to working to improve the quality of the care home sector in the region. The Western Bay response recognises the individual statutory responsibilities of our four organisations but uses the mechanism of regional partnership working to identify the issues we need to address individually and collectively in all our organisations.

The response has also provided an opportunity to:-

- Record a Western Bay baseline position on the required actions, thus ensuring a collaborative approach with CSSIW, Care Council for Wales, Welsh Government and others.
- Test out our self-assessment with providers, working with them to ensure they contributed to our response. This will be used to design a detailed action plan in due course. Initial discussions have already been held with Welsh Government policy lead for this area who sits on the Western Bay Community Services Project Board.

The response highlights areas of best practice in the Western Bay area. Similarly, new opportunities to collaborate have emerged and key areas highlighted for new models of person centred care to be developed. Examples of best practice in our region include:

- The development of regional quality standards for care homes which incorporate the values work being taken forward by the 'Action After Andrews' team in ABMU HB
- Lay visiting schemes for Local Authority Members to visit all care homes
- The psychiatric outreach model in Bridgend
- The Local Enhanced Service for Care Homes in primary care across the area

- Good practice in person centred dementia care developed in partnership with David Sheard to ensure care home workforce are skilled in meeting the needs of all residents
- Working with the third sector including the Age Cymru advocacy service

However, despite identifying areas of good practice, our response has also identified variability across the region and the need to work at a local, regional and national level to support improvement across the sector. It must be recognised that whilst some good practice can be achieved through remodelling current resources, some service developments have significant resource implications which are especially challenging in the current climate.

The Western Bay response to the OPC report emphasises the quality of life of those care home residents, and how the regional quality framework has been coproduced with providers as the cornerstone of our commissioning approach to focus on individual outcomes, and specifically their quality of life. This is based on best evidence of what matters to people in care homes, including, *My Home Life Cymru*, *The fundamentals of Nursing Care*, *Anticipated CSSIW Quality Judgement Framework*, *the Senses Framework* and *ABMU's Andrew's Values*. Local care home contracts will include the regional quality framework and contract monitoring aligned to review in accordance with the standards.

3. Next Steps

The OPC will require

- The public bodies to whom Requirements for Action are directed to demonstrate what action they will take to comply with them.
- The publication of a register detailing Requirements for Action and what action will be taken by public bodies.
- Mechanisms to be agreed and adopted to provide assurance that the actions identified by public bodies will deliver the intended outcomes.

Western Bay partners will: -

- Develop a business cases to support further investment in advocacy services, continence services, psychiatric liaison and medicines management
- Develop a regional commissioning strategy which sets out clearly the purpose of, and capacity required within, the care home sector in the future and its role alongside other community based elements of the Western Bay frailty model, which seek to delay and prevent the need for care home admission.
- Using the baseline position as a starting point, we will develop a detailed action plan and supporting programme of work to ensure full compliance with the OPC's requirements for action
- To work in collaboration with the care home sector, and older people and those that care for them, to deliver a coordinated approach to improving care home provision across the Western Bay region

4.0 Equality and Engagement Implications

4.1 The EIA process will commence as part of the business case and regional commissioning strategy indicated in next steps in point 3.

5.0 Financial Implications

5.1 The financial implications will be considered as part of the business case and regional commissioning strategy indicated in next steps in point 3.

6.0 Legal Implications

6.1 There are currently no legal implications in relation to this report.

Background Papers:

A Place to Call Home - A review into the Quality of Life and Care of Older People Living in Care Homes in Wales.

Letter to OPC - A Place To Call Home Required Actions – Integrated *Draft* Response from ABMU Health Board, Bridgend County Borough Council, Neath Port Talbot County Borough Council and City and County of Swansea

Appendices:

Appendix 1 - Western Bay response to the OPCs '*A place to call home report and 'required actions'*'.

WESTERN BAY-OLDER PERSON'S COMMISSIONER RESPONSE

[A response to the Older Person's Commissioners Publication "A Place To Call Home" required Actions.]

A Collaborative response between City and County Of Swansea, Neath Port Talbot Council, Bridgend County Borough Council, Abertawe Bro Morgannwg Health Board, Providers and Residents Of Regional Care Homes.

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ACTION LOG

Working with Care Home Providers

Key

Welsh Government and *Care Home Providers*

Local Authorities, Health Boards and *Care Home Providers*

Local Authorities and *Care Home Providers*

Health Boards and *Care Home Providers*

Care Home Providers

Care Home Providers and Care Council

Welsh Government, Local Authorities, Health Boards, *Care Home Providers*

Care Home Providers, Local Authorities, Health Boards and CSSIW

Collaborating Public Bodies

Welsh Government and Health Boards

Health Boards and Local Authorities

Health Boards

Local Authorities

Compliance Key

How We Have Complied Or Propose To Comply




Why We Do Not Comply/Partial Compliance






Why We Do Not Intend To Comply



Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|---|--|---|---|
| 1.2 | <p>All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life.</p> <p>The Welcome Pack will make explicit reference to:</p> <ul style="list-style-type: none"> • How the care home manager will support the resident as they move into their new home. • Standard information about their human rights in line with the Welsh Declaration of the Rights of Older People.* • A Statement of Entitlement to health care support.* • Support to sustain and promote independence, continence, mobility and physical and emotional wellbeing. • Ensuring their communication needs are met, including people with sensory loss. • Maintaining friendship and social contact. • Support to help them maintain their independence and to continue to be able to do the things that matter to them. • The development and maintenance of their care and support plan and what will be included in it.* • Ensuring a culture of dignity and respect and choice and control over day-to-day life. • The skills and training of staff. | <p>Welsh Government & Care Home Providers</p> <p>March 2016</p> | <p>Western Bay, although not directly cited for action, will support care home providers by means of facilitating discussion, disseminating information, and where requested and appropriate, will provide information and signposting via the care providers fora.</p> <p>Locally, regional areas to work with its providers to collate good practice examples.</p> <p>All regional care homes have welcome packs for residents and all required information is made available. However, There are inconsistencies in the way care homes provide prospective residents and their families with information, some information is provided separately to the welcome pack and there is no standardisation of information across the sector, e.g. the Me Myself & I booklets are not given out prior to someone entering a care home in all establishments.</p> <p>There is a need to ensure that welcome packs are offered in line with the requirements of Welsh Declaration of the Rights of Older People.</p> <p>Families stated that they are not always given adequate information unless specifically requested.</p> <p>Care Home Provider</p> <p>Need clarification regarding the correct wording as per Older Persons Declaration.</p> <p>The information is on several documents sometimes and varies from provider to provider, not standardised, and may include a welcome letter, service user guides, also not in something titled a Welcome Pack but are quite robust. We await the Welsh Government publication.</p> | <p>Work with Providers and training team to develop a standardised welcome pack, so that all residents are able to access the same standard of information and that the information is provided within one document.</p> <p>Training team to develop consider developing a statement of purpose good practice model</p> <p>Local Authorities to work with providers to standardise quality across the sector.</p> <p>Evidence through monitoring visits and by asking residents and families of recent admissions.</p> <p>Providers to translate their welcome packs into Welsh.</p> <p>Consider working with residents to achieve Welsh Language translation</p> <p>Make the issue of Me Myself & I booklet prior to care home admission, a contractual requirement</p> <p>Validate against National Guidance when issued by Welsh Government.</p> |  |



| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|--|--|---|---|
| | <ul style="list-style-type: none"> • Their right to independent advocacy and how to raise concerns. * (The areas marked with * should be standard in format to ensure consistency across Wales) | | | | |
| 1.3 | Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity. | Welsh Government Guidance April 2015 Health Boards implementation December 2015 | <p>Western Bay:- In anticipation of Welsh Government Guidance, our position is as follows.</p> <p>Health Board Response: Referrals from care homes for specialist continence assessment are received and responded to by the community continence service. Where there are problematic urinary catheter issues the team respond and support staff to develop management plans for each individual. Individuals in residential care settings have annual continence reviews from the team. Individuals in nursing homes do not have the community team reviewing their continence products as this is provided by the nurses within the care home. Pads are purchased from various companies by the individual nursing home. The team provide education and forums for registered nurses from care homes to provide updates and share best practice. The All Wales assessment is utilised across the HB footprint</p> <p>Care Home Provider</p> <p>It is working well at present but would be further enhanced by discretionary spend on continence aides for clients in nursing care.</p> <p>There is an excellent service for residential clients currently available where the assessments are done by a district nurse and then supplies delivered monthly direct to the home.</p> <p>There is an allowance within the nursing fees for us to do our assessment and then fund supplies, giving us more choice and allows us to purchase the correct product, suited to the need of the client. Choices for residents are limited, but quite adequately meet the need of a residential client. However, these may not be suitable for a nursing client.</p> <p>There is good support from the Continence Advisor and we make client referrals directly. The suggestion of specialist appliances enables the clients' dignity to be maintained. Comments from clients are positive as they are able to maintain their independence.</p> <p>All residential clients have a care plan to support independence and dignity,</p> | ABMU will review the continence provision across the Health Board in line with a broader review of community services to be taken forward as part of the Western Bay Programme. This work will be linked to the Health Board Framework for Continence Support and will be taken forward under the auspices of the Continence Steering Group |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|--------------------------------|---|---|---|
| | | | as well as access to support from the specialist continence nurse who will carry out an assessment to ensure that appropriate aids are available to the individual. Nursing resident will have a continence assessment carried out by the nursing staff. The home will supply required aids. | | |
| 1.4 | National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia. | Welsh Government April 2015 | <p>Western Bay:- National Standards have been created for the hospital environment which to date have not been used in Nursing homes. The Hospital National standards may be readily adaptable for the Nursing home environment, but this work has not been scheduled. If an adapted version of the Hospital National standards was used in the nursing home environment and required specific equipment or training, it is not clear how this would be funded.</p> <p>The National Standards also list oral health, policy development, menu planning and nutritional analysis of menus as related work and additional considerations.</p> <p>There is regional examples of training to promote mealtimes as a social and dignified experience for the client, both in respect of what they eat and when.</p> <p>Regionally there has been work to include meal times as a measure of quality, which will be addressed in the regional quality framework and monitored contractually.</p> <p>Care Home Provider</p> <p>We recognise the importance of mealtimes through protected mealtimes, encouraging professionals to visit outside of mealtimes. We have redesigned the environment and in some cases encouraged staff to eat with residents.</p> | <p>Initial work to be undertaken to establish how the National Hospitals standards could be adapted for use in Care Homes, and how to address oral health, policy planning, and nutritional content of meals.</p> <p>Working with Welsh Government Guidance, consult with care home providers and or eligible clients to implement meal time standards.</p> <p>Once finalised, to be monitored via the regional quality standards for care homes.</p> <p>Validate training against National Guidance when issued by welsh Government.</p> <p>Monitoring training levels in care homes</p> |  |
| 1.5 | An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights. | CSSIW March 2015 | <p>Western Bay:-In anticipation of CSSIW publication, work is to be related to <i>Andrews Values</i>.</p> <p>Currently Western Bay is finalising its regional Care Home Quality Standards to be published by March 2015 for use in the next financial year. We have worked closely with Age Cymru to reflect their evidence based My Home Life programme.</p> <p>Within our training programmes we encourage all staff to treat people with dignity and respect and specifically to deter from language that dehumanises people.</p> <p>Care Home Provider</p> | <p>Continue implementation and monitoring of Andrew's Values, ensuring these are reflected in the Quality framework.</p> <p>The implementation of the framework will be fine-tuned to include the "never events" when they are published.</p> <p>Training to be validated against National Guidance when issued by welsh Government.</p> <p>Quality is monitored and corrected via contract monitoring.</p> |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|--|--|---|---|
| | | | <p>Training provided is well developed, there is no training focusing on human rights but it is touched upon in other areas, i.e. dignity, mental capacity. Some providers have Dignity Champions whose role it is to promote best practice to colleagues.</p> | | |
| 1.6 | <p>Older people are offered independent advocacy in the following circumstances:</p> <ul style="list-style-type: none"> • when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse. • when a care home is closing or an older person is moving because their care needs have changed. • when an older person needs support to help them leave hospital. <p>For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy. When a care home is in escalating concerns, residents must have access to non-instructed advocacy.</p> | <p>Local Authorities & Care Home Providers & Health Boards</p> <p>April 2015</p> | <p>Western Bay:- recent statistics suggest that there is variation in how much individual Local Authorities use advocacy services and how the use of advocacy services are recorded, with the likelihood that use of advocacy services are under reported.</p> <p>It has been identified that work needs to be completed to make the referral process more visible and useable. Further work needs to be done to examine how advocacy services are funded, what the current capacity is, and what is available for younger people with advocacy needs.</p> <p>There is variation in the provision of advocacy within the region, for example in areas there are no services commissioned specifically for the care home sector.</p> <p>Historically independent advocacy has been made available when a care home is closing. This has been provided on a case by case basis for people requiring non-instructed advocacy services, and where people have requested instructed advocacy services.</p> <p>Currently advocacy services are not automatically available at the point when a POVA referral has been made, or when moving from a hospital or between care homes as a result of a safeguarding issue. The current Western Bay Escalating Concerns Policy requires advocacy service to be made available to people when a care home enters escalating concerns.</p> <p>The regional quality framework, when published in March 2015, includes a requirement for care home providers to access independent advocacy services for residents who require them.</p> <p>Independent advocacy is to be provided for a further year by Age Cymru for people who have capacity and we acknowledge that through the changes in the Deprivation of Liberty safeguards, the demand for advocacy for people lacking capacity has increased.</p> | <p>Consideration as to carrying out further work to assess the level of demand and availability of existing advocacy services for these groups. Further consideration will need to be given to how these objectives can be achieved if additional services are required.</p> <p>Review advocacy model to determine what services and support is required within the sector, and where necessary, build into process.</p> <p>Assess outcomes and impact of advocacy to measure value of services within the care home sector.</p> <p>Local Authority to work with the sector to encourage use of advocates within care homes</p> |  |


| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|----|-----------------|----------------------|--|-------------|--------|
| | | | <p>Further work to be undertaken to work with the sector to encourage use of advocates within care.</p> <p><u>Care Home Providers</u></p> <p>Have had excellent support recently from Age Concern Advocate Service, particularly in regard to financial Advocacy; the service user found the service invaluable in resolving financial issues. Concern is now over how will this be continues beyond current funding of 12 months.</p> <p>There has been no resistance to advocates working in homes, and they are welcome. In the care home we have used IMCA's in the past around best interest meetings and DoLS, we can access this service.</p> | | |


Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|---|--|--|---|
| 2.1 | A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as loneliness and isolation, falls, depression, a loss of physical dexterity and mobility. | Lead Welsh Government March 2016 | <p>Within training, staff are encouraged to understand how easily people can feel lonely and isolated leading to depression with further side effects of possible falls and poor mobility.</p> <p><u>Care Home Providers</u></p> <p>Good falls prevention service, dexterity and physiotherapy are more difficult to access. Social interaction with the community is already promoted to reduce loneliness coupled with planned volunteer training.</p> | Assist Welsh Government lead. |  |
| 2.2 | Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health. | Health Boards and Local Authorities in partnership July 2015 | <p>Western Bay:- Assessment</p> <p>There is variation across Western Bay, with examples of multi-disciplinary liaison teams of mental health staff specifically designated to provide assessment and advice to care home staff in relation to residents with mental health issues, including specialist mental health nurses in place to review the appropriateness of long term nursing home placements (Swansea). The regional approach features robust input from psychiatry, nursing, OT and social work. Typically, there is no pharmacy input into this area of the service.</p> <p>Additionally, there are examples of nurse led care home service utilising a Band 7 Nurse Specialist with support from psychiatry as needed, with CMHT input on a case by case basis. In other areas, Clients aren't routinely seen by the mental health service upon admission to care home but the service is built around a robust referral process, when issues are subsequently identified with residents.</p> <p>Advice and Support</p> <p>Regionally there is variation with support being provided by CMHT's and good practice examples, such as a residential home teaching team of staff (currently comprising nursing and physiotherapy staff) who have developed accredited award-winning evidence based training course for staff on managing the behaviour associated with dementia.</p> | <p>We will continue to develop and improve our community services, in particular to ensure that they are responsive to the needs of vulnerable patients. A number of new pathways will be agreed during 2015/16 which will also support the introduction of the 111 service into the health board in October to avoid unnecessary admission for patients into hospital.</p> <p>Implementation of the Western Bay Quality Assurance Framework will require providers to ensure access to specialist services.</p> <p>Contract reviews will be undertaken during 2015, offering the opportunity to consider the benefits of introducing contractual provisions relating to promoting access to specialist services.</p> <p>Build on the pathway between specialist community teams and providers</p> |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|----|-----------------|----------------------|--|-------------|--------|
| | | | <p>Additionally, Psychology has developed a six week teaching programme for care home staff on caring for and using psychosocial approaches with residents who have dementia, including sessions on person centred care, behaviour analysis, and life story work. This training course incorporating a session from OT and pharmacy may be rolled out to care homes in the locality if required.</p> <p>To enable healthy environments where good mental health can flourish, with some adaptation, the six week course described above could be adapted to incorporate:</p> <ul style="list-style-type: none"> • i) training in screening for mental health issues (including those other than dementia) and the utilisation of measures such as the PHQ-2 to help care home staff with detection of mental health issues. • ii) issues to consider in residents coming to live in care (such as loss, dependency) • iii) what factors help contribute to well-being in older adults (thereby facilitating prevention of the development of mental health issues in future) • iv) caring for/relating to the older adult in a holistic-bio-psycho-social-spiritual manner • v) 'looking after ourselves' -care home staff - to increase the opportunity for compassion towards the self/boosting resilience in staff ultimately maximising the opportunity for staff to care for residents in a compassionate manner <p>Referral pathways</p> <p>Referral processes are robust across with region with examples of adult mental health service for older people having a single point of access through a referral coordinator and criteria for referral are according to an evidence based algorithm. Recent developments in progress are expanding this single point of access /referral coordinator system to other regional areas and a consensus has been achieved to establish the same system in the remaining regional areas.</p> <p>Medication monitoring</p> | | |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|----|-----------------|----------------------|--|-------------|--------|
| | | | <p>The extent of medication monitoring in line with NICE guidance varies across the region. In some areas care home residents prescribed an antipsychotic have their medication reviewed in line with the NICE guidance via a dedicated liaison team led by a Consultant Psychiatrist (Patients are monitored on antipsychotics, and other psychotropic medicines, and reviews are communicated using an 'antipsychotic statement' in correspondence to GPs). In other areas, residents who have been referred to the Community Mental Health Team are reviewed, but this is not undertaken every 3 months as per NICE guidelines. Patients under primary health care would need to have their antipsychotic prescription reviewed by their GP. It is unclear how many of these have their antipsychotic medication reviewed in line with NICE guidance. Typically, there is no pharmacy input into this area of the service.</p> <p>Workshops available in some regional areas where the ethos is not based on training people to 'manage the behaviour' of the person with dementia but to demonstrate to people and or staff, alternative psycho-social therapies that can help people and or staff understand the messages that the persons behaviour is sending. This includes life story work using the Me, Myself & I book and the essential qualities needed by people and or staff to effectively deliver person centred care.</p> <p>As part of the 1000 lives + improving Dementia Care Initiative the training dept. has jointly worked with the health board on two projects in local care homes, involving education and training of staff in care homes on non-pharmacological interventions and whilst these two projects have been successful it has followed on from previous work by the training dept. with one care home where all psychotropic medication had been discontinued.</p> <p>Care Home Providers</p> <p>The training provided as part of advice and support, demonstrates to people and or staff, alternative psycho-social therapies that can help them understand the messages individual's behaviour is sending. This includes life story work using Me, Myself and & I book and the essential qualities needed by people to deliver holistic person centred care.</p> <p>The home has a linked Community Psychiatric Nurse that provides support</p> | | |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|--|--|--|---|
| | | | <p>to the home, regular reviews of residents. The psychiatrist will carry out 6 monthly reviews. There are RMN's employed within the home, the home manager is an RMN.</p> <p>Home has a policy which states any resident on antipsychotics are reviewed every 3 months, at least.</p> <p>Link CPN attached to home which is good for continuity Consultant psychiatrist reviews residents every 6 months or sooner on request so feel well supported. Referral can be slow and the system could benefit from being streamlined as a referral will first go via the GP, but the service is good when established.</p> <p>Explicit referral paths and criteria are needed. The ability to direct refer, giving equity to non-mental health referrals would be welcomed.</p> | | |
| 2.3 | <p>A National Falls Prevention Programme for care homes is developed and implemented. This should include:</p> <p>Enabling people to stay active in a safe way Up-skilling all care home staff in understanding and minimising the risk factors associated with falls</p> <p>The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care.</p> <p>National reporting on falls in care homes is undertaken on an annual basis (see action 6.8).</p> | <p>Welsh Government</p> <p>November 2015</p> | <p>Western Bay:- In anticipation of the National Strategy, the baseline position will be recorded locally , to include prehospital pathways, falls packages and community equipment.</p> <p>Work has commenced in part of the region currently undertaking pilot project to trial falls prevention protocol in one local authority and one independent residential care home, awaiting the outcome.</p> <p>It is anticipated going forward this will be followed up by the development of a falls prevention training package for staff groups such as care home staff, home care teams and Intermediate tier staff.</p> <p>Mapping of primary care position on falls prevention currently underway with intention to address identified gaps if further funding secured. If successful it would be envisaged this work could be rolled out to the other localities within Western Bay.</p> <p>Up-skilling of all staff is carried out to help them understand and minimise the risk factors associated with falls.</p> <p><u>Care Home Providers</u></p> <p>Any falls are recorded locally so care homes are able to look for trends; assistive technologies are used following risk assessments, access to falls clinics can be variable, specifically for people with dementia.</p> <p>There is not a risk adverse culture, risk assessments are made and preventative measures employed but acknowledged that a full quality of life</p> | <p>Revisit falls policy and validate against National Guidance when issued by Welsh Government.</p> <p>Assist Welsh Government with their implementation</p> |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|-------------------------------|--|-------------|---|
| | | | may result in unavoidable falls. | | |
| 2.4 | The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life. | Welsh Government July 2015 | <p>Western Bay:- To be included in the baseline position, the possibility of linking with Swansea University with consideration to the environment of the Care Home.</p> <p>Advice has been given by the training officer on the essential requirement to provide outdoor spaces to enable older people with sensory loss and / or dementia to maximise their independence and quality of life.</p> <p><u>Care Home Providers</u></p> <p>Innovative and low cost solutions such as secure gardens, sensory gardens, and funding applications to provide technologies, such as iPads are being implemented.</p> | |  |

Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
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| 3.1 | A national, standardised values and evidence based dementia training programme is developed that covers basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia. | Welsh Government November 2015 | Western Bay:- Linking work on 3.1 and 3.2 together. In anticipation of completion of national work, Andrew's Values to inform work, identification of current training available cross sector. Standards are to be underpinned by the Quality Framework and work around implementing the quality standards to be completed. | |  |
| 3.2 | All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment. | Local Authorities & Care Home Providers Begin January 2016 | Contracted providers are required to ensure that all care staff receive appropriate induction, training and supervision and appraisal to meet the care needs of residents. There is regional variation, however, Support is provided to develop the skill and competence of the independent sector workforce via its Social Care and Workforce development Programme. This offers a dementia care training course to all contracted providers which can be accessed by care home employees free of charge. Thirteen different types of dementia training course have been made available in one area, to care home staff between 2012 and 2014 and a total of 877 care staff attended those courses. In some areas award winning dementia training is available. However, take up of this training is not always maximised by the sector. The region has experience of utilising a quality standards framework, but this has not been aligned with training, resulting in varying levels of competency across the sector. Additionally, specialist dementia training is not currently a requirement for care home managers, resulting in varying levels amongst managers across the sector, but there are growing numbers of managers who have a specific dementia qualification. Care homes are expected to provide appropriate Dementia Training to all care staff. To ensure providers comply with commissioners expectations supporting evidence is sought during monitoring visits to care homes, this is done by observation of staffs working practices and staff training and supervision records kept by the home. Many care home employees attend workshops and undertake basic training in 'best practice' in dementia care as part of their induction. Some care home managers have progressed onto the leadership programme again in 'best practice' in dementia care which has empowered and enabled them to | Consider a review of current contracts to be undertaken during 2015. Consider the benefits of introducing contractual provisions relating to standards for dementia care and requirements for staff training. Implementation of the Western Bay Quality Assurance Framework Incorporate levels of dementia training for staff and managers into quality standards and link dementia training teams to quality monitoring arrangements. Consider developing competency tool for managers. Explore development of company based training for managers. To continue to evaluate the dementia training and safe working practices being delivered at care home. Continue to monitor the recording systems used by care homes to ensure a person centred approach is in place. Circulate draft of any new contract to providers at the earliest |  |

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| | | | <p>lead and role model this best practice accredited by the University of Surrey.</p> <p>Many of the care home staff have attended the further six workshops on 'best practice' in dementia care and evidenced their knowledge through successfully completing the Alzheimer's Society Certificate of Dementia Care.</p> <p>Care homes are expected to plan care for a client living with dementia prior to agreeing a placement. The understanding achieved through the training has enabled the staff to develop confidence to become mentors and champions within their own care homes where they disseminate their knowledge through leadership and role modelling. Which for new staff is crucial as they need to see best practice being demonstrated on a daily basis as it is all too easy for staff new to social care to inherit 'an old type controlling care culture'</p> <p>Regionally we are commissioning a care homes quality assurance framework. The framework will be published in March 2015, and is purposed to include targets and standards for assessing effective dementia care and also developing a competent workforce. It is expected that the framework will be completed during 2015, implementation dates differ according g to specific use. Some amendments to the QA framework may be needed to reflect the requirements of the national evidenced based dementia training programme which WG are required to develop under 3.1 of the OPCfW action plan.</p> <p>The region has arrangements for monitoring quality of care to residents, when standards of dementia care fall below the required, working with providers to ensure that any knowledge, skills or competency deficits are addressed. This may involve using contractual arrangements to compel providers to access dementia training for their employees.</p> <p>In anticipation of the Welsh Government publication of the nation standardised values as referenced in 3.1, the LA/LHB are Liaising with local Care Homes to establish current and best practice, facilitating the exchange of information via the providers forum.</p> <p>The LA/LHB provides targeted dementia training for care home employees, this is of sufficient quality to meet the required outcome, and is sufficiently available to meet the expressed needs of local care home providers and</p> | | |


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| | | | <p>their staff.</p> <p><u>Care Home Provider</u></p> <p>We look forward to specific support to meet the needs of our residents living with dementia. Training is available via the LA/LHB and we are currently drawing up what we would require from dementia champion training.</p> <p>Current dementia champion and dignity champion training where the expectation of the role is to develop the care of residents living with dementia and challenge poor practice.</p> <p>All staff complete specific training, which asks staff to look behind some of the presenting behaviour and to be more creative in support in individuals.</p> <p>Dementia initiatives within care homes are best supported by Managers being involved in championing the development of dementia service. There is acknowledgement that for some homes this is work in progress and this may be determined by the predominant needs of the residents within the home.</p> | | |
| 3.3 | Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities. | Care Home Providers & Local Authorities November 2015 | <p>Western Bay:- Identification of what we commission and what is available from the voluntary sector.</p> <p>The formal assessment of needs undertaken by care managers prior to admission to a care home will assess service users. Where needs are identified, a care plan will be created to ensure that these are met. Care home providers are required to address the needs outlined in each resident's care plan. Social Work staff will work with providers, residents and their relatives to assess the extent to which these needs are being met at care plan reviews, and where necessary agree any actions needed to improve quality of care.</p> <p>Social work staff will also provide support to help residents access befriending services, and to receive faith based and cultural support. This has been achieved via referrals to voluntary sector services such as CVS and Age Cymru.</p> <p>Examples across the region demonstrates a considerable amount of work to encourage volunteering and befriending at care homes. This has involved hosting promotional events to talk to members of the public about opportunities and benefits of befriending people in care homes, liaising</p> | <p>Work with CVS to provide a befriending service for Care Home residents</p> <p>Link the maximisation of voluntary and befriending schemes within care homes to the wider Local Authority corporate review of the community sector.</p> <p>Maximise support opportunities with faith groups.</p> |  |


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| | | | <p>with local church groups to encourage and promote volunteering, developing and running training workshops for prospective volunteers, introducing prospective volunteers to care homes providers, and helping with completion of enhanced DBS checks where this has been needed to satisfy CSSIW expectations. Although a lot of time, energy and resources have been invested in the guidance of a named mentor or dementia champion. This is leading to people being actively employed by the care provider on completion of the social care programme. This encourages care homes to be more open to interaction and with the wider community. this area of work, disappointingly few people have committed to volunteering / befriending at care homes.</p> <p>In addition to this, the four month Social Care Academy training programme provides a sound induction framework which also includes all of the six workshops based on best practice in dementia care for volunteers who wish to work in social care along with students from the training & education intergenerational project, Connect to Care.</p> <p>Whilst attending the programme, delegates volunteer as befrienders to people living in the care homes under</p> <p>There are a number of homes that have of their own volition established relationships with local community groups. This includes organised visits from local schoolchildren as an example.</p> <p>The Western Bay Regional Quality Framework also includes a number of standards and targets which are consistent with the objectives at 3.3. including encouraging volunteering and befriending at care homes, enabling residents to engage with their local community and participate in community events, promoting and maintaining relationships with friends and family, building new relationships, and meeting cultural and religious needs.</p> <p>There is a region wide lack of voluntary and befriending opportunities. Links between care homes and CVS need to be strengthened. All care homes have links to faith communities but to varying degrees.</p> <p><u>Care Home Providers</u></p> <p>We provide regular church services and access to services on weekly/monthly basis community. Communities also attend the home for a</p> | | |

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| | | | <p>service.</p> <p>Examples :</p> <p>Schools invite residents to lunch around Christmas and come to the home to host the event.</p> <p>Resident hosts a curry night at the home for a group of friends, as this has been a pattern of life prior to moving to the home. Other residents attend friendship group activities outside the home.</p> <p>Local community supports one home with communion taking place in the home, residents are welcomed in to local coffee mornings.</p> <p>Limited volunteers within the care home.</p> <p>Link with local nurseries, related to WW1 and Remembrance.</p> | | |
| 3.4 | <p>In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available, including:</p> <ul style="list-style-type: none"> • An assessment of the mental health and wellbeing of older people as part of their initial care and support plan development and their on-going care planning. • Advice and support to care staff about how to care effectively for older people with mental wellbeing and mental health needs, including dementia and when to make referrals. • Explicit referral pathways and criteria for referral. • All residents on antipsychotics are monitored and assessed for potential withdrawal and reviews are conducted in line with NICE guidelines. | <p>Health Boards</p> <p>November 2015</p> | <p>Western Bay:-</p> <p>Assessment</p> <p>There is variation across Western Bay, with examples of multi-disciplinary liaison teams of mental health staff specifically designated to provide assessment and advice to care home staff in relation to residents with mental health issues, including specialist mental health nurses in place to review the appropriateness of long term nursing home placements (Swansea). The regional approach features robust input from psychiatry, nursing, OT and social work. Typically, there is no pharmacy input into this area of the service.</p> <p>Additionally, there are examples of nurse led care home service utilising a Band 7 Nurse Specialist with support from psychiatry as needed, with CMHT input on a case by case basis. In other areas, Clients aren't routinely seen by the mental health service upon admission to care home but the service is built around a robust referral process, when issues are subsequently identified with residents.</p> <p>Advice and Support</p> <p>Regionally there is variation with support being provided by CMHT's and good practice examples, such as a residential home teaching team of staff (currently comprising nursing and physiotherapy staff) who have developed</p> | <p>To consider analysing current assessment processes and their efficacy and share best practice.</p> <p>To review the existing level of training provision across the Western Bay area and identify opportunities to provide a consistent, equitable service across the area</p> <p>To review the current model of in reach support and explore options for delivering this service in an equitable manner across the Health Board area</p> <p>Consider streamlining referral processes, specifically those which may not need to be sanctioned by a G.P.</p> |  |



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| | | | <p>accredited award-winning evidence based training course for staff on managing the behaviour associated with dementia.</p> <p>Additionally, Psychology has developed a six week teaching programme for care home staff on caring for and using psychosocial approaches with residents who have dementia, including sessions on person centred care, behaviour analysis, and life story work. This training course incorporates a session from OT and pharmacy may be rolled out to care homes in the locality if required.</p> <p>To enable healthy environments where good mental health can flourish, with some adaptation, the six week course described above could be adapted to incorporate:</p> <ul style="list-style-type: none"> • i) training in screening for mental health issues (including those other than dementia) and the utilisation of measures such as the PHQ-2 to help care home staff with detection of mental health issues. • ii) issues to consider in residents coming to live in care (such as loss, dependency) • iii) what factors help contribute to well-being in older adults (thereby facilitating prevention of the development of mental health issues in future) • iv) caring for/relating to the older adult in a holistic-bio-psycho-social-spiritual manner • v) 'looking after ourselves' -care home staff - to increase the opportunity for compassion towards the self/boosting resilience in staff ultimately maximising the opportunity for staff to care for residents in a compassionate manner <p>Referral pathways</p> <p>Referral processes are robust across with region with examples of older adult mental health service having a single point of access through a referral coordinator and criteria for referral are according to an evidence based algorithm. Recent developments in progress are expanding this single point of access /referral coordinator system to other regional areas and a consensus has been achieved to establish the same system in the remaining regional areas.</p> | | |

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| | | | <p>Medication monitoring</p> <p>The extent of medication monitoring in line with NICE guidance varies across the region. In some areas care home residents prescribed an antipsychotic have their medication reviewed in line with the NICE guidance via a dedicated liaison team led by a Consultant Psychiatrist (Patients are monitored on antipsychotics, and other psychotropic medicines, and reviews are communicated using an 'antipsychotic statement' in correspondence to GPs). In other areas, residents who have been referred to the Community Mental Health Team are reviewed, but this is not undertaken every 3 months as per NICE guidelines. Patients under primary health care would need to have their antipsychotic prescription reviewed by their GP. It is unclear how many of these have their antipsychotic medication reviewed in line with NICE guidance. Typically, there is no pharmacy input into this area of the service.</p> <p>Workshops available in some regional areas where the ethos is not based on training people to 'manage the behaviour' of the person with dementia but to demonstrate to people and or staff, alternative psycho-social therapies that can help people and or staff understand the messages that the persons behaviour is sending. This includes life story work using the Me, Myself & I book and the essential qualities needed by people and or staff to effectively deliver person centred care.</p> <p>As part of the 1000 lives + improving Dementia Care Initiative the training dept. has jointly worked with the health board on two projects in local care homes, involving education and training of staff in care homes on non-pharmacological interventions and whilst these two projects have been successful it has followed on from previous work by the training dept. with one care home where all psychotropic medication had been discontinued.</p> <p>Care Home Providers</p> <p>The training provided as part of advice and support, demonstrates to people and or staff, alternative psycho-social therapies that can help them understand the messages individual's behaviour is sending. This includes life</p> | | |

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| | | | <p>story work using Me, Myself and & I book and the essential qualities needed by people to deliver holistic person centred care.</p> <p>The home has a linked Community Psychiatric Nurse that provides support to the home, regular reviews of residents. The psychiatrist will carry out 6 monthly reviews. There are RMN's employed within the home, the home manager is an RMN.</p> <p>Home has a policy which states any resident on antipsychotics are reviewed every 3 months, at least.</p> <p>Link CPN attached to home which is good for continuity Consultant psychiatrist reviews residents every 6 months or sooner on request so feel well supported. Referral can be slow and the system could benefit from being streamlined as a referral will first go via the GP, but the service is good when established.</p> <p>Explicit referral paths and criteria are needed. The ability to direct refer, giving equity to non-mental health referrals would be welcomed.</p> | | |
| 3.5 | Information is published annually about the use of antipsychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia. | Health Boards September 2015 | <p>ABMU HB are not compliant with this requirement.</p> <p>A baseline audit in 2011 and subsequent process measurements were carried out in a sample of care homes as part of 1000 Lives + Improving Dementia Care: Driver 3. At baseline 28.7% of patients with dementia were prescribed antipsychotics. In July 2013, information was requested / gathered from all GP practices on the number of patients with dementia and % of those prescribed an antipsychotic. This was used to calculate an 'average' value for the Health Board, which was 23%, a 5.7% reduction from baseline. No further data collection has occurred since.</p> <p>The Medicines Management team in the Bridgend Locality operate a scheme whereby GP practice prescribing clerks receive re-imburement to enable them to undertake audit work. Through this scheme they collect annual data on the number of care home residents receiving antipsychotic medication. However, this data includes all antipsychotic prescribing and not just for the indication of BPSD. This information is utilised by the liaison team. This information is not routinely collected in NPT or Swansea.</p> <p>Currently there are no established mechanisms to extract this data and it is not possible to access this information via prescribing data alone. Relevant data would need to be sought directly from each practice or care home and in some instances may require information from both of these locations. Options for the collation of this data could include:</p> | An option appraisal of the best methodology for progressing this recommendation will be carried out – it would be preferable if this work was coordinated on an all Wales basis to ensure consistency of approach in data collection |  |


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| | | | <ul style="list-style-type: none"> Funding the practice to provide the data Increasing medicines management team capacity to collect data Development of a national solution e.g. via an Audit Plus template Utilise the Regional Quality Framework to ask care homes to collate this data <p>Whichever method is used, additional resource would be required to collect accurate data. In order to maximise the benefits to patients, the data collection should be combined with a mechanism to ensure patient medication review by a health professional with appropriate specialist knowledge. In this way any new investment would result in the ability to benchmark practice through collection of data on the use of antipsychotics and provide a pathway to ensure patients have their antipsychotic medication reviewed.</p> | | |
| 3.6 | The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements. | Welsh Government November 2015 | <p>Western Bay:- In support of national approach, work locally with providers to find out what is already being done in regional Care Homes.</p> <p><u>Care Home Providers</u></p> <p>We are addressing or have robust arrangements to prevent this type of safeguarding issues from arising.</p> | <p>Via the regional care home fora, consider collaboration with providers to identify what work is being done, and create a baseline position.</p> <p>Assist Welsh Government in their development work.</p> |  |

Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

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| 4.1 | <p>A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people, including:</p> <ul style="list-style-type: none"> • Access to regular eye health, sight and hearing checks • Dietetic advice and support • Access to podiatry and dentistry services • Access to specialist nursing services • GP access and medicines support • Specialist mental health support • Health promotion and reablement support <p>This must cover both residential and nursing care. Care home providers ensure older people receive information about their healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).</p> | Lead Welsh Government March 2015 | <p>Regionally we have good links with OPMH but there is no formal process in place. Have worked extensively on fundamentals of care, which links to the quality standards.</p> <p>No hospital admission and discharge or falls prevention toolkit in place.</p> <p>Across the region there may be gaps in incontinence advice and assessment, dental support and GP access. There are variances with regards to district nursing. There are no formal arrangements between Health Board and care homes in regards to access to specialist services.</p> <p><u>Care Home Providers</u></p> <p>Experience can be variable some services work well such as Hearing, Parkinson Nurse, Stoma Nurse, others such as Podiatry, Physiotherapy are not so accessible.</p> | <p>Strengthen quality standards to link with specialist services.</p> <p>Consider undertaking a gap analysis to explore availability and need for hospital admission/discharge and falls prevention toolkit.</p> <p>Strengthen links with district nursing.</p> <p>Explore formal agreement between Health Board and care homes for accessing specialist services.</p> <p>Assist Welsh Government in the implementation in the national statement of entitlement</p> |  |
| 4.2 | <p>A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include:</p> <ul style="list-style-type: none"> • Referral pathways, including open access • Waiting times • Referral and discharge information • Advice and information to support the on-going care of the older person in the home • Access to specialist services for older people in nursing homes, in line | Health Boards & Care Home Providers April 2015 | <p>Western Bay:- In conjunction with the completion of 4.1, establish current local position, working with Care Home providers.</p> <p>The General Medical Services Contract is a UK contract that sets out the core services that General Practices must deliver to all patients. The Health Board has no legal mandate to be able to amend or alter the current contract.</p> <p>The implication of new requirements arising from a national statement of entitlement in respect of the GMS contract would need to be addressed by Welsh Government.</p> <p>There cannot be any local negotiation of the GMC Contract although the Care Homes Local Enhanced Service does address some of the issues</p> | The Health Board will seek to comply with guidance issued by WG when issued. |  |




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| with the Fundamentals of Care Guidance. | | <p>relating to Care Homes, any additional requirements will need to be budgeted for.</p> <ul style="list-style-type: none"> • Referral pathways, including open access - These are determined by the Health Board via its Effective Practice Advisory Committee on which the LMC is represented. The Referral Pathways are then published on the GP Portal • Waiting times - other than mandated national figures, the Health Board does not publish local waiting times for individual service areas • Referral and discharge information – significant work going on with this via the Health Board GP Portal Primary Care Group. • Advice and information to support the on-going care of the older person in the home – this is being addressed as part of the implementation of the Social Services and Well-being Act • Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance. There is currently an issue of equipment provision to residents of care homes and nursing homes. The integrated community equipment service should address this, but there should be clear guidance from WG regarding the equipment that should reasonably be expected in a care home. <p>For example:- in a nursing home they should have profiling beds and a certain level of pressure relieving kit, some specialist seating (level to be determined but at least tilt in space)</p> <p>Equipment for personal care and basic wheelchairs to transport.</p> <p><u>Care Home Providers</u></p> <p>Confusing at present as we are able to refer direct sometimes and via GP and not for others. Some services can then be delivered in the care home and others only in hospitals and GP surgeries. This means that some residents due to their mobility and access are not able to receive these services e.g. ear syringing.</p> <p>Accessing GP enhanced service would be improved by means of a list made available to residents, this may raise issues about the majority wanting to register with GPs offering this. Capacity issues with a selection of GPs may be experienced if full patient choice is to be implemented.</p> | | |
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| 4.3 | Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral. | Health Boards November 2015 | <p>Western Bay:- Across HB there is partial compliance with this recommendation. The Health Board's expectation is to ensure good leadership and skills to manage and deliver care to individuals within the care setting. Care home staff are supported to deliver care individualised to residents within the care home setting, based on information from specialist teams such as the dietician, Abbott's nurse for enteral feeding, palliative care support from specialist palliative care nurse and access to a wide range of specialist training via the local authority's training department.</p> <p>The district nursing service is also available 24 hours a day, 7 days a week to provide advice and support to care homes to address the health needs of older people in care homes.</p> <p>Care Home Provider</p> <p>The Health Board should help to ensure that care home staff has the correct skills required to deliver care to individuals within their care. This is achieved via contract monitoring, Nursing Reviews and establishing relations with the care home, and the ethos of that care home setting.</p> <p>Training is sometimes available for care home staff, but can be last minute and haphazard. E.g. this year's annual update of anaphylaxis training wasn't until July and then only one date, making it impossible for all staff to attend. Furthermore, Wound Care Champion training was initially provided to care home staff, and entitlement was then removed. We understand these occurrences were from circumstances beyond the Health Board's control, but would like to be included in planning in the first instance.</p> <p>Providers deliver mandatory training for all appropriate staff that includes health care needs of older people as well as some specialist training on specific subjects e.g. Diabetes, falls awareness.</p> <p>Some training such as wound care can be cascaded from one attendee, whereas others such as administering flu injections are not suitable to be cascaded.</p> | In line with the Andrew's Report, Advanced Nurse Practitioners have initiated a training programme and workshops in relation to frail elderly, to consider extending this to care home staff. |  |
| 4.4 | Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice. | Health Boards Begin April 2015 | <p>Western Bay:- The current GMS contract would not mandate this although individual patients would receive a medical review based on need. For some patients (those transferring from hospital settings, for example) a medication review may have recently taken place. For patients transferring from community settings, there may be a time lag before the full medical records are available to the GP. On an individual basis, the care home and GP practice would have a discussion about the needs of individual patients and agree a</p> | <p>We will review the specification for the care homes enhanced service during 2015/16 and identify how it can be strengthened to support this recommendation.</p> <p>The provision of care home enhanced service is at the discretion of the practice and unless WG determine that it becomes a Directed</p> |  |


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| | | | <p>management approach during the interim period. There is an enhanced care homes service in place which specifically covers this requirement and specifies timeframes but uptake across the Health Board of this enhanced service (which is not compulsory) is around 50% across the Health Board. There are two approaches here:</p> <ul style="list-style-type: none"> • Quality & Outcome Framework (part of the GMS Contract with some Devolved Nation variations) – an element of polypharmacy review in the 2014-15 edition (but QOF is voluntary) • Prescribing Management Scheme (an ABMU HB scheme) – voluntary but many Practices take it up. Includes an element relating to polypharmacy <p>Across the Health Board there is partial compliance with this recommendation. The current GMS contract does not mandate an automatic review. It should be recognised that if the patient has been discharged from hospital to the Care Home, this should have been done as part of the hospital discharge procedure. If coming in from their own home, it depends if they are still registered with the same GP once in the Carer Home, then medication reviews are part of the ongoing care provided by the GP and may not be necessary on admission. If the patient is changing Practice, any medication review will require the previous GP records which may not be readily available. The Care Home Local Enhanced Service makes provision for medicine reviews. Pharmacists can also carry out medication reviews.</p> <p><u>Care Home Providers</u></p> <p>LES service is a good service but how do we know which surgeries offer this service? Who monitors that the service is being delivered to a high standard? Could we advise our residents so that they have a choice of GP that offers this service?</p> <p>The medication review can be within 28 days of arrival where the resident is registered with a GP who provides the Enhanced Service, this is appropriate as medication would have been reviewed during GP referral or hospital discharge.</p> | <p>Enhanced Service, neither practices nor the Health Board are mandated to provide it. We will continue to work with GP practices to encourage uptake of this service and build on the improvements in uptake seen in 2014/15.</p> <p>Locality Heads of Nursing will review discharge requirements for patients accepted for Funded Nursing Care or Continuing NHS Care and ensure that formal medication reviews are undertaken, documented and communicated to GP practices.</p> | |
| 4.5 | Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care. | Welsh Government November 2015 | | |  |

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Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.



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| 5.1 | A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture. Annual national reporting on the availability of skilled and competent Care Home Managers in care homes across Wales, including the impact of vacancy levels upon older people's quality of life and care. | Care Council for Wales April 2016 | Western Bay:- Liaise with Care Council colleagues, build relationships, establish common goals, to include training, gathering data, to establish the value and effectiveness of NVQ's, and reinforce with the Care Home Quality Standards. Includes 5.2, 5.3, 5.4 Links between the CCW and Western Bay have been established through the lead Director with responsibility for Workforce issues. The Western Bay SciP (Social Care in Partnership) is the main vehicle for engagement with CCW concerning workforce matters. | |  |
| 5.2 | The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people. | Welsh Government & Care Home Providers | Western Bay:- As per 5.1 In some regional areas, work has been progressed with regards to strengthening person centred and outcome focused care. The sector has a compliant workforce and staff levels meet service user need. However, there is no acuity tool in place or staff competency based testing to support managers. Each home needs to assess level of dependency to ensure sufficient staff are available to meet the needs of the client prior to them moving in. It may be possible to establish some staffing numbers best practice based on current arrangements. | Continue to drive forward person centred and outcome focused practice and move away from task based services. |  |
| 5.3 | A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes. | Care Council for Wales & Care Home Providers From September 2015 | Western Bay:- As per 5.1 No standardised recruitment process within the sector to ensure staff competency. We are beginning to work with providers to develop a new job description and recruitment process based on values based competencies and also qualities needed to support older people. | Begin to work with providers to develop a new job description and recruitment process based on value based competencies establishing qualities needed to support older people. Validate training against National Guidance when issued by Welsh Government. |  |

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| | | | <p>Care Home Providers</p> <p>We link mandatory skills and values to dementia care alongside the Social Care Induction Framework which gives a good basis for our training programme which is person centred.</p> | | |
| 5.4 | <p>A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework and should include:</p> <ul style="list-style-type: none"> • The physical and emotional needs of older people, including older people living with dementia. • Adult safeguarding, emotional neglect and 'never events'. • How to raise concerns. • Good communication and alternative methods of communication for those living with dementia and/or sensory loss. • Supporting without disabling. • The rights and entitlements of older people. • Care, compassion, kindness, dignity and respect. | <p>Care Council for Wales</p> <p>December 2015</p> | | |  |
| 5.5 | <p>All care homes must have at least one member of staff who is a dementia champion.</p> | <p>Care Home Providers</p> <p>September 2015</p> | <p>Western Bay:- Work locally to support and assist regional care home providers via Care Home Fora.</p> <p>The majority of care homes have a dementia lead but regionally there are some gaps. Some care homes have identified mentors who role model skills and qualities needed as a dementia champion. One regional area has 10 champions across.</p> <p><u>Care Home Providers</u></p> <p>One Dementia Champion per home may not be enough to change the</p> | <p>Local Authority to ensure dementia lead is a mandatory requirement of the contract and is also built into the quality standards.</p> <p>Consider change management training for care home leads.</p> | |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|---|--|--|---|
| | | | <p>culture of a home. What training is needed and is there consideration to the size of the home?</p> <p>One home has all staff as dementia trained to Dementia champion standard.</p> | | |
| 5.6 | <p>A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.</p> <p>The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.</p> <p>This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.</p> | Welsh Government, Local Authorities, Health Boards, Care Home Providers | <ol style="list-style-type: none"> 1. We acknowledge WG lead 2. Our position is a <ol style="list-style-type: none"> a. Regional Escalating concerns policy b. Inclusion of a higher risk providers section c. Use of joint monitoring d. Working toward great timing/coordination of visits. <p>Local Authority and Health Board have appropriate arrangements for monitoring and addressing factors which affect quality of life for residents. These include multi agency contract monitoring and contract management processes, care management assessment and review services, safeguarding arrangements, Escalating Concerns processes and a workforce development programme. Each of these functions contributes to the prevention and management of risk and improvement in care home services.</p> <p>Local Authority and Health Board will contribute to the development of a national improvement service as required on the understanding, as stated at 5.6 of the action plan, that the Welsh Government will take the lead on this, in partnership with local authorities, health boards and care home operators.</p> <p>Clarity required in regards to the National Improvement Service lead and quality issues will be discussed in provider forums based around the regional quality framework</p> <p>The region has robust joint monitoring arrangements in place for all care homes in conjunction with the Health Board. Monitoring focuses on what it is like for the individual to live in a care home. Care homes are monitored for a number of performance indicators linked to Fundamentals of care, Dementia care and 1000 lives in addition to contractual requirements, taking a holistic approach.</p> <p>Regional Escalating Concerns Policy which will give consistency approach across the three authorities.</p> | <p>To continue to work closely with health colleagues to monitor care homes and work to the regional escalating concerns policy once approved.</p> <p>To obtain clarity around the role of the National Improvement Service and the way in which each agency is required to participate in the development and operation of this service</p> <p>Feedback 'lessons learnt' from reviews/monitoring at provider forums.</p> <p>Providers to help Local Authorities in shaping monitoring toolkit and regional quality standards.</p> |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|----------------------------------|--|-------------|-------------------------------------|
| | | | <p><u>Care Home Providers</u></p> <p>Care Standards - National Advisory Board is made up from Managers of Children's and Older Person's Services, voluntary bodies and Users and comment has been invited on the work being undertaken on developing standards. Regional Advisory Boards will be developed.</p> <p>Managers Forum locally drives development as does the Regional Quality Standards Framework group.</p> | | |
| 5.7 | The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home workforce is implemented for the protection of older people. | Welsh Government January 2016 | | | <input checked="" type="checkbox"/> |
| 5.8 | A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and/or standard employment benefits, such as holiday pay, contracted hours and enhancements. | Welsh Government January 2016 | Western Bay:- The outcome of this work is closely related to work on Care Home Fees, the possible regional adoption of the living wage in the care sector. | | <input checked="" type="checkbox"/> |



Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life.

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|--|---|--|---|---|
| 6.1 | <p>A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following*:</p> <ol style="list-style-type: none"> 1. Independence and autonomy 2. Control over daily life 3. Rights, relationships and positive interactions 4. Ambitions (to fulfil, maintain, learn and improve skills) 5. Physical health and emotional wellbeing (to maintain and improve) 6. Safety and security (freedom from discrimination and harassment) 7. Dignity and respect 8. Protection from financial abuse 9. Receipt of high quality services <p>*Source: Flintshire Outcomes Framework</p> | Welsh Government April 2015 | | |  |
| 6.2 | <p>Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).</p> | Care Home Providers & Local Authorities & Health Boards & CSSIW April 2015 | <p>Local Authorities and the Health Board already have measures in place which inform our understanding of the quality of life experienced by residents of care homes. These range from information gathered at formal review, to an understanding based on informal discussions with residents and their families, and observations of care provided during routine visits to care homes undertaken by relevant professionals. Each of these situations provides an opportunity to capture information about the lived experience of residents, and to work with providers to achieve changes needed to improve quality of life.</p> <p>A quality assurance questionnaire has also been introduced to capture information about residents and relatives day to day experience of care home services. This has been created using a well-known model for achieving relationship centred care known as the “senses framework”. This</p> | <p>To implement the Western Bay Quality Assurance Framework and consider whether and how any additional measures can be introduced to promote objectives under 6.2</p> <p>Explore options for working towards publishing monitoring/quality standards reports and explore how these reports link to wider ASC and HB teams.</p> <p>Explore opportunities for improving feedback from annual reports and monitoring to residents and families.</p> <p>Develop process for feedback from rota visits to staff</p> |  |



| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|----|-----------------|----------------------|--|---|--------|
| | | | <p>was introduced to capture information about levels of satisfaction, and enable an evaluation about quality of life which could be shared with providers and stakeholders, and used to effect changes and improvements to services.</p> <p>To date use of this questionnaire has had a limited impact. This is partly due to respondents indicating a high degree of satisfaction, and partly due to a relatively low number of responses. However, in some regional areas, elected members undertake rota visits to care home to ensure satisfaction is gauged in a number of ways.</p> <p>The Western Bay Regional Quality Framework is being developed to enable a more effective evaluation of the quality of care provided to, and experienced by residents. It is intended that the framework will encourage providers to think beyond task based care, by employing relationship centred principles to achieve the best possible quality of life for residents.</p> <p>The framework will encourage providers to attain standards which will promote residents' quality of life. It will provide measures for evaluating each provider's performance against these standards and will arrive at conclusions which can be used to achieve continuous improvement of services. This information may also be shared with the public and used to help clients make more informed decisions when choosing a care home.</p> <p>Regionally, posters with Local Authority contact details are available in care homes.</p> <p>Regionally we listen, talk to individuals in residential care routinely as part of the review process. We will also contact residents individually or in groups inviting them to share their views and experiences on specific issues for example when drafting related strategy documents.</p> <p>All commissioned care homes are required to complete the SCWDP Workforce Data Collection annual return which is submitted to the local Government Date Unit Wales.</p> <p><u>Care Home Providers</u></p> <p>Service users and relatives feel that they are more involved as they are asked their opinions in various ways e.g. annual reviews, by Social Services and Local Health Board, being spoken to by assessors, surveys from CSSIW and the home.</p> | <p>and service users.</p> <p>Review/implement poster to ensure information is up to date.</p> <p>Aggregate regional quality framework information in a systematic way and build into social work reviews.</p> | |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|---|---|-------------------------------|-------------------------------------|
| | | | Providers engage with Joint Care Planning, undertake a yearly survey with residents and relatives and collaborate on 3-6 monthly reviews of clients in our care. Successful local adoption of David Francis' (CSSIW) Care Plan available on website which is comprehensive and is supporting excellent outcomes. | | |
| 6.3 | Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process. | CSSIW April 2015 | | | <input checked="" type="checkbox"/> |
| 6.4 | An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes. | Welsh Government lead (Action 6.4, 6.5, 6.6) December 2015 | Joint monitoring and reviews undertaken between Health Board and Local Authority. There is a strong culture of information sharing between all stakeholders. Annual Local Authority reports are published and sent to the inspectorate. | | <input checked="" type="checkbox"/> |
| 6.5 | Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes. | | | | <input checked="" type="checkbox"/> |
| 6.6 | An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care. | | | | <input checked="" type="checkbox"/> |
| 6.7 | Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include: <ul style="list-style-type: none"> • the availability of independent advocacy in care homes • quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss • how the human rights of older people are upheld in care homes across the Local Authority • the views of older people, advocates | | Director Of Social Service to Publish Western Bay:- Linking 6.7 and 6.8 together, the region is to consider working off a common template, but would require a working group to do so. When the Care Home Quality Standards are published, this work would tie into the next stage. Link to be made with Mandy Collins in ABMU. | Common format to be developed | <input checked="" type="checkbox"/> |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|---|--|--|---|
| | <p>and lay assessors about the quality of life and care provided in care homes</p> <ul style="list-style-type: none"> • geographic location of care homes. <p>Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.</p> | | | | |
| 6.8 | <p>Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:</p> <ul style="list-style-type: none"> • the inappropriate use of antipsychotics • access to mental health and wellbeing support • number of falls • access to falls prevention • access to reablement services • support to maintain sight and hearing <p>Further areas for inclusion to be developed as part of the AQS guidance published annually.</p> | <p>Health Boards September 2015</p> | <p>Health Board Response:-</p> <p>We do not currently collate data in this format for the Annual Quality Statement and are therefore non compliant with this recommendation. We believe that there should be further consideration of this recommendation. We agree that there should be a national system to collate information on quality of life for care home residents. In our view, measures should be linked to the wider development of a set of metrics that are being developed by ABMU (on behalf of other HBs in Wales) linked to the Action After Andrew's work. These measures are linked clearly to outcome statements that have been developed by working with patients to determine what is important to them.</p> | <p>We would welcome further debate and discussion with the Commissioner on this recommendation to ensure that it delivers real improvements for clients, and clearly linked to our work on improving standards across all care settings.</p> |  |
| 6.9 | <p>The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes, which includes the following:</p> <ul style="list-style-type: none"> • the quality of life of older people in care homes who are bed-bound • the quality of life of older people in care homes living with dementia • the quality of life of older people in care homes living with sensory loss • the implementation of care | <p>CSSIW Annual Report</p> | | | |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|------|---|---|--|---|---|
| | <p>plans in older people's care homes</p> <ul style="list-style-type: none"> the accuracy of external statements from independent providers how the human rights of older people are upheld in care homes across Wales | | | | |
| 6.10 | <p>6.10 Care home providers report annually on the delivery of quality of life and care for older people. This will include:</p> <ul style="list-style-type: none"> Quality of life of older people against the Standard Quality Framework and Supporting Specification. Levels and skills of staff including staff turnover, use of agency staff and investment in training Number of POVA referrals, complaints and improvement notices, including full details on improvement action when a home is in escalating concerns. | <p>Care Home Providers December 2015</p> | <p>Annual reports by care homes include the required information and this is monitored by the Local Authority via staff returns.</p> <p>The region has reviewed their current contracts and as a consequence, some have included the requirement for an annual report to be provided.</p> <p>All commissioned care homes are required to complete the SCWDP Workforce Data Collection annual return which is submitted to the local Government Data Unit Wales.</p> <p>Care Home Providers</p> <p>The private concern "care homes.co.uk" currently monitor compliments and recommendations as well as staffing levels.</p> | <p>Providers to improve information flow to SCWDP team and provide training need analysis so that provision of training better reflects training needs within the sector.</p> <p>Training needs to be an agenda item at provider forums and information fed back to SCWDP teams.</p> <p>Transparency around any escalating concerns.</p> <p>Providers to explore the adoption of "Cornerstones" type software, which enables at a glance trends and Management Information.</p> |  |
| 6.11 | <p>A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.</p> | <p>Care Council for Wales December 2015</p> | <p>Western Bay:- to instigate a dialogue with Care Council Colleagues.</p> <p>Western Bay features the only assessment centre in Wales to deliver the CPC Award and aims to map this against the competency based framework for commissioners, in line with the Fulfilled Lives Supportive Communities Commissioning Framework Guidance.</p> | |  |

Key Conclusion 7: A current lack of forward planning means that the needs of older people in care homes will not be met in the future.

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
|-----|---|----------------------------------|--|--|---|
| 7.1 | <p>7.1 A national plan to ensure the future supply of high quality care homes is developed, which includes:</p> <ul style="list-style-type: none"> • a national demographic projection of need, including anticipated trends in and changes to the type of provision required as a result of increasing acuity and dependency. • a clear statement on the preferred type of provider base/market in Wales. • a national analysis of barriers to market entry. • a clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base. • a clear action plan to deliver the preferred provider base/market. | Welsh Government January 2016 | <p>Western Bay:- Incorporate in to local Commission strategy, and liaise with LIS.</p> <p>The region has developed a Residential and Nursing Care Homes Market Position Statement which is intended to be used to help existing and potential providers of Residential and Nursing Care Homes make informed decisions about developing their business.</p> | Finalise Residential and Nursing Care Homes Market Position Statement and Commissioning Strategies |  |
| 7.2 | NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems, cognitive decline and dementia. | Welsh Government March 2015 | | | |
| 7.3 | The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes. | | <p>Health Boards</p> <p>There is no formal arrangement or process in place between the Health Board and care homes with regard to career and educational development of nurses employed there. There have been ad hoc opportunities for care home staff to attend various relevant study days when there has been capacity. We have also met with contracting managers in recent years and</p> | There should be a further national discussion with Directors of Nursing as to how best to structure our approach to avoiding inconsistency across Wales. . This should be linked to a broader discussion across Wales on the role of nurses working in care home settings, and how standards of nursing care are linked to the |  |

| No | Action Required | Timescale for Action | Evidence of Current Position | Action Plan | Comply |
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| | | | <p>discussed educational needs and provided some study days on relevant topics delivered by our specialist nurses. We have also offered fully funded modules from Swansea University when there has been under utilisation of our post registration education contract. The uptake of these modules was very small.</p> <p>NHS now considers the requirements of Nursing Homes when setting numbers of nurses to be trained</p> <p><u>Care Home Providers.</u></p> <p>Increasingly difficult to fill vacancies in the private sector. Uplift in hourly rate for nurses to make them more competitive with the NHS rates.</p> <p>Career pathways for nurses in the private care sector would help alleviate this, as well as access to training courses.</p> | <p>commissioning process. We will continue to offer opportunities for professional development and training and will work with local care home providers to ensure that these are appropriately targeted.</p> | |

Report of the Cabinet Member for Transformation and Performance

Cabinet – 14 April 2015

WLGA PEER REVIEW ACTION PLAN

| | |
|------------------------------------|---|
| Purpose: | To consider the Action Plan and progress to date in response to the WLGA Peer Review. |
| Policy Framework: | Corporate Plan <i>Sustainable Swansea – fit for the future</i> |
| Reason for Decision: | The Peer Review report was reported to Cabinet and to Council in February 2015. It was agreed to present the Action Plan to a future meeting. |
| Consultation: | Legal, Finance and Access to Services. |
| Recommendation(s): | That Cabinet: <ol style="list-style-type: none">1) Approves the Peer Review Action Plan, subject to any additions.2) Refers the Action Plan to Council for information. |
| Report Author: | Dean Taylor |
| Finance Officer: | Mike Hawes |
| Legal Officer: | Patrick Arran |
| Access to Services Officer: | Euros Owen |

1.0 Introduction

- 1.1 The Welsh Local Government Association (WLGA) peer review for Swansea took place between 29 September and 1 October 2014. Three key areas of focus were agreed for the Peer Review:

| | |
|-------------------|---|
| Governance | The effectiveness of our internal arrangements in providing sound, robust and transparent governance for our changing requirements |
| Change | Our ability to manage change across the organisation, to communicate & engage staff in change. Especially the Innovation Programme |
| Delivery | Our capacity and capability to deliver: <ul style="list-style-type: none">• Improvement Priorities• Policy Commitments• And in particular <i>Sustainable Swansea – fit for the future</i> |

- 1.2 The Review Team fed back the headlines at the conclusion of the process. The Review Report was received in December 2014 and reported to Cabinet and Council in February 2015.

2.0 Peer Review Report

- 2.1 The Peer Review report is attached as **Appendix A**. The report contains both areas of strength and areas for improvement, against the 3 themes and 20 recommendations.
- 2.2 The Team found a clear sense of pride in the city and the council and a commitment to improving the lives of residents. Equally they found a Council that provides good services, is aware of the scale of the challenges ahead and has evident talent to lead the transformation required.
- 2.3 Whilst the Team were positive about the Council's self-awareness and our plans for change, they were less convinced that the vision and detail behind this is in place. A key recommendation from the Review, which is an area where work has already started, is the need for a "Swansea Story".
- 2.4 The findings on Governance, Change and Delivery equally show areas of real strength as well as areas where we need to improve. The dominant themes from this are:
- Quicker and smoother decision making with a greater focus on action, not meetings
 - Working as "one Council" and breaking down service silos, particularly in implementing change, sharing resources and fostering innovation

- Establishing a single and consistent narrative for change, linked to visible and empowering leadership at all levels, shared learning and greater staff engagement
- Develop the Council's role as a city and community leader and a stronger presence for Swansea, working with partners
- Becoming a more commercial organisation, developing skills, developing opportunities for trading and exploiting our assets
- And finally - and perhaps most importantly - the theme that is woven throughout the report is that of the need for **cultural change to underpin, enable and drive the transformational changes** we have to make across the Council in the next few years

3.0 Action Plan

3.1 The Peer Review Team acknowledge in their report that the Council is already implementing a number of their recommendations and, in that sense, the report reinforces our direction of travel.

3.2 That said, it is imperative that we respond positively and swiftly to the report's recommendations. An Action Plan is attached as **Appendix B**, with actions grouped by the three themes of Governance, Change and Delivery, with a link to the relevant recommendations in the Review report.

3.3 Clearly, because the Peer Review was concluded some time ago, a number of actions are already in hand, but can, of course, be added to.

3.4 The key actions are:

- A governance review... how we make decisions as Members and Officers
- Review of the role of the Local Strategic Board... and other city partnerships
- Developing the "Swansea Story"... and how we engage everyone in this narrative
- Redoubling our efforts on employee engagement... as part of the Innovation Programme
- Agreeing a change plan for the delivery of *Sustainable Swansea*... working as one Council
- A plan to deliver our community leadership ambitions... including city centre regeneration and local area management
- Developing a commercial organisation... to exploit every opportunity to increase income

4.0 Implementation

4.1 As part of our implementation arrangements we will:

- Communicate the actions to Members, (via Council), staff and partners
- Develop detailed actions to implement the changes, ensuring accountability, clear measures and timescales
- Ensure that the actions integrate with existing major plans, in particular:
 - Revised Corporate Plan
 - *Sustainable Swansea – fit for the future*
 - Innovation Programme
 - Other key plans, such as the Poverty Strategy
- Dovetail the actions with the findings from the Welsh Audit Office Corporate Assessment, which we expect to receive in April 2015
- Incorporate relevant recommendations from the Scrutiny Panel report on Corporate Culture, due to report in the next few months
- Quarterly updates on progress

4.2 There are also a number of key themes that need to guide our implementation over the next 12 months:

| THEME | COMMENTS |
|-------------------|--|
| Cultural Change | <ul style="list-style-type: none">• All aspects of the action plan relate in some way to the need for the Council to change the way it works• The change plan “Working Together, Working Differently” will provide a framework for this• This will involve Members as well as Officers |
| Pace | <ul style="list-style-type: none">• It is important that we make progress on the key areas quickly• This means that not all the detail will necessarily be in place at the outset, but it is vital that there is a clear message to the organisation the changes are being made |
| Celebrate Success | <ul style="list-style-type: none">• The Peer Review commented on the amount of good work that is going in Swansea, but found that we didn't do enough to publicise this within and outside the Council• We need, therefore, to take every opportunity to do |

| | |
|----------------------|---|
| | this as part of our actions and to share good practice across the Council |
| Learning from Others | <ul style="list-style-type: none"> • As part of the implementation of the action plan and other things that we do, we will look to learn from good practice elsewhere (and share our own) • The visit to Nottingham City Council was part of this learning and the Executive Board is also meeting with Cardiff's management team |

5.0 Equality and Engagement Implications

5.1 As part of progressing some pieces of work in the action plan consideration will be given to whether the EIA process needs to be utilised including any requirements for engagement.

6.0 Financial Implications

6.1 There are no direct financial implications arising from this report. However, delivery of a number of the recommendations will assist the Council to achieve savings and additional income.

7.0 Legal Implications

7.1 There are no specific legal implications associated with this report.

Background Papers: None

Appendices: Appendix A – City and County of Swansea Peer Review 2014
Appendix B – Peer Review Action Plan

Appendix A

City and County of Swansea Peer Review 2014

Review: September - October 2014
Report: December 2014



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1. Executive Summary

- 1.1 The City and County of Swansea is a well-regarded council in Wales, with a good reputation for service delivery. It has been on a significant improvement journey over recent years and the positive nature of recent audit and inspection reports is testament to that. However, local authorities are, without exception, facing unprecedented challenges, the inevitable consequence of which is an increasing pressure on the quality and level of services they all provide. In order to meet these challenges the Council's political and managerial leadership have set out a commitment to transform the Council so that it can continue to deliver positive outcomes for the residents of Swansea.
- 1.2 To support this aim, the Council invited the WLGA to facilitate a corporate peer review at the end of September 2014. Peer reviews aim to support councils' approach to self-improvement, offering detailed perspectives from 'critical friends' who understand the challenges of running a local authority and can make an honest and impartial contribution to their self-awareness and development. Importantly, requesting a peer review is regarded as a sign of organisational maturity and commitment to improvement.
- 1.3 While the peer review was arranged for the end of September, in advance of the Council's Wales Audit Office (WAO) corporate assessment, the leadership were clear that it needed to be a separate process with a different focus. While the peer review would inevitably be complementary, supporting the Council in taking stock and evaluating its own performance, the key purpose was to explore specific areas that are critical to organisational development and delivery in challenging times. These areas were:
- Delivery
 - Change
 - Governance
- 1.4 The Council was also keen to ensure that the peer review process should involve learning from elsewhere. Peers were therefore selected on the basis of their experiences and achievements and their ability to bring a fresh perspective to the issues in question. Indeed, the Review Team noted and commended the Council's openness to new ideas and willingness to engage and learn.
- 1.5 In undertaking the review, the team sought to gain insight by:
- Reviewing extensive council documentation
 - Conducting interviews with 24 elected members
 - Interviewing 27 officers
 - Running workshops with a further 38 officers
 - Interviewing 6 partners
 - Taking a tour of the city

- 1.6 The Review Team's initial findings were presented jointly to Cabinet and Executive Board at the end of the site visit on 1st October. An interim letter summarising the main observations was sent to the Council on 29th October 2014.

A summary of the Review Team's main findings are set out below.

General

- 1.7 The Review Team found a clear sense of members' and officers' pride in Swansea, both as a city and a council; they found commitment to making it a better place and to improving the lives of residents. This appeared to be a primary motivation and repeatedly featured in interviews and workshops. This commitment was supported by a good understanding of the area and the needs of local communities.
- 1.8 The Review Team developed an impression of an organisation where internal arrangements and the management of revenue finances were in order and the quality of service provision was generally good. They commended the leadership for not only recognising the scale of the challenges but for the need for far-reaching transformation, as opposed to incremental change. Importantly, the Review Team noted that there is evident talent among both the Cabinet and senior management, which should provide the capacity required to continue improving and transforming the organisation.
- 1.9 Moreover, the Council is strong on self-awareness and diagnosis; Cabinet and senior management have a clear idea of what they need to change and there is an emerging agenda setting out how this might be achieved. The Review Team felt the Council's recognition of what it needs to change and where it wants to get to are extremely positive. However, the Review Team was less convinced that the vision and arrangements for achieving that change are sufficiently developed. That said, the Council is open to new-thinking and learning, as demonstrated by the request for the peer review.
- 1.10 More fundamentally, while there is a good understanding of the need for change, of the challenges facing Swansea and the needs of communities, these elements have not yet been woven into a clear narrative. This was not helped by the range of plans and priorities that the Council produces. The Review Team emphasised the central importance of setting out a 'Swansea Story' and rationalising priorities to support its delivery, but recognised the forthcoming corporate plan (in draft at the time of the review) might achieve this.

Governance

- 1.11 The Review Team found a constructive relationship between members and officers, based on interviews conducted. This was demonstrated by a shared

understanding of how they could collectively contribute to achieving the Council's goals. It also appeared that the member/ officer dynamic was healthy, with an overall perception that the Council is member-led and there is an appropriate balance between political and professional leadership.

- 1.12 The Leader and Cabinet have recognised that there are some members within all groups who feel disconnected from the Council's decision-making processes. They are responding to this by seeking to extend participation through the introduction of Cabinet Advisory Committees and increasing the involvement of all groups with a new monthly Group Leaders' meeting. These changes appear to have been welcomed and have the potential to build a more open, transparent and inclusive way of working if managed effectively. However, it is important to ensure that new arrangements do not hold back clear and timely decision-making.
- 1.13 The Council's scrutiny arrangements are still relatively new, having been introduced in October 2012. The scrutiny arrangements are unique in the Welsh context, with one overarching Scrutiny Committee and a number of ad hoc Scrutiny Panels. The Review Team heard a range of views on scrutiny, but there was a sense that it provides challenge. Some non-executive members felt the Scrutiny Panels provided a means for them to explore issues that are important to them and there was a consistent view that members could decide which panels they wished to participate in according to their interest or expertise. However, there was also scepticism from some quarters. There were some concerns that scrutiny needed to develop a stronger improvement role and some non-executive members expressed concern that the creation of a single overarching programme committee could reduce capacity and focus. Importantly, there is a need to clarify the role and responsibilities of the new Cabinet Advisory Committees and the relationship they are to have with the overarching Scrutiny Committee and Scrutiny Panels.
- 1.14 The Review Team recognised that the Cabinet is new and it would take time to establish relationships with senior officers, as well as finding a structured way of working that meets their needs. However, they observed that Cabinet support could be more consistent and formalised, particularly briefing and support on their new portfolios and Cabinet roles.
- 1.15 The Review Team were positive about new and emerging arrangements to underpin financial planning and transformation, such as the Budget Group and 'Stewardship Sessions'.
- 1.16 However, certain internal processes, including the speed of decision-making, appear to be a barrier to the fulfilment of the Council's aim of becoming a more dynamic and innovative organisation. In order to address this, the Council should focus on culture, as well as formal decision-making processes. This would include creating a less risk-averse, no-blame culture (see Change

below) where staff learn from what has and hasn't worked together, in addition to looking at, for example, the length of time Cabinet have to respond to scrutiny recommendations.

- 1.17 The Review Team felt there was more opportunity to reduce the process and bureaucracy in programme management and partnership working, streamlining both to increase the focus on action and reduce the number of meetings and the amount of paperwork.

Change

- 1.18 The Council recognises the need to foster a more positive and empowering organisational culture and there is strong self-awareness and an emerging agenda, setting out what needs to change. There is talent and commitment among the political and managerial leadership which will help drive this forward.
- 1.19 As already identified by the Council, change needs to be taken forward on a more 'whole council' basis. Even with the evident leadership commitment, this is a challenge. However, there are opportunities to increase the pace and scale of change. For example, some change is currently being taken forward on a department-by-department basis and there is more scope to systematically share learning and practice across the organisation. The Council should explore more cross-cutting savings opportunities, as well as aligning priorities, finance and the change agenda more closely.
- 1.20 The Review Team were positive about the culture change and the kind of transformation the Council aspires to. However, the Review Team felt that innovation needed to be more effectively enabled and supported and the expected behaviours championed and modelled by the leadership. Perhaps most importantly, it needs to be borne out of wider development of the Swansea story, the way of working and how every individual fits in.
- 1.21 While there have been significant efforts to communicate the change agenda and the challenges facing the Council to staff, the Review Team found that it had not always been consistent or effective, with the message varying significantly depending on the manager delivering it. They also found the Council's priorities are not consistently understood and there isn't a shared conception of 'Sustainable Swansea'.
- 1.22 The Review Team felt that the conception of and approach to transformation could become more outward-facing, with more of a focus on creating new relationships with citizens and other partners.
- 1.23 In order to better align resources, priorities and change, the Council should consider developing a more priority-based, themed approach to budgeting

and avoid departmental targets. The Council should be careful to ensure that its approach to identifying savings options does not reinforce silo working.

- 1.24 The Review Team felt there was enthusiasm and commitment towards transformation, but there is more work to be done to break down service silos. The realignment of directorates could support this, but working across the organisation needs to become the 'norm', there should be more time and space for staff to come together and managers could be given more responsibility for solving corporate problems. While there is capability and talent, it may still be necessary for the Council to bring in external technical expertise for specific pieces of work to complement the skills that exist internally.

Delivery

- 1.25 The Review Team identified a large number of strategies, plans and action plans containing a significant number of priorities. However, they felt that the Council needed a unifying narrative, which sets out a clear and coherent vision. They felt that developing the Swansea story was of critical importance, particularly in the context of having to make difficult choices and attempting to foster a different organisational culture. Establishing the Swansea story would help to focus on a more limited number of key priorities and ensure that activity and resources are aligned accordingly.
- 1.26 The Council should ensure it fulfils its role as a city and community leader and develop a stronger national presence for Swansea- in Wales and the UK. This would involve building links with Cardiff and strengthening relationships with key stakeholders in the city and region. It would also involve actively promoting the good work that Swansea is doing- within central and local government and to partners in the public and private sector.
- 1.27 City leadership should be balanced with community leadership. The Review Team suggested that local councillors could be further empowered as community leaders by enabling them to respond to local priorities by devolving more central budgets across the county (e.g. on the basis of both deprivation and population).
- 1.28 The Review Team acknowledged that the Council is beginning to look for ways to become more 'commercial', noting that there are a number of opportunities which would help meet the budget challenge and promote city growth. The Council should aim to build a more commercial skills set and capability among staff and develop a trading arm, which could exploit opportunities relating to building management, vehicle maintenance, landscaping, solar energy and district heating, among others.
- 1.29 The Council should consider how best to maximise its use of resources - especially its asset base. This could, for example, include creating a trading

account in property services to recycle revenue earning capital receipts in order to improve the rate of return over the longer term.

- 1.30 Throughout the review, it emerged that the Council were at the early stages of implementing arrangements which would meet several of the recommendations the Review Team were set to make. Therefore, many of the points made in this report reinforce the direction of travel the Council is already committed to.
- 1.31 This report includes a total of 20 recommendations which seek to address the identified issues and barriers or build on measures which are already being progressed.

2. Background and context

2.1 Peer reviews are a key part of the WLGA's improvement offer for local authorities, being highly regarded by both the organisations who have received them and key partners, such as the Wales Audit Office (WAO) and Welsh Government. They are generally found to be a valuable tool because they are provided by 'critical friends' who understand the challenges of running a local authority and can make an honest and impartial contribution to the Council's approach to self-improvement. Importantly, requesting a peer review is regarded as a sign of organisational maturity and commitment to improvement. This was indeed reinforced by Swansea's keenness to learn and openness to new ideas and ways of working.

Purpose of the review

2.2 The Council had a number of reasons for commissioning the review, which were to:

- Learn from elsewhere and to improve what they do.
- Develop their approach to self-evaluation.
- Assist their preparations for the WAO corporate assessment (scheduled to take place during November 2014).
- Support the overall objective of sector-led self-regulation and improvement in Wales.

2.3 While supporting the Council's own self-assessment and self-awareness in advance of the corporate assessment would be one useful outcome of a review, the Council recognised the value of drawing on the expertise of senior colleagues from within local government and the wider benefits that such an exercise could bring to the organisation. They were therefore clear that the peer review was a separate process with a different focus. In order to maximise the value of the review, the Council asked that it should focus on the specific areas they consider to be critical to their success. These were:

- **Delivery** - their capacity and capability to deliver on extensive and challenging policy commitments.
- **Change** - their ability to manage change across the organisation, to communicate what they are trying to achieve effectively and to engage staff in embracing that change.
- **Governance** – the effectiveness and transparency of internal arrangements and ability to support change and delivery.

The peer review process

2.4 Throughout the preparatory conversations with the WLGA, the Council had placed a particular emphasis on their desire to learn from others. For that reason, peers were selected on the basis of their experiences and achievements and their ability to bring a fresh perspective to the issues in question. The peers were;

- Cllr. Graham Chapman, Deputy Leader of Nottingham City Council
- Nick Hodgson, independent consultant and former Chief Executive of Derbyshire County Council
- Ben Spinks, Assistant Chief Executive, London Borough of Brent
- Rory Borealis, Executive Director (Resources) and Working Smarter Delivery Lead at Walsall Council

2.5 The review consisted of desk-based analysis of key council documents, which preceded a three day site visit that took place from 29th September to 1st October. The aim of the site visit was to develop a more in-depth understanding of the organisation and test some of the assumptions made by reading the documentation. This was achieved through extensive interviews with a broad cross-section of members and officers with different responsibilities and levels of seniority. The review activity can be summed-up as follows;

- Review of council documentation
- Interviews with 24 elected members
- Interviews with 27 officers
- Workshops with 38 officers
- Interviews with 6 partners
- A tour of the city

2.6 After 2½ days of intensive interviews and workshops, the Review Team presented their initial findings to the Cabinet and Executive Board on the final afternoon. This report represents the team's more detailed findings and includes some examples of good practice from elsewhere. The Review Team hope these additions are found to be valuable by providing a practical dimension to the recommendations and some possible options for implementation.

2.7 Following the final report, the WLGA would be happy to engage in further discussions with the Council and explore whether there are opportunities for support or peer learning.

3. Governance

- 3.1 Sound governance is the foundation of a healthy, well-run organisation. It is crucial in enabling a council to achieve its aims, or could equally be a major barrier to change and improvement. Moreover, in a context of significant and emerging challenges, where transformational change is required, governance arrangements need to be constituted in a way that supports that change. Consequently, the Council asked the Review Team to look at their governance arrangements, with a focus on how they are supporting (or hindering) the other two elements of the review; change and delivery.

Member/ officer working

- 3.2 In seeking to establish the effectiveness of the Council's governance, the Review Team took a broad perspective, considering culture and relationships as well as structures and processes. One of the most fundamental considerations was the relationship between members and officers, this setting the context for all of the Council's work. The Review Team observed a healthy relationship between members and officers; there was relatively good communication and a shared understanding of how they could collectively contribute to achieving the Council's goals. The member/ officer dynamic was well-balanced, with an overall perception that the Council is member-led.¹
- 3.3 While the overall dynamic is good, the Review Team recognised that the Cabinet is new and it will take time to establish relationships between Cabinet members and senior officers, as well as finding a structured way of working that meets their needs. However, Cabinet support appears to be inconsistent at the moment. The Cabinet itself also needs time to form as a 'team' and find a suitable way of working. The Review Team identified a need for more formalised, proactive briefing of and support to Cabinet members. They also suggested Cabinet members should each be clear about and 'own' a set of priorities which deliver the overall vision. These should be a focus within their regular meetings with officers.
- 3.4 Some Cabinet members felt they would like to build stronger relationships with middle managers and have more interaction with them. They also felt middle managers sometimes approached them with a certain amount of trepidation and thought there was an opportunity to build more trust. The Council could aim to increase interaction between Cabinet members and middle managers by, for example involving middle managers in senior manager/ Cabinet Member briefings, as and when relevant to the agenda.
- 3.5 The dynamic between members was also considered to be of paramount importance. The Review Team heard that there were some members, from

¹ It is important to note that these inferences were drawn from a fairly limited number of conversations with non-executive members, due to low turnout at the members' workshops.

all groups, who had come to feel disconnected from decision-making. There was a feeling that those outside of the Cabinet were 'spectators'. However, the new Leader and Cabinet have recognised this and are keen to address it. Consequently, the political leadership are instituting new arrangements to extend participation by introducing Cabinet Advisory Committees and establishing a monthly Group Leaders' meeting. These changes appear to be welcome and, if managed effectively, have the potential to build a more open, transparent and inclusive way of working.

Recommendation 1: Develop more formalised briefing of Cabinet members, which would include regular meetings with senior managers who have responsibility within their portfolio, with notes of the meeting and action points to ensure members' priorities and decisions are followed through. The emphasis should be on proactively engaging members in decisions, rather than briefing them too late into the process.

Scrutiny

3.6 The Review Team were aware that the Council's scrutiny arrangements are still relatively new, having been introduced in October 2012, and the Wales Audit Office has committed to continuing to review their effectiveness.² It is then perhaps unsurprising that the team heard a range of different views on the effectiveness of these arrangements. On the one hand, there was a sense that scrutiny provided challenge and many members could identify occasions where it had made an impact. The Audit Committee was cited as providing particularly robust challenge. Furthermore, some non-executive members felt the Scrutiny Panels provided a means for them to elevate and explore issues that were important to them, thereby increasing their involvement in council business and scope to influence.

3.7 However, there was also scepticism from some quarters. There were some concerns that scrutiny needed to develop a stronger improvement role and that its focus should be more closely aligned to council priorities. Some non-executive members expressed concern that the creation of a single overarching programme committee could weaken the scrutiny function by reducing capacity and focus. In addition, while there was an appreciation from members that the new Cabinet Advisory Committees could help extend involvement in policy development and decision-making, there appeared to be some confusion about how they are to relate to existing arrangements, in particular overview and scrutiny. There was some concern that without clarity of responsibilities and purpose, there could be a risk that the role of scrutiny is undermined and effort is duplicated.

Recommendation 2: If the Cabinet Advisory Committees are to be effective, their responsibilities and relationship to existing arrangements needs to be clarified and

² Wales Audit Office, *Annual Improvement Report – City and County of Swansea*, May 2014, p. 18

set out clearly in the Constitution so that all members and officers understand their respective roles.

Recommendation 3: The Council should consider how scrutiny could be closely oriented towards the Council's top priorities by, for example, establishing inquiries shaped around them. This would help develop scrutiny's improvement role as well as ensuring activity and resources have maximum impact.

Decision-making

- 3.8 The Council's aspiration to be a dynamic, inclusive and innovative organisation which is risk aware, creative and capable of coproducing services with citizens and staff is to be commended. However, the team observed certain aspects of governance which appear to be a considerable barrier to the fulfilment of that aim at the current time. One commonly identified problem was the speed of decision-making. The Review Team heard the widespread view that decision-making is too slow, which was largely attributed to an embedded risk-averse culture. This culture appears to manifest itself through a tendency to push decisions 'up' to more senior officers, the obvious effect of which is a protracted process with unnecessary delays in implementation. An additional risk is that staff in less senior positions become disempowered and their creativity and professional development is stifled, while senior managers are overloaded with decisions. The view was also expressed that protracted decision-making sometimes leads to implementation needing to be rushed, potentially impacting on the effective management of change and the delivery of outcomes.
- 3.9 The leadership appear to be well aware of the tiers of decision-making and the associated consequences and are seeking to address the risk averse culture through the Innovation Programme. As already identified internally, the Council should seek to build a less risk averse, no-blame culture by creating an environment where staff work together to learn- both when things don't go to plan and when they go well. The leadership should model and promote these behaviours in order to advance the change they want to see.
- 3.10 In addition to the cultural considerations, the Review Team identified some procedural changes which would be complementary and hopefully increase the pace of decision-making. In particular, the Review Team felt that the Council could inject greater pace into their change programme if they stripped back some of the unnecessary 'paraphernalia' of programme management. The current approach relies on a typically structured approach, with leads, boards and workstreams. However, the team developed the impression that this may be over-engineered and could risk time and energy being spent servicing boards and working groups, rather than actually implementing change. One potential unintended consequence of taking a very structured approach is that meetings themselves become the focus and few actions are

progressed or decisions taken in between. *See Barrow Borough Council case study, p. 21.*

- 3.11 Programme management could be streamlined by, for example:
- Reducing the amount of paperwork, the number of meetings and ensuring conversations focus on action. Officers should be encouraged to take decisions or seek senior endorsement (where necessary) between meetings and unnecessary tiers of approval should be stripped out.
 - Establishing a 'Gateway Scheme' to assess viability of major projects, so that time and energy is not wasted preparing to implement projects which are unlikely to succeed (partners could also be invited to participate).
 - Focusing on the 'big ticket' items within change and partnership working, that will yield substantial successes, rather than undertaking a wide-ranging programme which will inevitably mean exerting more energy on projects which will have less impact.
- 3.12 While the speed of decision-making is certainly limited by cultural constraints and could be improved without any change to formal arrangements, the Council may wish to review its delegation arrangements to ensure that decision-making responsibility rests at the most appropriate level and ensure the powers are being used to the full.
- 3.13 Furthermore, the Council should ensure its internal audit activity is focused on 'higher risk' policies and practices so that resources are being used to best effect.
- 3.14 The Review Team were impressed by some of the new and emerging arrangements to underpin financial planning, such as the Budget Group & 'Stewardship Sessions' and the budget tracking system. These appeared to be systems and processes which could support sound financial management.

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| <p>Recommendation 4: The Council could consider reducing the time that Cabinet has to respond to scrutiny recommendations (currently 3 months).</p> |
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Partnership working

- 3.15 The Review Team spoke with a selection of statutory and non-statutory partners from the Local Service Board (LSB) and noted the high degree of enthusiasm and commitment to partnership working. This was seen as a major asset, which the Council should harness. However, there was some concern that the LSB's responsibility was too broad and it was vulnerable to being over-managed and impeded by bureaucracy. While it was recognised that the LSB had overall ownership of the Single Integrated Plan, the scale of tasks could become overwhelming. Some suggested the LSB could have more impact if it were to focus on a manageable set of shorter term priorities (in

addition to the overarching shared outcomes) where a partnership approach could really add value.

- 3.16 There were mixed perceptions of the LSB, particularly among members. Some had significant concerns regarding transparency, describing it as remote or 'invisible', possibly fuelling a sense that the LSB was operating outside of democratic processes. Some of these members also thought the LSB to be ineffective and in need of a major overhaul. Conversely, others could point to specific examples of success.
- 3.17 One simple means of ensuring the LSB is seen to be transparent might be to develop regular communication, particularly with members. This could include sending summaries of key points, decisions and actions to Cabinet and scrutiny meetings for information, for example.
- 3.18 There was also a sense that the Council was getting better at engaging with and listening to the public. Although there had been improvements, there was a view from many that they could still go further. The Council were thought to be very good at working with and managing the media and the communications team appear to have an excellent reputation. However, it may be necessary to ensure that communications is equally focused on community information as on press and media.

Recommendation 5: The LSB could develop a small number of priorities, based on defined operational problems, which partners commit resources to and tackle on a task and finish or rolling basis.

Recommendation 6: The Council should communicate the role, purpose and activities of the LSB to members. Moreover, the Council should look for opportunities to involve members in the work of the LSB, including projects which may be taking place in their ward or local engagement and consultation.

4. Change

- 4.1 Changing the way the Council operates is evidently a primary concern for the leadership. Importantly, the Review Team felt that the scale of the challenge and the need for transformational change was widely understood. Key council documents, such as *Sustainable Swansea – Fit for the Future* and the council-wide Innovation Programme demonstrate the corporate commitment to a fundamental shift in how the Council does business. The Review Team also felt there was evident talent among both political and managerial leadership and heard how the Leader is seen as someone who will drive change forward.
- 4.2 The Review Team explored the Council’s approach to change with members and officers from across the organisation, at a range of levels of seniority. The intention was to test the coherence, efficacy and reach of the Council’s change agenda.
- 4.3 The leadership saw the Sustainable Swansea programme as providing the framework for change. They were clear that the intention was to reaffirm the Council’s core purpose and establish a new operating model, capable of delivering on it. The Review Team commended the Council’s aspirations for change and gave the leadership credit for fully endorsing and promoting it. The team supported the kind of change the leadership want to effect, as represented by the examples of ‘future council’ ‘shifts’, which are set out in Sustainable Swansea:

What Sustainable Swansea means for WHAT WE DO and HOW WE WORK

| From..... What we <u>do</u> now in Swansea | To..... What we want to <u>do</u> in the future |
|--|--|
| Leading the Council | Leading Swansea |
| Residents as receivers of services | Residents as co-producers of services |
| Providing services | Creating new models |
| From..... How we <u>work</u> now in Swansea | To..... How we will <u>work</u> in the future |
| Service led | Whole Council |
| Top down leadership | Everyone is a leader |
| Risk averse | Risk aware |

Source: *Sustainable Swansea - Fit for the Future*

- 4.4 The Council were seen to have good self-awareness and diagnosis; the leadership are conscious that the existing culture needs to become more positive and empowering, they know the organisation needs to become more dynamic and innovative and more outward facing and coproductive. As part of this, the Council has put innovation at the heart of change; it is intended to define the way of working, as well as the organisational culture.
- 4.5 The Review Team also felt the Council were able to identify some of the solutions to the identified problems and there was an emerging agenda for implementing change. For example, it is positive that the Council has set out plans to create a more innovative environment by promoting a healthy attitude to risk, the exchange of ideas and building new skills. However, it appears there is more to be done to develop the steps to get from the current position to their ideal operating model and culture. The Review Team therefore identified some suggestions to support the implementation of this agenda, as well as some further opportunities relating to staff engagement, which are set out below.
- 4.6 The Review Team felt that it was important the Council adopt a clear, unified approach to managing and promoting change. It is vital that this is linked to organisational priorities and finance.

Engaging staff in change

- 4.7 A fundamental barrier to driving change forward is the buy-in and understanding of staff. The Review Team heard a number of positive comments about why the Council was a good place to work, including the opportunity to work for the city and communities and the flexibility it offered. However, there were also some negative comments and particularly strong feelings about Job Evaluation and having to work longer hours to get the job done without recognition. While Job Evaluation is a sensitive issue and a negative response from those adversely affected could be understood and expected, the Review Team heard concerns about the way in which the process had been managed and the outcomes communicated. These experiences can impact on the view staff have of change management more broadly. Furthermore, a small number of those interviewed suggested that past experiences of transformation work might have caused some cynicism towards change. Therefore, honest conversations with the workforce about the future 'employment deal' and what this means in the context of the change agenda, will be crucial in building levels of employee engagement. For example, how staffing numbers or remuneration are likely to be impacted, how roles might change, as well as what the organisation can offer, including non-economic factors on training, development, support and flexibility. (*See also point 4.22*).
- 4.8 While the leadership see Sustainable Swansea as the driving force behind change, there does not seem to be a shared conception of what it is and what

it is for throughout the organisation. The leadership have sought to ensure staff are aware of the challenges and change agenda through the Chief Executive's blog (which was seen by both frontline staff and middle managers as useful) and their Sustainable Swansea roadshows. However, discussions with frontline staff revealed that messages given at these events varied considerably. Some staff had heard a 'don't worry, things will be fine', whereas others had got the sense that things were overwhelmingly bleak. In general, it appears that communication to staff and members could be improved as some described themselves as feeling on the fringes and being unaware of organisational developments, to the extent that they 'often find out from service users'. While recognising the efforts the leadership have made to get the message out, it seems the current approach has not been as effective as hoped.

- 4.9 Whilst the Review Team would endorse face-to-face communication as a key element in managing major change, if the Council continues running roadshows, the messages should be more consistent way. This requires an accurate, shared understanding at Heads of Service level (Directors being responsible for ensuring this) and agreed messages and tone of delivery. In order to ensure that all members are up-to-date on important issues, the Council could hold members' seminars on relevant policy developments or organisational reforms.
- 4.10 The Council should consider how they engage and involve staff at every level and from every department in shaping the organisations' core purpose and change agenda. This could include making current communication opportunities such as the Chief Executive's blog and roadshows more participative or using other mechanisms such as online forums or networks, which provide space for user-generated content and continue discussion outside of set meetings and workshops.
- 4.11 While there is a definite commitment to transformation, some of those interviewed expressed doubts as to whether there was clarity about the kind of radical change being sought, what it might entail or a detailed understanding of the methods that might be required. Despite this uncertainty, many officers were able to identify recently introduced measures, which had some potential to address these concerns, such as the 'new ways of working' training or the inclusion of behaviours (in addition to delivery of objectives) within the appraisal process. This suggests that the Council could be in the early stages of making the change 'real', although the prospects for implementing change at pace and scale is less clear. In addition, officers provided the Review Team with their own possible solutions, which are included below.

In order to effect change, staff suggested:

- Getting senior managers out and about in the organisation, to help achieve culture change and give them a sense of what's working and what isn't.
- Developing a mechanism for sharing ideas and learning across the organisation.
- Involving frontline staff in the Innovation Programme.
- Becoming a learning organisation, rather than a blaming organisation, which is able to focus on why things didn't work.
- Investing more in staff development and training.
- Bringing in specialist expertise when needed and listening to and learning from the third sector.
- Giving more consideration to riskier, innovative approaches to service delivery.
- Increasing the urgency of the change that needs to happen over the next 2-3 years.
- Moving away from the language of 'innovation' and 'transformation', which creates a sense of distance and takes it away from people's 'day job'.

4.12 While there is talent and experience among senior leaders, there should be a focus on systematically involving officers from across the organisation in developing new ideas. The Sustainable Swansea scoping workshops are a step towards that. The leadership should not feel that the responsibility for, or ownership of, change lies solely with them and should actively seek to cultivate an open and inclusive way of working, which provides opportunities for staff to influence from the bottom up. At a time when morale needs to be maintained, this could help ensure staff feel valued.

4.13 Similarly, there may still be a need to increase the Council's capacity by drawing on external expertise. This could mean seeking input from partners in the public, private or third sector or bringing in additional technical knowledge for specific pieces of work, which would complement the in-house skills and experience.

4.14 As previously outlined, there is a risk that the paraphernalia of programme management and the structure of boards and appointed leads slows down change. There is also the risk that change is seen as only being owned by those involved, especially those with the lead responsibility. Creating space and opportunity for other staff to contribute is one means of rebalancing that, but the leadership may also want to extend responsibility and accountability for solving corporate problems in a more formalised way.

4.15 One means of doing this would be to actively involve staff, other than senior managers, in leading and delivering change. This could relate to a corporate issue or their individual area of work, drawing on their knowledge and enthusiasm while reducing some of the burdens of programme management and reporting. For example, Barrow Borough Council invited volunteers who were interested in 'making a difference' to gather, create, promote and implement ideas on improving efficiency and effectiveness through the use of

technology. They were not selected by management. Instead senior management's role was to make sure they were 'completely unencumbered by the things councils usually do - working groups, discussion forums and discussions with trade unions' and to handle those things on their behalf. They replaced the normal structures with six weekly updates with the Chief Executive to identify issues that senior managers could help solve. This allowed them to harness the skills and enthusiasm of staff in different parts of the organisation and speed up the change process. (*See link to full case study in Annex 2*).

Recommendation 7: The Council should aim to create space where staff can come together to solve shared problems (e.g. the session to consider horses being kept on council-owned land) and staff outside senior management should be empowered within the authority to bring officers together, rather than relying on or waiting for senior managers to convene a meeting or workshop. Frontline staff in particular should be more actively involved in the Innovation Programme and in developing savings proposals. Middle managers and their team managers should be encouraged to seek ideas from within their teams so that staff feel they have an opportunity to propose new ideas either informally or at team meetings. (*See also Recommendation 12 and Recommendation 13*)

Whole-council working

- 4.16 The Council has, rightly, stated its desire to institute a 'whole council' way of working, which will characterise the new model of operating. As a result of the senior management restructure, departments have been realigned to more thematic groups, which has the potential to strengthen the connections and collaboration across complementary agendas. However, the Review Team heard that where good practice develops or new ways of working are introduced, this still tends to be restricted to particular services or departments. There was also a sense that change is happening at different rates in different parts of the organisation. There was a view from the leadership that making cross-service structures work is a challenge which requires continuing efforts. While the thematic structure might help to strengthen joint working between certain areas it will still be necessary to encourage collaboration beyond those boundaries.
- 4.17 The Council has begun to identify some organisation-wide transformation projects. These are strategic in nature, as well as practical, such as developing the role of refuse workers to be the 'eyes and ears' of the organisation so that they can refer issues on to other departments. Staff referenced this as good practice and it demonstrates how the day-to-day experiences of frontline staff can be drawn on to support the council's wider priorities. The Council should seek to identify and exploit further cross-cutting change and savings opportunities, ensuring learning is shared between different strands and opportunities to scale-up and extend work across the organisation are taken.

4.18 Further to this, there is a risk that the various strands of change are not sufficiently integrated and it could feel initiative-based. There appears to be a lack of clarity about priorities (*see 5. Delivery*) and a feeling that perhaps the Council is trying to do too much all at once. If the Council were successful in drawing together a unifying narrative with limited supporting priorities (i.e. the five identified in the draft Corporate Plan) this could give shape to Sustainable Swansea, the Innovation Programme and financial planning and allow the Council to deliver change on the 'big ticket' items. Indeed, clear, specific organisational goals have been shown to promote innovative working.³ In essence, change needs to be part of a coherent whole, linked to priorities and finance.

4.19 In particular, the Council could consider how it develops a more priority-based approach to financial planning. The Review Team heard that directors had or were considering this but had not identified a method as yet. Managers in the People directorate had been asked to develop a three year plan on the basis of a 20% reduction to the budget, recognising that extending the horizon enables a closer alignment with current and emerging priorities. One council which has a well-regarded approach to priority-based budgeting is Stevenage Borough Council. While their funding gap is comparatively small, the principles are still relevant.

CASE STUDY

Stevenage Borough Council has adopted a priority based budgeting (PBB) approach based on a methodology developed by Aberdeen City Council, to meet its need for a three year forecasted funding gap of £3 million. Central to the PBB process is a full citizen engagement programme with local people to establish their service priorities and a determination of their preferences between tax increases, service cuts and raising fees and charges. This informed the development of a range of savings proposals over the three year timeframe. After internal officer challenge, these were put to members in the form of a Leaders Services Priority Group whose membership included majority and opposition councillors, front and backbench members. Over a period of eight weeks, members ranked all savings proposals into a priority order that reflected future challenges and the results of the engagement programme. This has succeeded in producing a detailed savings programme which addresses the Council's funding gap, via a permanent shift away from short-term 'salami slicing' to a well-managed longer-term process.

Source: Grant Thornton *2016 tipping point? Challenging the current: Summary findings from our third year of financial health checks of English local authorities*, December 2013

Recommendation 8: The Council should look for more thematic transformation and savings opportunities such as, for example shared administration, which is

³ Patterson et al, 2009, *Everyday innovation: How to enhance innovative working in employees and organisations*, NESTA

currently being taken forward in the People directorate, but could be expanded across the whole organisation.

Recommendation 9: The Council should seek to better align finance with priorities and change, and in so doing move away from departmental savings targets to a more priority-based approach to financial planning.

Culture change

- 4.20 Many of the suggestions put forward by staff relate to culture and they cohere with the leadership's ambition to foster a more empowering, learning culture with 'everyone as a leader'. On that basis, there appears to be consensus about the improvement needed with the existing culture and an appetite for the kind of changes being proposed. However, translating that will and enthusiasm into sustained change is still a challenge. While the leadership have granted 'permission to innovate' further steps are required to effectively enable and support the process across the organisation. It is inevitable that it will take time for behaviour change and new cultural norms to be established.
- 4.21 However, while there are many positive actions being developed through the Innovation Programme, the Review Team were clear that this alone would not deliver the culture change that both staff and leadership wish to see. Joint problem-solving and staff development, for example, are likely to have a positive impact, but this will be limited if they are done in isolation. It is understandable that the Council has developed a programme and the associated means of managing it in order to galvanise energy and ensure adequate focus on culture change. However, culture change should not be seen as a separate strand, but rather a by-product of the other changes the Council is making. This means linking change to the development of an overarching narrative which staff understand and can see how their role fits with.
- 4.22 As previously stated, there was some reference to morale in a few discussions. However, there are inevitably a range of factors that might be affecting individual, team or organisational morale in these challenging times. While it is difficult for the Review Team to gauge the extent of this feeling or its effect based on the interviews and workshops conducted, it could be a barrier to building the kind of culture the Council wants to see. The LGA and Public Sector People Managers' Association (PPMA) supported research into the state of the employment deal in local government. The research found that the economic aspects of the traditional employer-employee deal have broken down with the loss of job security, pay freezes and reductions in pay and the emphasis on doing 'more with less' and this is further compounded by a perceived lack of support from organisations, a lack of voice and the quality of interactions with line managers. This research argues that local authorities need to forge a new deal which takes account of factors beyond the economic, such as providing support and building collaborative and productive

partnerships that enable high involvement and workforce participation in shaping and delivering change. In order to achieve this and reduce blame, they suggest creating openness and trust through solutions-focused conversations with staff, rather than performance-focused conversations. They suggest this is dependent on individual line managers being able to practice listening skills and be willing to implement ideas from their team.⁴

- 4.23 Furthermore, involvement and empowerment could be increased by; engaging staff in how the new values are translated into practice, providing opportunities for staff to share and promote their successes (ie. at the lunchtime seminars) and encouraging staff outside of upper tiers of management to convene cross-cutting problem-solving sessions (*as suggested in Recommendation 7*).
- 4.24 Making the shift from blaming to learning was repeatedly referenced by staff in different services and at different levels of seniority. This is clearly pivotal to building an innovative culture and working practices. In order to reduce blame, the Council will need to tolerate failure and promote risk taking and managerial support will be key to this. The Council could also look at ways of incentivising innovation, rewarding innovation through staff recognition or incorporating it within performance reviews.
- 4.25 Notwithstanding these observations, there are many useful elements of the Innovation Programme which will contribute to driving change forward. In particular, the action which focuses on staff development, building capacity and capability and using different tools and techniques. These should continue to develop.

Recommendation 10: The Council should achieve longstanding culture change by advancing a coherent Swansea story, supported by clear priorities and helping staff see how they fit with and contribute to that story, while providing support for them to adapt within their role and a means for them to influence decisions and change.

Recommendation 11: Members, senior and middle managers should consistently model the behaviours they want to see and commit to avoid blaming staff when things don't go to plan. Senior and middle managers should encourage their staff to use their initiative and try new things and create time within their own teams and wider corporate settings to consider and share the learning.

Recommendation 12: The Council should aim to develop a more systematic approach to sharing learning and practice - both positive and negative. This could be through team meetings, managers groups, lunch time sessions or problem-solving session.

Recommendation 13: Senior managers should be encouraged to get out into the organisation, meet and listen to staff. Regular formal or informal staff visits would create an opportunity for staff to communicate their experiences (particularly

⁴ Edinburgh Napier 2012, *New Employment Deal For Local Government*, LGA and PPMA
http://ripassetseu.s3.amazonaws.com/www.ppma.org.uk/files/documents/jul_12/FENT_134368396_7_DEVELOPING_A_NEW_EMPLOYMENT_DE.pdf

relating to what's working and what's not working) and propose ideas. It would also give the leadership a direct understanding of how successfully and quickly change is being implemented.

- 4.26 Promoting this culture change will yield obvious benefits for the organisation by empowering staff. However, the Council should also seek to develop the 'outward facing' strand of its change agenda alongside changes to the business and culture of the Council, so that it can fulfil the ambition to coproduce services with residents. The Council should increase engagement and involvement with partners and the community, so they can understand the pressures and help shape and deliver the 'Swansea Story' and be part of the Council's change agenda.

5. Delivery

5.1 The Review Team were aware that the Cabinet has set out its intention to focus on delivering outcomes for the residents of Swansea, keeping it at the forefront of everything the organisation does. Indeed, there was a palpable enthusiasm and optimism among the political leadership that they were going to deliver. While there was a realisation that the Council's capacity to deliver is more constrained than ever before, the Review Team acknowledged there are good reasons to be positive. Specifically, the organisation is well-regarded within the sector and the quality of service provision is generally good, there is evident talent among both Cabinet and senior management and there appears to be a healthy relationship between members and officers.

Focus

5.2 The Review Team recognised the Council's ambition to deliver on multiple agendas and its high profile commitments on issues such as poverty. However, based on analysis of key documents and feedback from many members and officers, the team considered there to be too many priorities, making it difficult to focus on the top issues that matter most. The Review Team noted different priorities within the One Swansea Plan, Corporate Improvement Plan, Sustainable Swansea and the 'policy commitments', among others, but it was difficult to see how these documents and associated priorities related to one another. Essentially, the Review Team felt that the Council was at risk of overwhelming itself with priorities and initiatives and needed to create more coherence and focus in on a more manageable agenda.

5.3 However, the leadership were broadly clear that there are five top priorities (to be set out in the forthcoming Corporate Plan, in draft at the time of the review) which should take precedence and provide overall coherence. They are:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities

However, this top five did not seem to be widely known and the inter-relationships between the various strategies, plans and priorities did not appear to be well understood.

5.4 Fundamentally, it appeared that an overall narrative or Swansea story, setting out a clear vision of the future, was missing. The Review Team emphasised the central importance of establishing this vision and rationalising priorities to support its deliver, but recognised the forthcoming Corporate Plan might achieve this.

- 5.5 Once the Council has established a clear vision and supporting priorities which are well-understood across the organisation, it will be better able to align resources and priorities. This means concentrating finance and change activity on the most important issues and big pay-off items, rather than spending time on a greater number of initiatives, some of which will inevitably yield fewer benefits. As previously outlined, this could be manifest through a more priority-based approach to budgeting, resulting in a reduced reliance on departmental targets which risk reinforcing silo-thinking.
- 5.6 In this way, clarity over priorities can help reorient activity and thinking away from service silos and promote the whole-Council working that the leadership wish to promote. Rather than refocus resources away from the day job, staff are encouraged to link their day job to the delivery of those priorities. This is then supported by continual reinforcement from the leadership and commitment of resources.
- 5.7 Furthermore, a clear narrative and increased focus on a small number of top priorities will create a shared understanding of what success would look like and enable monitoring and scrutiny to give particular attention to progress in these areas.
- 5.8 There was also a suggestion from a small number of those spoken to that the Council can appear to be preoccupied with external judgements and requirements. However, the Council should feel confident that if members and officers hold on to their commitment to improving things for the residents of Swansea and doing what they think will deliver the best outcomes, audit and inspection requirements will be met as a result.
- 5.9 Linked to the above points, there is a need to develop a clearer picture of how activity is actually making a difference. Some members, in particular, felt there were too many targets which were impeding delivery and there should be more focus on outcomes. The Council is developing outcomes-based performance management, which should help show the impact activity is having. However, the Council should be mindful of not over-engineering this and adding further measures and data collection requirements which don't add value.

Recommendation 14: The Council should;

- 14.1 Articulate a narrative, building consensus among Cabinet and Executive Board
- 14.2 Engage wider members, staff and partners in developing that narrative
- 14.3 Rationalise priorities to ensure a focus on the most important things, which will help deliver the vision
- 14.4 Encourage and support everyone in the organisation to adapt their role to deliver the priorities
- 14.5 Manage and monitor the priorities effectively, systematically involving members (i.e. ensuring a focus in regular Cabinet Member/ Director meetings). (*See also point 3.3*)

14.6 Ensure that the priorities underpin all of the Council's activity, aligning change and financial planning to deliver the priorities.

City and County leadership

- 5.10 While members and officers evidently want to achieve the best for Swansea and the people who live there, the Review Team, along with some members, officers and partners, felt the Council could be even more ambitious. They felt there was scope to further enhance the Council's role as both a city and community leader.
- 5.11 Expanding the Council's city leadership would involve developing a stronger national presence for Swansea in Wales and the UK. One way of developing this could be building stronger links with Cardiff, recognising areas of mutual gain and exploiting opportunities to advance shared interests. An area of shared interest, for example, is the electrification of the Great Western mainline.
- 5.12 The Review Team sensed the pride that members and officers had in Swansea and recognised its strengths and the achievements of the organisation. On that basis, the Council should do more to promote the good work they are doing- both to Welsh and UK governments, local government and to partners in the public and private sector. This is more than just good communication and public relations. It is about the management of Swansea's image and reputation and harnessing the support of everyone to help drive the city and county forward. Positive opportunities will come from having a strong reputation locally and nationally.
- 5.13 The Council is showing leadership in tackling poverty and strengthening the local economy. The team felt it essential that these two areas were seen in combination. They suggested the Council should ensure there is a coordinated approach to sector development, job creation, job search and skill development which enables local people to benefit from growth.
- 5.14 Within the city, developing the city centre appeared as a prominent issue. One external organisation even described it as 'the biggest local issue'. The Review Team heard a number of proposals for the future of the city centre, which could be transformative- such as the relocation of the civic offices or the development of new student accommodation. The leadership should consider what kind of city centre they want to see and how it will relate to the 'out of town' offer. They should agree key actions and engage partners- such as the university, local businesses and public sector partners in planning and delivery.

Recommendation 15: Build positive relationships with key city and regional stakeholders- including business and the universities- to get everybody on board

with the Swansea story and engage them in the delivery of priorities, particularly relating to regeneration and jobs growth.

Recommendation 16: Investing and improving the city centre is rightly a key priority. At the same time, the Council must ensure this is not done, or seen to be done, at the expense of improvements and core services to the outer areas in such a way as to alienate communities who may not benefit directly.

Community leadership

5.15 Given the recommendation above, it will be vital to balance leadership of the city and county with leadership within all local communities. The Council must be mindful that they do not create the impression that they are developing an external focus to the detriment of local residents and communities.

5.16 The Review Team suggested this could be helped by a series of measures including empowering local councillors to respond to local priorities by devolving budgets across the county. This could be allocated on the basis of need or priority, for example using deprivation and population. This is done in Nottingham City Council, where each local councillor is allocated a small budget to support their role as 'Champion of place'. Further funds are allocated based on the Index of Multiple Deprivation and the ward population. This budget allows councillors to allocate funds that support ward initiatives and projects put forward by the community such as family fun days, community BBQs, play equipment and park benches.

Recommendation 17: The Council should balance leadership of city and county, which could be done through practical measures such as:

- Ensuring new housing investment is used to regenerate communities
- Using local infrastructure to provide job search and opportunities for skills and jobs within the community
- Developing a programme to upgrade district centres
- Empowering local councillors by devolving budgets across the City and County
- Co-locating/ jointly delivering services within communities, to maximise resources across departments and organisations and to maintain a presence within communities.

Regeneration and commercialism

5.17 More broadly, interviews and discussions on how the Council could deliver improved economic outcomes focused heavily on job growth and the Council becoming more commercial. The Review Team felt there was more opportunity to refine and prioritise the sectors Swansea should focus on, attracting and then ensuring via job clubs and tailored training provision and other measures that local people are well placed to secure the new employment that is created. This was thought to be particularly important given the city's historical reliance on public sector employment and the 'vacuum' created by recent Department for Work and Pensions job losses.

- 5.18 The Review Team felt there were a number of commercial opportunities the Council could exploit to help meet the budget and promote city growth. At the time of the review a commercial manager had very recently been appointed and the Council were already considering a number of ways of achieving this.
- 5.19 Many councils are looking at how they develop a commercial mind-set across the organisation, rather than only focusing on those services most typically associated with trading. This centres on encouraging and supporting staff to identify and implement commercial opportunities in their areas.

CASE STUDY: Nottingham City Council's Commercialism Programme

Nottingham City Council has developed a Commercialism Programme which recognises that all services can be more commercial in the way they work. A clear vision and definition of commercialism has been developed, agreed and communicated to colleagues, which is '... the process of considering everything we do as a Council in a more business-like way. This ranges from trading services as a commercial business to taking a more business-like approach to processes and budget planning'. Colleagues understand that taking a more commercial approach will 'protect services and jobs', which has provided a catalyst for positive engagement with the Programme.

The Council has taken a comprehensive approach to staff engagement, identifying commercial strengths and areas for development across the organisation. This has allowed them to develop a range of tools, tailored to needs in different areas. They include; communication from senior managers, provision of self-service tools, a training programme, commercialism support service roadshows, commercialism clinics, an intranet site, induction training for new colleagues, presentations at team meetings, mentoring, coaching and opportunities for managers and colleagues to express barriers to commercialism. In particular, colleague to colleague support has inspired and enabled other individuals to apply the principles of commercialism and this has been a cornerstone of the engagement strategy.

- 5.20 The Review Team felt the Council had opportunities to think about how they use their assets smartly, delivering the best rate of return over the longer term. They also felt there may be opportunities to look at existing arrangements, such as exploring the possibility of renegotiating the terms of the Liberty Stadium contract so the Council can derive financial benefit.

CASE STUDY: Sheffield City Council: Polishing the family silver

Sheffield has been exploring the idea that rather than conducting 'fire sales' of spare assets, councils may be better off using them to generate sustainable income and improve run-down areas – delivering on key outcomes for the city. It's about not simply 'selling off the family silver' but polishing it up and using it in a more productive way.

Sheffield decided to turn these under-used assets into drivers for local economic growth – selling where necessary to create the capital for reinvestment in the right places, and along the way creating employment opportunities for local people. Another benefit is that the project has freed up land for new housing projects (21 hectares for private and affordable housing use).

The Council has been working with other public sector agencies in the area to ensure that everyone can benefit from the asset improvement approach. A joint asset board, chaired by Sheffield’s Chief Executive, has been set up as a platform where each organisation can work together to maximise the potential of joint and independently owned assets.

Nalin Seneviratne, Director of Capital and Major Projects at Sheffield City Council, explains: “Where the Sheffield approach differs from others is the attention given to asset enhancement – enhancing the value of the original assets and their saleability. Then, rather than using the enhanced receipts generated to plug short-term gaps in spending, we are using the funding in conjunction with private sector leverage to create a revolving Sheffield Investment Fund for investment in local infrastructure and economic growth projects.”

Recommendation 18: The Council should invest in building a more commercial skills set and capability among staff and develop tools and training which help them identify opportunities across the organisation. (See Nottingham’s Commercialism Toolkit, for example)

Recommendation 19: The Council should develop its trading arm, looking for opportunities in building management, vehicle maintenance, landscaping, solar energy and district heating and be aware of the market and what it takes to be competitive- in terms of cost and quality.

Recommendation 20: The Council should maximise its use of resources by considering how reserves and the property portfolio could be used to provide a rate of return over the long term. For example, create a trading account in property services to recycle revenue earning capital receipts. The Council should review the capital programme, being flexible in how the deficit is reduced and considering the balance between sales, borrowing and use of own cash flow.

Annex 1: List of recommendations

Recommendation 1: Develop more formalised briefing of Cabinet members, which would include regular meetings with senior managers who have responsibility within their portfolio, with notes of the meeting and action points to ensure members' priorities and decisions are followed through. The emphasis should be on proactively engaging members in decisions, rather than briefing them too late into the process.

Recommendation 2: If the Cabinet Advisory Committees are to be effective, their responsibilities and relationship to existing arrangements needs to be clarified and set out clearly in the Constitution so that all members and officers understand their respective roles.

Recommendation 3: The Council should consider how scrutiny could be closely oriented towards the Council's top priorities by, for example, establishing inquiries shaped around them. This would help develop scrutiny's improvement role as well as ensuring activity and resources have maximum impact.

Recommendation 4: The Council could consider reducing the time that Cabinet has to respond to scrutiny recommendations (currently 3 months).

Recommendation 5: The LSB could develop a small number of priorities, based on defined operational problems, which partners commit resources to and tackle on a task and finish or rolling basis.

Recommendation 6: The Council should communicate the role, purpose and activities of the LSB to members. Moreover, the Council should look for opportunities to involve members in the work of the LSB, including projects which may be taking place in their ward or local engagement and consultation.

Recommendation 7: The Council should aim to create space where staff can come together to solve shared problems ie. the session to consider horses being kept on council-owned land- and staff outside senior management should be empowered with the authority to bring officers together, rather than relying on or waiting for senior managers to convene a meeting or workshop. Frontline staff in particular should be more actively involved in the Innovation Programme and in developing savings proposals. Middle managers and their team managers should be encouraged to seek ideas from within their teams so that staff feel they have an opportunity to propose new ideas either informally or at team meetings.

Recommendation 8: The Council should look for more thematic transformation and savings opportunities such as, for example shared administration, which is currently being taken forward in the People directorate, but could be expanded across the whole organisation.

Recommendation 9: The Council should seek to better align finance with priorities and change, and in so doing move away from departmental savings targets to a more priority-based approach to financial planning.

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Recommendation 13: Senior managers should be encouraged to get out into the organisation, meet and listen to staff. Regular formal or informal staff visits would create an opportunity for staff to communicate their experiences (particularly relating to what's working and what's not working) and propose ideas. It would also give the leadership a direct understanding of how successfully and quickly change is being implemented.

Recommendation 14: The Council should;

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- 14.5 Manage and monitor the priorities effectively, systematically involving members (ie. ensuring a focus in regular Cabinet Member/ Director meetings)
- 14.6 Ensure that the priorities underpin all of the Council's activity, aligning change and financial planning to deliver the priorities.

Recommendation 15: Build positive relationships with key city and regional stakeholders- including business and the universities- to get everybody on board with the Swansea story and engage them in the delivery of priorities, particularly relating to regeneration and jobs growth.

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- Ensuring new housing investment is used to regenerate communities
- Using local infrastructure to provide job search, skills development and jobs within the community
- Developing a programme to upgrading district centres
- Empowering local councillors by devolving budgets across the City and County
- Co-locating/ jointly delivering services within communities, to maximise resources across departments and organisations and to maintain a presence within communities.

Recommendation 18: The Council should invest in building a more commercial skills set and capability among staff and develop tools and training which help them identify opportunities across the organisation. (See Nottingham's Commercialism Toolkit, for example)

Recommendation 19: The Council should develop its trading arm, looking for opportunities in building management, vehicle maintenance, landscaping, solar energy and district heating. Be aware of the market and what it takes to be competitive- in terms of cost and quality.

Recommendation 20: The Council should maximise its use of resources by considering how reserves and the property portfolio could be used to provide a rate of return over the long term. For example, create a trading account in property services to recycle revenue earning capital receipts. Review the capital programme; be flexible in how the deficit is reduced and consider the balance between sales, borrowing and use of own cash flow.

Annex 2: Full case studies

Barrow Borough Council: Empowering staff

<http://www.local.gov.uk/documents/10180/11643/Barrow+Borough+Council+Empowering+staff.pdf/e3fb9ed9-93b1-4fd1-9029-4c248641c29f>

Nottingham City Council: Commercialism Programme

<http://www.local.gov.uk/documents/6281932/6282225/Nottingham+MJ+Awards+Submission+-+Commercialism.pdf/868bc9b4-efde-443e-a744-2e82ef84ecf3>

Sheffield City Council: Polishing the family silver

<http://www.local.gov.uk/documents/10180/11643/Sheffield+City+Council+Polishing+the+family+silver.pdf/abe05cb0-9726-4477-bb14-405eb9fc9b86>

Staffordshire Fire and Rescue Service: Change management

<http://www.local.gov.uk/documents/10180/11643/Staffordshire+Fire+and+Rescue+Service+Change+management.pdf/3d8cfaf7-83b8-43e9-b575-f73897c3b8e5>

CITY AND COUNTY OF SWANSEA

WLGA PEER REVIEW ACTION PLAN

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-------------------|---|------------------------------|--|------------------|---|---|
| Governance | <p>Undertake a “whole system” review of how we make decisions, to include:</p> <ul style="list-style-type: none"> • Member decision making: including Cabinet Member delegation, briefings, role of CACs and impact of scrutiny • Officer decision making, including the requirement to consult • Legal, EIA, audit, HR etc considerations • Programme management, including boards | Head of Legal & Dem Services | <p>February-April 2015</p> <p>Report to Council AGM May 2015</p> | Recs 1, 2, 3 & 4 | <p>The whole point of this aspect of the review was to move us to a more agile, business like and quicker approach to governance both at Member and Officer level</p> <p>There are many aspects of our processes that reinforce an old, risk adverse approach. We will need to agree a set of principles that underpin our future decision making processes</p> <p>This review will pick up a wide range of specific actions, as well as current actions to clarify roles and responsibilities. Further work is likely to pick up wider aspects of corporate governance</p> | <p>Scope of the Governance Review has been agreed and work has started</p> <p>Recommendations are likely to be phased, with the first phase focusing on underpinning principles of decision making and constitutional changes</p> |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|----------------------|---|--|---|-------------------------|--|--|
| | <p>“Reinvent” the Local Service Board or a “city partnership” with:</p> <ul style="list-style-type: none"> • A smaller number of delivery focused priorities • A more radical approach to joint working and pooling of staff and resources • Greater engagement of Members in local projects | <p>Chief Executive Head of Comms & Customer Engagement</p> | <p>Discussion paper on role of the LSB March 2015 Revised SSP Summer 2015</p> | <p>Recs 5 & 6</p> | <p>The Single Swansea Plan (SSP) already has agreed priorities but we do need to refocus efforts on delivery. The SSP is currently being reviewed</p> <p>The opportunities around community budgets are significant, but will be subject to a willingness by all partners to give up some sovereignty and to work differently to achieve better outcomes</p> | <p>A paper on options has been discussed by the Executive Board</p> <p>The proposal is to focus on 2/3 top priorities where partnership working is key to success eg: families in need</p> <p>Soundings will take place with LSB members</p> <p>Proposals will be brought to Members in the Summer</p> <p>Links have been made to the Governance review to recognise the role of the LSB</p> |
| <p>Change</p> | <p>Agree the “Swansea Story” and narrative that will underpin everything we do and ensure this is communicated through</p> | <p>Chief Executive Directors</p> | <p>Adopt Swansea Story April 2015 Future</p> | <p>Recs 10 & 11</p> | <p>The concept of a Swansea Story was already begun discussed in the Council.</p> <p>We will link engagement on this to the “Future Council” thinking</p> | <p>The Swansea Story has been drafted</p> <p>A programme of employee workshops, led by</p> |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-------|--|----------------------------------|--|-----------------|--|---|
| | visible leadership | | Council engagement April-June 2015 | | and the “from/to” work with staff and Members Leadership Team needs to be visible across the organisation and to “walk the talk” Member visibility and engagement with staff will also be discussed | HoS and senior managers is being developed in early Summer to talk about this and the Future Council work |
| | Build relevant actions into the Innovation Programme, including increasing employee empowerment, problem solving and learning and ensure delivery across all Service Areas through the performance review process | Head of HR/OD Leadership Team | Revised Innovation Programme April 2015 Director/HoS contribution agreed from April 2015 Swansea Manager and Development Programme delivered during 2015 | Recs 7, 12 & 13 | Building in actions to the Innovation Programme will both consolidate this as central to what we need to do and ensure many more people are actively engaged in making it happen – the sum of the parts needs to be greater than the whole This is linked to visible and open leadership. The changes to the role of Leadership Team and the need to address the role and expectations of senior managers (the “Swansea Manager”) are high priorities Specific personal contributions will be built into individual appraisals and we will monitor how innovation is being | Swansea Manager and Development Programme agreed by Leadership Team Review underway of the impact so far of the innovation Programme Targets for promoting innovation will be built into HoS/senior manager targets from April 2015 Action Plans being developed following the Employee Opinion survey |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-----------------|--|---|---|------------|---|---|
| | | | | | delivered across each Service Area | |
| | Develop a priority based approach to financial planning and delivery of whole Council change and savings, as part of <i>Sustainable Swansea</i> and the Medium Term Financial Plan | Director of Corporate Services Head of Finance & Delivery | Proposals to Cabinet June 2015 Mid Term Budget Statement October 2015 | Recs 8 & 9 | A more strategic approach to budgeting was signalled as part of our Mid-term Budget Statement We plan, through the Medium Term Financial process, to develop the links between what we spend and the outcomes and public value that we create | The MTFP now sets out medium term targets and policy statements for each Service block. Project has started on “smart budgeting” and how we map outcomes to money |
| Delivery | Develop the <i>Sustainable Swansea</i> delivery programme to include the contribution of all Service Areas, whether top down or bottom up ideas for change and savings and prioritise our efforts Develop a clear narrative for how we will deliver change by “Working Together, Working Differently”, linked to | Director of Corporate Services Head of Information & Business Change | Revised Delivery Programme to Cabinet May 2015 Change Plan to Executive Board March 2015 | Rec 14 | More work is required to ensure we have a strategic and whole Council approach to major change. This is essential to deliver <i>Sustainable Swansea</i> . Work had already commenced on this last Autumn through the additional proposals put forward as part of the budget process but further work is required to embed this. As part of the review of the Delivery Programme we will aim to strengthen the alignment | The Programme Delivery Team are revising the detailed plans with Sponsors and Strand Leads. A revised Delivery Programme will be produced to deliver the MTFP targets A Change Plan “Working Together Working Differently” has been produced. This covers |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-------|---|--------------------------------|--|----------|--|---|
| | cultural change | | | | <p>between Sustainable Swansea and other major change across the Council</p> <p>A change plan is required to address both cultural issues and delivery of our corporate priorities and <i>Sustainable Swansea</i>.</p> <p>We will also review the role of senior managers in delivery and more radical options around redefining the role of third/fourth tier managers as general managers with corporate responsibilities (linked to the “Swansea Manager” work)</p> | <p>leadership, culture, people, systems, process and communications</p> <p>Work on the “Swansea Manager” role and expectations has started</p> |
| | Complete the corporate/common support service reviews to ensure we act as one Council in areas such as policy, performance project management, communications etc | Director of Corporate Services | Undertake remaining reviews March-September 2015 | Rec 14 | <p>A key message from much of the feedback was the need to act as one Council and to harness our skills, knowledge and resources to collective priorities.</p> <p>We have already agreed changes in how we deliver administrative support across the Council. Other functions will now be reviewed using the</p> | <p>Admin Support changes are being implemented and will continue to be monitored during 2015</p> <p>Executive Board have agreed a programme for the outstanding work, which forms part of</p> |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-------|--|--|--|--------------|--|--|
| | | | | | same approach This will feed into the Commissioning Review of business support | the Support Services Delivery Strand of <i>Sustainable Swansea</i> |
| | Engage partners in the Swansea Story and the delivery of <i>Sustainable Swansea</i> , building in collaboration opportunities to each Strand | Chief Executive Head of Comms & Customer Engagement | Present to LSB May 2015 | Rec 15 | The Swansea Story will need to be presented to the LSB to get a shared view of the future vision and priorities We have held a number of partnership meetings to explain what <i>Sustainable Swansea</i> is, but we now need to develop the specifics, being pragmatic about who we work with and on what | Swansea Story has been drafted and will be subject to wider engagement |
| | Delivery of our community leadership and local area management objectives, including city centre and neighbourhood regeneration | Director of Place Director of People Head of Comms & Customer Engagement | Review of current plans March-June 2015 Agree Branding Cabinet Awayday February/ March 2015 Agree Ward Budgets | Recs 16 & 17 | The City Centre is one of the top 5 priorities and is being progressed We need to agree (learning from what has worked elsewhere) the detail about our local area management approach and how this covers, community leadership, area offices, joint delivery teams, local budgets etc. And then implement the changes. | Significant progress has been made on the City Centre redevelopment plans. Developer procurement is underway. Work is taking place to review the Council's brand and this will be linked into the Swansea Story |

| THEME | ACTION | LEAD | KEY MILESTONES | WLGA REF | COMMENTS | PROGRESS TO DATE |
|-------|---|--|---|------------------|---|---|
| | | | Scheme April 2015 | | The promotion of the Swansea "brand" at a local level must not be lost. | Plans are being developed to increase support for local Members in their ward role, including increased budgets and better integration of front line operational services |
| | Develop a commercial culture across the Council and maximise opportunities to generate income from trading, assets and local businesses | Director of Corporate Services Strategic Commercial Manager | Commercial Council paper April 2015 Revised income/savings targets May 2015 (as part of <i>Sustainable Swansea</i> delivery plan) | Recs 18, 19 & 20 | This is one of the objectives of <i>Sustainable Swansea</i> and will be a particular priority in 2015, linked to the wider aim of cultural change. The MTFP includes additional income and savings targets from The Commercial Panel and Service Income Leads are already in place and a number of ideas are being generated for trading and raising income from a more business-like approach etc We will research good practice from elsewhere | Savings/income targets have been built into the Sustainable Swansea Delivery Programme and are under review Discussion paper on the Commercial Organisation has been produced for Executive Board Visit to Nottingham has taken place and further contact has been made |

Report of the Cabinet Member for Transformation and Performance

Cabinet – 14 April 2015

APPOINTMENT OF TEMPORARY ASSISTANT CORONER

| | |
|------------------------------------|--|
| Purpose: | To appoint a temporary Assistant Coroner |
| Policy Framework: | None |
| Reason for Decision: | To comply with a statutory requirement |
| Consultation: | None |
| Recommendation(s): | It is recommended that: 1) Caroline Sumeray be appointed as an Assistant Coroner for a fixed period of 12 months from the 26 th March 2015 |
| Report Author: | Patrick Arran |
| Finance Officer: | Mike Hawes |
| Legal Officer: | As above |
| Access to Services Officer: | Not applicable |

1. Background

The Council has statutory duties in relation to the Coroner Service as provided for by the Coroner and Justice Act 2009.

2. The interim Senior Coroner is Mr Colin Phillips who was appointed on the 31st of May 2014 when the previous Coroner, Mr Philip Rogers resigned. There is normally a duty to appoint a Senior Coroner within three months, but due to further potential mergers of coroner areas the Chief Coroner has indicated that he wishes to meet representatives from a number of authorities to discuss options. No meeting has been arranged to date and therefore the interim arrangement will continue until a final decision is made, but there are no indications as to timescales at this point in time.

3. **The Issue**

Mr Phillips inherited a substantial backlog of historic cases which the Chief Coroner has asked him to conclude at the earliest opportunity. The normal requirement is that cases are concluded within 26 weeks and Mr Phillips has the task of not only dealing with the backlog, but also dealing with business as usual.

4. The backlog includes both Swansea and Neath Port Talbot cases. Swansea is the relevant authority for the Swansea and Neath Port Talbot Coroner Area and therefore responsible for attending to all formalities, which include appointments and providing the Senior Coroner with staff and accommodation.
5. Mr Phillips has two Assistant Coroners and has asked the Coroner for Pembrokeshire and Carmarthenshire to assist, but has indicated that he needs further assistance to deal with the backlog. The Senior Coroner has made enquiries and has identified that the Senior Coroner (Part Time) for the Isle of Wight, Ms Caroline Sumeray, is available to sit to deal with backlog cases and has sought permission for her appointment in this Coroner Area. Schedule 3 of the 2009 Act requires the authority to formally appoint an Assistant Coroner.
6. The Head of Legal, Democratic Services and Procurement can confirm that all other statutory formalities have been complied with in that the appointment has been agreed by the Chief Coroner and the Lord Chancellor.

7. **Financial Implications**

There are no specific financial implications related to this decision because this is a statutory formality. However, Cabinet will need to be aware that the authority must pay for any time spent by an Assistant Coroner. The agreed daily rate for an Assistant is £400.

- 7.1 There will be no cost to historic cases dealt with by the Senior Coroner as he is paid a salary.
- 7.2 Swansea and Neath Port Talbot will be responsible for paying an Assistant Coroner who deals with a historic case based on the place of death - which is the normal arrangement.

8. Legal Implications

There are no additional legal implications to those set out in the body of the report.

9. Equalities Implications

There are no equality implications arising from this report and no Equality Impact Assessment is necessary.

Background Papers: None.

Appendices: None.

Agenda Item 15.

Report of the Head of Legal, Democratic Services & Procurement

Cabinet – 14 April 2015

EXCLUSION OF THE PUBLIC

| | | |
|-----------------------------|--|--|
| Purpose: | To consider whether the Public should be excluded from the following items of business. | |
| Policy Framework: | None. | |
| Reason for Decision: | To comply with legislation. | |
| Consultation: | Legal. | |
| Recommendation(s): | It is recommended that: | |
| 1) | The public be excluded from the meeting during consideration of the following item(s) of business on the grounds that it / they involve(s) the likely disclosure of exempt information as set out in the Paragraphs listed below of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 subject to the Public Interest Test (where appropriate) being applied. | |
| | Item No. | Relevant Paragraphs in Schedule 12A |
| | 16a | 14 |
| | | |
| Report Author: | Democratic Services | |
| Finance Officer: | Not Applicable | |
| Legal Officer: | Patrick Arran – Head of Legal, Democratic Services and Procurement (Monitoring Officer) | |

1. Introduction

- 1.1 Section 100A (4) of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007, allows a Principal Council to pass a resolution excluding the public from a meeting during an item of business.
- 1.2 Such a resolution is dependant on whether it is likely, in view of the nature of the business to be transacted or the nature of the proceedings that if members of the public were present during that item there would be disclosure to them of exempt information, as defined in section 100I of the Local Government Act 1972.

2. Exclusion of the Public / Public Interest Test

- 2.1 In order to comply with the above mentioned legislation, Cabinet will be requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendation(s) to the report on the grounds that it / they involve(s) the likely disclosure of exempt information as

set out in the Exclusion Paragraphs of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

- 2.2 Information which falls within paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended is exempt information if and so long as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 2.3 The specific Exclusion Paragraphs and the Public Interest Tests to be applied are listed in **Appendix A**.
- 2.4 Where paragraph 16 of the Schedule 12A applies there is no public interest test. Councillors are able to consider whether they wish to waive their legal privilege in the information, however, given that this may place the Council in a position of risk, it is not something that should be done as a matter of routine.

3. Financial Implications

- 3.1 There are no financial implications associated with this report.

4. Legal Implications

- 4.1 The legislative provisions are set out in the report.
- 4.2 Councillors must consider with regard to each item of business set out in paragraph 2 of this report the following matters:
 - 4.2.1 Whether in relation to that item of business the information is capable of being exempt information, because it falls into one of the paragraphs set out in Schedule 12A of the Local Government Act 1972 as amended and reproduced in Appendix A to this report.
 - 4.2.2 If the information does fall within one or more of paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended, the public interest test as set out in paragraph 2.2 of this report.
 - 4.2.3 If the information falls within paragraph 16 of Schedule 12A of the Local Government Act 1972 in considering whether to exclude the public members are not required to apply the public interest test but must consider whether they wish to waive their privilege in relation to that item for any reason.

Background Papers: None.

Appendices: Appendix A – Public Interest Test.

Public Interest Test

| No. | Relevant Paragraphs in Schedule 12A |
|-----------|--|
| 12 | Information relating to a particular individual. |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 12 should apply. His view on the public interest test was that to make this information public would disclose personal data relating to an individual in contravention of the principles of the Data Protection Act. Because of this and since there did not appear to be an overwhelming public interest in requiring the disclosure of personal data he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |
| 13 | Information which is likely to reveal the identity of an individual. |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 13 should apply. His view on the public interest test was that the individual involved was entitled to privacy and that there was no overriding public interest which required the disclosure of the individual's identity. On that basis he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |
| 14 | Information relating to the financial or business affairs of any particular person (including the authority holding that information). |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 14 should apply. His view on the public interest test was that:</p> <ul style="list-style-type: none"> a) Whilst he was mindful of the need to ensure the transparency and accountability of public authority for decisions taken by them in relation to the spending of public money, the right of a third party to the privacy of their financial / business affairs outweighed the need for that information to be made public; or b) Disclosure of the information would give an unfair advantage to tenderers for commercial contracts. <p>This information is not affected by any other statutory provision which requires the information to be publicly registered.</p> <p>On that basis he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |
| | |

| No. | Relevant Paragraphs in Schedule 12A |
|-----|--|
| 15 | <p>Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.</p> |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 15 should apply. His view on the public interest test was that whilst he is mindful of the need to ensure that transparency and accountability of public authority for decisions taken by them he was satisfied that in this case disclosure of the information would prejudice the discussion in relation to labour relations to the disadvantage of the authority and inhabitants of its area. On that basis he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |
| 16 | <p>Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.</p> |
| | <p>No public interest test.</p> |
| 17 | <p>Information which reveals that the authority proposes: (a) To give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) To make an order or direction under any enactment.</p> |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 17 should apply. His view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by the public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |
| 18 | <p>Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime</p> |
| | <p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 18 should apply. His view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis he felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p> |

Agenda Item 16.a

By virtue of paragraph(s) 14 of Schedule 12A
of the Local Government Act 1972
as amended by the Local Government (Access to
Information) (Variation) (Wales) Order 2007.

Document is Restricted

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