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Bridgend County Borough Council



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Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate

Deialu uniongyrchol / Direct line /: 01656 643148 / 643147 / 643694

Gofynnwch am / Ask for: Democratic Services

Ein cyf / Our ref:

Eich cyf / Your ref:

Dyddiad/Date: Friday, 10 February 2023

Dear Councillor,

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

A meeting of the Subject Overview and Scrutiny Committee 2 will be held Hybrid in the Council Chamber - Civic Offices, Angel Street, Bridgend, CF31 4WB on **Thursday, 16 February 2023 at 10:00.**

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 (including whipping declarations)
3. Adult Social Care Pressure Areas 3 - 18
Invitees

Councillor Jane Gebbie - Deputy Leader of Council and Cabinet Member for Social Services and Early Help

Claire Marchant - Corporate Director - Social Services and Wellbeing
Jacqueline Davies - Head of Adult Social Care
Carmel Donovan - Integrated Community Services Manager (Bridgend)
Michelle King - Integrated Community Services Manager- CRT (Bridgend Locality)

Vicki Wallace - Deputy Director of Planning and Partnerships - Cwm Taf Morgannwg
4. The Development of Learning Disability Services 19 - 46
Invitees

Councillor Jane Gebbie - Deputy Leader of Council and Cabinet Member for Social Services and Early Help

Claire Marchant - Corporate Director - Social Services and Wellbeing

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Jacqueline Davies - Head of Adult Social Care
Mark Wilkinson – Group Manager – Learning Disability, Mental Health & Substance Misuse

Adam Kurowski Wakeford – Operational Manager – People First Bridgend

5. Conclusions/Recommendations

6. Forward Work Programme Update 47 - 62

7. Urgent Items

To consider any item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Note: This will be a Hybrid meeting and Members and Officers will be attending in the Council Chamber, Civic Offices, Angel Street Bridgend / Remotely via Microsoft Teams. The meeting will be recorded for subsequent transmission via the Council's internet site which will be available as soon as practicable after the meeting. If you have any queries regarding this, please contact cabinet_committee@bridgend.gov.uk or tel. 01656 643147 / 643148.

Yours faithfully

K Watson

Chief Officer, Legal and Regulatory Services, HR and Corporate Policy

Councillors:

S Aspey
F D Bletsoe
E L P Caparros
P Davies

Councillors

P Ford
D M Hughes
M Lewis
J Llewellyn-Hopkins

Councillors

RL Penhale-Thomas
A Wathan
AJ Williams
R Williams

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

16 FEBRUARY 2023

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

ADULT SOCIAL CARE PRESSURE AREAS

1. Purpose of report

- 1.1 The purpose of the report is to detail the current service pressures being experienced in Adult Social Care, describe the mitigating actions that the service is undertaking and how we are working across Health and Social Care to manage the overall situation. Whilst there are a number of adult service pressure areas, this report will focus on two main service areas, these being care and Support at Home/Domiciliary services, and our social work service.

2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

- **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions for all people in the county borough.
- **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
- **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

Integrated Community Services

- 3.1 Bridgend County Borough Council (BCBC), originally with our former health board, and now with Cwm Taf Morgannwg (CTM) University Health Board, in partnership with Bridgend Association of Voluntary Services (BAVO), have developed integrated community services for adults. These approaches are based on intervening early to ensure that people receive timely responses that are proportionate to their needs and risks, and that promote people's independence, voice, choice and control.

3.2 The traditional models of service have been through a process of transformation that have evolved into the current approaches, which are consistent with the aspirations of the Social Services and Wellbeing (Wales) Act 2014 and with the shift expected within Welsh Government's *A Healthier Wales, Our Plan for Health and Social Care*, and are based on the following:

- Wellbeing and Prevention: Information advice and assistance, including local area coordination and community connectivity;
- Early Intervention: reablement, progression and recovery approaches in the community;
- Managed Care and Support: strength based approaches to complex and long term care focussing on what matters to people, as well as anticipatory co-produced contingency planning with people and their families.

The focus of our integrated services is on keeping people independent, able and resilient, to enable them to continue to live independently within their communities.

3.3 We can evidence that our success until the pandemic, and that which sustained our services through the pandemic, is predicated on taking a whole system approach to delivering our services, wrapping services around individuals, particularly for those affected by frailty and disability. In doing so we have reduced duplication in our system, maximised the use of resources, improved our communication and collaboration across social and health and third sector services and delivered tangible improved outcomes for people using community services in the most challenging of times.

3.4 Within our integrated multi-professional Community Resource Team, we have a well-established Common Access Point for people seeking information advice and assistance, based on 'what matters' to people at that time. In addition, we have developed a suite of short-term intervention services which are based on enabling and re-abling approaches. These are therapy led and aim to maximise people's recovery and independence. Where it appears people need care and support to remain at home, our well-established short-term services develop plans of recovery and enablement with individuals; the outcome of these interventions can often be that people go on to not need any ongoing care and support services at home.

3.5 There are however some people who will need long term care and support, and for these people we have developed a multidisciplinary 'team around people' in our Community Cluster Network teams, comprising multi-professional health and social care, as well as primary care professionals to support timely and responsive assessments around individuals receiving care and support at home. This approach has facilitated anticipatory and contingency planning with people and their families, their care providers and the community and primary care teams, at home or in care home settings to mitigate the risk of personal or family crisis or carer breakdown.

Care and Support at Home/Domiciliary Care

3.6 Having safe, flexible, and effective domiciliary care services are an essential part of the Council's strategy to help and support individuals to maintain their independence. The demands and pressures on care and support at home services post-Covid, whilst not yet fully understood, are increasing considerably for a variety of reasons.

3.7 The below is an extract taken from Welsh Government's '*Rehabilitation: a framework for continuity and recovery 2020 to 2021*', which is intended to assist service planning for the anticipated increased demand for rehabilitation (and therefore social care) for people affected by Covid across four main areas:

- People who have had COVID-19: those recovering from acute COVID-19 symptoms, including people who experienced extended time in critical care and hospital, or those whose acute care was managed in the community and those with prolonged symptoms of COVID-19 (Long COVID) recovering in the community;
- People awaiting paused, urgent and routine interventions and who have further deterioration in their function;
- People who avoided accessing services during the pandemic who are now at greater risk of disability and ill-health;
- Socially isolated/shielded groups where the lockdown has led to decreased levels of activity and social connectivity, altered consumption of food, substance misuse, the loss of physical and mental wellbeing and thus increased health risk.

3.8 Alongside these demand pressures, the Covid pandemic highlighted the fundamental importance of care and support at home, and the role of professional care workers, in providing essential personal care and support to highly vulnerable people to keep them safe, well and connected. Put simply, this service is the foundation of the whole health and social care system and unless there is sufficient quality and capacity of provision, the whole system and our most vulnerable people are at risk.

3.9 Social Care Wales undertook a review of social care provision across Wales in 2021 with engagement of all 22 local authorities and nearly 2,000 commissioned services. Their report established Domiciliary Care vacancies made up more than 35 per cent of the total vacancies in social care; this was the highest number of vacancies in any service in social care in Wales despite it being the second largest service area.

3.10 We are currently facing unprecedented challenges in health and social care services, in particular care and support at home services primarily as a result of:

- a. Increasing Demands** – brought about by an ageing population (2nd largest projected population growth in Wales), increasing dementia rates, and the adverse longer-term effects of Covid. Headline figures are below:

Demographic changes in Bridgend (taken from ONS statistics)

- By 2028, people aged 65+ will have increased by 11% (3,491), compared to 2022. By 2035, this figure will have increased by 25% (7,767).
- By 2028, people aged 75+ will have increased by nearly 15%, compared to 2022. By 2035 an overall increase of 27% (3,944) is anticipated.

- By 2028, people aged 85+ will increase by 17%, compared to 2022, and is likely to have increased by 53% by 2035.

Increasing dementia rates

- In 2001, 1,461 had diagnosis of dementia in BCBC. In 2011 this increased to 1,704, predicted to rise to around 3,274 by 2035 – more than double when compared with 2001.
- Between 2022 and 2035, dementia rates are projected to increase by 45%.

b. Insufficient Capacity – where there is a limited workforce in place and significant difficulties in recruiting and retaining sufficient levels of qualified care staff. This has been further exacerbated within internal services by high levels of staff absences and vacancies in care worker roles; this equates to in excess of 1,966 hours per week of missing capacity within internal services in recent months.

3.11 The impact of these pressures is that we continue to have 97 individuals on waiting lists for both short-term and long-term care at home services, which is in turn putting significant strain on hospital settings where individuals are medically fit for discharge, but there is not sufficient care worker capacity to support them in their own home.

4. Current situation/proposal

4.1 As can be seen from the table below, the total assessed weekly hours provided across all homecare services (short term and long term) has reduced over the past 2 years from pre-pandemic levels, due in the main to the capacity issues outlined above:

Period	Internal Homecare	Commissioned	TOTAL HOURS
End March 2020	2,676 (22%)	9,670 (78%)	12,346
End March 2021	2,456 (20%)	9,976 (80%)	12,432
End March 2022	2,475 (22%)	8,776 (78%)	11,251
End December 2022	2,231 (21%)	8,562 (79%)	10,793

4.2 The total long term homecare hours currently provided by our in-house service are circa 1,500hrs/week, this is less than pre-pandemic levels, and the capacity deficit is exacerbated within internal services due to high numbers of vacancies and higher than usual sickness levels. Unfortunately this deficit in capacity is reflected in the large numbers of individuals on BCBC and Independent Domiciliary Care providers (IDC) waiting lists.

4.3 In April 2022, following a recommissioning exercise of independent domiciliary care, the number of providers on our framework increased from 15 to 18. As part of this exercise, the average hourly rate paid to IDC providers increased by almost 25%, from approx. £20/hour up to £25/hour in 2022/23, which included an increase to allow for providers to pay care workers the Real Living Wage (RLW) (£9.90/hour in 2022/23), in accordance with the Real Living Wage pledge by Welsh Government.

4.4 In spite of the above, the ability of our independent care providers to pick up packages of care to enable flow from the hospital and through internal short-term services has been severely impacted throughout the pandemic, fundamentally because of a lack of care worker capacity to meet demand with the main reasons for this being:

- **Rates of pay** – although the RLW pledge and increased funding from BCBC following the recommissioning exercise has been welcomed, the additional costs in terms of the registration requirements, maintaining their own vehicles, and there often being unpaid ‘down-time’ between calls, makes care workers still feel that their role is significantly under-valued when compared to other sectors (such as retail/hospitality), where rates of pay are at least comparable, with none of the additional costs or regulatory requirements.
- **Regulatory requirements** – the Regulation and Inspection of Social Care (Wales) Act 2016, has specific requirements for care workers around registration and on-going Continuing Professional Development (CPD) requirements (specific training plus 45 hours of additional learning over three years), which although welcome in terms of enhancing the status for care workers, appears to have the unintended consequence of being a barrier to some, due to the extra cost and work required in addition to providing care.
- **Disclosure and Barring Service (DBS) delays** – a DBS check is a regulatory requirement and new staff cannot commence care work until this is completed, and providers are advising that there can be delays of up to six weeks to complete a DBS, where recruited staff are offered and are accepting other work in other sectors during this time.

BCBC support to address these challenges

4.5 In July 2022, Cabinet and Corporate Management Board (CCMB) received a report that set out a number of urgent options being considered to support internal services and the IDCs with recruitment and retention, and also support with the increasing costs being incurred by care staff, where a number of recommendations were approved by CCMB, summarised below:

- Paying IDC providers an extra £1/hour from August 2022 to March 2023, which will allow them to pay extra travel expenses and support recruitment & retention.
- IDC care workers sign-posted towards the Blue Light Card discount scheme.
- Supporting the IDC providers to identify the best methods of supporting their recruitment and retention processes, in a bespoke way if needed.
- Progressing the options to make in-house services more attractive to help with recruitment & retention. i.e.
 - Review of job descriptions and working pattern options.
 - Consideration of a market supplement.
 - Promotion of staff benefits/discount schemes.

- BCBC agreed to increase the mileage rate paid to BCBC staff to £0.50/mile, and approval is now being sought to continue this arrangement by adopting the Joint Protocol for mileage rates in Local Authorities in Wales, which is still under review currently.

A joint recruitment exercise alongside CTM Health Board has been developed for recruitment to health posts as the University Health board do not face the same recruitment challenges as the council, with secondment requirements back to BCBC's internal homecare services. We are utilising money from current vacancies to support this initiative. Initially funding for these posts was agreed up to 31st March 2023, however we are now looking to recruit permanently utilising the budget from the vacant posts.

- To improve vacancy management and carer recruitment we have:
 - Held a corporate recruitment drive.
 - Engaged and promoted job opportunities via social media campaigns.
 - Exhibited and participated with jobs fairs.
 - Promotional opportunities including the '12 jobs of Christmas'.
 - Linked with the national recruitment drive by Social Care Wales.
 - Engaged with colleges to target and encourage school leavers to consider careers in care services.
 - Facilitated community-based recruitment events.

At the of end of November 2022 Support at Home services reported 1,552 vacancy hours per week. In December 2022 and January 2023, the service appointed 6 x 25 hour contracts which are still pending clearance to commence work; as of 6th February 2023, it is anticipated that this will reduce the total vacancy hrs to 1,402 hours per week.

Revising our Hospital Social Work Model

- 4.6 On 18th July 2022, the Hospital Social Work team (HSWT) implemented a new operating model alongside the launch of a new discharge hub within Princess of Wales Hospital. The new discharge hub sees numerous practitioners co-located within a 'hub' with a shared goal towards delivering timely and safe discharges. The hub consists of Social Work Practitioners, Discharge Liaison Nurses, Care and Repair team and the Better at Home team leaders. Feedback relating to the hub has been positive, with reports of swift communication, a reduction in email contacts between practitioners and further improved working relationships.
- In response to increasing frequency of Business Continuity incidences within the local Acute Hospital site, Adult Services has written an Escalation Plan (**Appendix 1**) that will be activated by senior management within the Directorate. The Escalation Plan seeks to have an internal, consistent, and focussed response to assist the Health Board in gaining additional bed capacity in order to manage the on-site risk within the hospital.
 - There has been consultation to help inform the specific structure and working pattern(s) for care workers moving forward, which will have the objective of

making the role in internal services as attractive as possible in order to recruit and retain a sufficient, quality workforce. A pilot rota pattern and structure will be implemented in a defined geographical area from mid-February with ongoing engagement and profiling work to inform future operational elements of the service

- Following receipt of Welsh Government letter on 30th December 2022 in relation to discharging from acute hospitals we have jointly enacted a focused discharge piece of work with the Hospital to determine how we jointly manage individuals and risks associated earlier discharge.
- We are currently undertaking a focused piece of work to review the waiting lists in our short term services, specifically for BridgeStart, Bridgeway and Reablement, to ensure people who have current referrals still require the services and the information on the referral reflects the person's needs.
- Interim placements and direct payments are routinely explored with people and families. To support this the Council in partnership with the University Health Board, has jointly commissioned six 'discharge to recover and assess' beds in Brocastle Care Home, which it is envisaged will mitigate some of the risk to people remaining in hospital waiting for care at home.
- In addition, within the care home sector, Abergarw Manor care home in Brynmenyn has a phased reopening from this month. It is anticipated that 15 beds will be available by the end of March, increasing to a full capacity of 20 beds soon after. These beds will be focused on people with specialist nursing needs, addressing a particular constraint in the region.
- The directorate continues to explore all options to meet assessed needs including reviewing the skill mix of staff in the integrated services.

Waiting list information

4.7 On 23rd January 2023 a review commenced of the Bridgestart service waiting list, focused on referrals from May – December 2022. The service will be reviewing all waiting lists in other areas, once this review is completed. To date, we have completed 72 of the 125 reviews of people waiting; of these 65 packages of care were no longer required due to:

- 25 x packages of care have now commenced
- 7 x people went into long term residential care
- 5 x people have sadly died
- 10 x people were admitted to hospital – and reassessments will be required prior to discharge
- 2 x properties were adapted and enabled people to live independently and no longer require a service
- 16 x people contacted are now managing independently or with sustainable family support and no longer require commissioned services.

Overall, this equated to a reduction in waiting list for care of 52% from May to December 2022.

However, subsequently the service has received more referrals and the current situation is 97 individuals are on the internal service waiting list, of which 13 are in hospital and 84 are currently in the community with no package of care in place. There are 22 people in short term services needing 211 hours of independent domiciliary care, this in turn is impacting on the flow out of short term assessment services.

Capacity deficit in internal homecare services

- 4.8 On 3rd February 2023, Internal homecare services had 22 employees absent due to sickness, of which 18 are classed as long-term. This equates to a total of approximately 564 hours per week of missing capacity due to staff absence.
- 4.9 Even though still challenging, this is an improved position because this is a significant reduction when compared to absence levels at the end of April 2022, which totalled approximately 900 hrs per week.
- 4.10 There are also frontline staff vacancy levels of 1,402 hours per week, meaning a total in excess of 1,966 hours of missing capacity within internal services, which means some care workers are working in excess of their usual contract hours. Agency is in use to cover approximately 640 hours per week of direct support.

Social Work Service

- 4.11 The market for professionally qualified registered social workers is extremely competitive in South Wales. As at 18th January 2023 there were 99.15 full time equivalent social work staff working in adult social care services; this figure includes Team Managers and senior practitioners. In the same week there were 22 social work vacancies, which were partly mitigated by the employment of eight agency social workers and one agency social work assistant, and recruitment remains ongoing for more agency social workers. This is a significant deficit in the overall social work and assessment capacity for the Directorate. Sickness levels during the same week were however relatively low, with four social workers absence for reasons of sickness; however in 2021/22 there was average 23.94 days lost due to sickness, per full time equivalent social work staff.
- 4.12 A challenge for Adult Social Care services is the continued loss of experienced social work staff, for example from quarter two to quarter three of 2022/23, 17 members of staff left the Council and 16 were appointed. However when you look at the skill mix of the staff leaving and the staff starting in the service it breaks down as follows:
- Leaving: 2 x team manager/ senior practitioner (supervising practitioners), 11 x registered social workers and 4 x social work assistants
 - Starting: 2 x team manager/ senior practitioner (supervising practitioners), 4 x registered social workers and 10 x social work assistants

This is a significant challenge because there are limitations on the level of assessment and risk that can be managed by social work assistants, who are qualified to carry out relatively low risk straight forward tasks, under the supervision of professional social work staff. So, the remaining social workers are having to carry out the assessments where there are gaps in professional staff, as well as have oversight of the social work assistant work and this in turn places a significant additional pressure on the remaining registered qualified staff.

- 4.13 These vacancies are having an impact on social work capacity. On 18th January 2023, there were 170 unallocated Social Work Cases. When comparing April to November 2021/22 to 2022/23 we have experienced a 4.3% increase in requests for assessments and interventions. As a result of the reduction in capacity and the increase in complexity we are supporting in the community, our performance in respect of carrying out assessments, and reviews of plans of care and support or placement in residential settings, has decreased by 3.27% and 3.14% respectively.
- 4.14 We have been actively trying to recruit professional registered social work staff, through advertising and social media marketing. The Directorate is currently actively seeking to appoint a Marketing and Communications Officer to improve and enhance our ability to attract high calibre candidates to Bridgend.
- 4.15 In addition we have been exploring opportunities with Universities and their students, with fast track approaches to employing imminently qualifying staff on unqualified or casual appointments until they have completed their studies with a view to offering permanent appointments. The Directorate has also taken on four social work trainees to increase capacity, but until they have completed their studies there are limitations on the tasks that they are able to undertake autonomously. Furthermore, four staff have been seconded to undertake their social work degrees, which will increase our social work capacity throughout their training; there is an expectation that they will work for the directorate for a minimum of two years post qualifying.
- 4.16 As part of an action plan to mitigate deficits in social work capacity, Group Managers are proactively monitoring capacity in teams on a weekly basis, and where necessary moving staff to mitigate risk. Social work caseloads are proactively being reviewed in order to free social work capacity where possible by transferring long term managed care and support into the Transformation and Review Team, to free capacity for assessments. Where cases are deemed to be escalating and have high priority for intervention, a multi-professional approach is being implemented utilising the 'Team around the Joneses' in our integrated services. In addition, there is direct oversight of sickness procedures to ensure absence is managed effectively. Furthermore a central contact has been created to coordinate and manage the recruitment of agency staff.
- 4.17 The current situation is being managed under a Gold and Silver command structure, with the Corporate Director Social Services and Wellbeing chairing the Silver command meetings and monitoring the short and long term action plans.
- 4.18 The pressure in the whole of the Health and Social care system is the subject of national, regional and local media. Whilst this is not a new position in Bridgend it is now recognised that a significant number of areas of Wales are in a similar position.

4.19 There are discussions nationally, regionally and locally on how we can plan a way out of the current situation and what needs to happen in the whole system approach from primary care, community capacity, admission avoidances, internal within acute sites and then discharges. Our joint integrated services give us the foundation to meet our responsibilities and we need to work together to ensure that our community staff and skills are in the right place to deliver the right services for our population.

5. Effect upon policy framework and procedure rules

5.1 There is no direct effect upon the policy framework and procedure rules. The Authority's response will be guided by advice and guidance from Welsh Government and within the remit of the all-UK Ethical Framework for Social Care in the context of COVID-19.

6. Equality Act 2010 implications

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The delivery of domiciliary care / care at home services supports the five ways of working under the Well-being of Future Generations (Wales) Act 2015, as follows:

Long Term – our service models will be a more person-centred and outcome-focused way of working, more in keeping with the requirements of the Social Services and Wellbeing (Wales) Act 2014, and more appropriate for the longer-term.

Prevention – domiciliary care / care at home services are essential preventative services to mitigate the need for more costly residential care placement, where individuals are supported to maintain independence and live in their own homes for as long as is possible and appropriate to do so.

Integration – the service providers will need to work with a wide range of stakeholder groups and organisations (such as Health) to ensure the best possible outcomes for individuals in receipt of these services.

Collaboration – the service model is predicated on close collaboration between the service provider, social work teams, wider stakeholders and communities, and the individuals themselves.

Involvement – Key stakeholders and providers have been involved to help shape and inform our domiciliary care / care at home services

8. Financial implications

- 8.1 The Quarter 3 2022/23 budget monitoring report projected an over spend position of £4.422 million for Adult Social Care Services. Specifically for the issues raised in this report, for older adults and disabled people, the projections reflected an over spend of £1.010 million.

	Net Budget £'000	Projected Outturn £,000	Projected Variance £'000
Older People	23,371	24,030	659
Physical Disability/Sensory Impairment Budget	5,093	5,444	351
TOTAL	28,464	29,474	1,010

- 8.2 The projected over spend in services to Older People of £659,000 relates mainly to overspends in Residential Care of £132,000, Home Care of £216,000 and Assessment and Care Management of £333,000. The Residential Care over spend of £132,000 is primarily due to an increase in the additional number of care packages. The £216,000 projected over spend in Home Care is primarily due to increases in Independent Domiciliary Care/Short breaks placements – an additional 60 packages of care since quarter 2. With significant numbers of individuals awaiting packages of care, if hours become available, this projected over spend is expected to increase by year end. The Assessment and Care Management over spend of £333,000 is largely due to the increased costs of having to rely on agency staffing. Various recruitment activities and initiatives have been actioned in order to fill vacant posts, but appointments have been affected by the acute lack of availability of staff and increasing demands across the Care sector.
- 8.3 The projected over spend within the budget for people with Physical Disabilities/Sensory Impairment is mainly due to continuing demand on the equipment and adaptations budget due to the need to support individuals in line with Welsh Government's rehabilitation and recovery model. However, this is helping to support individuals at home and preventing them from escalating care needs which would increase the pressure on hospitals and other areas of pressure within Social Services and Wellbeing.
- 8.4 In 2021/22, Social Services & Wellbeing received one-off grant funding such as the Social Care Pressures Grant (£2.221m), and the Social Care Recovery Fund (£2.916m) which provided significant in year financial support for the service. No equivalent funding has been received in 2022/23 to date.

9. Recommendation

- 9.1 It is recommended that the Committee note and consider the contents of this report; and provide feedback on the options being explored, and propose any alternative options not currently listed that might be beneficial to the situation.

Claire Marchant
Corporate Director Social Services and Wellbeing
February 2023

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Background documents:

None

Appendix One

Escalation Plan – Hospital Discharge

The purpose of this Escalation Plan is to provide an operational approach to assisting the Health Board at times of acute bed shortages with the effective management of capacity and escalation within the secondary health arena.

The Council will work with its partners to safely meet the discharge planning needs of the patients who are medically optimised and no longer require acute clinical input.

At times of high demand for acute beds, patient safety and experience as well as lawful practice will be a focus each time this plan is activated. The plan will be activated by Senior management within Adult Services following communication from the Health Board regarding its risk status in managing emergency pressures.

There are four levels of escalation:

LEVEL 1 - GREEN STEADY STATE

LEVEL 2 - YELLOW MODERATE PRESSURE – ACTIONS REQUIRED

Requires focussed actions to allow de-escalation to level 1

LEVEL 3 - AMBER SEVERE PRESSURE – ADDITIONAL ACTIONS WITH EXECUTIVE LEVEL ACTIONS

Requires high level actions to allow de-escalation to levels 2/1

Level 4 - RED VERY HIGH RISK – EXECUTIVE LEAD RESPONSE

This level of escalation will require a series of interventions well over and above normal service provision

In addition, there is a further BLACK level/Business Continuity Stage which reflects a persistent state of full bed capacity and a sustained period of high risk or a RED level for which all attempts to de-escalate have failed.

The objective of this plan is to have a set of clear actions that can be implemented to ensure a consistent and timely response to this level risk within the Health Board.

The plan is designed to enhance partnership working through reassurance of engagement and cooperation. The plan will also support effective patient flow and therefore patient safety throughout the acute hospital system as we work in partnership to release bed capacity.

ESSENTIAL ACTIONS IN LOCAL AUTHORITY

Immediately following a declaration of a BLACK escalation status, the following actions are mandatory:

- **Gold/ Silver/ Bronze Strategic Command and Control will be initiated, and meetings planned.**
- A request for a single list of patients to have focussed discharge planning interventions to be requested from Discharge Liason and Head of Patient Flow. This will be used in Bed Matching meetings.
- Integrated Community Service Managers will set up daily Bed matching meetings to include Hospital Social Work managers, Integrated Cluster Network Management teams and Contract Monitoring colleagues. Accurate and up to date feedback will be requested against the Patient list.
- Commissioning Team will circulate an e mail to all providers advising of heightened pressures and requesting prioritised responses to hospital referrals and prioritise use of virtual assessment.
- Performance Management Team will provide daily updates of Residential/ Nursing vacancies.
- Brokerage and internal Provider services will provide an accurate record of available care capacity.
- Hospital Social Work managers and Integrated Cluster Network Management will attend daily virtual bed meetings with Discharge Liason and Head of Patient Flow.

- Head of Service will inform the Corporate Director, Chief Executive, Leader and Deputy Leader
- Head of Service will request all non-essential meetings are stood down.
- All non-essential management activity to be cancelled

All the above actions continue until the situation is considered to be resolved.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

16 FEBRUARY 2023

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES & WELLBEING

THE DEVELOPMENT OF LEARNING DISABILITY SERVICES

1. Purpose of report

- 1.1 The purpose of this report is to describe the learning disability services that operate in the county borough and to report on developments in the way learning disability services are provided and the key factors that affect this.

2. Connection to corporate well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

- **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy, and independent lives.
- **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human, and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 In the county borough there are a range of services for people with a learning disability and their families or carers which have been developing since the closure of long stay hospitals, such as Hensol and Ely Hospitals, in the 1980's and 1990's. Hospital services were replaced with services in the community which have been changing and developing ever since. These developments have happened within the framework of Welsh Government policy and guidance, the most recent of which is the 'Learning Disability Improving Lives Programme' launched in 2018 and makes recommendations for service developments in five cross cutting themes which are:

- Early years
- Housing
- Social Care
- Health and Wellbeing
- Education employment and skills

- 3.2 A learning disability is defined as a reduced intellectual ability and difficulty with everyday activities such as managing money, household tasks, communication, employment and socialising. A learning disability will affect a person for their whole life and is usually caused when the development of a person's brain is adversely affected before, during or after birth. A person may have a mild, moderate, or severe learning disability and may have associated physical health problems, difficulties with mobility and co-occurring conditions such as autism or epilepsy. There are currently 460 people with a learning disability known to the Bridgend Community Learning Disability Team.
- 3.3 In the county borough there is a comprehensive range of services for people with a learning disability and their families or carers including:
- A Community Learning Disability Team which consists of qualified and unqualified social workers.
 - Day opportunity services based at Bridgend Resource Centre and four community hubs.
 - Short break and emergency services including an adult placement scheme.
 - Domiciliary services.
 - Supported accommodation and residential care.
 - Direct payments.
- 3.4 The Community Learning Disability Team carry out assessments of individual situations and then write care and support plans which set out what services are going to be used to provide help and support to the individual and their family. This work is done by putting the individual at the centre of the process and building on their strengths and aspirations and to support the individual to live as independently as possible. This work is often done in partnership with health colleagues such as nurses, psychologists, and therapists. Case studies are included in **Appendix One**.
- 3.5 A key driver in the development and provision of learning disability services is the participation and involvement of people with a learning disability and their families in decision making at all levels including the assessment and care and support planning process, service planning and developments. To support this the community learning disability team practice in a person centred and strength-based way as do staff in services when they are designing and implementing support plans. In order to involve people in service development and planning, the service has worked in close partnership with 'People First Bridgend' who support people with a learning disability, to take part in planning activities and to express their views. People First also provide an advocacy service and have assisted in producing a number of easy read documents. The service has also worked in close partnership with the 'Parents Forum' which has provided help and support to family members to participate in planning activities and groups.
- 3.6 The assessment and care and support planning process, as well as the way in which services are designed and delivered, has changed considerably since the closure of long stay hospitals. The assessment process has become much more 'person centred' i.e., listening to and working with people to put in place support services. Service design has moved away from institutional models of care to locally

based support and enabling services. Also, the support needs of people with severe learning disabilities have become much better understood and specialist services have developed that enable people to continue living with their families or in their own home in the community.

- 3.7 In learning disability services there is a well-balanced mixed economy of service delivery. Services are commissioned through the care and support plan and could be provided 'in house' by the council (e.g. day opportunity services (this is an integrated service for both people with a learning disability, older people and people with dementia) short break and emergency services, and supported living services) or externally by a provider in the independent sector (e.g. domiciliary services, supported living and work and training related projects). The adult placement scheme is provided through a partnership with the Vale of Glamorgan Council.
- 3.8 There has also been a strong focus on value for money and efficient use of resources in learning disability services which has focused on the way services are commissioned and structured. Between 2012/13 and 2022/23, as part of the Medium Term Financial Strategy, £2.83 million has been achieved in savings within learning disability services.
- 3.9 The changes and developments in these services have been managed and coordinated as part of the remodeling adult social care program in the learning disability service development plan, the Medium Term Financial Strategy, and the views, wishes and choices of people with a learning disability and their families. The global covid 19 pandemic has slowed the momentum of some of this work and in 2021-2022 the service development plan was relaunched to take developments to the next level.
- 3.10 The changes and developments in learning disability services has been guided by national policy and guidance issued by the Welsh Government, the first guidance was issued in 1983. In 2018 the 'Improving Lives Programme', as mentioned above, was launched and most recently guidance was issued in May 2022 called 'Learning Disability Strategic Action Plan 2022 to 2026. Our plan for developing and implementing learning disability policy from 2022 to 2026'. The key elements of this action plan are as follows:
- To promote wellbeing during and as we come out of covid
 - Improve services to people with very special support needs by reducing 'restrictive practices'
 - People supported closer to home not in services miles away
 - People with very special needs should be resettled from hospitals, residential or nursing homes
 - To make sure the plans meet the needs of Black, Asian and minority ethnic communities
 - To establish a learning disability 'Observatory' store of information to inform decision making
 - To learn from the sad deaths of people in hospital
 - To further develop Positive Behavioural Support more staff training
 - More health checks and social prescribing to help wellbeing
 - Have a better response to loneliness and isolation

- Better access to social services e.g., short break and day services.

The action plan also identifies key objectives of improving access to accommodation, employment, training, and transport. This action plan has provided a framework for the development of a local plan which is described in section 4.

4. Current situation/proposal

- 4.1 In response to the Welsh Government 'Learning Disability Strategic Action Plan 2022 to 2026' and to put in place a new local service delivery plan a group of managers from all service areas, people with a learning disability supported by People First and a family member came together to start work on priorities for a plan. The underpinning principle for this work was that it must be co-produced by working in partnership with people who use services and support and enabling the continuance of the plan to reflect their priorities. To help this the group organised a training course in co-production and held a number of workshops to work on the plan. This process also provided a very helpful focussed activity bringing people together to help with recovery from the pandemic.

After three workshops and a number of smaller discussions the group co-produced four priority areas for the plan and four groups have been established to work on them. Each group has produced a work plan with objectives and timescales. The four areas are:

1. To improve the access to and availability of transport
2. To further develop ways in which people can have more social contact
3. To support people to be able to use 'tech to talk'
4. To facilitate more joint working between partners.

A copy of the full plan can be found in **Appendix Two**.

There are two highlights that have come from this work already. One is that we are introducing an app called 'Insight' which is a social media application which enables people with a learning disability to talk to each other and make arrangements safely. The second is that an event is being arranged which will be to celebrate good practice in supporting people with a learning disability.

The development of the plan is being overseen by a management board and the group has decided to appoint a person with a learning disability to be the chairperson of the group.

- 4.2 In order to help identify and focus on other areas for development and improvement in learning disability services an external expert has been engaged to carry out a service review. The review will focus on two main areas:
1. To appraise social work practice in the formulation of care and support packages, the appropriateness of these arrangements in relation to assessed need and a 'value for money' exercise in relation to the cost effectiveness of these packages

2. To carry out a review of the current and future demand on day opportunity services and to make recommendations for future service configuration.

To do this the external expert is in the process of reviewing forty individual files, reviewing performance and financial data, assessing the circumstances around residential and supported living placements in the last five years and in relation to day services a demand and service delivery review including a number of interviews and focus groups with people who use services. They are also interviewing a range of managers from across the service. The outcome of this review will be reported in April 2023 and will help inform the next service delivery plan for day opportunity services and team plan for the Community Learning Disability Team.

- 4.3 Another factor that the review will consider, and which is crucial to the effective delivery of learning disability services, is the joint working relationship with health colleagues. The Community Learning Disability Team operates alongside a community health team which consist of specialist nurses, psychologists, speech and language therapists, physiotherapists, occupational therapists, and a Consultant Psychiatrist. A piece of work is has begun to update the joint operational policy between the two teams and clarify how the teams interact and agree priorities. There is also work, which began in 2022, to put in place a joint commissioning and funding agreement between the Council and Cwm Taf Morgannwg University Health Board for one of the specialist accommodation schemes. If this is successful, the agreement could be extended to more jointly funded projects and schemes.

The service will also be working with the reviewers to highlight the need for a joint strategic planning forum to be put in place as there is an urgency for a strategic plan for moving the people who are in hospital and out of area placements to a supported living arrangement in the county borough. This is in line with the requirements of the Welsh Government Strategic Action Plan.

- 4.4 The review will also be focusing part of their analysis on the process by which children and young people transition from Childrens to Adult services. Further to a pilot project in 2016/17 a new transition team was established in the directorate which works with young people between the ages of 14 and 25 with the objective of supporting a smooth transition process. It is timely for the operation of this team to be evaluated and recommendations made for its future operation and how it fits with the wider adult social care arrangements.
- 4.5 There is another significant factor that has affected learning disability services which was the implementation of the Deprivation of Liberty Safeguards (DOLs) which were introduced into legislation as part of the Mental Capacity Act 2005. DOLs is a procedure prescribed in law when it is necessary to deprive a tenant, resident, or patient of their liberty, who lacks capacity to consent to their care and treatment, in order to keep them safe from harm. An application to put a DOLs in place is made to the Court of Protection who has the power to agree the deprivation. Currently DOLS applies mostly to people who live in residential care or supported living and lack capacity and are restricted in their movements in or outside of their residence. There are 140 people known to the Community Learning Disability Team for whom DOLS applications have been made to the Court and in most cases agreed, some are disputed, and the Court has to find a resolution. This work has been very demanding on the teams' resources and time. This situation is going to become more demanding

with the introduction of Liberty Protection Safeguards which is planned for 2024 and will replace DOLs.

4.6 All of the factors described above have an impact on the learning disability service budget. This budget supports all the activities in learning disability services including the provision of in-house services and externally commissioned services. The net budget for 2022/2023 is £18.7 million which takes into account £6.1 million of income mostly from charges and health contributions. This budget is under significant pressure because of a number of major factors which are set out below:

- Increases in the hourly cost of providing supported living services because of pressure on wage rates, cost of living increases and increased organisational overhead costs.
- Increases in the number of support hours required in all service areas because of the increasing complexity of the support needs of many people, more night-time support required and the effects of an ageing population.
- In the 'post pandemic' period a number of people who live in supported living decided to reduce the amount of time they spend in day opportunity settings and spend more time at home and engaging in activities in the Community. This has meant more support hours are required in accommodation services. This change was a deliberate service intention and part of the first phase of the service development plan, but the effect of the pandemic was to accelerate this process and for the impact on support hours to be immediate and across the whole of the service at the same time.
- The impact of young people coming through transition from children's services and requiring specialist accommodation placements has been considerable. Many of these young people do not have a learning disability which easily fits the definition above. This group of people have had their development disabled because of the effects of multiple complex emotional, behavioural and mental health problems combined with difficulties and deficits in skill development and learning.
- There has also been a significant impact because of the increasing number of people with autism and other neurodiverse conditions. These conditions add to the complexity of support needs, the intensity and unpredictability of behaviours and the demand for additional staff training and support and the provision of specialist equipment and environmental design.

All of these factors have a major impact in their own right but when combined, which is often the case, the impact on service budgets is increasingly significant. At quarter 3, the projected over spend on learning disabilities budgets was £3.6 million.

4.7 There is also a regional perspective to developments in learning disability services and the Regional Partnership Board has established a regional learning disability group to prioritise and coordinate service developments. This work is being done across the themes of, home, health and community and three working groups have been established to take this forward. The main group has appointed a person with a learning disability as chair and meetings are held regularly with representatives from the local authorities, health boards, People First, voluntary sector organisations and a parent representative.

5. Effect upon policy framework and procedure rules

5.1 There is no effect on policy framework and procedure rules from this report.

6. Equality Act 2010 implications

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore, it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver well-being outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report.

- **Long term.** The plans for and operation of learning disability services is designed to be robust and sustainable with long term goals and objectives and service developments which enable the services to adapt and change according to changes in demand for services.
- **Prevention.** As described above the services have a strong emphasis on prevention and providing people with information and support. Some of the information is available in an easy read format.
- **Integration.** Learning disability services are founded on an ethos of partnership and joint working between with health, the voluntary and independent sectors, service user and carer organisations.

- **Collaboration.** All the services described in this report are provided on a collaborative basis with key partners e.g., people who use the services, families and health partners.
- **Involvement.** One of the basic principles of the operation of learning disability services is the involvement of the people who use services and their families in the design and delivery of the services they receive.

8. Financial implications

- 8.1 The net learning disabilities budget for 2022/2023 is £18.7 million and the budget is projected to overspend by £3.6 million in 2022/2023 for the reasons described above.

9. Recommendation

- 9.1 It is recommended that the Committee consider the report and make any comments on the future direction of learning disability services across the county borough of Bridgend.

Claire Marchant
Corporate Director Social Services and Wellbeing
February 2023

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Background documents:

None

THE DEVELOPMENT OF LEARNING DISABILITY SERVICES.

Appendix One

Case Study One

A is a young man with severe learning disability, epilepsy and autism. He is without speech and is known to present with significant behavioural challenge.

A resided in an out of county specialist residential placement from the ages of x yrs to the age of almost xyrs due to difficulties managing his behaviour.

His placement was located in a rural area with acres of wooded grounds, requiring transport to access community resources.

Family contact, although regular every fortnight, was restricted by the 2 hour journey.

In April 201x, he moved back to locality and now resides in a smaller, supported living setting which is centrally located and only a 5-10 mins drive away from the family home.

This has enabled daily access to a much wider range of local community resources and activities.

A is also able to visit the family home very regularly and more frequently, often staying overnight.

Mum is also able to just drop by or call in on her way home from work, which she often does. Mum has also been more able to participate in A's daily care and support in practical terms since his move closer to home

Additionally, A is able to have more frequent contact with extended family members like his aunt, uncle and cousins as this no longer involves extensive travelling time. This has enabled A to participate in ordinary family events and celebrations like birthdays, Christmas etc. or simply just to go out with them for his evening meal.

Case Study Two

B was living at home with his family; he has ASD and a learning disability. B's family were finding it increasingly difficult to care for B who has very ritualised and routine behaviour. B had a direct payment to enable him to access the community and give his family respite. B also has a friend, C with a direct payment and they would engage in community activities together.

The care manager coordinated discussions between a local landlord who had a house for rent close to B's home and it was agreed that B and C would have a shared tenancy in the house. It was also agreed that support would be provided to B and C by the existing P.A's by combining and increasing the two direct payments.

A support plan was agreed and B and C have been living independently in the community close to their families for 5 years. They both access a range of community groups and activities and have their own home. They are also able to maintain close contact with their families who are very happy with the arrangements.

Case Study 3

Who was the beneficiary in this particular example?	K
What was the specific issue/problem you were trying to solve in this case?	<p>K is a former LAC to H Social Services and has resided in the Bridgend area for approximately 7 years. It was identified that K had eligible care and support needs throughout adulthood and therefore, H claimed that K was OR in BCBC which our legal team accepted.</p> <p>K had no transitional planning whatsoever whilst open to H social services, K was 19 years old and due to leave school in two months at the time of the referral.</p> <p>Further, K wanted to remain in the care of her former Foster Carers who were due to be de-registered following a child being removed from their care as a result of safeguarding concerns. K does not have capacity to decide where she lives or to consent to her Care and Support Plan, K is a vulnerable adult and therefore, placing her with carers who were likely going to be de-registered was not deemed appropriate.</p> <p>My role in this case was to:</p> <ul style="list-style-type: none"> -Carry out a care and support/ transition assessment -Determine K's capacity to make decisions in respect of her care and accommodation -Familiarise myself with those who know K best and hold a best interests meeting in terms of her care and accommodation -Put a transition plan in place to consider accommodation, day time activities and finances.
How did they become part of this project/service?	K was referred to BCBC at the age of 19 by H Social Services. It was identified that K has eligible care and support needs and a transition plan required.
How did the project/service make a difference? What were the steps/activities that were undertaken?	<p>Throughout the assessment I met with K several times in different settings. I met with her at school and in the care of her Carers at placement. K is able to voice some of her views and wishes and these were considered as part of the assessment.</p> <p>K was adamant that she wanted to remain in the care of her former Foster Carers, this remained consistent throughout the assessment process.</p> <p>I carried out a Capacity Assessment and determined that K lacked capacity to make this decision. Dr has carried out his</p>

	<p>own assessment and has concluded the same. Therefore, I held a Best Interests Meeting which included all those involved in K's care, the meeting determined that it would be in K's best interests to remain in the care of former Foster Carers despite their possible de-registration and them not being registered with a scheme to care for vulnerable adults.</p> <p>As a result, a plan was devised to ensure K's safety and wellbeing whilst remaining in her placement and a referral made to the Adult Placement Service requesting that these carers be assessed as hosts. The safety plan included regular visits from social worker, being seen every day by Day Centre staff and K accessing a DP Package on the weekend.</p> <p>The APS assessment is underway and appears at present to be very positive. I have provided references for both carers based on my knowledge and experience of working with them over the past few months to support them to continue caring for K under the APS.</p> <p>K was unsure about what she wanted to do after school, she was not consistent in her responses. The Bridgend College ILS Department stated that they were unable to meet her behavioural needs, therefore, in order to make sure K was seen every day to support her placement with carers, K was enrolled in Day Service.</p>
<p>What outcomes/changes were achieved? What was the outcome for the service user? What difference did the interventions make?</p>	<p>K was able to remain in the care of her former Foster Carers despite their de-registration and not being registered with a scheme to care for vulnerable adults.</p> <p>K has accessed Day Services.</p> <p>K has been assessed by the health service in terms of her physiotherapy and nursing needs.</p>
<p>Quotes/Feedback Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them?</p>	<p>When I informed K at M House that she was able to remain with her carers with a safety plan in place she stated:</p> <p>'I am so happy and excited. They are my Mum and Dad.'</p>
<p>Next steps – how do you intend to develop this further?</p>	<p>K wants to explore College options therefore, I have had a behavioural assessment completed and am now awaiting a meeting with the ILS Department manager to discuss a plan moving forward.</p> <p>Carers are due to be presented at APS Panel and will hopefully be registered as hosts to continue caring for K.</p>

	DOLS will be applied for, capacity and best interests documentation already completed. COP3 received from Dr also.
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Case Study Four

P is a twenty-two-year-old male with a diagnosis of a Learning Disability, Epilepsy, Cerebral Palsy and Attention Deficit Hyperactivity Disorder (ADHD). Previously, P was prone to displaying physically and sexually challenging behaviours, using inappropriate and sexualised language and regularly presenting with unexplained bruising. P's Mother is physically disabled, has learning difficulties and is vulnerable to all forms of exploitation. P and his Mother were provided with a significant care and support package since P was of a young age, to stabilise P's placement at home and to manage the risks around his behaviours. However, P's challenging behaviours escalated in terms of severity, frequency and intensity resulting in him posing a risk to himself and others. This led to a Strategy Meeting with Safeguarding where the decision was made to accommodate P in his best interests.

P lacks capacity to make decisions regarding his care and accommodation provision and therefore, the decision to accommodate P was the result of a best interests discussion at a Strategy Meeting.

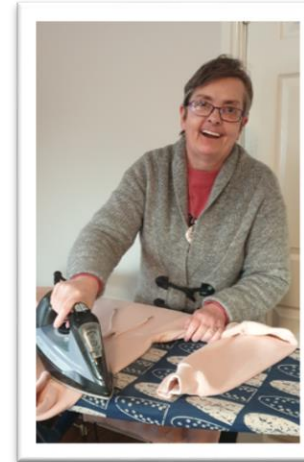
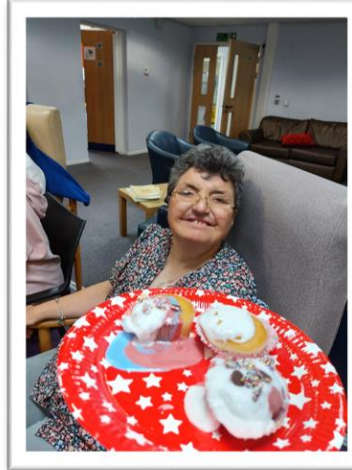
P moved in to emergency accommodation provision in BCBC for individuals with Learning Disabilities who find themselves in crisis.

P was supported by specially trained staff to settle into the emergency accommodation, he thrived on the routine, structure and consistency provided and his behaviours settled significantly. Staff got to know P very well and had an excellent understanding of his care and support needs. P was supported at staff throughout the Pandemic, staff were able to manage his behaviours in the most challenging of times such as lockdowns etc. P remained in emergency accommodation for quite some time, owing to the Pandemic and the MDT needing to identify the most appropriate long-term accommodation provision.

Accommodation was identified for P and he now resides in a specialist provision in Bridgend where highly trained staff are always available to meet his needs and manage his unpredictable behaviours that are associated with a change in his living arrangements. Staff at both services worked hard to co-ordinate a transition plan, share information and to settle P into his new placement successfully.

P has now settled into his long-term placement, is not displaying any challenging behaviour and has regular contact with his Mother. P and his Mother's relationship is now far more positive and P is thriving in his new provision.

Bridgend Learning Disability Services Development Plan 2023



Bridgend Learning Disability Services Development Plan 2023

Background

We have been looking at making a new plan. That is about what people want to do

Our plan will:

Plan events together

Share what we have

Share what we do well

To make a map of what we have

To show what we do well in a newsletter or online

To work with our health colleagues



Bridgend Learning Disability Services Development Plan 2023



Coproduction – this means planning together

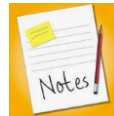
We held a coproduction training event in October 2021



We held 2 Workshops in 2022

We had people from our partner services

We had learning disability representatives



We took notes



We talked about what was important to us

Bridgend Learning Disability Services Development Plan 2023



What was important to us

Important to us was

Activities At Any Time

Tech 2 Talk

Transport

Joint Working



We set up 4 groups to do things to help



Bridgend Learning Disability Service Development Plan 2023

Group 1. Activities at any time

What was important to us?

Important to us was

Activities at any time

Create new events

Link with partners

Create evenings and weekend events



Bridgend Learning Disability Services Development Plan 2023



Group 2. Tech 2 Talk

What was important to us?

Important to us was

To have the right equipment

Support to use the equipment

Keeping in touch online

Keeping safe online

Training for all

Using Apps for learning disabilities



Bridgend Learning Disability Services Development Plan 2023



Group 3. Transport

What was important to us?

Important to us was

Wide range of practical transport

What are the problems

What is already used

Transport to support large shared activities

Bridgend Learning Disability Services Development Plan 2023



Group 4. Joint working

What was important to us?

Important to us was

Having shared events

Sharing what we have

Listing what is around

Sharing what we do well

Sharing information in a newsletter or online

Making sure that our health colleagues are involved



Bridgend Learning Disability Services Development Plan 2023

Where are we now?

Group 1. Activities at any time

Partnered with others to bring the Gig Buddies film to 400 people in the Porthcawl Pavilion



This event is free



Partnered to fund transport to the event



Before the film we will talk about what events do you want to have



Bridgend Learning Disability Services Development Plan 2023



Where are we now?

Group 2. Tech 2 Talk

We had a Teams meeting about the Insight App

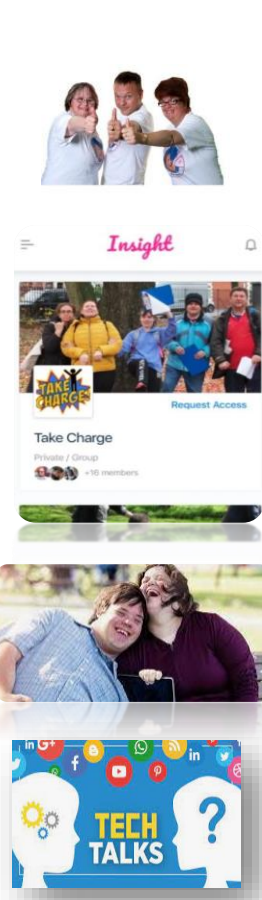
Insight was created by Innovate Trust

Insight is for people with learning disabilities

Our individuals can post events and arrange transport

Our individuals can make new friends, date and take part in online events a safe place

A Bridgend group has been created



Bridgend Learning Disability Services Development Plan 2023



Where are we now?

Group 3. Transport

We have talked to Bridgend Community Transport

We received some funding towards transport to Gig Buddies film

Use the App Insight to share travel plans

Bridgend Community Transport has a shortage of drivers so groups can name a driver for BCT to train

Bridgend Community Transport is looking into placing a community minibus within the community

First Cymru Buses – timetables are only online and show timing ‘points’ and not all stops



Insight



Bridgend Learning Disability Services Development Plan 2023



Where are we now?

Group 4. Joint Working



We will hold a 'Celebration of Good Practice' event and where we will share good practice via a drama performance



We will invite all of our partners including health



We will collect and share information on current activities

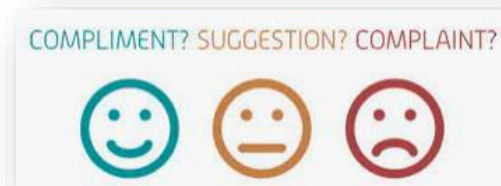
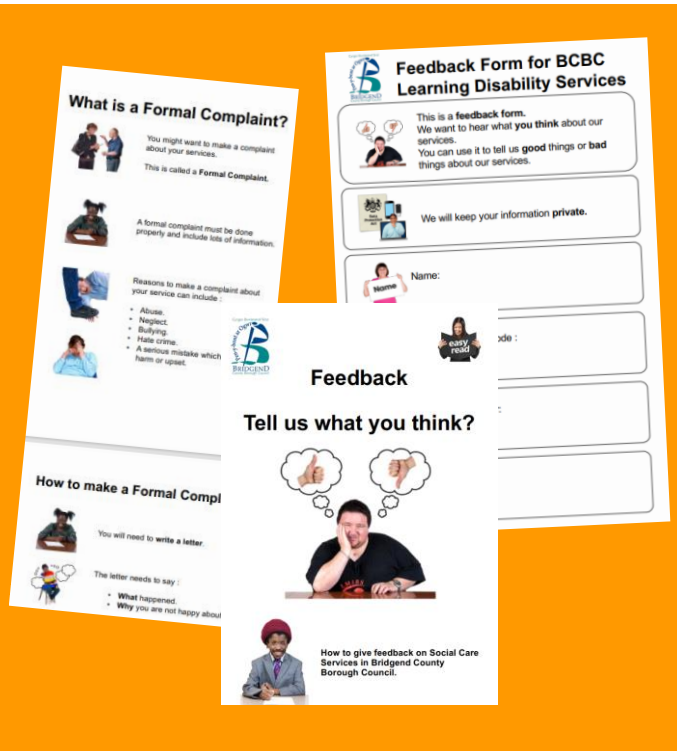
Bridgend Learning Disability Services Development Plan 2023

Compliments? Suggestions? Complaint?

We have easy read information on compliments, suggestions and complaints

Leaflets on how to make a complaint

Leaflets on how to give feedback



Bridgend Learning Disability Services Development Plan 2023

What services could be made better

Training and getting a job

Volunteering

Support and pay

Start a plan to take this forward



BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2

16 FEBRUARY 2023

REPORT OF THE CHIEF OFFICER - LEGAL & REGULATORY SERVICES, HR AND CORPORATE POLICY

FORWARD WORK PROGRAMME UPDATE

1. Purpose of report

1.1 The purpose of this report is to:

- a) Present the Committee with the Forward Work Programme (**Appendix A**) for consideration and approval;
- b) Request any specific information the Committee identifies to be included in the items for the next two meetings, including invitees they wish to attend;
- c) Request the Committee to identify whether there are presently any further items for consideration on the Forward Work Programme having regard to the selection criteria in paragraph 4.3;
- d) Present the Recommendations Monitoring Action Sheet (**Appendix B**) to track responses to the Committee's recommendations made at the previous meetings;
- e) Advise that the Committee's updated Forward Work Programme and Recommendations Monitoring Action Sheet will be reported to the next meeting of Corporate Overview and Scrutiny Committee (COSC).

2. Connection to corporate well-being objectives / other corporate priorities

2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

- **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focussed on raising the skills, qualifications and ambitions for all people in the county borough.
- **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
- **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently

as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 The Council's Constitution requires Overview and Scrutiny Committees to each propose items for the Forward Work Programme having regard to the Council's Corporate Priorities and Risk Management framework.
- 3.2 The Corporate Overview and Scrutiny Committee has the additional role of having oversight and coordination of the Forward Work Programmes for the Subject Overview and Scrutiny Committees to develop and implement an effective overall Forward Work Programme for Scrutiny.

Best Practice / Guidance

- 3.3 The Centre for Governance and Scrutiny's (CfGS) Good Scrutiny Guide recognises the importance of the Forward Work Programme. In order to 'lead and own the process', it states that Councillors should have ownership of their Committee's work programme, and be involved in developing, monitoring and evaluating it. The Good Scrutiny Guide also states that, in order to make an impact, the scrutiny workload should be coordinated and integrated into corporate processes, to ensure that it contributes to the delivery of corporate objectives, and that work can be undertaken in a timely and well-planned manner.
- 3.4 Forward Work Programmes need to be manageable to maximise the effective use of the limited time and resources of Scrutiny Committees. It is not possible to include every topic proposed. Successful scrutiny is about looking at the right topic in the right way and Members need to be selective, while also being able to demonstrate clear arguments for including or excluding topics.
- 3.5 The CfGS guide to effective work programming 'A Cunning Plan?' makes the following reference to the importance of good work programming:

'Effective work programming is the bedrock of an effective scrutiny function. Done well it can help lay the foundations for targeted, incisive and timely work on issues of local importance, where scrutiny can add value. Done badly, scrutiny can end up wasting time and resources on issues where the impact of any work done is likely to be minimal.'

Forward Work Programme

- 3.6 Following the approval of the schedule of Scrutiny Committee meeting dates at the Annual Meeting of Council on 18th May 2022, the scheduling of standing statutory reports to Scrutiny Committees upon: the Medium Term Financial Strategy, Performance, the Corporate Plan, Budget Monitoring, etc. were mapped to the appropriate timed COSC meeting dates into a draft Forward Work Programme.
- 3.7 The draft Forward Work Programme for each Scrutiny Committee has been prepared using a number of different sources, including:
 - Corporate Risk Assessment;

- Directorate Business Plans;
- Previous Scrutiny Committee Forward Work Programme report topics / Minutes;
- Committee / Member proposed topics;
- Policy Framework;
- Cabinet Work Programme;
- Discussions with Corporate Directors;
- Performance Team regarding the timing of performance information.

3.8 There are items where there is a statutory duty for Policy Framework documents to be considered by Scrutiny, e.g. the MTFS including draft budget proposals scheduled for consideration in January 2023, following which the COSC will coordinate the conclusions and recommendations from each of the Subject Overview and Scrutiny Committees in a report on the overall strategic overview of Cabinet’s draft Budget proposals to the meeting of Cabinet in February 2023.

3.9 An effective FWP identifies the issues that the Committee wishes to focus on during the year and provides a clear plan. However, at each meeting the Committee will have an opportunity to review this as the Forward Work Programme Update will be a standing item on the Agenda, detailing which items are scheduled for future meetings and be requested to clarify any information to be included in reports and the list of invitees. The FWP will remain flexible and will be reported to each COSC meeting with feedback from each SOSC FWP and any updated information gathered from FWP meetings with Scrutiny Chairs and Corporate Directors.

4. Current situation/proposal

4.1 The Committee approved its Forward Work Programme at its previous meeting.

4.2 The Committee’s Forward Work Programme will also be reported to the Corporate Overview and Scrutiny Committee, for coordination and oversight of the overall FWP.

Identification of Further Items

4.3 The Committee is reminded of the Criteria Form which Members can use to propose further items for the FWP which the Committee can then consider for prioritisation at a future meeting. The Criteria Form emphasises the need to consider issues such as impact, risk, performance, budget and community perception when identifying topics for investigation and to maximise the impact scrutiny can have on a topic and the outcomes for people. Criteria which can help the Committee come to a decision on whether to include a referred topic, are set out below:

Recommended Criteria for Selecting Scrutiny Topics:

PUBLIC INTEREST: The concerns of local people should influence the issues chosen for scrutiny;

ABILITY TO CHANGE: Priority should be given to issues that the Committee can realistically influence, and add value to;

PERFORMANCE: Priority should be given to the areas in which the Council is not performing well;

EXTENT: Priority should be given to issues that are relevant to all or large parts of the County Borough; or a large number of the Authority's service users or its population;

REPLICATION: Work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

Reasons to Reject Scrutiny Topics:

- The issue is already being addressed / being examined elsewhere and change is imminent.
- The topic would be better addressed elsewhere (and can be referred there).
- Scrutiny involvement would have limited / no impact upon outcomes.
- The topic may be sub-judice or prejudicial.
- The topic is too broad to make a review realistic and needs refining / scoping.
- New legislation or guidance relating to the topic is expected within the next year.
- The topic area is currently subject to inspection or has recently undergone substantial change / reconfiguration.

Corporate Parenting

- 4.4 Corporate Parenting is the term used to describe the responsibility of a Local Authority towards looked after children and young people. This is a legal responsibility given to local authorities by the Children Act 1989 and the Children Act 2004. The role of the Corporate Parent is to seek for children in public care the outcomes every good parent would want for their own children. The Council as a whole is the 'corporate parent', therefore all Members have a level of responsibility for the children and young people looked after by Bridgend.
- 4.5 In this role, it is suggested that Members consider how each item they consider affects children in care and care leavers, and in what way can the Committee assist in these areas.
- 4.6 Scrutiny Champions can greatly support the Committee in this by advising them of the ongoing work of the Corporate Parenting Cabinet Committee and particularly any decisions or changes which they should be aware of as Corporate Parents.
- 4.7 The Forward Work Programme for this Committee is attached as **Appendix A**.
- 4.8 The Recommendations Monitoring Action Sheet to track responses to the Committee's recommendations at the previous meeting is attached as **Appendix B**.
- 5. Effect upon policy framework and procedure rules**
- 5.1 The work of the Overview & Scrutiny Committees relates to the review and development of plans, policy or strategy that form part of the Council's Policy Framework and consideration of plans, policy or strategy relating to the power to promote or improve economic, social or environmental wellbeing in the County Borough of Bridgend.

6. Equality Act 2010 implications

- 6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

- 7.1 The Act provides the basis for driving a different kind of public service in Wales, with 5 ways of working to guide how public services should work to deliver for people. The following is a summary to show how the 5 ways of working to achieve the well-being goals have been used to formulate the recommendations within this report:

- Long-term - The approval of this report will assist in the planning of Scrutiny business in both the short-term and in the long-term on its policies, budget and service delivery.
- Prevention - The early preparation of the Forward Work Programme allows for the advance planning of Scrutiny business where Members are provided an opportunity to influence and improve decisions before they are made by Cabinet.
- Integration - The report supports all the wellbeing objectives.
- Collaboration - Consultation on the content of the Forward Work Programme has taken place with the Corporate Management Board, Heads of Service and Elected Members.
- Involvement - Advanced publication of the Forward Work Programme ensures that the public and stakeholders can view topics that will be discussed in Committee meetings and are provided with the opportunity to engage.

8. Financial implications

- 8.1 There are no financial implications directly associated with this report.

9. Recommendations

- 9.1 The Committee is recommended to:
- a) Consider and approve the Forward Work Programme attached as **Appendix A**;
 - b) Identify any specific information the Committee wishes to be included in the items for the next two meetings, including invitees they wish to attend;
 - c) Identify any further items for consideration on the Forward Work Programme having regard to the selection criteria in paragraph 4.3 of this report;

- d) Note the Recommendations Monitoring Action Sheet to track responses to the Committee's recommendations made at the previous meetings, attached as **Appendix B**;
- e) Note that the Forward Work Programme, Recommendations Monitoring Action Sheet and any updates from the Committee will be reported to the next meeting of COSC.

Kelly Watson

Chief Officer – Legal & Regulatory Services, HR and Corporate Policy

10 February 2023

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Background documents: None.

**Draft Outline Forward Work Programme
Subject Overview and Scrutiny Committee 2:**

APPENDIX A

<u>Date of Meeting:</u>	<u>Report Topics:</u>
Mon 11 July 9.30am	<ul style="list-style-type: none"> - Corporate Parenting Champion Nomination report; - Nomination to the Public Service Board Scrutiny Panel report; - Draft Outline Forward Work Programme.
Thurs 15 September 10am	Meeting postponed for national period of mourning
Thurs 3 November 10am	<ul style="list-style-type: none"> - Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social Care Services 23 - 27 May 2022 - Call In of Cabinet Decision: Porthcawl Waterfront Regeneration: Appropriation of Land at Griffin Park and Sandy Bay
Thurs 8 December 10am	<ul style="list-style-type: none"> - Annual Report – Safeguarding of Children and Adults - Summary of Adult Services Inspection Reports
Friday 20 January 1.30pm	<ul style="list-style-type: none"> - Draft Medium Term Financial Strategy 2023-24 to 2026-27 and Budget Proposals
Thurs 16 February 10am	<ul style="list-style-type: none"> - Adult Social Care Pressure Areas - The Development of Learning Disability Services
Mon 27 March 10am	<ul style="list-style-type: none"> - Child Practice Review and Progress with Action Plan - CIW – Inspection Outcome Letter
To be scheduled	<ul style="list-style-type: none"> - Early Intervention to Reduce Care Experienced Children and Key Pressures including Information, Advice and Assistance (IAA), Early Help and Edge of Care - Prevention and Wellbeing, Leisure (Halo) and Cultural Trusts (Awen) and Further Integration with BAVO. - Support for Young Carers and Adult Carers - Adult Mental Health - Transition - Post 18 Housing and Financial Support for Care Experienced Children (Post Basic Income Pilot)

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Subject Overview and Scrutiny Committee 2

RECOMMENDATIONS MONITORING ACTION SHEET

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
11 July 2022	Corporate Parenting Champion Nomination	Councillor Alan Wathan was nominated to represent Subject Overview and Scrutiny Committee 2 as an invitee to meetings of the Cabinet Committee Corporate Parenting.	Scrutiny / Chief Officer – Legal and Regulatory Services, HR and Corporate Policy	ACTIONED – Membership of Corporate Parenting Cabinet Committee updated and formally reported to Cabinet 19 July 2022.
11 July 2022	Nomination to the Public Service Board Scrutiny Panel	Councillor Paula Ford was nominated to sit on the Public Service Board Scrutiny Panel.	Scrutiny	ACTIONED – Membership of Public Service Board Scrutiny Panel updated and initial Briefing session arrangements underway.
11 July 2022	Forward Work Programme Update	The Chairperson proposed that a glossary of acronyms would assist Members.	Scrutiny	ACTIONED - response and information circulated to Members.

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
3 November 2022	Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social Care Services 23 - 27 May 2022	<p>The Committee proposed That the Chair of the Subject Overview and Scrutiny Committee 2 liaise with the Deputy Leader and Cabinet Member for Social Services and Early Help to identify:</p> <ul style="list-style-type: none"> a) What Members can do to support the Council's promotion of recruitment into Bridgend Social Services; and b) What support the Committee can provide to the Deputy Leader and Cabinet Member for Social Services and Early Help in her discussions with Welsh Local Government Association regarding employment terms and conditions and pay. 	Scrutiny / Chair of SOSC 2	Awaiting Response from Engagement between Deputy Leader and Chair of SOSC 2.
3 November 2022	Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social	The Committee requested a briefing note setting out the process of calls made to the Information, Advice and Assistance (IAA) Service to	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 8 February 2023.

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
	Care Services 23 - 27 May 2022	include detail as to how or if these are being recorded and the responsibility of schools when making safeguarding referrals.		
3 November 2022	Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social Care Services 23 - 27 May 2022	The Committee requested Detail of Social Worker current caseloads including the highest caseload attributed to any one Social Worker.	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 8 February 2023.
3 November 2022	Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social Care Services 23 - 27 May 2022	The Committee requested how many Direct Payments have been applied for in the past 12 months and how many were made	Scrutiny / Corporate Director -Social Services and Wellbeing	Recommendations circulated requesting response - to be provided.
3 November 2022	Care Inspectorate Wales (CIW) Performance Evaluation Report Of Childrens Social Care Services 23 - 27 May 2022	The Committee requested the current waiting list for children awaiting help from the Youth Emotional Mental Health Team.	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 8 February 2023.

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
3 November 2022	Call in of Cabinet Decision: Porthcawl Waterfront Regeneration: Appropriation of Land at Griffin Park and Sandy Bay	<p>The Committee concluded that the Decision would not be referred back to Cabinet but made the following Recommendation to Cabinet:</p> <p>a) That having regard to concerns expressed to Members by Porthcawl residents, views shared by public speakers and questions from Members, that Cabinet be requested that going forward for the next stages in the process that they involve Porthcawl Town Council, all stakeholders and the public in further consultation and engagement.</p>	Scrutiny/Chair of Committee	ACTIONED - Recommendation formally reported to Cabinet 17 January 2023 for consideration and response to be provided to SOSC 2.
8 December 2022	Update on the Care Inspectorate Wales Inspections of Bridgend County Borough Council's Regulated Services in Adult Social Care for 2022	The Committee requested that priority be given to rolling out Member Development Training in the New Year and work to pair up Members be expedited to allow Rota visits to children and adult residential provisions to recommence as soon as possible.	Scrutiny / Corporate Director of Social Services and Wellbeing / Head of Adult Social Care	Recommendations circulated requesting response - to be provided.
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee welcomed the up-to-date information presented in the Annual Report – Safeguarding of Children and	Scrutiny / Corporate Director of Social	Recommendations circulated requesting response - to be provided.

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
		Adults and indicated their preference that future presentations of this report similarly cover the period October to September rather than April to March (financial year)	Services and Wellbeing	
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested a list of Warm Hubs where Members can refer those in need.	Scrutiny / Corporate Director of Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 22 December 2022.
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested whether the weather stations positioned around the County could be used to deploy other services, particularly including services to assist the homeless.	Scrutiny / Chief Officer for Finance, Performance and Change	ACTIONED - response and information circulated to Members on 10 February 2023.
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested An update on the rollout of the Welsh Government funding to support Warm Hubs.	Scrutiny / Chief Officer for Finance, Performance and Change	ACTIONED - response and information circulated to Members on 10 February 2023.
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested, In relation to the Deprivation of Liberty Safeguards: a. How many standard referrals were received and how many were authorised;	Scrutiny / Corporate Director of Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 8 February 2023.

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
		b. How many urgent referrals were received and how many were authorised: c. How many referrals were withdrawn and the reasons why.		
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested a link to the website setting out the purpose of the Regional Safeguarding Board and its policies and procedures.	Scrutiny / Corporate Director of Social Services and Wellbeing	ACTIONED - response and information circulated to Members on 8 February 2023.
8 December 2022	Annual Report – Safeguarding of Children and Adults	The Committee requested confirmation that a reminder of how to report safeguarding concerns has been circulated to staff and Members.	Scrutiny / Corporate Director of Social Services and Wellbeing	Recommendations circulated requesting response - to be provided.
20 January 2023	Medium Term Financial Strategy 2023-24 to 2026-27	The Committee recognised the physical and emotional demand on social care workers and recommended that Cabinet review the wages for social care workers, in light of external pressures and consider how to ensure that these staff feel appropriately supported and valued.	Scrutiny / Chair of COSC	ACTIONED - Recommendation formally reported to Cabinet 7 February 2023 for consideration and response to be provided to COSC.
20 January 2023	Medium Term Financial Strategy 2023-24 to 2026-27	The Committee noted that the majority of the budget pressures were within the Social Services and Wellbeing Directorate and,	Scrutiny / Chair of COSC	ACTIONED - Recommendation formally reported to Cabinet 7 February 2023 for consideration

Date of Meeting	Agenda Item	Action	Responsibility	Outcome
		following detailed consideration and discussions with Officers and Cabinet Members, the Committee were content that they are sufficient and necessary.		and response to be provided to COSC.

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