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Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

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Gwasanaethau Gweithredol a Phartneriaethol / Operational and Partnership Services

Deialu uniongyrchol / Direct line /: (01656) 643148
Gofynnwch am / Ask for: Mark Galvin

Ein cyf / Our ref:
Eich cyf / Your ref:

Dyddiad/Date: Wednesday, 19 July 2017

Dear Councillor,

CABINET

A meeting of the Cabinet will be held in the Committee Rooms 1/2/3, Civic Offices Angel Street Bridgend CF31 4WB on **Tuesday, 25 July 2017 at 2.30 pm.**

AGENDA

1. Apologies for Absence
To receive apologies for absence from Members.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from 1 September 2008.
3. Approval of Minutes 5 - 12
To receive for approval the Minutes of the meeting of the Cabinet of 27 June 2017.
4. Budget Monitoring 2017-18 - Quarter 1 Forecast 13 - 38
To provide Cabinet with an update on the Council's financial position as at 30th June 2017.
5. Medium Term Financial Strategy 2018-19 to 2021-22 39 - 44
To update Cabinet on the development of the Medium Term Financial Strategy 2018-19 to 2021-22.
6. Care and Social Services Inspectorate Wales Inspection of Children's Services 45 - 96
To present to Cabinet the Care and Social Services Inspectorate Wales Inspection of Children's Services Report and related Action Plan and request that that Cabinet endorse the action plan and arrangements for monitoring the actions.
7. Partnership Agreement (S33) for Western Bay Programme Infrastructure 97 - 106
To endorse the principles of the Partnership Agreement (S33) for Western Bay Programme Infrastructure; Authorise the Corporate Director of Social Services and Wellbeing to arrange for the execution of the final version of the Partnership Agreement on behalf of the Council in consultation with the Corporate Director Operational and Partnership Services and the Section 151 Officer; authorise the Corporate Director of Social Services and Wellbeing, in

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consultation with the Corporate Director, Operational and Partnership Services and the Section 151 Officer, to make any future minor changes to the executed Partnership Agreement.

8. Children with Disabilities Transformation Programme 107 - 134
To provide Cabinet with an update of the work undertaken since Cabinet granted approval to implement a new model for specialist 52-week provision for children and young people with complex needs, and to request approval of the Statement of Purpose that has been developed for the new provision
9. Community Asset Transfer 135 - 144
To seek approval for changes to the Authority's Community Asset Transfer policy to ensure that Priority 1 asset transfers can be progressed efficiently and effectively until such time as a comprehensive sports pavilion and playing fields strategy is developed which will be presented to the Cabinet for consideration in due course.
10. Rural Development Programme - Sustainable Management Scheme 145 - 148
To seek Cabinet approval for the submission of a full application to the Rural Development Plan for Wales Sustainable Management Scheme and, if successful, to accept the resulting funding offer and enter into appropriate agreements.
11. Provision For Pupils With Additional Learning Needs - Establishing a Learning Resource Centre For Pupils With Autistic Spectrum Disorders at Ysgol Gyfun Gymraeg Llangynwyd 149 - 188
To seek Cabinet's approval to consult formally with the parents, staff and governing body of Ysgol Gyfun Gymraeg Llangynwyd and other interested parties on the proposal to establish a learning resource centre for pupils with autistic spectrum disorders at Ysgol Gyfun Gymraeg Llangynwyd.
12. School Modernisation Programme: Proposed Regulated Alteration in the form of Permanent Enlargement to Coychurch Primary School 189 - 192
To seek approval from Cabinet to consult on the proposal to make a regulated alteration to Coychurch Primary School in the form of an enlargement with effect from 1 January 2018.
13. School Modernisation Programme: Pencoed Primary School - Modification of School Opening Date from 1 April 2018 to 5 September 2018 193 - 196
To request Cabinet approval to modify the decision in respect of the opening date of the replacement Pencoed Primary School from 1 April 2018 to 5 September 2018.
14. Appointment of Local Authority Governors 197 - 200
To seek approval from Cabinet for the appointment of local authority governors to the school governing bodies listed in the report.
15. Corporate Health and Safety Policy Review 201 - 216
To gain approval from Cabinet for the amended Corporate Health and Safety (H&S) Policy at Appendix A to the report.
16. Local Government (Miscellaneous Provisions) Act Section 65 Power To Fix Fares For Hackney Carriages Applications To Vary The Hackney Carriage Fares Tariff 217 - 242
To consider three proposals to vary the current Bridgend County Borough hackney carriage table of fares. Proposals have been received by Mr James Borland and Mr Richard Parrott, Mr Tom Burke, and Mr Dario Nelson.
17. Information Reports for Noting 243 - 282

To inform Cabinet of the Information Reports for noting which have been published since its last scheduled meeting.

18. Urgent Items

To consider any items of business that by reason of special circumstances the chairperson is of the opinion should be considered at the meeting as a matter of urgency in accordance with paragraph 2.4 (e) of the Cabinet Procedure Rules within the Constitution.

19. Exclusion of the Public

The minutes and reports relating to the following items are not for publication as they contain exempt information as defined in Paragraphs 14,15 and 16 of Part 4 and Paragraph 21 of Part 5, Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

If following the application of the public interest test Cabinet resolves pursuant to the Act to consider these items in private, the public will be excluded from the meeting during such consideration.

20.	<u>Approval of Exempt Minutes</u>	283 - 286
	To receive for approval the exempt minutes of the meeting of Cabinet of 27 June 2017.	
21.	<u>Porthcawl Maritime Centre Proposal - Land at Cosy Corner</u>	287 - 342
22.	<u>Remodelling Older Persons Accommodation and Extra Care Housing</u>	343 - 350
23.	<u>Provision of Banking Services</u>	351 - 356
24.	<u>Extension of Mobile Telephony Contract</u>	357 - 360
25.	<u>Commissioning and Award of Contracts in Respect of the Supporting People Programme</u>	361 - 366

Yours faithfully

P A Jolley

Corporate Director Operational and Partnership Services

Councillors:

HJ David
CE Smith

Councillors

PJ White
HM Williams

Councillors

D Patel
RE Young

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CABINET - TUESDAY, 27 JUNE 2017

MINUTES OF A MEETING OF THE CABINET HELD IN COMMITTEE ROOMS 1/2/3, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON TUESDAY, 27 JUNE 2017 AT 2.30 PM

Present

Councillor HJ David – Chairperson

HM Williams

D Patel

RE Young

Apologies for Absence

CE Smith and PJ White

Officers:

Julie Ellams	Democratic Services Officer - Committees
Darren Mephram	Chief Executive
Mark Shephard	Corporate Director - Communities
Andrew Jolley	Corporate Director Operational & Partnership Services
Deborah Exton	Group Manager - Finance
Lindsay Harvey	Corporate Director Education and Family Support
Laura Kinsey	Head of Children's Social Care

13. DECLARATIONS OF INTEREST

None

14. APPROVAL OF MINUTES

RESOLVED: That the minutes of the meeting of Cabinet of 30 May 2017 be approved as a true and accurate record.

15. FINANCIAL PERFORMANCE 2016-17

The Group Manager-Financial Planning and Budget Management presented a report updating Cabinet on the Council's financial performance for the year ended 31st March 2017. A revised appendix 1 to the report was tabled at the meeting which showed the complete tables.

She informed Cabinet that on 10th March 2016, Council approved a net revenue budget of £254.891 million for 2016-17, along with a capital programme for the year of £43.553 million, which was updated in May 2017 to £18.356 million. She reported that the overall outturn at 31st March 2017 was an under spend of £356,000 which had been transferred to the Council Fund, in line with Principle 8 of the MTFS. After including in-year draw down of reserves, directorate budgets provided a net under spend of £2.279 million and council wide budgets a net under spend of £9.612 million. These were offset by the requirement to provide earmarked reserves for a range of new future risks and expenditure commitments.

The Group Manager-Financial Planning and Budget Management reported that the under spend on Directorate net budgets for the year was a result of a number of factors including the maximisation of grant and other income, strict vacancy management and general efficiencies. In addition, directorates drew down £7.751 million in-year from approved earmarked reserves to meet specific one-off pressures identified in previous years, including funding for transformation projects through the Change Fund, funding

for capital projects, draw down of school balances, funding for demolition work and service specific one-off pressures.

She explained that the under spend masked underlying budget pressures in some service budgets which were reported during the year and still persisted. The main financial pressures were in the service areas of Looked After Children and Adult Social Care. These budget areas could be volatile and small changes in demand could result in relatively high costs being incurred. As patterns of provision changed within Directorates, service budgets were reviewed and re-aligned accordingly.

The Group Manager-Financial Planning and Budget Management explained that a report was presented to Cabinet on 5th July 2016 on Financial Performance 2015-16. In the report it was highlighted that, of the £11.225 million budget reduction proposals for 2015-16, £2.692 million were not met in full, with a shortfall in the financial year of £1.909 million. The report stated that these proposals would continue to be monitored alongside current year proposals, with mitigating action to achieve them to be identified. The budget approved for 2016-17 included savings proposals of £7.477 million. £2.385 million of these proposals were not realised in full in 2016-17, but the expenditure associated with them had been offset by vacancy management, and other savings elsewhere within the budget. Appendix 2 of the report identified those budget reductions not achieved in full, and shows that of the £2.385 million of proposals not fully achieved, £540,000 was realised in 2016-17, leaving a shortfall of £1.845 million. As such there was still a recurrent pressure on 2017-18 budgets which would need to be addressed by implementing the proposals in Appendix 2 of the report, or identifying and delivering alternatives.

The Group Manager-Financial Planning and Budget Management explained that a summary of the financial position for each main service area was attached to the report and commented on the most significant variances, along with total draw down on earmarked reserves.

The Council was required to maintain adequate financial reserves to meet the needs of the organisation. The MTFS included the Council's Reserves and Balances Protocol which set out how the Council would determine and review the level of its Council Fund balance and Earmarked Reserves. During 2016-17, Directorates drew down funding from specific earmarked reserves and these were reported to Cabinet through the Monitoring Reports. The draw down was £4.095 million from Corporate Reserves, £2.368 million from Directorate Reserves and £1.288 million in respect of a net movement on school balances.

The Deputy Leader commented that he was pleased that the budget was generally on target and that it had been well explained.

The Leader commended officers on the report and said that an overall underspend had been achieved and this was important with austerity likely to continue. There was no likelihood of the reductions in central government funding to councils coming to an end so stronger reserves were required to prepare for even greater uncertainty in the future.

RESOLVED: That Cabinet noted the revenue and capital outturn position for 2016-17.

16. NON DOMESTIC RATES: DISCRETIONARY RELIEF: HIGH STREET RATES RELIEF SCHEME 2017-18

The Chief Executive presented a report for Cabinet to adopt the Welsh Government's High Street Rates Relief Scheme for 2017-18.

Welsh Government had announced that a High Street Rates Relief Scheme would be available for 2017-18 to support businesses within the retail sector in Wales. The relief would be in conjunction with Small Business Rates Relief and Transitional Relief. The various categories of retail premises that would benefit from the relief were detailed in the report but broadly included those with a rateable value of £50,000 or less; were occupied and wholly or mainly used as shops, restaurants, cafes and drinking establishments. In addition premises had to be located in a high street setting or similar and retail properties situated in out of town developments or industrial estates were precluded.

If adopted the scheme would be administered by the Council but Welsh Government would reimburse local authorities for the relief that was provided.

The Welsh Government would provide relief of up to £500 (Tier 1) and £1500 (Tier 2) for qualifying occupied properties with a rateable value of up to £50,000 in the financial year 2017-18. It was estimated that up to 449 ratepayers across the Borough could potentially benefit from reduced rates under this scheme.

If adopted, application forms would be issued to all qualifying business properties and it was proposed that authority be delegated to the Revenues manager to make decisions on valid applications which met the terms of the Scheme.

The Deputy Leader added that this was a good news report and that he was happy to work with Welsh Government to support businesses in the town centre. The Chief Executive confirmed that other towns were included in the scheme but industrial estates were excluded. The scheme did not apply to unoccupied shops.

The Leader commented that he was pleased to see that public houses and a number of other struggling businesses were included and that he was sure the scheme would be welcomed by the business sector.

The Cabinet Member for Communities supported the proposal and added that the scheme could be enough to encourage struggling businesses to continue in business.

RESOLVED: That Cabinet:

- 1) Adopted the Non Domestic Rates High Street Rates Relief Scheme as detailed at Appendix A of the report;
- 2) Delegated authority to the Revenues Manager to make decisions on valid applications received which met all the terms of the Scheme.

17. BRIDGEND PARKING PILOT

The Corporate Director Communities presented a report seeking approval for a pilot scheme to support town centre parking in Bridgend.

Welsh Government had made available £3 million to support free parking pilots to local authorities in Wales during the financial year 2017-18 with an allocation to Bridgend of £131,000.

The proposal for the limited funding was to allow a concession of the “first two hours free” at the new Rhiw car park with effect from summer 2017 until March 2018. The promotion was proposed to be targeted at the Rhiw car park because of its proximity to town centre traders, a low number of users to date due to the disruption of building work

and the “pay on foot” parking system which would lend itself to making the changes necessary for the pilot period.

As part of the pilot, amendments would have to be made to the payment machines and signage within the Rhiw Car Park, the associated cost of these works would be in the order of £700.

The Cabinet Member for Communities reaffirmed that funding was limited to one period from summer 2017 until March 2018. It was anticipated that the scheme would start in August 2017 and cover the Christmas period.

The Cabinet Member for Wellbeing and Future Generations questioned the thinking behind a two hour free period and not one or three hours. The Corporate Director Communities explained that this period had been agreed following consultation with the Bridgend Business Improvement District and took into account the pattern of car parking in the area. The Rhiw car park had modern technology which could be used to monitor the position and allowed data to be assessed and analysed.

The Leader reported that Bridgend was the only town with an improvement district. If this scheme was successful then Bridgend Business Improvement District and Bridgend Town Council could consider if they wanted to extend the scheme beyond the March 2018. It was a positive step and he would like to see the scheme encouraged and promoted elsewhere.

The Deputy Leader asked if £131,000 was enough to cover the costs of the scheme. The Corporate Director Communities explained that there was a degree of estimation and it depended on migration from other car parks but it should be affordable.

RESOLVED: That Cabinet approved the use of funding to pilot a concession scheme at the new Rhiw Car Park as outlined in the report.

18. CIVIL PARKING MOBILE ENFORCEMENT VEHICLE

The Corporate Director Communities presented a report seeking approval from Cabinet for the procurement of a mobile enforcement vehicle and to recommend to Council a revision to the Capital Programme for 2016-17 to 2026-27 to include a budget of £68,000 for the purchase of the Civil Parking mobile enforcement vehicle.

On 1st April 2013 BCBC was given the powers to undertake civil parking enforcement under the legislative powers of the Traffic Management Act 2004, to deliver effective parking enforcement. Certain areas such as outside schools were particularly difficult to enforce by officers on foot because their physical presence deterred motorists from contravening regulations when they were in the area but not when they left. Road safety outside schools was vitally important and concerns had been expressed by schools, parents and local members representing the community.

The report included proposals for the introduction of mobile CCTV enforcement of parking restrictions to compliment the current foot patrols carried out by the Civil Enforcement Officers. The vehicle would not be covert and would be clearly signed as a mobile enforcement unit.

To minimise disruption to the existing enforcement and appeals service, two additional officers would be required to implement the service, one to operate the vehicle and review data and one to deal with the back office side of the system.

Set up costs would be covered by an earmarked reserve created for the Civil Parking Enforcement service arising from underspends. It was estimated that set up costs would be circa £68,000 for the vehicle and enforcement system supply and set up. Ongoing costs would be financed through income generated from the additional PCNs issued as a result of the introduction of the vehicle.

The Deputy Leader added that road safety outside schools was vitally important and concerns had been expressed by schools, parents and local members representing their communities.

The Cabinet Member for Communities explained that there was a serious problem at Brynteg Comprehensive where a number of initiatives to encourage sensible parking had been largely ignored. This proposal was welcomed for the welfare and safety of children.

The Cabinet Member for Wellbeing and Future Generations supported the proposal to improve safety around schools and asked if the vehicle would concentrate on hot spots or a rota system around different schools. She also requested the cost over a three year period. The Corporate Director Communities explained that apart from the one off cost of £68,000 to purchase equipment, the scheme would be self-funding as detailed in the report. There would be no strict rota and the vehicle would be used depending on resources and priority.

The Leader commented that it was intended that mobile enforcement would also have an impact on unauthorised parking in bus stops, inconsiderate parking on yellow lines, abuse of zig-zags and loading bays. However the primary reason for the vehicle was to improve road safety and make the areas around schools safer.

RESOLVED

That Cabinet:

- 1) Approved the purchase of a mobile enforcement vehicle and camera, and associated software/hardware to allow the CPE service to enforce parking restrictions.
- 2) Noted the employment of two additional support staff within the CPE team – one additional CEO to operate the vehicle and review the data plus one officer to manage increased appeals that would be generated by the increased PCN levels.
- 3) Agreed that a report be submitted to Council for approval to amend the capital programme to include a budget of £68,000 to fund the purchase of the Civil Parking mobile enforcement vehicle, to be met from earmarked reserves.

19. CHILDCARE SUFFICIENCY ASSESSMENT

The Interim Corporate Director - Education and Family Support presented a report seeking Cabinet approval of the Childcare Sufficiency Assessment gap analysis and action plan.

The gap analysis summarised the results of the full CSA and identified where there were gaps in provision across the county borough. This allowed the Child Care Team to form an action plan in response to the identified gaps and supported targeted work in relation to Welsh Government's Childcare Offer.

BCBC was meeting its statutory duty of providing sufficient childcare to working families however some additional gaps had been identified in the gap analysis. An action plan had been developed from the information collated in the CSA.

The Childcare Team had a core budget, a proportion of which was allocated to grants in order to support new developments to meet the gaps identified and to sustain provision already established to meet statutory duties.

The Cabinet Member for Communities referred to the resources/challenges identified in the action plan, "The reluctance of staff to continually train may need to be nurtured and supported for professional development" and asked how this was being tackled. The Interim Corporate Director - Education and Family Support explained that appropriate training would be provided such as accessing continuing professional development opportunities provided by other delivery partners to ensure value for money.

RESOLVED: That Cabinet approved the Childcare Sufficiency Assessment gap analysis and action plan for submission to Welsh Government.

20. REVIEWED CODE OF CORPORATE GOVERNANCE

The Corporate Director, Operational and Partnership Services, presented to Cabinet the Council's reviewed Code of Corporate Governance and its Governance Framework for approval and adoption.

A working group had been established to review and update the Council's Code of Corporate Governance and to create the Council's Annual Governance Statement for 2016-17 to meet statutory and regulatory requirements. A one –page framework had also been created to be included in the Annual Governance Statement to be included within the Statement of Accounts 2016-17 and reported to Audit Committee by the 30 June 2017.

The Deputy Leader commented that this was an informative document and he encouraged all to read it. The Leader added that the document contained values that we should all share.

RESOLVED: Cabinet considered and adopted the reviewed Code of Corporate Governance and the Framework.

21. PUBLIC SAFETY PROTECTION ORDERS

The Corporate Director, Operational and Partnership Services, presented a report seeking Cabinet approval to consult with the police, Police and Crime Commissioner and other relevant bodies on the creation of Public Space Protection Order's (PSPO's) and asking Cabinet to note the conversion of the current Designated Places Protections Orders and Gating Orders into PSPO's on the 14th October.

The Anti-Social Behaviour, Crime and Policing Act 2014 made provision about anti-social behaviour, crime and disorder and the tools for responsible bodies and authorities. A Cabinet report dated 15th March 2016 set out the powers in more detail. The power to make a PSPO remained a Cabinet power and decision.

There were currently five Designated Public Places Orders in Bridgend which established alcohol control areas to deal with nuisance and disorder associated with the consumption of alcohol. There was one Gating Order and a second gating order had recently been revoked. There were no current dog control orders.

On 14th October 2017 the current orders would migrate to become PSPO's automatically. They would be valid for 3 years and then if still needed would be renewed every 3 years thereafter. It was proposed to review all current DPPO's and Gating Orders and new areas to establish what appropriate PSPO's could be made to best prevent anti-social behaviour.

Before the council made, extended or varied a PSPO, it had to carry out the necessary consultation. A statutory consultation would commence on 24 July 2017 and continue for 12 weeks.

The Consultation would seek views on the creation of PSPO's to:

- Replace the Designated Public Place Orders in Caerau, Pencoed, Porthcawl and Maesteg as described in 4.5 with identical terms (at the point in time the consultation will conclude these DPPO's will have automatically have converted into PSPO's as explained above at 4.9)
- Extend the area covered by the existing Designated Public Place Order in Bridgend as described in 4.5 to include Coity Road, up to the entrance to the Princess of Wales Hospital (at the point in time the consultation will conclude this DPPO will have automatically have converted into a PSPO as explained above at 4.9)
- Replace the Gating Order outlined in 4.6 above with identical terms (at the point in time the consultation will conclude this Gating Order will have automatically have converted into a PSPO as explained above at 4.9)
- Control access to Elder Lane at the rear of Adare Street and Caroline, Bridgend.

At the conclusion of the consultation a further Cabinet Report would be prepared to outline the conclusions and recommendations for what, if any PSPO's should be made.

The Leader reaffirmed the process that there would be a consultation on the creation of the above PSPO's and a further Cabinet Report including evidence based recommendations. This had been identified as a largely successful way of tackling anti-social behaviour

- RESOLVED:
- 1) That Cabinet approve the commencement of formal consultation as outlined above to establish whether PSPO's should be created and if so on what terms.
 - 2) That Cabinet note that on the 14th October the existing DPPO's and Gating Order will convert under the Act into PSPO's on the existing terms.

22. INFORMATION REPORTS FOR NOTING

The Corporate Director Operational and Partnership Services presented a report, the purpose of which was to inform Cabinet of the Information Reports which had been published since the last meeting.

The Leader suggested that action plans be prepared to address any areas not identified as good or excellent, in the Estyn Inspection Outcomes reports.

- RESOLVED:
- 1) That Cabinet acknowledged the publication of the documents listed in the report:-

<u>Title</u>	<u>Date Published</u>
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Estyn Inspection Outcomes for the 21 June 2017
Bridge Alternative Provision PRU

Estyn Inspection Outcomes for 21 June 2017
Nottage Primary School

2) That action plans be prepared to address any areas not identified as good or excellent, in the Estyn Inspection Outcomes reports.

23. URGENT ITEMS

There were no urgent items.

24. EXCLUSION OF THE PUBLIC

RESOLVED: That under Section 100A (4) of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007, the public be excluded from the meeting during consideration of the following items of business as they contain exempt information as defined in Paragraphs 14, 16 and 18 of Part 4 and Paragraph 21 of Part 5 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

Following the application of the public interest test in consideration of this item, it was resolved that pursuant to the Act referred to above, to consider it in private, with the public being excluded from the meeting as it would involve the disclosure of exempt information of the nature as stated above.

25. APPROVAL OF EXEMPT MINUTES

26. SHORT TERM CONTRACTS IN RESPECT OF FIRE ALARM MAINTENANCE, PORTABLE APPLIANCE TESTING AND INTRUDER ALARM MAINTENANCE AND MONITORING

27. CONTRACT AWARD REPORT FOR THE PROCUREMENT OF A LONG TERM REGIONAL FOOD WASTE TREATMENT SOLUTION

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE HEAD OF FINANCE

BUDGET MONITORING 2017-18 – QUARTER 1 FORECAST

1.0 Purpose of this report

- 1.1 The purpose of this report is to provide Cabinet with an update on the Council's financial position as at 30th June 2017.

2.0 Connections to Corporate Improvement Objectives and Other Corporate Priorities

- 2.1 The budget monitoring report provides an overview of the current financial position and projected outturn for the year against the budget approved by Council in March 2017. The allocation of budget determines the extent to which the Council's corporate improvement priorities can be delivered.

3.0 Background

- 3.1 On 1st March 2017, Council approved a net revenue budget of £258.093 million for 2017-18, along with a capital programme for the year of £63.854 million, which has since been updated to £67.579 million taking into account new approvals. As part of the Performance Management Framework, budget projections are reviewed regularly and reported to Cabinet on a quarterly basis. The delivery of agreed budget reductions is also kept under review and reported to Cabinet as part of this process.

4.0 Current Situation

4.1 Summary financial position at 30th June 2017.

- 4.1.1 The Council's net revenue budget and projected outturn for 2017-18 is shown in Table 1 below.

Table 1- Comparison of budget against projected outturn at 30th June 2017

Directorate/Budget Area	Original Budget 2017-18 £'000	Revised Budget 2017-18 £'000	Projected Outturn 2017-18 £'000	Projected Over / (Under) Spend Qtr 1 2017-18 £'000
Directorate				
Education & Family Support	108,448	108,452	108,284	(168)
Social Services & Wellbeing	64,683	64,762	66,768	2,006
Communities	23,858	23,791	23,866	75
Operational & Partnership Services	15,249	15,249	13,935	(1,314)
Chief Executives and Finance	3,886	3,886	3,579	(307)
Total Directorate Budgets	216,124	216,140	216,432	292
Council Wide Budgets				
Capital Financing	10,184	10,184	10,184	0
Levies	7,020	6,940	6,956	16
Apprenticeship Levy	700	700	602	(98)
Council Tax Reduction Scheme	14,254	14,254	13,768	(486)
Insurance Premiums	1,559	1,559	1,559	0
Building Maintenance	900	900	900	0
Pension Related Costs	1,258	1,258	432	(826)
Other Council Wide Budgets	6,094	6,158	6,051	(107)
Total Council Wide Budgets	41,969	41,953	40,452	(1,501)
Total	258,093	258,093	256,884	(1,209)

4.1.2 The overall projected position at 30th June 2017 is a net under spend of £1.209 million, comprising £292,000 net over spend on directorates and £1.501 million net under spend on corporate budgets. A detailed analysis of the more significant projected under and over spends is set out in section 4.3.

4.1.3 There have been a number of virements between budgets since the Medium Term Financial Strategy (MTFS) was approved by Council in March 2017. These include:

- Transfers of small amounts of corporately held funding to directorates in respect of the implementation of Welsh Language Standards.
- Transfer of corporately held funding for National Living Wage and Sleep-ins to the Social Services and Wellbeing directorate.
- Inflationary increases in respect of contractual arrangements, which had not been agreed at the time the MTFS was approved.
- Transfer of £68,000 MTFS budget pressure in respect of the Environment and Sustainable Development Grant from the Communities directorate budget to corporate budgets, following receipt of actual allocation for the financial year. The budget pressure had been allocated based on an estimate of likely grant to be received.

- 4.1.4 When the budget for 2017-18 was set, directorates were provided with funding for known pay and price inflation. The remaining provision was retained centrally within corporate budgets, to be allocated as further information was known about specific contractual price increases e.g. for energy. We are currently in the process of gathering information about increased energy prices for 2017-18, and early indications are that the cost could increase by up to 29%. In April 2017 gas prices increased as a result of volatility experienced by wholesale markets over the previous 6 months as prices reacted to factors as diverse as problems with gas storage, surging coal prices and changing weather conditions – cold weather from December to early February increased prices, whilst milder weather thereafter saw prices fall back again. Electricity prices also increased in April 2017 as a result of moving to renewable energy, the impact of changing suppliers and general market increases.
- 4.1.5 The total impact of these factors could be an increase in energy costs of between £750,000 and £1 million. We are working with the National Procurement Service to ascertain the impact on establishments and will amend budgets accordingly during the year.
- 4.1.6 The level of increase is such that there is a risk that there may not be sufficient funding available within corporate budgets for any other major price inflation increases, particularly as inflation rates are gradually increasing (CPI was 2.7% in May 2017 compared to 1.8% in January 2017), so the budget will need to be monitored closely during the remainder of the year.
- 4.1.7 The net budget for the financial year has been set assuming full implementation of the current year budget reduction requirements across the Council's budget, which amount to £5.852 million. Where proposals to meet this requirement have been delayed or are not achievable directorates have been tasked with identifying alternative proposals to meet their requirements such as vacancy management, or bringing forward alternative budget reduction proposals.
- 4.1.8 In March 2017 Council approved the Medium Term Financial Strategy for 2017-18 to 2020-21. This identified the need to develop recurrent budget reduction proposals, based on the most likely scenario, amounting to around £32.8 million over the next four years. Against that background it is essential that expenditure is kept within the overall approved budget and that longer term proposals continue to be developed so that the Council has as much flexibility as possible to meet the challenges which lie ahead.
- 4.1.9 At year end consideration will be given to requests from directors to carry forward any planned directorate under spends for specific purposes into the following year, in line with the Council's Reserves and Balances Protocol, as long as these can be met from within the Council's cash limited budget for 2017-18. This is in line with the reports to Cabinet and Council on the MTFs, and the Council's Financial Procedure Rules. Similarly, consideration will be given to any over spends to determine whether these should be carried forward as a first call on the directorate budget for the following year. Finally, outstanding prudential borrowing will be repaid, where possible, to reduce future capital financing charges. However, a decision will not be made until towards the end of the financial year when the overall outturn position is more definite.

4.2 Monitoring of Budget Reduction Proposals

Budget Reductions 2016-17

4.2.1 A report was presented to Cabinet on 27th June 2017 on Financial Performance 2016-17. In the report it was highlighted that, of the £7.477 million budget reduction proposals for 2016-17, £2.385 million were not met in full, with a shortfall in the financial year of £1.845 million. The report stated that these proposals would continue to be monitored alongside current year proposals, with mitigating action to achieve them to be identified. A summary of the latest position is attached as Appendix 1, which shows that while positive progress has been made, there remains an ongoing projected shortfall of £755,000 in 2017-18 against these specific proposals. This comprises the following budget reduction proposals set out in Table 2 below:

Table 2 – Monitoring of Budget Reductions 2016-17

Ref	Budget Reduction Proposal	Target Saving £000	Current Shortfall £000
RES40	Change Out of Hours Service provided by Built Environment	22	22
ASC19	Develop a Delivery Model for the Bridgend Resource Centre	108	100
CH25	Reduction in Safeguarding LAC numbers and related reduction in costs	357	357
ASC6	Management, Admin and Training Implement measures to achieve 7% and 5% across the 2 years	76	26
ASC23	Changes in Workforce	100	100
CH22	Remodelling of Children's Respite and Residential Care	200	150
Total		863	755

4.2.2 As outlined in the MTFs reports to Cabinet and Council, MTFs Principle 12 states that *“Resources are allocated to deliver the Bridgend Change Programme based on clear strategic plans that are kept under review by Corporate Directors to maintain alignment with the MTFs and a MTFs Budget Reduction Contingency will be maintained”*. A Budget Reduction Contingency was established in 2016-17 and used to partly mitigate shortfalls on a number of budget reduction proposals. This reserve was increased at the end of 2016-17 to provide capacity to support shortfalls on budget reduction proposals in 2017-18.

4.2.3 Directorates are seeking to identify mitigating actions to meet the balance of the 2016-17 budget reduction shortfalls in this financial year. In the longer term, these proposals must be realised or must be met through alternative budget reduction proposals in order to deliver a balanced budget position. These will continue to be closely monitored and draw down from the MTFs Budget Reduction Contingency will be made as part of the overall review of earmarked reserves during quarter 2.

Budget Reductions 2017-18

4.2.4 The budget approved for 2017-18 included budget reduction proposals totalling £5.852 million, which is broken down in Appendix 2 and summarised in Table 3 below. The current position is a projected shortfall on the savings target of £1.770 million, or 30% of the overall reduction target.

Table 3 – Monitoring of Budget Reductions 2017-18

	Total Budget Reductions Required	Total Reductions Likely to be Achieved	Shortfall
DIRECTORATE /BUDGET AREA	£'000	£'000	£'000
Education and Family Support	577	485	92
Schools	869	869	0
Social Services and Wellbeing	2,244	1,029	1,215
Communities	806	452	354
Operational and Partnership Services	535	535	0
Chief Executive	414	305	109
Council Wide Budgets	407	407	0
TOTAL	5,852	4,082	1,770

A comparison of the RAG position against quarter 1 in 2016-17 is provided below:

	2017-18		2016-17	
	£000	%	£000	%
Green	2,388	41%	5,355	72%
Amber	1,973	34%	1,115	15%
Red	1,491	25%	1,007	13%
Total	5,852	100%	7,477	100%

Whilst the overall budget reduction requirement for 2017-18 is less than in 2016-17, the overall value and percentage of reductions classed as RED is higher in 2017-18. In contrast, the number and percentage of reductions classed as GREEN is a lot lower, with fewer budget reduction proposals certain of being achieved. Any non-achievement will have a significant impact on the outturn position.

4.2.5 The most significant budget reduction proposals unlikely to be achieved include:

- EFS25 Collaboration of Education Psychology Service (£75,000);
- ASC17 Managed Service Reductions Residential and Respite Care (£414,000);
- CH25 Reduction in Safeguarding Looked After Children (LAC) numbers (£260,000);
- SSW1 Impact of the Prevention and Wellbeing agenda (£668,000);
- COM18 Reductions to the budget for the Materials Recovery and Energy Centre (MREC) (£200,000);

- o CEX3 To put Council Tax and some aspects of benefits online and to collaborate with others (£150,000)

The Education and Family Support Directorate has provided alternative recurrent budget reduction proposals from within the Inclusion Service to replace EFS25 as it will no longer be achieved. A SWOT analysis was completed and the Central South Consortium decided not to progress any further at this stage. The new proposals include removing vacant posts and reducing the equipment budget.

Appendix 2 identifies the projected amount of saving against these proposals and action to be taken by the directorate to mitigate the shortfall. Directors continue to work with their staff to deliver their proposals or alternatives and this is reflected in the forecast outturn for the year. During the financial year the Head of Finance will also consider applications from directorates to the MTFs Budget Reduction Contingency Reserve to mitigate some of the shortfalls.

4.3 Commentary on the financial position as at 30th June 2017

A summary of the financial position for each main service area is attached as Appendix 3 to this report and comments on the most significant variances are provided below. A further review will be undertaken of the projected outturn at quarter 2 and any draw down from earmarked reserves will be undertaken at that time.

4.3.1 Education and Family Support Directorate

The net budget for the Directorate for 2017-18 is £108.452 million. Current projections indicate an under spend of £168,000 at year end. The main variances are:

EDUCATION & FAMILY SUPPORT DIRECTORATE	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Built Environment	1,078	994	(84)	-7.8%
Emotional Health and Behaviour	1,397	1,350	(47)	-3.4%
Catering Services	718	619	(99)	-13.8%

Schools' Delegated Budgets

The schools' delegated budget is reported as balanced as any under or over spend is automatically carried forward into the new financial year before being considered by the Director of Education and Family Support in line with the 'Guidance on Managing School Surplus Balances'. Total school balances reduced by £1.288 million during 2016-17, down to £866,000, and for 2017-18 currently there are 21 primary schools, 3 secondary schools and 1 special school (48% of all schools) that are projecting a deficit balance at year end. In total the quarter 1 projections indicate an overall deficit balance for school delegated budgets of £1.186 million at year end.

Central Education and Family Support Budgets

Built Environment

- There are two MTFS budget reductions in respect of the Built Environment service which have been put on hold pending the Corporate Landlord Review. These relate to the out of hours service (£22,000 from 2016-17 MTFS) and the service level agreement with schools (£31,000 from 2017-18 MTFS). These proposals will be offset by savings generated from vacancy management within the service until the outcome of the review is known. There is an overall net under spend on the service of £84,000 arising from vacant posts held pending the outcome of the review.

Emotional Health and Behaviour

- The under spend of £47,000 is a combination of staff vacancy management on the Behaviour Support Service and education otherwise.

Catering Services

- The under spend of £99,000 has arisen as a result of higher demand for meals than anticipated when the budget was set. Close monitoring will be required to see if there is any impact on take-up from the increase in school meal prices by 10 pence in September 2017.

4.3.2 **Social Services and Wellbeing Directorate**

The Directorate's net budget for 2017-18 is £64.762 million. Current projections indicate an over spend of £2.006 million at year end prior to any draw down from earmarked reserves. The main variances are:

SOCIAL SERVICES AND WELLBEING DIRECTORATE	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Older People Home Care	8,487	8,253	(234)	-2.8%
Other Services to Older People	(315)	35	350	-111.1%
Assessment & Care Management (adult services)	4,692	4,341	(351)	-7.5%
Learning Disabilities Home Care	5,714	6,005	291	5.1%
Other Services to Adults with Learning Disabilities	(166)	135	301	-181.3%
Mental Health Supported & Other Accommodation	69	161	92	133.3%
Looked After Children (LAC)	10,690	11,578	888	8.3%

Older People Home Care

- There is a projected under spend of £234,000 as a result of staffing vacancies and increased client contributions. The budget will be monitored during the year to determine whether or not this additional income is a permanent increase which could result in realignment of budgets.

Other Services to Older People

- There is a projected over spend of £350,000 across budgets for older people in general as a result of projected non-achievement of MTFS budget reductions in respect of the implementation of the prevention and wellbeing agenda

(£668,000 for 2017-18 across all services). The budget reduction proposal included development of the Community Resource and Reablement services, the increased use of Assistive Technology to enable people to stay independent and the development of a Local Community Co-ordination plan and the Ageing Well Strategy. It was anticipated that these proposals would lead to cost avoidance, lower demand and increased value for money.

Assessment and Care Management

- There is a projected under spend of £351,000 on all assessment and care management budgets, including £225,000 on assessment and care management for people with physical disabilities, arising mainly from staff vacancies, although the directorate is hoping to fill some of these posts during the year.

Learning Disabilities Home Care

- There is a projected over spend of £291,000 as a result of additional staffing costs arising from increased needs of residents and the complex nature of their requirements.

Other Services to Adults with Learning Disabilities

- There is a projected over spend of £301,000 across budgets for people with Learning Disabilities in general as a result of projected non-achievement of MTFS budget reductions relating to the implementation of the prevention and wellbeing agenda (£668,000 for 2017-18 across all services), as referred to earlier. This is in addition to an outstanding MTFS budget reduction of £100,000 from 2016-17 in respect of remodelling day services provision at Bridgend Resource Centre. The directorate is currently in the process of developing plans to meet outstanding budget reductions.

Adult Mental Supported and Other Accommodation

- A projected over spend of £92,000 is likely as a result of lower income than anticipated and non-achievement of the MTFS budget reduction in respect of the development of income streams for specialist Mental Health placements. The service is considering other areas to achieve the budget reductions.

Looked After Children (LAC)

- There is a projected over spend of £888,000 on LAC. MTFS budget reductions have resulted in the budget being reduced by around £1 million over the last three years. The budget reduction for 2017-18 was £260,000.
- The over spend is partly as a result of the implementation of a new model for residential services which has taken some time to establish due to the need for significant research, consultation and options appraisals, and the slower than anticipated safe reduction of looked after children. Project plans for both of these areas are now in place and the required work has gathered momentum, with significant capital work taking place in 2017-18. The plan to place more children into in-house foster placements is now in place but due to the time taken to put arrangements into place, the full saving is not likely to be realised in 2017-18.
- The number of LAC at the end of May was 389, with 11 children currently in out of county residential placements, with some individual placements costing around £220,000 per annum, and 93 in independent fostering placements

(IFAs). There are 9 children in IFAs who will turn 18 this year and therefore slightly reduce the pressure on the budget.

- The budget is closely monitored to ensure that the current over spend is reduced and that the budget for 2017-18 is effectively managed.

4.3.3 **Communities Directorate**

The net budget for the Directorate for 2017-18 is £23.791 million and the current projection is an anticipated over spend of £75,000. The main variances are:

COMMUNITIES DIRECTORATE	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Waste Disposal	4,613	4,813	200	4.3%
Highways Service (DSO)	2,459	2,309	(150)	-6.1%
Fleet Services	(47)	103	150	-319.1%
Car Parking	(376)	(116)	260	-69.1%
Engineering Services	129	(71)	(200)	-155.0%
Streetscene Support	304	224	(80)	-26.3%
Property Staffing	834	634	(200)	-24.0%
Property Commercial Income	(341)	(211)	130	-38.1%

Waste Disposal

- There is a budget reduction target of £200,000 for 2017-18 in respect of the MREC. The procurement exercise with Neath Port Talbot Council to secure a new operator for the facility is still ongoing, therefore the full MTFs saving is currently projected as an over spend. The directorate will not know whether it will receive any funding from the MTFs Budget Reduction Contingency Reserve towards this until later in the financial year.

Highways Services

- There is a projected under spend of £150,000 as a result of extra work with the South East Wales Trunk Road Agency (SWTRA), as a result of additional requirements in respect of trunk road maintenance from the Council. The projected higher level of income will need monitoring during the financial year to ensure it is achieved.

Fleet Services

- There is a projected over spend across the service, in line with 2016-17, due to a downturn in income arising from reduced spend by directorates. The service will look to mitigate this during the financial year.

Car Parking

- There is a projected over spend across the service of £260,000. Part of this is due to the projected non-achievement of the 2017-18 budget reduction target of £50,000 pending a review of car park charges, including staff and members, and part refers to the outstanding budget reduction proposal from 2015-16 in

respect of charging for parking for blue badge holders. The review was deferred pending further information from the Welsh Government on the Town Centre Free Car Parking Pilot Scheme for 2017-18. Until the review of car parking is complete and a decision made on the way forward the service has identified other mitigating actions to meet the shortfall in 2017-18, including additional energy savings from street lighting, and engineers' income. The car parking review has now been commissioned and the outcomes of the review will be taken forward, but it is unlikely that a full year saving will be realised.

Engineering Services

- There is a projected under spend across the service of £200,000 as a result of a projected higher than budgeted level of income. This is due to the balance of work on EU/non EU funded projects compared with previous years and the differing chargeable rates allowed.

Streetscene Support

- There is a projected under spend across the service of £80,000 as a result of staffing vacancies and efficiencies on non-staffing budgets pending future MTFS budget reduction targets.

Property Staffing

- There is a projected under spend across the service of £200,000 as a result of staff vacancies in the service. This service is within the scope of the Corporate Landlord review, so may be impacted by the outcome of that review.

Property Commercial Income

- There is a projected over spend of £130,000 as a result of under occupancy of the Innovation Centre, as a result of difficulties in attracting tenants.

4.3.4 Operational and Partnership Services Directorate

The net budget for the Directorate for 2017-18 is £15.249 million and current projections anticipate an under spend against this budget of £1.314 million. The main variances are:

OPERATIONAL AND PARTNERSHIP SERVICES DIRECTORATE	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Housing Options and Homelessness	882	716	(166)	-18.8%
Community Safety	113	40	(73)	-64.6%
Legal	1,922	1,751	(171)	-8.9%
Customer Services	1,322	1,075	(247)	-18.7%
ICT	3,792	3,414	(378)	-10.0%

Housing Options and Homelessness

- This is mainly as a result of reduced costs on temporary accommodation, but also vacancy savings. A review of budget heads particularly in the use of grant funding is being undertaken, the staffing structure is under review and there is

planned spending on updating facilities for the homeless. Any resultant savings will be put towards the MTFS for next year.

Community Safety

- There is a projected under spend of £73,000 on this area, arising from staffing vacancies pending a restructure of the service.

Legal Services

- The under spend on legal services is partly due to an increase in recovery of legal costs, and an under spend on legal costs and disbursements, totalling £142,000. These will be built into the MTFS as budget reductions for 2018-19.

Customer Services

- The under spend relates partly to posts frozen in preparation for future MTFS savings (£53,000), in addition to savings arising from a temporary secondment to progress digital transformation, which is funded from an earmarked reserve (£62,000), and under spends on superannuation costs (£35,000). The balance relates to current vacancies to be reviewed for future additional MTFS savings.

ICT

- The under spend is as a result of vacancies within the team, along with an under spend of approximately £275,000 on software licences, due to a proactive approach to the rationalisation of software across the Council when the opportunity arises. The majority of the savings on software are ring-fenced for 2018-19 MTFS savings.

4.3.5 Chief Executives and Finance

The net budget for the Directorate for 2017-18 is £3.886 million and current projections anticipate an under spend against this budget of £307,000. The main variances are:

CHIEF EXECUTIVES AND FINANCE	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Internal Audit	310	243	(67)	-21.6%
Housing Benefits Administration	689	593	(96)	-13.9%
Taxation and Sundry Debtors	39	197	158	405.1%
Housing Benefits Payments	(7)	(292)	(285)	4071.4%

Internal Audit

- The under spend mainly relates to a rebate in respect of a reduced number of audit days received in the 2016-17 financial year as a result of staff vacancies within the service. There is currently a review of the staffing structure in progress.

Housing Benefits Administration

- There is an under spend in respect of the administration of housing benefit arising mainly from staffing vacancies, but also changes in staffing hours and additional annual leave purchases.

Taxation and Sundry Debtors

- There is a projected shortfall of £106,000 on income from court costs, as well as an over spend on staffing arising from the delay in implementing channel shift, and the subsequent change in staffing required. In addition, the MTFs proposal to implement fines for non-return of Single Person Discounts will not be operational until the end of the financial year so will not generate any savings in 2017-18.

Housing Benefits Payments

- The gross budget is £48.167 million, which is offset by £48.178 million of income, the majority of which is housing benefit subsidy. There is a projected under spend arising from strong performance in recovery of over-payments, totalling £122,000, and £170,000 under spend as there is no longer a requirement to establish a bad debt provision from this budget.

4.3.6 Council Wide budgets

This section includes budgets, provisions and services which are council wide, and not managed by an individual directorate. The budget is £41.953 million and the projected outturn is £40.452 million, resulting in a projected under spend of £1.501 million. The main variances are detailed below:

COUNCIL WIDE BUDGETS	Net Budget	Projected Outturn	Projected Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Council Tax Reduction Scheme	14,254	13,768	(486)	-3.4%
Pension Related Costs	1,258	432	(826)	-65.7%
Other Council Wide Budgets	6,158	6,051	(107)	-1.7%

Council Tax Reduction Scheme

- The projected under spend of £486,000 is a result of lower demand than forecast for the Council Tax Reduction Scheme. This a demand led budget which is based on full take up, but actual take up is not known until year end. There was a £300,000 budget reduction in the MTFs for 2017-18 and further reductions are likely for future years.

Pension Related Costs

- The projected under spend of £826,000 is a consequence of low demand on the budget for auto enrolment, as the September 2017 deadline for take-up comes closer, and low demand for funding in respect of other in-year pension or national insurance pressures.

Other Council Wide Budgets

- The under spend of £107,000 is a combination of reduced requirements for funding of budget pressures as well as an under spend on the Glamorgan Records Office, following the repayment of prudential borrowing in 2016-17.

It should be noted that this projection could change significantly during the financial year, depending on inflationary increases referred to in section 4.1, the extent of inclement weather during the winter period and further demands on the Council Tax Reduction Scheme. At this point in the financial year it is prudent to assume that all other budgets will be fully spent by year end.

These budgets are being reviewed as part of the MTFS 2018-19 to 2021-22 and will be subject to significant reductions over the life of the MTFS.

4.4 Capital programme monitoring

- 4.4.1 This section of the report provides Members with an update on the Council's capital programme for 2017-18. The original budget approved by Council on 1st March 2017 has been further revised and approved by Council during the year to incorporate budgets brought forward from 2016-17 and any new schemes and grant approvals. The revised programme for 2017-18 now totals £67.579 million, of which £47.672 million is met from BCBC resources, including capital receipts and revenue contributions from earmarked reserves, with the remaining £19.907 million coming from external resources.
- 4.4.2 Appendix 4 provides details of the individual schemes within the capital programme, showing the budget available in 2017-18 compared to the projected spend. Commentary is provided detailing any issues associated with these projects. £11.085 million of funding is to be slipped into 2018-19 for schemes not anticipated to be completed in 2017-18.
- 4.4.3 At this point in the financial year, and following discussions with directorates, it is assumed that all other projects will be in line with the budget as set out in Appendix 4. However, this will depend upon scheme progress during the financial year and any inclement weather experienced, which may place additional pressure on project timescales.

5.0 Effect upon policy framework & procedural rules

- 5.1 As required by section 3 (budgetary control) of the Financial Procedure Rules; Chief Officers in consultation with the appropriate Cabinet Member are expected to manage their services within the approved cash limited budget and to provide the Chief Finance Officer with such information as is required to facilitate and monitor budgetary control.

6.0 Equality Impact Assessment

6.1 There are no implications in this report.

7.0 Financial implications

7.1 These are reflected in the body of the report.

8.0 Recommendations

8.1 Cabinet is requested to note the projected revenue and capital outturn position for 2017-18.

Randal Hemingway
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July 2017

Contact Officer

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Background Papers

Individual Directorate Monitoring Reports
MTFS Report to Council – 1st March 2017

MONITORING OF OUTSTANDING 2016-17 BUDGET REDUCTIONS

Ref.	Budget Reduction Proposal	Original RAG 2016-17 £000	Current RAG £000	Amount of saving likely to be achieved £000	Comments
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EDUCATION & FAMILY SUPPORT

CH3	Retender Learner Transport contracts	100		100	Re-alignment of budgets within the Education and Family Support Directorate for 2017-18 (mainly from Inter Authority Recoupment budget) have mitigated the pressure from Learner Travel historic saving proposals.
CH4	Rationalise Special Education Needs transport	150		150	
CH9	School transport route efficiencies	200		200	
RES40	Change Out of Hours Service provided by Built Environment	22		0	On-going Corporate Landlord Review. Savings will not materialise until review has been finalised. Likely to be offset by vacancies within the service.
Total Education and Family Support		472		450	

SOCIAL SERVICES & WELLBEING

Theme 1 - Remodel Service Delivery					
ASC19	Develop a Delivery Model for the Bridgend Resource Centre	108		8	Budget reduction of £100k to be moved against Prevention and Wellbeing proposal (SSW1).
ASC21	Transfer Family Care Service to the Community Hubs	210		210	The shortfall was met from underspends across the service in 2016-17. Full year saving should be achieved in 2017-18
CH25	Reduction in Safeguarding LAC numbers and related reduction in costs	357		0	The early intervention and safeguarding board are working to reduce the number of looked after children and related costs.
Theme 1 - Remodel Service Delivery - sub-total		675		218	
Theme 2 - Service Efficiencies					
ASC6	Management, Admin and Training Implement measures to achieve 7% and 5% across the 2 years	76		50	The shortfall was offset from underspends across the service in 2016-17. Staffing budgets being reviewed as they become vacant.
ASC23	Changes in Workforce	100		0	The shortfall was offset from underspends across the service in 2016-17. Staffing budgets being reviewed as they become vacant.
CH22	Remodelling of Children's Respite and Residential Care	200		50	Remodelling underway. Level of saving unlikely, so the service is considering alternative budget reduction proposals.
Theme 2 - Service Efficiencies - sub-total		376		100	
Theme 3 - Income Generation					
ASC20	Introduce charges for supplementary holiday support in Learning Disabilities	100		100	This proposal is unlikely to generate the full level of savings, so budgets have been realigned across the directorate.
Theme 3 - Income Generation		100		100	
Total Social Services & Wellbeing Directorate		1,151		418	

COMMUNITIES

COM9	Review of Highways maintenance/DLO Services	417		417	Restructures have now been completed and were in place for the start of the 2017-18 financial year.
COM21	Review of overtime across Highways/Streetscene	90		90	Restructures took into consideration overtime budgets. Restructures have now been completed and were in place for the start of the 2017-18 financial year.

Ref.	Budget Reduction Proposal	Original RAG 2016-17 £000	Current RAG £000	Amount of saving likely to be achieved £000	Comments
RES29	To rationalise the core office estate - leasing of Raven's Court	195		195	A one-off payment of prudential borrowing in 2017-18 in respect of Raven's Court to reduce future capital financing costs, has enabled the re-alignment of budgets to ensure the MTFS saving can be realised going forward.
Total Communities Directorate		702		702	

**CHIEF EXECUTIVE
FINANCE**

RES27	To put Council Tax and some aspects of benefits online and to collaborate with others	60		60	Savings made elsewhere in 16-17 (Housing Benefit Admin under-spend), and restructure in 17-18 will achieve the £60k annual saving.
Total Chief Executive		60		60	

GRAND TOTAL REDUCTIONS		2,385		1,630	
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REDUCTIONS SHORTFALL				755	
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MONITORING OF 2017-18 BUDGET REDUCTIONS

APPENDIX 2

Ref.	Budget Reduction Proposal	Original 2017-18 £'000	Current RAG Status (RAG)	Amount of saving likely to be achieved £000	Mitigating Actions
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EDUCATION & FAMILY SUPPORT
CENTRAL EDUCATION & FAMILY SUPPORT

EFS1	Phased implementation of Learner Transport Policy regarding statutory distances for free travel.	20		10	Underspends across other directorate areas will have to meet this shortfall
EFS2	School transport route efficiencies.	40		20	Underspends across other directorate areas will have to meet this shortfall
EFS3	Achieve full cost recovery on Catering Service, through a combination of efficiencies and price increase	79		79	None required
EFS4	Reduction in budget for Development Team	68		68	None required
EFS5	Removal of Nursery development grant to private settings - Nursery Development Grant which is currently used for Grants to the childcare sector and training to improve the quality of early years provision in Bridgend and to enable the childcare workforce to meet and fulfil their legal requirement .	30		30	None required
EFS7	To review the Built Environment Service Level Agreement with Schools to achieve full cost recovery.	31		0	Underspends from vacancy management within Built Environment will have to meet this shortfall. This MTFS proposal will have to be the first call on savings identified from the Corporate Landlord Review.
EFS10	Transfer of management of the centre to Flying Start along with efficiency review of running costs of the building	75		75	Will require close monitoring in-year to ensure target is met.
EFS13	WJEC - re-alignment of budget to reflect actual charge from WJEC.	10		10	None required
EFS15	Speech and language therapy - This is a proposal to delegate the Speech and Language Service to schools- School Based Model. Other Local Authorities such as Cardiff, Neath Port Talbot and Swansea have moved towards a school based model with the involvement of an SLA with Health which has proven to be a successful model. This proposal would negate the local authority's requirement to manage the service resulting in a release of the management structure of the service	75		44	Vacant posts held to meet delay in implementation
EFS24	It is proposed to undertake a restructure to Business/Management Support to look for efficiencies.	74		74	None required
EFS25	Education Psychology - This proposal is predicated on losing the post of Lead Education Psychologist. Through Collaboration with other Local Authorities in the Consortia the role of the Lead Education Psychologist could potentially be shared. The Education Psychology part of this role will remain to ensure there is no reduction in EP capacity. The management capacity is what would be potentially lost.	75		0	Alternative savings put forward by the Directorate to mitigate the removal of this saving proposal (see below)
	Alternative to EFS25: Reduction to Central Special Educational Needs Budget (£20,000), Equipment budget (£26,000) and vacant posts	0		75	Permanent alternative savings across the Inclusion Service identified to meet the shortfall from EFS25 not being implemented.
Total Education and Family Support		577		485	
SCHOOLS					
SCH1	Removal of Protection to Schools Budgets	869		869	The impact of the 1% efficiency saving on schools will require close monitoring during 2017/18. Movement on current deficit/surplus balance projections throughout 17/18 will provide evidence as to how much of this saving is likely to be achieved.
Total Schools		869		869	
Total Education & Family Support Directorate		1,446		1,354	

SOCIAL SERVICES & WELLBEING

Theme 1 - Remodel Service Delivery					
ASC3	Link the work on the new assessment framework to the new national eligibility criteria as part of the Social Services and Wellbeing Act	150		150	None required
ASC7	Reprovision and remodelling of Shared Lives	50		50	None required
ASC9	Review Continuing Health Care (CHC)-eligible cases to secure appropriate contribution to packages of care	100		100	None required
ASC17	Managed Service Reductions Residential & Respite Care	414		200	Continued review of placements

Ref.	Budget Reduction Proposal	Original 2017-18 £'000	Current RAG Status (RAG)	Amount of saving likely to be achieved £000	Mitigating Actions
CH25	Reduction in Safeguarding LAC numbers and related reduction in costs	260		0	The service is continuing work to identify high cost placements and alternative lower cost placements that would benefit the child themselves
SSW4	New models of service delivery within AWEN cultural trust.	101		101	None required
Theme 1 - Remodel Service Delivery - sub-total		1,075		601	
Theme 2 - Service Efficiencies					
ASC12	Continued efficiencies within LD Day Services	120		120	None required
HL2	Review Healthy Living Partnership Contract	308		308	None required
Theme 2 - Service Efficiencies - sub-total		428		428	
Theme 3 - Income Generation					
ASC10	Develop income stream for specialist Mental Health placements at Glyn Cynffig	73		0	The service is looking at other budget reduction opportunities within Glyn Cynffig
Theme 3 - Income Generation sub-total		73		0	
Theme 4 - Prevention and Wellbeing					
SSW1	Impact of the Prevention and Wellbeing agenda	668		0	Robust budget monitoring via the Head of Service, Group and team managers continues on a monthly basis to ensure that all possible action is taken to manage this savings target. There is a risk however that due to demographic and complex needs of individuals that this target may not be met.
Theme 4 - Prevention and Wellbeing sub-total		668		0	
Total Social Services & Wellbeing Directorate		2,244		1,029	

COMMUNITIES

COM5	Reduction to Winter Maintenance Budget	60		60	None required
COM7	Technical Surveys - Reduction in budget to cover only costs of SCRIM/SCANNER and a number of other required inspections	5		5	None required
COM8	Reduction in road marking maintenance	10		10	None required
COM9	Removal of Security budget Waterton	20		20	None required
COM12	Broad review of car park charging including staff and elected member parking passes	50		0	Underspends across other directorate areas will have to meet this shortfall
COM13	Transfer of directly operated centres and review of grant support to voluntary organisations	39		20	Shortfall will have to be met from underspends in other service areas.
COM14	Reduction in Adult Community Learning provision	70		35	Underspends across other directorate areas will have to meet this shortfall
COM16	A substantial cut of 25% was made to the service in 2015/16 on top of savings in previous years, limiting the scope for further reductions. 2017/18 - £21k – A reduction in the BCBC tourism marketing budget, and reducing the mobile TIC budget, for the financial year 2017/2018. 2018/19 -£40k cut in commissioning budget to support 3rd Sector with Community Asset Transfer. This is part of the Strategic Regeneration Fund. 2019/20 -£20k reduction in the Events budget in 2019/20. It is not possible to reduce the budget prior to this due to existing commitments (Urdd, Women's Open, Senior Open, Town Centre Events programme). This is a part of the SRF match-funding budget.	21		21	None required
COM17	Reduction to core budget for Civil Parking Enforcement Team.	50		50	Will require close monitoring in-year.
COM18	Reductions to the budget for the Materials Recovery and Energy Centre (MREC) Introduction in 17/18 of savings achieved through the current procurement being undertaken with Neath Port Talbot CBC for the provision of new operator arrangements for the MREC facility at Crumllyn Burrows.	200		0	Procurement exercise is on-going. Indications of support from the Corporate Contingency Reserve will not be known until Autumn 2017, therefore full shortfall included.
COM19	Permitting Scheme road works net of existing income of £95,000	100		50	Underspends across other directorate areas would have to meet any shortfall
COM21	Rights of Way - removal of contribution to Coity Wallia	21		21	Underspends across other directorate areas would have to meet any shortfall
COM24	AD procurement - Reduction in budget through savings in the treatment of the Councils domestic food waste, through a joint procurement exercise with the City and County of Swansea (CCS) for the treatment of food waste by anaerobic digestion (AD)	100		100	None required
COM32	Review of Lifeguard services to consider length of season and beach coverage.	60		60	None required
Total Communities Directorate		806		452	

Ref.	Budget Reduction Proposal	Original 2017-18 £'000	Current RAG Status (RAG)	Amount of saving likely to be achieved £000	Mitigating Actions
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CHIEF EXECUTIVES

FINANCE

CEX1	To reduce the number of Finance and accountancy staff	50		50	None required
CEX2	To reduce the number of Internal Audit hours commissioned from joint service	60		60	None required
CEX3	To put Council Tax and some aspects of benefits online and to collaborate with others	150		75	Allocated between Housing Benefits & Council Tax. Council tax savings will not be achieved until Channel Shift has been incorporated for several months and actual savings will not be realised until 18-19. Under-spends realised elsewhere will mitigate overall.
CEX6	To reduce the number of corporate directors	120		120	None required
CEX11	Implement fines for non return of Single Person Discounts	34		0	Actual implementation will not be until end of 2017-18 and will not therefore be realised until 2018-19. Under-spends realised elsewhere will mitigate overall.
Total Chief Executives		414		305	

OPERATIONAL AND PARTNERSHIP SERVICES

OPS1	Public Protection Collaboration	20		20	None required.
OPS2	Restructure of Legal, Democratic and Procurement.	150		135	Savings made elsewhere due to reallocation of target.
Housing					
OPS3	Non staff Budget, Review Service Level Agreements and Staffing.	50		50	None required.
Human Resources					
OPS4	To reduce number of staff in HR, OD and Communications and business support	140		118	Savings made elsewhere because the MTFS saving target was reallocated within the directorate.
OPS5	Non Staffing	10		10	None required.
ICT					
OPS6	Call tariff efficiency	40		25	Savings made from Software
OPS7	Review non staff budgets for communications, supplies training and equipment	65		155	
Transformation					
OPS8	Staff restructure	60		22	Remainder of target met from Performance section of Legal.
Total Operational & Partnership Services		535		535	

CORPORATE / COUNCIL WIDE

CWD2	Reduction in other Corporate budgets including pay and price provision.	107		107	None required
CWD4	Reduction in provision for Council Tax Reduction Scheme	300		300	None required
Total Corporate / Council Wide		407		407	

GRAND TOTAL REDUCTIONS	5,852		4,082	
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REDUCTIONS SHORTFALL			1,770	
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2,523	2,388
2,794	1,973
535	1,491
5,852	5,852

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BRIDGEND COUNTY BOROUGH COUNCIL	Budget 2017-18			Projected Outturn	Projected Variance Over/(under) budget	% Variance
	Expenditure Budget	Income Budget	Net Budget			
	£000	£000	£000			
EDUCATION AND FAMILY SUPPORT						
Learning	10,106	(3,143)	6,963	7,011	48	0.7%
Strategic Partnerships & Comm	129,745	(29,334)	100,411	100,279	(132)	-0.1%
Built Environment	5,515	(4,437)	1,078	994	(84)	
TOTAL EDUCATION AND FAMILY SUPPORT	145,365	(36,913)	108,452	108,284	(168)	-0.2%
SOCIAL SERVICES AND WELLBEING DIRECTORATE						
Adult Social Care	56,723	(15,351)	41,372	42,358	985	2.4%
Sport, Play and Active Wellbeing	5,997	(873)	5,124	5,124	0	0.0%
Safeguarding & Family Support	18,973	(708)	18,266	19,286	1,020	5.6%
TOTAL SOCIAL SERVICES AND WELLBEING	81,693	(16,932)	64,762	66,768	2,006	3.1%
COMMUNITIES DIRECTORATE						
Regeneration & Development	4,839	(2,020)	2,819	2,819	-	0.0%
Street Scene	34,091	(15,270)	18,821	19,011	190	1.0%
Directorate Business Unit	527	-	527	527	-	0.0%
Culture	331	(175)	157	212	55	35.1%
Property Services	4,135	(2,803)	1,333	1,163	(170)	
Elections	134	-	134	133	(1)	-0.7%
TOTAL COMMUNITIES	44,057	(20,267)	23,791	23,866	75	0.3%
OPERATIONAL & PARTNERSHIP SERVICES DIRECTORATE						
Legal Services and Democratic Services	5,119	(559)	4,560	4,293	(267)	-5.9%
Regulatory Services	1,839	(403)	1,436	1,434	(2)	-0.1%
Transformation, Performance and Partnerships	473	-	473	443	(30)	-6.3%
ICT	4,938	(1,146)	3,792	3,414	(378)	-10.0%
Human Resources	3,826	(394)	3,432	3,152	(280)	-8.2%
Housing and Homelessness	8,735	(7,179)	1,556	1,198	(358)	-23.0%
TOTAL OPERATIONAL & PARTNERSHIP SERVICES	24,930	(9,682)	15,249	13,935	(1,314)	-8.6%
Chief Executives						
Chief Executive	513	-	513	500	(13)	-2.5%
Finance	53,249	(50,185)	3,063	2,836	(227)	-7.4%
Internal Audit	313	(3)	310	243	(67)	-21.6%
TOTAL CHIEF EXECUTIVES	54,075	(50,188)	3,886	3,579	(307)	-7.9%
TOTAL DIRECTORATE BUDGETS	350,121	(133,982)	216,140	216,432	292	0.1%
Council Wide Budgets	42,840	(887)	41,953	40,452	(1,501)	-3.6%
NET BRIDGEND CBC	392,961	(134,869)	258,093	256,884	(1,209)	-0.5%

NB: Differences due to rounding of £000's

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Page	Main Scheme	Whole Scheme Budget*	Budget 17-18 (Council 28/06/17)	New Approvals	Virement	Slippage to 2018-19	Revised Budget 2017-18	Total Exp to date	Projected Spend	Over / (Under) spend	Comments
		£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	

Education & Family Support**Learning**

PENYFAL PRIMARY	7,239	392	-	-	-	392	23	392	-	-	Scheme complete - any outstanding payments expected in 2017-18
LITCHARD PRIM AMALGAMATION	2,956	-	-	-	-	-	(1)	-	-	-	
BRYNMENYN PRIMARY	8,360	7,010	-	-	-	7,010	1,351	7,010	-	-	Construction underway
GATEWAY TO THE VALLEYS SEC SCH	39,488	155	-	-	-	155	-	155	-	-	
COITY PRIMARY SCHOOL	8,560	77	-	-	-	77	(113)	77	-	-	Scheme complete - final account to be paid in current year
GARW VALLEY SOUTH PRY PROVIS.	10,800	8,319	-	-	-	8,319	865	8,319	-	-	Construction underway
PENCOED PRIMARY	10,834	9,650	-	-	-	9,650	26	9,650	-	-	Contract to be signed next month and construction will commence shortly after the contract is let.
GARW VALLEY PRIMARY HIGHWAYS	400	358	-	-	-	358	(1)	358	-	-	Highways works due to start soon
CCYD HUB	73	-	-	-	-	-	(2)	-	-	-	
PENCOED PRY SCHOOL HIGHWAYS WORKS	370	332	-	-	-	332	13	332	-	-	Highways works due to start soon
BRYNMENYN SCHOOL HIGHWAYS WORK	807	807	-	-	-	807	-	807	-	-	Highways works due to start soon
OGMORE COMPREHENSIVE	4,120	59	-	-	-	59	(97)	59	-	-	Scheme complete - final account to be paid in current year
MINOR WORKS	505	505	-	-	-	505	-	505	-	-	Spend incurred on revenue cost centre and transferred at year end
HERONSBRIDGE SCHOOL	300	280	-	-	-	280	5	280	-	-	
EARLY YEARS CAPITAL	966	14	-	-	-	14	-	-	14	-	Scheme complete - minimal fees paid in year
SCHOOLS TRAFFIC SAFETY	500	319	-	-	-	319	(2)	319	-	-	
MAESTEG COMP HIGHWAYS	500	88	-	-	-	88	(6)	88	-	-	
COMPLEX & MEDICAL NEEDS SCHOOLS	600	270	-	-	-	270	-	270	-	-	
TOTAL Learning	97,378	28,635	-	-	-	28,635	2,060	28,621	14		

Built Environment

SOLAR PANELS CIVIC OFFICES	40	12	-	-	-	12	(26)	12	-	-	Completed as part of Civic Envelope Works - to be paid in current year
TOTAL Built Environment	40	12	-	-	-	12	(26)	12	-		

TOTAL Education & Family Support

	97,418	28,647	0	0	0	28,647	2,034	28,633	14		
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Social Services and Wellbeing

PENCOED ARTIFICIAL PITCH	187	-	-	-	-	-	(5)	-	-	-	Final retention amount - to be paid in current year
ADULT SOCIAL CARE MINOR WORKS	121	43	-	-	-	43	-	43	-	-	
CARE STANDARDS	153	122	-	-	-	122	-	122	-	-	
HERON HOUSE/CARETAKER HOUSE	286	255	-	-	-	255	3	255	-	-	Construction underway
EXTRA CARE FACILITIES	3,000	2,997	-	-	-	2,997	-	2,997	-	-	
MODERNISATION HOMECARE WORKFORCE	72	63	-	-	-	63	36	63	-	-	
BRIDGELINK	30	30	-	-	-	30	(1)	30	-	-	
SPORTS FACILITIES	63	-	-	-	-	-	(73)	-	-	-	Final payment for all weather pitch to be paid when handover takes place
TOTAL Social Services & Wellbeing	3,912	3,510	-	-	-	3,510	(40)	3,510	-		

Communities**Street Scene**

PLAYGROUND FFORDD YR EGLWYS	75	25	-	-	-	25	-	25	-	-	
PARKS PAVILIONS	1,011	1,011	-	-	-	1,011	(14)	1,011	-	-	
CITY DEAL	46,724	1,888	-	-	(1,888)	-	-	-	-	-	Project team are still being set up so no spend in 2017-18
PORTHCRAWL TOWN SEA DEFENCE	3,548	3,363	-	-	-	3,363	52	3,363	-	-	
RENEWAL OF CREMATOR	1,060	-	-	-	-	-	(1)	-	-	-	
COYCHURCH CREM WORKS	280	-	280	-	-	280	88	280	-	-	Infrastructure works approved by Joint Committee
REMEDIAL MEASURES - CAR PARKS	115	115	-	-	-	115	-	115	-	-	
CIVIL PARKING ENFORCEMENT MOBILE VEHICLE	68	68	-	-	-	68	-	68	-	-	
SAFE ROUTES TO SCHOOL	711	711	-	-	-	711	(3)	711	-	-	
ROAD SAFETY SCHEMES	241	9	-	-	-	9	4	9	-	-	
HIGHWAYS STRUCTURES	200	200	-	-	-	200	(6)	200	-	-	
HIGHWAYS MAINTENANCE	250	250	-	-	-	250	(15)	250	-	-	
PUBLIC RIGHTS OF WAY	40	-	-	40	-	40	3	40	-	-	Budget transferred from central Minor Works code for various paths on Rights of Way Network
CARRIAGE RECONSTRUCTION	7,885	-	-	-	-	-	(17)	-	-	-	Final retentions due in current year

Main Scheme	Whole Scheme Budget*	Budget 17-18 (Council 28/06/17)	New Approvals	Virement	Slippage to 2018-19	Revised Budget 2017-18	Total Exp to date	Projected Spend	Over / (Under) spend	Comments
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	
A40473 LINK RD	-	-	-	-	-	-	(2)	-	-	
M30 NATIONAL CYCLE NETWORK	421	421	-	-	-	421	-	421	-	
REPLACEMENT OF STREET LIGHTING	500	500	-	-	-	500	8	500	-	
BRIDGE STRENGTHENING A4061	2,450	340	-	-	-	340	-	340	-	Waiting on fee bids for detailed design of the bridge strengthening
COMMUNITIES MINOR WORKS	205	205	-	-	-	205	-	205	-	
RISK PROTECTION MEASURES	203	203	-	-	-	203	1	203	-	
RETAINING WALL REPLACEMENT BETTWS	175	175	-	-	-	175	-	175	-	
RESIDENTS PARKING BRIDGEND TOWN CENTRE	130	128	-	-	-	128	-	128	-	
FLEET VEHICLES	500	500	-	-	-	500	-	500	-	Awaiting Delegated Powers being signed for number of vehicles required
RELOCATE RECYCLING CENTRE	1,328	1,322	-	-	-	1,322	-	1,322	-	Scheme at planning application stage
HEOL SIMONSTONE/COYCHURCH RD	297	33	-	-	-	33	-	33	-	
S106 HIGHWAYS SMALL SCHEMES	61	46	-	-	-	46	25	46	-	
TOTAL Streetscene	68,528	11,513	280	40	(1,888)	9,945	123	9,945	-	

Regeneration & Development

BRIDGEND BUSINESS SUPPORT NETWORK	90	90	-	30	-	120	50	120	-	Budget transferred from SRF Budget Code
PORTHCAWL RESORT INVESTMENT FOCUS	-	-	-	124	-	124	14	124	-	Budget transferred from SRF Budget Code
COMMERCIAL IMPROVEMENT AREA	67	67	-	-	-	67	-	67	-	
EU CONVERGENCE SRF BUDGET	761	761	-	(154)	-	607	-	607	-	
PORTHCAWL INFRASTRUCTURE	5,507	5,507	-	-	(5,507)	-	-	-	-	The Porthcawl masterplan and owners agreement are currently under review. This includes a fresh assessment of the infrastructure phasing plan and marketing strategy.
LLYNFI DEVELOPMENT SITE	2,400	2,400	-	-	(2,400)	-	-	-	-	Feasibility works being carried out - not likely to spend in 2017-18
SMART SYSTEM HEAT PROGRAM	250	100	-	-	(100)	-	-	-	-	Spend estimated to be in 2019-20
MAESTEG TOWN HALL CULTURAL HUB	3,845	1,084	-	-	-	1,084	-	1,084	-	A project board has been set up for this scheme
TOWN & COMMUNITY COUNCIL FUND	214	214	-	-	-	214	-	214	-	
NANTYMOEL COMMUNITY FACILITIES	200	200	-	-	-	200	-	200	-	Business Plan to be submitted
ADOPTED COUNCIL ROADS WORKS	10	10	-	(10)	-	-	-	-	-	Underspend on this scheme transferred back to Minor Works
BRIDGEND TOWNSCAPE HERITAGE	2,380	75	-	-	-	75	1	75	-	
PORTHCAWL THI	949	476	-	-	-	476	48	476	-	
TOTAL Regeneration & Development	16,931	10,984	-	(10)	(8,007)	2,967	113	2,967	-	

Property

SCIENCE PARK DRAINAGE	200	200	-	-	-	200	1	200	-	
UPGRADING INDUSTRIAL ESTATES	40	17	-	-	-	17	-	17	-	
BRIDGEND MARKET	20	19	-	-	-	19	-	19	-	Budget due to be spent in the next couple of months
DDA WORKS	34	-	-	-	-	-	3	-	-	
DDA WORKS AT CIVIC OFFICES	120	120	-	-	-	120	-	120	-	
MINOR WORKS	1,288	1,328	-	(30)	-	1,298	-	1,298	-	Spend incurred on revenue cost centres and transferred at year-end
MAESTEG TOWN HALL	-	-	-	-	-	-	(27)	-	-	Retention payment for roof at Maesteg Town Hall to be paid this year
FIRE PRECAUTIONS MINOR WORKS	222	-	-	-	-	-	22	-	-	Budget held centrally for Minor Works
BRYNCETHIN DEPOT FACILITIES	4,316	4,316	-	-	-	4,316	20	4,316	-	The project board is currently reviewing the proposals for this scheme.
NON OPERATIONAL ASSETS	480	480	-	-	-	480	-	480	-	
AGILE WORKING	1,201	621	-	-	-	621	-	621	-	Work will commence when a lessee is found for Raven's Court
CIVIC OFFICE ENVELOPE	2,545	1,012	-	-	-	1,012	530	1,012	-	Scheme scheduled to be completed this financial year
Total Property	10,466	8,113	-	(30)	-	8,083	549	8,083	-	

TOTAL Communities

TOTAL Communities	95,925	30,610	280	0	(9,895)	20,995	785	20,995	0	
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Housing/Homelessness

MANDATORY DFG RELATED EXPENDITURE	3,272	3,272	-	-	-	3,272	431	3,272	-	Budget committed
TARGET HARDENING GRANTS	-	-	-	-	-	-	3	-	-	Budget included above
HOUSING RENEWAL AREA	100	100	-	-	-	100	54	100	-	
EMPTY HOMES GRANTS	-	-	-	-	-	-	28	-	-	Budget included above
COMFORT SAFE & SECURITY GRANTS	-	-	-	-	-	-	2	-	-	Budget included above
EMERGENCY REPAIR LIFETIME GRANT	-	-	-	-	-	-	20	-	-	Budget included above
HOMES IN TOWN GRANT	-	-	-	-	-	-	63	-	-	Budget included above
TOTAL Housing/Homelessness	3,372	3,372	-	-	-	3,372	601	3,372	-	

ICT

ICT LAPTOP REPLACEMENT	550	550	-	-	(300)	250	-	250	-	
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Main Scheme	Whole Scheme Budget*	Budget 17-18 (Council 28/06/17)	New Approvals	Virement	Slippage to 2018-19	Revised Budget 2017-18	Total Exp to date	Projected Spend	Over / (Under) spend	Comments
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	
COMPUTER EQUIPMENT	253	-	-	-	-	-	(1)	-	-	
ICT INFRASTRUCTURE SUPPORT	300	300	-	-	(300)	-	-	-	-	
DIGITAL TRANSFORMATION	1,000	590	-	-	(590)	-	-	-	-	Budget is for hardware following the relocation of staff from Raven's Court which is unlikely to happen this year
TOTAL ICT	2,103	1,440	-	-	(1,190)	250	(1)	250	-	
TOTAL Operational & Partnership Services	5,475	4,812	0	0	(1,190)	3,622	600	3,622	0	
GRAND TOTAL	202,730	67,579	280	-	(11,085)	56,774	3,379	56,760	14	

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE SECTION 151 OFFICER

MEDIUM TERM FINANCIAL STRATEGY 2018-19 TO 2021-22

1. Purpose of this report

- 1.1 The purpose of this report is to update Cabinet on the development of the Medium Term Financial Strategy (MTFS) 2018-19 to 2021-22.

2. Connections to the Corporate Plan

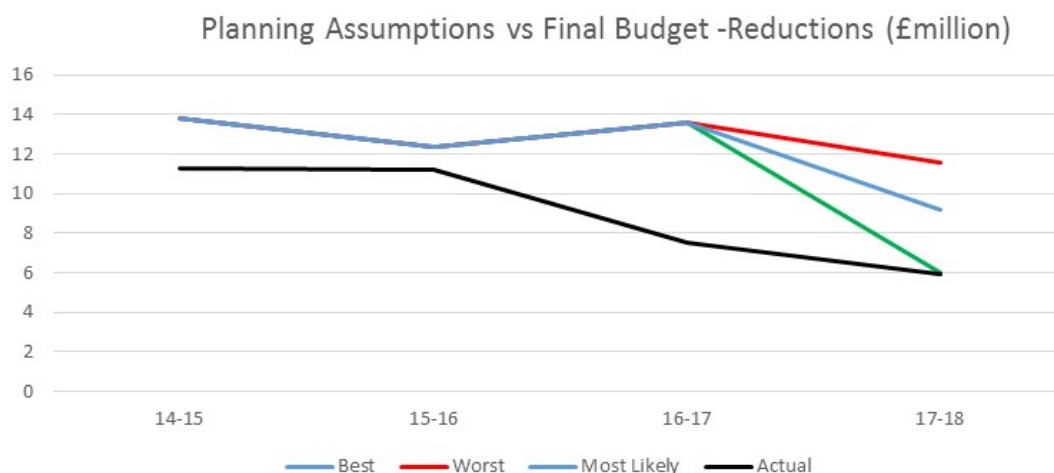
- 2.1 The development of the Corporate Plan and Medium Term Financial Strategy identifies the Council's service and resource priorities for the next four financial years, with particular focus on 2018-19.

3. Background

- 3.1 The Council's MTFS is set within the context of UK economic and public expenditure plans, Welsh Government priorities influencing settlements and legislation which defines the scope the Council has to raise income from council tax and to borrow for capital expenditure.
- 3.2 The Council's MTFS includes all elements of the Council's financial strategy for the next four years, with particular emphasis on planned budget reductions necessary to achieve a balanced budget. It also encompasses the Capital Strategy which is designed to ensure that capital investment proposals are prioritised and evaluated in accordance with asset management principles and contribute towards the Council achieving its strategic and service priorities.

Historic Forecasts

- 3.3 For reference, the chart below provides an illustration of the forecast budget reductions against those actually included with the final approved budget:



UK Context

- 3.4 Following the May 2017 General Election in which no party achieved an overall majority, the Conservative minority government has signalled a possible relaxation of the austerity agenda with the Chancellor of the Exchequer having already retargeted deficit elimination “into effectively the middle of the next decade”. While the details of any changes will not be clear until the autumn statement, there is clearly the possibility of favourable implications for public sector funding overall. However, set against this there is also a rising tide of opinion reflected in the media over the abandonment of the public sector pay cap. While it is far too early to speculate on national pay bargaining, Members should note that the council’s annual pay bill is c. £170 million and therefore every 1% is worth c. £1.7 million, consequently any pay award which is not supported by additional funding will certainly create the need for an increase in budget reductions and/or a greater increase in council tax. On 7 July, the Welsh Government Finance Secretary Mark Drakeford cautioned that using Welsh Government (WG) money was “not a sensible course of action”, saying the UK Government should fund any increase.

Welsh Context

- 3.5 Funding for the Welsh Government will inevitably be affected by the Barnett Consequential and therefore will depend upon the spending decisions made by Westminster Government. While there is cause to be cautiously optimistic over a possible future rise in WG budgets if devolved budgets are increased by Westminster, there have been recent media reports of very significant budget deficits in a number of Welsh health boards. It was reported in March 2017 that four of the ten were forecast to overspend by a total of £146 million this year (source: BBC). Whilst at that time WG Ministers had “refused to bail out Welsh NHS boards”, given this position it remains to be seen the extent to which any increase in WG budgets might be directed towards Local Authorities.

Inflation

- 3.6 Against a backdrop of a historic low in interest rates and inflation indices which have also been stable and low in recent years, there has been a significant rise in recent months, with a consensus view that the rise will persist over the medium term as illustrated in the table below produced by HM Treasury:

Table M3: Medium-term forecasts for CPI and RPI inflation

CPI inflation (annual average, per cent)						RPI inflation (annual average, per cent)						
2017	2018	2019	2020	2021		2017	2018	2019	2020	2021		
City forecasters												
2.7	2.6	2.0	-	-	Jun *	Capital Economics	* Jun	3.4	3.3	3.2	-	-
2.5	2.9	2.3	2.0	1.8	Jun *	Citigroup	* Jun	3.3	3.8	3.2	3.1	3.0
2.8	2.8	2.3	1.9	1.9	Jun *	Commerzbank	* Jun	3.6	2.9	2.5	2.8	2.9
2.8	2.6	2.3	2.1	2.0	Jun *	Daiwa CM	* Jun	-	-	-	-	-
1.5	1.6	1.6	-	-	Aug	Goldman Sachs	Aug	-	-	-	-	-
2.6	2.7	2.4	2.0	2.0	Jun *	ING	* Jun	-	-	-	-	-
0.6	2.5	1.8	1.8	2.0	Aug	RBS Global Banking & Markets	Aug	1.4	2.9	2.1	-	-
-	-	-	-	-	Jul	Schroders Investment Management	Jul	-	-	-	-	-
2.4	2.7	1.9	1.5	1.4	Feb	Societe Generale	Feb	3.2	3.3	-	-	-
Non-City forecasters												
3.0	2.9	2.7	2.6	2.4	Jun *	Beacon Economic Forecasting	* Jun	3.8	3.3	3.2	3.0	2.7
2.4	2.2	2.2	2.2	2.2	Aug	CEBR	Aug	3.1	3.0	3.1	3.1	3.1
2.6	2.5	2.1	2.0	2.0	Jun *	Experian	* Jun	3.3	3.2	3.4	3.2	3.3
2.7	2.9	2.5	2.1	1.9	Jun *	IHS Global Insight	* Jun	-	-	-	-	-
1.9	2.6	3.0	3.0	2.5	Jun *	Liverpool Macro Research	* Jun	-	-	-	-	-
3.0	2.8	2.1	1.9	1.9	Jun *	NIESR	* Jun	4.2	3.9	3.1	3.6	4.2
2.8	2.0	1.6	1.9	1.9	Jun *	Oxford Economics	* Jun	3.6	2.8	2.7	3.5	3.7
-	-	-	-	-	Jul	PwC	Jul	-	-	-	-	-
1.4	2.6	1.6	1.7	2.0	Aug	ITEM Club	Aug	2.2	2.6	2.4	2.7	3.3
2.5	2.6	2.2	2.1	2.0	Jun *	IMF	* Jun	-	-	-	-	-
2.4	2.6	2.2	2.1	2.0		Independent average		3.2	3.2	2.9	3.1	3.3
2.7	2.7	2.3	2.1	2.0		New forecasts		3.6	3.3	3.0	3.2	3.3
3.0	2.9	3.0	3.0	2.5		Highest		4.2	3.9	3.4	3.6	4.2
0.6	1.6	1.6	1.5	1.4		Lowest		1.4	2.6	2.1	2.7	2.7

Source: Forecasts for the UK economy: a comparison of independent forecasts, HM Treasury, June 2017

Budget Pressures

3.7 Over recent years, reductions in external finance have been exacerbated by additional budget pressures over and above inflation. These have included demographic changes leading to increased social care costs as well as unfunded legislative changes such as the apprenticeship levy. Looking forward over the MTFs period, there is likely to be a continued requirement to provide for new and increased responsibilities which include:

- continued pressure on social care budgets driven by an ageing population with increasingly complex needs;
- increased responsibilities resulting from the Additional Learning Needs bill, for which it is uncertain whether funding will be provided;
- increases in the National Living Wage towards a target of £9/hour;

The Welsh Local Government Association in July 2017 estimated that Welsh Councils faced pressures of up to £762 million over the next four years.

Budget Reductions

3.8 Against this background, and without any further indication from Welsh Government regarding likely future settlements, the council will continue to work towards a “most likely scenario” in the MTFs of a reduction of -3.2% in Aggregate External Financing (AEF), with alternative scenarios of a “best case” of -1.5% and a “worst case” of -4.5%. These in effect take account of the budgetary impact of contractual inflationary pressures and the risk presented by a nationally agreed pay award, if not fully funded through AEF. Furthermore this represents a prudent approach given that Local Authority settlements have been financially worse than headline

figures suggest once additional responsibilities from WG have been taken into account.

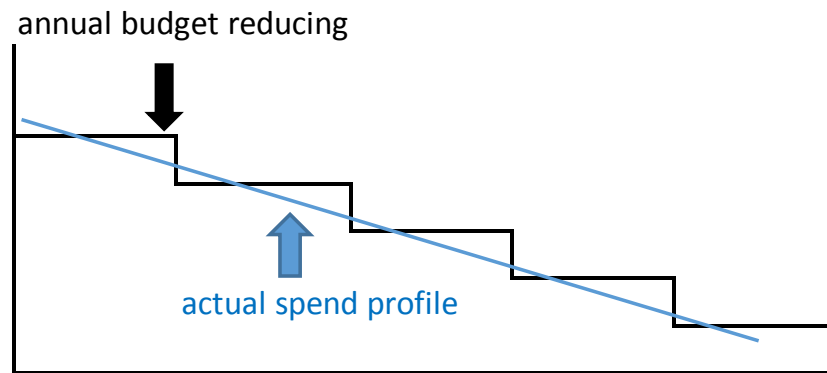
The forecast necessary reductions to achieve a balanced budget are:

Year	Best Case £000s	Most Likely £000s	Worst Case £000s
2018-19	6,406	9,595	12,035
2019-20	5,868	8,908	11,160
2020-21	5,679	8,574	10,649
2021-22	5,482	8,238	10,146
Total Reductions	23,435	35,315	43,990

- 3.9 Cabinet should note that even in the best case scenario, the council would still be required to make budget reductions totalling over £23 million. Added to the £40 million by which the council has reduced budgets over the last five years, this totals a quarter of the council's net budget. Under the worst case scenario, this rises to a third.

4. Current Situation

- 4.1 As reported to Cabinet in the 2016-17 financial outturn report in June 2017 and the 2017-18 Quarter 1 monitoring report, there are a significant and growing number of budget reduction proposals which are proving challenging to implement either in part or in full, and as such are **AMBER** or **RED** rated. This position reflects the harsh reality of delivering increasingly challenging and in many cases transformational budget reductions year on year. Given the requirement for directorates to identify alternatives where an original reduction proposal is no longer achievable, this provides a further rationale for scenario planning, as this approach develops additional options for consideration which can be utilised if required, and is judged positively by the Wales Audit Office in the recent national and local Savings Planning reports.
- 4.2 As with many councils, Bridgend has been able to achieve an underspend position in recent years, and this is the current forecast position in 2017-18. Whilst this achievement is further evidence of the strong financial resilience of the council, it should not be seen as budget capacity but is moreover a function of delivering Year on Year budget reductions and a positive consequence of Medium Term Financial planning, as illustrated by the diagram below:



MTFS development

- 4.3 The Corporate Plan, will direct the allocation of resources over the four year MTFS period. All areas of the council will be set a 1% annual efficiency target, with further reductions over and above this targeted more heavily towards budget areas which contribute less towards the council's objectives. This approach aligns the MTFS directly with the corporate plan and supports the council in the delivery of its goals.

Next Steps

- 4.4 Directors are leading reviews of proposals to identify options that will allow the council to meet the budget shortfall identified. This work is being carried out in consultation with the relevant cabinet portfolio holders.
- 4.5 Building upon the positive work done by the Budget Research and Evaluation Panel in previous years, it is planned to repeat this with the intention of once again creating strong links between the panel and Cabinet in order to deliver a robust and successful MTFS, and as such the panel will be involved in budget development at an early stage. The panel have also been asked by Council to proactively review the 1% schools efficiency target and officers will look to support this in the overall context of planning for budget reductions and alternative proposals.

5. Effect on Policy Framework and Procedure Rules

- 5.1 The budget setting process is outlined within the Council's Constitution and Financial Procedure Rules.

6. Equality Impact Assessment

- 6.1 The final budget proposals will cover a wide range of services and it is inevitable that the necessary budget reductions in developing these proposals will impact on the local population in different ways. The Equality Impact Assessment will be carried out and included with the final budget and reported to Council in February 2018.

7. Financial Implications

- 7.1 The Council will be required to identify budget savings to achieve a balanced budget for 2018-19 and a total £35.3 million over the next four years under the most likely scenario. It is imperative that a balanced budget is achieved and essential that

revenue service expenditure and capital expenditure is contained within the identified budgets for the current year.

7.2 In addition to the statutory requirement to set a balanced budget, under the 2003 Local Government Act the Council's Chief Financial Officer (i.e. S151 Officer) must report on the robustness of the budget and the adequacy of proposed financial reserves and this must form part of the Council's budget consideration and decision making. This will include identifying the risks associated with identified savings, the implications and contingency plans if savings are not delivered as planned. As such it is essential that the savings put forward are deliverable or, where they are at risk, contingency plans are produced.

8.0 Recommendation

8.1 Cabinet is asked to:

- Note the work being undertaken in MTFS development strategy
- Note the significant requirement for further budget reduction proposals over the term of the MTFS which are under development and will be brought to Cabinet/CMB for consideration during September,

Randal Hemingway
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25 July 2017

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Background Documents:
1 March 2017 Council Report – Medium Term Financial Strategy 2017-18 to 2020-21

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

CARE AND SOCIAL SERVICES INSPECTORATE WALES INSPECTION OF CHILDREN'S SERVICES

1. Purpose of Report

- 1.1 To present to Cabinet the Care and Social Services Inspectorate Wales (CSSIW) Inspection of Children's Services Report and related Action Plan and request that that Cabinet endorse the action plan and arrangements for monitoring the actions.

2.0 Connection to Corporate Improvement Plan/Other Corporate Priority

- 2.1 This report links to the following Corporate Plan priorities:

- Helping people to be more self-reliant;
- Smarter use of resources.

3. Background

- 3.1 Care and Social Services Inspectorate Wales (CSSIW) has worked together with key stakeholders to develop a new framework for local authority inspection, engagement and performance review. Revised arrangements for engagement and performance review were outlined to directors in a letter from the chief inspector in March 2016.
- 3.2 The overarching approach to inspection, engagement and performance review is engagement with people, staff and elected members. The aim is to support rigorous evidence and information gathering which both contributes to the assurance process and enhances the accountability of senior officers and elected members for the sufficiency and quality of social services. Central to this approach is the introduction of a core inspection programme of children's and adults' social services.
- 3.3 CSSIW already has a range of information and intelligence about local authority social services and the impact these have on people's lives. Whether services are provided by the local authority directly or commissioned by local authorities on behalf of people, they will know something about the outcomes for people who need care and support and carers who need support. The implementation of the core programme will more effectively integrate our work across both local authority and regulated services.
- 3.4 The approach to all inspection, engagement and performance review activities reflects the Social Services and Well-Being (Wales) Act 2014 national well-being outcomes and the quality standards for local authorities issued in the relevant code of practice by Welsh Government. The inspection methodology emphasises engagement with people, including a clear focus on the extent to which service

delivery is respectful of people's dignity, promotes independence and is provided to Welsh-speaking people in their language of choice.

- 3.5 The core inspection programme implemented from June 2016 included inspections of adult and children's social services across all local authorities in Wales. The first year of roll-out was to be used as a learning and review phase; testing the efficacy of the local authority inspection, engagement and performance review framework as a whole. This included working closely with inspected local authorities to listen and learn from their experience.
- 3.6 The inspection undertaken in Children's Social Care in Bridgend focussed on how children and families are empowered to access help and care and support services and on the quality of outcomes achieved for children in need of help, care and support and/or protection, including children who have recently become looked after by the local authority.
- 3.7 The inspection also evaluated the quality of leadership, management and governance arrangements in place to develop and support service delivery.
- 3.8 The dates of the inspection were as follows:

Week 1 – week commencing: 30/01/2017

Week 2 – week commencing: 13/02/2017

In advance of the fieldwork we were required to submit a self-assessment and a range of advanced information/documentation in the following areas:-

- Strategy and Structures
- Key Documents and Operational Protocols
- Blank Templates
- Cabinet/Committee Reports
- Development Work
- Families First and IFST
- Performance Data and Quality Assurance
- Workforce

This required co-ordinating the provision of 212 documents/items in total.

- 3.9 In Fieldwork Week 1, CSSIW inspected the work by assessing a sample of 20 from 65 cases. In some instances this included interviewing the allocated case worker and their manager. In addition, CSSIW also sought the views of service users through interviews with children and young people and parents/carers.
- 3.10 In Fieldwork Week 2, CSSIW explored themes arising from week 1. They conducted a number of individual and group interviews with elected Members, managers, partners and service providers. Where possible they observed practice linked to the cases reviewed during week 1.
- 3.11 CSSIW confirmed that a report of the findings would be published on their website and provided to the Minister for Health and Social Services along with a media statement. They also requested an opportunity to present findings to Bridgend County Borough Council's Overview and Scrutiny Committee.

3.12 The Overview and Scrutiny Committee 2 received the report and action plan on the 20th July 2017. Feedback from the Committee will be provided verbally to Cabinet due to timescales.

4. Current situation / proposal.

4.1 The CSSIW inspection report is attached at **Appendix 1**.

Summary of findings

4.2 Inspectors found that the authority had worked hard in the context of the Social Services Well-being (Wales) Act (SSWBA) 2014, to reshape its services. The authority's Information, Advice and Assistance (IAA) function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.

4.3 Access arrangements were respectful of people's rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families and the model was yet to mature into an integrated service fully understood and delivered with partner agencies.

4.4 Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. However, whilst no widespread or serious failures that left children being harmed or at risk of harm were identified by inspectors, the quality of threshold screening, assessments, care and support planning was found to be inconsistent.

4.5 It was acknowledged by the service that the changes introduced to operationalise Information, Advice and Assistance had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The impending transition to a Multi-Agency Safeguarding Hub (MASH) provided a timely opportunity to refresh service expectations resulting from the SSWBA, including learning from practice.

4.6 Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Assessments/plans needed to be better shared with children and families in addition to proposed changes about service developments.

4.7 Inspectors noted that senior managers were already taking steps to look at the impact services are having on reducing need and risk and the authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings.

4.8 They noted that the ambition of the authority's plans signalled their commitment to improving both early intervention and statutory services for children young people and their families, recognising this was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services.

- 4.9 It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.
- 4.10 Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. Like other local authorities across Wales, Bridgend should continue to focus on how they can retain staff for longer and more timely recruitment of experienced staff.

Recommendations and Next Steps

- 4.11 An Action Plan has been developed in response to the recommendations made by CSSIW and can be found at **Appendix 2**.
- 4.12 The Action Plan will be monitored by the Early Help and Safeguarding Board which is chaired jointly by the Corporate Directors for Social Services and Wellbeing and Education and Family Support. It will also form part of CSSIW's routine programme of engagement with the Social Services and Wellbeing Directorate.

5. Effect upon Policy Framework and Procedure Rules

- 5.1 There is no impact on the Policy Framework and Procedure Rules.

6. Equality impact Assessment

- 6.1 There are no equality implications in this report.

7. Financial Implications

- 7.1 Whilst there are no direct financial implications, the report highlights that the authority is working hard to transform services at a time when there are medium term financial savings to be delivered.

8. Recommendation

- 8.1 It is recommended that Cabinet receives the CSSIW report on the inspection of Bridgend's Children's Social Care and endorses the associated Action Plan.

Susan Cooper
Corporate Director, Social Services and Wellbeing
June 2017

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10. Background Documents

None

Inspection of *Children's* Services

Bridgend County
Borough Council

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Contents

	Page
Introduction and next steps	3
Overview of findings	4
Recommendations	7
Access Arrangements	9
Safeguarding and Assessment	19
Leadership, Management & Governance	27
Appendix 1: Methodology	36

Introduction and next steps

Care and Social Services Inspectorate Wales (CSSIW) undertook an inspection of children's services in Bridgend County Borough Council in January/ February 2017. Inspectors looked closely at the quality of outcomes achieved for children in need of help, care and support and/ or protection. We focussed specifically on the quality of practice, decision making and multi-agency work in respect of the authority's safeguarding, access and assessment arrangements; including arrangements for the provision of information, advice and assistance and preventive services. In addition inspectors evaluated what the local authority knew about its own performance and the difference it was making for the people it was seeking to help, care and support and/or protect.

The inspection was structured around people's pathway into care and support services, specifically access to preventative and statutory services and the interface between the two, as well as any safeguarding issues arising. We considered carefully the contributions made by social services in partnership with other agencies to achieving good outcomes for children and families and where relevant to protecting children from harm. Inspectors read case files and interviewed staff, managers and professionals from partner agencies. An electronic staff survey was carried out across children's services. Wherever possible, inspectors talked to children, young people and their families.

At the time of the inspection the council was experiencing a significant period of change including the requirement to implement the Social Services and Well-Being (Wales) Act 2014 (SSWBA). The social services and well-being directorate was also actively progressing a transformational agenda of services for children young people and their families while having to deliver medium term financial savings.

Inspectors were pleased to note that senior managers were committed to achieving improvements in the provision of help and protection for children and families.

The recommendations made on page 8 of this report identify the key areas where post-inspection development work should be focused.

They are intended to assist Bridgend County Borough Council and its partners in their continuing improvement.

The inspection team would like to thank Bridgend service users, elected members, staff and partner agencies who contributed to this report.

Next steps

Bridgend County Borough Council is to produce an improvement plan in response to this report's recommendations which will be monitored as part of CSSIW programme of engagement.

Overview of findings

Access arrangements

Inspectors found that the authority had worked hard in the context of the Social Services Well-being Act 2014, to reshape its services. The authority's Information Advice and Assistance function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.

Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families. The colocation of staff from social services, Early Help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services, but was yet to mature into integrated services. The Assessment team multi agency arrangements will be extended through the development of a Multi Agency Safeguarding Hub from April 2017. The current access arrangements, including the interface between social services and Early Help, were underpinned by a threshold criteria document, but this was not yet sufficiently understood by partner agencies. Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. The quality of threshold decision-making however, was inconsistent and not sufficiently evidenced. It was acknowledged by the service that the changes introduced to operationalise IAA had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The information provided by partner agencies was not always of a sufficient quality to support the assessment team in their screening decision and some professional referrers demonstrated a lack of understanding of the requirements of the service. More work was needed to develop multi agency quality assurance systems to support staff to exercise appropriate and proportionate judgements and to provide assurance that children young people and families were being directed to the most appropriate service. The impending transition to a MASH provided a timely opportunity to refresh service expectations resulting from of the SSWBA, including learning from practice. The authority will also need to extend its performance information to include an analysis of the impact that services are having on reducing need and risk.

Safeguarding & Assessment

The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014. Strategy discussions were timely and supported appropriate information sharing from key agencies.

The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset. The timeliness and quality of partner's contributions to assessments was not always evident and remained too dependent on individual professional relationships.

Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Although most assessments were shared with children and families, lack of effective engagement resulted in them not always being sufficiently clear about the purpose of the help, care and support and/or protection they received. The resulting plans did not always reflect the findings of the assessments and were not sufficiently child focused or outcome driven. In some instances the quality of the plan hampered those taking over a case from swiftly understanding the needs and risks associated with children and families. Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement.

Management oversight of assessments and plans was seen but did not consistently provide the level of challenge and quality control needed.

Leadership management and governance

The authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early intervention and statutory services for children young people and their families. The objective to mitigate the need for statutory social services however was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services. It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.

The council needs to ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users. At the time of the inspection the SSWBA was still at an early stage of being embedded and more opportunities were needed to draw lessons from practice and engaged key stakeholders in reviewing progress and in any resulting service remodelling. The voices of children and families also need to be embedded in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families. The introduction of a new quality assurance framework will help the councils to understand the pace of its service improvement.

Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. The recruitment and the retention of social workers had been given significant priority despite some good progress the authority had encountered difficulty in recruiting experienced staff. Services therefore were not always delivered by a suitably qualified and experienced workforce that had the capacity to consistently meet workload demands. Staff valued the approachability of their line managers, and peer support from team members particularly in relation to managing the increase in volume and complexity of their work. Staff would welcome greater visibility of senior managers particularly given the remodelling of services.

The importance of staff development and good supervision practice to retention was recognised and newly qualified workers were found to be well supported in their first year of practice and highly valued the mentoring provided to them. Despite the availability of some good training programmes staff including managers needed help to prioritise training against the competing demands of their work. The quality of supervision was found to be very variable and did not routinely evidence sufficient challenge or reflection, a new supervision policy had not yet impacted on these quality issues. Senior managers were working to develop a stronger oversight of practice and management culture the leadership development of group managers and front line managers was therefore being progressed as a priority.

Recommendations

Access

1. A range of user-friendly information should be developed and made easily accessible for families, children and young people not only with respect to signposting to preventative services but also how children's services and early help carries out its work.
2. Effective, multi-agency training and quality assurance arrangements should be established to ensure that the thresholds and referral expectations of both early help and statutory children's services are understood by staff and partners and are consistently applied;
3. The council should continue to develop information systems that include scrutiny of service demand and support an analysis of the difference that early help, care and support and/or protection is making for children and families.
4. Caseload and quality assurance reports should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.
5. The quality and consistency of record keeping and the use of chronologies and genograms should be improved;
6. Effective arrangements should be put in place to ensure that the needs of children and young people are assessed if contacts and referrals about their well-being are repeated.
7. The council should review its Emergency duty team (EDT) arrangements to ensure that EDT referrals are effectively captured on the electronic system and that communication with the daytime service supports timely hand over and action.

Safeguarding and Assessment

8. The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.
9. A service model of risk assessment and risk management should be developed and shared with staff and also partner agencies. This should be accompanied by a programme of training and assurance mechanisms to ensure compliance, quality and impact.
10. Expectations in relation to the timeliness and quality of partner's contributions to assessments and care plans should be established. An assurance mechanism should be implemented to ensure compliance and quality.

11. Effective, management oversight and challenge systems should be established at the point of transfer between teams to ensure a clear understanding of the needs and risks associated with the case.

Leadership Management and Governance

12. The council should actively evaluate the effectiveness of its inter directorate working in supporting the Statutory Director Social Services in delivering against the statutory requirements of the Social Service Well-being Act and in particular Information Advice and Assistance.

13. The council should progress its commitment to developing an evidence based commissioning plan in relation to both statutory and early intervention services for children and families.

14. The council should consider how it can increase the voices of children and families in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families.

15. The council should consider how it can provide opportunities for staff and partners to be further engaged in the development and transformation of services; the identification of lessons learnt from its implementation of IAA should be used to inform the planned transition to a multi-agency safeguarding hub.

16. The quality assurance framework should be developed and implemented as a priority.

17. The workforce strategy should continue to focus on maximising staff retention and actions to promote the timely recruitment of experienced staff.

18. Staff must have the capacity to complete the training which has been identified to support their professional development.

19. Senior managers should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism should be implemented to ensure compliance and quality.

20. Arrangements for group managers, team/deputy managers and senior practitioners should be kept under review as part of the remodelling of services to ensure their capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; access to a leadership and development programme should be progressed for managers to build resilience.

Access Arrangements

What we expect to see

All people have access to comprehensive information about Information Assistance & Advice services and get prompt advice and support, including information about their eligibility for care and support services. Preventive services are accessible and effective in delaying or preventing the need for care and support. Access arrangements to statutory social services provision are understood by partners and the people engaging with the service and are operating effectively.

Summary of findings

- The authority had worked hard to reshape its services and had developed an assessment team as a single point of contact for both social work and preventative (Early Help) interventions.
- The colocation of staff from social services, early help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services.
- Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually.
- Despite positive performance in the number of Joint Assessment Family Framework (JAFF) completed, partners need to be encouraged to understand the impact that they could make by undertaking the role of the lead professional.
- The interface between social services and Early Help thresholds was underpinned by a threshold criteria document, but this was not sufficiently understood by partner agencies.
- Information provided by partner agencies was not always of a sufficient quality to support the assessment team to make secure screening decisions.
- There was a lack of accessible quality information for children, young people and their families.
- Performance information was being captured but needed to include a better analysis of service impact particularly in relation to repeat referrals.
- Screening decisions were inconsistent and managers and partners needed to be more engaged in the quality assurance of access threshold decisions.
- When contacts were received by children's services and there was an obvious indication of significant harm prompt and proportionate initial action was taken to protect children.
- More multi agency work was needed in respect of Information Advice and Assistance (IAA) service expectations to support staff to exercise appropriate and proportionate judgement.

Explanation of findings

Context

1.1. At the time of the inspection the Social Services and Well Being Directorate was progressing work to transform services to children in the context of a wider Corporate 'One Council' vision. This significant change process reflected the authority's corporate priorities and medium term financial requirements, the Directorate's business plan and the expectations and objectives of the Social Services Well-being Act (Wales) 2014. The safe reduction of its looked after children population remained a key priority for the council (387 children as of 31/12/2016). The council had reframed its focus, replacing its placement and permanence strategy within an Early Help and Permanence Strategy that was aimed at developing a "whole system" and multi agency approach to supporting Looked after Children, whilst helping families to remain together.

1.2 Children's Social services, designated as children's "social care", had been relocated from the former Children's Directorate – now the Education and Family Support Directorate and joined with adult social care under the Corporate Director Social Services and Well-being in January 2015. The authority's Early Intervention and support services (Early Help) remained within the Education and Family Support Directorate. The relationship between the Directorates had benefitted from their close ties in the past and these new arrangements were designed to underpin the corporate priority of 'helping people to be more self-reliant'. The location of early help responsibilities outside of the social services and well-being directorate however, means that any mitigation of need for statutory social services is significantly dependent upon the ability of the Directorates to work together in order to, co-ordinate and deliver an effective range of services.

1.3. Managers from across the two directorates, led by the Corporate Director Social Services and Well-being, had recently (summer 2016) developed a 'Vision into Action' document that identified four key change priorities. Children with Disabilities, Residential Services, Early help and Permanence and the development of a Multi-Agency Safeguarding Hub. The resulting shared project plans are now overseen by a 'Remodelling Children's Social Care Programme Board' and this includes other statutory partners.

1.4. The council had taken a national lead in the implementation of the new electronic Wales Community Care Information System (WCCIS). This necessitated that the authority create new operational templates consistent with the requirements of the act and the new system. The new arrangements 'went live' with the introduction of the SSWBA in April 2016, The system's electronic records were still new and recognised as a 'work in progress'. Staff reported early learning from practice was that the prescription of some templates impacted adversely on the proportionality of their work. The aim of WCCIS is to enable health and social services work together in a more integrated way nationally and locally. At the time of the inspection this integration of information with health was still at an early stage and the ambition of the system was yet to be realised. Inspectors found that the electronic record did not currently support readily accessible oversight of the authority's previous involvement with families. Chronologies and genograms were not well developed or purposeful and there was no common methodology. The

templates had not supported the capture of consistently good quality information or analysis. More work and training was needed particularly with those expected to use the tools, to develop a shared understanding of the intention of the templates and how they should be completed.

1.5. The authority was aware of the growth in demand for social services but also recognised the need to maximise the opportunity to promote more timely engagement with families when the threshold for statutory services was not met. The authority therefore had worked hard to reshape its services and had developed an assessment team as a single point of contact for both social work and the early help interventions. For example in 2015/2016: 3777 contacts had not progressed to a referral because they were deemed to be below the statutory threshold.

1.6. Whilst cross directorate work was evident between social services and early help services, the relationship between the assessment team and the council's other information services, including the Family Information Service (FIS) and the Council's Customer Service Centre (sometimes known as the call centre) was underdeveloped. Staff reported that a lack of understanding regarding the remit of the assessment team and its interface with other council information and signposting arrangements, created potential service tensions. The example most often cited by staff and observed by inspectors, was phone calls that could have gone to other services were misdirected to the assessment team blocking access to the duty system. Limited availability of dedicated business support staff to answer the phone had compounded this issue. The imminent transition to a Multi-Agency Safeguarding Hub (MASH) and the appointment of a new customer services manager was seen as an important opportunity for the council to clarify these information service pathways and to better publicise and disseminate the arrangements.

1.7. The authority had progressed work to implement the Dewis Cymru system (the national citizen portal for well being information) but this was still at an early stage. Information, including from the family information system, was still being uploaded onto the system. Once developed it is intended that Dewis will be used across the social services and well-being directorate and other parts of the council as a central information point for the public. As with any electronic information system, the challenge will be maintaining the relevance of information and ensuring ease of access for the public. It was helpful that a link had now been established on Welsh Community Care Information System (WCCIS) to support staff, to access pertinent information, particularly as some partners expressed concern that personnel providing IAA services did not always have sufficient information to signpost the public effectively.

A Multi-Agency Safeguarding Hub

1.8. A Multi-Agency Safeguarding Hub (MASH) was expected to go live from April 2017. Inspectors saw the Council's current approach to Information Advice and Assistance (IAA) as having been both progressed but also impeded by the work undertaken to develop the MASH. Staff involved in the project recognised that this would necessitate a further period of change but were optimistic that a MASH would extend the current multi agency make-up of the team, improve information sharing and the management of referrals, particularly those relating to domestic abuse. However the focus on the Mash had diverted some attention and resource away from ensuring that the operationalization of the SSWBA particularly in relation to the current access arrangements was sufficiently well understood and owned by staff and partner agencies. The transition to a MASH provided a timely opportunity for further joint training on the requirements of the SSWBA that could include learning from practice to date.

Information Advice and Assistance

1.9. Bridgend County Borough Council's current model for the provision of Information, Advice and Assistance (IAA) services for children, families and professionals was through a countywide assessment team based in Bridgend Civic Centre, or in relation to disabled children through a Disabled Children's team (co located with a multi agency adult social care team). Outside of working hours, a separate Emergency Duty Team responds to referrals that require an immediate response. As well as providing an IAA service, the Assessment team undertook initial safeguarding and child protection activities, child protection strategy discussions, section 47 enquiries, care and support assessments, court work and the accommodation of children as required, holding cases up until the point of closure or transfer.

1.10. The Assessment team consisted of two co-located pods of staff. A statutory services social work team, (team manager, three part-time senior practitioners, nine social workers and three unqualified social work assistant staff), an early help team, plus other specialist professionals.

1.11. The early help pod, comprised of a senior practitioner and screening officer who provided screening function for all new 'requests for help'. Membership had been extended in preparation for the MASH to include other co-located professionals, in order to facilitate more timely intervention and to ensure access to expert advice; these included a specialist health visitor (funded by health and an early help grant), a community drugs and alcohol worker and education child protection officers. Whilst the two pods had distinct functions and separate line management accountabilities, the co-location of agencies had started to improve understanding of each other's roles and the more flexible management of service thresholds. Despite the arrangements only being in place since April 2016, the council's ambition that people be directed more easily between social services and to early help services, had begun to be realised. It was reported by staff that approximately ten referrals a day were being passed directly to the two early help workers in the assessment team for screening, information gathering and direction on to early help services provided through early help locality hubs.

1.12. The interface between social services and early help was underpinned by one referral format and a threshold criteria document that sets out a pathway from universal through to targeted statutory services, including a step up and step down process. It was disappointing that whilst social work and early help staff were generally aware of these criteria, it was not well known by professional referrers. Despite reported confidence in children's services, partners identified that they often didn't know how the assessment team applied the thresholds between early help provision and statutory interventions. More work was needed to meaningfully engage with staff and partners including from across the council in shaping services and to promote greater transparency and understanding of operational thresholds.

1.13. It was not evident that children, young people and families had been consulted about service developments. Inspectors found that there were no leaflets or materials available to the public providing an information guide to the range of services available or how to access them; this gap is not consistent with the Information, Advice and Assessment requirements of the Act. A benefit associated with early intervention was that services did not carry the perceived stigma attached to the social service function. However, staff were unable to articulate how the public understood the differentiation of the council's service arrangements. It was unclear if the development of such published information had been postponed to accommodate the introduction of a MASH or if it was an unfortunate omission. It was significant that some staff indicated that they would also welcome such information, as they were not clear regarding service access thresholds for themselves.

1.14. Responsibility for those cases not meeting the statutory threshold but requiring preventative interventions was transferred to the early help service at the point of the early help request. Following screening, these cases were either closed; signposted or directed to the early help locality teams. It was positive that the parameters for eligibility to early help services were sufficiently inclusive to enable access to services both in relation to children and families with non-eligible and eligible needs and that the arrangements supported step down of cases from statutory social work teams. However, the lack of formal feedback systems regarding the take up of early help services meant that there were potential missed opportunities to actively engage families and ensure that the right response had been made. It had been recognised that some families needed a more prompt intervention in order to engage more effectively with early help and the authority were considering extending the early help service in the assessment team to include support workers able to undertake immediate task-focused work at the point of referral.

1.15. The demand on early help services had increased since its reconfiguration. Between April 2015 to September 2016 the early help service had received a total of 2999 'requests for help' (referrals) of which 40 % (1193) were made by schools and other education services. Children's social work teams made 31% (941) requests for help of which 32 % (303) were made by the assessment team (104 of which were made prior to completion of a care and support Assessment). Safeguarding hubs made 55 % (515) requests for help; 61 formal requests were made for step down support. Only 6 % (187) were self-referrals, whilst this was improved performance it remains stubbornly low and raises the question of whether the ability of the council's approach to early help to 'reach out' and maximise opportunities for identifying and mitigating early risk, are fully effective; this may reflect the lack of public awareness of the service.

Early Help

1.16. The early help services were configured around a central hub and three localities early help hubs. All of the hubs had strong connections with services commissioned through the Welsh Government's Families First grant and the Flying Start programme. Access to Flying Start support however, was location-specific, so creating some inequality in availability.

1.17. The central hub provided countywide specialist targeted services. These services have a key role in delivering the priority of safely reducing the council's looked after children population. (Services included Connecting Families; Specialist youth service co- coordinators and a regional IFSS team). The authority reported that 42% (394) of the requests for help made by the social work safeguarding teams from April 2015 –September 2016, were allocated to central hub services; 291 for example, were referred to Connecting Families. While staff highly valued these services and reported that they were effective there was frustration that service pressures impacted on their availability and the timeliness of their engagement with families.

1.18. The three early help hubs were co-located with social work safeguarding teams, with two hubs being based in their geographic area to promote better community links. The range of professionals who comprise the early help teams had all received training in 'evidence based practice' and 'motivational interviewing'. The teams operated a 'team around the family or team around the school' model. The service had seen a considerable growth in the number of JAFF assessments completed increasing from 228 in 2014/15 to 681 in 2015. Whilst this improved performance was positive, it appeared to stem in part from the location of the JAFF lead professional within the locality hubs. There was some evidence that the risk of concentrating ownership within a function in this way, rather than broadening it across partner agencies, was beginning to have a potential silo effect. It was recognised therefore that more work was needed to encourage and support partners in understanding the positive impact that they could make to children by undertaking the role of the lead professional.

1.19. Inspectors saw evidence of some timely and proactive early help work with children and families that supported their independence and improved well-being but some concerns were also raised that thresholds for interventions were still poorly understood by partner agencies.

Early help needs to be targeted early enough, some families who used to be able to access services are being excluded but the needs will just get worse '
(partner agency)

1.20. The complexity of some cases referred to early help caused some staff to feel that the service was not always operating within its professional competence. Early help providers identified that there was a frequent disparity between the reason for referral and the actual problem they encounter when they engage directly with family.

1.21. Inspectors saw a small number of examples where the threshold for service had been inconsistently applied and the case had been directed to early help before safeguarding issues had been sufficiently resolved. Inspectors were somewhat reassured however; that staff in the early help service were confident in their safeguarding responsibilities and that social work advice was available to support them to 'step up' such cases as needed.

Range of services

1.22. The council had developed a positive range of commissioned provision, a significant proportion of which was reliant upon grant funding. Some pressures and gaps in services were highlighted, particularly around services for children related to domestic abuse but the concerns raised by staff mainly related to issues of capacity and responsiveness. At the time of the inspection there were waiting lists for some services and delays in decommissioning and re-commissioning, due to grant funding constraints, meant that some early help organisations had stopped accepting new referrals. The authority was looking to resolve these issues and to strengthen future evidence based commissioning. Senior managers were very aware that access to early support was key to mitigating the need for statutory services and to the delivery of the early help and permanence strategy. Clearly this commissioning deficit is something that needs to be addressed as a priority.

1.23. The authority had recently begun work to capture the demand on services and had developed a shared dataset, which provided some numerical information from across both social services and early help. The data is reviewed by a multi agency Early Intervention and Safeguarding Board chaired by the Corporate Director of Social Services and Well-being. The data as seen by inspectors was at a very early stage but the authority had plans to progress this to include a greater emphasis on impact and outcomes. The analysis of such information will be essential if the authority is to understand the effectiveness of its arrangements and future development and commissioning needs.

Statutory services

1.24. The arrangements for access to statutory children's social services in Bridgend were well organised through the assessment team. In introducing the requirements of the SSWB Act, the service had sought to simplify operational expectations in relation to IAA by defining the role of the assessment team as providing a duty service to receive and screen referrals the result of which may be recorded as information and closed, signposted, or redirected to early help. Where advice or assistance was required, the assessment team undertook a proportionate assessment using a care and support assessment template, the outcome of which might include the identification of eligible need.

1.25. The authority had experienced year-on-year growth in the number of referrals. In 2015 /2016 the authority reported an 8% rise in contacts from 4619 to 4988 of which 1288 were screened as requiring social services involvement (a 28% increase in the overall number of referrals.)

1.26. Professional oversight of the duty arrangements was in place with the three designated senior practitioners sharing the day-to-day management of the first contact arrangements. Their responsibilities included screening cases, making and

signing off decisions on all new contacts, managing initial child protection strategy arrangements and allocating cases for assessment within the team. Increased pressure on the service meant that at least two of the senior practitioners were now engaged in the screening process on a daily basis. Inspectors noted that whilst they were there, the early help senior practitioner, again an experienced social worker had to step in to support the social work function because it was under capacity and could not manage the flow of work on that day.

1.27. A team manager has overall responsibility for the social work pod including supervision, performance and workflow. The team manager and the senior practitioners were all suitably experienced and secure in their professional decision making abilities. A key strength of the assessment team was the close working relationship between the managers and the staff and their shared commitment to safely supporting children and their families. The central location of the team meant that group managers were accessible and they were viewed as supportive. Staff reflected however, that changes in the group manager's roles to accommodate 'vision into action priorities' had necessarily impacted on their time, availability and continuity of responsibilities.

1.28. The authority had maintained consistently good performance in relation to the number of referrals on which a decision was made within one working day, and had retained this performance indicator as a means of providing assurance. As part of the introduction of the Act, the manager and senior practitioners had all 'worked' cases using the new templates, to better understand the practice changes needed. The team manager had also instigated systems including daily meetings with the senior practitioners to help support the consistency of decision-making and some sampling of cases was undertaken with the group manager. Inspectors saw some positive evidence of management oversight but found that whilst screening decisions were timely, the quality of the threshold decision-making was not yet consistent.

1.29. Inspectors saw examples of cases that were well managed and where screening attention was focused on safeguarding considerations but also on 'what matters' to the individual. When contacts were received where there was an obvious indication that a child was at risk or had suffered significant harm, prompt decisions were made and effective initial action was taken to protect the child.

1.30. In other cases the detail of the referral record was incomplete and information from the range of agency checks undertaken as part of the screening process was not always evident. The reason for the referral was also not always clear, or sufficiently clarified to ensure the appropriateness of the response. Staff reported and inspectors confirmed that EDT referrals were inconsistently captured on the electronic system and communication with the daytime service was too limited to ensure timely hand over and action.

1.31. Inspectors found it difficult to evaluate the quality of management decisions, as the underpinning rationale for the application of thresholds was not routinely recorded and did not reflect for example, the extent to which the cumulative effect of multiple incidents had been considered. Senior managers need to consider the extent to which this presents a potential safeguarding risk. In a minority of the cases seen, screening had not identified and reduced risks to children at the point of contact and referral. In these instances inspectors viewed the case as being

prematurely closed, inappropriately transferred to early help or requiring a more immediate statutory response.

1.32. Despite reported good 'working relationships with partner agencies it was evident that there was no shared common understanding of threshold criteria and staff told inspectors that referrals from partners were not of a consistently sufficient quality to support the assessment team to make informed decisions. Some partners equally described access to services as becoming increasingly bureaucratic and they did not understand the intentions behind the single point of contact arrangements.

1.33. The issue of consent was particularly highlighted, as being insufficiently addressed by referrers and it was clear that families were not always fully aware that they had been referred to the assessment team even where this was for early help. The perceived 'resistance' to gaining appropriate consent was often attributed to professionals 'wanting to preserve their relationship with families' but equally reflected a lack of understanding of the requirements of the service. The assessment team were seeking to positively challenge these issues and support partners to make more appropriately targeted referrals; this was being facilitated by the interventions of co-located multi agency colleagues within the team, who also helped to gather relevant information. The development of the MASH is intended to resolve some of these concerns. However, it was clear that more multi agency work was needed in respect of current IAA service expectations. Staff and Partners also need to be more engaged in the quality assurance process, particularly with regard to access threshold decisions.

'The assessment starts when enquiries on third party contacts start and then they go nowhere because when we speak to the families they didn't know about the referral and they don't want a service'. It all takes time ".
(Social workers)

1.34. The council's operationalization of the new legislation and particularly IAA had clearly resulted in some significant unintended consequences for the service that militated against the effectiveness of the team and had impacted on staff morale. Whilst welcoming a framework some staff told inspectors that they felt disempowered to exercise professional judgement, for example to close cases at the point of contact. The combination of incomplete information provided by professional referrers, the service trigger for instigating a proportionate assessments and the overly prescriptive nature of the accompanying assessment template, was all said to have resulted in 'excessively time consuming activity that was disproportionate to need'.

1.35. It was positive that senior managers had sought to respond to these concerns and had introduced new transfer arrangements to improve the throughput of work for the team. It had also been decided, prior to the implementation of the MASH, to reinstate a joint screening meeting with the police to better manage the high volume of police contacts and improve the identification of risk and timely action.

1.36. Whilst these changes were all helpful, it was nevertheless clear that the template driven nature of the assessment methods that have been introduced, had created a formulaic approach overall. Good safeguarding practice is predicated on the ability of experienced practitioners to exercise appropriate and proportionate judgement on a case-by-case basis. Whilst judgement always needs to be exercised within a clear framework, senior managers should review the extent to which the active social work analysis and decision-making function is being displaced by process and the potential for this to undermine confident professional decision making. Staff, partners and service users need to be actively engaged in the on-going review of the implementation of the SSWBA and in any resulting remodelling of the service.

Conclusion: - Access arrangements

Inspectors found that the authority had worked hard in the context of the Social Services Well-being Act 2014, to reshape its services. The authority's Information Advice and Assistance function was delivered through the Assessment team which provided a single point of contact for both social work and preventative (Early Help) interventions.

Access arrangements to Early Help and statutory services were respectful of peoples' rights and individuality and were available bilingually but there was a lack of accessible quality information for children, young people and their families. The colocation of staff from social services, early help and partner agencies within the assessment team was supporting children and families to be directed more easily to appropriate services, but was yet to mature into integrated services. The Assessment team multi agency arrangements will be extended through the development of a Multi Agency Safeguarding Hub from April 2017. The current access arrangements, including the interface between social services and Early Help, were underpinned by a threshold criteria document, but this was not yet sufficiently understood by partner agencies. Screening decisions were timely and Inspectors saw some positive evidence of management oversight. When contacts were received by children's services and there was an obvious indication of significant harm, prompt and proportionate initial action was taken to protect children. The quality of threshold decision-making however, was inconsistent and not sufficiently evidenced. It was acknowledged by the service that the changes introduced to operationalise IAA had brought additional expectations that put pressure on the capacity of the managers and the workload of the assessment team. The information provided by partner agencies was not always of a sufficient quality to support the assessment team in their screening decision and some professional referrers demonstrated a lack of understanding of the requirements of the service. More work was needed to develop multi agency quality assurance systems to support staff to exercise appropriate and proportionate judgements and to provide assurance that children young people and families were being directed to the most appropriate service. The impending transition to a MASH provided a timely opportunity to refresh service expectations resulting from of the SSWBA, including learning from practice. The authority will also need to extend its performance information to include an analysis of the impact that services are having on reducing need and risk.

Safeguarding & Assessment

What we expect to see

Effective local safeguarding strategies combine both preventative and protective elements. Where people are experiencing or are at risk of abuse neglect or harm, they receive prompt, well-coordinated multi-agency responses. People experience a timely assessment of their needs and risks which promotes their safety, well-being and independence. Assessments have regard to personal outcomes, views, wishes and feelings of the person subject of the assessment and that of relevant others including those with parental responsibility. Assessments provide a clear understanding of what will happen next.

Summary of findings

- Proportionate urgent action was taken to protect children and young people at risk of immediate significant harm. Strategy discussions were timely and supported appropriate information sharing with key agencies.
- The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014.
- The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset.
- Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments.
- The timeliness and quality of partners' contributions to assessments was not always evident and remained too dependent on individual professional relationships.
- The quality of plans should be improved to reflect the needs identified in the assessments, plans should be child focused and outcome-driven.
- Management oversight of assessments and plans was seen but did not consistently provide sufficient challenge and quality control.
- Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement in any resulting plan.

Explanation of findings

Safeguarding

2.1. For those children whose needs are greater or risks require action, the assessment team responded in a mainly timely way. Where children and young people were identified as at immediate risk of harm, children services convened a strategy discussion or meeting with the police.

The authority appeared clear in its decision making when moving into child protection investigations and proportionate urgent action was taken to protect children and young people at risk of immediate significant harm.

2.2. The senior practitioners in the assessment team and safeguarding hubs shared responsibility for managing strategy meetings and for section 47 enquiries on new cases. To promote continuity the social workers undertaking a section 47 enquiry within the assessment team reported to one designated senior practitioner who maintained oversight of the investigation. From the cases reviewed inspectors identified that social workers undertaking child protection investigations were suitably qualified but not always experienced. Staff holding child protection and looked after children cases were not always qualified but additional management oversight was provided.

2.3. Inspectors found that strategy discussions and/or meetings were managed in accordance with guidance. The relationships between social services and the police were viewed as positive and the arrangements for organizing strategy discussions/meetings were effective. Strategy discussions/meetings were timely and as required could be undertaken on the same day. A weekly 'set day' arrangement for strategy meetings was also in place and staff and partners described this as providing greater opportunity for relevant agencies to provide information and contribute to the decision making process. It was noted that, where relevant, early help staff also attended these meetings. Outcome strategy discussions /meetings were also convened and used effectively as a means of keeping agencies informed, reviewing progress and determining next steps.

2.4. The small number of strategy discussions, section 47 enquiries and case conference reports seen by inspectors as part of the case file sample were viewed as being appropriate and of a sufficient quality to inform decision making. Children were seen /observed and seen alone as part of the enquiry. Inspectors did not see any examples of children and families being subject to child protection investigations unnecessarily. When the decision was made that a child protection conference was required, the conference was convened within appropriate timescales. Child protection procedures were well understood by staff, and despite some variability in the quality of care and support protection plans seen, families were being supported to keep children safe.

2.5. Arrangements to seek legal advice were well established through legal gateway meetings (LGM). The decision making relationship between the LGM and the resource panels would benefit from clarification. Social workers and managers would also benefit from having clearer parallel processes between child protection

and the Public Law Outline (PLO) underpinned by a shared understanding of risk and the potential for change.

2.6. The authority had used emergency protection powers very infrequently in the last year. In the one case reviewed by inspectors it was questioned if planned action taken earlier might have resulted in a better outcome. The introduction of the MASH should support a system for review and learning from such cases.

2.7. As well as being an active member of the Western Bay Safeguarding Board (WBSCB) Bridgend has established a Safeguarding Operational Board chaired by the Corporate Director Social Services and Well-being and including partners from across the council. This has helped to ensure a local perspective and oversight of safeguarding activity for adults, young people and children within the County Borough. It was noted that the authority had undertaken significant work to raise the profile and response to risks of child sexual exploitation through the development of a Child Sexual Exploitation Task Force within the Bridgend area. All staff interviewed told us about recent training on this topic which included innovative ‘mapping sessions’ involving staff and partners. A similar approach is now needed in relation to risk assessment.

Assessment

2.8. At the time of the inspection Bridgend children’s services had sought to harmonise assessment practices with the new requirements of the SSWB Act. The consequence of this was that all assessments including those designated as providing advice and assistance (proportionate) were completed using one care and support assessment template that included the five domains of the SSWB. Staff in the social work pod of the assessment team were allocated responsibility for assessment, safeguarding and care and support planning on new cases. Case transfer points had been determined to maximise early opportunity to engage with and make a difference to children and families and minimise the early change of social worker, at a time when a family might be in crisis.

2.9. The Disabled Children's Team (DCT) undertook all assessments for disabled children including those where there are concerns of risk or potential harm for a disabled child. Inspectors only reviewed a few assessments undertaken by the DCT but the assessments seen were of a good quality. Inspectors also saw evidence in the files that the DCT routinely offered carers assessments to the parents/carers of disabled children.

2.10. Commitment in the assessment team was good, with varying levels of experience including newly qualified and non-qualified workers all of whom undertook assessments. Staff and managers said that the capacity of the team was being ‘stretched by the ‘competing and relentless’ demands being placed on the service. Caseloads, particularly of the more experienced staff were described as ‘increasingly unmanageable’ and manager’s oversight of cases was correspondingly under pressure.

2.11. At the time of the inspection the authority was in the first year of capturing base line performance data in relation to the introduction of the SSWB Act. Bridgend reported that in the nine months since the introduction of the Act, (April 2016 – December 2016) 1931 children and families had received advice and assistance (which were deemed as proportionate assessments). There had been 784 assessments for care and support undertaken of which 381(49%) had resulted in a care and support plan, with 404 (51%) assessed as not having eligible needs. Information from the shared data set captured for the Early Intervention and Safeguarding board, identified that 65% of all requests for help (early help) received from the assessment team between April 2015 to September 2016, were made following a care and support assessment. The volume of demand on the team had showed no signs of reduction and the authority will need to analyse its performance including its re-referral rate, to better understand if the current activity is proportionate, sustainable and promoting improved independence and outcomes for those using the service.

2.12. Managers were proactive and had systems in place to track assessments but the individual targets for the completion of assessments were not well recorded on the file. Inspectors found that the timeliness of assessments did not therefore consistently match the child's needs and some assessments were not completed within 42 days. Staff told inspectors that the repetitive nature of the assessment template did not support an overview of the case and was overly time consuming.

2.13. The quality of assessments seen was very variable. Inspectors saw some good examples that were proportionate to need and holistic in approach.

The assessment set out key aspects of the incident, discussion and an effective what matters conversation that included a clear focus on the child. The overall engagement was sensitive and carried out in a timely manner. Interviews and the case file record demonstrated that children were seen and the assessment was proportionate. The assessor directed the family to the possible support services available and to safeguarding and well-being information for children where they may witness domestic abuse. The mother was reassured by the intervention and felt able to access services as needed. (CSSIW inspector)

2.14. The best examples evidenced that the assessments built on from the initial information, the child was seen and the record captured both the child's and the parents' views (both resident and non-resident parent). This included what mattered to them in the context of their family history and their cultural needs. The analysis focused on potential strengths and risks and supported the identification of both eligible need and appropriate early help.

In other examples however, Inspectors found that the use of the "what matters conversations" as evidenced in the assessment reflected what was desired rather than what might be needed as a result of an over reliance on self-reporting. In a number of examples there was a lack of historical context and little exploration of the impact of previous support services provided.

2.15. Social work staff told inspectors that the timeliness and quality of partners' contributions to assessments was very variable and often remained dependent on individual professional relationships. In some cases seen by inspectors, it was apparent that despite persistent efforts by social services staff, relevant partners had not contributed effectively to complex assessments compromising social services decision-making.

Children's services compilation of a risk assessment of a father who had been convicted of a serious offence was initially compromised by the lack of information and risk analysis provided by those agencies working with the father's offending. (CSSIW Inspector)

2.16. The assessments of the need for care and support often did not provide a consistently sufficient analysis of risk or clear recommendations for action. It was a concern that staff and partners interviewed were not aware of the authority's risk assessment process and this raised questions regarding how the assessment informed and translated into a shared multi-agency risk management plan.

'Sometimes assessments prior to cases coming to conference are inconsistent, some are good and some not so good, some do not understand the domains they should be covering when constructing a child's plan however some are also very new to the role.'
(Staff survey)

2.17. Whilst it was positive that the assessment template required the identification of 'risks and strengths', this often produced a list rather than the analysis that is necessary for effective decision-making. In some case assessments and the resulting plan did not reflect a sufficient focus on the child's experience and lacked analysis of the impact of the adult behaviours on the child. Opportunities to use the assessment to support a learning context for the family, enabling them to reflect on how they might do things differently or better, were therefore missed.

2.18. Issues of disguised compliance were not always recognised and this meant that in some cases too much reliance was placed on the family's ability to improve outcomes for children without evidence of sustainable change. Social workers needed to be more confident in working with families in setting out their professional analysis of risk and needs. The lack of an appropriately holistic and coherent analysis of need and risk was at times detrimental to achieving a shared understanding with families regarding the level of concern, what change was required of them and/or the potential consequences of failing to make the changes needed. Staff and partners stated that they would welcome a defined whole service approach to the assessment and management of risk. It was understood that these materials were in the process of being redeveloped and would be re-launched and include a comprehensive training programme.

2.19. There were some good practice examples where children and young people were proactively engaged in producing their assessments but it was not always apparent. Managers and staff were very committed to undertaking direct work with families but staff across the service highlighted the impact workload pressures had on this ambition. It was disappointing that the extent of the good work undertaken by practitioners with children and families as part of the assessment was not always well evidenced in the records but rather was elicited through inspectors' interviews with staff.

We just want the best for our children, it's hard but the social workers and all the services working together have helped us sort it out and we are doing well now as a family. The social workers were honest about what we had to do, we just wanted to keep our children and they have helped us to do that.
(Service user – parent)

2.20. Advocacy was a mandatory domain in the assessment format and social workers told us that issues of support to engage in the process were routinely made to children young people and their families. Inspectors however saw few examples of formal advocacy being offered during the assessment phase.

2.21. Inspectors were not confident that assessments and the resulting plans were routinely shared with service users in a way that promoted their understanding of the issues. Information from the files reviewed and inspectors' direct contact with families led to the conclusion that while most were mainly positive about their experience, others were not clear about the purpose of children's services involvement in their lives. In a minority of cases this had directly impacted on the experience of the family and their ability/willingness to engage in a process that they described as oppressive and that they did not understand.

Quote

'It was my problem and I'm getting help, they never said it affected the children so they should leave us alone, it's against my human rights '(service user-parent)

'Initially I didn't find the social workers attitude helpful, I felt very pressured, but now I feel they are working with us and I can understand where they were coming from, its ok now, it feels like we all want the same thing '
(Service user – parent)

2.22. Inspectors again saw a positive emphasis on people being signposted to early help where the care and support assessment concluded that there was no eligible need. Despite being told that the requirements between statutory services and early help did not result in unnecessary duplication of assessments, inspectors were not confident that this was how families experienced the interface between the two services.

2.23. Inspectors found that where the assessment identified eligible need, a timely care and support plan was developed and this triggered the transfer of the case to the relevant social work safeguarding hub. Inspectors were concerned that the quality of the care and support plans seen were inconsistent and did not adequately reflect the assessment outcomes. The plans seen often did not routinely feature timescales, responsibilities for actions and what services were to be provided and why. Significantly, some plans did not include the level of risk or the contingencies needed if change was not achieved. It was not always clear how families were engaged in the co-production of their plans or whether they had received copies of the plans. In some instances Inspectors were concerned that the generalised nature of some plans demonstrated a lack of ownership and possibly reflected the necessity to expedite the transfer of work.

2.24. Staff and managers across the service described variability in the assessments but particularly in the quality of care and support plans. The plans were not seen as routinely providing newly allocated workers with a clear understanding of the needs and risks associated with the case. This was compounded by a lack of useful chronologies and limited commitment to joint introductory meetings at the point of transfer. Whilst staff were positive that some of the shortfalls in the written plans were mitigated through informal conversations between workers they also described having to 'unpick the plan' and 'start again' with families, in order to develop a shared understanding of what was needed including in relation to safeguarding issues. In some instances this clearly resulted in a loss of impetus while families re-engaged with the new social worker.

2.25. Transfer points for cases between the teams were established and the majority of staff were satisfied with the arrangements. Some concerns were expressed that there was a gatekeeping culture which did not support continuity for families and timely support. Case transfers were mainly managed through weekly transfer meetings and advanced information was provided so that receiving teams could plan and organize their work. Inspectors found that managers were not always using this opportunity to confirm that assessments and care and support plans were of sufficient quality to provide a cogent basis for on-going work. The importance of managers having a clear understanding of the issues and threshold for involvement with families is also essential to ensure the appropriate allocation of cases; particularly as the authority's workforce skill mix included unqualified staff. In some instances inspectors were concerned that safeguarding issues had not been sufficiently recognised.

2.26. Whilst all of the assessments and care and support plans reviewed had been appropriately signed-off, the current quality assurance systems in place were not sufficiently robust to oversee the consistent quality of work or to promote the improvement needed. The authority had recognised this and was actively developing a new quality assurance framework. Managers from across the service need to be supported to be more confident to evidence the extent to which they provide effective challenge and direction.

Conclusion: - Safeguarding and Assessment

The assessment team were working hard to implement the requirements of the Social Services Well-being (Wales) Act 2014. Strategy discussions were timely and supported appropriate information sharing from key agencies.

The quality of the assessments and recording seen was variable; some were good but others did not sufficiently evidence the principle of co-production or an analysis of need and risk from the outset. The timeliness and quality of partner's contributions to assessments was not always evident and remained too dependent on individual professional relationships.

Good social work practice to elicit the child's wishes and feelings was not consistently well reflected in the content of assessments. Although most assessments were shared with children and families, lack of effective engagement resulted in them not always being sufficiently clear about the purpose of the help, care and support and/or protection they received. The resulting plans did not always reflect the findings of the assessments and were not sufficiently child focused or outcome driven. In some instances the quality of the plan hampered those taking over a case from swiftly understanding the needs and risks associated with children and families. Assessments and resulting plans need to be better shared with children and families in a way that promotes their understanding of the issues and engagement.

Management oversight of assessments and plans was seen but did not consistently provide the level of challenge and quality control needed.

Leadership, Management & Governance

What we expect to see

Leadership, management and governance arrangements together establish an effective strategy for the delivery of good quality services and outcomes for people. The authority works with partners to commission and deliver help, care and support for people. Leaders, managers and elected members have a comprehensive knowledge and understanding of practice and performance to enable them to discharge their responsibilities effectively. Services are delivered by a suitably qualified, experienced and competent workforce that is able to recognise and respond to need in a timely and effective way.

Summary of Findings

- Leadership, management and governance arrangements complied with statutory guidance.
- The authority was working hard to transform services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early help and statutory services for children young people and their families.
- The SSWBA was at an early stage of being embedded. More opportunities were now needed to draw lessons from practice and engage staff partners and service users in reviewing progress and any service remodelling.
- The ambition to mitigate the need for statutory social services is significantly dependent upon the ability of the directorates to work together in order to contribute, co-ordinate and deliver an effective range of services.
- The council should ensure there is an ongoing analysis of the underlying complexities and risks associated with children's services.
- Work had been recently instigated to develop a more comprehensive evidenced based commissioning plan in relation to both statutory and early intervention services.
- The council should ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users.
- The principal of colocation of services was generally valued by staff but more work was needed to evaluate the service user's experience.
- The voice of the child was not evident in shaping service planning.
- Elected members' understanding of service improvement would be strengthened by reports that focus on outcomes and the impact for service users.
- Performance and quality assurance information needs to be more effectively captured and analysed to understand how the ambition for the service is being delivered. The new quality assurance framework will be essential to this understanding.
- The council needs to ensure that structured induction and core training programmes are available for all staff, including managers and agency staff.

- Staff valued supervision but the regularity and quality was inconsistent and subject to work pressures.
- Newly qualified workers reported that they were well supported and positively regarded the in house mentoring provided.
- Staff valued the approachability of their line managers, and peer support from team members. Staff morale was variable across the service issues raised included capacity to manage the level of demand, resource constraints, complexity of managing competing workload pressures and the potential impact resulting from planned remodelling of services.

Explanation of Findings

Leadership and Governance

3.1. At the most strategic level the authority had determined the vision to “always act as one council working together to improve lives” and the important principle of ‘helping people be more self reliant” is set out within the council’s corporate priorities and reflected in the corporate plan that came into effect in April 2016. The council had translated this priority as meaning developing approaches and practice to ‘reduce and prevent people from becoming vulnerable or dependent on our services or us.’ This priority had recently been developed into a children’s social care vision statement and an action plan aimed at “Together enabling better outcomes for children, young people and their families via responsive and timely services which support them to live together, work on difficulties and be safe.” The visions had been shared and were understood at the most strategic level within the council and by senior managers.

A ‘Vision into Action ‘ document was launched at an event in December 2016 .The Cabinet Member addressed the session and the event was attended by 111 staff representing every team from across the service (Head of Children’s Service)

3.2. As part of the remodelling of children’s services program, the authority was working to develop a more comprehensive understanding of need and provision. The extensive work undertaken as part of the population needs assessment will support this understanding and this information will be essential to the development of a comprehensive commissioning plan in relation to both statutory and early intervention services.

3.3. The managers and staff interviewed all expressed a commitment to improving well-being and safety outcomes for children and families. While less aware of the strategic vision, staff and partners were able to articulate the action taken to implement the requirements of the Social Services and Well-being (Wales) Act 2014, particularly in relation to Information Advice and Assistance. However critical elements of the early help approach, including the necessity for consent from families, were not sufficiently understood or embedded. Staff welcomed the priority being given to delivering a holistic service for people but, despite some recent consultation events, felt that there needed to be more opportunity to shape and

review access and IAA arrangements. Some staff described an unrealistic 'over optimism' by managers that the co-location of services in itself promoted effective joined up working.

3.4. Leadership, management and governance arrangements complied with statutory guidance. The authority was aware of its strengths and areas for development and the pressures resulting from its ambitious change agenda. The creation of a Corporate Director Social Services and Well-being was reported to have improved accountabilities and also efficiencies between adult and children's services. The council was confident that its 'one council vision' promoted the ability of the statutory director to help shape the corporate agenda. The strong reporting links between the Chief Executive Officer (CEO); Director of Social Services (DSS); corporate management board and Members was seen as providing good opportunities to share and oversee council priorities. Inspectors were reassured, for example, by the recent intervention and direction provided by the Chief Executive to address what were described as fragmented commissioning arrangements which staff and partners viewed as weakening the early help delivery model.

3.5. At the time of the inspection the authority's transformation agenda for children's services was being progressed alongside the requirement to contribute to medium term financial savings. There were considerable expectations being placed on the service particularly regarding the speed with which remodelling would deliver financial sustainability. Despite a greater shared awareness of the challenges facing children's services, there needs to be on-going recognition of the underlying complexities and risks associated with the service.

3.6. The successful delivery of remodelling in children's services is reliant on effective and constructive inter-directorate and interagency collaborations. While this was developing in relation to the work with the Education and Family Support Directorate, the contribution of other council services was not as apparent. There was evidence of some good communication and joint working with partner agencies at a strategic level, as highlighted by their engagement on the children services remodelling board and joint work to deliver new SSWB Act requirements in relation to the local prison. While such engagement provides a useful means of developing a shared strategic agenda it was yet to have had the necessary impact on promoting secure multi agency partnership working and "joined up practice". Poor communication was often highlighted by staff as a concern; however the Director and Head of Children's Service were actively committed to extending staff engagement.

3.7. Inspectors found a good level of political support for authority's strategic direction and children's services. Strong performance management and reporting mechanisms, which included opportunities to challenge, kept elected Members, well informed and also maintained safeguarding as a priority.

3.8. The reports provided to Members and scrutiny would benefit from a greater focus on outcomes, as this would support a more complete understanding of the level of improvement achieved. Mechanisms for elected Members and corporate officers to routinely hear the views of children, young people and their families using the assessment and early help services were underdeveloped. Elected Members and senior officer's visits to front line staff to directly hear their views also need to be

better planned and more purposeful. Staff told inspectors that they had limited awareness of these visits, as they did not know who people were, including the Chief Executive and members of the senior management team.

3.9. The Corporate Director Social Services and Well-being was working hard to promote a significant agenda of organisational and cultural change. This had been supported by the appointment of a permanent Head of Children's Services in 2015. It was noted that these managers had introduced regular management team meetings, which were routinely extended to include business support, legal services, early help managers, the complaints manager and human resource managers. This was aimed at improving shared ownership of governance arrangements.

3.10. Inspectors recognised that the scope of the authority's plans signalled their commitment to improving both early help and statutory services for children, young people and their families. The authority fully acknowledged that it had 'more to do to translate these aspirations into a secure framework for delivery of children's services.

3.11. It was recognised that the reorganisation of services and delivery of medium term financial savings necessitated more effective management oversight and 'grip'. An important emphasis was being given by the Director of Social Services and Head of Children's Services to improving the resilience of the children's services management culture, aimed at supporting group managers and team managers to take informed decisions in line with their accountabilities. While the intentions were broadly welcomed, staff reported that changes in management responsibilities and expectations of senior managers had created uncertainties and, what was perceived by staff as, additional bureaucracy that delayed key decision-making. Managers and staff need to be clear regarding service expectations, the location of decision-making accountabilities and have confidence in the timeliness of the response. Staff and managers also need to be supported to develop the skills needed to deliver the requirements of senior managers. The service changes to previously established ways of working will take time to embed. It is important that they are undertaken in a way that supports the meaningful engagement of staff and partners.

Performance Information and Quality Assurance

3.12. Performance management was well embedded across the service with effective mechanisms in place to collect and disseminate information. Data was systematically discussed at management meetings and compensatory actions agreed to address performance issues. Inspectors recognised the close and regular attention paid by senior officers and Members to children's services performance information and despite the change in performance targets resulting from the implementation of the SSWB Act, workers interviewed were all aware of the standards expected by the service. It was disappointing that some staff understood performance information as a management tool rather than as a means of improving the quality of services.

3.13. Officers and managers recognised that the quality assurance mechanisms required improvement and were in the process of developing a new framework that would better inform analysis of service effectiveness. This will need to be embedded as core business at all levels across the service. To provide a real understanding of the quality of services any framework would need to include a multi-agency

approach to monitoring thresholds and feedback from those providing, commissioning and using the service.

3.14. A safeguarding and quality assurance unit had been established across both children and adult services and this, plus the recent reinvigoration of the independent reviewing service, provided a helpful platform to monitor and drive service improvement. Overall the authority had more to do to ensure a sustained culture of learning. Most staff we interviewed expressed positive views about formal and required training but workload demands were said to impact on the ability of staff to access training. Systematic arrangements were not yet sufficiently well established across the service to capture and disseminate wider learning from social work practice and service user feedback mechanisms. Inspectors noted that complaint resolutions were coordinated and managed. While the outcome of complaints and compliments were shared with managers, including in an annual report, a more consistent mechanism for the prompt dissemination of learning points from complaints is needed to inform service improvement.

Workforce

3.15. As well as the central assessment team and the Children with Disability Team, children's social care comprises 4 other assessment and care management teams. These include a Just Ask Team (care leavers) and since July 2015 three safeguarding hubs. Staff in the safeguarding hub teams carry out the same functions as the assessment team in relation to children and young people who have eligible need and are subject to a care and support plan. Co-location with the early help teams meant that two safeguarding teams were based in the locality to promote improved public access and direct links with the local communities.

3.16. The authority has given significant attention to recruitment and retention of social workers and viewed this as a business critical area. Significant progress had been achieved in recruiting to social work posts however many of these were newly qualified workers and the recruitment of experienced workers had remained a challenge. The planned remodelling of the service will require a suitably experienced workforce if it is to be successful in reducing the demand for statutory services, and support better outcomes for children and young people living in the community.

3.17. The newly qualified workers interviewed reported that they were well supported through such arrangements as the First Year in practice programme, Continuing Professional Education and Learning (CPEL) Consolidation Programme and particularly through the in house mentoring provided. Most staff across the service were generally positive about the availability of training and managers were said to be attentive to staff development. Demand on workers' capacity however was reported to have impacted on their ability to attend planned training. All staff and managers interviewed demonstrated a good awareness of the changes to practice required by the SSWBA and had attended and valued initial training on the new Act. Further training including lessons from practice would now be timely and appropriate.

Social services are working well towards implementing the new Act. Children's Social services in Bridgend have a good mentoring scheme for newly qualified workers; I have received regular supervision and mentoring since being employed in Bridgend. Children's Social Services work well with preventative agencies (staff survey)

It is a stressful job to do and it is difficult when there are staffing issues, sickness and or annual leave and although this is recognised as a problem the expectation continues to be complete all work in a timely fashion and this is difficult to achieve without going over and above working in your own time.

(Staff survey)

3.18. The authority had experienced particular difficulties in the recruitment to senior practitioner's posts and had responded by implementing a successful 'grow your own approach'. This approach needs to be accompanied by a suitable induction and training programme to support staff moving into the management role.

3.19. The recent promotion of experienced social workers to a new senior practitioner role, their replacement with often less experienced staff, (many starting at the same time) and the presence of experienced but unqualified workers in the service structure meant that the authority was managing significant workforce vulnerabilities. These issues, as well as some sickness absence, were described by staff and seen by inspectors as impacting on the ability of teams to routinely allocate complex cases to suitably experienced and qualified practitioners.

3.20. It was positive that the need to strengthen some teams had been recognised and that the authority was using a small number of experienced agency staff to manage vacancies and absences. It was disappointing that there was no consistent approach to their induction to ensure that they understood Bridgend policy and procedures.

3.21. Despite the creation of deputy team managers in the safeguarding hubs (not the assessment team) the capacity of team managers to provide the level of support and oversight needed was identified as being under pressure across the service. Senior managers were actively seeking to develop and build the resilience of their workforce including their management staff group but recognised the difficulty they had in balancing this ambition whilst also managing capacity pressures. Management capacity has also been increased with the appointment of a new principal officer who will have line management responsibilities for the MASH but also for permanence.

3.22. Staff told inspectors that whilst they believed there were potential benefits of the new configuration of services, these were yet to be fully realised. The geographical location of some teams was seen as positive for building community links but not for service cohesion. Inspectors heard that social work staff 'did not know each other' and were concerned that social work teams were developing an unhelpful negative perception of each other that needs to be addressed. More work

is needed to support strategic and operational alignment and to ensure that teams have a clear sense of shared identity and value within the service.

3.23. Morale amongst workers was variable. The majority of concerns expressed particularly in the staff survey were about volume of work, retention of staff and changes in the service.

Bridgend has the most amazing loyal and hard working staff who try hard in the most difficult of circumstances to provide a good service to the children and families they work with. Within my own team everyone supports each other and really cares about each other.

Highly experienced staff are being replaced by newly qualified staff, which has an effect on service.

Resources for children and carers are diminishing by the day, and no new options are available to replace them.

(Social workers and staff survey)

3.24. The majority of the staff interviewed told us that workloads were becoming increasingly pressured both in terms of volume and complexity. Whilst most staff felt supported by their team manager they expressed concern that the demands of their caseloads were not always apparent or sufficiently recognised by senior managers. The demands created by different team boundaries were also said to impact inequitably on staff workloads.

3.25. Staff expressed significant frustration that communication was poor across the service and that they did not know how actively senior managers were addressing recognised challenges that impacted on the team's capacity. For example, the growth in demand for supervised contact meant that, despite contact workers in the team, social workers and manager's time was increasingly taken up with finding venues and arranging supervisors for contact. At the time of the inspection social workers also had to undertake transport responsibilities for children within the service due to a contract issue with the voluntary driver scheme.

3.26. Managers and staff expressed anxiety that the demands on both management time and on experienced workers were increasingly impacting on the resilience of the service. Staff were particularly concerned that looked after children on their caseload did not receive sufficient time despite permanence being a council priority. Staff indicated that time constraints reduced their ability to undertake meaningful direct work with children and that whilst they valued the support services available they increasingly felt like case co-ordinators rather than agents of change. Equally social workers need to be supported to recognise the significance of their own work as a preventive service in itself.

3.27. Staff experience of supervision varied across the service. Team managers routinely undertook supervision of social workers; deputy team managers supervised some social work assistants and contact workers. Those interviewed told us that while most had regular supervision, few thought it was reflective. The supervision received by team managers, deputy team managers and senior practitioners was also described as inconsistent across the service and often said to be vulnerable due to competing demands. Inspectors found that supervision records were of poor quality and focused on task centred case discussion. The supervision policy had been refreshed and launched through briefings and skills workshops in April 2016 aimed at supporting a better outcome focus but this had not yet made any significant impact. The authority was working with managers to develop their skills and recognised that targeted training was needed on the new supervision framework. More work is needed to ensure workers receive good quality reflective learning opportunities through supervision as this supports practice but is also crucial to the retention of competent, confident staff.

Conclusion: - Leadership, Management and Governance

The authority was working hard to transform children's social services at a time when they had to deliver medium term financial savings. The ambition of the authority's plans signalled their commitment to improving both early intervention and statutory services for children young people and their families. The objective to mitigate the need for statutory social services however was significantly dependent upon the ability of all council directorates to work together in order to deliver against the council's vision and contribute and co-ordinate an effective range of services. The council will need to ensure there is an ongoing analysis of the underlying complexities and risks associated with statutory children's services. It was positive that the council had recently begun work to develop a more comprehensive evidenced based commissioning plan that will be key to the delivery of its early help and permanence strategy.

The council needs to ensure that the strategic direction is translated into an operational strategy for delivery of children's services that is effectively communicated and understood by staff, partners and service users. At the time of the inspection the SSWBA was still at an early stage of being embedded and more opportunities were needed to draw lessons from practice and engaged key stakeholders in reviewing progress and in any resulting service remodelling. The voices of children and families also need to be embedded in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families. The introduction of a new quality assurance framework will help the councils to understand the pace of its service improvement.

Staff were committed to achieving good outcomes for children and families but staff morale was variable across the service and needed to be nurtured at a time of significant change. The recruitment and the retention of social workers had been given significant priority despite some good progress the authority had encountered difficulty in recruiting experienced staff. Services therefore were not always delivered by a suitably qualified and experienced workforce that had the capacity to

consistently meet workload demands. Staff valued the approachability of their line managers, and peer support from team members particularly in relation to managing the increase in volume and complexity of their work. Staff would welcome greater visibility of senior managers particularly given the remodelling of services.

The importance of staff development and good supervision practice to retention was recognised and newly qualified workers were found to be well supported in their first year of practice and highly valued the mentoring provided to them. Despite the availability of some good training programmes staff including managers needed help to prioritise training against the competing demands of their work. The quality of supervision was found to be very variable and did not routinely evidence sufficient challenge or reflection, a new supervision policy had not yet impacted on these quality issues. Senior managers were working to develop a stronger oversight of practice and management culture the leadership development of group managers and front line managers was therefore being progressed as a priority.

Methodology

Pre-fieldwork

The authority completed a self assessment and provided CSSIW with documentation and performance information relating to the focus of the inspection. The information provided was reviewed and used to shape the detailed lines of enquiry for the inspection.

Fieldwork

The inspection team were on site in Bridgend for 8 days during January and February 2017.

Case Review: inspectors considered 60 randomly selected cases and explored 21 of these in further detail with social workers and their managers, other professionals involved and children and families. We undertook 21 interviews with allocated case workers and team managers as well as 10 interviews with children, families and/or carers.

Interviews & Focus Groups: inspectors conducted over 24 group or individual interviews with senior managers, staff, elected members and partners.

Staff survey: an on-line SNAP survey was administered to staff in children's services; 115 returns were received.

Observation of practice: inspectors observed 2

Review of complaints & compliments: inspectors reviewed 10

Review of supervision & appraisal documents: inspectors reviewed 20

Further detail regarding the framework for local authority inspection, engagement and performance review can be viewed here:

<http://cssiw.org.uk/providingacareservice/our-inspections/how-we-inspect-local-authorities/?lang=en>

Inspection Team

The inspection team consisted

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Acknowledgements

CSSIW would like to thank the people who contributed to the inspection: children, families and carers, staff and managers of Bridgend; the service providers and partner organisations, including the third sector for their time, cooperation and contributions to this inspection.

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CSSIW inspection of Children's Services, Bridgend County Borough Council

Recommendations – Action Plan

	RECOMMENDATION	ACTIONS REQUIRED	LEAD RESPONSIBLE OFFICER	TIMESCALE
	Access			
1.	A range of user-friendly information should be developed and made easily accessible for families, children and young people not only with respect to signposting to preventative services but also how children's services and early help carries out its work.	<ul style="list-style-type: none"> • MASH Communication Plan to be finalised and implemented • Public Information Plan to be finalised and launched • Dewis to be launched in line with the Corporate Digital transformation programme 	<ul style="list-style-type: none"> • GM Assessment-Case Management /Principal Officer/GM Integrated Working –Family Support • As above • Policy & Information Manager/Head of Children's Social Care 	<p>July- Sept 2017</p> <p>October 2017</p> <p>December 2017</p>
2.	Effective, multi-agency training and quality assurance arrangements should be established to ensure that the thresholds and referral expectations of both early help and statutory children's services are understood by staff and partners and are consistently applied;	<ul style="list-style-type: none"> • Children's Social Care Workforce Development/Training Plan to be finalised and delivered. • SS&WB Directorate Quality Assurance Framework to be finalised and launched • Joint audit tools to be finalised and implemented 	<ul style="list-style-type: none"> • Training Manager • GM Safeguarding/ P.O. Service Development • Principal Officer/GM Safeguarding 	<p>August 2017</p> <p>Sept 2017</p> <p>October 2017</p>

3.	The Council should continue to develop information systems that include scrutiny of service demand but also support an analysis of the difference that early help, care and support and/or protection is making for children and families.	<ul style="list-style-type: none"> • Data reports to be routinely scrutinised by the Early Help and Safeguarding Board • Joint data set to be further developed to incorporate qualitative information in addition to quantitative data 	<ul style="list-style-type: none"> • Corporate Director Social Services & Wellbeing/Corporate Director Education & Family Support • Principal Officer / GM Integrated Working – Family Support 	<p>July 2017 onwards</p> <p>November 2017</p>
4.	Caseload and quality assurance reports should be continuously monitored to ensure there is sufficient capacity for workers to engage effectively with children and their families.	<ul style="list-style-type: none"> • Early Help and Permanence Strategy to be revised in response to IPC review • IPC to complete review of Children’s Social Care Remodelling Programme and associated projects • Caseload data to be a routine item at weekly Team Managers meetings • Supervision Policy to be revised to ensure caseload data is a routine agenda item in supervision • Reports on QA Activity to be routinely monitored and collated into an annual report 	<ul style="list-style-type: none"> • GM Safeguarding/GM Integrated Working – Family Support/ Principal Officer • Head of Children’s Social Care • GM Assessment – Case Management/GM Disability Transition & Case Management • Training Manager • GM Safeguarding 	<p>December 2017</p> <p>December 2017</p> <p>July 2017</p> <p>July 2017</p> <p>October 2017 onwards</p>

5.	The quality and consistency of record keeping and the use of chronologies and genograms should be improved.	<ul style="list-style-type: none"> • WCCIS chronology and genogram functions to be further developed • Recording-skills training to be included in workforce development/training plan • Audit tools to include reference to quality of recording 	<ul style="list-style-type: none"> • Policy & Information Manager/Senior Administration Officer • Training Manager • Principal Officer Service Development/GM Safeguarding 	<p>December 2017</p> <p>August 2017</p> <p>Sept 2017</p>
6.	Effective arrangements should be put in place to ensure that the needs of children and young people are assessed if contacts and referrals about their well-being are repeated.	<ul style="list-style-type: none"> • Include this in the Terms of Reference for audit activity in the MASH 	<ul style="list-style-type: none"> • Principal Officer/GM Integrated Working & Family Support/GM Safeguarding/Principal Officer Service Development 	October 2017
7.	The council should review its Emergency duty team (EDT) arrangements to ensure that EDT referrals are effectively captured on the electronic system and that communication with the daytime service supports timely hand over and action.	<ul style="list-style-type: none"> • A review of business processes between EDT, IAA team and Safeguarding hubs to be undertaken • EDT Manager to be located in Bridgend MASH one day per week to improve communication/resolution of issues 	<ul style="list-style-type: none"> • GM Business Support/ GM Assessment & Case Management/ Principal Officer • Principal Officer 	<p>Dec 2017</p> <p>Nov 2017</p>

	Safeguarding and Assessment			
8.	The quality of assessments and plans should be improved to ensure that they are consistently of a good quality, with a clear focus on the needs, risks and strengths of children and families, and that desired outcomes, timescales and accountabilities for actions are clear.	<ul style="list-style-type: none"> Delivering Outcomes Focused Practice Programme to be delivered for social workers and social care workers. Core components of the programme are: <ul style="list-style-type: none"> Engaging well – in order to measure outcomes in a person centred model of practice. Collaborative communications Inspirational conversations for social workers. The QA framework to include a programme to ensure that all managers take responsibility for the audit of cases in their areas 	<ul style="list-style-type: none"> Corporate Director Social Services & Wellbeing /Head of Children’s Social Care GM Safeguarding/ Principal Officer Service Development/ all GMS 	<p>March 2018</p> <p>Nov 2017</p>
9.	A service model of risk assessment and risk management should be developed and shared with staff and also partner agencies. This should be accompanied by a programme of training and assurance mechanisms to ensure compliance, quality and impact.	<ul style="list-style-type: none"> Review and relaunch the risk assessment framework and tools Begin implementation of the Training programme 	<ul style="list-style-type: none"> GM Safeguarding /Training Manager Training Manager 	<p>July 2017</p> <p>July 2017</p>
10.	Expectations in relation to the timeliness and quality of partner’s contributions to assessments and care plans should be established. An assurance mechanism should be implemented to ensure compliance and quality.	<ul style="list-style-type: none"> Early Help and Permanence strategy and associated plans/documents to be revisited with partner agencies. Approaches to joint assessments to be covered in the training described in 8 & 9 QA Audit tools will facilitate monitoring of multi-agency working 	<ul style="list-style-type: none"> IPC Training Manager Principal Officer Service Development/ GM Safeguarding 	<p>Sept 2017</p> <p>Oct 2017</p> <p>Nov 2017</p>

11.	Effective, management oversight and challenge systems should be established at the point of transfer between teams to ensure a clear understanding of the needs and risks associated with the case.	<ul style="list-style-type: none"> Review the Transfer policy to ensure that the structure and content of transfer meetings capture the recommendation and are chaired by a GM 	<ul style="list-style-type: none"> GM Assessment – Case Management/GM Disability Transition Case Management 	June- August 2017
Leadership Management and Governance				
12.	The council should actively evaluate the effectiveness of its inter directorate working in supporting the Statutory Director Social Services in delivering against the statutory requirements of the Social Services & Well-being Act and in particular Information Advice and Assistance.	<ul style="list-style-type: none"> Internal Audit to undertake a programme of reviews, provide advice and support in this area Areas for improvement identified by the audit activity described above to be addressed 	<ul style="list-style-type: none"> CMB CMB 	Qtrs 1 2 2017/18 2017/18
13.	The council should progress its commitment to developing an evidence based commissioning plan in relation to both statutory and early intervention services for children and families.	<ul style="list-style-type: none"> Analysis of final BCBC Population Assessments Engagement & consultation with stakeholders Finalise & publish Commissioning Plan 	<ul style="list-style-type: none"> GM Commissioning GM Commissioning GM Commissioning 	July 2017 Dec 2017 Apr 2018
14.	The council should consider how it can increase the voices of children and families in shaping service planning to provide a better understanding of the difference that help, care and support and/or protection is making for children and families.	<ul style="list-style-type: none"> In line with the QA framework, co-ordinate the approach to gaining, recording and using feedback Establish engagement and consultation plans for all remodelling projects in Children’s Social Care 	<ul style="list-style-type: none"> GM Safeguarding/ Principal Officer Service Development Head of Children’s Social Care 	Sept 2017 Dec 2017
15.	The council should consider how it can provide opportunities for staff and partners to be further engaged in the development and transformation of services; the identification of lessons learnt from its implementation of IAA should be used to	<ul style="list-style-type: none"> A review will be carried out to extend staff and partner participation in the Children’s Social Care Remodelling Programme and projects that underpin this 	<ul style="list-style-type: none"> Corporate Director Social Services & Wellbeing /Head of Children’s Social Care/ IPC 	Commenced in June 2017 but ongoing throughout the year

	inform the planned transition to a multi-agency safeguarding hub.	<ul style="list-style-type: none"> The statutory Director and HoS will continue to meet with staff regularly to update on the transformation programme and invite staff to participate in projects MASH Communication Plan to be implemented 	<ul style="list-style-type: none"> Corporate Director Social Services & Wellbeing /Head of Children's Social Care GM Assessment – Case Management/Principal Officer/GM Integrated Working & Family Support 	Ongoing Sept 2017
16.	The quality assurance framework should be developed and implemented as a priority.	<ul style="list-style-type: none"> As per recommendation 2 	<ul style="list-style-type: none"> GM Safeguarding/ Principal Officer Service Development 	Sept 2017
17.	The workforce strategy should continue to focus on maximising staff retention and actions to promote the timely recruitment of experienced staff.	<ul style="list-style-type: none"> Strategy to be finalised and implemented 	<ul style="list-style-type: none"> GM Assessment – Case management/Principal Training Officer 	August 2017
18.	Staff must have the capacity to complete the training which has been identified to support their professional development.	<ul style="list-style-type: none"> Workforce Development Training plan to be launched to facilitate forward planning of training through individual supervision 	<ul style="list-style-type: none"> Training Manager and all managers 	Sept 2017
19.	Senior managers should take steps to improve the frequency, consistency and quality of front line staff supervision; an assurance mechanism must be implemented to ensure compliance and quality.	<ul style="list-style-type: none"> Supervision Policy to be re-launched Audit tool to be relaunched and incorporated in annual audit work Plan under auspices of QA framework Regular reports to be taken to weekly Team Manager meetings 	<ul style="list-style-type: none"> Training Manager GM Safeguarding /Principal Officer Service Development GM Assessment – Case Management/GM Disability Transition Case Management 	July 2017 July 2017 July 2017

20.	<p>Arrangements for group managers, team/deputy managers and senior practitioners should be kept under review as part of the remodelling of services to ensure their capacity to effectively and consistently provide management oversight of decision making, challenge and direction for staff across the service; access to a leadership and development programme should be progressed for managers to build resilience.</p>	<p>Training needs analysis to be undertaken to inform a coordinated programme for managers which will include:</p> <ul style="list-style-type: none"> • Corporate and whole sector social care leadership and management development training programme (all managers). • Post Graduate Diploma in Managing Practice Quality in Social Care (team managers) • Postgraduate Certificate in Strategic and Operational Leadership in Social Care (MMDP) (group managers) • Coaching / Mentoring (all managers). <ul style="list-style-type: none"> • IPC to deliver a leadership Development programme 	<ul style="list-style-type: none"> • Corporate Director Social Services & Wellbeing /Head of Children's Social Care <ul style="list-style-type: none"> • Head of Children's Social Care 	<p>October 2017</p> <p>December 2017</p>
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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

PARTNERSHIP AGREEMENT (S33) FOR WESTERN BAY PROGRAMME INFRASTRUCTURE

1. Purpose of Report.

1.1 In order to formalise the partnership funding arrangements in relation to the Western Bay Programme infrastructure and to establish a pooled fund arrangement hosted by the City & County of Swansea, Cabinet is requested to:

- Endorse the principles of the Partnership Agreement (S33) for Western Bay Programme Infrastructure, whereby the City & County of Swansea is the host authority, with the three statutory partners of Bridgend County Borough Council, Neath Port Talbot County Borough Council and the Abertawe Bro Morgannwg University (ABMU) Health Board. This includes a pooled fund for the staffing costs for the Western Bay Programme Office;
- Authorise the Corporate Director of Social Services and Wellbeing to arrange for the execution of the final version of the Partnership Agreement on behalf of the Council in consultation with the Corporate Director, Operational and Partnership Services and the Section 151 Officer;
- Authorise the Corporate Director of Social Services and Wellbeing, in consultation with the Corporate Director, Operational and Partnership Services and the Section 151 Officer, to make any future minor changes to the executed Partnership Agreement.

2. Connection to Corporate Improvement Plan / Other Corporate Priority.

2.1 This service development relates to all the Corporate Priorities as follows:

- Helping people to be more self-reliant;
- Smarter use of our resources;
- Supporting a successful economy.

3. Background.

3.1 The Local Authority Chief Executives and Social Services Directors, together with the Chief Executive of the Health Board and Executive Directors of the Health Board across Western Bay have worked together under the auspices of the Western Bay programme since 2012. The Western Bay programme has evolved and is now managing and overseeing a range of collaborative services and activities across the region.

- 3.2 A Regional Partnership Board (RPB) provides strategic oversight and direction to Western Bay and includes Elected Member representation from the three Local Authority Leaders and portfolio holders, the Chairman of the ABMU Health Board alongside third sector, independent sector, carers and service user representatives (full Membership of the RPB attached as **Appendix 1**).
- 3.3 The governance of the Western Bay Programme is well established and fit for purpose in fulfilling the priorities identified by the Regional Partnership Board and the requirements of the Social Services and Wellbeing (Wales) Act 2014 (SWBWA). Improved engagement and participation with other sectors, including the third and independent sectors, has been developed through the programme.
- 3.4 There are a number of regional services and collaborative projects currently in existence which are working successfully e.g. Community Services Programme (older people services), Contracting and Procurement Project, prevention and wellbeing initiatives including Local Area/ Community Coordination, Workforce Development training implementation, the Wales Community Care Information System implementation, support for carers, as well as 'business as usual'/ Tier 2 initiatives including the Western Bay Adoption Service, regional Safeguarding Boards, Integrated Family Support Service, Regional Collaborative Committee for Supporting People, Youth Justice and Early Intervention Service.
- 3.5 Welsh Government transferred the Delivering Transformation Grant funding to the Revenue Support Grant to continue to support the regional joint working activity and new requirements around partnership working, as required within the SSWBA. The Integrated Care Fund is held by the ABMU HB for the Regional Partnership Board.
- 3.6 The regional partnership arrangements and work programmes are supported by the Western Bay Programme Office, hosted by the City & County of Swansea. A small team of staff is employed to coordinate and support a set of programmes and projects that progress health and social care integration. The funding for this arrangement has to date been through different Welsh Government funding streams (Regional Collaboration Fund, Delivering Transformation Grant and Intermediate Care Fund).
- 3.7 The Programme Office works across partner organisations to deliver on the Regional Partnership Board priority areas of work and provides business support to the Regional Partnership Board and to the transformational Programme and Project Boards which support the Regional Partnership Board. To date the posts (staffing), work programmes, meetings and activities have been funded from the Delivering Transformation Grant combined with the Integrated Care Fund (formerly Intermediate Care Fund). The Partnership (S33) Agreement will formalise the arrangements for the Programme Office and establish a pooled fund arrangement drawing on the Revenue Support Grant and the Integrated Care Fund.
- 3.8 The Delivering Transformation Grant has previously supported the development of the population assessment, the Social Enterprise support programme delivered by three County Voluntary Councils, costs associated with the Regional Citizen panel

and communication and engagement activities, including the Western Bay website, as well as provision of expert advice.

- 3.9 Skills and capacity to deliver regional working arrangements across health and social care and across local authority and sectoral boundaries are scarce and the experience which has been built up among the Western Bay Programme Office staff over the past 3-4 years is valuable to the programme going forward. The importance of retaining the knowledge and experience in the current team and providing some certainty to experienced staff, with a proposed extension of contracts for three years to 2020 (including a review in 2019) was agreed through support of a business case endorsed by the Western Bay Leadership Group (Local Authority and Health Board Chief Executives and Directors) in November 2016.

4. Current Situation/Proposal

Legislation

- 4.1 The Social Services and Well-Being (Wales) Act 2014 brought about new requirements on partners in the way that services are delivered and the outcomes for citizens. Part 9 of the Act specifically brings legislative requirements on partners relating to partnership arrangements. It requires Local Authorities and the Health Board to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It also provides Welsh Ministers with regulation making powers in relation to formal partnership arrangements, resources for partnership arrangements (including pooled funds) and partnership boards.
- 4.2 Furthermore the Code of Practice for Part 8 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBWA) states: *'The director of social services must lead on the development of effective arrangements, including at regional partnership level, to promote co-operation to achieve the following purposes:*
- a) Improve the well-being of people with care and support needs, including carers who need support;*
 - b) Improve the quality of care and support for people, including support for carers;*
 - c) Protecting adults with care and support needs who are at risk of experiencing abuse or neglect; and*
 - d) Protecting children who are at risk or experiencing abuse or neglect'.*
- 4.3 There is therefore a statutory requirement for Directors of Social Services to ensure that partnership working arrangements are in place and are delivering improved effectiveness and efficiency in relation to the delivery of care and support services to address care and support needs, and support needs for carers, identified in the population needs assessment.
- 4.4 A draft Partnership Agreement has been developed to reflect the agreed partnership contributions required to support the Western Bay Programme Office. The draft Partnership Agreement is based on the provisions of Section 33 of the National Health Services (Wales) Act 2006, which enables the Health Board and Local Authorities to pool funds to enable the provision of shared services.

Principles of the Partnership (S33) Agreement

4.5 The Partnership (S33) Agreement has been drafted and developed jointly among the legal and finance leads of the four statutory partners. It includes the following principles:

- the provision of high quality, efficient and cost effective arrangements to meet the needs of the partners, service users and other authorised users;
- the establishment of an initial budget and the contributions to be made by each of the partners for 2017/18, together with the budget setting arrangements for future years;
- the provision of detailed financial governance arrangements for the pooled fund;
- transparency in relation to risk sharing arrangements including a provision for any redundancy costs to be shared by the parties in the event of termination of the agreement.

4.6 The financial contributions and funding are set out in **Appendix 2**, together with the budget for the first financial year.

Workforce Impact

4.7 The City & County of Swansea employs the Western Bay Programme Office staff, some of whom are employed on fixed term contracts, others are seconded from partner organisations.

Risk Management

4.8 An overall risk log is maintained by the Western Bay Programme Office in relation to the Western Bay programme. Individual risk logs are maintained by individual work programmes and projects that make up the Western Bay Health and Social Care programme.

Legal Implications

4.9 The establishment of a Partnership Agreement, under s33 of the National Health Services (Wales) Act 2006, creates legal obligations which will underpin the resourcing of the Western Bay Programme Office and will provide a transparent and auditable basis for the future of this shared resource.

4.10 The Agreement and the governance arrangements contained therein will be subject to annual review to ensure that it continues to be fit for purpose.

5. Effect upon Policy Framework and Procedure Rules.

5.1 There is no effect upon the Policy Framework and Procedure Rules.

6. Equality Impact Assessment

6.1 There are no equality implications associated with this report.

7. Financial Implications

7.1 The financial contributions and funding are set out in **Appendix 2**.

8. Recommendation

8.1 Cabinet is recommended to:

- Endorse the principles of the Partnership Agreement (S33) for Western Bay Programme Infrastructure, whereby the City & County of Swansea is the host authority, with the three statutory partners of Bridgend County Borough Council, Neath Port Talbot County Borough Council and the Abertawe Bro Morgannwg University (ABMU) Health Board. This includes a pooled fund for the staffing costs for the Western Bay Programme Office;
- Authorise the Corporate Director of Social Services and Wellbeing to arrange for the execution of the final version of the Partnership Agreement on behalf of the Council in consultation with the Corporate Director Operational and Partnership Services and the Section 151 Officer;
- Authorise the Corporate Director of Social Services and Wellbeing, in consultation with the Corporate Director Operational and Partnership Services and the Section 151 Officer, to make any future minor changes to the executed Partnership Agreement.

Susan Cooper

Corporate Director - Social Services and Wellbeing
July 2017

9. Contact Officer: Susan Cooper
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Email: susan.cooper@bridgend.gov.uk

10. Background Papers:

- Social Services and Wellbeing (Wales) Act 2014
- Part 9 Code of Practice (Partnership arrangements)

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**Caring Together
Western Bay**
Health and Social Care Programme
**Gofalu Gyda'n Gilydd
Bae'r Gorllewin**
Rhaglun Iechyd a Gofal Cymdeithasol

Western Bay Regional Partnership Board

Name:	Partnership Body / Partner Organisation:	Role:
Clr Rob Stewart	C&C of Swansea	Leader / Chair of RPB
Prof. Andrew Davies	ABMU HB	Chairman / Vice Chair of RPB
Clr Huw David	Bridgend CBC	Leader
Clr Rob Jones	NPT CBC	Leader
Clr Phil White	Bridgend CBC	Member/Portfolio Holder – Social Services & Early Help
Clr Dhanisha Patel	Bridgend CBC	Member/Portfolio Holder – Wellbeing & Future Generations
Clr Peter Richards	NPT CBC	Member/Portfolio Holder – Adult Social Services & Health
Clr Alan Lockyer	NPT CBC	Member/Portfolio Holder – Children's Social Services
Clr Clive Lloyd	C&C of Swansea	Member / Deputy Leader
Clr Mark Child	C&C of Swansea	Member/Portfolio Holder – Health & Wellbeing
Alex Howells	ABMU HB	Interim Chief Executive
Siân Harrop-Griffiths	ABMU HB	Director of Strategy
Maggie Berry	ABMU HB	Non Member Officer
Susan Cooper	Bridgend CBC	Corporate Director of Social Services & Wellbeing & 'Lead Director' for Western Bay
Nick Jarman	NPT CBC	Director for Social Services, Health &

		Housing
Dave Howes	C&C of Swansea	Chief Officer for Social Services
Melanie Minty	Care Forum Wales	Policy Advisor
Gaynor Richards	NPT CVS	Third Sector Representative (CVC)
Emma Tweed	Care and Repair	Third Sector Representative (National)
Carwyn Tywyn	Mencap Cymru	Third Sector Representative (Local)
Rosita Wilkins	Service User / Citizen Representative	Service User / Citizen Representative
Linda Jagers	Carer / Volunteer Ambassador for Carers Wales	Carers Representative
Co-opted Members		
Darren Mepham	Bridgend CBC	Chief Executive / Chair of Western Bay Leadership Group
Steven Phillips	NPT CBC	Chief Executive
Phil Roberts	C&C of Swansea	Chief Executive
Sara Harvey	Western Bay Programme	Western Bay Programme Director

Table 1: Available funding Welsh Government Revenue Support Grant budget 2016/17: Total Fund £491,000

Revenue Support Grant split 2017/18:

Partner	£	%
Bridgend CBC	127,000	26
NPT CBC	141,000	29
CCoS	223,000	45

Additional contribution from Integrated Care Fund (held by ABMU):

Older People Fund, proportion for regional staffing costs for Intermediate Care Services: **£169,146**

LD Fund, proportion for regional staffing costs for Contracting and Procurement Project: **£112,330**

TOTAL FUND AVAILABLE: £772,476

Percentage contribution split of Total Fund:

Partner	£	%
Bridgend CBC	127,000	16
NPT CBC	141,000	19
CCoS	223,000	29
ABMU	281,476	36

Table 2 - Western Bay Costs 2017/18

Western Bay Programme Office Core Salary Costs (Programme Director, WB Programme Co-ordinator, Programme Administrator, Communication and Engagement Officer, Community Service Programme Co-ordinator, Project Co-ordinator (NEW))	£341,088
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Overheads, Training, Expert Advice, Events, Workshops, Citizen Panel Meetings, RPB meetings	£37,000
Additional Regional Resource Requirements (Expert advice for Care Homes, Third Sector Social Enterprise Costs)	£112,912
RSG Funded Costs	£491,000
Community Services Programme - Salary Costs (Community Services Intermediate Care Manager, ICF co-ordinators x 3)	£169,146
Contracting and Procurement Project – 2 key regional posts: WB Implementation Manager and WB Contracting Officer	£112,330
TOTAL COSTS	£772,476

Note:

Additional regional posts for the Contracting and Procurement Project and WCCIS Project are funded through ICF 17/18.

The Regional Carers Co-ordinator is funded via the Carers transition funding.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

CHILDREN WITH DISABILITIES TRANSFORMATION PROGRAMME

1.0 Purpose of Report

- 1.1 To provide Cabinet with an update of the work undertaken since Cabinet granted approval to implement a new model for specialist 52-week provision for children and young people with complex needs, and to request approval of the Statement of Purpose that has been developed for the new provision (provided in **Appendix A**).

2.0 Connection to Corporate Plan

- 2.1 This report links to the following improvement priorities in the Corporate Plan:

- Helping people to be more self-reliant;
- Smarter use of resources.

Plus the following background document:

- Medium Term Financial Strategy (MTFS)

3.0 Background

- 3.1 At present, there is no specialist 52-week provision available in-county for children and young people with complex needs. Therefore, when the needs, complexities and challenges of a young person escalate, and a 52-week accommodation service is required, the only option currently available is an Out-Of-County placement. Placing young children outside the county is not ideal for the child or their family, as they have to move from their local area, and these placements are expensive.
- 3.2 There is clearly a demand for specialist 52-week provision for children with disabilities locally, averaging circa 3 placements per year over the last 10 years, and it has been identified that they could have been placed and educated in-county, if there was specialist 52-week provision available in Bridgend.
- 3.3 Mapping and profiling recently undertaken also shows that there are a number of children and young people currently receiving other forms of care, whose needs and complexities are increasing to such a degree that 52-week specialist provision may be needed in the near future.
- 3.4 In July 2015, a report was presented to Cabinet, to inform them of the work being undertaken as part of the Children with Disabilities Transformation programme. Cabinet noted the progress that had been made to date, and approved a consultation exercise with staff and stakeholders, to inform the options for delivery of in-county accommodation in the future.

- 3.5 Officers have spoken with families of children with disabilities about developing a 52 week provision within the County Borough of Bridgend and they have been very positive about this. Families have spoken about their upset and difficulties when their child has had to go outside of the Borough to have the necessary support.
- 3.6 A number of workshops and discussions have also taken place with local providers, in respect of scoping options and opportunities to work together to facilitate providing specialist 52-week provision, in-county. Findings from these multi-partner events helped inform the development of potential models for specialist 52-week provision in moving forward.
- 3.7 In November 2015, a report was presented to Children and Young People Overview and Scrutiny Committee, to update the Committee on the work being undertaken as part of the Children with Disabilities Transformation programme. The Committee requested that they receive a report on the developed options, so that Members can provide views on the options being considered and proposed new model.
- 3.8 In light of the costs associated with proceeding with the proposed new model at Heronsbridge School, a business case (which included an appraisal of those options identified above) was developed to help inform the financial viability of proceeding with this option, which was consulted-upon with:
- School Modernisation Board
 - Heronsbridge School Board of Governors
 - Stronger Communities Connecting Services Board
- 3.9 Following endorsement of the proposal for specialist 52-week provision from the above boards, a capital bid of £286k was submitted to ensure funding is available to undertake the required works at identified Heronsbridge School properties, which was approved by Council in March 2016.
- 3.10 A report was presented to Children and Young People Overview and Scrutiny Committee in July 2016, asking the Committee to provide views on the proposed new model for specialist 52-week provision for children and young people with complex needs.
- 3.11 In response to acquiring this funding in 2016/17, a project board and project team were established, and project plans had been developed, which were in place to be implemented from October 2016, if officers were given approval by Cabinet to commence with the new model.
- 3.12 In November 2016, a report was presented to Cabinet who approved the implementation of the proposed new models for specialist 52-week provision for children and young people with complex needs, which is to refurbish and utilise the Caretaker's Lodge at Heronsbridge School, in order to provide specialist 52-week provision in-county – with BCBC delivering and staffing the service.

4.0 Current Situation

- 4.1 Following approval to develop the new specialist 52-week provision at Heronsbridge School, the project team initiated the project plans in order to take this piece of work

forward. Members of the project team include representatives from: Built Environment, Children's Services, Education, Property Services, Finance, Human Resources and Project Management, who provide regular progress and monitoring updates at Children with Disabilities Programme Board.

4.2 Children and young people attending Heronsbridge School were asked to provide suggestions for the name of the home, who proposed the name 'Harwood House', which is the surname of the current caretaker at the school – and is in-keeping with how the other buildings at the school are named.

4.3 A number of separate workstreams have also been established, with the key areas of focus being:

- Procurement and Construction
- Placements/transition planning
- Registration (including staffing structure and rota)

4.4 **Procurement and Construction** – working alongside colleagues in Procurement and Built Environment, officers undertook a tender exercise in order to carry out the required refurbishment and building works at the Caretaker's Lodge in Heronsbridge School – with the successful bidder commencing work on 22nd May 2017, and works due to be completed in August 2017.

4.5 **Placements/transition planning** – working alongside colleagues in the Disabled Children's Team, profiling has been undertaken in order to identify those most appropriate for placement within the new provision, and plans are being put into place in order to make the required transitional arrangements from existing provision in readiness for September 2017.

4.6 **Registration** – in consultation with members of the project team, and also members of the Children and Disabilities Programme Board, officers are undertaking an application process to register the new provision with CSSIW, and are presenting the Statement of Purpose (attached as **Appendix A**) for approval from Cabinet.

4.7 A summary of the key points contained within the Statement of Purpose is shown below:

- Harwood House will provide a high quality residential Looked After Children service for up to three children/young people with complex needs, which includes children with a learning disability, aged from eight to eighteen years; and who are also enrolled in Heronsbridge School.
- The service will enable children with complex needs who are unable to reside with their families to continue to attend their specialist school and remain resident local to their school and family.
- Harwood House is a detached 2 floor listed building in the grounds of Heronsbridge school. The building is being extensively refurbished with a fit for purpose extension, scheduled to open in Summer 2017. It offers safety and security within a comfortable and pleasant home-like environment.
- Harwood House is managed by the Social Services and Wellbeing Directorate of Bridgend County Borough Council.

4.8 The registration process with CSSIW commenced in early June 2017, and it is scheduled that the registration process will be completed by September 2017, when it is planned for the first cohort of individuals to be placed within the provision.

5.0 Effect upon Policy Framework and Procedure Rules

5.1 There is no impact on the policy framework and procedure rules.

6.0 Equality Impact Assessment

6.1 An EIA screening has been completed in consultation with the Equalities Officer, the conclusion being that a Full EIA will need to be undertaken within 3 years of this initial EIA Screening. This will give officers an opportunity to implement and embed the new model of care, before a full assessment is completed; identifying how effective it has been, who has been affected, and if there are any EIA implications as a result of implementing the new models of care.

7.0 Financial Implications

7.1 It has been forecast that the savings from the planned reduction in existing high-cost out-of-county placements will be over and above the cost of running the new service, and the new service should enable a reduction in the dependence on high-cost placements in future years. However, it should be noted that there remains a significant pressure on out of county budgets at this moment in time.

7.2 In the longer-term, an option that could also be considered is the potential for income generation from neighbouring local authorities, as there is limited specialist 52-week provision for children and young people with complex needs across the South Wales region.

8.0 Recommendation

8.1 Cabinet is requested to:

- Note the information contained in this report
- Approve the Statement of Purpose for the new 52-week provision for children and young people with complex needs – as provided in **Appendix A**
- Note that an information report will be presented to Cabinet Committee Corporate Parenting in October 2017, detailing the information contained in this report, and the decision made by Cabinet in respect of approving the Statement of Purpose for the new 52-week provision for children and young people with complex needs

Susan Cooper

Corporate Director – Social Services and Wellbeing
July 2017

Contact Officers

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Background documents: None

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BRIDGEND COUNTY BOROUGH COUNCIL

**HARWOOD HOUSE
STATEMENT OF PURPOSE**

Ewenny Road
Bridgend
CF31 3HT

Tel. 01656815725 (Number to be changed when phone lines go in)

Gail Summerhayes
Residential Manager

THIS STATEMENT OF PURPOSE FOR

**HARWOOD HOUSE
HAS BEEN APPROVED BY THE**

**RESPONSIBLE INDIVIDUAL
LAURA KINSEY**

SIGNED:

DATE:

INTRODUCTION

This Statement of Purpose provides detailed information about Harwood House. It is intended for any parent or any person with parental responsibility, social workers and staff working in the Home. It provides a basis for parents and social workers to decide whether the service is appropriate to meet the needs of particular children and to measure the suitability and standard of the service that is provided.

Parents will be made aware of the Statement of Purpose at the time of admission of their child and will be provided with a copy on request. Alternatively they may wish to refer to it at the Home. Paper and electronic copies will be available in an English and Welsh version for social workers at their office base. Staff will have access to it at the Home. Where appropriate, staff will use the Children's Guide to help children understand the service provided at Harwood House

Harwood House intends to provide a service that meets the needs of the children placed and satisfies the reasonable expectations of their parents and the child's social worker. The Manager and staff at the Home welcome comments from parents, social workers and children/young people. At the beginning of the service, parents/carers, together with the child/young person where appropriate, will be invited to view the facilities available and comment on their suitability. At intervals, parents will be asked for their opinions on the service and facilities. When the service ends Harwood House, the service will ask the child/young person, parents/carers and social workers to give their views on the child/young person's period of placement. Views are also welcome at reviews, which are held regularly. Where improvements can be made immediately, the Manager and staff will action immediately.

The Statement of Purpose is updated on an annual basis, reflecting changes that are being made to improve the service. Consultation with parents and children/young people is a very important part of the process, which will take place in advance of the revised Statement of Purpose being put in place from April 1st each year. As part of a wider consultation, parents and children/young people will contribute during this period to identify any improvements needed to support the service. Other comments made throughout the year will also be considered in this exercise. Parents/carers and children/young people will then be informed of proposed changes and the revised copy of the Statement of Purpose will be available.

Contents

1. Aims and Objectives
2. Facilities and Service
 - (a) Within Harwood House
 - (b) Within the Community
3. Names and Address of Responsible Individual
4. Qualifications and Experience of Registered Persons/Responsible Individual
5. The numbers, relevant qualifications and experience of staff working at Harwood House
6. Arrangements for Supervision/Training and Development
7. Organisational structure
8. Children for which the service is provided
9. Admission Policy
10. Intended Outcomes when more than six children are accommodated
11. Ethos of the House
12. Arrangements made to protect and promote the health of the children who use our service
13. Arrangements for the promotion of the education of children.
14. Arrangements to promote children's participation in hobbies, recreational, sporting and cultural activities.
15. Arrangements for consultation with children about the operation of the house.
16. Policy on behaviour management/use of restraints.
17. Policy for Child Protection and to Counteracting bullying
18. Unauthorised Absences
19. Surveillance
20. Fire precautions/procedures
21. Arrangements for Religious Instruction
22. Arrangements made for contact
23. Representation and Complaints
24. Arrangements for Reviews of Placement Plans
25. Type of Accommodation and sleeping arrangements
26. Details of any specific therapeutic techniques used and arrangements for their supervision
27. Policy on anti-discriminatory practice

1. Aims and Objectives

Aim

At Harwood House we are committed to providing a high quality residential Looked After Children service for up to three children/young people with complex needs including a learning disability aged from eight to eighteen years; and are enrolled in Heronsbridge School. The service is located within the grounds of Heronsbridge School enabling ease of access for the children to the school, and promoting contact with parents/carers and multi-agency professionals involved with the children. This includes close monitoring of the children's care and support by their respective social workers. During school term time the children will attend the school for their education during the day time and at school holiday periods the children will reside in the home within the school setting. The service will enable children with complex needs who are unable to reside with their families to continue to attend their specialist school and remain resident local to their school and family.

Risk assessment and appropriate matching of the needs of children and young people are fully considered prior to a child being offered a placement at the home.

We adopt a person centred approach and work to support the child/young person to achieve their personal outcomes. We encourage and support each child/young person to reach their full potential and to make their own choices in order to live fulfilled lives. We offer a stimulating, safe, caring environment that promotes a holistic approach to all aspects of the child/young person's life. Staff are appropriately skilled and experienced to meet the complex needs of the children/young people who reside in the home.

The service will work with the children/young people to help devise and contribute to their Care and Support Plan. We establish strong working relationships with other multi-disciplinary professionals involved in supporting the child/young person.

We ensure children/young people are provided with accurate and accessible information which promotes the rights, responsibilities and the choices of children and young people. Such information is provided in the child/young person's preferred format and language.

We work with young people to develop independent living skills and promote their access to community services and facilities to support their transition to adulthood.

Objectives

- To assess each child/young person's needs before the service commences, to develop an individualised package of care and support that focuses on their needs which will be subject to regular reviews.
- To introduce children/young people to Harwood House at their pace, through a series of tea-time visits, prior to longer stays.
- To offer children and young people interventions to assist them in achieving wellbeing. To meet each child/young person's emotional, social, behavioural, health and developmental needs during their placement, in a way this ensures their dignity and promotes self-reliance.

- To provide a homely relaxed environment within which children/young people are encouraged to achieve their personal goals and individual potential.
- To support all children/young people to make good use of all community based resources, thereby promoting social and economic inclusion.
- To provide a comprehensive package of Educational support to promote the best possible outcome for the children.
- To assess the child/young person's living skills and to develop these skills through an individual living skills assessment programme. Provide support through transition plans into Adult services.
- To consult with children/young people, parents, carers, social workers and other professionals so that the service continually adapts and develops.
- To resolve issues for children/young people and parents promptly, and to address concerns wherever possible, with the residential manager and social worker. If a complaint can't be resolved matters will be responded to through Bridgend County Borough Council complaints procedure.

2a Facilities and Services within the Home

Harwood House offers a comprehensive range of services and facilities to meet the needs of each child.

Harwood House is a detached 2 floor listed building in the grounds of Heronsbridge school. The building is being extensively refurbished with extension fit for purpose to open Summer 2017. It offers safety and security within a comfortable and pleasant home-like environment.

The ground floor comprises of a;

- **Washroom:** It is equipped with a toilet and sink for use of children/young people and visitors.
- **Lounge:** this is a communal room where children and young people have opportunities to engage with each other and form friendships, watch television/dvds together and can be used when visitors call.
- **Utility room:** This room has a COSHH (control of substances hazardous for health, a body of regulations introduced in Britain to govern the storage and use of such substance) cupboard, washing machine, tumble dryer and fridge freezer; children/young people are encouraged to assist with their laundry depending on ability and age.
- **Office:** This room is well equipped to assist in the delivery of the service. Due to confidentiality procedures, children/young people can only access the office in the company of staff. The office also contains the locked medical cabinet for safe/storage of medication. A telephone is available for private use
- **Dining/Sun room;** this room is equipped with table and chairs and is where children/young people and staff will have their meals together. It can also be used as a second living room/quiet area.
- **Kitchen:** this room is well equipped with fridge and cooking facilities. Children/young people are encouraged to assist with cooking meals dependent on age and ability.

- **Staff Bedroom:** this room is for staff undertaking sleeping in duties.

The first floor comprises of:

- **3 children/young people's bedrooms:** The bedrooms are well equipped with furniture offering plenty of storage and a work space area where school/homework can be completed. Individually decorated suited to specific individual needs and allowing some choice
- **Bathroom:** is equipped with a shower, bath, sink and toilet for the use of children and young people.

Fun and play

We provide:-

- A large secure garden area with recreational equipment such as; trampoline, Bbq area.
- Toys, games and books suitable for all ages and both genders.
- Televisions, DVD's, music centre, game consoles, tablet and CD player.
- A mini-bus for trips for social and recreational purposes.

The services provided are:

- Educational support
- Physical, emotional and behavioural development to meet need
- Independence living skills assessment and development programme
- Working in partnership with children/young people, parents/carers and relevant professionals to assist in meeting needs
- Key / link working
- Advocacy
- Transport to visit families
- Quality physical and personal care
- Rehabilitation work through restorative practice approach
- Recreational activities, as approved by Bridgend County Borough Council Social Services Guidelines
- Transition process to support a successful move on to adulthood.

The Team

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stays
- A high ratio of staff to children/young people so that individual attention can be given to each child/young person during their stay
- A purposeful care programme which is well-designed and executed, and based on individual assessed needs
- A partnership approach to working with parents/carers
- A Key Working system providing a member of staff with special responsibilities for each child
- All care team registered with Code of Professional practice for Social care.

Other agencies' services provided

- An advocacy service provided by Tros Gynnoi
- Advice from community nursing, paediatric Speech and Language and Occupational Therapy and physiotherapy services, so that the team can provide a specialised service for special health or caring needs
- Children are referred to Harwood House by the Social Worker who will visit regularly and oversee the arrangements for the child/young person to ensure they are working well.

2b **Facilities and services within the Community:-**

Harwood House is situated in the grounds of Heronsbridge School in Bridgend, close to the town centre and Bridgend College. It is within easy reach of many attractions for children and the minibus is used to take children on outings to a wide-range of recreational settings.

There are many facilities on offer in the town of Bridgend and surrounding area including: -

- Recreation Centres and Swimming Pools
- Coastal and Beach Areas
- Country Park
- Cinema
- Soft play area and trampoline park
- 3 recreation/fitness centre
- Ten pin bowling
- Gymnastics club
- Youth clubs
- Library
- Sea/Army/Air Cadets
- Child and Adolescent Mental Health Clinic
- Doctors and Dental Surgeries
- Bus and train services

3. **Registered Persons:-**

Responsible Individual:

Laura Kinsey
 HEAD OF CHILDRENS SOCIAL CARE
 BRIDGEND COUNTY BOROUGH COUNCIL
 CIVIC OFFICES
 BRIDGEND
 CF31 4WB
 TELEPHONE NUMBER (01656) 642314

Registered Manager:

Gail Summerhayes
 Harwood House
 Ewenny Road
 Bridgend
 CF31 3HT

4. Qualifications and Experience of Registered Persons

Registered Manager – Gail Summerhayes (37 hours)

Qualifications:

BA Hons Public Services
NVQ 4 Leadership and Management Care Services
NVQ 3 Health social care Children and young people
NVQ 2 in Children Care and early education
A Level's: English, maths, Psychology
10 GCSEs
Brief solution focus therapy
Introduction to Dialectic behaviour therapy
Therapeutic play/life story work
Various in house training

Experience

Employed by Bridgend County Borough Council as the Registered Residential Manager of Bakers Way Short Breaks service in September 2015. Previously worked in private therapeutic residential/education home for 10 years including 6 years as a Registered Manager, for looked after children with social, educational and behavioural difficulties. Prior to that worked voluntary in a primary school as classroom support and for a mentoring service reintegrating disabled people into the community and work place.

The number, qualifications and experience of staff working at (52 week)home

Senior Residential Worker 1

Qualifications

Experience

Senior Residential Worker 2

Qualifications

Experience

Senior Residential Worker 3

Qualifications

Experience

Residential Worker 1

Qualifications

Experience

Residential Worker 2

Qualifications

Experience

Residential Worker 3

Qualification

Experience

Residential Worker 4

Qualifications

Experience

Residential Worker 5

Qualifications

Experience

Residential Worker 6

Qualifications

Experience

Residential Worker 7

Qualifications

Experience

Residential Worker 8

Qualifications

Experience

Residential Worker 9

Qualifications

Experience

Night Care Worker 1 – 21 (Average across a 12 month period)

Qualifications

Experience

Night Care Worker 2 – 21 Hours (Average across a 12 month period)

Qualifications

Experience

Night Care Worker 3– 21 Hours (Average across a 12 month period)

Qualifications

Experience

Administrative Assistant EP

Qualifications

Private Secretaries Diploma

Experience

The administrative assistant has worked at Bakers Way since 2009 and now will support both Bakers Way and Harwood House. She previously worked as office Manager for a local Solicitor.

6. Arrangements for Supervision, training and development of employees

Supervision is provided on a monthly basis to all team members by the manager or senior staff and group supervision is undertaken with casual staff. This assists in identifying individual development needs and enables staff to acquire the skills and knowledge to work within the service area including working closely with the Directorate's Social Care workforce Development Programme and ABMU Children community nursing team to identify relevant training needs.

Annual appraisals identify ongoing training needs, monitor performance of a staff member within their working role and identify areas of further support required. The appraisals of all team members will be used to inform the content of the Directorate's training programme. In addition to accessing the Directorate training programme, team members will be provided with in-house team training through the involvement of specialists who provide services for the service users.

Monthly team meetings are held which further extend and develop the skills, knowledge and understanding of team members.

7. Organisational Structure

Harwood House is managed by the Social Services and Wellbeing Directorate of Bridgend County Borough Council.

Social Services and Well Being Director – Susan Cooper

Head of children Social care –Laura Kinsey

Group Manager, Regulated Services –Natalie Silcox

Residential Manager – Gail Summerhayes

Harwood House is one of four children's residential units managed by the Social Services and Well Being Directorate of Bridgend County Borough Council, and is the only one to offer long term care for disabled children and young people.

Regulation 32 visits are undertaken by the three registered managers who alternate between the homes, reporting to the Head of Childrens Social Care. Other visits are undertaken by shared regulatory services e.g. inspection of food hygiene and CSSIW inspections.

Rota Visits are undertaken by Elected Members over a period of 12 months.

The Team structure consists of:

- 1 Registered Manager
- 1 Deputy Manager
- 2 Senior Residential workers
- 9 Residential workers
- 3 night care workers
- Casual Residential worker
- 1 part-time administrative assistant

Staffing can be supplemented by casual staff and staff contracted to work across a number of Children's Homes

8. Children for whom the service is provided

Harwood House provides a long term residential service for a maximum of 3 children/young people with complex learning disabilities. Placements will be considered according to compatibility. The service provides support to young people from ages between 8-18 years,

however referrals will be considered for young people aged up to 19 years who continue in educational placements.

There is a thorough referral and admission policy to assist in establishing whether this setting is appropriate to meet the needs of the children/young people and their family. Families are encouraged to visit the home as part of an active policy to encourage the facilitation of placement choice, as well as the child/young person's ongoing placement plan.

During a child's/young person's stay at the home, they are encouraged to lead a normal and independent life and to participate in local community facilities. The home creates an atmosphere in which young people are encouraged to make decisions of their own choice in a safe environment. There is considerable emphasis to enable children and young people to have a voice, choice and control whilst respecting their personal dignity and emotional wellbeing.

9. **Admission policy**

The referral pathway will require the Social Workers to present a case to the Accommodation and Permanence Panel requesting accommodation for a child/young person to take up placement within the service; children and young people must already be in attendance at Heronsbridge School. It will be the responsibility of the panel to determine the suitability of this placement before any arrangements are made. Once the panel has given approval the referral will be sent to the registered manager of the service to consider placement.

An impact assessment will be completed by the Registered Manager to determine suitability of the referral in relation to the children already placed and their compatibility. Decisions to place are based on assessed needs of the child/young person ensuring the service is able to accommodate the placement safely whilst meeting regulatory requirements.

The social worker will have discussed the proposed placement with the child/young person and his/her parents/carers. Pre admission visits and discussions will have taken place prior to the child/young person being placed, the documentation for 'Looked After Children (WCCIS)' will have been completed by the SW. The service will complete a placement agreement with the child/young person's family/carer, which sets out clearly, what support the service will offer ensuring the service identifies 'what matters' to the child/young person's whilst meeting the assessed needs according to their care and support plan. The referral and admission policy will seek to engage the child/young person and his/her parents/carers positively and collaboratively in a partnership approach.

During the placement, staff will assist and support the child/young person whilst working closely with their families/carers to contribute and achieve better outcomes for the young person. Staff will support and assist the transition process of the child/young person prior to discharge into adult services provision or return to their own home. This is managed via the transition panel.

10. **Outcomes when more than six children are accommodated**

The above does not apply to Harwood House. Criteria of the service will be up to 3 child/young person to be accommodated at any given time.

11. **Ethos of the House**

The care provided to disabled children and young people at (52 week home) is based on the principles contained in the Social Services and Well-being (Wales) Act 2014, Children Act 1989 and 2004 especially that:

Disabled children are children first, and their disability is a secondary, albeit a significant issue.

The approach is to adopt the following principles:

- a) Children/young people at Harwood House are treated as individuals and will be provided with staff support according to their individual assessed needs.
- b) The service provided by Harwood House is in response to the identified needs and planned outcomes as detailed in the individual care plan of the child/young person.
- c) Young people have support in preparing for adulthood through an individualised independence living skills and development programme.
- d) Children/young people are encouraged as far as possible to: -
 - Discuss and agree activities
 - Choose toys and learning materials
 - Shop, cook and develop daily life skills
 - Show consideration to other service-users, their property, rights and choices
 - Share any concerns they may be feeling during their stay.
 - Take up opportunities to access community based activities.
- e) Children/young people will be treated in such a way that ensures their racial, gender, religious and cultural needs are taken into account.
- f) The home is committed to providing an environment which promotes the child/young person's growth, maturation, self-respect and personal dignity.

12. **Arrangements made to protect and promote the health of the children/Young people in Harwood House Placement**

Many children have specific health needs. Efforts are made pre-placement to understand and address these needs in discussion with the Social Worker/care manager, parents/carers and multidisciplinary professionals. This ensures each child /young person's individual health needs are appropriately met.

Some children's health needs may require specialist health interventions during their placement. Careful consideration will be given to whether staff are sufficiently skilled and trained to meet children/young people's needs safely. Staff will be upskilled through specialist or bespoke training to support children and young people within the accommodation as and when required.

Staff at Harwood House undertakes in-house training provided by health colleagues on specific health needs, which includes the administration of medication. Such training is regularly monitored and reviewed by the manager and health colleagues. This ensures competency and compliance.

We will aim to meet the needs of the children/young people placed as assessed by the Looked After Children's Nurse/Health Visitor and Community Paediatrician. Throughout the child/young person's placement the Looked After Children Nurse/Health Visitor continues to remain involved and consults with staff in the carrying out of individual health plans. This assistance is specialised and provides a useful resource for promoting:

- Immunisation and screening
- Communication (PECS and Sign-along)
- Nutrition and diet
- Exercise and rest
- Personal hygiene
- Sexual health
- The harmful effects of alcohol, smoking and substance misuse
- The impact of HIV/AIDS and other blood borne viruses

Staff will liaise with the Child and Adolescent Mental Health Service, Occupational therapists and Speech and Language Therapists team supporting children/young people in clinical consultations.

Staff will endeavour to assist each child/young person upon admission to register with one of the local doctors, dentist and opticians, unless they chose to remain with their own registered GP practice. All children and young people are expected to have an annual statutory health assessment. They are provided with a well-balanced diet, which takes into account their personal choices.

13. Arrangements for the promotion of the education of children

Each child attends Heronsbridge School. Staff will take and meet the child/young person from the school to walk back to their accommodation. Opportunities are provided for a verbal handover to take place between accommodation staff and class teacher/assistant regarding the day's events of the child/young person attendance or any other matters which need's addressing. This enable's an integrated approach. Staff will also share information concerning the child/young person during the accommodation placement with education colleagues.

Staff will support and assist a child/young person to complete any homework they receive from school. Children have the use of I pads (educational apps have been downloaded on them). Advice is sought from school, so that children's learning can be supported informally as well as providing stimulating and rewarding activities.

The Looked After Children Education team provide individual support to the child/young person. Each child/young person placed at the home receives a personal educational plan which details how residential staff will work with the school to contribute and implement the plan and meet the needs assessed.

14. Arrangements to promote children's participation in hobbies, recreational, Sporting and cultural activities

Children/young people at the home are actively encouraged and fully supported to continue with or take part in suitable activities and hobbies. These may include after school clubs, local clubs, gymnastics, swimming, youth clubs etc. The children/young people are also offered staff supervised activities; e.g. Cinema, leisure centres, outdoor pursuits, walks in local gardens, parks and beaches.

The home has its own transport so that staff can convey the children/young people as needed, thus enabling them to access a range of social and recreational opportunities. There are also a range of DVDs, computer consoles, board games books and sensory toys available at the home.

In accordance with Bridgend County Borough Council policy appropriate risk assessments are completed as necessary according to the activity being considered.

15. **Arrangements for Consultation with children about the operation of the Home**

The home holds a monthly children/young people meeting where everybody is able to contribute and offer suggestions to ensure the home remains a happy place to live. The home is committed to empower children/young people, to have their say and their views and opinions are heard in a positive manner.

Staff are alert to the child's/young person's wishes, feelings and needs. These can be expressed verbally and non-verbally; and staff consistently respond in a sensitive and appropriate manner. Children/young people are encouraged to participate in planning activities and care within the home and in the wider community during their placement, taking into account individual preferences. This ensures that the day to day operation of the home is responsive to the needs and views of the children who receive the service.

16. **Policy on Behaviour Management/use of restraints**

Some children/young people present concerning behaviours which may place themselves or others at risk. These would be identified via a Risk Assessment undertaken by the social worker/care manager and provided with the referral to (NAME 52 week). In situations whereby a child/young person presents concerning/challenging behaviour, an individual behaviour management plan will be completed by the residential manager in conjunction with parents/carers and social worker. This behaviour management plan will include a description of the presenting behaviour, first signs of agitation and what triggers the child to present the behaviour. A detailed plan of preventative and responsive strategies for staff to use with the child to ensure firm boundary settings and a consistent approach is delivered safely.

A copy of the plan is kept on the child/young person's individual's file and discussed in team meetings. This is updated following any incident of challenging behaviour.

It is Harwood House practice to involve all children in decision-making as far as possible. This will hopefully result in incidents of challenging/concerning behaviour being managed safely and effectively. Boundaries are clearly discussed and explained to the children/young people and parents/carers during the introductions to the placement.

Low level sanctions are used in accordance with individual behaviour management plans at Harwood House this includes boundary setting and distraction/diffusion techniques. A restorative approach/work is also completed where possible with the child.

A record of any sanction is kept on individual children's files and recorded in Bakers way Sanction book. There are strict guidelines and policy on the use of restraint which staff need to comply with.

Physical restraint is only used as a last resort and if there is clear evidence, or genuine belief that a child/young person's actions may lead to physical injury which will harm them and/or others. In this case physical restraint will be used in accordance with Bridgend County Borough Council policy and guidance, the minimum force necessary will be used and all cases of restraints will be formally recorded. Staff will be trained to use the 'Team teach' and restorative practice approach.

17. **Arrangements for Child Protection and to Countering Bullying**

Many children receiving the service at Harwood House have communication difficulties, and it is recognised that disabled children/young people can be more vulnerable to abuse/neglect. Harwood House staff, therefore, are continually alert to any expression, verbal or non-verbal or any other signs, that a child may be experiencing abuse. If this is suspected the All Wales Child Protection Procedures are implemented.

Countering Bullying

The key principles on which to base work with children and families are found in the Children Act 1989 and Children Act 2004 Guidance, Care standards Act 2000 and national minimum Standards for residential services and the United Nations Convention on the Rights of the Child, to which the UK is a signatory and the home fully subscribes. All children/young people deserve the opportunity to achieve their full potential. They should be able to;

- Be as physically and mentally healthy as possible
- Gain the maximum benefit possible from good quality educational opportunities
- Live in a safe environment and be protected from harm
- Experience emotional well being
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- Become competent in looking after themselves and coping with everyday living
- Have a positive image of themselves and a secure sense of identity, including cultural and racial identity
- Develop good inter-personal skills and confidence in social situations

Careful consideration of placement compatibility will minimise or prevent possible friction between individuals and avoid any unnecessary conflict. However, if bullying does occur staff would take immediate action to stop the behaviour, protect the individuals and address

the behaviour if the child/young person continues bullying. Parents and others will be informed as appropriate to discuss the behaviours and prevent further escalation

18. **Unauthorised Absences**

The children who stay at Harwood House are restricted to the house and garden area to safeguard their own wellbeing. A secured keypad system is in place to ensure access in and out of the premises are monitored and controlled safely. Adequate staffing levels ensure that children are supervised or monitored at all times. Should some impulsive behaviour result in a child running off, and the child cannot be located, Bridgend County Borough Council Missing Person's Policy will be followed and the relevant people will be informed immediately.

The following would be informed:-

- Police
- Parent/person with parental responsibility
- Social Worker/Emergency Social Worker out of hours
- CSSIW

19 **Surveillance**

Children/ young people are appropriately monitored by staff in line with providing quality standard of care. These may include observations of behaviour and self-expression such as the child/young person being withdrawn, agitated or showing a change to their usual mood that evokes concern. Staff complete records on a daily basis in relation to the progress of the child/young person, with key workers making more extensive observations as part of their monthly key working reports.

At night there will be a member of staff on waking duties to observe and monitor the children for health, care and safety needs.

20. **Fire precautions/procedures**

A Fire Alarm and smoke detection system is in operation throughout the premises. Self-closing doors are connected to the alarm system. Fire-fighting equipment is installed in the form of fire-blankets and extinguishers and an evacuation Rescue mat.

All members of staff undertake the Fire Prevention Course and are familiar with emergency procedures.

Fire drills are planned when the children/young people are present. To alleviate any distress or panic, we advise the children/young people that an alarm may go off shortly, reassuring them that there is no need to panic and explaining to them what course of action they need to take.

Fire Drills take place monthly, whilst the alarms are tested weekly. All equipment is checked on an annual basis. The Health and Safety Officer together with the Residential Manager

also carry out annual Safety Fire Risk assessments.

In the event of a fire, staff would have followed the written procedures of the house, the fire service would have already been contacted.

As part of a fire prevention programme there is a strict No Smoking policy in the home, all electrical items are checked and should be disconnected when not in use (particularly at night). We operate a safe storage system for all flammables and potentially dangerous liquids such as bleach and for safety reasons aerosols are kept in a lockable cupboard.

21. **Arrangements for Religious Instruction**

Children/young people have the choice to follow their own particular beliefs and can be supported to attend local places of worship

22. **Arrangements made for contact**

Children/young people residing at Harwood House are allowed to have contact with their parents/carers as agreed by their social worker, both inside and outside the home, unless legal considerations preclude this. Children and young people have a choice of rooms to use during visits from their friends and relatives.

Some of the children that live in Harwood House limited communication skills. Some have issues in relation to being able to communicate their anxieties about being separated from their family and that which is familiar to them. Staff will be sensitive to their emotional needs and feelings, giving comfort and reassurance when needed.

23. **Representation and Complaints**

If a child or a parent/carer wishes to make a complaint about any part of the service, the Registered manager would address these issues immediately with the parent /carer concerned to resolve the matters informally. If the parent/carer or young person wishes to make a formal complaint, the Registered manager will provide the complaints procedure leaflet and request they complete and send it in to the Complaints officer in Bridgend County Borough council where it will be processed. The Social Services Wellbeing Directorate has a statutory complaints procedure, which is followed.

The following procedures are followed: -

Manager of the Home is informed.

The Complaints Officer is notified.

Contact is made with the parent.

An attempt is made to resolve the matter informally by the Registered Manager in the first instance however; if this cannot be resolved the complaints will be dealt with via the complaints procedure Stage 1, Stage 2.

If the nature of complaint is in relation to staff conduct practices the matter will be investigated by the service and in line with disciplinary procedures.

Some of the children/young people may find it difficult to communicate their problem or concerns. When this occurs it can be frustrating to the child. This in turn could result in a

change in their behaviour. Staff are vigilant in recognising the signs and responding appropriately. Staff at Harwood House would support children/young people, where appropriate, to follow their concerns through to resolution.

Arrangements are in place for members of Tros Gynnal, an independent advocacy service, to visit the unit. The children could be supported to use the complaints procedure by an advocate from Tros Gynnal, if appropriate.

24. **Arrangements for reviews of care and support plans**

Children/young people's plans will be reviewed regularly in accordance with statutory requirements. The first review will be within four weeks of a child/young person becoming looked after. The second review will be held 3 months later. Subsequent reviews will be held after a period of no more than six months and on an ongoing basis. Within this process the role of the staff is to assist in the completion of the consultation documents and to advocate on behalf of the child/young person to assist with meeting the needs, whilst giving an informed view point about the child/young person's progress whilst placed at Harwood House.

The purpose of the reviews is to monitor progress and review care and support plans.

Independent reviewing officers are employed by Bridgend County Borough Council to chair the review meetings. Before their sixteenth Birthday, young people should also have an aftercare (Pathway) planning meeting; this will look at the ways in which the service can assist the young person when they leave residential care. A pathway plan in accordance with the Leaving Care Act 2000 will be formulated to help facilitate this.

25. **Type of accommodation and sleeping arrangements**

Harwood House provide a home for three children/young people at any given time. At night there is one member of staff undertaking sleeping in duties and one member staff undertaking wakeful duties.

26. **Details of any specific therapeutic techniques used and arrangements for their supervision**

NAME 52 week home will provide each child with individualised services and interventions through the delivery of their care and support plans which will be routinely reviewed in accordance with statutory timescales

27. **Policy on anti-discriminatory practice**

Staff at Harwood House strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in accordance with professional and personal boundaries. Expectations of behaviours for staff and children/young people are clearly understood and negotiated by those living and working at the home, this includes appropriate control over children/young people in the interests of

their own welfare and the protection of others.

Disabled children are at significant risk of experiencing discrimination. Staff members are especially alert to practices which disadvantage disabled children/young people and seek to redress them, where possible.

Bridgend County Borough Council has a policy on Anti-discriminatory practice. Children/young person's rights are respected in line with the United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes-both positive and negative.

The home has a comprehensive manual of policies and procedures which can be accessed upon request and is continually revised and updated as required.

28 **Address and telephone number of appropriate officer from Welsh Government Assembly**

CSSIW South West Region
Government Buildings
Picton Terrace
Carmarthen,
SA31 3BT.

Tel No : 01267 245160
Fax No : 01267 245140

29. **Address and telephone number of Children's Commissioner for Wales**

Children's Commissioner for Wales,
Oystermouth House,
Phoenix Way
Llansamlet,
Swansea,
SA7 9FS
Tel no. 01792 765600

Written: 15.06.17

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT OF THE CORPORATE DIRECTOR - COMMUNITIES

CABINET

25 JULY 2017

COMMUNITY ASSET TRANSFER

1. Purpose of Report

1.1 The report seeks approval for changes to the Authority's Community Asset Transfer (CAT) policy to ensure that Priority 1 asset transfers can be progressed efficiently and effectively until such time as a comprehensive sports pavilion and playing fields strategy is developed which will be presented to the Cabinet for consideration in due course. These changes relate to:

- Basis of allocating £1 million of capital funding set aside to refurbish sports pavilions; and
- Mechanism for approving CAT expressions of interest, standard / complex business cases, and funding applications.

1.2 It is envisaged that the Authority's CAT policy and associated systems and processes will need to be subject to further review and updating to reflect the revised sports pavilion and playing fields strategy when this is completed, and an additional report will need to be submitted to Cabinet for approval following the acceptance of this new strategy.

1.3 The measures outlined herein are the minimum presently required to enable existing Priority 1 asset transfers to be progressed by community groups and Town and Community Councils.

2. Connection to Corporate Improvement Plan and other Corporate Priority:

To reflect the commitments in the Council's current Corporate Plan:

Priority Two - Helping people to be more self-reliant:

- Enable community groups and the third sector to have more voice and control over community assets;
- Support the third sector, town and community councils and community groups to meet local needs.

Priority Three - Smarter Use of Resources:

- To make the most of our physical assets, including school buildings;
- Review assets and services and enable the successful transfer of those most suitable to community groups and organisations.

3. Background

3.1 The Authority recognises that with significant budgetary constraints, services can no longer operate at previous levels and that there is a need to explore alternative models of service delivery where local people and community organisations play a

larger role in public life. Community owned and managed models of delivery can reinvigorate community assets and ensure that local groups can directly control what happens within the community in which they operate.

3.2 Funding of Sports Pavilion Repairs

3.2.1 The 'Refurbishment and Management of Sports Pavilions' Report was approved by Cabinet on 4 February 2014. At that time the total legacy of repair for sports pavilions was estimated to be £3.85 million, and Cabinet agreed that:

- (1) A sum of £1 million approved by Council in February 2013 for capital funding should be used to improve the condition of self-managed sports pavilions in partnership with users.
- (2) The refurbishment and repair legacy for the prioritised (fair/poor/bad group) pavilions was estimated to be circa £2 million, and therefore the allocation of £1 million would need to be capped at 40% of the estimated cost of refurbishment for each pavilion to allow the opportunity for more pavilions to be allocated repair and refurbishment funding. [Importantly at this point in time it was only envisaged that capital funding would be allocated to those pavilions in the worst state of repair, as opposed to any pavilion for which user clubs expressed an interest in community asset transfer].
- (3) The pavilions should remain in the Council's ownership with self-management lease arrangements being entered into with users.
- (4) The users under the terms of the lease would be responsible for the maintenance and repair of buildings and the payment of all service related charges. No charge would be made for use of the pavilion. The ultimate responsibility for the pavilions managed in this way would rest with the Council. It was anticipated that users as a general rule would be better placed to develop and maintain the pavilions to a standard consistent with their needs and expectations.

3.3 CAT Progress

3.3.1 Cabinet resolved in July 2015 to undertake a phased approach to Community Asset Transfer (CAT) with the first tranche focusing on the transfer of Priority 1 assets - sports pavilions, community centres, bus shelters and public conveniences.

3.3.2 The Council refreshed its Asset Management Plan (AMP) in 2015 to ensure that the policy reflected operational processes on the ground. It was recognised that although some good practice examples of CAT had been implemented, progress still remained slow and capacity to take this forward was limited. This resulted in Cabinet resolving on the 14 July 2015 to:

- Set aside up to £200,000 from the Change Management Earmarked Reserve to fund a dedicated CAT Officer, for a 3 year period, along with specific legal and property support to enable the programme to move forward focusing on Priority 1 assets.
- Present a report to Council to request approval of an additional £50,000 per annum from 2016/17 to 2018/19 to support Town and Community Councils to undertake capital projects. This is in addition to re-prioritising the £50,000

already in the Capital Programme in each of these years for community purposes to support CAT.

3.3.3 The Community Asset Transfer Officer came into post in November 2015 and since that time the following progress has been made in relation to Priority 1 assets:

- 74 community organisations have contacted Bridgend County Borough Council (BCBC) in respect of 61 different assets with sports clubs and associations continuing to be the predominant interested parties seeking self-management of pavilions and playing fields.
- 5 Town and Community Councils (Bridgend, Llangynwyd Lower, Pencoed, Porthcawl and Pyle) are progressing applications including public toilets, pavilions and playing fields, and bus shelters.
- 26 applications are currently “live” and subject to the development of formal expression of interest, business case or seeking final approval.

3.3.4 The Rural Development Programme commissioned a review to determine the impact to date of Community Asset Transfers upon clubs and societies operating in the rural wards of Bridgend. The review was completed by the Wales Co-operative Centre in May 2016, and resulted in 4 recommendations being submitted for the Council’s consideration:

- (1) Develop a clear Policy Statement and narrative for all aspects of its CAT Policy.
- (2) Review its existing CAT Application Process for functionality and effectiveness.
- (3) Consider commissioning independent support from the Third Sector to provide detailed advice and guidance to Cat Applicants and making “seed corn” funding available to pump prime application.
- (4) Further explore opportunities to generate partnership or co-operative approaches to Community Asset Transfers.

Recommendation (3) has partly been implemented with advice and guidance being provided under the CAT Business Support contract and the remaining recommendations are presently being considered as part of a wider internal review of CAT systems and processes.

3.4 CAT Approvals

The AMP 2021: Community Asset Transfer Guidance document requires that CAT expressions of interest and business cases should be approved by either the Corporate Property Group (routine cases) or the Strong Communities Connecting Services Board (complex/larger cases) with the property transaction approval and completion of agreement being approved by either Cabinet or via Council Delegated Powers by the Group Manager Property Services.

4. **Current Situation / Proposal**

4.1 Funding of Sports Pavilion Repairs

4.1.1 To date only £110,000 has been awarded to Bryncethin RFC to assist with the upgrading of its pavilion with the Club having gone through the existing CAT process which included the submission of an acceptable business plan. This has meant that the balance of available funding has been reduced to £890,000.

- 4.1.2 The £110,000 assigned to Bryncethin RFC to support the transfer of the Bryncethin Pavilion and Playing Field was based upon 40% of the estimated building repair cost of £275,000 included in the Appendix to the 'Refurbishment and Management of Sports Pavilions' Report dated 4 February 2014. Bryncethin Pavilion was deemed to fall into the fair/poor/bad group of pavilions which were prioritised for funding.
- 4.1.3 Subsequently to the allocation of funding to Bryncethin RFC further work has been recently undertaken on estimating the repair cost required on the pavilion stock. This has found that the situation has changed since the 2014 with the majority of pavilions requiring increasingly expensive repairs across the majority of premises.
- 4.1.3 The current process for the allocation of funding to support community groups seeking to take over the management responsibility of sports pavilions does not now reflect the changing needs of the Authority. Increasingly the service area has to respond to the impact of the budget situation and in so doing is promoting all users of pavilions to seek financial support to progress a CAT to sustain facilities. The allocated funding should therefore be available to help CAT transfers for any of the Council's sports pavilions. It is therefore proposed that Bryncethin Pavilion and Playing Field should be the only CAT project to be allocated funding based upon the original 40% of the estimated cost of refurbishment for each pavilion set out under the 'Refurbishment and Management of Sports Pavilions' Report in February 2014.
- 4.1.4 An equitable basis for allocating funding from the remaining £890,000 needs be determined and approved by Cabinet as further information regarding the future of the stock of the Council's pavilions has been considered. As previously indicated option appraisals to inform the development of a comprehensive sports pavilion and playing fields strategy is presently being developed.
- 4.1.5 It is suggested that a maximum contribution of up to £50,000 towards repairs or refurbishment works per CAT transfer is set to enable individual CAT projects to be progressed, subject to business case approval, while a formal funding mechanism is established. However, where the argument for increased levels of funding is clearly presented in a strong business case then amounts in excess of £50,000 may also be considered.

4.2 CAT Approvals

- 4.2.1 CAT expressions of interest have been approved by the Corporate Property Group or the Strong Communities Connecting Services (SCCS) Board depending upon the complexity of the project under consideration. The only business case demonstrating the satisfactory sustainability of a project has been presented on behalf of Bryncethin RFC to the SCCS Board.
- 4.2.2 The SCCS Board has indicated that the detailed discussions on CAT are taking up a considerable proportion of their time and are of limited interest to partners, and the SCCS Board has requested that discussions and decisions relating to CAT should be transferred elsewhere within the Authority.

- 4.2.3 There is presently no approval mechanism for funding specified in the Community Asset Transfer Guidance document, and in the case of Bryncethin RFC this was approved by a Cabinet member under Council Delegated Powers.
- 4.2.4 A CAT Steering Group has been established to primarily oversee the transfer of Priority 1 assets and has responsibility for:
- Identify CAT priorities and manage enquiries, to deliver against the Medium Term Financial Strategy (MTFS) priorities;
 - Identify and allocate CAT resources;
 - Monitor CAT progress and review whether projects are on track;
 - Deal with generic issues and risks associated with the delivery of the CAT programme; and
 - Remove any barriers to effective joint working identified by the CAT Officer.
- 4.2.5 The CAT Steering Group presently meets on a monthly basis and is represented by officers from Regeneration, Neighbourhood Services, Property Services, Finance, Legal Services and Corporate Transformation Team. This forum may be best placed to assess all CAT expressions of interests by ensuring that any proposed community asset transfer meets the Council's strategic priorities, operational requirements and future direction of travel. This may also require input from the Directorates who currently hold or may have an interest in the assets to be transferred.
- 4.2.6 It is proposed that the CAT Steering Group should also have responsibility for reviewing and approving the financial assessment of the Business Case undertaken by the Finance Department and the Heads of Terms for the transaction prepared by Property Services.
- 4.2.7 Approval for a CAT transfer and associated funding should be made by the Corporate Director (Communities) in conjunction with the Section 151 Officer.
- 4.2.8 The Council does not presently have a body with all of the requisite level of expertise/experience and element of independence to provide an assessment of complex business cases that demonstrate the sustainability of CAT projects. It is therefore suggested that a dedicated CAT Advisory Panel should be established to provide ad hoc specialist advice and guidance in respect of Community Asset Transfers considered by the CAT Steering Group to be of a complex nature. The CAT Advisory Panel would have the overall aim of supporting the successful and sustainable transfer of Council assets to a group for the benefit of the community. This would be achieved by the Advisory Panel providing an objective assessment of:
- a) Complex CAT applications (including sustainability of business cases);
 - b) Funding applications and the allocation of funds to voluntary groups on the basis of applications submitted to support complex CAT projects.
- 4.2.9 The Advisory Panel would be empowered to make recommendations on the transfer of Council owned assets and associated grant funding in accordance with approved policies, e.g. Asset Management Plan, CAT and Grant Procedure guidance documents to the CAT Steering Group.

4.2.10 It is envisaged that the Advisory Panel will provide representation from a range of sectors: public; private; voluntary; social enterprise; sports governing bodies; and individuals selected for their relevant skills, knowledge and experiences that they are able to bring to the recommendation making process.

4.2.11 A flowchart showing the updated CAT approval process involving standard business cases and complex business cases have been included at **Appendix 1** and **Appendix 2** respectively. In summary this requires that the responsibility for assessing and approving CAT projects should be re-assigned as follows:

CAT Process	Delegated Body
Expressions of Interest	CAT Steering Group (input from the Directorate who currently hold or may have an interest in the asset, where appropriate).
Business Cases	CAT Steering Group based upon the recommendations of: Finance (Standard Business Cases) or the CAT Advisory Panel (Complex Business Cases); and Property Services (Heads of Terms).
Funding Applications	CAT Steering Group based upon an assessment of business plans and funding applications (Standard Business Cases) or the recommendations of the CAT Advisory Panel (Complex Business Cases).

5. Effect upon Policy Framework & Procedure Rules

5.1 The existing CAT policy will be updated to reflect the proposed changes outlined in the body of the report.

6. Equality Impact Assessment

6.1 No equalities impact assessment is necessary as part of the grant allocation process, although individual schemes that have been supported may have a positive impact on equalities groups in some instances and the Council's CAT policy and procedures seeks to ensure that facilities remain as accessible as possible to all community groups.

7. Financial Implications

7.1 The Council has already set aside an allocation of £1 million in the 2017/18 to 2026/27 MTFS Capital Programme to facilitate the Community Asset Transfer of sports pavilions. Bryncethin RFC has been assigned £110,000 towards the cost of a project estimated at £395,000 that will benefit the area by transforming the facility by refurbishment and extension into a community hub which reduces the balance of funding available to £890,000.

8. Recommendation

8.1 It is recommended that Cabinet approves the changes to the process relating to Priority 1 CATs as follows:

8.1.1 Funding of Sports Pavilion Repairs – as per paragraph 4.1.5; and

8.1.2 CAT Approvals – as per paragraphs 4.2.6 and 4.2.7.

Mark Shephard
CORPORATE DIRECTOR - COMMUNITIES
July 2017

Contact Officer: Guy Smith, Community Asset Transfer Officer
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Background documents

AMP 2021: Community Asset Transfer Guidance Document

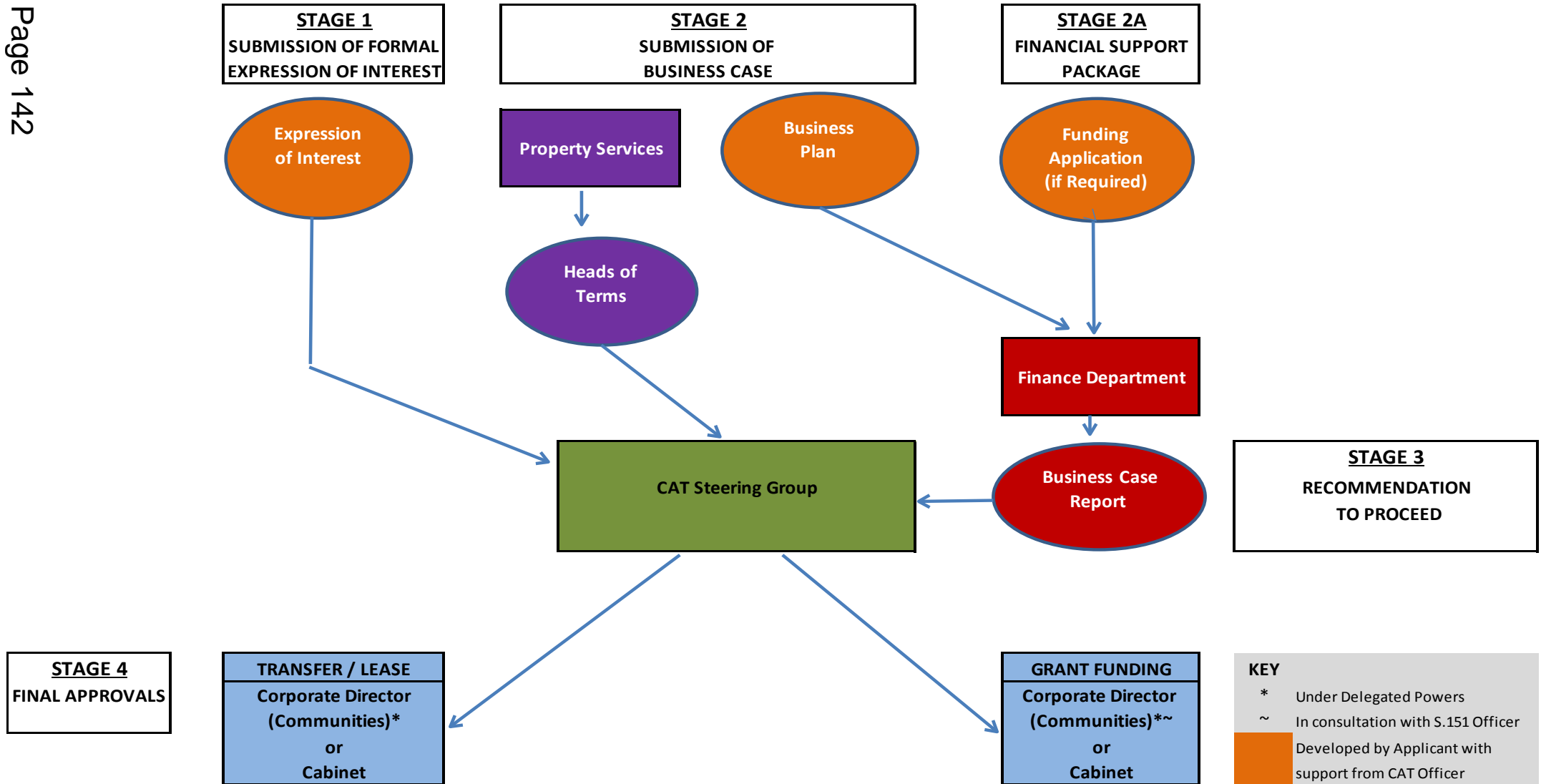
Cabinet Report 4 February 2014 - The Refurbishment and Management of Sports Pavilions

Cabinet Report 14 July 2015 – Community Asset Transfer

Terms of Reference for the CAT Steering Group

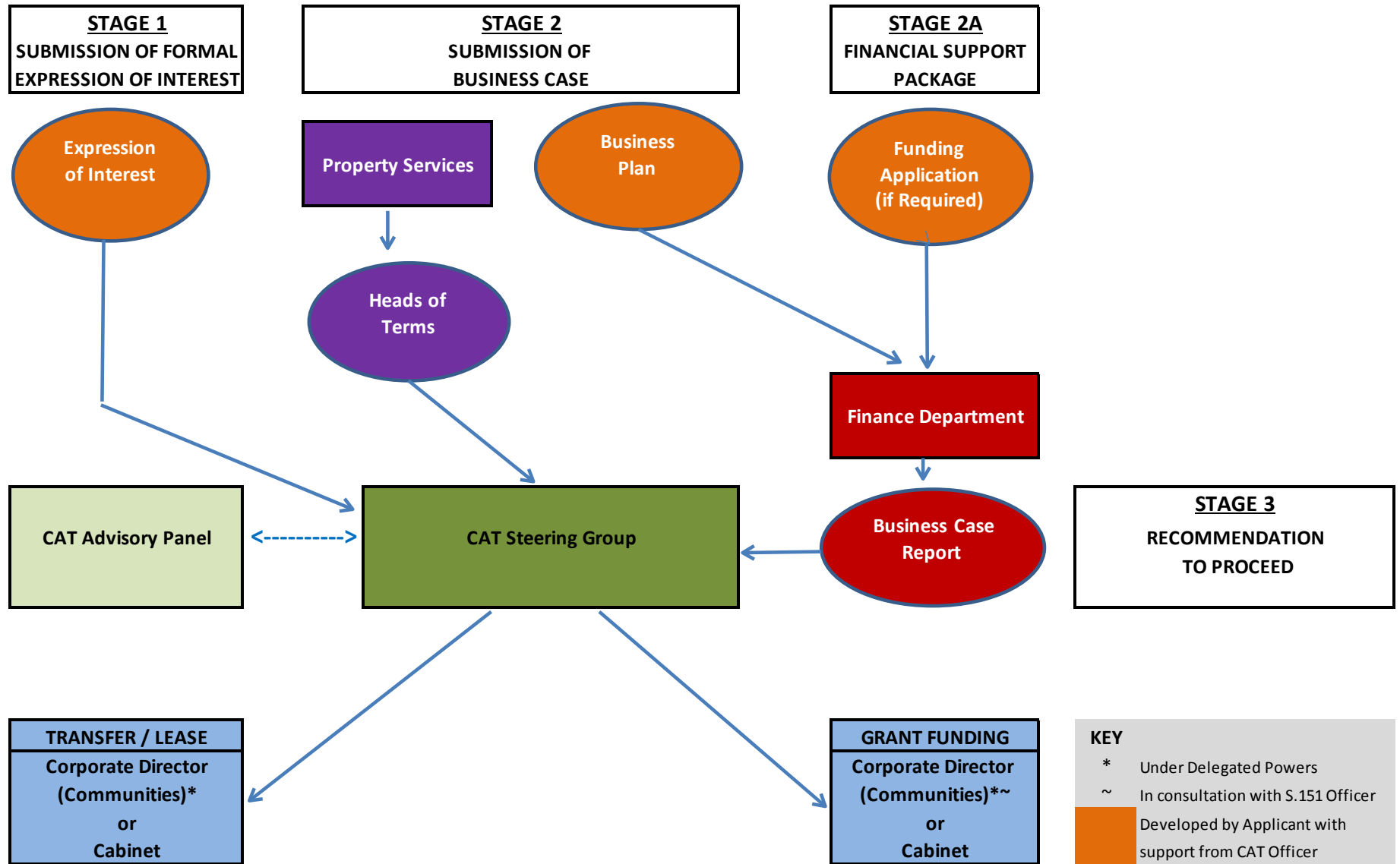
Terms of Reference for the CAT Advisory Panel

COMMUNITY ASSET TRANSFER APPROVAL PROCESS - STANDARD BUSINESS CASES



N.B. A simplified approval process will be adopted for minor land and property transfers

COMMUNITY ASSET TRANSFER APPROVAL PROCESS - COMPLEX BUSINESS CASES



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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR, COMMUNITIES

RURAL DEVELOPMENT PROGRAMME- SUSTAINABLE MANAGEMENT SCHEME

1. Purpose of Report.

- 1.1 The purpose of this report is to seek Cabinet approval for the submission of a full application to the Rural Development Plan for Wales Sustainable Management Scheme and, if successful, to accept the resulting funding offer and enter into appropriate agreements.

2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This work aligns with the following Corporate Priorities:

Smarter use of resources

To make the most of our physical assets, including school buildings

- Review assets and services and enable the successful transfer of those most suitable to community groups and organisations
- Ensure appropriate governance and compliance of all delivery
- Ensure successful management of natural resources

3. Background.

- 3.1 The Sustainable Management Scheme (SMS) forms part of the Rural Development Programme (RDP) (2014-2020). Administered by Welsh Government (WG), it will provide financial support for a range of activities that will improve the management of natural resources and in doing so contribute to the well-being of rural communities. Grants can range from a minimum of £10,000 to a maximum of £700,000 to help start up and facilitate new collaborations through to landscape-scale ambitious co-ordinating actions and input from several parties to achieve lasting benefits across our communities. Both capital and revenue costs can be supported.
- 3.2 Kenfig Pool and Dunes was designated a Site of Special Scientific Interest (SSSI) in 1953, a Local Nature Reserve in 1978 and a National Nature Reserve (NNR) in 1989. Furthermore, in 2006, the majority of Kenfig dunes were designated a Special Area of Conservation (SAC), under the EC Habitats Directive (Directive 92/43/EEC on the Conservation of Natural Habitats and of Wild Flora and Fauna), giving the site both national and international protection. The SAC was designated specifically for six features which are important in the European context: four habitat features on Annex I of the Directive and two species features on Annex II of the Directive. Bridgend County Borough Council (BCBC) currently manages the site and has responsibilities in relation to delivering the requirements of the designations.

- 3.3 The need for investing in this sustainable management of Bridgend County's coastal landscape more broadly, and ways in which actions can support requirement of site designations, is evidenced in the Bridgend Landscape Character Assessment (2013) and Local Biodiversity Action Plan (LBAP) (2014). Once part of an extensive dune system the two sites of Kenfig National Nature Reserve (KNNR) and Merthyr Mawr are now separated by the limestone pavement of the Porthcawl Coastline, two golf courses and settled farmland.
- 3.4 Building on this research, and following the delivery of the pilot Kenfig Nature Project - jointly funded by the Rural Development Programme (RDP) and Natural Resources Wales (NRW) - a stakeholder working group has been convened and consulted with specifically on the development of future action. This group has been key in shaping the SMS proposal and it includes the following:
- Bridgend County Borough Council (Lead Partner)
 - NRW
 - Landowners
 - Kenfig Trust
 - Kenfig NNR
 - Sker Farm
 - Pyle & Kenfig Golf Club
 - Royal Porthcawl Golf Club
 - Merthyr Mawr NNR
- 3.5 This working group then reports to the Coastal Partnership which in turn takes its strategic direction from the Bridgend County Destination Management Partnership.
- 3.6 An Expression of Interest was submitted to the SMS for this project in May 2016 but, despite achieving high scores on a number of key assessment criteria, was unsuccessful due to over subscription. A revised Expression of Interest was subsequently submitted and was approved in March 2017 with an invitation to submit a second stage application by September 2017.

4. Current situation / proposal.

- 4.1 This project aims to form a collaboration of nature reserve managers (local authority and NRW), landowners, golf clubs and farmers to sustainably manage the coastal landscape, improve the ecosystems in that landscape, increase biodiversity and connectivity between the two dune systems.
- 4.2 This will be done by undertaking habitat management and habitat creation, including:
- Pond creation
 - Establishing dune heathland
 - Halting dune stabilisation
 - Woodland planting
 - Restoration of hedges, fences and dry stone walls
- 4.3 The collaboration will support the golf clubs to obtain the Golf Environment Organisation (GEO) Certified ecolabel demonstrating their ongoing sustainable performance. If successful they will be the first Welsh golf courses to obtain this

certification. The project will improve walking opportunities and manage the impact of those walkers through better signage and path improvements.

5. Effect upon Policy Framework & Procedure Rules.

- 5.1 Agreements will need to be put in place with landowners for insurance purposes where works are undertaken on private land whilst under the responsibility of BCBC as overall project manager. Advice will be sought from the Council's Insurance and Risk Officer.

6. Equality Impact Assessment

- 6.1 An initial EIA screening has identified that there would be no negative impact on those with one or more of the protected characteristics and an EIA status of low priority is considered appropriate at this stage.

7. Financial Implications.

- 7.1 The project will not place additional financial demands over and above existing budgets. All procurement process will be in line with BCBC policies and procedures and support will be provided by BCBC procurement department. Where there is a requirement for any legal/service agreements between BCBC and any other land owner these will be developed with support from BCBC legal and property departments.
- 7.2 The timeframe is proposed as starting on 1 January 2018 and ending on 31 December 2019. With the anticipated end date of December 2019, the project will provide additional external investment in KNNR, supporting BCBC's management of the site, and would be completed before the current lease arrangements for the Kenfig National Nature Reserve come to an end.
- 7.3 The project is costed at £312,541 at an intervention rate of 100%. All funds, commissioning and contract management will be managed by BCBC, with no funds being passed over to third parties, and the costs will be closely monitored throughout the project and should the situation arise then value engineering will take place to avoid any overspend.
- 7.4 A summary of the costs is as follows:

Work package	Elements	Estimated Cost (£) Excluding VAT
Kenfig NNR	Habitat management Boundary Condition Survey Rights of way (ROW) Management of Volunteers	£80,000
Golf Clubs	Geo-certification Habitat management	£20,000
Sker Farm	Drystone walling & fencing Path work	£39,100
Porthcawl Seafront	Stabilise dunes to maintain disabled access	£6,000
Merthyr Mawr	Site surveys Boundary work ROW improvements Dune & habitat management	£77,000

Collaboration Administration	Formalisation of collaboration Marketing & communication PPE Training Monitoring and evaluation	£37,500
Collaboration Co-ordination	BCBC staff time management of project and grant claim	£52,941
	Total Project Costs	£312,541

8. Recommendation.

Cabinet is recommended to:

- 8.1 Delegate authority to the Corporate Director – Communities, to further develop the detail of the project as outlined above in partnership with local, regional and national stakeholders and submit, in consultation with the Section 151 Officer, the full application and accept any resulting funding offer.
- 8.2 Delegate authority to the Corporate Director – Communities upon receipt of any resulting funding offer to put in place the required legal and management agreements in consultation with the Section 151 Officer and Corporate Director – Operational and Partnership Services.

Mark Shephard
Corporate Director, Communities
25 July 2017

Contact Officer: **Ieuan Sherwood**
Manager, Economy and Natural Resources

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Background Documents
None

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE INTERIM CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT

PROVISION FOR PUPILS WITH ADDITIONAL LEARNING NEEDS (ALN) – ESTABLISHING A LEARNING RESOURCE CENTRE FOR PUPILS WITH AUTISTIC SPECTRUM DISORDERS AT YSGOL GYFUN GYMRAEG LLANGYNWYD

1. Purpose of report

- 1.1 The purpose of this report is to seek Cabinet's approval to consult formally with the parents, staff and governing body of Ysgol Gyfun Gymraeg Llangynwyd and other interested parties on the proposal to establish a learning resource centre for pupils with autistic spectrum disorders (ASD) at Ysgol Gyfun Gymraeg Llangynwyd. The statutory code states that consultation must take place in term time and therefore the consultation will not commence until 5 September 2017, if agreed by Cabinet.

2. Connection to the corporate improvement plan/other corporate priorities

- 2.1 These proposals are related both to the Corporate Plan 2016-2020 and the Education Inclusion Programme and, in particular, the following corporate improvement priority:
- Supporting a successful economy.
- 2.2 In order to achieve this improvement priority, it is important to work with our partners to support pupils with additional learning needs (ALN). The focus needs to be upon raising their skills, ambition and qualifications, and support them to take advantage of opportunities to succeed. This will improve the future prospects for our children and young people. We have already contributed to this priority by improving the provision in mainstream schools for pupils with additional learning needs.

3. Background

- 3.1 In December 2011, Cabinet received an update on the review of support and provision for the inclusion of children and young people with ALN.

- 3.2 Bridgend's Welsh Education Strategic Plan (2017-2020) (WESP) states that:

Bridgend County Borough Council's vision is that our provision of Welsh-medium education and support for the teaching of the Welsh language should:

- 3.2.1 deliver the key principles of equality, choice and opportunity for all;
- 3.2.2 respect, promote and embody the linguistic and cultural diversity of Bridgend and Wales;

- 3.2.3 recognise a common Welsh heritage;
- 3.2.4 reflect the social, economic and cultural needs of Wales in the 21st century;
- 3.2.5 provide opportunity to reflect on and develop personal identity and a sense of place and community;
- 3.2.6 be consistent with the national aspirations set out in the Welsh Government's Welsh-medium Education Strategy; and
- 3.2.7 take into account Welsh Government's Welsh Language Strategy (2016) to reach a million Welsh speakers by 2050.

3.3 The focus in Outcome Six of the WESP, namely Welsh-medium provision for learners with ALN, is upon extending capacity to provide appropriate additional learning needs provision through the medium of Welsh during all stages of education.

4. Current situation/proposal

4.1 A copy of the consultation paper is annexed at Appendix 1. The proposal, if approved, would mean that:

- a learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd for a maximum of 12 pupils with ASD would be established from 8 January 2018;
- there would be a graduated intake from 8 January 2018 and the admissions for the learning resource centre would be decided upon through an admissions panel;
- the learning resource centre would be an integrated part of the mainstream school, providing an appropriate environment in which pupils can develop and thrive within their peer group and have normal access to mainstream curriculum, where appropriate;
- the learning resource centre would provide specialist learning facilities within the school. It would also provide specialist expertise in respect of ASD to mainstream classes; and
- the Council supports the principles that, as far as possible, children should be educated within a mainstream school environment and as near to their home as possible (the proposal of establishing a learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd would afford those children with ASD, who speak Welsh in the Bridgend County Borough, to be educated within a Welsh-medium school).

4.2 From the pupils' point of view, they would have access to individual, small-group and whole-class experiences, as appropriate. Their progress would be closely monitored and individual plans regularly reviewed.

4.3 Other mainstream pupils at Ysgol Gyfun Gymraeg Llangynwyd with ASD would also benefit from this proposal as it seeks to widen the specialist learning facilities within the school and provide expertise and advice to all staff.

4.4 In conjunction with this proposal, there is also a proposal to establish a Welsh-medium ASD learning resource centre in one of the Welsh-medium feeder primary

schools. Once the feeder primary school has been identified a report will be submitted to Cabinet to undergo a consultation exercise.

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy frameworks or procedure rules.

6. Equality impact assessment

6.1 The Council has a duty to consult and fully consider the implications of any proposal on all members of the local community who may be affected unfairly as a result of the proposal being carried out.

6.2 A full equality impact assessment will be undertaken in parallel with the consultation process. The outcomes and actions identified by this assessment will be included in a report to Cabinet on the consultation process.

7. Financial implications

7.1 The funding for the learning resource centre would be allocated through the mainstream school's delegated budget, via the school's formula allocation, and using a combination of the age-weighted pupil unit (AWPU) element, plus a per place factor.

7.2 Funding levels would be derived from notional current staffing needs. If pupil numbers remain constant, then the cost of the provision would be largely unchanged. The number of places would be reviewed annually and agreed with the headteacher to enable staffing stability and to assist in school planning.

7.3 These proposed funding arrangements are similar to those implemented for secondary schools in 2013-2014, that were part of the annual consultation with governing bodies and the School Budget Forum on changes to the schools' funding formulae. One-off funding for the set-up costs would be £10k.

7.4 As part of the medium-term financial strategy budget-setting process for 2017-2018, a total of £263k was allocated under budget pressures to establish additional learning resource centres for pupils with ASD in two Welsh-medium schools and two English-medium schools with effect from the Academic Year 2017-2018. This allocation will be used to fund the LRC at Ysgol Gyfun Gymraeg Llangynwyd if the proposal goes ahead.

8. Recommendations

8.1 Cabinet is requested to agree to consult formally on the proposal to establish a learning resource centre for pupils with ASD at Ysgol Gyfun Gymraeg Llangynwyd and for the outcome of the consultation to be reported back to Cabinet so that an informed decision can then be made on the proposal with effect from 8 January 2018.

Lindsay Harvey
Interim Corporate Director, Education and Family Support

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Postal Address Civic Offices
Angel Street
Bridgend
CF31 4WB

Appendix 1

Consultation document. Provision for pupils with additional learning needs (ALN) – establishing a learning resource centre for pupils with autistic spectrum disorders at Ysgol Gyfun Gymraeg Llangynwyd.

Background documents

Education Inclusion Programme: Reviewing and developing support and provision for the inclusion of children and young people with ALN (report to Cabinet, December 2011)

BCBC's Welsh in Education Strategic Plan 2017-2020

Proposal to establish provision for pupils with additional learning needs (ALN) at Ysgol Gyfun Gymraeg Llangynwyd

Consultation document

Date of issue: 5 September 2017

Action required: Responses by 16 October 2017

Tel: (01656) 815 253

Email: Anne.Whittome@bridgend.gov.uk

Web: www.bridgend.gov.uk/consultation

Contents

Overview	3
How to respond	3
Data protection	3
Related documents	3
Background and information	4
The proposal	4
Why has this proposal been brought forward?	4
What the proposal means in practice	5
What are the advantages if the proposal goes ahead?	5
What are the potential disadvantages if the proposal goes ahead?	5
Impact of the proposals	5
Impact Assessments	8
Risks	8
Alternative	9
Alternative Provision	9
Details of the affected school(s)	9
Finance	11
The consultation process	12
Pro forma	14
Appendix A	16
Appendix B	20
Appendix C	25
Appendix D	30

Overview

The consultation is to invite your views on the proposal to establish a learning resource class for a maximum of 12 pupils with autistic spectrum disorders (ASD) at Ysgol Gyfun Gymraeg Llangynwyd.

How to respond

This consultation period will begin on the **5 September 2017** and close the **16 October 2017**. You can respond or ask further questions in the following ways;

Tel: (01656) 815 253

Email:

Anne.Whittome@bridgend.gov.uk

Online: [Click here](http://www.bridgend.gov.uk/consultation) or visit www.bridgend.gov.uk/consultation

Post: Education and Family Support Directorate, Bridgend County Borough Council, Angel Street, Bridgend, CF31 4WB.

Alternative formats are also available upon request.

Data protection

How we use the views and information you share with us

All responses received by Bridgend County Borough Council will be seen in full by its staff members involved in the consultation process. The information may also be seen by other departments within the council or local service board members to help improve upon the services provided.

The council may also use the information gathered to publish subsequent documents both directly and indirectly linked to this consultation, however the Council will never disclose any personal information such as names or addresses that could identify an individual.

If you do not wish for your opinions to be publicised, please state so in your response.

Related documents

For more information on consultations in Bridgend County Borough or how to join our Citizens' Panel.

Visit:

www.bridgend.gov.uk/CitizensPanel

Background and information

In December 2011, Cabinet received an update on the review of support and provision for the inclusion of children and young people with additional learning needs (ALN).

In the Welsh Education Strategic Plan (WESP), (Bridgend 2017-2020) it states that:

Bridgend County Borough Council's vision is that our provision of Welsh-medium education and support for the teaching of the Welsh language should:

- deliver the key principles of equality, choice and opportunity for all;
- respect, promote and embody the linguistic and cultural diversity of Bridgend and Wales;
- recognise a common Welsh heritage;
- reflect the social, economic and cultural needs of Wales in the 21st century;
- provide opportunity to reflect on and develop personal identity and a sense of place and community;
- be consistent with the national aspirations set out in the Welsh Government's Welsh-medium Education Strategy (WMES);
- take into account Welsh Government's Welsh Language Strategy (2016) to reach a million Welsh speakers by 2050;

The focus in outcome six of the WESP, namely Welsh-medium provision for learners with additional learning needs (ALN) is upon extending capacity to provide appropriate additional learning needs provision through the medium of Welsh during all stages of education.

The proposal

This is a proposal to establish provision for pupils with additional learning needs (ALN) at Ysgol Gyfun Gymraeg Llangynwyd. In order to meet the needs of Welsh speaking pupils with a diagnosis of ASD, it is proposed to establish a learning resource centre (LRC) for a maximum of 12 pupils.

The consultation exercise will seek the views of staff, parents, pupils, interested parties and the governing body as the first step in the statutory process. If the proposals are supported they would come into effect on 8 January 2018.

Why has this proposal been brought forward?

The proposal is being raised in order to meet the needs of children and young people with ASD through the medium of Welsh. Currently there is no provision locally to meet these needs. As a result of opening a LRC for ASD in a Welsh-medium secondary school, pupils will be able to continue their education through the medium of Welsh in conjunction with having their needs met.

What the proposal means in practice

The proposal if approved would mean that:

- ▶ A LRC at Ysgol Gyfun Gymraeg Llangynwyd for a maximum of 12 pupils with ASD would open from **8 January 2018**.
- ▶ There would be a graduated intake from 8 January 2018. LRC admissions would be decided upon through an admissions panel.
- ▶ The LRC would be an integrated part of the mainstream school, providing an appropriate environment in which pupils can develop and thrive within their peer group and have normal access to mainstream curriculum, where appropriate.
- ▶ The LRC would provide specialist learning facilities within the school, it would also provide ASD specialist expertise to mainstream classes.
- ▶ The Council supports the principles that, as far as possible, children should be educated within a mainstream school environment and as near to their home as possible.
- ▶ The proposal of establishing a LRC at Ysgol Gyfun Gymraeg Llangynwyd would afford those pupils with ASD who speak Welsh in the Bridgend County Borough to be educated at the local Welsh-medium secondary school. The decision regarding the proposal to locate a key stage 2 LRC for ASD at one of the four feeder Welsh-medium primary schools will be submitted for Cabinet approval to consult in the autumn term 2017.

What are the advantages if the proposal goes ahead?

- ▶ Pupils who have ASD will be educated through the medium of Welsh at the Welsh-medium secondary school in Bridgend.
- ▶ There will be continuity of education and provision for these pupils.
- ▶ Pupils who are in the ASD LRC would still be able to socialise with their peers with whom they attended Welsh- medium primary.

What are the potential disadvantages if the proposal goes ahead?

- ▶ There are not any foreseen disadvantages to this proposal.

Impact of the proposals

Quality and standards in education;

- ▶ There will be no likely impact on the quality of outcomes, provision and leadership and management in Ysgol Gyfun Gymraeg Llangynwyd, regarding the proposal to establish a LRC for pupils with a diagnosis of ASD.
- ▶ There will be no likely impact of the proposal on the ability of Ysgol Gyfun Gymraeg Llangynwyd to deliver the full curriculum at each key stage of education.

Other considerations

- ▶ The National Categorisation School Report 2016 / 2017 for Ysgol Gyfun Gymraeg Llangynwyd is included at appendix A.

Quality and standards in education;

Outcomes (standards and wellbeing);

- ▶ Overall, standards of attainment are good, with a very strong performance at key stages 4 and 5 in 2016.
- ▶ At key stage 3 there was improved performance in 2016 in nearly all indicators at level 5+, 6+ and 7+. However, despite improvement, performance for the last two years is predominantly in the bottom 25% when compared with similar schools. The only exception is the performance of science at level 5+, where outcomes are in the top 25% or higher 50% for the last three years. The gap in performance between boys and girls is narrower than local, regional and national averages in all core subjects at level 5+, and in English and science at level 6+ and 7+. However, the gap in performance between eFSM pupils and their peers is wider than local and regional averages for the core subject indicator and all core subjects at level 6+.
- ▶ There is a strong performance across key stage 3 in the national tests, with the percentage of pupils achieving a score of 85 and above in English and numeracy higher than local authority and national averages.
- ▶ At key stage 4, a fluctuating performance over time following a drop in key indicators such as the level 2 inclusive, core subject indicator and mathematics in 2015, followed by a significant improvement in 2016. This results in improved benchmarking positions in 2016, with the school predominantly in the top 25% in most areas when compared with similar schools. There is a strong improving trend in the performance of eFSM at the level 2 inclusive indicator, with 50% of pupils attaining the indicator in 2016 compared with 23% in 2014 and 44% in 2015. Improved performance also by boys, with 80% of them gaining the level 2 inclusive indicator, compared with 55% in 2014 and 51% in 2015. However, girls continue to outperform boys in both languages at level 2, although the gap in performance is less significant than local and national averages. At key stage 5, a very strong performance for the school's second year of entry at A level, with further improvement in all key indicators, and outcomes at A*-C, average wider point score and level 3 threshold above family, local authority and national averages for the last two years.
- ▶ There is an increase in attendance figures over time, from 94.2% in 2014 to 94.9% in 2016. Figures compare favourably with similar schools (higher 50%) over the last three years.
- ▶ There is very good pupil behaviour and further reduction in fixed term exclusion rates during the last academic year.
- ▶ The school has a good track record in raising the achievement of most pupils, including vulnerable learners.

Provision (learning experiences, teaching, staffing, care support and guidance, and learning environment);

- ▶ The quality of teaching and its impact on pupils' learning is good or better in around 80% of cases. There has been successful involvement in the Outstanding Teacher Programme, and Improving Teacher Programme. This involvement has been instrumental in improving aspects of teaching. Appropriate strategies such as triad working are in place to improve any areas identified for improvement, including an effective mentoring and support system for any teacher judged to be satisfactory or unsatisfactory.
- ▶ Provision for literacy and numeracy is promoted strongly across the curriculum. The school has responded positively to the implementation of the Welsh Baccalaureate and this is successfully embedded at key stage 5, resulting in very strong examination results in 2016.
- ▶ The relationships between staff and pupils are strong. Staff work closely with pupils, provide valuable support with a focus upon wellbeing and carefully monitor targeted pupils. As a result, vulnerable pupils demonstrate good or better behaviour, homework is completed on time and nearly all make progress that is at least in line with expectations.

Leadership and management (leadership, improving quality, partnership working and resource management);

- ▶ The leadership of the school is strong. There is a strong focus on raising standards and strengthening provision amongst the leaders. There is a clear understanding regarding the priorities in the school development plan. As a result of this scrutiny, outcomes have significantly improved in all key indicators in 2016.
- ▶ Self-evaluation processes are regular and thorough, and provide the school with a comprehensive range of first-hand evidence. The opinion of all stake-holders is important and valued.
- ▶ The roles and responsibilities of leaders and staff are well defined. There is a high priority given to staff development and focus upon performance management.
- ▶ The governors are very supportive and are proactive in their involvement with the school and are able to challenge the school effectively.
- ▶ The use of the Pupil Deprivation Grant targets individuals and specific groups of pupils, builds on previous successful initiatives, and covers a wide range of activities in and outside school. As a result, there is year on year improvement by eFSM pupils at key stage 4.

Other considerations

Travel arrangements and accessibility impact

- ▶ The proposal would have no impact on the current travel arrangements as transport is available for those pupils who are eligible and who attend Ysgol Gyfun Gymraeg Llangynwyd.
- ▶ Consideration would be given to the appropriate mode of transport for those pupils with ASD who would be accessing the LRC at Ysgol Gyfun Gymraeg Llangynwyd.

Land and buildings

- ▶ The proposal will not involve any potential transfer or disposal of land: - nor is there any planned building associated with the proposal.

Impact Assessments

Community Impact Assessment

- ▶ There is no significant negative impact on the community. Please see appendix C.

Equality Impact Assessment

- ▶ The council has a duty to consider the implications of this proposal on all members of the local community who may be affected unfairly as a result of the proposal being carried out.
- ▶ An initial impact screening assessment has been undertaken (see appendix D). The outcomes and actions identified by this assessment will be included in a report to Cabinet on the consultation process and will help to create a full equality impact assessment (EIA).
- ▶ If you have any views on the potential of this proposal to affect any groups or individuals either positively or adversely, then we would welcome your comments as part of this consultation. Please see consultation proforma.

Risks

- ▶ There are no current risks associated with this proposal. The learning resource centre will increase the expertise amongst the staff of Ysgol Gyfun Gymraeg Llangynwyd to accommodate the needs of other pupils who are known to demonstrate ASD traits in the absence of a formal diagnosis.
- ▶ The full EIA will assess any potential impacts associated with the protected characteristic of 'disabled' pupils.

Alternative

- ▶ An alternative to opening the LRC at Ysgol Gyfun Gymraeg Llangynwyd would be to for pupils to attend Maesteg Comprehensive School. The likely consequence of this is that pupils with ASD would not be able to continue their education through the medium of Welsh. They would also not be able to remain with their peers with whom they attended Welsh- medium primary school. (National Categorisation Report 2016/2017 attached at Appendix B).

Alternative Provision

- ▶ There is a LRC for pupils with a diagnosis of ASD at Maesteg Comprehensive School and the curriculum is delivered through the medium of English. This is for a maximum of 12 pupils. The ASD LRC at Maesteg Comprehensive School currently has capacity for two places.

Details of the affected school(s)

Ysgol Gyfun Gymraeg Llangynwyd
Maesteg
Bridgend.
CF34 9RW

The table below provides details of the January 2017 numbers on roll at Ysgol Gyfun Gymraeg Llangynwyd and the figures recorded for the previous three annual censuses.

Ysgol Gyfun Gymraeg Llangynwyd – Pupils on Roll			
Jan 14	Jan 15	Jan 16	Jan 17
556	607	617	617

The following table provides a five year projection of pupil population for Ysgol Gyfun Gymraeg Llangynwyd which is a Welsh-medium secondary school with an age range of 11 to 18 and a pupil capacity of 165 places.

		98%	96%	98%	101%	67%	79%	Cyfanswm /Total
Blwyddyn /Year	7	8	9	10	11	12	13	
Oed / Age	11-12	12-13	13-14	14-15	15-16	16-17	17-18	
2017	110	106	110	75	105	69	42	617
2018	109	108	102	108	76	71	55	629
2019	105	107	103	100	108	51	56	630
2020	128	103	102	101	100	73	40	647
2021	113	125	99	100	102	68	58	665
2022	129	111	120	97	101	69	54	681

The condition of the accommodation at Ysgol Gyfun Gymraeg Llangynwyd is graded as condition B. Grade B means that it is satisfactory and performing as intended but exhibiting minor deterioration. There is no sufficiency grading available for this school. The suitability of the Ysgol Gyfun Gymraeg Llangynwyd accommodation is graded A. Grade A means that it is entirely suitable.

Maesteg Comprehensive School
Ffordd Dysgu
Maesteg
Bridgend

The table below provides details of the January 2017 numbers on roll at Maesteg Comprehensive School and the figures recorded for the previous four annual censuses.

Maesteg Comprehensive School – Pupils on Roll			
Jan 14	Jan 15	Jan 16	Jan 17
1124	1096	1113	1104

The following table provides a five year projection of pupil population for Maesteg Comprehensive School which is an English medium secondary school with an age range of 11 to 18 and a pupil capacity of 228 places.

Blwyddyn /Year	7	99%	101%	98%	99%	57%	73%	Cyfanswm /Total
Oed / Age	11-12	12-13	13-14	14-15	15-16	16-17	17-18	
2017	186	203	184	164	190	80	97	1104
2018	170	185	204	181	162	108	59	1069
2019	158	169	186	201	178	92	79	1063
2020	191	157	170	183	198	101	67	1067
2021	187	190	158	167	180	112	74	1068
2022	198	186	191	156	165	102	82	1080

The condition of the accommodation at Ysgol Gyfun Gymraeg Llangynwyd is graded as condition B. Grade B means that it is satisfactory and performing as intended but exhibiting minor deterioration. There is no sufficiency grading available for this school. The suitability of the Ysgol Gyfun Gymraeg Llangynwyd accommodation is graded A. Grade A means that it is entirely suitable

Finance

- ▶ The funding for the learning resource centre would be allocated through the mainstream school's delegated budget, via the school's formula allocation, and using a combination of the age-weighted pupil unit (AWPU) element, plus a per place factor. Funding levels would be derived from notional current staffing needs. If pupil numbers remain constant, then the cost of the provision would be largely unchanged. The number of places would be reviewed annually and agreed with the headteacher to enable staffing stability and to assist in school planning. These proposed funding arrangements are similar to those implemented for secondary schools in 2013-2014, that were part of the annual consultation with governing bodies and the School Budget Forum on changes to the schools' funding formulae. One off funding for the set up costs would be £10,000.
- ▶ As part of the Medium -Term Financial Strategy budget setting process for 2017-18, a total of £263,000 was allocated under budget pressures to establish additional learning resource centres for pupils with Autistic Spectrum Disorders with effect from the 2017-18 academic year.

The consultation process

The consultation process will be completed by 16 October 2017 and the outcomes (which will be incorporated into the proposal where possible) will be reported to Cabinet. If there is a decision not to proceed, that will be the end of this proposal for the future and an alternative proposal will need to be sought.

If the decision is to go ahead, a statutory notice outlining the proposals would need to be published for a period of 28 days. If there are no objections to the proposal, then it will go ahead subject to final approval by Cabinet. If there are objections at the Public Notice stage, an objection report must be published. Cabinet could determine to accept, reject or modify the proposal.

It is proposed to implement the proposal from 8 January 2018.

Activity	Date
Consultation period where we welcome your views on the proposal*.	5 September 2017 to 16 October 2017
Consultation Report to Cabinet on the outcomes of the consultation.	31 October 2017
Publish Consultation Report on BCBC website, hard copies available on request.	7 November 2017
If agreed by the Cabinet of Bridgend County Borough Council, a public notice will be published and there will be a period of 28 days in which to submit any objections to the proposal in writing.	8 November 2017
End of Public Notice period. If there are no objections Cabinet can immediately decide whether to proceed or not. If there are any objections, an Objections Report will be published and forwarded to Cabinet for their consideration and subsequent determination.	6 December 2017
Potential implementation.	8 January 2018

*Please note that responses to consultation will not be counted as objections to the proposal and that objections can only be registered following publication of the public notice.

What do you now have to consider?

You are invited to consider the proposal and submit your views as to whether or not you support the proposal to establish a LRC for pupils with ASD at Ysgol Gyfun Llangynwyd from 8 January 2018.

How to make your views known?

There will be consultation meetings held as detailed below for the different interested parties. You are invited to attend the relevant meetings where you can hear an explanation of the proposal, put questions and express any views or concerns you may have.

Venue: Ysgol Gyfun Gymraeg Llangynwyd	Date	Time
School Council of Ysgol Gyfun Gymraeg Llangynwyd	20 September 2017	2.00pm
Staff of Ysgol Gyfun Gymraeg Llangynwyd	20 September 2017	3.00pm
Governing body of Ysgol Gyfun Gymraeg Llangynwyd	20 September 2017	4.00pm
Parents of pupils at Ysgol Gyfun Gymraeg Llangynwyd and other interested parties	20 September 2017	5.00pm

If you have any further questions regarding this proposal, wish to put your views in writing, suggest alternative proposals or request a copy of the consultation report when published, please contact (using the pro forma):

Post: Interim Director of Education
and Family Support
Education and Family Support
Directorate, Civic Offices
Angel Street
Bridgend
CF31 4WB

Please mark for the attention of Anne Whittome,
or **Email:** Anne.Whittome@bridgend.gov.uk

Online: [Click here](#)

Tel: (01656) 815253

Alternative formats are also available upon request.

All views must be received by no later than **16 October 2017**.

Pro forma

Pro forma - Proposal to establish the autistic disorders learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd

Name:

Contact details:

Are you (*please tick*):

School governor

Parent/guardian

School pupil

School staff

Other interested party (please specify)

Comment/suggestions/requests/questions:

Appendix A

National Categorisation School Report 2016 / 2017 Ysgol Gyfun Llangynwyd.

Appendix B

National Categorisation School Report 2016 / 2017 Maesteg Comprehensive School.

Appendix C

Communities impact assessment (CIA) initial screening

Appendix D

Equalities impact assessment (EIA) initial screening.

National Categorisation School Report 2016 / 2017

School:	Ysgol Gyfun Gymraeg Llangynwyd
Region:	Central South Consortium (CSC)

Step 1 - Standards Group

Based upon the National Categorisation for standards the school is in standards group 1.

School Context

- The school's three-year average for the percentage of pupils eligible for free school meals (eFSM) is 14.6%, (CSC 19.1%, Wales 17.3%).
- There were 77 pupils in Year 9 and 99 pupils in Year 11 in 2015-2016.

Evaluation

Leaders' analysis of performance correctly evaluates the following strengths and shortcomings:

- Overall, standards of attainment are good, with a very strong performance at key stages 4 and 5 in 2016.
- At key stage 3, improved performance in 2016 in nearly all indicators at level 5+, 6+ and 7+. However, despite improvement, performance for the last two years is predominantly in the bottom 25% when compared with similar schools. The only exception is the performance of science at level 5+, where outcomes are in the top 25% or higher 50% for the last three years. The gap in performance between boys and girls is narrower than local, regional and national averages in all core subjects at level 5+, and in English and science at level 6+ and 7+. However, the gap in performance between eFSM pupils and their peers is wider than local and regional averages for the core subject indicator and all core subjects at level 6+.
- There is a strong performance across key stage 3 in the national tests, with the percentage of pupils achieving a score of 85 and above in English and numeracy higher than local authority and national averages. Performance in reasoning in all year groups, at the average and above average score, compares favourably with similar schools (higher 50% or top 25%).
- At key stage 4, a fluctuating performance over time following a drop in key indicators such as the level 2 inclusive, core subject indicator and mathematics in 2015, followed by a significant improvement in 2016. This results in improved benchmarking positions in 2016, with the school predominantly in the top 25% in most areas when compared with similar schools. There is a strong improving trend in the performance of eFSM at the level 2 inclusive indicator, with 50% or pupils attaining the indicator in 2016 compared with 23% in 2014 and 44% in 2015. Improved performance also by boys, with 80% of them gaining the level 2 inclusive indicator, compared with 55% in 2014 and 51% in 2015. However, girls continue to outperform boys in both languages at level 2, although the gap in performance is less significant than local and national averages.

- At key stage 5, a very strong performance for the school's second year of entry at A level, with further improvement in all key indicators, and outcomes at A*-C, average wider point score and level 3 threshold above family, local authority and national averages for the last two years.
- Increase in attendance figures over time, from 94.2% in 2014 to 94.9% in 2016. Figures compare favourably with similar schools (higher 50%) over the last three years.
- Very good pupil behaviour and further reduction in fixed term exclusion rates during the last academic year.

Areas for further improvement

The school's leaders are rightly seeking to secure further improvement in the following areas through the school's improvement plan:

- performance at key stage 3
- standards at key indicators at key stage 4
- performance of eFSM pupils at key stage 3 and 4

Step 2 – Improvement Capacity

Based upon scrutiny of evidence and discussion the school's improvement capacity is B.

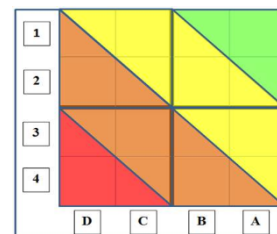
Evaluation

- The leadership of the school is strong. Leaders and staff have a clear vision for the school, with a strong focus on providing Welsh-medium education of the highest standard for all pupils. This has been successful in ensuring significantly improved outcomes at GCSE in 2016, and two successful years of A level results. A strong team identity ensures a caring, inclusive and strong Welsh ethos.
- Leaders demonstrate a strong capacity to plan, implement change and maintain improvement successfully. Members of staff engage effectively in whole school initiatives, and are willing to lead and contribute to key strategies. For example, the active involvement of all departments in ensuring that pupils respond effectively to teacher feedback results in valuable and meaningful strategies being implemented across the curriculum, impacting positively on pupils' work.
- Self-evaluation processes are regular and thorough, and provide the school with a comprehensive range of first-hand evidence. The opinion of all stake-holders is important and valued. Information gathered via these processes is used effectively in order to identify the school's priorities. Very effective analysis of data by leaders ensures they have a clear and accurate picture of the school's strengths and areas for development. The self-evaluation report is a concise and evaluative document that identifies accurately strengths and areas for development. However, leaders acknowledge appropriately that monitoring activities, and how findings contribute to the self-evaluation report, are not yet fully embedded. The reference to impact in the self-evaluation report is also underdeveloped.
- Leaders are clear about the priorities that need to be addressed in the school's improvement plan, and there is a strong focus on raising standards and strengthening provision. As a result, outcomes have significantly improved in all key indicators in 2016. In addition, monitoring activities demonstrate that strong progress has been made against each of the recommendations arising from the

Estyn inspection in March 2015. Provision for pupils with additional learning needs is now in line with statutory requirements. There is first-hand evidence to suggest that the quality and consistency in teachers' feedback has improved across the school. Adopting a whole school assessment policy and introducing Improving Personal Effectiveness sessions result in more consistency in the feedback provided to pupils within and across departments. There is now strong evidence of pupils reflecting on their work, responding positively to teachers' comments and improving the quality of their work.

- The school has a good track record in raising the achievement of most pupils, including vulnerable learners. The nurture club is proving to be effective, particularly in developing vulnerable pupils' confidence and addressing their social and emotional needs. Staff work closely with pupils, provide valuable support, a strong focus on wellbeing, and carefully monitor targeted pupils. As a result, vulnerable pupils demonstrate good or better behaviour, homework is completed on time and nearly all make progress that is at least in line with expectations.
- The school gives good attention to national and local priorities. Provision for literacy and numeracy is promoted strongly across the curriculum. The school has responded positively to the implementation of the Welsh Bacallaureate and this is successfully embedded at key stage 5, resulting in very strong examination results in 2016. Use of the Pupil Deprivation Grant targets individuals and specific groups of pupils, builds on previous successful initiatives, and covers a wide range of activities in and outside school. As a result, there is year on year improvement by eFSM pupils at key stage 4.
- Leaders and staff have well defined roles and responsibilities and exhibit high professional standards. The high priority given to staff development, and strong focus on performance management, have all contributed effectively to the strong progress made in relation to Estyn recommendations.
- The governors are very supportive of the school and good use is made of their expertise. They are well informed and knowledgeable about school performance through detailed updates, regular presentations and effective links with key areas. They are proactive in their involvement with the school and are able to challenge the school effectively.
- Strong systems are in place for tracking teaching and learning, which includes effective departmental reviews. As a result there is a comprehensive bank of detailed observation records that provide a clear picture of teaching. The quality of teaching and its impact on pupils' learning is good or better in around 80% of cases. Involvement in the OLEVI Outstanding Teacher Programme, and Improving Teacher Programme, has been instrumental in improving aspects of teaching during the last year. Appropriate strategies are in place to improve any areas identified for improvement, including an effective mentoring and support system for any teacher judged to be satisfactory or unsatisfactory, triad workings and valuable involvement in key working parties.
- The school has thorough and rigorous systems to track pupil progress with predicted outcomes at key stage 4 very close to actual examination performance. Targets also reflect the school's high expectations, and would place the school in the higher 50% or top 25% if realised. Leaders are anticipating a drop in performance in 2017, which is reflected in the targets set. Work is already ongoing in monitoring and tracking pupils carefully and ensuring appropriate interventions of targeted pupils are in place.

- Leaders and staff work very successfully with schools and forums. Active involvement with the 14-19 regional Welsh medium forum enables the school to enhance curricular provision, and for staff to gain in confidence through training and professional learning communities. Leaders are prominent in developing work within the family of schools and School Improvement Group (SIG). For example, discussions and implementation of successful reward strategies identified in a SIG working party have further improved attendance in 2016. The school's formal collaboration with a nearby secondary school, and partnership with the local college ensures that a wide range of subjects, including vocational options, are offered at key stage 4 and 5.



Areas for further improvement

Appropriate priorities in the school improvement plan relate closely to:

- strengthening the quality of teaching across the school
- addressing the planned curricular changes including responding to Successful Futures, involvement as a lead creative school, and implementation of the Digital Competence Framework

Evidence scrutinised to make the judgement

- Whole-school performance data over the last three years including national benchmarking data and the all-Wales core data sets.
- Data at individual pupil level including the performance of specific groups of pupils such as e-FSM pupils and value-added data.
- National literacy and numeracy test data.
- The school's self-evaluation report.
- The school's improvement plan.
- The school's analysis of the outcomes of classroom observation and book scrutiny.
- The challenge adviser's previous school improvement report and notes of school visit.
- Documentation concerning the headteacher's performance objectives and the monitoring of progress against objectives.

Step 3 – Support Category

It was agreed at the meeting that the overall support category is B.

Exceptions

Exceptions have been applied: No

Categorisation Overview

Step 1	Step 2	Step 3	Exceptions applied
1	B	Yellow	No

The judgements at Step 2 and Step 3 are provisional until national verification has been completed.

The draft and final reports should be shared with the governing body.

National Categorisation School Report 2016 / 2017

School Maesteg Comprehensive School
Region Secondary

Step 1 - Standards Category

Based upon the National Categorisation for standards the school is judged to be: 2

School Context

The school's three-year average for the percentage of pupils eligible for free school (eFSM) meals is

26.6%, (CSC 19.1%, Wales 17.3%).

There were 157 pupils in Year 11 in 2015-2016.

Evaluation

Senior leaders' analysis of performance correctly evaluates the following points: At key stage 3, attainment in all three core subjects, and in most non-core subjects, has improved at level 5+ over the last three years. Outcomes are now in either quarter 1 or quarter 2 when compared with similar schools and exceed the family's average and national figures. At level 6, outcomes have improved in English and mathematics over the last year, following a dip in 2015. However, only performance in science is above the median in quarter 2. The outcomes in most of the non-core subjects at level 6 are showing a rise over the past three years, and all subjects, apart from design technology, are above the median.

Too many pupils, particularly boys, are making progress which is lower than expected in English and mathematics. The key stage 2 to 3 progress measures show over half of the year group making one level of progress or less in both of these core subject areas. In science, the figure is better with almost 70% making at least 2 levels of progress.

Most pupils speak confidently in lessons and girls read fluently. Girls also develop their writing skills well in most subjects. However, the gap between girls' and boys' writing is too wide at 30% and more than twice that at both local authority and all-Wales levels.

There has been a decline in performance in 2016 against a number of key measures at key stage 4.

Outcomes in the level 1 threshold (level 1), the 2 threshold (level 2), the level 2 threshold including English and Performance in science (92%) is particularly strong exceeding both local authority and Wales figures. However, performance fell slightly in English (2 percentage points) and significantly in mathematics (11 percentage points). In both these cases, and against the level 2+ threshold, outcomes were lower than in each of the preceding two years. As a result, the school has dropped from standards group 1 to group 2.

The proportion of the school's more able pupils achieving 5+ A/A* grades has been up and down over the last three years, (2014 15.2%, 17.7% in 2015, 2016 13.4%). Overall, this proportion is too low and is below both local (16.5%) and regional (17.2%) averages. Out of the 20 pupils in Year 11 recognised as more able and talented pupils, only 15% achieved an average grade of an A.

Free school meal pupils (eFSM), make good progress at level 5 in key stage 3, with 81% gaining the core subject indicator. This is just 7% lower than non eFSM pupils and narrower than the regional gap of 15%. However, this gap widens to 30% at the higher level 6. In key stage 4 at level 2 inclusive (L2+), the school's three year average is just over 35% which, in turn, is just over the national target of 32%.

However, the pattern has been variable over the course of the last three years with a 13 percentage point fall on the 2015 eFSM L2+ figure (33%/46% respectively).

Pupils with a special educational need make good progress from their starting points. Nearly all are 2/6 successful in achieving a recognised qualification at key stage 4. Nearly all achieve the level 1 threshold and just under one third the level 2 inclusive threshold.

The data from the national reading and numeracy procedural tests shows that the percentage of pupils achieving an average or above average progress measure, is lower than that of the local authority and nationally in every year group. The numeracy reasoning outcome is above local and national averages in years 8 and 9 but not in year 7.

Post 16, approximately 98% of boys and girls achieve the level 3 threshold at A level. However, only just over 10% have achieved A*/A grades— a figure that is below regional and national averages.

Attendance rates have placed the school in the higher 50% when compared with similar schools in recent years. However, the rate of improvement has been up and down over the last three years and in 2016 fell from the 2015 figure of 94.1% to 93.7%.

The number of fixed-term exclusions, has risen significantly this year from 53 in 2014/15 to 153 in 2015/16. The proportion of fixed term exclusions per 1000 pupils at 85.8 is higher than the local authority average of 67.1.

Areas for further improvement

The challenge adviser agrees with the priority that the school's leaders are giving to securing improvement in the following areas:

- raising standards in mathematics at both key stages 3 and 4;
- raising standards in English at key stage 4;
- improving outcomes at the higher levels in key stage 3 for eFSM pupils and improving outcomes against the L2+ at key stage 4 for these pupils;
- improve outcomes at the higher grades at GCSE and A Level;
- improving boys' reading and writing skills and all pupils' skills with number;
- reducing the number of fixed term exclusions.

Step 2 - Improvement Category

The categorisation based upon evidence and discussion at Step 2 is 'C' because;

Evaluation

The school judged that the school's improvement capacity is B. However, the challenge adviser judged that improvement capacity is currently C. The headteacher has been in post for a year and has developed a clear vision and strategic priorities for the school's future direction. These are beginning to be understood more.

Self-evaluation involves many stakeholders and the report is largely evaluative. Whole-school and departmental self-evaluation, and the use of performance data, are rigorous in the main but some leaders and teachers, such as those in mathematics, do not use the performance data accurately enough to secure improvement. The roles and responsibilities are clearly defined for all leaders and staff but there are inconsistencies in the extent to which accountability is exercised in practice. Arrangements for holding middle leaders to account for performance, including both performance management and line management meetings, do not drive forward the school's improvement sufficiently in all areas, including the core subjects at both key stage 3 higher levels and key stage 4.

Overall, the impact of leadership is adequate at present. The school's targets at both key stages reflect high expectations and, if achieved, will bring performance in line with the top 25% of similar schools by 2017. The school's ability to raise pupils' achievement is inconsistent over a three year period. Outcomes from 2016 at key stage 4 particularly, demonstrate a lack of accurate monitoring of pupils' progress towards their targets. This was particularly evident in mathematics which had a target set of 70% and attained an actual result of 54%. As a result, performance fell short of the level 2 inclusive target of 65% by 18% (47%).

School leaders have made suitable links between the outcomes of self-evaluation and the improvement priorities in the main. Planning and the use of resources have had impact in a wide number of areas at key stage 3 but not in the core areas at key stage 4. National and local priorities have had inconsistent impact in those aspects of literacy and numeracy where progress is slow.

Senior leaders gather first-hand evidence about learning and teaching. However, judgements about the quality of learning and teaching are made largely on the basis of lesson observation alone. Insufficient connection is made with pupils' progress over time. The judgements about the quality of teaching do not take enough account of end of year outcomes. Leaders have implemented a comprehensive 3/6 development programme to improve teaching and involved a number of teachers in the 'outstanding teacher programme'. The characteristics of good and excellent teaching are well defined and the majority of the teaching is of a good quality. However, there are inconsistencies across the curriculum as a whole. This restricts pupils' outcomes in a number of areas such as mathematics, at the higher levels/grades in key stage 3 and key stage 4, and in design technology at key stage 3 which is the only noncore subject to remain below the median.

There are also inconsistencies in the accuracy with which pupils' progress is tracked and the effectiveness of the support provided for pupils within some departments. This is demonstrated by variable or downwards trends in performance over time such as in English at key stage 4.

The governing body receives relevant information about performance and is very supportive. Governors rely very much on the tracking and monitoring data provided by the school. Given that the data provided is not fully accurate, governors are currently unable to scrutinise performance effectively.

Work in collaboration with other schools as both a pioneer school and a literacy hub, has made little contribution to core subject improvement to date.

Areas for further improvement

The school improvement plan appropriately addresses the following:

The need to strengthen the accuracy of tracking and monitoring at all levels so accurate prediction of pupil performance can be made in time to address any weaknesses.

However, there is also a need to:

- ensure good teaching translates to good learning so that in school variation is eradicated;
- embed those actions that support the school's vision and strategic direction so that they lead to sustained improvement in outcomes and aspects of provision;
- bring greater consistency to the quality, rigour and impact of self-evaluation and improvement planning across the school.

The school judged that the overall support category for the school is yellow. However the challenge adviser judged this to be amber.

It was not possible to agree the outcomes at both step 2 and step 3 at the categorisation meeting. The outcomes will be referred to the senior challenge for review, in line with the requirements nationally, if the school decides that it wishes to submit the disagreement proforma.

Evidence scrutinised to make the judgement

- performance data at whole-school, cohort and pupil level;
- comparative performance data;
- value-added data and data about pupils' progress;
- the school's self-evaluation report and improvement plan;
- the school's targets;
- the previous categorisation report;
- previous notes of visits and/ or progress reports;
- documentation relating to the headteacher's performance management;
- reports relating to the school's inspection where relevant;
- first-hand knowledge of the life and work of the school.

Governing Body Ratification

After discussion the Governing body were not in full agreement with the Support Category shown above.

Step 3 - Support Category

The Overall Support category for the school is judged to be: Amber.

Exceptions

Exceptions have been applied:

4/6

-

Potential rare exceptions

Other Circumstances where the matrix has been overridden (please list reasons and evidence below)

Explanation base with evidence:

5/6

**Step 1 Step 2 Step 3 Exceptions
Applied**

2 C ● Amber

Community Impact Assessment

Draft – to be updated following consultation

Name of proposal:

Proposal to establish a learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd for a maximum of 12 pupils with autistic spectrum disorders (ASD) from 8 January 2018.

Who will make the decision? :

Cabinet

Who has been involved in developing the proposal? :

Interim Director of Education and Family Support

Group Manager Inclusion and School Improvement

Aims and objectives: The ASD provision at Ysgol Gyfun Gymraeg Llangynwyd.

Key actions: Statutory procedure to establish a learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd for a maximum of 12 pupils with autistic spectrum disorders (ASD) from 8 January 2018.

Expected outcomes: To establish learning resource centre for pupils with ASD with proposed implementation 8 January 2018.

Who will be affected: Staff, governors, pupils, parents and the community.

Approximately how many people will be affected: There are minimal people affected by this proposal. The pupils would attend Ysgol Gyfun Gymraeg from their feeder primary schools. There will be an additional two members of staff at Ysgol Gyfun Gymraeg Llangynwyd.

Expected date of decision: 6 December 2017

Scope/focus of the assessment: Consideration given to:

- Current quality and standards in education
- School priority targets (in the statement of action)
- Current provision of additional learning needs (ALN)
- Relationship of school with stakeholders.

- Potential impact of introducing the proposal on pupils and staff.
- Potential impact on the community.
- Potential impact on protected characteristics (outlined in the EIA).

Relevant data and/or research:

- The following table provides a five year projection of pupil population for Ysgol Gyfun Gymraeg Llangynwyd which is a Welsh-medium secondary school with an age range of 11 to 18 and a pupil capacity of 165 places.

Blwyddyn /Year	7	98%	96%	98%	101%	67%	79%	Cyfanswm /Total
Oed / Age	11-12	12-13	13-14	14-15	15-16	16-17	17-18	
2017	110	106	110	75	105	69	42	617
2018	109	108	102	108	76	71	55	629
2019	105	107	103	100	108	51	56	630
2020	128	103	102	101	100	73	40	647
2021	113	125	99	100	102	68	58	665
2022	129	111	120	97	101	69	54	681

In December 2011, Cabinet received an update on the review of support and provision for the inclusion of children and young people with additional learning needs (ALN).

In the Welsh Education Strategic Plan (WESP), (Bridgend 2017-2020) it states that:

Bridgend County Borough Council's vision is that our provision of Welsh-medium education and support for the teaching of the Welsh language should:

- deliver the key principles of equality, choice and opportunity for all;
- respect, promote and embody the linguistic and cultural diversity of Bridgend and Wales;
- recognise a common Welsh heritage;
- reflect the social, economic and cultural needs of Wales in the 21st century;
- provide opportunity to reflect on and develop personal identity and a sense of place and community;
- be consistent with the national aspirations set out in the Welsh Government's Welsh-medium Education Strategy (WMES);
- take into account Welsh Government's Welsh Language Strategy (2016) to reach a million welsh speakers by 2050;

The focus in outcome six of the WESP, namely Welsh-medium provision for learners with additional learning needs (ALN) is upon extending capacity to provide

appropriate additional learning needs provision through the medium of Welsh during all stages of education.

Findings:

- The projected level of enrolment between 2016 – 2020 has no expected level of significant fluctuation that would impact the proposal (table regarding future projected level of enrolment provided in 'relevant data' section above).

Inclusion of children and young people:

- This proposal follows the 'inclusion of young people with additional learning needs' policy.

Impact on extended community

- There is no significant negative impact on the community.

Impact on other schools

- There is no impact upon other schools as pupils from the Welsh-medium feeder primary school with a diagnosis of ASD will be able to transition to the Welsh-medium secondary school.

How will the decision affect people with different protected characteristics? :

The ratio is 1 teacher to 12 pupils for an ASD class. All other ASD classes work to this. Those pupils in Welsh-medium primary education with a diagnosis of ASD will be able to transition to the Welsh-medium secondary school.

Consultation

Has there been specific consultation on this decision (if not, state why not and/or when this may happen):

Consultation will commence early September 2017

What were the results of the consultation? :

The impact of this proposal has been considered and further responses have been requested as part of this consultation, the outcome of which will be recorded and reported to Cabinet in the Consultation Report.

Across the protected characteristics, what difference in views did analysis of the consultation reveal?

To be completed upon completion of consultation.

What conclusions have been drawn from the analysis on how the decision will affect people with different protected characteristics?

To be completed upon completion of consultation.

Assessment of impact on staff

There is no impact upon the reduction of staffing. An additional Welsh speaking teacher and learning support officer will be required.

Assessment of impact on wider community

There is no significant negative impact on the wider community.

Analysis of impact by protected characteristics

Please summarise the results of the analysis:

To be completed upon completion of consultation.

Assess the relevance and impact of the decision to people with different characteristics Relevance = High/Low/None Impact = High/Low/Neutral

Characteristic	Relevance	Impact
Age	High	Low
Disability	High	Low
Gender reassignment	None	Neutral
Marriage and civil partnership	None	Neutral
Pregnancy and maternity	None	Neutral
Race	None	Neutral
Religion or belief	None	Neutral
Sex	None	Neutral
Sexual orientation	None	Neutral
Other socially excluded groups (include health inequalities)	None	Neutral

Where any negative impact has been identified, please outline the measures taken to mitigate against it:

Subject to the outcome of consultation on this proposal:

- There are no current risks associated with this proposal. The learning resource Centre will increase the expertise amongst the staff of Ysgol Gyfun Gymraeg Llangynwyd to accommodate the needs of other pupils who are known to demonstrate ASD traits in the absence of a formal diagnosis.

Please advise on the overall equality implications that should be taken into account in the final decision, considering relevance and impact:

An EIA has been conducted taking into account protected characteristics and any other potential impacts on minority groups. Once the consultation is complete and the results comprehensively considered, a full community impact assessment and equalities impact assessment will be provided along with the final report on the outcomes of the consultation.

Signed:

M Hatcher

Date:27.6.17

Equality impact assessment (EIA) screening form

Please refer to the [guidance notes](#) when completing this form.

Proposal being screened

Proposal to establish a learning resource centre at Ysgol Gyfun Gymraeg Llangynwyd for a maximum of 12 pupils with autistic spectrum disorders (ASD) from 8 January 2018.

Brief description of the proposal

The proposal is for a maximum of 12 pupils with ASD to access the learning resource centre from 8 January 2018. Consultees will include staff, governors, pupils and parents of the school, members of the local community and any other interested parties.

Does this policy relate to any other policies?

In December 2011, Cabinet received an update on the review of support and provision for the inclusion of children and young people with additional learning needs (ALN).

In the Welsh Education Strategic Plan (WESP), (Bridgend 2017-2020) it states that:

Bridgend County Borough Council's vision is that our provision of Welsh-medium education and support for the teaching of the Welsh language should:

- deliver the key principles of equality, choice and opportunity for all;
- respect, promote and embody the linguistic and cultural diversity of Bridgend and Wales;
- recognise a common Welsh heritage;
- reflect the social, economic and cultural needs of Wales in the 21st century;
- provide opportunity to reflect on and develop personal identity and a sense of place and community;
- be consistent with the national aspirations set out in the Welsh Government's Welsh-medium Education Strategy (WMES);
- take into account Welsh Government's Welsh Language Strategy (2016) to reach a million welsh speakers by 2050;

The focus in outcome six of the WESP, namely Welsh-medium provision for learners with additional learning needs (ALN) is upon extending capacity to provide appropriate additional learning needs provision through the medium of Welsh during all stages of education.

What is the aim or purpose of the policy?

The council supports the principles that, when possible, children should be educated within a mainstream school environment and as near to their home as possible.

Who is affected by this policy (e.g. staff, residents, disabled people, women only?)

Pupils with special educational needs, parents, existing staff members in Ysgol Gyfun Gymraeg Llangynwyd.

Who is responsible for delivery of the policy?

Interim Corporate Director (Education and Family Support).

Is this a review of an existing policy?

No.

If this is a review or amendment of an existing policy, has anything changed since it was last reviewed?

No.

Has an EIA previously been carried out on this policy?

No.

Screening questions

1. Is this policy an important or 'large scale' function, and/or is it likely the policy will impact upon a large number of staff, residents and/or contractors

Yes.

2. Is it possible that any aspect of the policy will impact on people from different groups in different ways? (See guidance for list of 'protected characteristics' to consider) No for the following reasons:-

- There would be growth for pupils with a diagnosis of ASD through the medium of Welsh.
- Capacity would be created for a maximum of 12 pupils.

Characteristic	Yes	No	Unknown	Explanation of impact
Age		X		There will be growth for pupils with ASD to access support through the medium of Welsh at secondary

				school.
Disability		X		There will be growth for pupils with ASD and to access support through the medium of Welsh.
Gender reassignment		X		Gender Reassignment is not expected to be impacted by this proposal.
Pregnancy and maternity		X		Pregnancy and Maternity is not expected to be impacted by this proposal.
Race		X		Race is not expected to be impacted by this proposal. Other than the possible development of Welsh speaking pupils to receive their education through the medium of Welsh.
Religion/belief		X		Religion and Belief is not expected to be impacted by this proposal.
Sex		X		Sex is not expected to be impacted by this proposal.
Sexual orientation		X		Sexual Orientation is not expected to be impacted by this proposal.
Civil Partnerships and Marriage		x		Civil Partnerships and Marriage is not expected to be impacted by this proposal.

3. What is the risk that any aspect of the policy could in fact lead to discrimination or adverse effects against any group of people? (See guidance for list of protected characteristics?)

There is no risk for pupils diagnosed with ASD as there would be growth of provision in this area; this is new provision for Welsh- medium education. Therefore a pupil who attends a Welsh-medium school who has ASD will be able to be educated through the medium of Welsh.

What action has been taken to mitigate this risk? [Guidance](#)

Please expand on your answer:

4. Could any aspect of the policy help BCBC to meet the main public sector duties? Bear in mind that the duty covers 9 [protected characteristics](#).
[Guidance](#)

Duty	YES	NO	Unknown
Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Act		X	
Advance equality of opportunity between persons who a relevant protected characteristic and persons who do not share it	X		
Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	X		

Please set out fully your reasoning for the answers given to question 4 including an awareness of how your decisions are justified.

The policy enables those with learning difficulties (disability being a protected characteristic) to be taught in a Welsh-medium mainstream school facility which could potentially create relationships between pupils that are categorised as having ‘special education needs’ and pupils from ‘mainstream’ teaching at Ysgol Gyfun Llangynwyd, thereby removing divisions between pupils.

5. Could any aspect of this “policy” assist Bridgend County Borough Council with its compliance with the Welsh Language Standards and the Welsh Language (Wales) Measure 2011 which are to consider:-

- The proposal is to grow additional learning needs provision through the medium of Welsh.
- The proposal offers those pupils with ASD to continue their education through the medium of Welsh.

6. Are you aware of any evidence that different groups have different needs, experiences, issues and/or priorities in relation to this policy?

Yes No Unknown [\(Guidance\)](#)

No.

If ‘yes’, please expand:

7. Is this policy likely to impact on Community Cohesion?

No – there will be minimal change to the community as pupils with ASD will be able to attend a local Welsh-medium secondary school. These children would have come from Welsh-medium feeder primary schools.

Conclusions

8. What level of EIA priority would you give to this policy? [\(Guidance\)](#)

HIGH - full EIA within is to be undertaken.

Please explain fully the reasons for this judgement including an awareness of how your decisions are justified.

High – to ensure the policy is correctly implemented.

9. Will the timescale for EIA be affected by any other influence e.g. Committee deadline, external deadline, part of a wider review process?

[\(Guidance\)](#)

Activity	Date
Consultation period where we welcome your views and observations on the proposal*.	5 September 2017- October 2017
Report to Cabinet on the outcomes of the consultation.	31 October 2017
Publish Consultation Report on BCBC website, hard copies available on request.	7 November 2017
If agreed by the Cabinet of Bridgend County Borough Council, a Public Notice will be published and there will be a period of 28 days in which to submit any objections to the proposal in writing.	8 November 2017
End of Public Notice period. If there are no objections Cabinet can immediately decide whether to proceed or not. If there are any objections, an Objections Report will be published and forwarded to Cabinet for their consideration and subsequent determination.	6 December 2017
Potential implementation.	8 January 2018

10. Who will carry out the full EIA?

Education and Family Support Directorate – Group Manager and / or Corporate Director.

EIA screening completed by: Michelle Hatcher

Date: 27.6.17

When complete, this initial screening form and, if appropriate, the full EIA form must be sent to [Paul Williams](#)

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE INTERIM CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT

SCHOOL MODERNISATION PROGRAMME: PROPOSED REGULATED ALTERATION IN THE FORM OF PERMANENT ENLARGEMENT TO COYCHURCH PRIMARY SCHOOL

1. Purpose of report

- 1.1 This report is to seek approval from Cabinet to consult on the proposal to make a regulated alteration to Coychurch Primary School in the form of an enlargement with effect from 1 January 2018.

2. Connection to Corporate Improvement Plan/other corporate priorities

- 2.1 This report supports the following priorities in the Corporate Plan 2016-2020:

- Supporting a successful economy
- Smarter use of resources

- 2.2 In March 2015, the Council approved five key principles within a policy and planning framework which would inform the organisation and modernisation of our schools:

1. Commitment to high standards and excellence in provision.
2. Equality of opportunity, so that all pupils can access quality learning opportunities, regardless of which school they attend.
3. Inclusive schools, which cater for the learning needs of all their pupils.
4. Community focused schools, where the school actively engages with its local community.
5. Value for money.

- 2.3 The policy and planning framework set out 17 areas where these principles should apply. Particularly relevant in the context of this report is the size of primary schools (to ensure that “all Bridgend’s primary schools are large enough to make the full range of necessary provision”).

3. Background

- 3.1 In 2013, Bridgend County Borough Council made a temporary capacity increase at Coychurch Primary School (the capacity temporarily increased from 81 pupil places to 134) by installing a double mobile classroom on the school site. The temporary increase was required as the Council agreed in November 2012 that the new Linc Cymru development in the north-east of Brackla would be assigned to the catchment area of Coychurch Primary School, with effect from September 2014 (it was further

agreed that the situation would be in place for a period of five years and be reviewed in 2019).

- 3.2 Pupil numbers in the south east of the County Borough are now such that, even with the new Coety Primary school opened, the temporary Coychurch Primary School capacity increase needs to be made permanent to support the efficient admission of pupils.
- 3.3 Prior to the temporary installation of the double mobile classroom on the school site the Published Admission Number for the school was 12

4. Current situation/proposal

- 4.1 In order to continue to accommodate pupil numbers, it has become necessary for the school to utilise the double mobile classroom installed in 2013 which was originally intended to be used for teaching and storage and since 2012 has been used consistently for teaching purposes. This has resulted in an increase to the capacity of the school and this change has been implemented on a temporary basis until now.
- 4.2 It is considered that there is a need to formalise this temporary arrangement in order to comply with the School Organisation Code.
- 4.3 The capacity of the school five years prior to the date of the proposed implementation (ie 2012-2013) was 93. The permanent addition of mobile classroom spaces at the school will result in the capacity increasing to 127 which is greater than 25% of the current capacity. As a result, the published admission number in respect of pupils admitted into reception will increase to 19 (resulting in an 18 place nursery). In order to formalise this increase in capacity, it is necessary to undertake a regulated alteration to enlarge the school under the School Standards and Organisation (Wales) Act 2013, as set out in the School Organisation Code (the Code).
- 4.4 In order to bring about a change of this nature, the Code requires that a consultation exercise with the school governing body, staff, parents, pupils and interested parties is undertaken. This is the first step in the statutory process. If carried through to completion, this proposal will come into effect on 1 January 2018. The consultation paper will set out the implications of the proposal.
- 4.5 The necessary statutory processes will be followed. If Cabinet approves, an initial six-week consultation period will start in September 2017, to allow all interested parties to comment on the proposals contained in the consultation paper. This would be undertaken by publishing the proposals and inviting responses.
- 4.6 Following this period of consultation, a further report on the outcome of the consultation would be submitted to Cabinet to consider the result of that process. Cabinet would then need to decide whether to authorise the publication of a statutory notice. If such a notice were issued, it would invite formal objections during the statutory 28-day period.
- 4.7 At the end of the statutory notice period there would then be a further report to Cabinet on the outcome of the statutory notice process and any objections received. If there are no objections in response to the public notice, Cabinet would be recommended to make a final decision.

4.8 If there are any objections, an objections report containing a formal response will be prepared and submitted to Cabinet. Cabinet will need to give consideration to and approve the objections report and also make a final decision on whether or not the proposals should be implemented. The approved objections report would then be published, followed by a decision notice. All proposals would therefore follow due process and comply with all statutory requirements and Welsh Government guidance.

4.9 The statutory code states that consultation must take place in term time and therefore the consultation will not commence until 5 September 2017 at the earliest.

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy frameworks or procedure rules.

6. Equality Impact Assessment

6.1 An Equality Impact Assessment initial screening has been carried out.

7. Financial implications

7.1 The proposal merely formalises the existing temporary arrangement in order to meet demand. The area which would be permanently incorporated into the capacity calculation (ie the double mobile classroom) is already within the school site and is already fully funded via the funding formula allocation.

8. Recommendations

8.1 Cabinet is recommended to approve that consultation can be conducted with the governing body, staff, parents, pupils and all other interested parties as set out in the School Organisation Code on a proposal to make a regulated alteration to Coychurch Primary School in the form of an enlargement with effect from 1 January 2018. The outcome of the consultation will be reported to Cabinet in due course.

Lindsay Harvey

Interim Corporate Director – Education and Family Support

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Head of Education and Family Support

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Background documents

Cabinet Report 3 March 2015: "PRINCIPLES DOCUMENT"

Equality Impact Assessment

Cabinet Report 13 November 2012: "SCHOOL CATCHMENT AREAS – COETY and COYCHURCH"

BRIDGEND COUNTY BOROUGH COUNCIL

CABINET REPORT

25 JULY 2017

REPORT OF THE INTERIM CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT

SCHOOL MODERNISATION PROGRAMME

PENCOED PRIMARY SCHOOL - MODIFICATION OF SCHOOL OPENING DATE FROM 1 APRIL 2018 TO 5 SEPTEMBER 2018

1. Purpose of report

- 1.1 This report is to request Cabinet approval to modify the decision in respect of the opening date of the replacement Pencoed Primary School from 1 April 2018 to 5 September 2018.

2. Connection to Corporate Improvement Objectives/other corporate priorities

- 2.1 The school modernisation programme supports many of the corporate priorities, in particular:

- Smarter use of resources
- Supporting a successful economy

- 2.2 On 3 March 2015, Cabinet approval was received for the Council to adopt revised principles as a framework for school organisation in Bridgend. The following five key principles were set out to inform the organisation and modernisation of our schools:

- Commitment to high standards and excellence in provision
- Equality of opportunity, so that all pupils can access quality learning opportunities, regardless of which school they attend
- Inclusive schools, which cater for the learning needs of all their pupils
- Community focussed schools, where the school actively engages with its local community
- Value for money

- 2.3 The Policy and Planning Framework sets out 17 areas where these principles should be applied in practice.

- 2.4 The principles which are particularly relevant in the context of this proposal concern the size of primary schools (to ensure that “all Bridgend’s primary schools are large enough to make the full range of necessary provision”) and value for money, efficiency and effectiveness and the provision of local schools, planning new provision to reflect changes in the distribution of the population.

3. Background

- 3.1 On 6 September 2016, Cabinet approved the proposal to make a regulated alteration to Pencoed Primary School, by relocating the school, including the Heol-y-Cyw Campus, to a new-build school on the site of Pencoed Primary School playing fields at Penprysg Road, Pencoed with effect from 1 April 2018.
- 3.2 On 4 October 2016, Cabinet authorised the invitation of tenders for the construction of the new Pencoed Primary School.
- 3.3 The Pencoed scheme was tendered via the SEWSCAP Framework, with tender submissions received on 13 February 2017.
- 3.4 Of the five tenders received, only two were compliant (the remainder disqualified) and both of the compliant tenders contained tender sums significantly in excess of the construction budget available for the scheme. Consequently, on 28 February 2017, Cabinet delegated authority to the Corporate Director, Education and Family Support to conduct negotiations, with the lowest-priced tenderer, in accordance with procurement legislation.

4. Current situation

- 4.1 It was originally anticipated that works would start on site at the end of March 2017, in order to complete the school in readiness for opening on 1 April 2018.
- 4.2 However, delays to the commencement of construction have been incurred due to the processes associated with negotiating the construction contract tendered sum with the lowest priced tenderer down to an amount that is within the approved scheme budget.
- 4.3 The delay in commencement has resulted in a planned start date of 17 July 2017. Based on this revised start-on-site date, the construction programme currently estimates completion as 16 July 2018. The September school opening date proposed will be the start of the new school year following the summer break (decant activities will take place during the school holidays, between July and September).
- 4.4 The Headteacher and the Chair of Governors have been consulted regarding the revised opening date of 5th September 2018 and both the school and the Governing body is in agreement with the proposed modification to the school opening date.
- 4.5 The proposal by the local authority was determined pursuant to section 53 of the School Standards and Organisation (Wales) Act 2013 and as such does not require the agreement of the Welsh Ministers. Section 55(5a) of the Act permits a local authority to determine that proposals which have already been determined can be modified if implementation of the proposals on that date or those dates would be unreasonably difficult.

5. Effect upon policy framework and procedure rules

- 5.1 There is no effect upon the policy framework or procedure rules.

6. Equality Impact Assessment

6.1 An Equality Impact Assessment has been undertaken. The assessment has concluded that there is no negative impact on the duties of the Council towards protected groups.

7. Financial implications

7.1 The cost of constructing the new school for Pencoed will be funded by the Council and Welsh Government under the 21st Century Schools Programme, for which the Council has had the necessary approval.

7.2 The project is included within the Council's Capital Programme as approved most recently by Council in May 2017. The total approved budget for the Pencoed scheme is £10.833m.

7.3 At this time, it is not expected the delay, as outlined in paragraph 4.3, will put at risk the financial profile of the project.

8. Recommendation

8.1 It is recommended that:

- Council approves the modification of the decision to amend the opening date of the new Pencoed Primary School from 1 April 2018 to 5 September 2018.

Lindsay Harvey

Interim Corporate Director - Education and Family Support

Contact Officer: Nicola Echanis
Head of Education and Early Help

Telephone: (01656) 642611
E-mail: ellen.franks@bridgend.gov.uk

Postal Address Civic Offices, Angel Street, Bridgend CF31 4WB

Background documents

Cabinet Report 28 February 2017: REPORT OF THE CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT - SCHOOL MODERNISATION – PENCOED PRIMARY

Cabinet Report 3 March 2015: "PRINCIPLES DOCUMENT"

Cabinet Report 6 September 2016: SCHOOL MODERNISATION PROGRAMME: OUTCOME OF PUBLIC NOTICE ON PROPOSAL TO MAKE A REGULATED ALTERATION TO PENCOED PRIMARY SCHOOL

Cabinet Report 4 October 2016: JOINT REPORT OF THE CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT AND HEAD OF FINANCE

SCHOOL MODERNISATION – PENCOED PRIMARY, INVITATION TO TENDER
AND CONTRACT AWARD

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT BY THE INTERIM DIRECTOR OF EDUCATION AND FAMILY SUPPORT

APPOINTMENT OF LOCAL AUTHORITY GOVERNORS

1. Purpose of report

- 1.1 The purpose of this report is to seek approval from Cabinet for the appointment of local authority (LA) governors to the school governing bodies listed at paragraph 4.1.

2. Connection to the Corporate Improvement Plan/other corporate priority

- 2.1 The work of LA governors supports the raising of educational standards and the well-being of children, young people and their local communities. In particular, their work contributes to the corporate priority:

- Supporting a successful economy.

3. Background

- 3.1 In accordance with the Council's '*Guidance on the appointment of local education authority governors*' approved by Cabinet on the 14 October 2008, consideration has been given by officers of applications received for current and forthcoming vacancies of LA governors on governing bodies (see paragraphs 4.1 and Appendix A).

4. Current situation/proposal

- 4.1 For the nine schools below, there was no competition for any of the vacancies and therefore nine applicants met the approved criteria for appointment as LA governor.

Therefore, the recommended appointments are:

Mrs. Roz Stirman	Betws Primary School
Cllr. Craig Jones	Brackla Primary School
Mr. Paul Davies	Nantyffyllon Primary School
Cllr. Kenneth Watts	Newton Primary School
Cllr Lyn Walters	Oldcastle Primary School
Mr. Hywel Dafydd	Porthcawl Comprehensive School
Mr. Neville Williams	Tynyrheol Primary School
Cllr. Kay Rowlands	Ysgol Bro Ogwr
Dr. Fiona Carroll	Ysgol y Ferch O'r Sger

- 4.2 Subject to the above appointments being approved, there are still 20 vacancies that need to be filled in 16 schools (see Appendix A).

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon the policy framework or procedure rules.

6. Equality impact assessment

6.1 An assessment of the appointment of local authority governors shows that there are no equalities issues related to this report.

7. Financial implications

7.1 There are no financial implications regarding this report.

8. Recommendation

8.1 Cabinet is recommended to approve the appointments listed in paragraph 4.1.

Lindsay Harvey

Interim Director of Education and Family Support

Contact Officer: Joanne Kilburn
Learner Support Officer

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Postal Address Education and Family Support Directorate
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Background documents

- Bridgend County Borough Council's 'Guidance on the appointment of local education authority governors' that was approved by Cabinet on 14 October 2008.
- The Government of Maintained Schools (Wales) Regulations 2005.

List of LA governor vacancies up until August 2017

Name of school	List of current & forthcoming vacancies
Cynffig Comprehensive School	1
Ysgol Gyfun Gymraeg Llangynwyd	1
Abercerdin Primary School	1
Afon Y Felin Primary School	2
Caerau Primary School	1
Cwmfelin Primary School	1
Ffaldau Primary School	1
Llangynwyd Primary School	2 (1from August)
Mynydd Cynffig Primary School	1
Penybont Primary School	1
Pil Primary School	2
Plasnewydd Primary School	1
Porthcawl Primary School	1
Tremains Primary School	1
Ysgol Gynradd Gymraeg Cwm Garw	1
Ysgol Gymraeg Bro Ogwr	2
Total vacancies	20

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE INTERIM CORPORATE DIRECTOR – EDUCATION AND FAMILY SUPPORT

CORPORATE HEALTH AND SAFETY POLICY REVIEW

- 1. Purpose of report**
 - 1.1 To gain approval from Cabinet for the amended Corporate Health and Safety (H&S) Policy Appendix A.
- 2. Connection to corporate improvement objectives/other corporate priorities**
 - 2.1 The H&S Policy statement includes the overall aim of the Council and its priorities.
 - 2.2 Corporate governance details the development and maintenance of directorate risk register to support prioritisation for H&S improvements to be included in business plans.
- 3. Background**
 - 3.1 The current H&S Policy was agreed by Cabinet in May 2016 with a three-year review period.
- 4. Current situation/proposal**
 - 4.1 A review of the H&S Policy is required following the council leader changes that were approved at Council on the 5 October 2016. The change is detailed on page 3 of the policy document.
 - 4.2 A further review of the H&S Policy is required following the election held on 4 May 2017 and confirmation of the Cabinet Members announced at Council on 17 May 2017.
 - 4.3 The Interim Director of Education and Family Support will maintain the responsibility for corporate governance of management of health and safety.
- 5. Effect upon policy framework and procedure rules**
 - 5.1 The Council's Code of Corporate Governance which refers to a risk management system that the H&S Policy is part of.

6. Equality Impact Assessment

6.1 There are no implications in this report.

7. Financial implications

7.1 While there are no financial implications within this report, failure to adhere to the H&S Policy could result in financial penalties for the Council.

8. Recommendation

8.1 Cabinet approves the revised Corporate Health and Safety Policy June 2017 (Appendix A).

Interim Corporate Director - Education and Family Support 6 July 2017

Contact Officer: Claire Williams
Health and Safety Manager

Telephone: (01656) 642872

E-mail: Claire.Williams7@bridgend.gov.uk

Postal Address Sunnyside House, CF31 4AR

Background documents

H&S Policy June 2017
Council minutes 5 October 2016
Council minutes 17 May 2016



Corporate Health and Safety Policy

Title:	Corporate Health and Safety Policy	Owner:	Corporate Health and Safety Unit					
Status:	Draft	Issue Date:	June 2017	Review Date:	June 2020	Version:	5	Page 1 of 14

1.1 CONTENTS

Section 1.1	Contents
Section 1.2	Manual Issue and Control
Section 1.3	Health and Safety Management System
Section 1.4	Scope and Application
Section 1.5	Health and Safety Policy Statement
Section 1.6	Structure and Responsibilities
Section 1.7	Glossary

1.2 MANUAL ISSUE AND CONTROL

All documents will be held electronically by Bridgend County Borough Council and as such all documents within the health and safety management system will be available and accessible to all via the [Bridgend website](#).

The revision and issue status of the health and safety management system is summarised in the table below:

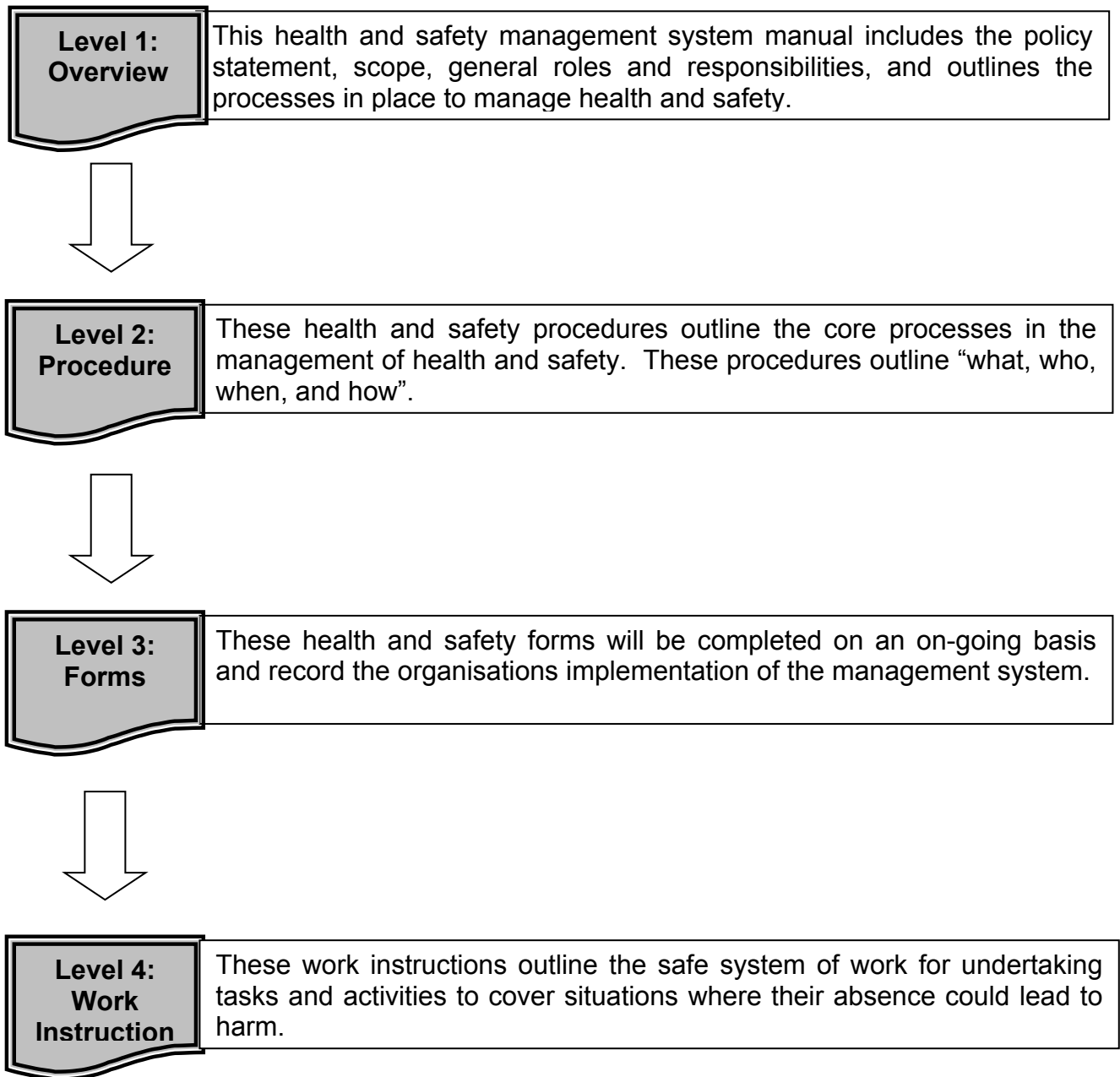
Section No.	Revision No.	Date Issued	Changes Made and Reason for change	Approved By
1.3	2	Oct 14	Change of title for lead officers	M C Howells
1.4	2	Oct 14	Organisational details changed	M C Howells
1.5	2	Oct 15	Policy statement change pictorial to plan, do, check and act.	M C Howells
1.6	2	Oct 15	Structure – changes to job titles and responsibilities	M C Howells
1.6.2	2	Oct 15	Directorate title changes	M C Howells
1.6.3	2	Oct 15	Structural and responsibilities changes for support services	M C Howells
Front Cover	2	Oct 15	Remove colours for ease of printing	M C Howells
1.3.2	2	Feb 16	Changes to job title	M C Howells
1.5	2	Feb 16	Changes to corporate priorities	M C Howells
1.4	2	Feb 16	Organisational details changed	M C Howells
1.32	3	April 16	Changes to job title	M C Howells
1.41	3	April 16	Changes to directorate structure and titles	M C Howells
1.6.1	3	April 16	Changes to job title	M C Howells
1.6.3	3	April 16	Changes to directorate structure and titles	M C Howells
1.5	4	Dec 16	Changes to Council Leader	M C Williams
1.5	5	June 17	Statement of intent signatures	M C Williams

The health and safety management system is maintained and updated by the Corporate Health and Safety Unit for Bridgend County Borough Council.

1.3 HEALTH AND SAFETY MANAGEMENT SYSTEM

1.3.1 System Structure

The structure of the health and safety management system is outlined below:



The health and safety management system will be supported by a library of health and safety guidance available via the [health and safety bridgers web pages](#).

1.3.2 Health and Safety Procedures

The Level 2 Procedures within the health and safety management system are listed below:

Ref	Procedure Title		Lead Officer	Associated Documents	Standards OHSAS 18001
P001	Health and Safety Risk Assessment	General	Health and Safety Manager Headteacher		4.3.1
		Service user	Head of Adult Social Care Head of Safeguarding and Family Support Head of Strategic, Partnerships and Commissioning Headteachers		
P002	Legal Requirements		Health and Safety Manager		4.3.2
			Director of Operational Partnerships and Services		
P003	Leadership and Business Planning		Director of Operational Partnerships and Services		4.3.3, 4.3.4
			Headteacher		
P004	Change Management		Director of Education and Family Support		4.3.4 4.4.6
			Headteacher		
P005	Recruitment and Selection		Group Manager Human Resources		4.4.2
			Headteacher		
P006	Competency, Awareness and Training		Health and Safety Manager		4.4.2
			Headteacher		
P007	Consultation and Communication		Communications Manager		4.4.3
			Headteacher		
P008	Documentation, Data Control and Records		Health and Safety Manager		4.4.4 4.5.3
			Headteacher		
P009	Safe Systems of work		Health and Safety Manager		4.3.1 4.4.6
			Headteacher		
P010	Facilities Management, Maintenance and Servicing		Director of Education and Family Support Director of Communities		4.3.1 4.4.6
			Headteacher		
P011	Contractors		Director of Operational Partnerships and Services		4.3.1 4.4.6
			Headteacher		
P012	Hazardous Materials		Health and Safety Manager		4.3.1 4.4.6
			Headteacher		
P013	Emergency Preparedness and Response		Group Manager Business Support, Communities		4.4.7
			Headteacher		
P014	Accidents, Incidents and Near Misses		Health and Safety Manager		4.5.2
			Headteacher		
P015	Corrective and Preventive Action		Health and Safety Manager		4.5.2
			Headteacher		
P016	Audits		Health and Safety Manager Internal Audit Manager		4.5.4
P017	Monitoring and Review		Director of Education and Family Support		4.5.1 4.6
P018	Construction Design and Management		Director of Education and Family Support		4.3.1 4.4.6
			Headteacher		

The framework above includes the strategic “owners” for ensuring the continued suitability, effectiveness, and efficiency of each relevant procedure.

All schools are encouraged to use the council’s procedures to support their health and safety performance which provides process, forms and guidance. However, schools are able to operate their own management system providing that it meets these expected standards of legislative and best practise requirements.

1.4 SCOPE AND APPLICATION

1.4.1 Organisation details

The Corporate Management Board, led by the Chief Executive, oversees the day-to-day running of the Council. Approximately 4,600 council staff are employed to deliver or commission the delivery of services within Bridgend County Borough. The authority also works in partnership with other bodies to deliver services.

The Council is undergoing a modernisation programme to improve the way local services are delivered. Part of this programme has involved changing the way the Council is structured to enable services to be more responsive to the needs of the boroughs' residents, businesses and those who visit the area.

This structure is designed to better reflect council priorities, make the authority more efficient in its use of resources and management costs, and create better opportunities for services to interact more efficiently both within the authority and with partner agencies – for example, by bringing all services for children and young people into one directorate.

The Corporate Health and Safety Unit are based within the Built Environment Service in the Education and Family Support Directorate. The unit provides assistance on health, safety and wellbeing matters arising from all the council's activities.

Education and Family Support - This Directorate supports all children, young people and their families across the county borough with the focus on both education and early help services. Our vision is clear to help all children and young people to thrive and make the best use of their talents; live healthy and safe lives; be confident and caring individuals; and know and receive their rights. In addition, the Directorate hosts the Councils Built Environment Service delivering corporate building design, maintenance and contract management along with supporting the whole authority in health and safety and energy management.

Communities - The Communities directorate is actively seeking to take a balanced approach to improving the wellbeing of communities through social, physical, cultural and economic improvements, in order to achieve a safe, pleasant and sustainable environment for residents of and visitors to Bridgend County Borough. The Directorate brings together a wide range of services that are committed to renewing the physical, social and environmental fabric of the county borough and enhances its overall economic wellbeing.

Operational and Partnership Services - This directorate provides a mix of front line and support services (Legal, Human Resources, ICT, Procurement, Democratic Services, Registrars and Housing). It is committed to delivering high quality services to the public and the authority.

Social Services and Wellbeing – Social Services in Bridgend aims to provide a range of support and services that are responsive and proportionate to need whilst also ensuring that children young people and adults are safeguarded and protected from harm. Our vision is to actively promote independence, wellbeing and choice that will support individuals in achieving their full potential. The Social Services and Wellbeing Directorate is responsible for the planning, commissioning, assessment and, where appropriate, the direct provision of Social Services. The sport, play and active wellbeing team is also part of this directorate and this service has been able to focus on developing the wellbeing and preventative agenda to ensure that children, young people and adults are given every opportunity to improve their wellbeing and keep active regardless of their skills and abilities. We will particularly aim to promote sport play and active wellbeing into new early intervention and preventative models of commissioning service delivery.

Title:	Corporate Health and Safety Policy	Owner:	Corporate Health and Safety Unit					
Status:	Draft	Issue Date:	June 2017	Review Date:	June 2020	Version:	5	Page 6 of 14

1.4.2 Scope

This Health and Safety Management System outlines the Bridgend County Borough Council plan to satisfy health and safety requirements.

The manual is a "controlled" document, however "uncontrolled" copies can be distributed to any interested party upon approval of the Corporate Health and Safety Unit.

This manual is intended to describe the core elements of the management system and their interaction.

1.4.3 Application

This Health and Safety Management System is intended to directly meet the requirements of the following legislation and regulations:

Health and Safety at Work Act 1974 – Section 2(3) requires organisations to have a health and safety policy which should include:

Statement of Intent (i.e. health and safety mission)

Organisation (i.e. structure, roles and responsibilities)

Arrangements (i.e. procedure and guidance)

Management of Health and Safety at Work Regulations 1999 – Regulation 5 requires organisations to have arrangements for undertaking effective planning, organisation, control, monitoring and review of the preventive and protective health and safety measures.

HSG65 Successful Health and Safety Management – This guidance outlines the management system requirements for implementing the arrangements required within regulation 5 of the Management of Health and Safety at Work Regulations 1999.

This plan, do, check, act approach will provide the mechanism for managing other legislative, regulatory and policy requirements (e.g. risk assessment, training, etc).

1.4.4 Enforcement

The name and address of enforcing authority whose Health and Safety Inspectors cover Bridgend County Borough Council workplaces:

Health and Safety Executive
Government Buildings
Phase 1
Ty Glas
Llanishen
Cardiff
CF14 5SH

Telephone number: 0300 003 1747

Fax number: 029 2026 3120

Title:	Corporate Health and Safety Policy	Owner:	Corporate Health and Safety Unit					
Status:	Draft	Issue Date:	June 2017	Review Date:	June 2020	Version:	5	Page 7 of 14

1.5 HEALTH AND SAFETY POLICY STATEMENT

Our vision is to work together to improve lives across the county borough.

The Corporate Plan confirms our three priority themes to realise this vision. Our Medium Term Financial Strategy, developed alongside the Corporate Plan, and the Change Programme will ensure that the way we work and spend is geared towards delivering the key outcomes for our citizens.

- **Supporting a successful economy**
- **Helping people to be more self-reliant**
- **Smarter use of resources**

Statement of Intent

We are committed to providing and maintaining a healthy and safe working environment for all our employees and ensuring our work does not adversely affect the health and safety of other people such as service users, visitors and contractors. Our employees are our most important asset and we will therefore aim to promote their good health and wellbeing as well as preventing their injury and ill health. We will comply with relevant legislation and management standards to effectively manage all significant risks associated with our activities, workplaces, equipment and facilities.

The organisation is committed to the continual improvement of its health and safety performance and recognises the health and safety management system as a core management function. The management system will effectively and efficiently meet changing business, legislative and regulatory needs. This will be achieved through proactive implementation of its health and safety risk management system.

The organisation's health and safety management system provides the framework for planning, doing, checking and acting on health and safety performance. This framework helps the Council ensure that health, safety and wellbeing issues are addressed and identify areas for further improvement.

Bridgend Council will widely promote its health and safety policy to demonstrate its commitment to the health and safety of its employees, service users and those it comes into contact with. The Council will use its health and safety framework to review the implementation of its policy providing continual improvement and promote a positive health and safety culture.



Darren Mepham
Chief Executive
June 2017

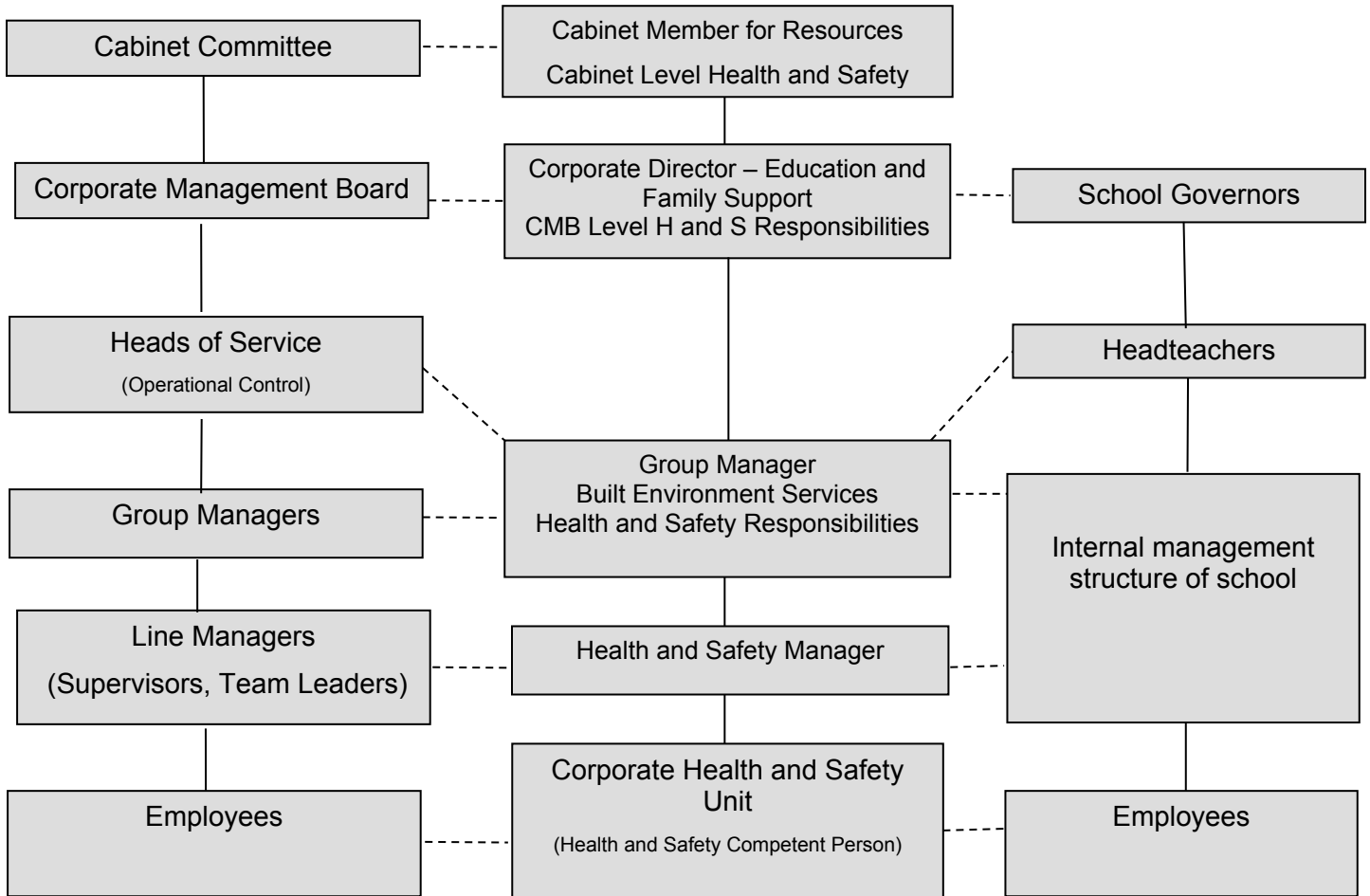
Cllr Huw David
Council Leader
June 2017

Title:	Corporate Health and Safety Policy	Owner:	Corporate Health and Safety Unit					
Status:	Draft	Issue Date:	June 2017	Review Date:	June 2020	Version:	5	Page 8 of 14

1.6 STRUCTURE AND RESPONSIBILITIES

1.6.1 GENERAL STRUCTURE

The structure within the Council that supports the continual improvement of health and safety management is summarised in the chart below:



The chart indicates the arrangements for escalation to a higher level of management to resolve any conflict between health and safety issues and service delivery considerations. A more detailed structure outlining the management reporting lines are available for each directorate and service on the [Bridgend website](#).

Health and safety roles and responsibilities are summarised in the job descriptions and make reference to the health and safety management arrangements.

Collaborative working is a key priority for the council. Any collaborative project proposals will need to consider the health and safety arrangements for both parties and agree the role and responsibilities for that post, services or the employees that it works within.

1.6.2 GENERAL RESPONSIBILITIES

The general health and safety roles and responsibilities of management and employees are outlined in the shaded areas within the matrix below:

What	Who												
	Cabinet/Elected members	Chief Executive	School Governors	Corporate Management Board	Group Members	Health and Safety Steering	Heads of Service/ Head teachers	Internal management structure of schools	Group Managers	Corporate Health and Safety Unit	Line Managers Internal management structure of school	Trade union and Health and Safety Representatives	Employees
1. Ensure so far as is reasonably practicable, employees' health, safety and wellbeing at work.													
2. Appoint a Director/Cabinet Member with board level responsibility for Health and Safety.													
3. Appoint a Health and Safety Competent Person (and/or outside competent support) for advice and guidance for health and safety matters.													
4. Implement, maintain and co-ordinate a health and safety management system.													
5. Assign adequate resources including funds, materials, equipment and human resources to implement the health and safety management system													
6. Ensure that reports on the performance of the occupational health and safety management system are presented to top management for review and as a basis for improvement of the management system.													
7. Consider the health and safety implications of all strategic planning, budgeting and decision-making processes.													
8. Lead by example and provide visible demonstration of commitment to continual improvement of occupational health and safety performance (e.g. inspecting departments, issuing messages of support, promotion of rules and procedures, reflect health and safety in decision making, etc)													
9. Ensure all employees have received adequate information, instruction and training													
10. Supervise and enforce conformance to health and safety rules, procedures, and safe working practices.													
11. (a) Take reasonable care for their own health (b) Take reasonable care for their own safety (c) And of anyone who may be affected by their actions.													
12. Co-operate with employer or any other person to enable legal obligations to be met.													
13. No person must misuse or interfere with anything provided in the interests of health and safety at work.													
14. Make full and proper use of any equipment or system of work provided.													
15. Report any change in their own condition i.e. ill health, injury, pregnancy etc; that may affect their ability to carry out their duties.													
16. Report any workplace defects or hazards, accidents, incidents or near misses that could have resulted in injury or harm. eg dealing with difficult or aggressive behaviours.													
17. Use all work items as trained and instructed.													
18. Ensure appropriate items of personal protective equipment are used in the appropriate manner.													
19. Take reasonable care of any premise or equipment provided, report any loss, damage or obvious defects, and ensure it is returned to its place after use.													
20. Represent Department at Health and Safety Committee meetings by raising concerns expressed by colleagues and providing feedback.													

Please note that specific roles and responsibilities within the health and safety management system (e.g. undertaking risk assessments, statutory inspections, etc) are covered directly either within the relevant procedure which outlines “what, who, when, and how” and/or the output of a relevant procedure (e.g. risk assessment, corrective action, etc).

1.6.3 SPECIFIC RESPONSIBILITIES

The shaded areas of the following matrix outline the specific responsibilities of line managers within each department and/or site and/or project for implementing the health and safety management system. The matrix indicates whether responsibilities are deployed or centrally initiated.

What		Who									
Procedure Title	Key Responsibilities	Education and Family Support; Communities; Operational Partnerships and Services; Social Services and Wellbeing			Support Services						
		Employee	Line Manager	Senior Managers (Group Managers/ HOST and CMB)	HRD inc Occ health	Emergency Planning Health and Safety	Built Environment Service	Procurement	Property Services	Finance inc Insurance	
P001- Risk Assessment	Classify tasks/activities requiring risk assessments within a planned programme										
	Implement and review risk assessments within frequencies of planned programme										
	Initiate formal actions to address weaknesses / significant risks / improvement themes										
	Communicate findings or risk assessments and associated control measures.										
P002 - Legal Requirements	Review new legislative, regulatory and other requirements impacting upon the organisation										
	Communicate new legislative, regulatory and other requirements to relevant stakeholders.										
	Be aware of relevant legislative, regulatory and other requirements impacting upon the departments' activities.										
P003 – Leadership and Business Planning	Initiate health and safety objectives, targets and programmes of action										
	Initiate health and safety performance indicators (proactive / reactive)										
	Monitor and review status of objectives, targets, programmes of action, and performance indicators										
P004 - Change Control	Seek approval for significant changes										
	Approve proposed significant changes										
P005 - Recruitment and Selection	Review competencies prior to recruitment										
	Implement induction plan for new and transferred employees										
	Evaluate effectiveness of induction process										
P006 - Competency, Awareness and Training	Define and review job competencies										
	Identify training needs										
	Provide information, instruction and training										
	Evaluate effectiveness of training										
P007 - Consultation and Communication	Involve employees in decisions										
	Ensure health and safety employee representatives exist and are released to perform their roles										
	Maintain notice boards with required information										

What		Who									
		Education and Family Support; Communities; Operational Partnerships and Services; Social Services and Wellbeing					Support Services				
Procedure Title	Key Responsibilities	Employee	Line Manager	Senior Managers (Group Managers/ HOST and CMB)	HROD inc Occ health	Emergency Planning Health and Safety	Built Environment Service	Procurement	Property Services	Finance inc Insurance	
	Disseminate information, performance, and other best practices through newsletters, etc.										
P008 – Doc, Data Control and Records	Maintain register of critical documentation/records										
	Retain documentation/records as specified										
P009 - Safe systems of work	Implement control measures										
	Monitor continuing suitability / adequacy of controls										
P010 - Maintenance	Inform Built Environment Service of items to be subject to planned maintenance/ servicing (eg electrical equipment)										
	Maintain facilities management, maintenance, servicing system										
P011 - Contractors	Review and approve new contractors										
	Maintain contractors' database										
	Monitor and review contractors										
P012 - Hazardous Materials	Review and approve new hazardous materials										
	Maintain hazardous materials database										
P013 - Emergency Preparedness and Response	Identify foreseeable emergency situations										
	Implement emergency response plans										
	Maintain programme of testing emergency plans										
	Inform group of new emergency scenarios/events										
P014 - Accidents, Incidents and Near Misses	Directly action identified hazards										
	Report all accident, incident, near miss and other significant events										
	Undertake an investigation										
	Initiate and closeout corrective/preventive actions										
	Maintain accident, incident, and near miss database										
	Review and advise upon quality and adequacy of investigations and associated actions										
P015 - Corrective and Preventive Action	Initiate corrective and preventive actions										
	Monitor status of corrective and preventive actions										
	Verify and closeout corrective and preventive actions										
P016 - Audits	Generate audit and inspection programmes										
	Undertake audits and inspections										
	Initiate corrective and preventive actions										
	Monitor audit and inspection findings										
P017 - Monitoring and Review	Maintain meetings and review matrix										
	Participate in meetings and reviews										
	Initiate corrective and preventive actions										
	Monitor quality, status, and effectiveness of meetings and reviews										

What				Who							
				Education and Family Support; Communities; Operational Partnerships and Services; Social Services and Wellbeing							
				Support Services							
Procedure Title	Key Responsibilities	Employee	Line Manager	Senior Managers (Group Managers/ HOST and CMB)	HROD inc Occ health	Emergency Planning	Health and Safety	Built Environment Service	Procurement	Property Services	Finance inc Insurance
P018 – Construction, Design and Management	Compliance with CDM requirements										

1.7 Glossary

Accident

“Undesired event giving rise to death, ill health, injury, damage or other loss”.

Audit

“Systematic examination to determine whether activities and related results conform to planned arrangements and whether these arrangements are implemented effectively and are suitable for achieving the organisation’s policy and objectives”.

Continual Improvement

“Process of enhancing the occupational health and safety management system, to achieve the improvements in overall occupational health and safety performances in line with the organisation’s occupational health and safety policy”.

Hazard

“Source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the workplace environment, or a combination of these”.

Hazard Identification

“Process of recognizing that a hazard exists and defining its characteristics”.

Incident/ Near Miss

“Event that gave rise to an accident or had the potential to lead to an accident”.

Interested Parties

Individual or group concerned with or affected by the occupational health and safety performance of an organisation.

Non-Conformance

“Any deviation from work standards, practices, procedures, regulations, management system performance, etc that could either directly or indirectly lead to injury or illness, property damage to the workplace environment, or a combination of these”.

Objectives

“Goals in terms of occupational health and safety performance that an organisation sets itself to achieve”.

Occupational Health and Safety

“Conditions and factors that affect the well being of employees, temporary workers, contractor personnel, visitors and any other person in the workplace”.

Occupational Health and Safety Management System

“Part of the overall management system that facilitates the management of the occupational health and safety risks associated with the business of the organisation. This includes the organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the organisation’s occupational health and safety policy”.

Organisation

“Company, operation, firm, enterprise, institution or association, or part thereof, whether incorporated or not, public or private, that has its own functions and administration”.

Performance

“Measurable results of the occupational health and safety management system, related to the organisation’s control of health and safety risks, based on its occupational health and safety policy and objectives”.

Risk

“Combination of the likelihood and consequence(s) of a specified hazardous event occurring”.

Risk Assessment

“Overall process of estimating the magnitude of risk and deciding whether or not the risk is tolerable”.

Safety

“Freedom from unacceptable risk of harm [ISO/IEC Guide 2].

Tolerable Risk

“Risk that has been reduced to a level that can be endured by the organisation having regard to its legal obligations and its own occupational health and safety policy”.

Title:	Corporate Health and Safety Policy	Owner:	Corporate Health and Safety Unit					
Status:	Draft	Issue Date:	June 2017	Review Date:	June 2020	Version:	5	Page 14 of 14

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR OPERATIONAL AND PARTNERSHIP SERVICES

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT SECTION 65 POWER TO FIX FARES FOR HACKNEY CARRIAGES

APPLICATIONS TO VARY THE HACKNEY CARRIAGE FARES TARIFF

1. Purpose of Report.

- 1.1 To consider three proposals to vary the current Bridgend County Borough hackney carriage table of fares. Proposals have been received by Mr James Borland and Mr Richard Parrott, Mr Tom Burke, and Mr Dario Nelson.

2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 The duties of the Council under the Local Government (Miscellaneous Provisions) Act 1976 are regulatory in nature. The adoption of an authorised table of fares coupled with the usage of taximeters provides a mechanism to regulate charging and to protect the consumer.

3. Background.

- 3.1 Bridgend County Borough Council regulate the maximum fares that can be charged to passengers in hackney carriages within the county borough. This is in accordance with Section 65(1) of the Local Government (Miscellaneous Provisions) Act 1976. The Section requires that any variation of the fare must be advertised in a local paper and that a period of notice of at least 14 days be given to enable any person to make objections.
- 3.2 The Bridgend County Borough Council table of fares includes a pickup rate (commonly referred to as the flag) when the journey commences, this currently includes the first half mile of the journey. After this distance, the fare increases by a set amount (commonly referred to as the click) every eighth of a mile.
- 3.3 An application made by Mr James Borland and Mr Richard Parrot to increase the rate of fares is detailed in Appendix A. It states that drivers are facing increasing costs and the current Bridgend tariff is below the Welsh and national averages. This proposal also includes a request for the mechanics to be put in place to annually increase the maximum rate of fares in Bridgend County Borough by a percentage in line with inflation.
- 3.4 An application made by Mr Tom Burke to increase the rate of fares is detailed in Appendix B. Mr Burke states that this proposal is fairer for drivers and will bring drivers' incomes closer to the minimum wage. Mr Burke's application also seeks to

change the times at which the different tariffs are applicable and to introduce two new tariffs for the Christmas and New Year Period.

3.5 An application made by Mr Dario Nelson to increase the rate of fares is detailed in Appendix C. This is the most complex of the submissions. Mr Nelson's proposal amends the hours that the tariffs will be in operation and also includes additional tariffs for the hours between 3.00am – 6.00am. Mr Nelson states that due to the large amount of dead mileage (returning from a job without paying passengers) experienced in a rural area such as Bridgend, fares should generally be higher than in urban areas. In addition to the dead mileage figure, Mr Nelson has asked the council to consider the additional cost to proprietors of licensing new vehicles under the current council policy which also affects drivers who lease vehicles, the higher cost of insurance for taxi drivers as well as vehicle running costs and the council's taxi licensing costs.

3.6 The Licensing Section is a regulatory body and therefore does not hold data on taxi usage within the county borough.

4. Current situation / proposal.

4.1 The current table of fares has been in place in Bridgend County Borough since 15th August 2011. A copy of the current table of fares is attached at Appendix D.

4.2 Tariff's 1 and 3 apply between 6.00am and 8.00pm (the day time tariff) and Tariff's 2 and 4 (commonly referred to as the night time tariffs) apply between 8.00pm and 6.00am and on Bank Holidays and Boxing Day.

4.3 Mr Borland and Mr Parrot's application proposes to change the click from an eighth to a tenth of a mile and vary the flag rate across the range of tariffs; it does not seek to amend the times at which the tariffs operate.

4.4 Mr Burke's application proposes to amend the time at which tariff's 2 and 4 commence from 8.00pm to 10.00pm, to amend the dates, times and rate charged over the Christmas period, and to change the click on the taximeter from an eighth to a tenth of a mile, but to retain the current flag and click rates.

4.5 Mr Nelson's application proposes a total of 6 tariffs, the additional 2 tariffs operate between 03.00am – 06.00am and they add 50 pence per mile to the fare over the 10.00pm – 03.00am tariff. Mr Nelson's proposal would involve four different pick up (flag) rates, and an adjustment of the click from eighths to tenths of a mile. This represents the most significant change to the current regime. It amends the time at which to start the higher rate tariffs from 8.00pm to 10.00pm and changes the click from an eighth to a tenth of a mile. The pickup rate also does not include the first half mile and the meter begins charging by distance as soon as the journey commences.

4.6 No application received seeks to amend the extra charges approved on the current table of fares such as waiting time or the contamination fee.

4.7 Consideration should be given to obtaining a balance between increasing the fares payable by the travelling public and the costs incurred by taxi owners in running costs. There is no statutory set of factors to be considered when approving a table

of fares within a local authority area, but typical running costs and comparison of fares is the usual method used to assess applications. The statistics published by the Private Hire & Taxi Monthly magazine are recognised as a reliable indicator, although a local authority's place within a table will fluctuate as soon as a new application to vary taxi fares is received in the UK.

- 4.8 The AA Fuel Price Report shows that the cost of diesel has decreased from a Wales average of 139.9p per litre in August 2011 to 120.1p per litre in April 2017, a decrease of 16.5%. Unleaded 95 Octane petrol has also decreased in the same period by 14.8% to 118.1p per litre.
- 4.9 The AA Motoring Costs report shows that for a vehicle costing £17,000 when new, the running costs per mile (based on 30,000 miles per year) has decreased from 31.8p per mile in 2011 to 30.7p per mile in 2014 (the latest figures available). It should be noted that this reduction is largely due to fuel costs which may rise over the coming year.
- 4.10 For information the following table provides details of the daytime rate of the 2 mile fare currently authorised by the Council together with a comparison with the proposed fares and the fares authorised by a sample of other licensing authorities:

Authority	Cost per 2 mile journey
Watford	£8.40
London	£7.20
Swindon	£6.70
Exeter	£6.60
Bath	£6.40
Hereford	£6.30
Mr Dario Nelson Proposed Tariff	£6.20
Tewkesbury	£5.85
Newcastle	£5.80
Vale of Glamorgan	£5.65
Newport	£5.60
Cardiff	£5.70
Gwynedd	£5.50
Mr Burke Proposed Tariff	£5.50
Mr Borland and Mr Parrott Proposed Tariff	£5.40
Rhondda Cynon Taff	£5.20
Powys	£5.20
Swansea	£5.05
Current Bridgend Tariff	£4.90
Caerphilly	£4.80
Merthyr Tydfil	£4.50
Blaenau Gwent	£4.30

- 4.11 Bridgend is currently 322nd in the 2 mile fare league table out of 365 local authorities, as printed in the May 2017 edition of Private Hire & Taxi Monthly.
- 4.12 For information the following tables provide details of the current maximum fares for journeys of 5, 10 and 15 miles in Bridgend County Borough with a comparison to the proposed tariffs.

5 mile fare cost	Tariff 1 (1-4 passengers)	Tariff 2 (1-4 passengers)	Tariff 3 (5+ passengers)	Tariff 4 (5+ passengers)
Current Bridgend Tariff	£9.70	£12.30	£13.50	£16.30
Mr Burke Proposed Tariff	£11.50	£14.55	£15.75	£19.00
Mr Borland and Mr Parrott Proposed Tariff	£10.80	£13.40	£14.50	£17.40
Mr Dario Nelson Tariff	£12.20	£14.90* 10pm – 3am £17.40* 3am – 6am	£14.20**	£17.30** 10pm – 3am £19.80** 3am – 6am

Cost for

10 mile fare cost	Tariff 1 (1-4 passengers)	Tariff 2 (1-4 passengers)	Tariff 3 (5+ passengers)	Tariff 4 (5+ passengers)
Current Bridgend Tariff	£17.70	£22.30	£23.50	£28.30
Mr Burke Proposed Tariff	£21.50	£27.05	£28.25	£34.00
Mr Borland and Mr Parrott Proposed Tariff	£19.80	£24.40	£25.50	£30.40
Mr Dario Nelson Tariff	£22.20	£27.40* 10pm – 3am £32.40* 3am – 6am	£24.20**	£29.80** 10pm – 3am £34.80** 3am – 6am

15 mile fare cost	Tariff 1 (1-4 passengers)	Tariff 2 (1-4 passengers)	Tariff 3 (5+ passengers)	Tariff 4 (5+ passengers)
Current Bridgend Tariff	£25.70	£32.30	£33.50	£40.30
Mr Burke Proposed Tariff	£31.50	£39.55	£40.75	£49.00
Mr Borland and Mr Parrott Proposed Tariff	£28.80	£35.40	£36.50	£43.40
Mr Dario Nelson Tariff	£32.20	£39.90* 10pm – 3am £47.40* 3am – 6am	£34.20**	£42.30** 10pm – 3am £49.80** 3am – 6am

*

****D***Mr Nelson's proposal includes an additional tariff that operates from 3am – 6am.

****Due to the additional proposed tariffs, the current tariff 3 and 4 would be the equivalent of Mr Nelson's proposed tariff's 4 and 5/6.**

- 4.13 Mr James Borland and Mr Richard Parrott's proposal requests that the mechanics be put in place to annually increase the rate of fares in Bridgend County Borough by a percentage in line with inflation. Section 65 of the Local Government (Miscellaneous Provisions) Act 1976 requires that any proposal to change the rate of fares must be published in at least one local newspaper circulating in the district setting out the table of fares or the variation thereof and specifying the period, which shall not be less than fourteen days from the date of the first publication of the notice, within which and the manner in which objections to the table of fares or variation can be made. Therefore, an annual fare increase is not possible without going through the full report and consultation procedure and this is an additional cost to the authority.
- 4.14 This process sets the maximum fare set on the meter. Drivers are able to charge less than the meter fare for example, for regular customers. It is an offence to charge more than the fare shown on the meter.
- 4.15 Should Cabinet agree to vary the tariff, the variation would need to be advertised for a period of at least 14 days to permit persons to make an objection. Should there be no objections; the variation would then come into effect on the date of the expiry of the period of notice. However, should an objection be received the objection would need to be re-considered by Cabinet before the variation is implemented.
- 4.16 Members are advised that there is no known formally constituted trade organisation within the Borough at present but consultation must follow the statutory format laid down in the Local Government (Miscellaneous Provisions) Act 1976 by statutory notice in a newspaper.
- 4.17 In summary, the proposal from Mr Borland and Mr Parrott states that a rise in fares is needed to compensate for the rising costs of running a hackney carriage. There are no changes proposed to the structure of the tariff. The application states that there has not been a rise in taxi fares in this county borough for four years. If this application were accepted it retains the current fare structure which has been in place since 2011 and is the smallest fare increase overall.
- 4.18 In summary, Mr Burke's proposals affect both the standard timings and the Christmas and Bank Holiday periods. Under his proposal, however, there would be a benefit to the public travelling in the evening as the night time rate would commence at 10.00pm instead of 8.00pm.
- 4.19 In summary, Mr Nelson's proposal change the structure of the table of fares with additional tariffs to include an enhanced rate between 3.00am – 6.00am. Mr Nelson states that this is to compensate drivers for the problem of weekend hours when police are not on location, which includes when drunks are visible and expressive. Mr Nelson's proposal would be of benefit to the public travelling earlier in the evening as the night time rate would commence at 10.00pm instead of 8.00pm.

4.20 Whilst it would be desirable for the Council to be able to meet with a recognised trade organisation to discuss any proposal to increase taxi fares, the current situation is that three separate applications have been submitted for consideration.

5. Effect upon Policy Framework & Procedure Rules.

5.1 None

6. Equality Impact Assessment

6.1 The proposal has been screened for the potential impact on protected groups within the community and human rights. We do not consider on the basis of the above that a detailed Equality Impact Assessment is required for this proposal at this stage, but the position will be reviewed at the end of the consultation process.

7. Financial Implications.

7.1 The cost of public notices and consultation will be met from existing budget.

8. Recommendation

The options available to Cabinet are to:

- a. accept one of the applications to vary the tariff and authorise the statutory consultation. Should Cabinet agree to vary the tariff, the variation would need to be advertised for a period of at least 14 days to permit persons to make an objection. Should there be no objections; the variation would then come into effect on the date of the expiry of the period of notice. However, should an objection be received the objection would need to be re-considered by Cabinet before the variation is implemented at a date to be determined.
- b. Reject the applications received.

Andrew Jolley
CORPORATE DIRECTOR, OPERATIONAL AND PARTNERSHIP SERVICES

18 July 2017

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Team Manager Licensing

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E-mail: licensing@bridgend.gov.uk

Postal Address Licensing
Bridgend County Borough Council
Civic Offices

Angel Street
Bridgend. CF31 4WB

Background documents

Applications

Private Hire and Taxi Monthly National Fares Tables

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**BRIDGEND COUNTY
BOROUGH COUNCIL**

**TARIFF
REVIEW**

2016

COMPILED AND PRESENTED BY

Mr. JAMES BORLAND. & Mr. RICHARD PARROTT.

PROPOSED TARIFF INCREASE

- The last price increase was August 15th 2011.
- The B.C.B.C. Tariff is below the Welsh and National averages.
- Of the 355 councils B.C.B.C. Are positioned at 312.
- With the present exception of fuel costs, the industry is experiencing rising costs in Taxi licences, medicals, plating, insurance etc.
- The drivers incur large financial outlays before they start to earn a living.
- For example, a driver with a full lease and driving with Radio Cabs, can pay around £330 per week, plus, the fuel cost to earn that £330, which could add another £50 to that figure. That could mean working for up to 35 hours to just pay for the car and radio.
- For an independent leasing a car without a Radio Cabs contract reduces that figure by £115. to £215 plus fuel costs.

CURRENT COMPARISON
TARIFF 1

SECTOR	FLAG	1 ST MILE	5 MILES	RUNNING MILE
B.C.B.C.	£2.50	£3.30	£9.70	£1.60
WALES AVERAGE	£2.82	£3.32	£10.65	£1.83
NATIONAL AVERAGE	£2.76	£3.82	£11.27	£1.87

•These figures have been obtained from the January 2016 edition of P.H.M. Magazine

PROPOSED INCREASE TARIFF 1

SECTOR	FLAG	1 ST MILE	5 MILES	RUNNING MILE
B.C.B.C.	£2.70	£3.60	£10.80	£1.80
WALES AVERAGE	£2.82	£3.32	£10.65	£1.83
NATIONAL AVERAGE	£2.76	£3.82	£11.27	£1.87

- Tariff 1 Proposed increase comparison with Welsh and National averages.

CURRENT COMPARISON
TARIFF 2

SECTOR	FLAG	1 ST MILE	5 MILES	RUNNING MILE
B.C.B.C.	£3.30	£4.30	£12.30	£2.00
WALES AVERAGE	£3.57	£4.20	£13.66	£2.36
NATIONAL AVERAGE	£3.63	£5.02	£14.73	£2.45

•These figures have been obtained from the January 2016 edition of P.H.M. Magazine

PROPOSED INCREASE
TARRIF 2

SECTOR	FLAG	1 ST MILE	5 MILES	RUNNING MILE
B.C.B.C.	£3.50	£4.60	£13.40	£2.20
WALES AVERAGE	£3.57	£4.20	£13.66	£2.36
NATIONAL AVERAGE	£3.63	£5.02	£14.73	£2.45

- Tariff 2 proposed increase comparison with the Welsh and National averages.

PROPOSED TARIFF INCREASE.

RATE	FLAG	1 ST MILE	5 MILES	RUNNING MILE
1	£2.70	£3.60	£10.80	£1.80
2	£3.50	£4.60	£13.40	£2.20
3	£4.60	£5.70	£14.50	£2.20
4	£5.70	£7.00	£17.40	£2.60

The above proposed tariff increase still keep the B.C.B.C. Below both the Welsh and National averages, whilst achieving the objective of a modest price increase across the rates.

PROPOSED INCREASES AS A PERCENTAGE

RATE	1 ST MILE	5 MILE	R/M	FLAG
1	9%	11.3%	12.5%	8%
2	6.9%	8.9%	10%	6.0%
3	5.5%	8.2%	10%	4.5%
4	4.4%	6.7%	8.3%	3.6%

ANNUAL PRICE INCREASE.

It would be prudent to put in place the mechanics to initiate an annual % price rise in line with inflation.

The customers and the taxi industry would always be aware of any future rises.

This would avoid large price rises in the future to bring in line with National and Welsh averages.

A proposed time frame would suggest that the beginning of each financial year would be the most suitable. April 4th of each year commencing 2016.

MECHANICS

- **Amend to 10ths of a mile.**
- **TARRIF 1.**
• Increase flag to £2.70 / R.M. To £1.80 = 10 @ .18p
- **TARRIF 2.**
• Increase flag to £3.50 / R.M. to £2.20 = 10 @ .22p
- **TARRIF 3.**
• Increase flag to £4.60 / R.M. to £2.20 = 10 @ .22p
- **TARRIF 4.**
• Increase flag to £5.70 / R.M. to £2.60 = 10 @ .26p

SUMMARY

- Over 4 years since the last rise in the Tariff
- A rise is needed to compensate for the rising costs of running a Hackney Carriage..
- To bring the B.C.B.C. in line with National and Welsh average fares.
- Annual inflation rise implemented on 4th April 2016

Miscellaneous.

- Waiting time. No change
- Bank Holidays. Christmas eve. New years eve. No change.
- Christmas day. No change.
- Soiling charge. No change.
- Credit/debit card. No change.
- Items of luggage. No change.

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Appendix B

Mr Tom Burke Proposal

My proposal is based on changing the current number of clicks/mile from 8 clicks to 10 clicks. My Pick up rates remain the same but the rate/mile is increased, depending on the Tarriff. I also propose to change the Rates and Time Period over the Christmas and New Year Period. We currently charge Double Tarriff1 / Tarriff 3 for a 24 hour period on December 25th and a change in Tarriff for 2 hours on Dec 24th and Dec 31st. My proposal is to introduce New Tarriffs over an agreed Date and Time between December 24th and January 1st. This will have no effect on standard UK Bank Holidays and the current system. Waiting Time is same rate as the Tarriff used / click. I would also like to change the Time that Tarriff 2 and 4 are introduced from 8pm to 10pm .

My Proposal is as follows

Tarriff Rates	T1	T1	T2	T3	T4	T5	T6
Pick up (5/10 of a Mile)	£2.50	£3.30	£4.50	£5.50	£4.50	£7.00	
Charge/Click	£0.20	£0.25	£0.25	£0.30	£0.35	£0.40	
Running Mile	£2.00	£2.50	£2.50	£3.00	£3.50	£4.00	

T5 and T6 charges are used on the following dates

December 24 th	18:00 upto Midnight	6 Hours
December 25 th	00:00 upto Midnight	24 Hours
December 26 th	00.00 upto 06:00 & 18:00 upto Midnight	12 Hours
December 27 th	00:00 upto 06:00	6 Hours
December 31 st	18:00 upto Midnight	6 Hours
January 1 st	00:00 upto 06:00	6 Hours

I feel the above Proposals will offer a new clear system for our customers and also bring us as self employed Taxi Drivers closer to the Minimum Wage. It will also provide a fair sytem over the Christmas and New Year Period for Taxi Drivers working the night period, they currently get little increase unlike the day drivers on Bank Holidays

The National avearge and Welsh Rates are outlined below along with our current Rates and my Proposed Rates I have also included where we (B.C.B.C.) are positioned in the UK Taxi league and also a comparison of some other Councils

Tarriff 1 Averages

	Flag	1 Mile	2 Miles	5 Miles	10 Miles	Running Mile
Bridgend	£2.50	£3.30	£4.90	£9.70	£17.70	£1.60
Wales	£2.82	£3.32	£5.16	£10.65	£19.79	£1.83
UK	£2.76	£3.82	£5.68	£11.27	£20.71	£1.87
2016TB	£2.50	£3.50	£5.50	£11.50	£21.50	£2.00

Tarriff 2 Averages

	Flag	1 Mile	2 Miles	5 Miles	10 Miles	Running Mile
Bridgend	£3.30	£4.30	£6.30	£12.30	£22.30	£2.00
Wales	£3.57	£4.20	£6.58	£13.66	£25.46	£2.36
UK	£3.63	£5.02	£7.45	£14.73	£27.06	£2.45
2016TB	£3.30	£4.55	£7.05	£14.55	£27.05	£2.50

League Position with 365 councils based on Tarriff 1 for 2 miles, also shows Year of Last change

	Position	Amount	Year
Vale of Glamorgan	180	£5.65	2011
Cardiff	204	£5.59	2016
Newport	208	£5.51	2015
Rhondda Cynon Taff	279	£5.20	2012
Swansea	297	£5.05	2008
Neath Port Talbot	305	£5.00	2011
Bridgend	313	£4.90	2011
Welsh Average		£5.16	
UK Average		£5.68	
2016TB		£5.50	

All of the above is correct based on March 2016 UK Private Hire Monthly Trade Magazine

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Appendix C

Mr Dario Nelson - Bridgend CBC Tariff Proposal

Page 23

Tariff 1 Dario Nelson

1 - 4 Passengers
06.00 - 22.00

				Current BCBC £4.90			Current BCBC £9.70					Current BCBC £17.70
Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£2.20	£0.20	£2.00	£4.20	£6.20	£8.20	£10.20	£12.20	£14.20	£16.20	£18.20	£20.20	£22.20
(2.20 + 2.00)												

Tariff 2 Dario Nelson

1 - 4 Passengers
22.00 - 03.00

				Current BCBC £6.30			Current BCBC £12.30					Current BCBC £22.30
Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£2.40	£0.25	£2.50	£4.90	£7.40	£9.90	£12.40	£14.90	£17.40	£19.90	£22.40	£24.90	£27.40
(2.40 + 2.50)												

Tariff 3 Dario Nelson

1 - 4 Passengers
03.00 - 06.00

				Current BCBC £6.30			Current BCBC £12.30					Current BCBC £22.30
Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£2.40	£0.30	£3.00	£5.40	£8.40	£11.40	£14.40	£17.40	£20.40	£23.40	£26.40	£29.40	£32.40
(2.40 + 3.00)												

Tariff 4 Dario Nelson

5+ Passengers

06.00 - 22.00

Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£4.20	£0.20	£2.00	£6.20	£8.20	£10.20	£12.20	£14.20	£16.20	£18.20	£20.20	£22.20	£24.20

(4.20 + 2.00)

**Current
BCBC
£7.50**

**Current
BCBC
£13.50**

**Current
BCBC
£23.50**

Tariff 5 Dario Nelson

5+ Passengers

22.00 - 03.00

Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£4.80	£0.25	£2.50	£7.30	£9.80	£12.30	£14.80	£17.30	£19.80	£22.30	£24.80	£27.30	£29.80

(4.80 + 2.50)

**Current
BCBC
£9.10**

**Current
BCBC
£16.30**

**Current
BCBC
£28.30**

Tariff 6 Dario Nelson

5+ Passengers

03.00 - 06.00

Flag	Click (1/10 mile)	Running Mile	Up to 1 mile	2 miles	3 miles	4 miles	5 miles	6 miles	7 miles	8 miles	9 miles	10 miles
£4.80	£0.30	£3.00	£7.80	£10.80	£13.80	£16.80	£19.80	£22.80	£25.80	£28.80	£31.80	£34.80

(4.80 + 3.00)

**Current
BCBC
£9.10**

**Current
BCBC
£16.30**

**Current
BCBC
£28.30**

Extra Charges

No change to the current Bridgend County Borough Tariff

Appendix D



BRIDGEND COUNTY BOROUGH COUNCIL

Local Government (Miscellaneous Provisions) Act 1976 Section 65

Authorised Maximum fare Tariff from 15 August 2011

TARIFF 1 6.00am to 8.00pm	£2.50 If distance does not exceed 1/2 mile. £1.60 for each subsequent mile. £0.20 Per 1/8th of a mile.
TARIFF 2 8.00pm to 6.00am Bank Holidays & Boxing Day (Except Christmas Day)	£3.30 If distance does not exceed 1/2 mile. £2.00 for each subsequent mile. £0.25 Per 1/8th of a mile.
TARIFF 3 6.00am to 8.00pm 5 or more passengers	£4.50 If distance does not exceed 1/2 mile. £2.00 for each subsequent mile. £0.25 Per 1/8th of a mile.
TARIFF 4 8.00pm to 6.00am 5 or more passengers	£5.50 If distance does not exceed 1/2 mile. £2.40 for each subsequent mile. £0.30 Per 1/8th of a mile.
EXTRA CHARGES	
Waiting Time	£0.25 per minute or part thereof
Christmas Day	Tariff 1 x 2 (over 5 persons - tariff 3 x 2)
Christmas Eve (from 6pm to midnight)	Tariff 2 (over 5 persons - tariff 4)
New Years Eve (from 6pm to 6am Jan 2)	Tariff 2 (over 5 persons - tariff 4)
Contamination Fee	£100.00
For each article of luggage conveyed outside the passenger compartment	£0.25
Payment by Credit / Debit Card	£1.00 per transaction

Passengers and drivers should note that the meter must be switched on at the start of each journey and operate for the entire journey

D.S Mae'r tariff hwn ar gael yn Gymraeg.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR OPERATIONAL AND PARTNERSHIP SERVICES

INFORMATION REPORTS FOR NOTING

1. Purpose of Report .

- 1.1 The purpose of this report is to inform Cabinet of the Information Reports for noting which have been published since its last scheduled meeting.

2. Connection to Corporate Improvement Objectives.

- 2.1 The report relates to the Corporate Priority Smarter Use of Resources by improving the way we communicate and engage with citizens.

3. Background.

- 3.1 At a previous meeting of Cabinet, it was resolved to approve a revised procedure for the presentation to Cabinet of Information Reports for noting.

4. Current situation / proposal.

4.1 Information Reports

The following information reports have been published since the last meeting of Cabinet:-

<u>Title</u>	<u>Date Published</u>
Social Services Representations and Complaints Annual Report 2016/17	19 July 2017
Monitoring Report of the Use of Regulation of Investigatory Powers Act 2000	19 July 2017
Treasury Management Activities and Treasury Management and Prudential Indicators 2017-18	19 July 2017

4.2 Availability of Documents

These documents have been circulated to Elected Members electronically via Email and placed on the BCBC website. The documents have been available from the date of publication.

5. Effect upon Policy Framework and Procedure Rules.

5.1 This procedure has been adopted within the procedure rules of the Constitution.

6. Equality Impact Assessment

6.1 There are no negative equality implications arising from this report.

7. Financial Implications.

7.1 There are no financial implications regarding this report.

8. Recommendation.

8.1 That Cabinet acknowledges the publication of the documents listed in this report.

**P A Jolley
Corporate Director Operational and Partnership Services
18 July 2017**

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Background documents: Reports referred to in this covering report.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

SOCIAL SERVICES REPRESENTATIONS AND COMPLAINTS ANNUAL REPORT 2016/17

1. Purpose of Report

- 1.1 To present to Cabinet the 2016/17 Annual Report on social services representations and complaints procedures as required by Welsh Government guidance. The Annual Report is attached at **Appendix 1**.

2. Connection to Corporate Improvement Objectives /Other Corporate Priorities

- 2.1 This report links to the following Corporate Plan Improvement Priorities:
- Helping people to be more self-reliant;
 - Smarter use of resources.

3. Background

- 3.1 Members will be aware that there is a requirement for local authorities to have in place procedures for considering any representations or complaints made in relation to the discharge of their Social Services functions. This is the third Annual Report relating to social services representations and complaints received that have been handled in accordance with the revised Welsh Government Complaint Guidelines "A Guide to Handling Complaints and Representations by Local Authority Social Services" which came into effect on 1st August 2014. The guidance supports the implementation of the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. The Regulations introduced a new two stage process which replaced the previous three stages and also brings the process for social services into line with the NHS Complaints Procedure.
- 3.2 The key elements of the Social Services Representations and Complaints Procedure are:-
- Stage 1 complaints to be responded to within 5 working days of the date of resolution (10 working days permitted to achieve resolution).
 - The timescale permitted to complete Stage 2 independent complaint investigations is 25 working days.
 - To make links with other Directorates of the Authority, the NHS and the Care and Social Services Inspectorate Wales so as to provide a 'seamless' complaints service.

- Monitor performance of complaints handling, learning from complaints and using this learning to improve services for everyone who uses them.

3.3 Members will note from the Annual Report that strong emphasis is placed not just upon complaints, but also on the comments and compliments received from service users. The services are keen to learn from the information gathered and use this to inform service improvements.

3.4 The Annual Report also contains statistics relating to complaints addressed in accordance with the Authority's Corporate Complaints Procedure, together with information relating to the fact that the majority of complaints are addressed and resolved informally (prior to reaching Stage 1 of the complaints procedure). This important and significant work ensures that concerns are resolved quickly and prevents complainants from being subjected to using the formal complaints procedure unnecessarily.

3.5 Statistical information relating to the processing of Member referrals is provided in the Annual Report. The Representations and Complaints Procedure does not preclude the right of an individual to approach their local Councillor, Assembly Member or Member of Parliament who all undertake an important role in handling concerns and queries that individual constituents may have. Member referrals can range from comments and queries to complaints.

3.6 The Annual Report also includes information arising from a cross-section of the feedback generated from user/carer engagement exercises undertaken by a range of service areas across both Adult Social Care and Children's Social Care.

3.7 As part of the National Performance Framework (in line with their duties under the Social Services and Wellbeing (Wales) Act 2014), Local Authorities are required to collect qualitative information annually about people who use their social care services. This data is to be collected locally and provided nationally to the Welsh Government in relation to the provision of care and support. The Annual Report, therefore, also includes information regarding the results of this survey: Over 550 responses were received.

4 Current Situation / proposal

4.1 The number of representations (complaints, comments and compliments) received during the reporting period was 491, broken down as follows:

21	statutory complaints
8	corporate complaints
187	concerns resolved pre-complaints procedure
270	compliments
5	comments

4.2 The 2016/2017 report contains statistical information in relation to the representations and complaints received during the year for both adult social care and children's social care.

4.3 The number of Member Referrals received for both Adult Social Care and Children's Social Care during the reporting period was 134, broken down as follows:

Adult Social Care – 106
Children's Social Care - 28

4.4 As referred to in paragraphs 3.6 and 3.7, there is a wide range of feedback from people who use social care services that is used to inform service development. The report attached at **Appendix 1** details the number of surveys sent out and the responses received as well as providing some examples of the nature of the feedback.

4.5 The Annual Report includes feedback from the programme of rota visits by Elected Members. This is part of the quality assurance of the Authority's social care services and all Elected Members are invited to take part. The programme involves Members visiting both council-run and independent sector social care and nursing establishments for adults and children and young people and reporting on the findings and feedback on the services provided.

4.6 The majority of the work carried out within the Social Services Representations and Complaints Procedure is undertaken in consultation with either the Monitoring Officer and/or Legal Services.

5 Effect upon Policy Framework and Procedure Rules

5.1 There is no impact on the Policy Framework and Procedure Rules.

6 Equality Impact Assessment

6.1 A screening for equality impact has been carried out in relation to the Representations and Complaints Procedure. There is no negative impact on the protected equality characteristics.

6.2 Complainants are welcome to submit complaints in the Welsh language; complaints leaflets are bilingual. The complaint forms have recently been produced bilingually and are available for use by complainants.

6.3 There have been no complaints received in relation to equality issues during the reporting period.

7 Financial Implications

7.1 There are no financial implications associated with this report.

8 Recommendation

8.1 Cabinet is recommended to note the Annual Report for 2016/17.

Susan Cooper
Corporate Director Social Services and Wellbeing

July 2017

Contact Officer

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Background Documents

None



BRIDGEND COUNTY BOROUGH COUNCIL

SOCIAL SERVICES REPRESENTATIONS AND COMPLAINTS

ANNUAL REPORT 2016 / 2017

July 2017

**SOCIAL SERVICES
REPRESENTATIONS AND COMPLAINTS 2016/17**

CONTENTS

1. Introduction
2. Summary of the complaints procedure
3. The Public Services Ombudsman for Wales
4. Member referrals
5. User/Carer Engagement and Feedback
6. Statistical information 2016/2017
7. How complaints were resolved and lessons learned
8. Customer feedback – Their experience of the complaints procedure
9. Achievements in 2016/2017
10. Objectives for 2017/2018
11. Equalities

1. INTRODUCTION

This report covers the period 1st April 2016 to 31st March 2017 and relates to representations and complaints received by the Social Services and Wellbeing Directorate in relation to services and support provided by Adult Social Care and Children's Social Care.

Social Services Authorities are required to maintain a procedure for considering complaints and representations (comments and compliments). Any member of the public, including a child who has received or was entitled to receive a service from social services may make a complaint. The purpose of this report is to provide a review and statistical analysis of the complaints, comments and compliments received by Social Services during the reporting period.

This is the third Annual Report relating to representations and complaints received by the Directorate which have been handled in accordance with the revised Welsh Government Complaint Guidelines "A Guide to Handling Complaints and Representations by Local Authority Social Services" which came into effect on 1st August 2014. The guidance supports the implementation of the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. The Regulations introduced a new two stage process which replaced the previous three stages and also brings the process for social services into line with the NHS Complaints Procedure.

2. SUMMARY OF THE STATUTORY COMPLAINTS PROCEDURE

"A Guide to handling complaints and representations by local authority social services" (Welsh Government).

Stage 1 – Local Resolution: As with the previous guidelines, particular emphasis is placed upon swift resolution of the majority of complaints. An offer to discuss the complaint with the complainant must therefore be made to attempt to resolve matters. This discussion must take place within 10 working days of the date of acknowledgement of the complaint. Where this approach leads to mutually acceptable resolution, the local authority must write to the complainant with details of the terms of the resolution within 5 working days of the date on which the complaint or representation was resolved.

Stage 2 – Formal Investigation: Appointment of an Independent Investigator is made and, as with the previous guidelines an Independent Person must also be appointed to oversee the investigation process (children's complaints). Collaborative arrangements have now been established (on a reciprocal basis) with neighbouring Local Authorities to share staff to undertake investigations

The Investigation must be completed and a full written response issued to the complainant within 25 working days. Where this is not possible, the Authority must write to the complainant to explain the reason for the delay and ensure the response is issued as soon as possible and no later than 6 months from the date of receipt of the complaint.

3. THE PUBLIC SERVICES OMBUDSMAN FOR WALES

Where complainants have exhausted the complaints procedure, the complainant has the right to refer their concern for consideration by the Public Services Ombudsman for Wales.

The Public Services Ombudsman for Wales provides an external independent service for the purpose of considering complaints made by members of the public in relation to all local authority services, including social services. The Public Services Ombudsman also has jurisdiction to examine and determine complaints of injustice as a result of maladministration on the part of the local authority.

The Ombudsman will normally require complainants to have sought redress, in the first instance, via the local authority's complaints procedure prior to accepting and investigating a complaint of maladministration on the part of the local authority.

During 2016/17, 11 complaints were received by the Public Services Ombudsman's Office. Four complaints related to Adult Social Care and, having considered the complaints, the Ombudsman advised that he did not intend to investigate these cases. The remaining 7 cases related to Children's Social Care/Child Protection. Four of these were reviewed by the Ombudsman and did not proceed to investigation. Three complaints were investigated by the Ombudsman and upheld. The recommendations made by the Ombudsman have been accepted by the Authority and implemented accordingly.

4. MEMBER REFERRALS

The Representations and Complaints Procedure does not preclude the right of an individual to approach their Local Councillor, Assembly Member or Member of Parliament. They undertake an important role in handling concerns and queries that individual constituents may have. Collectively, these are called Member Referrals and can range from comments and queries to complaints.

If an elected Member considers it to be inappropriate to deal with a concern, the matter can be referred for consideration under the Complaints Procedure. During 2016/17, Adult Social Care received a total of 106 formal Member referrals. The breakdown is as follows:

Table A

2016/2017	Adult Social Care
Member of Parliament	4
Assembly Members	16
County Borough Councillors and Community Councillors	86
TOTAL	106

During 2016/17, the Children's Social Care service received a total of 28 Member referrals. The breakdown is as follows:

Table B

2016/2017	Children's Social Care
Member of Parliament	2
Assembly Members	9
County Borough Councillors and Community Councillors	17
TOTAL	28

5. USER/CARER ENGAGEMENT AND FEEDBACK

In addition to receiving comments and compliments from service users and their relatives, the Directorate also issues a range of feedback questionnaires from across service areas. A cross-section of the feedback generated from user/carer feedback surveys undertaken during 2016/17 is set out below:-

Adult Social Care:

The Homecare survey is forwarded to all people who have accessed a Local Authority Domiciliary Care Service and have an active Care and Support Plan. Between 1st April 2016 and 31st March 2017, 219 surveys were distributed, 101 were returned completed (46%). 96% of respondents confirmed they were either very/quite satisfied with the service they receive. General comments provided include:-

'Very friendly and caring'
Very friendly and helping, no complaints and would like to take this opportunity to thank you all for your assistance.'
'Am very satisfied'

Community Integrated Services

The Community Care survey is forwarded to all who have accessed an integrated service and have an active Care and Support Plan. Between 1st April 2016 and 31st March 2017, 57% of respondents confirmed they had received either excellent/good services, 13% did not answer this question. General comments provided include:-

"At my age you never think your memory will fail you, so am all the more appreciative. Reassuring to know if needed I can contact assistance, Thank everyone concerned, am very appreciative for such help by very pleasant staff"
"Carers are re-organising trying to agree suitable times. Can't fault the girls who attend."
"Being on my own I am all the more grateful for all the help I am receiving."

The Bridgestart service provides short term (usually 6 weeks) personal care to service users in their homes. 90% of respondents indicated that the service they received was very good, whilst the remaining 10% did not answer. Comments provided include:-

"X' and I wish to thank everyone from Bridgestart for their support. We have been very impressed with the professionalism and care shown to us both."
"Please give our sincere thanks to the wonderful care the Bridgeway team has provided my Mum over the past 6 months."

"I am pleased with all the carers who look after Mum with great care and dignity. Mum's face lights up with a smile when she sees them."

The Bridgeway service provides an enabling service for people with dementia and their families, comments include:-

"The carers are kind, respectful and very helpful. Nothing is too much trouble, they do a great job!!"

"Thank you so much for looking after my mother so well and for your patience and understanding."

The Reablement Service provides support to service users usually following hospital admission to help them regain their independence to remain living in their own home. Comments received on feedback questionnaires include:-

"Thank you so much for all the help you have given me over the past 6 weeks. Without you all I was struggling but now I am coming through the other side. I know I still have physio to continue at hospital to get me stronger and I can see improvements every day. I will miss you all so much, have got used to my daily calls, chats and company. Everyone has been so friendly and understanding, nothing has ever been too much trouble. Thanks again."

"The team involved in my treatment were very good. Always on time. Very friendly...would not believe my age. We got on very well. They all helped me to start to walk again! On 2 legs."

The Early Response Service provides emergency assistance to service users in their home. Comments received include:-

"The care and consideration given by the team members was excellent."

"100% Perfect Team. Highly recommended for their support. Their name says it all, Response."

Telecare: Provides a support service within the home (also in emergency situations), via use of wireless technology and sensors/pendant buttons. Comments received include:-

"Care and consideration of the team members was excellent."

"Thank you for the quick response to the equipment alert, my daughter-in-law has only called this morning, I'm very surprised with the efficient response...thank the team for their visit."

"Every single one of the team could not be faulted in any way and without them we would never have been able to cope."

Contract Monitoring and Commissioning:

Rota Visits to residential care settings and other services have been undertaken by Elected Members (including independent providers). Members' observations included:-

Glanyrafon Residential Care Home: "What a lovely, pleasant residence...the home is spotless...everyone whom we spoke to was happy to be there with staff putting in extra efforts to give it a homely character...The cook was preparing the lunch and on the menu was bread and butter pudding, freshly made."

Ael-y-Bryn Residential Care Home: "The home is a credit to the management and

staff, it is spotless and very friendly. There were 5 service users there, we were only able to speak with one who was smiling and playing a game with one of the staff...she looked very clean and comfortable...we noted that there were plenty of activities planned..”
Penybont Court – “...The home is warm, friendly and very clean. The patients we spoke to were quite content and had no complaints. There are a number of mini buses which take patients out for trips. We were surprised that the home were unaware they are on our rota list as there appeared not to be any arrangements put in place.”
Cwm Calon Day Centre: “Greeted warmly by everyone, they seemed happy and engaging enjoying a cup of tea and biscuits...In the craft room ladies were making cards which will be sold in their coming Fair.”
Home Care: Home visit – “A lovely gentleman who had difficulty in verbally communicating but his facial expressions when in conversation indicated his understanding ...he indicated he was happy with his care. Also spoke to his daughter who was very happy with the care provided.”
Morganna Court & Lodge Care Home (Independent): “The premises were clean and tidy and had a pleasant atmosphere...We were pleased to see that an Activities Officer has been employed which keeps the service users occupied...We were able to speak to 8 residents separately, they were all complimentary and happy with the facilities.”
Wood B (Learning Disability): “Impressed by the quality of the work which is carried out there by the service users and staff and the interaction.”
ARC (Primary Mental Health): “The success of this centre is measurable in the high volume of various client groups, and, secondary care, weekly clinics supported by local surgeries, drugs and alcohol agencies and debt and benefit advice groups.”

Children’s Social Care:

Rota visits are undertaken by Elected Members to the Department’s residential homes (children’s), following which a report is submitted which focusses on the quality of care provided to service users. Feedback for visits undertaken during this reporting period included:-

Sunny Bank Community Home is considered as one of the first options of accommodation for children/young people who have complex needs and require intensive work being undertaken to stabilise their behaviour to allow them to move on and settle into a suitable permanent or long term placement. Sunny Bank is committed to offering a stimulating, safe caring environment that promotes a holistic approach to all aspects of the child/young person’s life.

“Very informative visit. One client was at the residence and seemed to have a good rapport with the staff. The residence seems to have all it needs for the stay of its users.”
“There were 4 service users there and I was able to speak with 1 of them separately...the young girl I spoke to was very complimentary and happy and contented. The children are doing well in their education and plenty of activities.”

Bakers Way provides a short breaks service which provides regular planned short break stays for disabled children and young people ages 0-18yrs.

“We visited the respite centre...’X’ showed us round the facility. It was in a very good state of repair...We went outside and saw the additions to the play area – even have a castle!”

“We were fortunate in being able to meet with 3 service users, who had positive views about their treatment at the unit. Food and activities were praised as well as the quality of overnight care...”

Newbridge House is a residential unit that supports young people through transition to independence.

“We had a tour of the facility, all of the residents were out this afternoon. We were told that one of the ex-residents had only just left and regularly visits for Sunday dinner...She has really turned herself around, sharing a flat and working in an apprenticeship.”

“Shown around the unit by ‘X’ who was informative and showed dedication to his job and role. The unit needs modernisation inside with redecoration a priority at this time. Television in one room was extremely dated and needs replacing. Garden needs to be created into a relaxing environment at present bare and uninviting. Entrance not well sign posted.”

Children’s Social Care – Advocacy Services: All young people wishing to make a complaint are offered the assistance of an advocate. A total of 7 young people were supported by an advocate during the reporting period. Advocacy services for all 7 children was provided via Tros Gynnal. All complainants indicated that they were happy with the advocacy service provided.

Social Services and Wellbeing Act (Wales) 2014 - National Performance Framework:

As part of the National performance framework (in line with their duties under the Social Services and Wellbeing (Wales) Act 2014), Local Authorities are required to collect qualitative information annually about people who use their Social Care Services. This data is to be collected locally and provided nationally to the Welsh Government in relation to the provision of care and support. Surveys were sent out in September 2016 and a range of questions were asked relative to services and support provided to adults, children and young people and carers. Results were as follows:-

Adults: A total of 1,272 questionnaires were despatched to adults (over 18 years), 465 were returned, a response rate of 37%. Some of the comments received include:

“Very happy, the carers are most kind and considerate.”

“Sometimes I have needed more support especially when I’m ill.”

“Would prefer more continuity of care - but have had excellent carers. New carers come and you have to instruct them and then they leave.”

“I am quite satisfied and I am excited that I can have support when I need it.”

Carers: A total of 41 questionnaires were despatched to adults (over 18 years), 13 were returned, a response rate of 32%. One comment was made as follows:

“Prior to my wife going into hospital we both had a week of very little sleep. I feel I could not continue like that.”

Children: A total of 487 questionnaires were despatched to children (age 7-17 years), 77 were returned, a response rate of 16%. Some of the comments received include:

"I am happy with the people I live with because they are kind, helpful, they feed me and they look after me very well."
"I feel like part of the family."
"I like living here but would prefer to live nearer my friends."
"My foster carer gives brilliant advice."

6. STATISTICAL INFORMATION 2016/2017

Number of Representations Received and Timescales (Statutory Procedure)

Table 1

No. Representations Received Statutory Complaints Procedure – April 2016 to March 2017			
	Comments	Complaints	Compliments
Adult Social Care	5	11	245
Children's Social Care	0	7	17
Business Support /Finance	0	3	8
Total	Stage 1	21	270
	Stage 2	1	

Timescales: 100% Stage 1 complaints were resolved within the prescribed timescale of 10 working days.

Timescales: All Stage 1 complaints were acknowledged in writing within 2 working days of the date of their receipt. 100% were resolved within the prescribed timescale of 10 working days and written responses provided within 5 working days of the date of resolution. There were no complaints received outside the 12 month time limit for investigation.

Complaints Resolved Informally (pre-Complaints Procedure Stage 1)

Bridgend County Borough Council complaints processes have, for a number of years, involved successful early resolution of complaints wherever possible. Recently, the new Complaint Guidelines emphasise that the complaints process will provide for a more straightforward and citizen centred approach. Swift and effective complaints handling is also encouraged with an expectation that the majority of complaints and representations should be resolved by Local Resolution.

Complaints staff therefore undertake a significant amount of work liaising with managers to identify and agree swift resolutions to the satisfaction of the complainant (by the end of the working day following the day on which the complaint was made).

Table 2

No. Complaints Resolved prior to invoking the formal Complaints Procedure(s) 2016/2017	
Adult Social Care	56
Children's Social Care	130
Business/Finance Support	1
Total:	187

Corporate Complaints Procedure

There are instances whereby aspects of a complaint do not fall within the remit of the social services statutory complaints procedure and, in these instances, the Authority's Corporate Complaints Procedure is utilised. 8 complaints were received which were deemed appropriate to be addressed in accordance with the Corporate Complaints Procedure during 2016/17. 1 related to Adult Social Care and 7 to Children's Social Care.

Total Representations Received 2016/17

The total number of representations received by Adult Social Care and Children's Social Care is as follows:-

Table 3

2016/17 - Total No. Representations Handled via:	
Statutory Social Services Complaints	21
Corporate Complaints	8
Complaints Resolved at pre-Complaints stage	187
Total:	216

The total number of complaints received and addressed in accordance with the Statutory Complaints Procedure by Social Services during 2016/2017 was 21 compared with 14 in 2015/16. The number of people receiving a service from Adult Social Care during the reporting period was 5578 and 1600 from Children's Social Care.

Complaint Outcomes (Statutory)

Complaint outcomes are identified within the categories: Upheld, Partially Upheld and Not Upheld. Outcomes for each service area have been recorded during 2016/17 as follows:-

Table 4 – Complaint Outcomes (St. 1 - Statutory Complaints Procedure)

2016/17	Adult Social Care	Children's Social Care	Business /Finance Support
Not Upheld	2	4	--
Partially Upheld	2	1	1
Upheld	7	2	2

NATURE OF COMPLAINTS

The nature of complaints received varied and included:-

Table 5

2016/17 – Most Common Complaints Received
Quality / Level of Service / Standard of Care
Lack of / Poor Communication
Disagreement with Assessment / Care Plan
Unacceptable Delays
Poor advice / misinformation
Staff attitude / conduct
Policy / Procedure Non-compliance
Missed / Late Appointments / Times of Visits
Charges for Care Services
Disagreement with Policy / Procedure

7. HOW COMPLAINTS WERE RESOLVED & LESSONS LEARNED

A variety of methods were used to resolve complaints, including:-

- Liaison by complaints officers with senior managers to identify/agree immediate/informal resolution;
- Meetings by senior officers with complainants to discuss/resolve their concerns;
- Provision of explanation of reasons for decisions (verbal and/or written);
- Provision of an apology (written), where appropriate;
- Corrective actions, e.g. change of decisions, review of procedures;
- Reassessment (independent);
- Advocacy services/support;
- Independent investigation;
- Staff training.

Key lessons learned during 2016/17 were as follows:-

Table 6

Service Area	Lessons Learned/Actions Implemented
Adult Social Care: Mobile Response Service	Consideration to be given to creating a second team to assist with covering the County Borough (reduce delays).
Adult Social Care: Occupational Therapy	Review of contract for maintenance of hoisting equipment with consideration to be given to including weekend callouts.
Children's Social Care: Assessment Team	Review of how language preference is recorded on WCCIS to ensure compliance with the Welsh Language Regulations.
Children's Social Care: Fostering Services	Review of the arrangements for opening ISA accounts and any other savings accounts for looked after children and the system for monitoring these savings.

Welsh Language Standards

There have been no complaints received during this reporting period that have been communicated via the medium of Welsh. One complaint was received however in respect of not being able to communicate through the medium of Welsh during a supervised contact session.

To ensure compliance with the requirements of the Welsh Language Standards all complaints publicity material, including leaflets and the complaints website have been translated and are readily available in the medium of Welsh. Complaints staff have also attended basic Welsh Language training.

Compliments

Compliments are regarded as important information which can be used to identify good practice. All compliments are therefore recorded centrally and details provided in management reports. As mentioned above, 270 compliments were received during 2016/17, a selection of which are set out below:-

Table 7

Compliments - Adult Social Care:
Community Reablement Team: This team is excellent in the work they are doing. I could not fault this service, you all are a treasure to the likes of us who need you. Going to miss all those happy faces who enjoy their work. Well done."
Community Integrated Wellbeing Team (CIWT): "I felt I needed to write to thank you most sincerely for reorganising your diary on 11th July to accommodate Nottage Primary School, who were visiting. As you know I was able to nip in and out of your various presentations and I know the children were extremely engaged and were thoroughly enjoying the time spent with you. I have no doubt that in 15 years or so we may have a few Occupational Therapists, Physiotherapists, Dieticians and Infection Control Nurses or we may have Cardiologists wishing to work at Princess of Wales Hospital! I really cannot thank you enough for your massive contribution and effort in making the children's day."
Bridgend Day Centre: "We wish to express our thanks and appreciation for the professional care and attention our mother received at Bridgend Day Centre over many years. Mum had a wonderful time at the centre with your team and all her other friends but the pinnacle was probably celebrating her 100 th birthday in such style. May you long continue to provide your excellent services for those in need who gain so much benefit from them."
Bryn y Cae Residential Home: "My mother has been resident with you from 11 Dec 2015 until she passed away in the POWH on 23 Nov 2016. I am writing on behalf of my family to thank you and the staff at Bryn y Cae for looking after our mother during this period. Following a very difficult start at the home my mother eventually started to settle down with you and adjusted well to the environment and staff. Within the last month she had started to tell me she was happy at the home and got on very well with the staff. During the last 12 months you will be aware that my mother's health at times was not good and she had been quite unwell at times on a number of occasions. At these times I witnessed some very caring, compassionate and extremely hard working members of staff. They understood my mother's needs very well and acted incredibly quickly and professionally to get the medical help and care my mother required. I am now aware how hard these carers work and can appreciate some of the demands that are placed on them on a daily basis. At times they even provided me with emotional support and understanding when it was clear that I was having difficulty

with my mother's condition. They are an amazing group of people who we all undervalue and do not give the recognition or respect they deserve. I now know what 'going the extra mile' means; I have witnessed it first hand when individuals were attending to my mother when she was ill. I have nothing but admiration and total respect for these individuals. I will call into the home at some point if I may to personally thank staff. Until then I would be grateful if you would please convey our family thanks and appreciation for all their hard work and effort in making our mother's last year as dignified and comfortable as possible. Thank you, very much appreciated."

Home Care: "To all the carers who came to see 'X'. We cannot thank you all enough for all the care you gave. Nothing was too much trouble, anything to help both 'X' and myself. It was great to have such dedicated people to look after someone like 'X' who is so very frail."

Supported Living (Learning Disability): "I recently attended a review (26/07/16) for 'X'. I felt it was important that I highlighted to you how impressed I am with the care and support 'X' has received over this past year. It has been a difficult one for 'X' and she has been through many major changes in her life. Throughout this process it is evident that the staff team supporting her have gone above and beyond their roles and helped 'X' with her health recovery. They have all pulled together during a difficult time in services, supporting low staffing levels, supporting different projects and undertaking additional training to promote 'X's care needs. I feel it needed to be recognised that 'X' is very lucky to have such great support in place and the team are a credit to you and the service. 'Y' who attended the review showed such wonderful passion towards, not only her role but the service she works for. Her knowledge and understanding of 'X' was outstanding and her dedication towards providing the best care possible for 'X' was obvious throughout the review. Please pass on my regards to your wonderful team and thank them for all their hard work."

Compliments – Children's Social Care:

North Safeguarding Team: "May I take the time to say that the Guardian referred to X's evidence as being robust in her report. The Judge did not question 'X' as is her normal practice and she made no criticism of our evidence. 'X' had to take this case over and we are all aware of the challenges this case presented so I would like to say how well 'X' did and her parenting assessment in particular was commented on by both the Guardian and our own Counsel as an excellent piece of work. Well done 'X' an excellent outcome the best we could have hoped for. Thank you for your hard work and commitment".

East Safeguarding Team: "I have been going over the system for 'X' and I have to say how impressed I am with how up to date you are on this case. Also your ROV's and Core group minutes are very detailed and they clearly demonstrate how hard you are working with this family. Well done!!!"

West Safeguarding Team: Compliment received from Adoption Panel in respect of the standard of the Life Story work.

Disabled Children's Team: Compliment received from Barrister in respect of the knowledge and commitment demonstrated by the social worker on an extremely complex case.

Safeguarding East Team: Compliment received from Foster Carers -"She consistently does the things she says she is going to do and always contacts us back when we need to discuss things with her in between her statutory visits".

Disabled Children's Team: "X who is the allocated social worker and who has worked so hard on this extremely complex and time consuming case deserves some recognition for the hard work she has done".

Compliments - Business Support/Finance:

Non-Residential Charges: "Thank you for your help, support and advice."

Residential Charges: "Thank you for your email and kind words regarding my Father. On behalf of the family and Dad I would like to thank all at BCBC that have been involved with my father for the past seven years. We have had great service from all and Dad was always treated with great respect and care. Thank you so much."

8. CUSTOMER FEEDBACK – THEIR EXPERIENCE OF THE COMPLAINTS PROCEDURE

Questionnaires were forwarded to all complainants (statutory complaints). Complainants were provided with various options via which they could submit their responses, including, 'reply paid envelopes', by email or telephone. Unfortunately, the return rate was very low (only 1%). Only 1 comment was received:-

"I was not happy with the way my mother was treated by the social worker ...and then she was put in full-time care. I don't think my mother should be treated this way."

9. ACHIEVEMENTS IN 2016/2017

Achievements during 2016/17 include:-

- Complaints staff have continued to work with and encourage managers/staff to aim to resolve complaints locally and as swiftly as possible. This is reflected in the high number of complaints resolved at the pre-complaints stage (**Table 2**);
- Continue to monitor Stage One timescale compliance rates;
- Review of method of return for customer questionnaires. Recipients are also now able to complete questionnaires on-line and by telephone, as well as by post;
- Complaints publicity material has been translated and is now available in the medium of Welsh;
- The Complaints Awareness E:Learning module was launched and made available for staff to access with effect from 1st June 2016;
- Development of E:Learning module for managers "Managing Complaints Effectively": Text has been drafted to allow the Module to be built in consultation with Human Resources.
- Complaints information has been uploaded and published on the Dewis Cymru Information database. The Dewis Cymru website provides a single point of access to information about wellbeing in Wales. The website can be accessed by members of the public as well as social care professionals across Wales.

10. OBJECTIVES FOR 2017/2018

Plans for 2017/18 include:-

- Continue to encourage and work with managers/staff to aim to resolve complaints locally and as swiftly as possible;
- Continue to monitor Stage One timescale compliance rates;
- Work with ICT to develop the use of WCCIS to record & manage complaints
- The Complaints Awareness E:learning module developed in 2015/16 (aimed at new and existing staff employed by the Directorate) has had a low staff take-up. Consideration will therefore be given to inclusion of this Module within the Social Services Induction Programme to ensure that all new starters complete it.
- Complete development of the E:Learning module “Managing Complaints Effectively” (aimed at managers responsible for investigating and responding to complaints).

11. EQUALITIES

A screening for equality impact has been carried out in relation to the representation and complaints procedure. There is no negative impact on the protected equality characteristics.

There have been no complaints received during the reporting period in relation to the Social Services Representations and Complaints Procedure.

Complainants are now requested to provide information in relation to the Equality Act 2010. This data includes information relating to ethnicity, gender, marital status and disability. The feedback is currently low, but we will continue to pursue this.

**Report prepared for Susan Cooper
Statutory Director of Social Services
By the Designated Complaints Officer
4th July 2017**

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BRIDGEND COUNTY BOROUGH COUNCIL

INFORMATION REPORT TO CABINET

25 JULY 2017

REPORT OF THE MONITORING OFFICER

MONITORING REPORT OF THE USE OF REGULATION OF INVESTIGATORY POWERS ACT 2000

1. Purpose of Report

- 1.1 The purpose of the report is to provide Cabinet with an update on the Authority's use of the Regulation of Investigatory Powers Act 2000 (RIPA) and assurance that its use is in compliance with the Authority's RIPA Policy and the related legislation.

2. Connection to Corporate Improvement Plan / Other Corporate Priority

- 2.1 There are no direct links to the Corporate Improvement Plan and Corporate Priorities.

3. Background

- 3.1 The Regulation of Investigatory Powers Act 2000 regulates and governs the use of investigatory powers such as covert surveillance activities carried out by the Authority to ensure compliance with legal requirements.

4. Current situation / proposal

- 4.1 The table below contains the number of authorisations made by the Authority in accordance with RIPA, from 1st July 2016 until 1st July 2017:

Directed Surveillance for purpose of the Detection of crime and Disorder:	<u>Authorisations</u>	<u>Renewals</u>	<u>Reviews</u>	<u>Cancellations</u>
Benefit Fraud	-	-	-	-
Public Protection	-	-	-	-

- 4.2 Members will note that there has been a reduction on the usage of RIPA over the years by the Authority with the last authorisation being granted in December 2014. There are a number of factors that could explain this:

- Public Protection is now part of the Shared Regulatory Services and RIPA authorisations are undertaken on the Authority's behalf by the Vale of Glamorgan Council;
- The Benefit Fraud Team is now part of the Department for Work and Pensions;

- The Protection of Freedoms Act 2012 imposes limitations to the use of RIPA by local authorities and there is now a requirement to obtain the prior approval of a Magistrate;
- Authorising Officers must be satisfied that the use of surveillance is both necessary and proportionate and the only reasonable way having considered all others of obtaining the necessary result;
- Officers have been carrying out investigations without seeking to deploy surveillance methods.

4.3 Under the revised Codes of Practice issued by the OSC, it is a requirement that a local authority should review its use of RIPA (at least annually) and set the Policy. To meet these requirements, it is proposed that Cabinet receives an annual report covering the Authority's use of RIPA powers and that Cabinet also reviews the Policy annually.

5. Effect upon Policy Framework& Procedure Rules

5.1 There is no impact on the policy framework and procedure rules.

6. Equality Impact Assessment

6.1 There are no equality implications arising from this report.

7. Financial Implications

7.1 There are no financial implications.

8. Recommendation

8.1 Cabinet is recommended to note the report.

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Background Documents

None

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

25 JULY 2017

REPORT OF THE HEAD OF FINANCE & SECTION 151 OFFICER

**TREASURY MANAGEMENT ACTIVITIES AND
TREASURY MANAGEMENT AND PRUDENTIAL INDICATORS 2017-18**

1. Purpose of Report

1.1 The purpose of the report is to:-

- comply with the requirement of the Chartered Institute of Public Finance and Accountancy's (CIPFA) Treasury Management in the Public Services: Code of Practice 2011 Edition (the Code) to produce interim Treasury Management reports
- provide a summary of the Treasury Management activities from 1 April to 30 June 2017
- report on the projected Treasury Management and Prudential Indicators for 2017-18

2. Connection to Corporate Improvement Objectives / Other Corporate Priorities

2.1 The Treasury Management Report is integral to the delivery of the Corporate Improvement Objectives as the allocation of resources determines the extent to which the Corporate Objectives can be delivered.

3. Background

3.1 The Council's Treasury Management activities are regulated by the Local Government Act 2003 which provides the powers to borrow and invest as well as providing controls and limits on this activity. The Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 as amended, develops the controls and powers within the Act.

3.2 The Council is required to operate the overall treasury function with regard to the Code and this was formally adopted by the Council in February 2012. This includes a requirement for the Council to approve a Treasury Management Strategy (TMS) before the start of each financial year which sets out the Council's and Chief Financial Officer's responsibilities, delegation and reporting arrangements. Council approved the TMS 2017-18 on 1 March 2017.

- 3.3 The Welsh Government (WG) issued revised Guidance on Local Authority Investments in April 2010, which requires the Council to approve an Investment Strategy prior to the start of each financial year and this is included in the TMS.
- 3.4 The Council is also required to undertake any borrowing activity with regard to the CIPFA Prudential Code for Capital Finance in Local Authorities. The Council's adoption and implementation of both the Prudential Code and the Code of Practice for Treasury Management means that its capital expenditure is prudent, affordable and sustainable, and its treasury practices demonstrate a low risk approach.
- 3.5 This report covers the following areas:-
- The Council's treasury position for the period 1 April to 30 June 2017
 - Borrowing Strategy and Outturn for the period 1 April to 30 June 2017
 - Investment Strategy 2017-18
 - Investment Outturn for the period 1 April to 30 June 2017
 - Treasury Management and Prudential Indicators 2017-18

4. Current Situation

4.1.1 The treasury position for 1 April to 30 June 2017:-

		Principal as at 01-04-17	Average Rate	Principal as at 30-06-17	Average Rate
		£m	%	£m	%
Fixed rate long term funding	PWLB*	77.62	4.70	77.62	4.70
Variable rate long term funding	LOBO**	19.25	4.65	19.25	4.65
Total Long Term External Borrowing***		96.87	4.69	96.87	4.69
Other Long Term Liabilities*** (including PFI)		21.77		21.60	
TOTAL GROSS DEBT		118.64		118.47	
Fixed rate investments		28.50	0.56	43.90	0.45
Variable rate investments		5.25	0.45	3.20	0.43
TOTAL INVESTMENTS****		33.75	0.55	47.10	0.45
TOTAL NET DEBT		84.89		71.37	

* Public Works Loan Board (PWLB)

** Lender's Option Borrower's Option (LOBO)

*** Long term borrowing/liabilities include all instruments with an initial term of 365 days or more and long term liabilities includes the short term element of the liability

**** The investment totals include instant access deposit accounts which are included as "Cash" in the Council's balance sheet in the Statement of Accounts and also investments shown as "Cash Equivalents" in the Council's balance sheet that mature in 1 month or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. A breakdown of the movement during this period is shown in Section 4.4.

Fixed rate in the above table includes instruments which are due to mature in the year and also a £3m structured deal where the change in interest rate has been agreed and fixed in advance

4.1.2 The £19.25 million in the above table relates to Lender's Option Borrower's Option (LOBO) loans due to mature in 2054, and which may be re-scheduled in advance of this maturity date. The LOBO rate and term may vary in the future depending upon the prevailing market rates, the lender exercising their option to increase rates at one of the bi-annual trigger and therefore, the Council being given the option to accept the increase or to repay the loan without incurring a penalty. The trigger dates are July and January however the Council understands that the lender is unlikely to exercise their option during 2017-18. The current average interest rate for these LOBO's is 4.65% compared to the PWLB Loans average interest rate of 4.70%.

4.1.3 The long term liabilities figure of £21.60 million at 30 June 2017 includes £18.09 million for the Council's Private Finance Initiative (PFI) arrangement (for the provision of a Secondary School in Maesteg – seventeen years remaining term) and £2.40 million relating to a loan from the WG Central Capital Retained Fund for regeneration works within the Llynfi Valley which has not yet commenced.

4.1.4 It should be noted that the accounting practice to be followed by the Council requires financial instruments in the accounts (debt and investments) to be measured in a method compliant with International Financial Reporting Standards (IFRS). The figures shown in the above table and throughout the report are based on the actual amounts borrowed and invested and so may differ from those in the Statement of Accounts which include accrued interest or are stated at fair value in different instances.

4.1.5 The Council's Treasury Management advisors are Arlingclose. The current services provided to the Council include:-

- advice and guidance on relevant policies, strategies and reports
- advice on investment decisions
- notification of credit ratings and changes
- other information on credit quality
- advice on debt management decisions
- accounting advice
- reports on treasury performance
- forecasts of interest rates
- training courses (training provided to Members 26 June 2017)

4.2 Borrowing Strategy 2017-18 and Outturn for 1 April to 30 June 2017

4.2.1 The Bank Rate started the financial year at 0.25%. When the Treasury Management Strategy for 2017-18 was prepared it was forecast that the Bank Rate would remain at 0.25% during 2017-18 with a low possibility of a drop close to zero, with a very small chance of a reduction below zero but the Bank Rate is now expected to remain at 0.25% for the remainder of 2017-18.

4.2.2 The Council's primary objective for the management of its debt is to ensure its long term affordability. The majority of its loans have therefore been borrowed from the PWLB at long term fixed rates of interest.

4.2.3 With short-term interest rates lower than long term rates, it is likely to be more cost effective in the short term to either borrow short term or use internal resources. Short term and variable rate loans expose the Council to the risk of short term interest rate rises and are therefore subject to the limit on the net exposure to variable interest rates as shown in the treasury management indicators in **Appendix A**. However, with long term rates forecast to rise in the coming years, any such short term savings will need to be balanced against

the potential longer-term costs. The Council's Treasury Management advisors assist the Council with this 'cost of carry' and breakeven analysis.

- 4.2.4 The last time the Council took long term borrowing was £5m from the PWLB in March 2012. No long term borrowing has been taken during the period 1 April to 30 June 2017 and it is not expected that there will be a requirement for any new long term borrowing in 2017-18, however for cash-flow purposes £2 million short term borrowing was taken 24 May 2017 and repaid 5 June 2017. Also, market conditions have meant that there has been no loan rescheduling so far this year, however, in conjunction with Arlingclose, the loan portfolio will be reviewed for any potential savings as a result of any loan rescheduling.
- 4.2.5 The Council is currently maintaining an under-borrowed position. This means that the capital borrowing need (the Capital Financing Requirement), has not been fully funded with loan debt as cash supporting the Council's reserves, balances and cash flow has been used as a temporary measure. This is known as Internal Borrowing. This strategy is prudent as investment returns are low and counterparty risk is relatively high.

4.3 Investment Strategy 2017-18

- 4.3.1 Both the CIPFA Code and the WG Guidance require the Council to invest its funds prudently and to have regard to the security and liquidity of its investments before seeking the highest rate of return, or yield. The Council's objective when investing money is to strike an appropriate balance between risk and return, balancing the risk of incurring losses from defaults against receiving unsuitably low investment income.

The major objectives to be followed in 2017-18 are:-

- to maintain capital **security**
- to maintain **liquidity** so funds are available when expenditure is needed
- to achieve the **yield** on investments commensurate with the proper levels of security and liquidity

- 4.3.2 The Annual Investment Strategy incorporated in the Council's Treasury Management Strategy 2017-18 includes the credit ratings defined for each category of investments and the liquidity of investments. The Council's investments have historically been placed in short term bank and building society unsecured deposits and local and central government, however, investments may be made with any public or private sector organisations that meet the minimum credit criteria specified in the Investment Strategy. The Council is looking to diversify into more secure and/or higher yielding asset classes during 2017-18 but any new instruments used will be in full consultation with the Council's Treasury Management advisors. In order to be able to use the majority of these different types of instruments the Council is required to use a nominee account(s) with a third party for safe custody of such investments (a custody account) as we are unable to deal direct and this

is in the process of legal approval. The Council continues to explore other options available to it to achieve its aim of investment diversification.

4.3.3 Investment decisions are made by reference to the lowest published long-term credit rating from Fitch, Moody's or Standard & Poor's. Where available, the credit rating relevant to the specific investment or class of investment is used, otherwise the counterparty credit rating is used. In the current climate, relying mainly on credit ratings is considered to be inappropriate and the Council understands that credit ratings are good, but not perfect predictors of investment default. Full regard will therefore be given to other available information on the credit quality of the organisations in which it invests, including credit default swap prices, financial statements, information on potential government support and reports in the quality financial press. No investments will be made with an organisation if there are substantive doubts about its credit quality, even though it may meet the credit rating criteria.

4.4 Investment Outturn for 1 April to 30 June 2017

4.4.1 On a day to day basis, the Council typically has surplus cash balances arising from the cash flow e.g. timing differences between grants being received and making various payments. These are invested on the market via brokers, direct with the institution or held in deposit accounts. The Council usually invests for a range of periods dependent on cash flow requirements and the interest rates on offer having regard to the Investment Strategy. There are three long term investments (original duration of 12 months or more) outstanding as at 30 June 2017 totalling £6 million with local authorities - £2 million maturing in November 2017, £3 million maturing in November 2020 and £1 million maturing in December 2020 but all other investments at 30 June 2017 are short term (deposit accounts or fixed term deposits). The table below details these investments outstanding by counterparty type:

Investment Counterparty Category	Balance 01 April 2017	Investments Made	Investments Repaid	Balance 30 June 2017	Average Duration Investments in force Apr- June 2017	Average Original Duration of the Investment	Weighted Average Investment Balance Apr - June 2017	Weighted Average Interest Rate Apr- June 2017
	(A)	(B)	(C)	(A+B-C)				
	£m	£m	£m	£m	Days	Days	£m	%
Govt DMO	-	17.60	16.10	1.50	6	6	1.07	0.10
Local Authorities	19.50	54.20	43.30	30.40	41	177	36.46	0.48
Building Societies	6.00	6.00	7.00	5.00	30	129	4.03	0.34
Banks (Fixed Maturity)	3.00	6.00	2.00	7.00	68	213	6.24	0.68
Banks Instant Access/Notice Period Accounts *	5.25	22.75	24.80	3.20	n/a	n/a	5.32	0.40
Total/Average	33.75	106.55	93.20	47.10	36	131	53.12	0.47

* An average duration is not shown as money is frequently added / withdrawn to/from these accounts as required by cash-flow

4.4.2 Favourable cash flows have provided positive cash balances for investment and as shown above the balance on investments at 30 June 2017 was £47.10 million. The table below shows a breakdown by counterparty type based on the remaining maturity period as at 30 June 2017:

Counterparty Category	Instant Access Deposit Accounts	Notice Period Deposit Accounts	Deposits Maturing Within 1 Month	Deposits Maturing Within 1-3 Months	Deposits Maturing Within 3-6 Months	Deposits Maturing Within 6-12 Months	Deposits Maturing Within 3-4 Years*	Total
	£m	£m	£m	£m	£m	£m	£m	£m
DMO	-	-	1.50	-	-	-	-	1.50
Local Authorities	-	-	12.90	2.50	7.00	4.00	4.00	30.40
Building Societies	-	-	-	1.00	4.00	-	-	5.00
Banks	1.20	2.00	1.00	-	4.00	2.00	-	10.20
Total	1.20	2.00	15.40	3.50	15.00	6.00	4.00	47.10

*There are no current investments outstanding which are due to mature between 1 and 3 years

4.4.3 Occasionally, investments are placed with the UK Debt Management Office (DMO - Executive Agency of UK Government) but only for very short term deposits and after all other options have been explored. The interest rates offered by this facility are lower than some other counterparties but this is commensurate with the high level of security and reduced risk offered. It provides another option when examining potential investments and ensures compliance with the Council's investment objective that security takes priority over yield. There was one 13 days deposit for £1.5 million outstanding at 30 June 2017 which will mature on 3 July 2017.

4.4.4 The Council's primary objective for the management of its investment portfolio is to give priority to the security and liquidity of its funds before seeking the best rate of return. As shown above, the majority of surplus cash has been held as short term investments with UK Local Authorities and banks and building societies of high credit quality. This has therefore resulted in more of the investment portfolio being moved into investment instruments with lower rates of return but higher security and liquidity.

4.4.5 Following the United Kingdom's vote to leave the European Union there has been volatility within the markets. This continues to be far lower than during the credit crunch and ensuing financial crisis, but is expected continue into the medium term. The Council's Treasury Management advisors Arlingclose continues to monitor the credit situation closely and remains comfortable with the Council making investments in institutions as long as they are compliant with our Investment Strategy. Also during 2016-17 and into the first quarter of 2017-18, some investment interest rates have steadily dropped and this reduction is reflected in the investment return shown in the table above in paragraph 4.4.1 as the average rate on investments at 30 June 2017 is 0.45% compared to 0.55% at 1 April 2017. In conjunction with Arlingclose other

investment options will be investigated so the Council can diversify into more secure and/or higher yielding asset classes as mentioned in paragraph 4.3.2.

4.5 Treasury Management and Prudential Indicators 2017-18

4.5.1 The 2011 Treasury Management Code and Prudential Code require the Council to set and report on a number of Treasury Management Indicators within this report, however, the Council has decided to report on all indicators in this report so the Prudential Indicators are also included. The indicators either summarise the expected activity or introduce limits upon the activity, and reflect the underlying capital programme. **Appendix A** details the estimate for 2017-18 set out in the Council's Treasury Management Strategy and also the projected indicators for 2017-18.

5. Effect upon Policy Framework and Procedure Rules

5.1 As required by Financial Procedure Rule 17.3 within the Council's Constitution, all investments and borrowing transactions have been undertaken in accordance with the Treasury Management Strategy Statement 2017-18 approved by Council.

6. Equality Impact Assessment

6.1 There are no equality implications.

7. Financial Implications

7.1 The financial implications are reflected within the report.

8. Recommendation

8.1 It is recommended that:

- Cabinet note the Council's treasury management activities for the period 1 April to 30 June 2017
- Cabinet note the projected Treasury Management and Prudential Indicators for 2017-18

Randal Hemingway
Head of Finance and Section 151 Officer
4 July 2017

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Background documents:
Treasury Management Strategy 2017-18

APPENDIX A

1 TREASURY MANAGEMENT INDICATORS 2017-18

1.1.1 The following indicators (which are forward looking parameters) form part of the CIPFA Code of Practice on Treasury Management. They enable the Council to measure and manage its exposure to treasury management risks using the following indicators.

The Council needs to set the upper limits to its **Interest Rate Exposure** for the effects of changes in interest rates. There are two treasury management indicators that relate to both fixed interest rates and variable interest rates. These limits have been calculated with reference to the net outstanding principal sums and are set to control the Council's exposure to interest rate risk.

No.		Treasury Management Strategy 2017-18 £m	Projection 31-03-2018 £m
	Total Projected Principal Outstanding on Borrowing 31 March 2018	96.87	96.87
	Total Projected Principal Outstanding on Investments 31 March 2018	24.00	24.00
	Net Principal Outstanding	72.87	72.87
1.	Upper Limit on fixed interest rates (net principal) exposure	130.00	56.62
2.	Upper Limit on variable interest rates (net principal) exposure	50.00	16.25

The Section 151 Officer will manage interest rate exposures between these limits.

1.1.2 A further indicator for Treasury Management measures the **Maturity Structure of Borrowing** and is the amount of projected borrowing that is fixed rate, maturing in each period as a percentage of total projected fixed rate borrowing. This indicator is set to control the Council's exposure to refinancing risk and has been set to allow for the possible restructuring of long term debt where this is expected to lead to an overall saving or reduction in risk.

No	Maturity structure of fixed rate borrowing during 2017-18	Upper limit	lower limit	Projection 31-03-18
3.	Under 12 months	50%	0%	19.87%
	12 months and within 24 months	25%	0%	-
	24 months and within 5 years	25%	0%	-
	5 years and within 10 years	50%	0%	12.47%
	10 years and within 20 years	60%	0%	3.13%
	20 years and above	100%	40%	64.53%

The 19.87% shown in the table above relates to £19.25 million Lender's Option Borrower's Option (LOBO) loans which may be re-scheduled in advance of their maturity date of 2054, as detailed in paragraph 4.1.2 of this report. The Code requires the maturity of LOBO loans to be shown as the earliest date on which the lender can require payment, i.e. the next call date which is July 2017, however, the lender is not exercising this option due to current low interest rates so the maturity date is actually uncertain but is shown in the "Under 12 months" category as per the Code.

- 1.1.3 The **Upper Limit for Total Principal Sums invested over 364 days** indicator controls the amount of longer term investments which mature beyond the period end. This is set to control the Council's exposure to the risk of incurring losses by seeking early repayment of its investments.

No.		Treasury Management Strategy 2017-18 (Limit) £m	Projection Principal Outstanding Over 364 days 31-03-18 £m
4.	Upper Limit for Total Principal Sums Invested for more than 364 days	15	8

2 PRUDENTIAL INDICATORS 2017-18

The Prudential Indicators are required to be set and approved by Council in accordance with CIPFA's Prudential Code for Capital Finance in Local Authorities.

Council is required to formally adopt CIPFA's Treasury Management Code and the revised version of the 2011 code was adopted by Council on 22 February 2012.

2.1 Prudential Indicators for Prudence

- 2.1.1 The following Prudential Indicators are based on the Council's capital programme which is subject to change.

The Council's capital expenditure plans are summarised below and this forms the first prudential indicator for Prudence. The total capital expenditure is funded from capital grants and contributions, capital receipts and revenue with the remainder being the **Net Financing Need for the Financial Year** to be met from borrowing.

No.	Prudential indicators For Prudence	Estimate Treasury Management Strategy 2017-18 £m	Projection 31-03-18 £m
1	Estimates of Capital Expenditure Non – HRA	63.85	56.76
	Total Capital Expenditure	63.85	56.76
	Financed by :-		
	Capital Grants and Contributions	24.37	15.35
	Capital Receipts	20.04	20.18
	Revenue Contribution to Capital	9.92	10.16
	Net Financing Need for Year	9.52	11.07

The capital expenditure figures have changed from the Treasury Management Strategy 2017-18 as the capital programme approved by Council on 1 March 2017 has been amended to include new approved schemes and to incorporate slippage of schemes identified as part of the capital monitoring and a change in the profile of funding and prudential borrowing. This has resulted in an increase in the Net Financing Need for 2017-18 which will be an increase in Unsupported Borrowing. However, this type of borrowing is only approved when Directorates have the necessary revenue resources to make additional voluntary revenue provisions (VRP) to fund the capital costs though this will be deferred in some cases until the asset becomes operational in accordance with the council's MRP Policy.

- 2.1.2 The second Prudential Indicator is the **Capital Financing Requirement (CFR)** for the Council. This shows the total outstanding capital expenditure that has not been funded from either revenue or other capital resources. It is derived from the actual Balance Sheet of the Council. It is essentially a measure of the underlying need to finance capital expenditure and forms the basis of the charge to the Council Fund in line with the Prudential Code.

The process for charging the financing of capital expenditure to revenue is a statutory requirement and is called the Minimum Revenue Provision (MRP). The actual MRP charge needs to be prudent and the methodology is detailed in the Council's MRP policy in the TMS 2017-18. The MRP requirement for the PFI Scheme and the Innovation Centre will be equivalent to the write down of the liability for the year and is met from existing budgets. As stated in 2.1.1, Directorates who receive Council approval for capital schemes via Unsupported Borrowing, make annual contributions to the capital costs of their schemes and this is known as Voluntary Revenue Provisions (VRP) or additional MRP.

No.	Prudential indicators For Prudence	Est. Treasury Management Strategy 2017-18 £m	Projection 2017-18 £m
2	Capital Financing Requirement (CFR)		
	Opening CFR (1 April 2017) adjusted excluding PFI & other liabilities	150.65	149.08
	Opening PFI CFR	18.24	18.24
	Opening Innovation Centre	0.66	0.66
	Opening Coychurch Crematorium	0.08	0.08
	Total Opening CFR	169.63	168.06
	Movement in CFR excluding PFI & other liabilities	2.90	4.61
	Movement in PFI CFR	(0.60)	(0.60)
	Movement in Innovation Centre CFR	(0.06)	(0.06)
	Movement in CREM CFR	(0.08)	(0.08)
	Total Movement in CFR	2.16	3.87
	Closing CFR (estimated 31 March 2018)	171.79	171.93
	Movement in CFR represented by :-		
	Net Financing Need for Year (above)	9.52	11.07
	Minimum and Voluntary Revenue Provisions*	(7.36)	(7.20)
	Total Movement	2.16	3.87

*Minimum Revenue Provision (MRP) and Voluntary Revenue Provision (VRP) represent the revenue charge for the repayment of debt and includes MRP for the Public Finance Initiative (PFI) and the Innovation Centre

2.2 Limits to Borrowing Activity

2.2.1 The Council's long term borrowing at the 30 June 2017 was £96.87 million as detailed in section 4.1.1 the Treasury Position. External borrowing can arise as a result of both capital and revenue expenditure and timing of cash flows. As the Council has an integrated Treasury Management Strategy there is no association between individual loans and particular types of expenditure. Therefore, the Capital Financing Requirement and actual external borrowing can be very different especially when a Council using Internal Borrowing as highlighted in paragraph 4.2.5 in the main report.

The **Gross Debt** position (Borrowing and Long Term Liabilities) is shown below:

No.	Prudential indicators For Prudence	Estimate Treasury Management Strategy 2017-18 Est. £m	Projection 31-03-18 £m
	Gross Debt 31 March		
3	External Borrowing	96.87	96.87
	Long Term Liabilities (including PFI)	21.07	21.07
	Total Gross Debt	117.94	117.94

2.2.2 Within the Prudential Indicators, there are a number of key indicators to ensure the Council operates its activities within well-defined limits. One key control is to ensure that over the medium term, debt will only be for a capital purpose. The Council needs to ensure that external debt does not, except in the short term, exceed the Capital Financing Requirement for 2017-18. The table below shows that the Council is on target to comply with this requirement.

No.	Prudential indicators For Prudence	Estimate Treasury Management Strategy 2017-18 £m	Projection 31-03-18 £m
4	Gross Debt & the CFR		
	Total Gross Debt	117.94	117.94
	Closing CFR (31 March 2017)	171.79	171.93

2.2.3 A further two Prudential Indicators control the Council's overall level of debt to support Capital Expenditure. These are detailed below and confirms that the Council is well within the limit set :-

- The **Authorised Limit** for External Debt – this represents the limit beyond which borrowing is prohibited. It reflects a level of borrowing that could not be sustained even though it would be affordable in the short term. It needs to be set and approved by Members.
- The **Operational Boundary** for External Debt – this is not an actual limit and actual borrowing could vary around this boundary during the year. It is based on the probable external debt during the course of the year.

No.	Prudential indicators For Prudence	Treasury Management Strategy 2017-18 £m	Projection 31-03-18 £m
5	Authorised limit for external debt -		
	Borrowing	140	
	Other long term liabilities	30	
	Total	170	
6	Operational Boundary		
	Borrowing	105	
	Other long term liabilities	25	
	Total	130	
	Borrowing		97
	Other long term liabilities		21
	Total		118

2.3 Prudential Indicator for Affordability

2.3.1 The **Ratio of Financing Costs to Net Revenue Stream** indicator demonstrates the trend in the cost of capital against the Total Revenue amount to be met from local taxpayers and the amount provided by the Welsh Government in the form of Revenue Support Grant. The estimates of capital financing costs include interest payable and receivable on treasury management activities and the MRP charged to the Comprehensive Income and Expenditure Statement. The revenue stream is the amount to be met from government grants and local taxpayers.

No.	Prudential Indicator for Affordability	Estimate Treasury Management Strategy 2017-18	Projection 2017-18
7.	Ratio of Financing Costs to Net Revenue Stream	4.84%	4.76%

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