

INTERNAL AUDIT REPORT

FROM: Audit and Risk Manager
TO: Head of Housing
C.C. Chief Executive
Deputy Chief Executive
Landlord Services Manager
Independent Living Manager
Head of Finance
Portfolio Holder (Cllr Matecki)

SUBJECT: Independent Living
DATE: 31 March 2022

1 Introduction

- 1.1 In accordance with the Audit Plan for 2021/22, an examination of the above subject area has recently been completed by Jemma Butler, Internal Auditor, and this report presents the findings and conclusions for information and, where appropriate, action.
- 1.2 Wherever possible, findings have been discussed with the staff involved in the procedures examined and their views are incorporated, where appropriate, into the report. My thanks are extended to all concerned for the help and cooperation received during the audit.

2 Background

- 2.1 Previously this was an audit of Housing Related Support Services. However, due to changes within the services provided and a staffing restructure, the audit was changed to Independent Living as it was felt that this captured the support provided more accurately.
- 2.2. The Independent Living (IL) team help people within the district to live independently by providing support in a number of ways. The support helps them to remain in their own homes or within sheltered schemes. Activities are facilitated which improve residents' mental and social wellbeing. The team can help to establish those customers that require further support for managing their finances. There is also a provision of assistance for those people who need help finding a home when they are ready to leave hospital, with the aim of having customers in settled homes with the correct support and from the beginning of their tenancy.
- 2.3 As well as the above, the IL team operate the out-of-hours call-answering function for the Council and monitor the housing CCTV for the landlord function.

3 Objectives of the Audit and Coverage of Risks

- 3.1 The audit was undertaken to test the management and financial controls in place. This was achieved through a 'risk-based audit' approach whereby key risks are identified and then processes are assessed to provide assurance that

the risks are being managed effectively. This approach has been in place by WDC Internal Audit since only the start of this financial year following an external review of the function.

3.2 In terms of scope, the audit covered the following risks:

- No funding for the switch over from analogue to digital equipment.
- Legislation for CCTV not followed.
- Equipment not suitable so the system doesn't work.
- Poor service resulting in customers unable to stay in their own home.
- No assistance for people who need help finding a home when they leave hospital.
- Calls not answered in a timely manner.
- Targets and measures not met as set out in Service Area Plan.
- Lack of resources due to difficulties with recruitment and retention.

3.3 Potential risks were also identified in the Significant Business Risk Register, the departmental risk register, and discussion between the Internal Auditor and the Business Manager.

3.4 These risks, if realised, would be detrimental to the Council with regards to meeting the following corporate objectives, as set out in the Fit for the Future Strategy:

- Housing needs met, with a focus on customer needs.

4 Findings

4.1 Recommendations from Previous Reports

4.1.1 The current position in respect of the recommendations from the audit reported in March 2018 was also reviewed. The current position is as follows:

Recommendation		Management Response	Current Status
1	Budget forecasts should take into account the increase in income, which should also be reflected in the annual budget setting process.	This will be discussed with the Assistant Accountant as it is believed this was due to two cost centres being merged (7430 and 7440) and the budget may not, therefore, have been set correctly after the merger.	This issue has been resolved and there was no concern raised during the audit. It should be noted that there is a new finance system in place so the older merged budget codes are no longer relevant.
2	The performance monitoring and reporting process should be fully developed to include:	Performance is monitored on a day-to-day basis by the service managers with relevant KPIs reviewed by the Housing Services	There is no change to report, KPIs are frequently monitored and reviewed. The lifeline service is also audited by an external

Recommendation		Management Response	Current Status
	<ul style="list-style-type: none"> • Relevant and useful Key Performance Indicators (KPIs). • A regular reporting requirement. • Relevant and useful information reported accurately and promptly to the correct officers. <p>Action plans to improve performance.</p>	management team on a quarterly basis.	provider on a regular basis.

4.2 Financial Risk

4.2.1 No funding for the switch over from analogue to digital equipment.

Funding for the Independent Living Services is obtained through various methods. For sheltered housing the funding is included within the rent payment, with the amount reviewed annually to check it is still relevant. The hospital discharge role is funded between WDC and Warwickshire County Council. Lifeline customers are billed on a weekly basis. The fees for Lifeline covers the cost of the equipment and the support provided by the service. The fees charged are reviewed annually and approved at Committee.

The funding for the switchover to digital has recently been secured within the HEART budgets. The ongoing costs of the switchover to digital have been considered and incorporated into the fees charged for lifeline services. If WCC decide not to fund the costs for the switchover across the County other methods will be explored.

4.3 Legal and Regulatory Risks

4.3.1 Legislation for CCTV not followed.

When there are updates to the legislation or guidance regarding CCTV either the CCTV & Emergencies Team Leader (CETL) or Baydale (Safety Systems Contractor) communicate the changes with the Independent Living Manager. All changes or revised information is circulated via email to the relevant IL staff. There is no policy in place for CCTV within the housing service area, legislation and guidance from the CETL are used and followed. Only a limited number of IL staff have the access required to use the equipment.

Requests for footage are administered and managed by the CCTV control room, managed by the CETL. The exception to this is where the request is from

Landlord Services in which case they are managed directly by the IL team. There is a Service Level Agreement (SLA) in place for the provision and management of CCTV which is due to be reviewed.

4.4 Reputational Risks

4.4.1 Equipment not suitable so the system doesn't work.

There is a list in use which details the equipment each customer has and whether it is digital or analogue. There is also a spreadsheet in place which details clients who have temporary equipment. Customers with redundant equipment have been written to asking them to return it; the most recent letters were issued on the 23rd March 2022. Customers who want to move to digital have been provided with guidance but this is more general rather than specifically for lifeline equipment. The funding for the switchover to digital has recently been secured within the HEART budgets. This means the IL team can begin to plan the project for progressing the changes needed to move all Lifeline analogue equipment to digital.

There is an equipment training folder for staff enabling them to use the lifeline equipment to its full potential. Customers are provided with welcome packs that include installation guides and paperwork covering the various systems. With the training and guidance provided this should ensure that suitable equipment is correctly issued and installed to customers allowing the system to work as it should.

4.4.2 Poor service resulting in customers unable to stay in their own home.

Staff receive training on a regular basis to ensure they are providing the support required and that they are following current procedures. There is a training procedure in place which was last updated in December 2021. There is also a training folder within the shared drive holding copies of all of the relevant training procedures which are updated as needed. The most recently updated procedure is the Fire Alarm Activation procedure which was updated on the 18th March 2022. Other items within the folder includes guidance for different aspects of the team such as how to handle calls and queries and dealing with new customers.

Training with staff in the IL team is carried out ad-hoc as needed, for new starters or as and when there is revised procedures or Council policies. The procedures reviewed are in line with the objectives of the service area and the Council's strategic plans. The training provided by the IL team is in addition to the generic training provided to all Council staff members.

Performance is monitored in line with the KPIs set in the Service Area Plan as well as through appraisals. Job descriptions confirm the expectation for good customer service as well as training and development support. They also detail that the tasks for each role are to be carried out within a timely and accurate manner.

Emergency planning procedures are in place that help to ensure that the services can still operate. These include using a different site for disaster

recovery and an alternative phone service provider. This means that in the event of a local disaster a level of service can still be maintained for the customers.

4.4.3 **No assistance for people who need help finding a home when they leave hospital.**

The Housing Link Worker (HLW) works directly with the discharge co-ordinator, therapy and social care and support teams to prevent discharge delays. The HLW works proactively with HEART, housing options and Lifeline to facilitate timely discharge from hospital and collate the discharge information. They also have links with local A&E departments, raising the awareness of the Hospital Discharge service. They also liaise with departments in the local authority to problem solve issues which may prevent discharge or provision of care.

There are a number of processes and procedures in place that the HLW follows to ensure that housing referrals and funding are in place to support people when they leave hospital.

Most referrals are identified through discharge meetings held at the hospitals with the HLW. This proactive approach identifies the needs in advance allowing the appropriate accommodation to be in place ready for the patients discharge. There is a flow chart showing the steps to be taken when managing a referral, the steps are clear and detailed and differ depending on the urgency of the referral.

4.5 **Health and Safety**

4.5.1 **Calls not answered in a timely manner.**

A sample of call data was provided for the audit. The data shows the number of calls received, the time the calls come in, the length of the calls and the time taken to answer them. This set of data allows management to ensure the busiest times have enough staff on rota and that the calls are being answered within a reasonable time. One of the measures included in the Service Area Plan is to monitor the number of calls answered within 30 seconds. The data collected allows this information to be reviewed as needed.

The call data reports are actioned on a monthly basis allowing the data to be discussed with the team members on their 1-2-1's. The target set by Telecare Services Authority (External audit and accreditation provider) is to answer 97.5% of calls within 60 seconds. A sample of call data provided for the audit shows that the majority of calls are answered within 60 seconds, with the average being 96.3% which is slightly below target. The IL team receive an average of 550 calls per days with the busiest period being 8-9am. In addition to the calls there are also door buzzer calls that the team respond to. The sample provided showed that between the 3rd March and 4th April 2022 841 calls were answered within 30 seconds.

There are call-handling answer sheets which provide a script to follow to ensure the right help is provided when needed. The script takes the call-handler through a number of types of calls, including calls triggered by the lifeline unit.

4.6 Other Risks

4.6.1 Targets and measures not met as set out in Service Area Plan.

The Service Area Plan in place lists measures relevant to the Independent Living Service. These are to increase the number of Lifeline customers and there are targets for call-answering times. The Service Area Plan is reviewed and updated on a quarterly basis allowing the opportunity to reflect on the targets and make changes where needed which could increase the chances of the team meeting those targets. The Landlord Services Manager works with the Independent Living Manager to set targets within the Service Area Plan and they are agreed by the department management team.

The objectives are clearly outlined in the job descriptions for the various team members. Staff with supervisory roles have responsibility for reviewing the performance of the staff and providing feedback in 1-2-1's.

Since November 2021 the team have been using a call-logging system which has a reporting function allowing them to review the statistics of the calls received. Not only does this help to check they are meeting call targets but it also shows the busiest times so the service can be staffed appropriately.

4.6.2 Lack of resources due to difficulties with recruitment and retention.

Eight job descriptions from within the Independent Living Team were reviewed. None of them highlighted any of the additional benefits of working for WDC, such as: the holiday allowance, pension scheme, health scheme and staff discounts. Upon appointment as a member of staff these benefits are available to view on the intranet but could be used as part of the recruitment process to promote the advantages of working for the Council.

Advisory

Consideration should be given to revising the job details to include the benefits of working for WDC.

The organisational structure of the team has clear lines of reporting and the staff are well balanced across the areas within Independent Living. With a number of response officers either covering nights or day shifts. There are currently a number of vacancies within the team although they are not being advertised at present. When most recently advertised - in January 2022 - the feedback from the public was that the pay was poor. When benchmarking the pay grade against similar roles or sectors, such as an Emergency Service Control Staff or Careline worker at Birmingham City Council, the pay offered at WDC was found to be lower and therefore, on the face of it, less attractive.

The services provided by the Independent Living Team are available 24 hours a day and the staff are required to work unsociable hours and manage potentially distressing situations. The Independent Living Team also provide out-of-hours services for WDC, Warwickshire County Council and North Warwickshire Borough Council.

The seemingly uncompetitive pay offered may result in staff new to the sector using the role as a steppingstone which in turn will create a high turnover of staff as well as reducing morale in the longer-term existing staff. The feedback on social media posts regarding pay levels could also be demotivating for existing staff. With the tasks and responsibilities carried out by the Independent Living team the stability of staff is important. Customers rely heavily on excellent customer service and quick response times; this can only be maintained with a fully staffed team and motivated staff members.

Advisory

Consideration should be given to undertaking a review of grades with a view to bringing it in line with similar roles in other Councils or sectors should the review confirm that it is significantly out of kilter.

5 Conclusions

5.1 Following our review, in overall terms we are able to give a SUBSTANTIAL degree of assurance that the systems and controls in place in respect of Independent Living are appropriate and are working effectively to help mitigate and control the identified risks.

5.2 The assurance bands are shown below:

Level of Assurance	Definition
Substantial Assurance	There is a sound system of control in place and compliance with the key controls.
Moderate Assurance	Whilst the system of control is broadly satisfactory, some controls are weak or non-existent and there is non-compliance with several controls.
Limited Assurance	The system of control is generally weak and there is non-compliance with controls that do exist.

5.3 No recommendations were found to be necessary although some advisory comments have been noted.

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