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Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Bridgend County Borough Council



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

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Annwyl Cyngorydd,

CABINET

Cynhelir Cyfarfod Cabinet Cyfarfod hybrid yn Siambr y Cyngor - Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr, CF31 4WB ar **Dydd Mawrth, 11 Ebrill 2023 am 14:30.**

AGENDA

1. Ymddiheuriadau am absenoldeb
Derbyn ymddiheuriadau am absenoldeb gan Aelodau.
2. Datganiadau o fuddiant
Derbyn datganiadau o ddiddordeb personol a rhagfarnol (os o gwbl) gan Aelodau / Swyddogion yn unol â darpariaethau'r Cod Ymddygiad Aelodau a fabwysiadwyd gan y Cyngor o 1 Medi 2008.
3. Cymeradwyaeth Cofnodion 3 - 28
I dderbyn am gymeradwyaeth y Cofnodion cyfarfod y cyfarodydd dyddiedig 22/2/23 a 14/3/23
4. Polisi Gosod Ffioedd Cartref Gofal 29 - 42
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11. Cyllid Dyfodol Parc Rhanbarthol y Cymoedd

167 - 172

12. Materion Brys

I ystyried unrhyw eitemau o fusnes y, oherwydd amgylchiadau arbennig y cadeirydd o'r farn y dylid eu hystyried yn y cyfarfod fel mater o frys yn unol â pharagraff 2.4 (e) o'r Rheolau Trefn y Cabinet yn y Cyfansoddiad.

Nodyn: Bydd hwn yn gyfarfod Hybrid a bydd Aelodau a Swyddogion mynychu trwy Siambr y Cyngor, Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr / o bell Trwy Timau Microsoft. Bydd y cyfarfod cael ei recordio i'w drosglwyddo drwy wefan y Cyngor. Os oes gennych unrhyw gwestiwn am hyn, cysylltwch â cabinet_committee@bridgend.gov.uk neu ffoniwch 01656 643147 / 643148.

Yn ddiffuant

K Watson

Prif Swyddog, Gwasanaethau Cyfreithiol a Rheoleiddio, AD a Pholisi Corfforaethol

Dosbarthiad:

Cynghorwyr

JC Spanswick
N Farr
W R Goode

Cynghorwyr

J Gebbie
HJ David
HM Williams

Cynghorwyr

JPD Blundell

CABINET - DYDD MERCHER, 22 CHWEFROR 2023

COFNODION CYFARFOD Y CABINET A GYNHALIWYD YN SIAMBR CYNGOR,
SWYDDFEYDD DINESIG, STRYD YR ANGEL, PENYBONT AR OGWR DYDD MERCHER, 22
CHWEFROR 2023, AM 14:30

Presennol

Y Cyngorydd HJ David – Cadeirydd

JC Spanswick
HM Williams

N Farr
JPD Blundell

W R Goode

J Gebbie

Swyddogion:

| | |
|--------------------|---|
| Alex Rawlin | Rheolwr Polisi Corfforaethol a Materion Cyhoeddus |
| Carys Lord | Prif Swyddog - Cyllid, Perfformiad a Newid |
| Claire Marchant | Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles |
| Janine Nightingale | Cyfarwyddwr Corfforaethol - Cymunedau |
| Kelly Watson | Prif Swyddog – Gwasanaethau Cyfreithiol, Adnoddau Dynol a Rheoleiddio |
| Julie Ellams | Swyddog Gwasanaethau Democrataidd - Pwyllgorau |
| Mark Shephard | Prif Weithredwr |
| Mark Galvin | Uwch Swyddog Gwasanaethau Democrataidd - Pwyllgorau |
| Lindsay Harvey | Cyfarwyddwr Corfforaethol – Addysg a Chymorth i Deuluoedd |

139. DATGANIADAU O DDIDDORDEB

Datganodd y Cyngorydd JP Blundell fuddiant personol yn yr adroddiad Strategaeth Gyfalaf, gan fod ganddo fuddiant yn un o'r eitemau a grybwyllwyd ynddo.

140. CADARNHAU'R COFNODION

PENDERFYNWYD: Cymeradwyo cofnodion cyfarfod o'r Cabinet dyddiedig 17 Ionawr 2023 fel cofnod gwir a chywir.

141. CYNLLUN CORFFORAETHOL 2023-28

Cyflwynodd y Prif Weithredwr adroddiad, a'i ddiben oedd rhoi diweddariad ar Gynllun Corfforaethol y Cyngor a cheisio cymeradwyaeth y Cabinet ar gyfer Cynllun Corfforaethol 2023-28, sydd ynghlwm yn Atodiad 1 i'r adroddiad, cyn ei gyflwyno i'r Cyngor i'w gymeradwyo ar 1 Mawrth 2023.

Esboniodd fod Strategaeth Ariannol Tymor Canolig (MTFS) 2023-2027 y Cyngor yn cael ei chyflwyno i'r Cyngor i'w chymeradwyo ar 1 Mawrth 2023 ochr yn ochr â Chynllun Corfforaethol 2023-28 sydd wedi'i ddiweddarau. Mae'r ddwy ddogfen yn cyd-fynd â'i gilydd, gan alluogi'r darlennydd i wneud cysylltiadau amlwg rhwng amcanion llesiant y Cyngor a'r adnoddau a gyfeirir atyn nhw i'w cefnogi.

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 ("y Ddeddf") yn datgan bod yn rhaid i gyrrff cyhoeddus, gan gynnwys awdurdodau lleol, weithio i wella llesiant economaidd, cymdeithasol, amgylcheddol a diwylliannol Cymru, a bod angen cymryd camau penodol er mwyn cyflawni hynny.

Roedd paragraff 3.3 yr adroddiad yn cadarnhau bod 7 nod llesiant ar gyfer Cymru yn cael ei nodi yn y Ddeddf uchod ai bod hi'n ofynnol i'r Cyngor ddangos ei gyfraniad at bob un o'r nodau hyn. Rhestrwyd y nodau llesiant hyn yn yr adroddiad.

Cadarnhaodd y Prif Weithredwr mai'r Cynllun Corfforaethol oedd prif gyfrwng y Cyngor ar gyfer arddangos a chyfathrebu'r blaenoriaethau i bobl a busnesau lleol. Roedd hefyd yn rhan bwysig o'r fframwaith sicrwydd ar gyfer ei rheoleiddwyr. Mae Archwilio Cymru yn bwriadu sefydlu dulliau o brofi sut mae'r Cynllun Corfforaethol yn cael ei weithredu (yn enwedig felly'r amcanion llesiant) ledled Cymru dros y 6 mis nesaf, a dyna pam y mae'r Cynllun mor greiddiol bwysig.

Roedd yr adborth ymchwil a'r cysylltu cynnar a wnaed wedi cyfuno set o egwyddorion drafft ac amcanion llesiant. Roedd y rhain yn rhan o'r ymgynghoriad cyllideb blynyddol a'r arolwg staff, a thrafodwyd y rhain ag Aelodau'r Cabinet, a'r grwpiau gwleidyddol.

Roedd yr egwyddorion a'r amcanion lles hyn wedi'u dwyn ynghyd yn y Cynllun Corfforaethol drafft sydd ynghlwm yn Atodiad 1 i'r adroddiad.

Dywedodd y Prif Weithredwr fod y Cynllun Corfforaethol drafft yn gryno ac yn hygyrch gydag iaith syml. Roedd defnydd eang o ffeithluniau (er y bydd y rhain yn cael eu paratoi gan y dylunwyr yn dilyn cymeradwyaeth y Cyngor) gyda ffocws ar egwyddorion / ffyrdd o weithio yn ogystal â'r amcanion o ran lles. Mae ffocws trwy gydol yr adroddiad ar y sefyllfa ariannol a'r angen am newid, rhoi'r trigolion yn gyntaf a gwella atebolrwydd a chyfathrebu yn ogystal â sefydlu cyfrifoldeb personol / cymunedol ochr yn ochr â gwasanaethau'r Cyngor. Yn fyr, roedd y Cynllun wedi'i osod yn gliriach; yn gryno ond yn amlygu'r wybodaeth berthnasol ac felly'n haws ei ddarllen a'i ddeall na'r fersiynau blaenorol.

Byddai manylion am yr amcanion a'r dangosyddion perfformiad (neu ganlyniadau allweddol) sy'n deillio o'r Cynllun Corfforaethol, yn rhan o Gynllun Cyflawni'r Cynllun Corfforaethol, i'w baratoi ochr yn ochr â'r Pwyllgor Trosolwg a Chraffu Corfforaethol ym mis Mawrth ac Ebrill 2023.

Dywedodd y Prif Weithredwr fod newidiadau sylweddol wedi'u gwneud i'r Cynllun Corfforaethol ers y cysylltu cychwynnol â'r Pwyllgor Trosolwg a Chraffu Corfforaethol er mwyn adlewyrchu safbwyntiau'r Pwyllgor a safbwyntiau staff a phreswylwyr. Manylwyd ar y rhain ym mharagraff 4.6 o'r adroddiad.

Yn eu tro, canmolodd Aelodau'r Cabinet y Cynllun Corfforaethol, yn enwedig o ran yr elfen o gysylltu â phobl ifanc ym Mhen-y-bont ar Ogwr ar y ddarpariaeth o fewn y Cynllun. Darpariaeth oedd yn cyflwyno dosbarthiadau fel hyfforddiant hunanamddiffyn i ferched, cefnogi gofalwyr di-dâl, rhoi cyhoeddusrwydd i'n hawliau tramwy cyhoeddus. Roedd hefyd yn sôn am y ddarpariaeth i hyrwyddo ymarfer corff am resymau iechyd a lles, hyrwyddo cynlluniau i leihau newid hinsawdd, gwella manau chwarae i blant a cheisio buddsoddi ymhellach mewn cynlluniau ailgylchu. Roedden nhw hefyd yn cefnogi'r cysylltu â fu gyda rhanddeiliaid allweddol a thrigolion ym Mwrdeistref Sirol Pen-y-bont ar Ogwr.

Diolchodd yr Arweinydd i bartneriaid y Cyngor am gyfrannu at y Cynllun a'i siapio, gan gynnwys yr Aelodau hynny a gyfrannodd trwy broses Trosolwg a Chraffu'r Awdurdod.

Ychwanegodd y Prif Weithredwr, y byddai Cynllun Cyflawni yn cael ei gyflwyno i Bwyllgor Trosolwg a Chraffu'r Cyngor, gyda'r nod o fonitro a mesur canlyniadau ac amcanion Cynllun Gweithredu'r Cynllun Corfforaethol.

PENDERFYNWYD:

Bod y Cabinet yn cymeradwyo Cynllun Corfforaethol 2023-28 ynghlwm yn Atodiad 1 i'r adroddiad a'i argymhell i'r Cyngor i'w gymeradwyo ar 1 Mawrth 2023.

142. STRATEGAETH ARIANNOL TYMOR CANOLIG (MTFS) 2023-24 HYD AT 2026-27

Cyflwynodd y Prif Swyddog Cyllid, Perfformiad a Newid adroddiad, er mwyn cyflwyno i'r Cabinet y Strategaeth Ariannol Tymor Canolig ar gyfer y cyfnod 2023-24 i 2026-27. Roedd hyn yn cynnwys:

- Rhagolwg ariannol ar gyfer 2023 i 2027;
- Cyllideb referniw fanwl ar gyfer y flwyddyn ariannol i ddod; a
- y rhaglen gyfalaf ar gyfer y cyfnod 2022 - 2023 hyd at 2032 - 2033

Mae'r Cynllun Corfforaethol a'r Strategaeth Ariannol Tymor Canolig yn nodi blaenoriaethau gwasanaeth ac adnoddau'r Cyngor ar gyfer y pedair blynedd ariannol nesaf, gan ganolbwyntio'n benodol ar 2023-2024.

Roedd y Strategaeth Ariannol Tymor Canolig yn amlinellu'r egwyddorion a'r rhagdybiaethau manwl sy'n llywio penderfyniadau'r gyllideb a gwariant y Cyngor. Mae'n amlinellu'r cyd-destun ariannol y mae'r Cyngor yn gweithredu ynddo ac yn ceisio lliniaru unrhyw risgiau a phwysau ariannol wrth symud ymlaen tra ar yr un pryd yn manteisio ar unrhyw gyfleoedd sy'n codi.

Mae'r strategaeth yn canolbwyntio ar sut mae'r cyngor yn bwriadu ymateb i'r pwysau cynyddol ar wasanaethau'r sector cyhoeddus, a waethygydd yn ystod y pandemig COVID-19, ac yn syth ar ôl hynny, gan yr argyfwng costau byw presennol. Mae'n nodi'r dulliau a'r egwyddorion y bydd y cyngor yn eu dilyn i sicrhau ei fod yn parhau i fod yn ariannol gynaliadwy ac yn cyflawni'r amcanion llesiant corfforaethol

Mae'r Prif Swyddog - Cyllid, Perfformiad a Newid yn adrodd yn ôl yn chwarterol i'r Cabinet yn ystod y flwyddyn ariannol hon ar y sefyllfa referniw sy'n cael ei ragamcanu ar gyfer 2022/2023. Bydd yn amlinellu'n fanwl yr effaith ar y gyllideb o'r pwysau o ganlyniad i'r costau ychwanegol a wynebwr gan y Cyngor drwy gydol y flwyddyn o ganlyniad i amodau economaidd sy'n gwaethygu, chwyddiant cynyddol a chyfraddau llog yn cynyddu. Adlewyrchwyd y rhain gan gynnydd mewn prisiau, codiadau cyflog uwch na'r disgwyl a chynnydd sylweddol mewn prisiau tendro am nwyddau a gwasanaethau.

Nid oedd y setliad ariannol terfynol ar gyfer llywodraeth leol yng Nghymru i fod i gael ei gyhoeddi tan ddiwedd y mis hwn. O ganlyniad, mae'r gyllideb hon yn cael ei chynnig ar sail y setliad dros dro a dderbyniwyd ym mis Rhagfyr 2022. Er nad ydym yn rhagweld unrhyw newid sylweddol yn y cyllid rhwng y setliad dros dro a'r setliad terfynol, bydd unrhyw newidiadau yn cael eu hadrodd yn ôl i'r Cyngor yn ddiweddarach.

Paratowyd y gyllideb ar ôl ymgynghori ag aelodau etholedig, fforwm cyllideb ysgolion a rheolwyr gwasanaethau. Yn amodol ar y risgiau a nodwyd, roedd y Strategaeth Ariannol Tymor Canolig yn darparu sylfaen gadarn ar gyfer rheoli adnoddau'r Cyngor ar gyfer y flwyddyn ariannol 2023/2024 a thu hwnt.

Roedd Atodiad 3 yr adroddiad yn cynnwys y Strategaeth Ariannol Tymor Canolig fanwl.

Roedd adran un o'r Strategaeth Ariannol Tymor Canolig yn cynnwys trosolwg ariannol o'r Cyngor. Cadarnhaodd y Prif Swyddog - Cyllid, Perfformiad a Newid, y bydd yr Aelodau'n ymwybodol bod y Cyngor wedi gorfod gwneud gostyngiadau yn y gyllideb yn y blynyddoedd blaenorol ac mae Siart 1 yn y rhan hon o'r adroddiad yn nodi bod gostyngiadau cyllidebol o £73 miliwn wedi'u canfod ers 2010 - 2011. Roedd y rhain yn cynrychioli bron i 23% o gyllideb net y Cyngor yn y flwyddyn gyfredol.

Derbyniodd y Cyngor y rhan fwyaf o'i gyllid referniw gan Lywodraeth Cymru drwy'r grant cynnal referniw a chyfran o'r trethi annomestig. Roedd yn bwysig nodi mai dim ond 27%

o'r incwm y bydd y Cyngor yn ei dderbyn yn y flwyddyn ariannol gyfredol fydd yn cael ei gyllido drwy Dreth y Cyngor.

Ar gyfer 2023 - 2024, roedd hyd yn oed mwy o bwysau o ran costau uwch yn fwy amlwg nag a brofwyd mewn blynyddoedd blaenorol. Mae llai o gyfleoedd i dorri gwasanaethau mewn cyfnod ble roedd angen mwy o gymorth i'n haelodau hŷn a'r rhai oedd yn fwy agored i niwed yn ein cymdeithas. Yn ogystal, mae disgwyliadau uwch ar y cyngor i fynd i'r afael â digartrefedd wedi cynyddu ac i gyflawni hynny ar sail gynaliadwy dros gyfnodau hirach. Roedd mwy o bwysau hefyd i gryfhau a chefnogi gwasanaethau gofal cymdeithasol a hynny mewn cyfnod o gostau cynyddol yn ogystal ag achosion mwy cymhleth ym maes oedolion a gofal cymdeithasol. gwasanaethau plant

Yn adran dau o'r MTFS darperir cyd-destun pellach, gwybodaeth sy'n manylu ar y wybodaeth ariannol ac anariannol sydd nodi sefyllfa ariannol y cyngor. Mewn termau real mae cyllid Llywodraeth Cymru wedi gostwng flwyddyn ar ôl blwyddyn ers 2012-2013 gydag elfen gynyddol o'r gyllideb yn gorfod cael ei hariannu gan y dreth y cyngor.

Fel mewn blynyddoedd blaenorol, gwnaed ymdrechion pellach i sicrhau mwy o gyfranogiad gan rhanddeiliaid wrth ddatblygu'r strategaeth hon a'r cynllun corfforaethol. Mae hyn wedi cynnwys:

- Ymgymryd ag ymgynghoriad 5 wythnos gyda thrigolion Pen-y-bont ar Ogwr. Pwyslais yr ymgynghoriad oedd ceisio barn ar y meysydd hynny sy'n flaenoriaeth i drigolion, er mwyn galluogi'r Cyngor i adolygu a blaenoriaethu'r gyllideb. Manylwyd ar ganlyniad y broses ymgynghori hon yn Nhabl 5 yn y Strategaeth Ariannol Tymor Canolig.
- Mae'r Cabinet a'r bwrdd rheoli corfforaethol wedi bod yn gweithio gyda'r Panel Ymchwil a Gwerthuso Cyllideb (BREP) dros y chwe mis diwethaf i hwyluso'r broses o gynllunio'r gyllideb.
- Roedd yr adroddiad ar y gyllideb ddrafft a gymeradwywyd gan y Cabinet ym mis Ionawr 2023, ac wedi dilyn proses graffu wedyn gan bwyllgorau trosolwg a chraffu'r Cyngor gan arwain at lunio nifer o argymhellion. Mae'r Cabinet wedi ystyried y rhain a rhai argymhellion gan y Panel Ymchwilio a Gwerthuso Cyllideb. Darparwyd ymateb i'r rhain yn Atodiad A i'r Strategaeth Ariannol Tymor Canolig.

Roedd yr ymatebion a dderbyniwyd o'r ymgynghoriad gyda'r cyhoedd yn ogystal a thrafodaethau a gafwyd ac argymhellion gan BREP a Gorolwg a Chraffu wedi cael eu hystyried. Mae'r gyllideb sy'n cael ei argymhell wedi'i selio ar y sylwadau a'r argymhellion a dderbyniwyd.

Wrth ystyried y sefyllfa ariannol mae'r egwyddorion canlynol bellach yn ffurfio sail i'r gyllideb derfynol ar gyfer y flwyddyn ariannol i ddod:

- Bydd y Cyngor yn ceisio amddiffyn y bobl fwyaf bregus yn ein cymunedau;
- Bydd y Cyngor yn ceisio cyfyngu ar dwf gwasanaethau yn y flwyddyn ariannol i ddod;
- Dylid adolygu holl gyllidebau'r Cyngor i adnabod arbedion ar gyfer y flwyddyn i ddod;
- Lle bo modd, bydd gwasanaethau cefn swyddfa yn cael eu blaenoriaethu ar gyfer gostyngiadau mewn gwasanaeth;
- Dylai'r Cyngor ystyried a yw ysgolion yn gallu cyfrannu at yr arbedion cyffredinol sydd eu hangen yn y flwyddyn i ddod; a
- Wrth osod y gyllideb ar gyfer 2023-2024 mae angen ystyried y pwysau a ragwelir ar y gyllideb yn y blynyddoedd ariannol dilynol.

Gan ystyried yr uchod, mae'r gyllideb arfaethedig:

- Yn darparu cyllid ychwanegol i gefnogi'r rhai mwyaf agored i niwed o fewn ardaloedd yng Nghyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr trwy gynyddu cyllid i gefnogi gofal cymdeithasol a chynyddu cyllid i gefnogi'r digartref;
- lleihau'r lefel o ostyngiadau yn y gwasanaethau sydd eu hangen yn y flwyddyn i ddod o £600,000;
- lleihau'r cynnydd arfaethedig yn Nhreth y Cyngor o 6% i 4.9% i gydnabod effaith unrhyw gynydd costau byw ar drigolion y Fwrdeistref Sirol.

Wrth gynnig hyn, mae ysgolion wedi cael y dasg o ddod o hyd i ostyngiadau cyllidebol o gyfanswm o 2% o'u cyllideb, i'w canfod cyn belled ag y bo modd o arbedion effeithlonrwydd, er mwyn helpu i fantoli cyllideb y Cyngor. Dylid nodi y bydd y cyngor yn ariannu'r codiadau cyflog a phrisiau y bydd ysgolion yn cwrdd â nhw yn y flwyddyn i ddod yn llawn a byddai hyn yn sylweddol fwy na'r gostyngiad hwn yn y gyllideb. Bydd y risg o ran cyflogau a phrisiau felly yn nwylo'r Cyngor yn ystod y flwyddyn sydd i ddod.

Rhodddwyd manylion y cyllidebau ar gyfer gwasanaethau unigol yn adran 2.4 o'r Strategaeth Ariannol Tymor Canolig, tra bod y drydedd adran o'r MTFs yn amlinellu sefyllfa ariannol bresennol ar gyfer y Cabinet.

O ran y setliad llywodraeth leol dros dro, y prif elfen oedd y cynnydd cyffredinol o 7.9% ledled Cymru. Roedd lledaeniad y cynnydd ledled Cymru yn amrywio o 6.5% i 9.3% ac, ar gyfer Pen-y-bont ar Ogwr, roedd cynnydd o 7.7% ar gyfer y flwyddyn ariannol i ddod.

Mae'r setliad yn cynnwys cyllid i alluogi awdurdodau lleol i barhau i dalu'r Cyflog Byw Gwirioneddol i weithwyr gofal cymdeithasol. Mae cyllid ar gyfer pryddau ysgol am ddim yn ystod gwyliau ysgol wedi dod i ben, ond mae dyraniadau ar gyfer y ddwy flynedd ariannol nesaf i gefnogi'r cynnydd yn yr hawl i bryddau ysgol am ddim i bob disgybl mewn ysgolion cynradd.

Mae'r MTFs hefyd yn modelu sefyllfa ariannol yr awdurdod am y pedair blynedd nesaf. Mae hyn yn seiliedig ar y wybodaeth ddiweddaraf sydd ar gael gan Lywodraeth Cymru. Mae Llywodraeth Cymru wedi darparu setliad dros dro ar gyfer y flwyddyn ariannol i ddod ac yna bydd cynnydd dangosol ar gyfer y flwyddyn ariannol ganlynol o 3.1%.

Cadarnhaodd y Prif Swyddog - Cyllid, Perfformiad a Newid fod y rhagolwg ariannol ar gyfer 2023 i 2027 yn seiliedig ar ragdybiaethau ynghylch rhagamcanion demograffig, cynnydd mewn chwyddiant, effaith deddfwriaeth a pholisïau newydd a chostau staffio uwch. Wrth ddatblygu'r amcangyfrifon hyn, mae'r Strategaeth Ariannol Tymor Canolig yn cynnwys rhagdybiaethau o ran cynnydd posibl yn y dreth gyngor wrth symud ymlaen. Oherwydd y pwysau a amlinellwyd eisoes, cynigir cynyddu'r dreth gyngor i 4.9% yn 2023-2024. Mae hyn yn sylweddol is na'r gyfradd chwyddiant bresennol er mwyn gallu cefnogi dinasyddion Pen-y-bont ar Ogwr i ddelio â chostau byw cynyddol, fel cynnydd mewn biliau ynni a bwyd, cynnydd o ganlyniad i ffactorau chwyddiant eraill a chynnydd mewn llog morgeisi. At ddibenion cynllunio, rhagdybir y bydd y dreth gyngor yn cynyddu 4.5% yn 2024 – 2025 i 2026 - 2027. Mae'r ffigurau hyn at ddibenion cynllunio yn unig a chânt eu hadolygu bob tro y caiff y Strategaeth Ariannol Tymor Canolig ei diweddarau.

Ynghyd â'r cyllid dangosol gan Lywodraeth Cymru, amcangyfrifir y bydd gofyniad cyllideb net o £17 miliwn yn ystod y cyfnod hwn. Manylwyd ar y senarios hyn yn Nhabl 7 yn y Strategaeth Ariannol Tymor Canolig

Mae Adran 4 o'r Strategaeth Ariannol Tymor Canolig yn amlinellu'n fanylach sefyllfa'r gyllideb ar gyfer 2023/2024. Manylir ar y gofyniad cyllideb net ar gyfer y flwyddyn nesaf yn Nhabl 10 yr adroddiad hwn sy'n dangos cyllideb net o £342 miliwn.

I grynhoi, mae'r elfennau allweddol yn cynnwys:

Mae gofynion ariannol ychwanegol o dros £25 miliwn ar gyfer y flwyddyn i ddod, yn cynnwys:

- £14 miliwn i gwrdd â chwyddiant cyflogau a phrisiau
- £2.4 miliwn i ariannu'r cynnydd yn y RLW ar gyfer gweithwyr gofal cymdeithasol
- £8.6 miliwn o gostau anochel ar gyfer gwasanaethau oedd yn cynnwys :

o Mwy o arian i gwrdd â phwysau ariannol ychwanegol yn y Gwasanaethau Cymdeithasol i oedolion, gan gynnwys cynnydd ar gyfer gwasanaethau a chymorth i bobl hŷn;

o Cynnydd yn y galw am wasanaethau iechyd meddwl ac anabledd dysgu oherwydd effeithiau hirdymor pandemig Covid-19;

o Capasiti ychwanegol i gefnogi gwasanaethau plant i sicrhau bod y gwasanaeth yn gallu bodloni'r gofynion i ddiogelu plant;

o Costau cynyddol gwasanaethau a gomisiynir yn y sector gofal cymdeithasol;

o Cynnydd yn y nifer o aelwydydd ac unigolion sy'n cyflwyno eu hunain fel rhai sy'n ddigartref.

Mae'n anochel y bydd pwysau ychwanegol yn codi yn ystod y flwyddyn o ganlyniad i newidiadau o ganlyniad i ddeddfwriaethol newydd neu ddigwyddiadau nas rhagwelwyd. Mae dyraniad dros dro o £1.3 miliwn wedi'i neilltuo ar gyfer y rhain, tra bod gwaith pellach yn cael ei wneud. Bydd cyllid yn cael ei ddyrannu yn ystod y flwyddyn yn amodol ar gymeradwyo achos busnes lle bo angen.

Ers i gynigion y gyllideb ddrafft gael eu hystyried gan y Cabinet a'r Pwyllgorau Craffu ym mis Ionawr, mae'r newidiadau canlynol wedi bod o ran gwasgedd ar y gyllideb:

- Mwy o ddyraniad ariannol i gwrdd â chodiadau cyflog posibl;
- Mwy o ddyraniad ariannol i gwrdd â chynnydd mewn prisiau nad ydyn nhw'n gyflogau; a
- Cynnydd yn y dyraniad ariannol ar gyfer y Cyngor cyfan i gwrdd â gofynion ariannol newydd sy'n ein hwynebu.

Dyweddod y Prif Swyddog Cyllid, Perfformiad a Newid y dylid nodi na fu'n bosibl ariannu'r holl ofynion ariannol ychwanegol a nodwyd gan y gwasanaethau ar gyfer y flwyddyn i ddod wrth fantoli'r gyllideb hon. O'r £20 miliwn a nodwyd, dim ond £11 miliwn a ariannwyd yn y gyllideb arfaethedig.

Gall aelodau dderbyn mwy o fanylion am y pwysau ariannol ar y costau yn Atodiad C y Strategaeth Ariannol Tymor Canolig.

Er mwyn mantoli'r gyllideb, mae gostyngiadau wedi'u nodi sy'n dod i gyfanswm o £2.6 miliwn. Mae manylion y rhain ar gyfer yr aelodau i'w gweld yn Atodiad D i'r MTFs. Mae'r rhain wedi'u newid ers i'r cynigion gael eu hystyried gan y Cabinet a Phwyllgorau Trosolwg a Chraffu ym mis Ionawr, gyda'r arbedion y mae angen eu cyflawni, gyda gostyngiad o £648,000.

Roedd yr Aelodau'n ymwybodol bod awdurdod Tân ac Achub De Cymru yn cael ei ariannu drwy godi ardoll ar y cynghorau perthnasol, swm oedd yn seiliedig ar eu

poblogaeth. O fewn yr MTFS cyfeirir at hyn ym mharagraff 4.1.21 yr adroddiad. Yr ardoll a oedd yn daladwy ar gyfer y flwyddyn ariannol i ddod oedd £8.5 miliwn. Mae hyn yn gynydd o £698,000 neu 9.25% yn uwch na ffigur 2022 – 2023.

Cododd y Cyngor incwm drwy ffioedd a thaliadau a chaiff y rhain eu hadolygu'n flynyddol. Roedd taliadau neu daliadau newydd sydd wedi'u cynnwys yng nghyllideb 2023-24, ac sy'n uwch na'r cynnydd cyffredinol i'w gweld yn Atodiad E yr adroddiad.

Yn ogystal â'r gyllideb Refeniw, roedd y Strategaeth Ariannol Tymor Canolig hefyd yn ymdrin â'r Rhaglen Gyfalaf arfaethedig ar gyfer y cyfnod 2022-23 i 2032 - 2033. Mae'r rhaglen 10 mlynedd hon wedi'i diwygio yn ystod y flwyddyn ariannol hon a'i diweddarau er mwyn ystyried ystyriaethau newydd a chynlluniau cyfalaf wrth iddyn nhw gael eu paratoi.

O fewn setliad dros dro Llywodraeth Cymru ar gyfer y flwyddyn ariannol sydd i ddod, roedd £8.008 miliwn ar gael i gefnogi gwariant cyfalaf.

Oherwydd y cyllid cyfalaf cyfyngedig sydd ar gael, cadarnhaodd y Prif Swyddog Cyllid, Perfformiad a Newid na ofynnwyd i wasanaethau gyflwyno bidiau am gyllid ar hyn o bryd, er y cydnabuwyd bod nifer o agweddau cyfalaf y bydd angen eu hariannu yn y dyfodol. Ystyriaethau oedd yn cynnwys adfywio, datgarboneiddio, digartrefedd a digideiddio. Yn ogystal, mae pwysau ariannol hefyd o ganlyniad i effaith y rhyfel yn yr Wcraïn a'r argyfwng costau byw, sydd i'w gweld yn y prisiau tendro presennol ac a fydd yn parhau am beth amser i'r dyfodol, gan roi pwysau ychwanegol ar y Rhaglen Gyfalaf yn gyffredinol.

Roedd y Rhaglen Gyfalaf yn cynnwys nifer o ddyraniadau blynyddol a delir o gyfanswm cyllid cyfalaf cyffredinol y Cyngor. Dangoswyd dyraniad arfaethedig y rhain ar gyfer 2023 – 2024 yn nhabl 13 yr adroddiad.

Yn yr adroddiad heddiw, cynigiwyd rhai newidiadau i'r Rhaglen Gyfalaf bresennol gan gynnwys cynlluniau newydd i'w hariannu. Roedd y rhain yn cynnwys agweddau fel adnewyddu priffyrdd, adnewyddu meysydd chwarae i blant a chanolfan ddata TGCh. Roedd yr adroddiad hefyd yn amlinellu rhai diwygiadau arfaethedig i gynlluniau presennol o fewn y rhaglen, yn ogystal â chynnwys cynlluniau cyllid grant newydd eu cymeradwyo.

Byddai unrhyw gynigion newydd pellach ar gyfer cyllid cyfalaf yn cael eu hystyried yng ngoleuni, ac yn unol â'r Strategaeth Gyfalaf arfaethedig ar gyfer y cyfnod hyd at 2032 - 2033 a byddant yn cael eu dwyn yn ôl i'r Cyngor i'w cymeradwyo yn ddiweddarach.

Roedd y Rhaglen Gyfalaf ddiwygiedig i'w gweld yn Atodiad G yr adroddiad.

Cynhaliwyd trosolwg o gronfeydd wrth gefn y Cyngor ddiwedd Rhagfyr 2022 yn unol â phrotocol cronfeydd wrth gefn a balansau y Cyngor. Roedd dadansoddiad o'r symudiadau yn y cronfeydd wrth gefn bryd hynny yn Atodiad H yr adroddiad. Rhagwelir symudiadau pellach eisoes yn chwarter olaf y flwyddyn ariannol hon a dangoswyd y rhain yn 4.3.2 y ddogfen MTFS.

Yn unol â'r protocol cronfeydd wrth gefn, cynhelir adolygiad pellach ar ddiwedd y flwyddyn ariannol gyfredol a gwneir trosglwyddiadau ar yr adeg hon gan ystyried sefyllfa ariannol gyffredinol y Cyngor, gan gynnwys yr alldro terfynol, incwm treth gyngor cronodig gwirioneddol, lefelau wrth gefn a glustnodwyd, lefel Cronfa'r Cyngor ac unrhyw bwysau neu risgiau newydd y mae angen darparu ar eu cyfer.

O ran Treth y Cyngor, gellir mantoli'r gyllideb arfaethedig o £342.047 miliwn a ddangosir yn nhabl 10 y Strategaeth Ariannol Tymor Canolig, gyda chynnydd o 4.9% yn y dreth gyngor ar gyfer 2023-2024. Mae'r cynnydd hwn yn is na chyfradd chwyddiant ond mae ei angen i alluogi'r Cyngor i gwrdd â'r pwysau cyllidebol sylweddol a digynsail y mae'n ei wynebu gan gynnwys pwysau uwch na'r disgwyl o ran cyflogau, prisiau a gwasanaethau. Mae'n cymryd i ystyriaeth y setliad gwell na'r disgwyl, ond mae'n ymwybodol o'r pwysau parhaus sy'n wynebu'r Awdurdod o hyd.

Daeth y Prif Swyddog Cyllid, Perfformiad a Newid â'i chyflwyniad i ben, drwy nodi bod adran olaf y Strategaeth, yn rhoi gwybodaeth am ragolygon ariannol tymor hwy y Cyngor. Ni fwriedir i hon fod yn Strategaeth Gyllideb 10 mlynedd oherwydd nifer y newidynnau sy'n effeithio ar sefyllfa ariannol Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr. Fodd bynnag, darparodd fframwaith ariannol i gyfeirio ato wrth baratoi cynlluniau ariannol blynyddol a thymor hwy.

Canmolodd yr Aelod Cabinet - Adnoddau y cynigion ar gyfer yr MTFs ac estynnodd ei ddiolch i'r Prif Swyddog Cyllid, Perfformiad a Newid a'i Swyddogion Cyllid am yr holl waith caled yr oedden nhw wedi'i wneud, er mwyn darparu cyllideb gytbwys. Roedd hyn wedi bod yn wyneb blynyddoedd o gyfyngiadau ariannol parhaus a ddaeth yn sgil Brexit, Covid a'r argyfwng Costau Byw, ymhlith eraill. Roedd hyn i gyd yn ychwanegol i'r cynnydd mewn chwyddiant o 10%. Ychwanegodd fod Cynllun Gostyngiadau Treth y Cyngor ar gael i drigolion ar incwm isel os ydyn nhw'n canfod eu bod yn cael anhawster i dalu eu biliau Treth y Cyngor. Ychwanegodd ymhellach fod y Strategaeth Ariannol Tymor Canolig wedi'i llunio'n ofalus am y 12 mis diwethaf ac yn ystod y cyfnod hwnnw, roedd y Cyngor wedi llobio Llywodraeth Cymru am fwy o gyllid ar bob cyfle posib. Ychwanegodd hefyd fod y Cyngor wedi edrych ar arfer dda mewn Awdurdodau eraill.

Canmolodd yr Arweinydd y mewnbwn gan drigolion ar y gyllideb yn ystod y cyfnod ymgynghori. Tynnodd sylw at y pwysau yr oedd y Cyngor yn ei wynebu oherwydd cynnydd mewn cyflogau a chwyddiant nad oedd modd eu hosgoi gan eu bod wedi'u pennu'n genedlaethol ac y bu'n rhaid eu bodloni. Cydnabu'r cyfraniadau trawsbleidiol a wnaed, drwy Bwyllgorau Trosolwg a Chraffu fel y Pwyllgorau Trosolwg a Chraffu a BREP, gan gynnwys bod y Cabinet wedi ystyried rhai o argymhellion y Pwyllgor Trosolwg a Chraffu Corfforaethol. Yn anffodus, ni fu'n bosibl darparu ar gyfer yr holl argymhellion hyn ychwanegodd, gan y byddai hyn wedi golygu na fyddai'r gyllideb yn parhau'n gytbwys. Roedd £68 miliwn wedi'i ddyrranu i Raglen Moderneiddio Ysgolion y Cyngor yn ogystal â £2.4 miliwn er mwyn darparu'r Cyflog Byw Gwirioneddol i'n gofawyr, i ddiogelu recriwtio a chadw staff yn y swyddi hynod bwysig hyn.

Cydnabu'r Dirprwy Arweinydd y gefnogaeth ariannol a roddwyd i'r Gwasanaethau Cymdeithasol, rhywbeth a amlygwyd gan drigolion, hynny yw, y gefnogaeth hanfodol barhaus i drigolion hyn. Ychwanegodd fod angen ystyried y gyllideb gan gofio'r toriadau y mae awdurdodau lleol wedi parhau i'w hwynebu ers 2012, sydd gryn amser yn ôl. Sicrhodd y byddai unrhyw gymorth pellach y gellid ei ddarparu i ysgolion yn cael ei ystyried yn ofalus trwy unrhyw gyfleoedd ariannu a/neu Raglen Gyfalaf y Cyngor.

Yn eu tro, cymeradwyodd Aelodau Cabinet eraill eu cefnogaeth yn y gyllideb ar gyfer y meysydd gwasanaeth allweddol canlynol:-

- Gorfodaeth gwastraff;
- Ail wynebu priffyrdd
- Gwella manau chwarae
- Agenda Net Zero Carbon
- Cyfleoedd adfywio
- RNLI
- Cefnogaeth i'r digartref

- Llyfrgelloedd
- Canolfannau Hamdden (hybu iechyd a lles)
- Mwy o dai
- Gwelliannau ysgol

PENDERFYNWYD: Bod y Cabinet yn cymeradwyo MTFS 2023-24 hyd at 2026-27, gan gynnwys cyllideb refeniw 2023-24 a Rhaglen Gyfalaf 2022-23 hyd at 2032-33 ac argymell y rhain i'r Cyngor eu mabwysiadu. Cymeradwyodd hefyd fod yr elfennau penodol canlynol yn cael eu hanfon ymlaen i'r Cyngor i'w cymeradwyo:

- MTFS 2023-24 hyd at 2026-27 (Atodiad 3 yr adroddiad).
- Gofyniad Cyllideb Net o £342,047,227 yn 2023-24.
- Treth y Cyngor Band D ar gyfer Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr yn £1,675.26 ar gyfer 2023-24 (Tabl 15 y Strategaeth Ariannol Tymor Canolig).
- Cyllidebau 2023-24 fel eu dyrannwyd yn unol â Thabl 10 ym mharagraff 4.1.3 o'r Strategaeth Ariannol Tymor Canolig.
- Rhaglen Gyfalaf 2022-23 hyd at 2032-33, sydd ynghlwm yn Atodiad G y Strategaeth Ariannol Tymor Canolig.

143. STRATEGAETH CYFALAF 2023-24 YMLAEN

Cyflwynodd y Prif Swyddog Cyllid, Perfformiad a Newid adroddiad a oedd yn cyflwyno Strategaeth Rheoli'r Trysorlys 2023-24 i'r Cabinet (yn Atodiad A yr adroddiad), a oedd yn cynnwys Dangosyddion Darbodus, a'r Datganiad Darpariaeth Isafswm Refeniw Blynyddol 2023-24 (Adran 7 o Atodiad A), cyn ei gyflwyno i'r Cyngor i'w gymeradwyo.

Fel gwybodaeth gefndirol, cadarnhaodd ei bod yn ofynnol i awdurdodau lleol bennu Strategaeth Gyfalaf sy'n dangos bod yr awdurdod yn gwneud penderfyniadau gwariant cyfalaf a buddsoddi yn unol ag amcanion y gwasanaeth ac yn rhoi ystyriaeth briodol i stiwardiaeth, gwerth am arian, doethineb ariannol, cynaliadwyedd a fforddiadwyedd wrth wneud y penderfyniadau hyn.

Mae'r Strategaeth yn nodi cynllun y Cyngor ar gyfer gwariant cyfalaf, a sut y caiff hynny ei ariannu, dros y 10 mlynedd nesaf. Wrth wneud penderfyniadau buddsoddi hirdymor, mae'n hollbwysig bod penderfyniadau'n seiliedig ar wybodaeth glir, gan gynnwys cynllun hirdymor o gynlluniau rheoli. Lle mae angen buddsoddiad cyfalaf i gyflawni blaenoriaethau'r cyngor, y Strategaeth yw'r fframwaith y gall y Cyngor ddibynnu arno i ddatblygu proses glir, gyson a gwybodus wrth wneud penderfyniadau buddsoddi cyfalaf.

Mae'r ddogfen yn rhan annatod o gyllideb a fframwaith polisi'r Cyngor ac yn gysylltiedig â'r Cynllun Corfforaethol, Strategaeth Rheoli'r Trysorlys, y Strategaeth Ariannol Tymor Canolig a Chynllun Rheoli Asedau'r Cyngor.

Roedd 13 egwyddor sy'n llywio penderfyniadau cyllideb a gwariant y Cyngor hwn, gyda thair ohonyn nhw'n cyfeirio'n benodol at y Rhaglen Gyfalaf.

Y rhain oedd:

- mae penderfyniadau buddsoddi cyfalaf yn cyd-fynd â strategaeth gyfalaf y cyngor ac yn lliniaru unrhyw risgiau statudol gan ystyried adenillion ar fuddsoddiad a gwerthusiad cadarn o'r opsiynau;

- defnyddir benthycia darbodus i gefnogi'r rhaglen gyfalaf dim ond lle mae'n fforddiadwy ac yn gynaliadwy o fewn terfynau benthycia cyffredinol y cyngor a'r gyllideb referniw dros y tymor hir;

- mae penderfyniadau ar drin asedau dros ben yn seiliedig ar asesiad o'r cyfraniad posibl i'r gyllideb referniw a'r rhaglen gyfalaf.

Roedd y Strategaeth Gyfalaf hefyd yn seiliedig ar yr egwyddorion a ganlyn, ychwanegodd y Prif Swyddog Cyllid, Perfformiad a Newid :

- mae buddsoddiad cyfalaf yn canolbwyntio ar gyflawni amcanion a blaenoriaethau lles y Cyngor.
- sicrhau llywodraethu cadarn wrth wneud penderfyniadau.
- sicrhau bod cynlluniau cyfalaf yn fforddiadwy, cynaliadwy a darbodus
- hyrwyddo'r defnydd gorau o'r cyllid sydd ar gael.

Roedd y Cynllun yn manylu ar sut y bydd unrhyw fuddsoddiadau arfaethedig mewn tir ac adeiladau yn gofyn am gwblhau astudiaeth ddichonoldeb lawn i werthuso ymarferoldeb y prosiect cyfalaf, ac i asesu pa mor ymarferol ydy cyflawni hyn cyn i'r Cyngor fuddsoddi amser ac arian yn y prosiect hwnnw.

Nododd y Strategaeth fod nifer o feysydd arwyddocaol y bydd angen eu hariannu yn y dyfodol, gan gynnwys adferiad economaidd, datgarboneiddio a digartrefedd, digideiddio ac amddiffynfeydd arfordirol. Fel yr adroddwyd i'r Cyngor drwy gydol y flwyddyn hon, mae pwysau ariannol eraill hefyd yn codi o ganlyniad i'r pandemig a Brexit, sydd i'w gweld mewn cynlluniau presennol, a rhagwelir y bydd hyn yn parhau am beth amser wrth symud ymlaen. Mae'r pwysau'n cynnwys anawsterau yn y gadwyn gyflenwi ac mae hyn yn arwain at brisiau uwch ac oedi cyn cwblhau cynlluniau.

Mae'r Strategaeth hefyd yn cyfeirio at y newidiadau o ran y gallu i fenthycia gan y bwrdd benthyciadau gwaith cyhoeddus mewn perthynas â benthycia i fuddsoddi yn bennaf ar gyfer enillion ariannol. Wrth geisio benthycia gan y PWLB, gofynnir i awdurdodau gadarnhau nad oes unrhyw fwrriad i brynu asedau buddsoddi yn bennaf ar gyfer elw yn y flwyddyn gyfredol na'r ddwy flynedd ariannol nesaf. Er nad oedd hyn yn atal y Cyngor rhag buddsoddi mewn gweithgareddau masnachol, byddai buddsoddi mewn asedau ar gyfer elw yn unig yn atal yr awdurdod rhag cael mynediad at fenthyciadau PWLB. Gan y bydd angen i'r Cyngor fenthycia i gefnogi rhaglen band B Ysgolion yr Unfed Ganrif ar Hugain a'r rhaglen gyfalaf ehangach, bydd hyn yn ei atal rhag buddsoddi mewn tir neu eiddo, dim ond er mwyn sicrhau elw ariannol.

Yn adran tri o'r Strategaeth, ceir manylion sy'n amlinellu'r broses gadarn sydd yn ei lle i gymeradwyo, rheoli a monitro prosiectau cyfalaf. Fel y gŵyr y Cabinet, mae adroddiadau monitro cyfalaf chwarterol yn cael eu paratoi ar gyfer y Cabinet a'r Cyngor, sy'n cynnwys manylion unrhyw amrywiadau rhwng prosiectau yn ogystal â rhagamcanion o wariant tebygol diwedd blwyddyn.

Cadarnhaodd y Prif Swyddog Cyllid, Perfformiad a Newid, fod y Cyngor yn cynllunio gwariant cyfalaf o £69 miliwn yn 2023 - 2024 a chrynohir hyn yn Nhabl Dau yn y Strategaeth Gyfalaf. Roedd y prif brosiectau cyfalaf i'w cyflawni yn y cyfnod hwnnw wedi'u manylu yn y Strategaeth, gyda'r rhaglen gyfalaf 10 mlynedd arfaethedig fanwl i'w gweld yn Atodiad 2.

Roedd gan y Cyngor nifer o ffrydiau ariannu ar gael i gefnogi buddsoddiad cyfalaf a manylwyd ar y rhain yn Atodiad un y Strategaeth Gyfalaf. Derbyniwyd cyllid gan Lywodraeth Cymru tuag at gost cyfalaf ac mae'r cyllid hwn yn cael ei flaenoriaethu tuag at fuddsoddiad sydd ei angen i gwrdd â gofynion iechyd a diogelwch.

Roedd dau brif fath o fenthycha i dalu am fuddsoddiad cyfalaf, sef:

- Benthycha â chymorth - mae costau gwasanaethu'r ddyled wedi'u cynnwys yn y grant cynnal refeniw blynyddol a dderbynnir yn bennaf gan y llywodraeth, a
- benthycha digymorth - y mae'n rhaid talu'r gost hon o gyllideb refeniw'r Cyngor

Yn olaf, dywedodd y Prif Swyddog Cyllid, Perfformiad a Newid, fod yn rhaid i'r Cyngor yn flynyddol roi o'r neilltu ddarpariaeth ar gyfer ad-dalu dyled allanol. Gelwir hyn yn isafswm darpariaeth refeniw. Mae angen i'r MRP gael ei gymeradwyo gan y Cyngor cyn dechrau pob blwyddyn ariannol a dangoswyd y datganiad polisi mewn perthynas â hyn yn Adran 7 o'r Strategaeth Gyfalaf.

Wrth gytuno ar Raglen Gyfalaf y Cyngor, roedd angen i Aelodau fod yn ymwybodol o effaith cynlluniau cyfalaf ar y gyllideb refeniw a fyddai'n cynnwys:

- Costau gweithredu neu gynnal ased newydd;
- costau cyllido cyfalaf gwasanaethu unrhyw fenthycha sydd ei angen i dalu am fuddsoddiad;
- costau refeniw paratoi a chyflawni prosiectau.

Gorffennodd y Prif Swyddog Cyllid, Perfformiad a Newid drwy gadarnhau bod y canran o gyllideb refeniw'r Cyngor sydd wedi'i ymrwymo i gostau cyllido cyfalaf yn cynyddu yn y tymor hir o ystyried y pwysau ar gyllidebau refeniw. Roedd hyn yn cyfyngu ar fforddiadwyedd blaenoriaethau eraill yn y blynyddoedd i ddod a dylai fod yn ffactor a ystyrir gan y Cabinet wrth benderfynu ar y Rhaglen Gyfalaf.

Dywedodd yr Aelod Cabinet – Adnoddau fod adroddiad ar y Strategaeth Gyfalaf wedi'i ystyried drwy broses Trosolwg a Chraffu'r Cyngor. Croesawodd y gwerthusiad o brosiectau wrth symud ymlaen a gofynnodd a fyddai'n ofynnol i'r Awdurdod fenthycha arian ar gyfer unrhyw un o brosiectau cyfalaf arfaethedig y Cyngor.

Cadarnhaodd y Prif Swyddog Cyllid, Perfformiad a Newid ei bod yn debygol y byddai'n rhaid i'r Cyngor fenthycha er mwyn cefnogi rhai prosiectau dros y 3 blynedd nesaf, er bod hyn yn dibynnu ar gyflawni'r Rhaglen o fewn amserlenni strwythuredig. Fodd bynnag, byddai lefel unrhyw fenthycha yn cael ei fonitro'n ofalus ac ni fyddai benthycha o'r fath yn cael ei wneud oni bai bod angen gwneud hynny.

Pwysleisiodd yr Aelod Cabinet - Addysg bod lefel y gwariant sy'n cael ei ymrwymo i raglen Ysgolion yr Unfed Ganrif ar Hugain y Cyngor yn sylweddol. Teimlai fod y rhaglen yn seiliedig ar les ac yn un a oedd yn cefnogi'r rhai llai ffodus mewn cymdeithas.

Cydnabu'r Aelod Cabinet – Cymunedau y gwaith sy'n cael ei gynllunio yn caniatáu mynediad ar gyfer chwarae i bob plentyn mewn meysydd chwarae/mannau a blaenoriaethu gwaith strwythurol ar y priffyrdd.

Canmolodd yr Arweinydd ymagwedd y Cyngor at astudiaethau dichonoldeb a gynhaliwyd mewn perthynas â phrosiectau gwariant cyfalaf mawr fel dull cadarnhaol o flaengynllunio ar gyfer cynlluniau yr ymgymerydd â nhw o flaen llaw. Cydnabu hefyd fod angen i'r Cyngor ystyried 'unrhyw wersi a ddysgwyd' o brofiadau blaenorol wrth fabwysiadu prosiectau cyfalaf yn y dyfodol.

PENDERFYNWYD:

Bod y Cabinet yn ystyried yr adroddiad ac yn argymhell bod Strategaeth Gyfalaf 2023-24 hyd at 2032-33 gan gynnwys y Dangosyddion Darbodus ar gyfer 2023-24 hyd at 2025-26 a Datganiad Darpariaeth Isafswm Refeniw Blynyddol (MRP) 2023-24 yn Atodiad A, yn cael eu cyflwyno i'r Cyngor i'w gymeradwyo.

144. **STRATEGAETH RHEOLI'R TRYSORLYS 2023-24**

Cyflwynodd y Prif Swyddog Cyllid, Perfformiad a Newid adroddiad, a'i ddiben oedd cyflwyno i'r Cabinet Strategaeth Rheoli'r Trysorlys 2023-24 (Atodiad A i'r adroddiad), a oedd yn cynnwys Dangosyddion Rheoli'r Trysorlys, cyn eu cyflwyno i'r Cyngor ar gyfer derbyn cymeradwyaeth.

Eglurodd fod swyddogaethau Rheoli Trysorlys y Cyngor yn cael eu rheoleiddio gan Ddeddf Llywodraeth Leol 2003. Roedd hyn yn rhoi pwerau i awdurdodau fenthycyca a buddsoddi yn ogystal â darparu rheolaethau a chyfyngiadau ar y gweithgaredd hwn.

Yn unol â Chod Darbodus y Sefydliad Siartredig Cyllid Cyhoeddus ar gyfer Cyllid Cyfalaf, mae'n rhaid i'r Cyngor gymeradwyo Strategaeth Rheoli'r Trysorlys cyn dechrau pob blwyddyn ariannol, sy'n nodi ei gyfrifoldebau, ei ddirprwyo a'i drefniadau adrodd a'r Prif Swyddog Ariannol.

Mae'r Strategaeth arfaethedig ar gyfer y flwyddyn ariannol sydd i ddod ynghlwm yn Atodiad A yr adroddiad. Cyflawnodd y Cyngor ei weithgareddau rheoli'r trysorlys yn unol â chod darbodus y Sefydliad Siartredig Cyllid Cyhoeddus, sydd wedi'i ddiweddarau i adlewyrchu newidiadau mewn amgylchedd cynyddol gymhleth ac i ategu newidiadau i reoliadau. Roedd y cod yn ei gwneud yn ofynnol bod amcanion, polisiâu ac arferion ffurfiol a chynhwysfawr, strategaethau a threfniadau adrodd yn ôl yn eu lle ar gyfer rheoli a rheoli gweithgareddau rheoli'r trysorlys yn effeithiol ac mai rheoli a rheoli 'risg' yn effeithiol yw prif amcanion y gweithgareddau hyn.

Ychwanegodd y Prif Swyddog Cyllid, Perfformiad a Newid fod gan y Cyngor Strategaeth Rheolaeth Trysorlys integredig lle mae benthycyca a buddsoddiadau yn cael eu rheoli yn unol â'r arferion proffesiynol gorau. Bydd y Cyngor yn ceisio benthycyca arian os oes angen naill ai i ddiwallu anghenion llif arian tymor byr, neu i ariannu cynlluniau cyfalaf a gymeradwyir o fewn y rhaglen gyfalaf. Felly, nid oedd unrhyw fenthyciadau gwirioneddol a gymerwyd yn gysylltiedig yn gyffredinol ag eitemau penodol o wariant neu asedau.

Roedd y Cyngor yn agored i risgiau ariannol gan gynnwys y posibilrwydd o golli arian a fuddsoddwyd ac effaith ar y refeniw o ganlyniad i newid mewn cyfraddau llog. Felly mae nodi, monitro a rheoli risg yn llwyddiannus, yn ganolog i'n Strategaeth Rheoli'r Trysorlys. Pe bai unrhyw beth yn newid yn sylweddol, byddai Strategaeth ddiwygiedig yn cael ei chyflwyno i'r Cyngor i'w chymeradwyo.

Bydd effaith barhaus y rhyfel yn yr Wcráin ar y DU, ynghyd â chynnydd mewn chwyddiant, cyfraddau llog uwch, polisi ansicr y llywodraeth a rhagolygon economaidd sy'n gwaethygu, yn ddylanwadau mawr ar Strategaeth Rheoli'r Trysorlys y Cyngor ar gyfer 2023-2024.

Ar 31 Rhagfyr 2022, roedd gan y Cyngor £99.8 miliwn o fenthyciadau a £94.05 miliwn o fuddsoddiadau. Dangosir manylion am sefyllfa'r ddyled a buddsoddiad allanol yn Nhabl 1 o fewn Strategaeth Rheoli'r Trysorlys.

Amlygodd y Strategaeth y rhagwelir efallai y bydd angen i'r Cyngor fenthycyca yn ystod y tair blynedd nesaf. Fodd bynnag, gall y sefyllfa hon newid pe na bai cynlluniau cyfalaf yn

symud ymlaen fel y rhagwelwyd, neu i'r gwrthwyneb ychwanegir cynlluniau pellach at y Rhaglen Gyfalaf nad ydyn nhw'n cael eu hariannu'n llawn gan grant neu gyfraniadau refeniw, neu gynlluniau newydd yn cael eu hychwanegu lle bydd angen ariannu dyled ychwanegol.

Bydd angen monitro'r gofyniad i fenthycia yn barhaus a bydd unrhyw fenthycia newydd yn cael ei ystyried ochr yn ochr ag unrhyw newidiadau yn y Rhaglen Gyfalaf a allai effeithio ar lefel y benthycia sydd ei angen. Wrth fenthycia arian, prif amcan y Cyngor yw taro cydbwysedd risg isel priodol rhwng sicrhau costau llog isel a chael sicrwydd ynghylch y costau hynny dros y cyfnod y mae angen yr arian ar ei gyfer. Roedd y Strategaeth yn amlinellu y bydd prif amcanion y Cyngor o ran benthycia yn 2023-24 yn cynnwys:

- Lleihau costau refeniw y ddyled;
- Rheoli proffil aeddfedrwydd dyled y cyngor;
- Aildrefnu'r ddyled os yw'n briodol;
- Gwneud y defnydd gorau o'r holl adnoddau cyfalaf gan gynnwys benthycia, derbyniadau cyfalaf y gellir eu defnyddio, cyfraniadau refeniw i gyfalaf a grantiau a chyfraniadau.

Atgoffodd y Prif Swyddog Cyllid, Perfformiad a Newid y Cabinet fod y trysorlys, ym mis Tachwedd 2020, wedi cyhoeddi telerau benthycia diwygiedig ar gyfer benthyciadau drwy'r byrddau gwaith cyhoeddus gan awdurdodau lleol. Y bwrdd benthyciadau gwaith cyhoeddus fyddai prif ffynhonnell unrhyw fenthycia y mae'r Cyngor yn ei wneud. O dan y gofynion newydd hyn, byddai'n ofynnol i'r Swyddog Adran 151 gadarnhau nad yw'r cynlluniau gwariant cyfalaf yn cynnwys bwriad gan yr awdurdod i fenthycia i fuddsoddi'n bennaf ar gyfer enillion ariannol. Cadarnhaodd y Prif Swyddog Cyllid, Perfformiad a Newid (fel Swyddog Adran 151) nad yw'r Cyngor yn bwriadu buddsoddi yn y modd hwn.

Fel yr amlinellwyd yn gynharach, ar ddiwedd Rhagfyr 2022 roedd gan y Cyngor £94.05 miliwn o fuddsoddiadau. Prif amcan y Cyngor wrth fuddsoddi arian oedd taro cydbwysedd priodol rhwng risg ac adenillion, lleihau'r risg o golledion oherwydd diffyg dalu a'r risg o dderbyn incwm buddsoddi anaddas o isel. Gall y Cyngor fuddsoddi ei arian dros ben gyda gwrth bartïon cymeradwy a manylwyd ar y rhain yn Nhabl chwech o Strategaeth Rheoli'r Trysorlys. Roedd y tabl hefyd yn manylu ar y terfynau amser a'r terfynau ariannol uchaf a fydd yn berthnasol i bob un o'r gwrth bartïon hynny.

Gorffennodd y Prif Swyddog Cyllid, Perfformiad a Newid drwy gadarnhau y bydd y Cyngor yn derbyn adroddiadau yn ôl y gofyn yn ystod 2023-24 yn unol â gofynion y cod ymarfer. Bydd y rhain yn cynnwys Strategaeth Rheoli Trysorlys blynyddol y mae'r Aelodau wedi'i derbyn heddiw, yn ogystal ag adroddiad monitro canol blwyddyn ac adroddiad alldro blynyddol y trysorlys.

Fe gymeradwywyd yr adroddiad gan yr Aelod Cabinet - Adnoddau.

Nododd yr Aelod Cabinet - Adfywio bod cyfraddau llog yn amhosibl eu rhagweld ar hyn o bryd er eu bod yn cynyddu. Gofynnodd pa effaith fyddai hyn yn ei gael ar gyllid y Cyngor.

Cadarnhaodd y Prif Swyddog Cyllid, Perfformiad a Newid fod cyfraddau llog yn effeithio mewn dwy ffordd, sef os ydy'r Cyngor yn buddsoddi arian yn rhywle arall, yna gyda chyfraddau llog yn codi ar hyn o bryd, byddai hyn yn golygu mwy o elw i'r awdurdod lleol. Ond i'r gwrthwyneb, wrth fenthycia byddai cost y ddyled yn cynyddu i'r Cyngor mewn modd tebyg.

Dywedodd yr Arweinydd bod newidiadau sylweddol o ran terfynau buddsoddiadau ar gyfer balansau fel yr adlewyrchwyd yn yr adroddiad. Gofynnodd a oedd unrhyw newidiadau eraill fel, er enghraifft, bod gan y Pwyllgor Llywodraethu ac Archwilio rôl hanfodol bellach o ran monitro swyddogaeth Rheoli Trysorlys y Cyngor o bryd i'w gilydd.

Dywedodd y Prif Swyddog Cyllid, Perfformiad a Newid, fod y Pwyllgor uchod yn derbyn adroddiadau Rheoli'r Trysorlys gyda'r wybodaeth ddiweddaraf yn rheolaidd a lle bo Aelodau'r corff hwnnw'n ystyried ei fod yn briodol, eu bod yn rhoi adborth ar yr adroddiadau hyn. Ychwanegodd hefyd fod hyfforddiant ar Reoli'r Trysorlys wedi'i gynnal yn ddiweddar i bawb o'r Aelodau i'w mynychu tua 10 diwrnod yn ôl, a bod aelodau lleig y Pwyllgor Llywodraethu ac Archwilio yn bresennol yn y sesiwn hon, er mwyn i bawb gael gwell dealltwriaeth o reolaeth ariannol.

PENDERFYNWYD:

Bod y Cabinet wedi ystyried yr adroddiad ac yn argymhell bod Strategaeth Rheoli'r Trysorlys a gynhwysir yn Atodiad A yn cael ei chyflwyno i'r Cyngor i'w chymeradwyo.

145. **EITEMAU BRYD**

Dim.

Daeth y cyfarfod i ben am 16:00

Presennol

Y Cyngorydd HJ David – Cadeirydd

JC Spanswick
HM Williams

N Farr
JPD Blundell

W R Goode

J Gebbie

Swyddogion:

| | |
|--------------------|---|
| Carys Lord | Prif Swyddog - Cyllid, Perfformiad a Newid |
| Claire Marchant | Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles |
| Janine Nightingale | Cyfarwyddwr Corfforaethol - Cymunedau |
| Kelly Watson | Prif Swyddog – Gwasanaethau Cyfreithiol, Adnoddau Dynol a Rheoleiddio |
| Julie Ellams | Swyddog Gwasanaethau Democraataidd - Pwyllgorau |
| Mark Shephard | Prif Weithredwr |
| Lindsay Harvey | Cyfarwyddwr Corfforaethol – Addysg a Chymorth i Deuluoedd |

147. DATGANIADAU O DDIDDORDEB

Nid oedd unrhyw ddatganiad o ddiddordeb

148. CADARNHAU'R COFNODION

PENDERFYNWYD: Cymeradwyo cofnodion cyfarfod y Cabinet a gynhaliwyd ar 17/01/2023 a 07/02/2023 fel cofnod gwir a chywir.

149. AIL-DDATBLYGU COSY CORNER

Cyflwynodd y Cyfarwyddwr Corfforaethol Cymunedau adroddiad yn gofyn am gymeradwyaeth y Cabinet i addasu contract gwaith adeiladu *Cosy Corner* yn unol â rheol 3.3.6 o Reolau Gweithdrefn Contract y Cyngor.

Cyfeiriodd y Cyfarwyddwr Corfforaethol dros Gymunedau at ohebiaeth a dderbyniwyd oddi wrth Mr Mike Clarke, cyn Ymgynghorydd ac aelod o'r elusen Credu a ddiddymwyd, a oedd yn egluro nad oedd gan Credu brydles ar gyfer y safle, ond bod ganddyn nhw gytundeb i brydlesu gydag amodau amrywiol ynghlwm wrthyn nhw. . Daeth y cytundeb hwn i ben gan Gyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr pan aeth Credu i ddwylo'r gweinyddwyr ac adlewyrchwyd hyn yn gywir yn yr adroddiad ym mharagraff 3.1. Eglurodd y Cyfarwyddwr Corfforaethol dros Gymunedau mai'r cytundeb i brydlesu oedd y prif naratif o fewn yr adroddiad. Fodd bynnag, roedd cymal hepgor ym mharagraff 4.2 a oedd yn datgan " lease relinquishment" a dylai ddarllen "agreement to lease relinquishment". Cymerodd Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr feddiant yn ôl o safle *Cosy Corner* ar 5 Tachwedd 2020 pan gawsant wybod bod Credu wedi mynd i ddwylo'r gweinyddwyr ac mae hyn wedi'i nodi ym mharagraff 3.1 yr adroddiad. Roedd adroddiad y Cabinet yn ymdrin â digwyddiadau ar ôl i Credu fynd i ddwylo'r gweinyddwyr, o 5 Tachwedd ymlaen pan oedd gan Gyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr gyfrifoldeb.

Eglurodd y Cyfarwyddwr Corfforaethol dros Gymunedau y sefyllfa bresennol a bod hyn yn hollbwysig oherwydd yr angen i sicrhau eu bod wedi cwblhau'r adeilad yn ymarferol

erbyn diwedd Mai 2023 gan eu bod wedi sicrhau £1 miliwn o arian grant WEFO yn erbyn cwblhau'r gwaith. Amlinellodd y gwaith a oedd wedi'i gwblhau, yr addasiad i'r contract presennol, oedi oherwydd yr amser a dreuliodd yn profi ac egluro union natur yr halogiad ac oedi llawer hirach na'r disgwyl wrth dderbyn cymeradwyaeth gan Dŵr Cymru a newidiadau dylunio cysylltiedig gan adael Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr yn atebol am gostau contractwr am 12 wythnos ychwanegol. Yn ogystal, roedd y strategaeth adfer er mwyn trin â'r halogi yn nodi bod angen tua 2000 tunnell o bridd ar gyfer y safle i sicrhau'r lefel briodol ac ar gyfer adnewyddu deunyddiau ar y safle a ystyriwyd yn anaddas o ganlyniad i halogi posib gan asbestos. Fe wnaethon nhw addasu'r contract gwaith adeiladu er mwyn sicrhau bod yr adeilad yn cael ei gwblhau a'i flaenoriaethu i alluogi darpar denantiaid i gael mynediad a threfnu'r lle yn gyflymach. Byddai hyn hefyd yn ymateb i ofynion y rhai sy'n cyllido'r gwaith gan sicrhau y byddai'r gwaith yn cael ei gwblhau erbyn 31 Mai.

Cytunodd yr Aelod Cabinet dros Adfywio ei bod yn bwysig gwneud y gwaith mewn pryd a gofynnodd o ble y daeth y pridd halogedig. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod yr arolwg cyntaf wedi archwilio'r safle a chanfod asbestos a bod yr asbestos hwnnw wedi'i gymryd i fwrdd. Yna cafodd y cabanau ym mhen deheuol y safle eu symud ac fe ddaethon nhw o hyd i fwy o asbestos a gafodd ei waredu hefyd. Oherwydd swm yr asbestos a ganfuwyd a'r ffaith ei fod yn gorchuddio'r rhan fwyaf o'r safle, bu'n rhaid iddyn nhw liniaru'r broblem trwy gael gwared ar 2000 tunnell o bridd a dod â phridd ffres i'r safle i sicrhau bod y cyfan o'r halogion oedd yn bresennol ar y safle wedi'u gwaredu.

Gofynnodd y Dirprwy Arweinydd a oedd y contractwr a oedd ar y safle cyn mis Hydref 2020 wedi cynnal arolygon ac wedi methu â gwneud unrhyw waith oedd angen ei wneud. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau ei bod yn credu bod arolygon wedi'u cynnal a oedd yn nodi 2 ardal lle'r oedd halogiad posibl. Pan ddaeth contractwr Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr i'r safle, cawsant gyfarwyddyd i wneud arolyg mwy manwl a dod o hyd i fwy o dir wedi'i halogi. Gofynnodd y Dirprwy Arweinydd pryd y gosodwyd caban y Cadetiaid Môr ar y safle. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod y gwaith arolyg a wnaed gan Credu yn ôl yn 2016 a rhwng 2016 a 2019, roedd y caban wedi'i leoli ar y safle hwnnw cyn i'r gwaith adeiladu ddechrau gan Credu ar y safle.

Dywedodd yr Aelod Cabinet Cenedlaethau'r Dyfodol ei fod yn ddiolchgar bod yr arolygon wedi'u cynnal ac y gallan nhw fod yn sicr bod y safle'n ddiogel. Gofynnodd am esboniad o'r gyllideb yn hytrach na bod dros y gyllideb ac o fewn y gyllideb a glustnodwyd. Eglurodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod yna ddyraniad cyfalaf o fewn y Rhaglen Gyfalaf sef tua £3 miliwn ar gyfer *Cosy Corner*. Roedd y cyllid ar gyfer y contract yn £2.8 miliwn felly roedd digon o arian o hyd i allu fforddio'r prosiect. Roedd y gyllideb ariannol gyfredol yn cwmpasu'r hyn y credir y gallai'r prosiect ei gostio ynghyd â chynlluniau wrth gefn a chostau ar gyfer dichonoldeb a chyingor arbenigol.

Cefnogodd yr Aelod Cabinet Adnoddau, fel Hyrwyddwr lechyd a Diogelwch, yr adroddiad a oedd yn brosiect cyffrous iawn i dref Porthcawl ac roedd yn bwysig bod gan y trigolion yr hyder bod y problemau wedi cael eu trin mewn dull priodol.

Ychwanegodd yr Arweinydd fod hwn yn brosiect blaenllaw mewn safle amlwg. Roedd yn falch o glywed bod cryn ddiddordeb wedi bod yn y 5 uned manwerthu gan greu swyddi newydd. Gofynnodd i'r Cyfarwyddwr Corfforaethol gadarnhau bod y gwaith adeiladu ar y trywydd iawn ac y byddai'r cyfan yn barod i'w hagor o fewn yr amserlen. Atebodd eu bod ar y trywydd iawn i gwblhau'r adeilad a gosod yr unedau erbyn 31 Mai.

Diolchodd yr Arweinydd yn bersonol i'r Arweinydd Tîm Rheoli Cyrchfan a Gweithrediadau Arfordirol, Sean Warrington am ei waith caled yn cyflawni hyn yn ogystal â datblygiadau cyffrous eraill. Fe ddymunodd yn dda iddo hefyd ar ei swydd newydd.

PENDERFYNWYD: Awdurdododd y Cabinet i addasu'r contract ar gyfer gwaith adeiladu *Cosy Corner* a bod hyn i gynnwys y gwaith a'r gwasanaethau ychwanegol gan y contractwr a oedd wedi bod yn angenrheidiol, ac yn parhau i fod yn angenrheidiol, ers y caffaeliad cychwynnol i werth ariannol sydd dim mwy na £265,790 a chynyddu gwerth y contract i werth o £2,804,394 yn unol â rheolau 3.3.6 o Reolau Gweithdrefn Contract y Cyngor.

150. **ISADEILEDD PRIFFYRDD A REOLIR YN DDA, COD YMARFER 2016 - GRŴP CYSWLLT FFYRDD Y DU A CHYMDEITHAS SYRFEWYR SIROL CYMRU (CSSW) YMAGWEDD AT REOLI PRIFFYRDD SY'N SEILIEDIG AR RISG.**

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Gymunedau adroddiad i gael cymeradwyaeth y Cabinet ar gyfer sefydlu trefn ddiogelwch ddiwygiedig newydd yn seiliedig ar argymhellion diweddariad Grŵp Cyswllt Ffyrdd y DU o'r Cod Ymarfer, yn ogystal ag adolygiad a safoni ar gyfer Cymru gyfan gan Gymdeithas Syrfewyr Sirol Cymru (CSSW) i gyd-fynd a threfn ar gyfer Cymru gyfan ar Gynnal a Chadw Priffyrdd.

Amlinellodd y Cyfarwyddwr Corfforaethol dros Gymunedau yr ased o briffyrdd yr oedd gan Gyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr, fel yr Awdurdod Priffyrdd, y ddyletswydd i gynnal yr ased hwnnw. Cynhaliwyd archwiliadau rheolaidd i sicrhau, cyn belled ag y bo'n rhesymol ymarferol, bod yr ased priffyrdd yn ddiogel i'w ddefnyddio. Er mwyn hwyluso ymateb sy'n gyson yn genedlaethol, adolygodd CSSW y Cod Ymarfer a chyhoeddodd fethodoleg yn seiliedig ar y risg i awdurdodau ei dilyn ac a oedd yn cyd-fynd â'r arferion a nodir yn y cod. Fe asesodd y swyddogion fethodoleg CSSW sy'n seiliedig ar risg a'r dulliau asesu cysylltiedig. Fe gynhaliwyd adolygiad yn seiliedig ar risg o hierarchaeth asedau priffyrdd presennol Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr yn ogystal â threfniadau archwilio a thrwsio.

Amlinellodd y Cyfarwyddwr Corfforaethol dros Gymunedau y gwahaniaethau rhwng yr hierarchaeth bresennol, y trefniadau archwilio a thrwsio a'r dull seiliedig ar risg, gan nodi lle y gellid gweithredu newidiadau i gyd-fynd â methodoleg CSSW. Esboniodd y lefelau ymyrraeth diffygiol fel y dangosir yn atodiad A i'r adroddiad ac eglurodd, er y byddai gan y cod diwygiedig oblygiadau ar gyfer arolygiadau ychwanegol, yr ystyrid y byddai'r strwythur staffio presennol yn gallu rheoli'r cynnydd mewn amleddau ac ni ragwelwyd y byddai'r amllder diwygiedig a'r meini prawf ymyrryd yn cynyddu'r galw am y lefelau o waith atgyweirio sydd ei angen ar lwybrau troed a lonydd cerbydau dros yr adnoddau presennol, fodd bynnag byddai hyn yn cael ei fonitro.

Cyfeiriodd yr Aelod Cabinet dros Gymunedau at y 799 km o ffyrdd yn y Fwrdeistref a chroesawodd y trefniant i safoni'r drefn archwilio ledled Cymru. Credai fod anghysondeb gyda'r categori CH5 newydd lle'r oedd archwiliadau'n adweithiol o gymharu â llwybrau troed gwledig nad oedd llawer o ddefnydd ohonyn nhw a oedd yn cael eu harolygu'n flynyddol. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod hwn yn bwynt dilys ac y bydden nhw'n archwilio'r ddau yn flynyddol.

Gofynnodd y Dirprwy Arweinydd pa gamau fyddai'n cael eu cymryd pe na bai gwaith a wneir gan gcontractwyr o safon dderbyniol. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau y byddai archwiliad yn cael ei gynnal ar ôl cwblhau'r gwaith i gymeradwyo'r gwaith. Bu achlysuron pan nad oedd y gwaith i'r safon ofynnol ac fe ofynnir i'r contractwr

ail-wneud y gwaith. Roedd yna hefyd gyfnod penodol ar gyfer bod yn atebol am unrhyw ddiffygion lle byddai unrhyw ddiffygion yn dod i'r amlwg o fewn y 3 mis cyntaf ac y gellid gofyn i'r contractwr atgyweirio'r broblem. Byddai'r gwaith hwn yn cael ei wneud heb unrhyw gost ychwanegol i'r awdurdod.

Gofynnodd yr Aelod Cabinet dros Addysg sut oedd y llif dyddiol cyfartalog o lif traffig yn cael ei gyfrifo. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau eu bod yn defnyddio gwifren ar draws y ffordd wedi'i gysylltu â bocs wedi'i gadwyno i olau stryd.

PENDERFYNWYD: Cymeradwyodd y Cabinet weithredu'r amlder newydd ar gyfer archwilio diogelwch a'r meini prawf ymyrraeth ar gyfer unrhyw cywiro diffygion.

151. GORCHYMYN DIOGELU MANNAU CYHOEDDUS - YMGYNGHORIAD RHEOLI CŴN

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Gymunedau adroddiad yn gofyn am gymeradwyaeth y Cabinet i ymgynghori â'r Heddlu, y Comisiynydd Heddlu a Throsedd a chyrrff perthnasol eraill mewn perthynas â chreu Gorchymyn Diogelu Mannau Cyhoeddus (PSPO) yn ymwneud â Rheoli Cŵn yn Sir Pen-y-bont ar Ogwr ac ar gyfer y Cabinet. Nodi y byddai canlyniad yr ymgynghoriad yn cael ei adrodd i'r Cabinet maes o law.

Darparodd y Cyfarwyddwr Corfforaethol dros Gymunedau wybodaeth gefndirol ar gyfer y cynnig ac eglurodd fod y PSPO blaenorol ym Mwrdeistref Sirol Pen-y-bont ar Ogwr yn ymwneud â rheoli alcohol, cyfyngu ar fynediad i fannau cyhoeddus a rheoli cŵn wedi dod i ben ar 18 Mehefin 2022. Cyn y gallai'r Cyngor weithredu, ymestyn neu amrywio'r PSPO roedd gweithdrefn sy'n cael ei nodi gan statud bod yn rhaid i Awdurdod Lleol gynnal yr ymgynghoriad angenrheidiol, y cyhoedduswydd angenrheidiol a threfnu'r hysbysiad angenrheidiol. Amlinellwyd manylion yr ymgynghorai angenrheidiol a'r manylion perthnasol am yr arolwg ar-lein yn yr adroddiad. Byddai'r ymgynghoriad statudol yn cychwyn yn gynnar ym mis Ebrill 2023 ac yn parhau am 12 wythnos.

Gofynnodd yr Aelod Cabinet dros Gymunedau a ellid adrodd yn ôl ar ganlyniad yr ymgynghoriad i'r Cabinet cyn gynted â phosibl fel y gallai ddod i rym o ddiwedd yr haf. Gofynnodd beth oedd yr hysbysiad cosb sydd wedi'i benodi a gofynnodd i'r swm gael ei wneud yn glir yn yr ymgynghoriad. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod cŵn yn cael eu gwahardd ar rai traethau yn ystod misoedd yr haf ac mai'r hysbysiad cosb benodedig y gellid ei roi byddai £100.

Gofynnodd y Dirprwy Arweinydd a allai trigolion anfon ffilm fideo i swyddogion er mwyn cyflwyno hysbysiad cosb benodedig. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau fod yn rhaid iddi geisio cyngor cyfreithiol ar hyn. Bu digwyddiadau lle'r oedd tystiolaeth wedi'i hanfon ac roedd yn rhaid iddyn nhw ddiffinio'r unigolion dan sylw yn glir i'w galluogi i weithredu ac roedd hefyd yn dibynnu ar ba mor glir oedd y dystiolaeth fideo.

Gofynnodd yr Arweinydd am y diffiniad o fannau cyhoeddus ac yn arbennig statws parciau a meysydd chwarae a drosglwyddwyd drwy'r broses CAT a'r rhai a reolir gan yr awdurdod ac a fyddai hyn yn berthnasol i warchodfeydd natur a thir comin. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau y byddai hyn yn berthnasol i unrhyw ofod sy'n hygyrch i'r cyhoedd lle gallai rhywun fynd gyda'i anifail ac felly byddai'n berthnasol i'r manau hyn.

Gofynnodd yr Aelod Cabinet dros Adfywio a fyddai hyn yn berthnasol ar gyfer tir a oedd wedi bod yn destun trosglwyddiad CAT ac a oedd dan glo gyda'r nos. Atebodd y

Cyfarwyddwr Corfforaethol dros Gymunedau y byddai'n berthnasol yn ystod y dydd pan fyddai ar agor.

PENDERFYNWYD: Rhoddodd y Cabinet gymeradwyaeth i ddechrau ymgynghoriad cyhoeddus ar y cynnig i greu Gorchymyn Diogelu Mannau Cyhoeddus fel yr amlinellwyd ym mharagraff 4.3 o'r adroddiad hwn a nododd y Cabinet y byddai canlyniad yr ymgynghoriad yn cael ei adrodd i'r Cabinet maes o law.

152. **GWELLIANNAU I'R CWRT TENNIS A NEWID DEFNYDD CRONFA TROSGLWYDDO ASEDAU CYMUNEDOL**

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Gymunedau adroddiad yn gofyn am gymeradwyaeth y Cabinet i ymestyn cwmpas y Gronfa Trosglwyddo Asedau Cymunedol (CAT) i gynnwys datblygu ac adnewyddu asedau / cyfleusterau a gynhelir ar hyn o bryd neu'n flaenorol gan yr Adran Parciau na allai fod yn agored iddyn nhw'n hawdd a CAT oherwydd materion fel teitl tir, lle sicrhawyd o leiaf 25% o arian cyfatebol allanol. Gofynnwyd hefyd am gymeradwyaeth i ddyrannu £50,000 o'r Gronfa CAT i alluogi adnewyddu tri chwrt tennis ym Mharc Lles Maesteg mewn partneriaeth â'r Gymdeithas Tennis Lawnt (LTA) am gyfanswm cost o £201,282. Dyrannu hyd at £151,065.09 (cost gyfredol £137,331.90 + 10% wrth gefn) o'r Gronfa CAT i alluogi datblygu dau gwrnt tennis newydd ym Mharc Griffin, mewn partneriaeth â'r LTA gyda chyfraniad arian cyfatebol o £53,476.00 yn cael ei sicrhau a dyrannu £3,900.00 o'r Gronfa CAT i alluogi dau gwrnt tennis yng Nghaeau Chwarae Heol-y-Cyw i gael eu hadnewyddu mewn partneriaeth â'r LTA ar gyfanswm cost o £59,868.06.

Eglurodd y Cyfarwyddwr Corfforaethol dros Gymunedau y byddai Rhaglen Adnewyddu Parciau LTA yn adnewyddu cyrtiau parciau ledled y DU ar ôl cael £21.9 miliwn o gyllid yn uniongyrchol gan Adran Digidol, Diwylliant, y Cyfryngau a Chwaraeon (DCMS) Llywodraeth y DU ac £8.4 miliwn ychwanegol gan Sefydliad Tennis LTA i gyflwyno'r rhaglen erbyn mis Mawrth 2024. Asesodd yr LTA gyfleusterau tennis sy'n dod o dan y rhaglen Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr (CBSP) a phenderfynwyd bod 4 safle hyfyw y dylid eu hail wynebu yn seiliedig ar eu harolygon cyflwr eu hunain ac asesiad o'r galw. Amlinellodd sut y byddai arian cyfatebol yn cefnogi Buddsoddiad Rhaglen Adnewyddu Parc yr LTA ac y byddai 3 o'r 4 cynllun adnewyddu yn cael eu gwneud ar ddiwedd mis Mawrth 2023 ac y byddai'r pedwerydd ym Mharc Griffin yn cael ei ohirio tan fis Medi 2023.

Ychwanegodd yr Aelod Cabinet dros Gymunedau fod hwn yn fuddsoddiad o dros hanner miliwn o bunnoedd mewn cyfleusterau tennis ym Mhen-y-bont ar Ogwr. Roedd yn siomedig bod Aelod o'r Fwrdeistref Sirol o Faesteg wedi beirniadu'r buddsoddiad ym Mharc Lles Maesteg. Roedd cynllun Parc Griffin yn ddrytach oherwydd ei fod ar gyfer cyrtiau newydd ac nid ar gyfer adnewyddu. Fel canllaw, mae tocyn teulu ar hyn o bryd yn costio £39 y flwyddyn a byddai defnydd o'r cwrt a hyfforddiant ar gael am ddim. Roedd hwn yn fuddsoddiad gwyb a byddai rhai o'r cyrtiau tennis yn eu lle cyn bod Wimbledon wedi dechrau.

Dywedodd yr Aelod Cabinet dros Adfywio fod hwn yn gyfle cyffrous, ac roedd yn dda gweld cymaint o arian yn cael ei fuddsoddi ym Mhen-y-bont ar Ogwr. Eglurodd y Cyfarwyddwr Corfforaethol dros Gymunedau y byddai cyllid ar gyfer Parc Griffin yn cael ei ddefnyddio i adnewyddu'r cyrtiau mewn lleoliad gwahanol ac y byddent yn gyrtiau pob tywydd newydd sbon.

Ychwanegodd yr Aelod Cabinet Cenedlaethau'r Dyfodol fod hyn yn gadarnhaol iawn, yn enwedig ar gyfer y tair ardal i'r gogledd o'r M4. Roedd yn obeithiol y gellid annog pobl leol i gymryd rhan yn y gamp. Roedd yn galonogol gweld lefel yr ymrwymiad gan sefydliad chwaraeon mawr gydag 1% o'r gronfa gyfan yn cael ei wario yn y Fwrdeistref. Gofynnodd pa waith oedd yn cael ei wneud i sicrhau bod y datblygiadau hyn yn gweithio mewn partneriaeth â Halo a Chynghorau Cymuned. Atebodd y Cyfarwyddwr Corfforaethol dros Gymunedau ei bod yn hynod bwysig gweithio ochr yn ochr â'r ddarpariaeth hamdden bresennol i wella'r cynnig.

Diolchodd yr Arweinydd i'r swyddogion a nododd ei bod yn gamp ryfeddol i sicrhau'r lefel hon o fuddsoddiad.

PENDERFYNWYD: Cabinet

- Cymeradwyo ymestyn cwmpas y Gronfa CAT i gynnwys datblygu ac adnewyddu asedau / cyfleusterau a gynhelir ar hyn o bryd neu'n flaenorol gan yr Adran Parciau na allent yn hawdd fod yn rhan o CAT oherwydd materion perchnogaeth teitl tir, lle mae lleiafswm o 25% arian cyfatebol allanol wedi'i sicrhau;
- Cymeradwyo'r dyraniad o £50,000 o dan y Gronfa CAT i alluogi adnewyddu tri chwrt tennis ym Mharc Lles Maesteg mewn partneriaeth â'r LTA ar gyfanswm cost o £201,282, yn amodol ar y Cabinet yn cymeradwyo ymestyn cwmpas Cronfa CAT;
- Cymeradwyo dyraniad o hyd at uchafswm o £151,065.09 (cost gyfredol £137,331.90 + 10% wrth gefn) o dan y Gronfa CAT i alluogi datblygu dau gwrnt tennis newydd ym Mharc Griffin gyda'r LTA yn darparu arian cyfatebol o £53,476.00 gan yr amcangyfrifir mai cyfanswm cost y prosiect ar hyn o bryd yw £190,807.90, a bod yn amodol ar ganlyniadau cysylltu â'r gymuned yn ogystal â chaniatâd cynllunio, a bod y Cabinet yn cymeradwyo ymestyn cwmpas Cronfa CAT;
- Cymeradwyo'r dyraniad o £3,900 o dan y Gronfa CAT i alluogi dau gwrnt tennis yng Nghaeau Chwarae Heol-y-Cyw i gael eu hadnewyddu mewn partneriaeth â'r LTA ar gyfanswm cost o £59,868.06. Roedd hyn yn amodol a bod y Cabinet yn cymeradwyo ymestyn cwmpas Cronfa CAT.

153. **CANLYNIAD TENDR POLISIÄU YSWIRIANT BLYNYDDOL**

Cyflwynodd y Prif Swyddog, Cyllid, Perfformiad a Newid adroddiad yn hysbysu'r Cabinet o ganlyniad yr ymarfer ail-dendro ar gyfer holl bolisïau Yswiriant y Cyngor, ac eithrio'r bolisïau yswiriant camymddwyn meddygol a pholisïau yswiriant Harbour a osodwyd gydag yswirwyr arbenigol ac nad oedd angen paratoi tendr newydd yn y tro hwn. Gofynnwyd hefyd am gymeradwyaeth gan y Cabinet i awdurdodi Marsh UK Limited, fel Brocer Yswiriant penodedig y Cyngor, i dderbyn yr yswiriant ar gyfer y bolisïau, ar ran y Cyngor.

Eglurodd y Prif Swyddog, Cyllid, Perfformiad a Newid fod y Cabinet ym mis Hydref 2022 wedi cymeradwyo cychwyn proses dendro ar gyfer yr holl bolisïau yswiriant blynyddol a oedd fod i ddechrau ar 31 Mawrth eleni. Roedd y broses hon bellach wedi'i chwblhau. Roedd y tendrau a dderbyniwyd wedi'u gwerthuso yn unol â manylebau'r tendr. Roedd y manylebau yn gofyn i dendrwyr i ystyried dau opsiwn ar gyfer cytundeb tymor hir. Y cyntaf, am gyfnod o dair blynedd a'r ail am gyfnod o dair blynedd gyda'r opsiwn i ymestyn am ddwy flynedd arall. Byddai'r trefniadau newydd hyn yn arwain at arbediad

blynyddol o £116,000. Pwysleisiwyd na fyddai'r lleihad yn y gost yn arwain at ostyngiad yn lefel yr yswiriant a fyddai gan y Cyngor yn y dyfodol.

Dyweddodd yr Aelod Cabinet Adnoddau ei fod wedi'i synnu o'r ochr orau i ganfod bod premiwm is ar gyfer lefel tebyg o yswiriant a diolchodd i'r Swyddog Yswiriant a Risg am ei gwaith caled.

PENDERFYNWYD: Cymeradwyodd y Cabinet dderbyn y dyfynbrisiau ym mharagraff 4.4 gyda Chytundeb Hirdymor tair blynedd, ac opsiwn i'w hystyn am ddwy flynedd arall, a osodwyd trwy Marsh UK Limited fel Brocer Yswiriant penodedig y Cyngor.

154. **TRETHI ANNOMESTIG: RHYDDHAD DEWISOL: CYNLLUN RHYDDHAD TRETHI MANWERTHU, HAMDDEN A LLETYGARWCH 2023-24**

Cyflwynodd y Prif Swyddog, Cyllid, Perfformiad a Newid adroddiad yn gofyn am gymeradwyaeth y Cabinet i fabwysiadu Cynllun Rhyddhad Ardrethi Manwerthu, Hamdden a Lletygarwch Llywodraeth Cymru 2023-24 Eglurodd fod Llywodraeth Cymru wedi cyhoeddi bod estyniad dros dro i'r Cynllun Rhyddhad Ardrethi ar gyfer 2023-2024. Byddai hynny yn cefnogi eiddo preswyl cymwys drwy gynnig gostyngiad o 75% ar eu biliau trethi annomestig ar gyfer eiddo sy'n dod o fewn y sector manwerthu, hamdden a lletygarwch. Byddai'r cynllun yn berthnasol i bob busnes cymwys, fodd bynnag, byddai'r rhyddhad yn cael ei gapio yn amodol ar gap ar y swm y gallai pob busnes ei hawlio ledled Cymru. Roedd manylion am yr eiddo oedd yn gymwys ar gyfer y cynllun hwn i'w gweld yn Atodiad A i'r adroddiad.

Eglurodd y Prif Swyddog, Cyllid, Perfformiad a Newid yr amcangyfrifwyd y byddai tua 940 o fusnesau yn gymwys o fewn y fwrdeistref. Busnesau a allai elwa o orfod talu dim ond 25% o'u trethi annomestig o dan y cynllun newydd hwn yn ystod y flwyddyn i ddod. Ni fyddai unrhyw fusnes yn derbyn y rhyddhad hwn yn awtomatig, felly fe fydd gwybodaeth yn cael ei ryddhau drwy'r wefan a'r llwyfannau cyfryngau cymdeithasol a phe bai'r Cabinet yn cytuno i fabwysiadu'r cynllun, byddai'r ffurflenni newydd yn cael eu rhoi ar wefan y Cyngor fel y gallai busnesau wneud cais o 1 Ebrill. Ychwanegodd y byddai Rheolwr Canol y Dref hefyd yn dod â'r cynllun hwn i sylw busnesau ym Mhen-y-bont ar Ogwr.

Diolchodd yr Aelod Cabinet dros Adnoddau i Lywodraeth Cymru am gefnogi'r diwydiant hamdden a lletygarwch ac anogodd yr Aelodau i sôn am y cynllun wrth ymweld â thafarndai a bwytai lleol.

PENDERFYNWYD: Mabwysiadodd y Cabinet Gynllun Rhyddhad Trethi Adwerthu, Hamdden a Lletygarwch Llywodraeth Cymru ar gyfer 2023-24 fel y nodir yn Atodiad A yr adroddiad.

155. **CARTREF DROS DRO I'R RHAI SY'N DDIGARTREF**

Cyflwynodd y Prif Swyddog Cyllid, Perfformiad a Newid adroddiad yn gofyn am gymeradwyaeth y Cabinet i atal Rheolau Gweithdrefn Contractau (CPRs) y Cyngor er mwyn sicrhau llety dros dro ar gyfer achosion o ddigartrefedd er mwyn cwrdd â dyletswydd tai statudol y Cyngor.

Darparodd y Prif Swyddog Cyllid, Perfformiad a Newid wybodaeth gefndirol ar y mater gan gynnwys gwybodaeth am fis Hydref 2022 a ddaeth a chategori newydd o anghenion i'w blaenoriaethu i rym. O dan y categori hwn, byddai person digartref yn cael llety dros dro. Mae hyn wedi arwain at gynnydd sylweddol yn y galw am lety dros dro. Ym mis

Mawrth 2020 roedd 83 o aelwydydd mewn llety dros dro, ond erbyn canol Chwefror 2023 roedd y niferoedd hynny wedi cynyddu i 253 o aelwydydd. Er mwyn bodloni'r gofyniad cynyddol hwn, roedd y Cyngor yn defnyddio ystod o wahanol leoliadau fel yr amlinellwyd yn yr adroddiad. Roedd y darparwyr yn tueddu i fod yn fusnesau bach neu'n endidau unigol, a oedd wedi arwain at greu sefyllfa lle roedd cynhaliaeth hirdymor y gwasanaeth hwn yn eithaf heriol. Er mwyn galluogi'r trefniadau presennol i barhau, cynigiwyd cytundeb lefel gwasanaeth pellach am 12 mis gyda darparwyr oedd yn cynnig llety ar hyn o bryd. Byddai Strategaeth Digartrefedd newydd, Prosbectws Tai a Chynllun Trosiannol Ailgartrefu Cyflym yn cael eu cyflwyno i'r Cabinet yn fuan, a fyddai'n amlinellu cynigion i leihau lefel y llety dros dro a ddefnyddir ac yn edrych i ehangu ar y llety presennol a'r prosiectau cymorth cysylltiedig â thai a hefyd i weithio gyda landlordiaid preifat i ddarparu llety ychwanegol lle bo'n bosibl, a hefyd i weithio mewn partneriaeth â sefydliadau statudol a'r trydydd sector eraill i sicrhau bod cymorth cysylltiedig â thai ar gyfer aelwydydd yn cael ei gynnal a'i ehangu pan fo anghenion yn nodi bwch yn y ddarpariaeth.

Eglurodd yr Aelod Cabinet Cenedlaethau'r Dyfodol eu bod wedi trafod yr argyfwng tai yn helaeth a'i bod yn mynd yn fwy anodd dod o hyd i lety ac fe wnaeth gydnabod nad oedd y systemau sydd ar waith yn bodloni ei ddisgwyliadau ond eu bod o ganlyniad i amgylchiadau anodd iawn. Roedd yr adroddiad hwn yn blastr dros dro yn unig. Fodd bynnag, roedden nhw'n chwilio am ateb mwy hirdymor gan gynnwys fframwaith caffael i weithio'n fwy effeithiol gyda pherchnogion tai haf ac Airbnb's. Diolchodd i'r swyddogion am eu gwaith caled a sicrhodd y Cabinet eu bod yn chwilio am atebion tymor hir a gwahanol ffyrdd o liniaru'r argyfwng hwn.

Dywedodd y Dirprwy Arweinydd ei bod yn fwy tawel ei meddwl ar ôl gwrandao ar yr Aelod Cabinet. Roedd ganddi bryderon ynghylch gwerth cymdeithasol y gwariant yn enwedig mewn perthynas â landlordiaid preifat. Roedd yn rhaid iddyn nhw fonitro RSLs yn glos gan eu bod yno i gyflawni'r gwaith. Gofynnodd am sicrwydd ynghylch yr her sydd ar gael mewn perthynas â Landlordiaid Cymdeithasol Cofrestredig. Atebodd y Prif Swyddog, Cyllid, Perfformiad a Newid eu bod yn gweithio'n agos gyda Landlordiaid Cymdeithasol Cofrestredig a landlordiaid preifat ar draws Pen-y-bont ar Ogwr a bod yr angen wedi cynyddu'n sylweddol yn ystod y 3 blynedd diwethaf.

Ychwanegodd yr Arweinydd mai'r cyd-destun oedd popeth a'u bod i gyd yn cefnogi ymdrechion Llywodraeth Cymru ond nad oedden nhw'n gallu creu llety ychwanegol dros nos. Roedd hi'n sobri rhywun i weld cymaint o bobl mewn llety dros dro. Diolchodd i'r tîm am eu hymrwymiad i sicrhau llety i bobl heb unman arall i fynd.

PENDERFYNWYD: Cabinet:

- Atal y rhannau perthnasol o Reolau Gweithdrefn Contractau'r Cyngor mewn perthynas â'r gofyniad i dendro am contract a'i ddirprwyo i'r Rheolwr Grŵp - Tai i ymrwymo i Gytundebau Lefel Gwasanaeth gyda darparwyr llety am gyfnod o 'hyd at' 12 mis, er mwyn parhau i ddarparu llety dros dro ychwanegol, yn ôl yr angen i gyflawni dyletswyddau statudol Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr.
- Dirprwyo awdurdod i'r Rheolwr Grŵp - Tai i gymeradwyo telerau terfynol y Cytundebau Lefel Gwasanaeth ar ran y Cyngor ac i drefnu gweithrediad y cytundebau ar ran y Cyngor.

156. DEILLIANNAU AROLWG ESTYN AR GYFER YSGOL GYNRADD AFON Y FELIN, YSGOL GYNRADD PIL, YSGOL GYNRADD CORNELI AC YSGOL GYNRADD BRYNMENYN

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd adroddiad yn hysbysu'r Cabinet am ganlyniadau ymweliadau arolygu diweddar Estyn ag Ysgol Gynradd Afon y Felin, Ysgol Gynradd Pîl, Ysgol Gynradd Corneli ac Ysgol Gynradd Brynmenyn. Esboniodd fod Estyn wedi ymweld â 4 ysgol gynradd ym Mhen-y-bont ar Ogwr yn ystod tymor yr haf a'r hydref 2022 a nododd nad oedd angen unrhyw weithgaredd ddilynol ar y pedair ysgol. Dywedodd hefyd bod Ysgol Gynradd Connelly wedi cael ei gofyn i gynhyrchu astudiaeth achos o arfer dda effeithiol ar ei gwaith mewn perthynas â sut mae'r ysgol yn cefnogi dealltwriaeth disgyblion o ymwybyddiaeth ariannol ar gyfer ei gynnwys ar wefan Estyn.

Diolchodd yr Aelod Cabinet dros Addysg i athrawon, myfyrwyr, rhieni, gofalwyr a llywodraethwyr am eu gwaith caled a thynnodd sylw at rai o'r sylwadau yn adroddiadau Estyn.

Llongyfarchodd yr Arweinydd yr holl ysgolion a gymerodd ran a diolchodd am ymrwymiad yr athrawon, y staff a'r disgyblion a'r grŵp ymroddedig o staff sy'n cefnogi'r holl ysgolion hynny. Byddai'r astudiaeth achos o amgylch yr Undeb Credyd yn cael ei rhannu mewn datganiad i'r wasg.

PENDERFYNWYD: Nododd y Cabinet gynnwys yr adroddiad hwn.

157. **Y GRANT TRAWSNEWID ANGHENION DYSGU YCHWANEGOL**

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd adroddiad yn gofyn am gymeradwyaeth y Cabinet i Gyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr i ymrwymo i gytundeb gyda Chyngor Bwrdeistref Sirol Rhondda Cynon Taf (RCTCBC), Cyngor Caerdydd, Cyngor Bwrdeistref Sirol Merthyr Tudful a Chyngor Bro Morgannwg ynghylch y Grant Trawsnewid Anghenion Dysgu Ychwanegol 2021-2022. Eglurodd mai pwrpas y Grant Anghenion Dysgu Ychwanegol oedd cefnogi awdurdodau lleol i ddatblygu a hyrwyddo arferion gwaith arloesol, aml-asiantaeth a thraws-sector i gefnogi dysgwyr ag anghenion dysgu ychwanegol (ADY) ac i reoli gweithrediad y Ddeddf ALNET.

Eglurodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd fod y cais am y Grant ADY yn llwyddiannus a dyfarnwyd cyllid o hyd at £943,845 i RCTBC fel awdurdod lleol arweiniol a fyddai'n cael ei ddyrannu i bob cyngor yn unol â'r Cynllun Gweithredu ADY. Y swm a oedd ar gael i awdurdodau lleol, ysgolion, darparwyr addysg bellach ac lechyd oedd £818,845 gan fod elfen wrth gefn o £125 k ar gyfer cyflogi'r Arweinydd Trawsnewid ADY rhanbarthol a chostau cysylltiedig a chymorth gweinyddol a chyllid. Y dyraniad gwariant grant i awdurdodau lleol oedd £248,925 ac roedd Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr yn disgwyl derbyn £41,779 o'r cyllid.

Eglurodd yr Aelod Cabinet Addysg, fel yn yr adroddiad, mai Grant Llywodraeth Cymru oedd hwn ac y bydden nhw'n derbyn tua 17% a oedd yn fras yn unol a'n cyfraniad i'r Consortiwm. Byddai'r cynllun yn helpu llawer o fyfyrwyr yn y Fwrdeistref Sirol ag anghenion dysgu ychwanegol.

Gofynnodd y Dirprwy Arweinydd a oedd y contract am flwyddyn ac a oedd yn cyd-fynd a'n rhan o fewn y Consortiwm Gwasanaethau Canolog. Atebodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd fod hynny'n gywir.

PENDERFYNWYD: Cabinet:

- cymeradwyo bod y Cyngor yn ymrwymo i gytundeb gyda RCTCBC, Cyngor Caerdydd, Cyngor Bwrdeistref Sirol Merthyr Tudful a Chyngor

Bro Morgannwg ynghylch Grant Trawsnewid Anghenion Dysgu
Ychwanegol 2021-2022; a

- rhoi awdurdod wedi'i ddirprwyo i'r Cyfarwyddwr Corfforaethol Addysg a Chymorth i Deuluoedd i drafod a chytuno ar delerau terfynol y cytundeb gyda'r Cynghorau eraill a dderbyn a threfnu gweithredu'r cytundeb hwnnw, yn amodol ar arfer awdurdod dirprwyedig o'r fath mewn ymgynghoriad â'r Swyddog Adran 151 â Phrif Swyddog - Gwasanaethau Cyfreithiol a Rheoleiddiol, Adnoddau Dynol a Pholisi Corfforaethol.

158. CYTUNDEB LEFEL GWASANAETH RHWNG GWASANAETH CARCHARDAI A PHRAWF EM (HMPPS) A CHYNGOR BWRDEISTREF SIROL PEN-Y-BONT AR OGWR AR GYFER PLANT A PHOBL IFANC A GYNHELIR YNG NGHARCHAR EM PARC SEFYDLIAD TROSEDDWYR IFANC (YOI)

Cyflwynodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd adroddiad yn gofyn am gymeradwyaeth i gytundeb lefel gwasanaeth i gefnogi pobl ifanc sy'n cael eu cadw o fewn Sefydliad Pobl Ifanc yng Ngharchar EM Y Parc (HMPYOI) ac i gyflawni cyfrifoldebau statudol Deddfau Plant 1989 a 2004. Amlinellodd y Cyfarwyddwr y cefndir ac eglurodd mai'r cynnig oedd i ddarparu uwch ymarferydd gwaith cymdeithasol penodedig o Wasanaeth Cyfiawnder Ieuentid o Ben-y-bont ar Ogwr i weithio fel rhan o'r Gwasanaeth Carchar Ieuentid yng Ngharchar EM y Parc, Pen-y-bont ar Ogwr gyda phlant sy'n destun dedfrydau remand/dan glo yn yr HMPYOI. Byddai'r swyddog hwn yn gweithio gyda'r tîm diogelu ac ymarferwyr ar gyfer adsefydlu i gyflawni nifer o ganlyniadau cadarnhaol ar gyfer plant a phobl ifanc a'r sefydliad lle cyflawnir eu dyletswyddau.

Eglurodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd fod y goblygiadau ariannol wedi'u hamlinellu yn y cytundeb lefel gwasanaeth ac y bydden nhw'n cael eu hadolygu'n flynyddol. Byddai'r holl gostau'n cael eu hadennill hefyd oddi wrth y Gwasanaeth Carcharu Ieuentid. Ni fyddai unrhyw gost i'r Cyngor o'r trefniant hwn.

Gofynnodd y Dirprwy Arweinydd pa lwyth achosion y byddai'r ymarferydd hwn yn gyfrifol amdano? Atebodd y Cyfarwyddwr Corfforaethol dros Addysg a Chymorth i Deuluoedd fod tua 60 o bobl ifanc yn y Parc ar hyn o bryd ac nad oedd y mwyafrif llethol ohonyn nhw'n blant o Ben-y-bont ar Ogwr ond bod ganddyn nhw gyfrifoldeb o hyd gan fod Carchar y Parc wedi'i leoli yn y fwrdeistref sirol. Ychwanegodd fod hon yn rôl bwysig iawn i Gyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr o fewn Gwasanaeth Cyfiawnder Ieuentid Pen-y-bont ar Ogwr.

Eglurodd yr Aelod Cabinet Addysg mai nod hyn oedd sicrhau bod Carchar y Parc yn cydymffurfio â dyletswyddau diogelu a bod pobl ifanc yn gallu derbyn y gwasanaethau sydd eu hangen arnyn nhw tra'n aros yng Ngharchar y Parc.

Gofynnodd yr Arweinydd am adroddiad yn ôl ar y ddarpariaeth a beth oedd effaith y cytundeb lefel gwasanaeth hwn.

PENDERFYNWYD: Cabinet:

- rhoi awdurdod wedi'i ddirprwyo i'r Cyfarwyddwr Corfforaethol Addysg a Chymorth i Deuluoedd i drafod ac ymrwymo i gytundeb lefel gwasanaeth; a

- chymeradwyo unrhyw estyniad neu ddiwygiad i'r cytundeb lefel gwasanaeth ac ymrwmo i unrhyw weithredoedd a dogfennau pellach a oedd yn ategol i'r cytundeb lefel gwasanaeth.

- cytuno i dderbyn adroddiad yn ôl ar y ddarpariaeth ac effaith y cytundeb lefel gwasanaeth hwn.

159. **POLISI CYFLOGWR MAETHU CYFEILLGAR**

Cyflwynodd y Prif Swyddog Polisi Cyfreithiol, Rheoleiddiol, Adnoddau Dynol a Chorfforaethol adroddiad yn gofyn am gymeradwyaeth i Bolisi Cyflogwr Maethu Cyfeillgar newydd. Roedd Rhwydwaith Maethu Cymru wedi bod yn galw ar gyflogwyr i fod yn fwy cyfeillgar i faethu er mwyn mynd i'r afael â rhai o'r heriau cenedlaethol sy'n ymwneud â maethu. Nod y polisi hwn oedd cynnig cyfle i weithwyr y Cyngor weithio'n hyblyg lle bo hynny'n gydnaws â gofynion eu swydd, i gefnogi gweithwyr a oedd eisoes yn ofalwyr maeth cofrestredig ac i annog gweithwyr eraill i ystyried i ymgymryd a gyrfa ym maes maethu yn y dyfodol. Byddai cymeradwyo'r polisi hwn yn cefnogi cais y Cyngor i gael ei gydnabod fel "Cyflogwr Maethu Cyfeillgar" ac, o'i gymeradwyo, fe fydden nhw'n cyflwyno'r cais hwnnw.

Cefnogodd y Dirprwy Arweinydd y polisi ac ychwanegodd nad oedd y rôl hanfodol bwysig yr oedd gofalwyr maeth yn ei chyflawni bob amser yn cael ei gwerthfawrogi ac y gallai gynnig sefydlogrwydd a magwraeth i rai o'r plant a phobl ifanc mwyaf agored i niwed gan roi gwell cyfleoedd bywyd iddyn nhw. Roedd angen iddyn nhw sicrhau bod swyddogion yn teimlo eu bod yn cael eu cefnogi yn un o'r rolau mwyaf heriol ond gwerth chweil y gallan nhw ei chyflawni.

Eglurodd yr Aelod Cabinet Cenedlaethau'r Dyfodol ei fod yn dymuno cael ei gysylltu â'r sylwadau hyn gan ei fod yn rhywun sydd wedi elwa'n bersonol o ofal maeth. Roedd y gwahaniaeth enfawr yr oedd yn ei wneud i fywydau unigolion yn bwysig ac fel cyflogwr roedd yn hanfodol bod mor gefnogol â phosibl.

Ychwanegodd yr Arweinydd fod hwn yn gyfle i helpu i chwalu myth ynghylch maethu nad oedd modd gweithio a maethu. Nid oedd hynny'n wir ac roedd llawer o ofalwyr maeth yn cyfuno'r rôl honno'n effeithiol iawn. Byddai hyn hefyd yn caniatáu'r cyfle i weithio'n hyblyg lle bo hynny'n gydnaws â gofynion y rôl a bod hynny'n seiliedig ar drafodaeth rhwng gweithiwr a'i reolwr llinell.

PENDERFYNWYD: Cabinet:

- Cymeradwyo'r Polisi Cyflogwr Maethu Cyfeillgar
- Cefnogi'r Cyngor i ddod yn gyflogwr Maethu-Gyfeillgar Cydnabyddedig.

160. **RHAGLENNI GWAITH I'R DYFODOL Y CABINET, Y CYNGOR A THROSOLWG A CHRAFFU**

Cyflwynodd y Prif Swyddog Cyfreithiol, Rheoleiddiol ac Adnoddau Dynol adroddiad yn gofyn am gymeradwyaeth y Cabinet ar gyfer eitemau i'w cynnwys ar Raglen Gwaith Blaengynllunio'r Cabinet ar gyfer y cyfnod rhwng 1 Mawrth 2023 a 30 Mehefin 2023 ac i'r Cabinet nodi i'r Cyngor a Phwyllgorau Trosolwg a Chraffu nodi eu Rhaglenni Blaengynllunio ar gyfer yr un cyfnod. Yn dilyn ystyriaeth gan y Cabinet, byddai'r rhaglenni'n cael eu cyhoeddi ar wefan y Cyngor.

PENDERFYNWYD: Cabinet

- Cymeradwyo Rhaglen Blaengynllunio'r Cabinet ar gyfer y cyfnod 1 Mawrth 2023 i 30 Mehefin 2023 a gynhwysir yn Atodiad 1;
- Nodi Rhaglenni Blaengynllunio'r Cyngor a'r Pwyllgorau Trosolwg a Chraffu ar gyfer yr un cyfnod, fel y dangosir yn Atodiad 2 ac Atodiad 3 yr adroddiad.

161. **EITEM BRYD**

Dim

162. **GWAHARDD Y CYHOEDD**

PENDERFYNWYD:

O dan Adran 100A (4) o Ddeddf Llywodraeth Leol 1972 fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at Wybodaeth) (Amrywio) (Cymru) 2007, gwahardd y cyhoedd o'r cyfarfod tra'n ystyried yr eitem fusnes a ganlyn. gan ei bod yn cynnwys gwybodaeth eithriedig fel y'i diffinnir ym Mharagraff 14 o Ran 4 a Pharagraff 21 o Ran 5 o Atodlen 12A i'r Ddeddf.

Yn dilyn cymhwyso prawf budd y cyhoedd, penderfynwyd, yn unol â'r Ddeddf y cyfeiriwyd ati uchod, i ystyried yr eitem ganlynol yn breifat, gyda'r cyhoedd yn cael eu gwahardd o'r cyfarfod, gan yr ystyriwyd ym mhob amgylchiad yn ymwneud â'r eitem, y roedd budd y cyhoedd o gadw'r eithriad yn drech na budd y cyhoedd o ddatgelu'r wybodaeth.

163. **CYMERADWYO COFNODION EITHRIEDIG**

PENDERFYNWYD:

Cymeradwyo cofnodion cyfarfod Cabinet 07/02/2023 fel cofnod gwir a chywir.

Daeth y cyfarfod i ben am 16:30

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

CARE HOME FEE-SETTING POLICY

1. Purpose of report

- 1.1 The purpose of this report is to seek approval from Cabinet to implement a Care Home Fee-Setting Policy from 2023/24.

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 There are currently 18 independent care homes for older people's provision within Bridgend County Borough, provided by 16 providers, where 7 care homes are registered to deliver nursing care.
- 3.2 These services offer a total capacity of 778 beds, of which Bridgend County Borough Council (BCBC) commissions in the region of 45% (320 placements) of the total beds available from independent care homes, with the rest being made up of private placements, health placements, or placements made by other Local Authorities (LA).
- 3.3 In respect of the current fee-setting arrangements in place for care homes, BCBC has a Care Home Price Schedule in place, which determines the rates paid to care homes for each type of placement. The Price Schedule gets reviewed on an annual basis, in close consultation with care homes themselves, where cost pressures (linked to changes in National/Real Living Wage rates and Consumer Price Index

(CPI) factors) are determined, which is then taking into account when considering any changes to current rates being applied.

- 3.4 Whilst ultimately it is the local authority that sets local authority fee rates, BCBC are committed to working with providers to ensure that fee rates are fair and maintain a sustainable care home sector, where local authorities must also act in accordance with statutory guidance to local authorities on the commissioning of social care services, as set out within Welsh Government (WG) statutory guidance “Fulfilled Lives Supportive Communities Commissioning Framework Guidance and Good Practice” that was issued in August 2010 under Section 7 of the Local Authority Social Services Act 1970.
- 3.5 This guidance sets out the factors a local authority should take into account when considering fees. The guidance states that *‘commissioners must have a rationale to explain their approach to fee setting. The primary concern is that services operate safely and effectively to promote the welfare of the service users and carers and meet regulatory requirement.’*
- 3.6 Pembrokeshire County Council was taken to Judicial Review by Forest Care Home Limited in December 2010 over the care fees set by Pembrokeshire for the 2010/2011 financial year. The Judicial Review gave and has continued to give a sharp focus to and identified a challenge for all local authorities to have a robust methodology in place to calculate fees paid to independent sector care home providers.

4. Current situation/proposal

- 4.1 The current fee-setting arrangements (considering existing rates linked to inflationary factors) was discussed at a care home provider forum in the summer of 2022, where all providers were in agreement that they felt that a more detailed, open-book, cost-of-care analysis should be undertaken, which should be carried out by an independent organisation in the spirit of non-bias, openness and transparency.
- 4.2 As a result of this feedback, it was agreed that an independent provider should be commissioned to coordinate and undertake the cost-of-care analysis and policy development exercises, who must work within the guidelines of the Welsh Government commissioned toolkit:
<https://ipc.brookes.ac.uk/publications/lets-agree-to-agree>
- 4.3 Following a procurement process, the Institute of Public Care (IPC) was appointed to carry out this work independently. IPC have lots of experience of doing such work in other LA areas and were also the organisation who developed the WG commissioned ‘Let’s agree to agree’ fee-setting toolkit.
- 4.4 A fundamental requirement of the commissioned work undertaken by IPC was to help develop a Care Home Fee-Setting Policy, which sets out BCBC’s approach to reviewing and setting fees for care homes, which will assist BCBC in meeting the requirements of the statutory guidance to have a rationale to explain their approach to fee-setting.
- 4.5 A draft version of the policy was developed by IPC and shared with care home providers in the Care Home Forum that took place on 8th March 2023, where their

feedback was considered and included in a further revised version that was shared with internal stakeholders (including Finance) for further review and comment, which has been included within the final version being presented to Cabinet.

4.6 A full version of the Care Home Fee-Setting Policy is included as **Appendix 1**, where in summary, the policy:

- sets out BCBC's approach to reviewing and setting fees for care homes
- provides the context and background to fee-setting on care homes
- provides a wider budget-setting context
- sets out the fee-setting and cost pressures analysis methodology
- highlights the engagement required
- sets out the requirements on care homes

4.7 It is proposed for the policy (if approved) to be implemented from 2023/24, with a review date at the end of March 2027, which is when current contracts (Pre-Placement Agreements) with care homes come to an end.

5. **Effect upon policy framework and procedure rules**

5.1 The is no effect upon policy framework and/or procedure rules.

6. **Equality Act 2010 implications**

6.1 An initial Equality Impact assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

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

7.1 A summary of the Well-being of Future Generations (Wales) Act 2015 assessment is listed below:

| | |
|----------------------|---|
| Long-term | Residential and nursing care homes are longstanding and essential care provision for individuals with high levels of support needs, with existing contractual arrangements being up to 6 years duration, ending in March 2027. |
| Prevention | Having effective residential and nursing care home services in place with access to supplementary supporting services is intended to prevent admission to hospital, which are costly for public services and can have a negative impact on individuals. |
| Integration | The overarching contracts in place with care homes are integrated with Cwm Taf Morgannwg Health Board. |
| Collaboration | The policy that has been developed has been done in collaboration with care home providers, which was overseen and coordinated by an independent specialist organisation. |

Involvement Officers and our commissioned partner (IPC) discussed the policy at a Care Home Provider Forum in March 2023, to ensure existing providers had an opportunity to contribute towards the development of the policy.

8. Financial implications

8.1 There are no additional cost implications in implementing this policy, where there are separate decision-making arrangements in place to approve care home fee levels on an annual basis.

9. Recommendation

9.1 It is recommended that Cabinet approves the implementation of the Care Home Fee-Setting Policy, to take effect from the end of April 2023.

Claire Marchant

Corporate Director – Social Services and Wellbeing Directorate

March 2023

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Background documents: None

Social Services & Wellbeing Directorate

Care Home Fee-Setting Policy

April 2023

| | |
|------------------------|---|
| Document Name/Location | |
| Author | Name Pete Tyson Job Title Group Manager – Commissioning Address Civic Offices, Bridgend Phone 01656 642667 Email peter.tyson@bridgend.gov.uk |
| Document Owner | Name Jackie Davies Job Title Head of Adult Social Care Address Civic Offices, Bridgend Phone 01656 642121 Email jacqueline.davies@bridgend.gov.uk |
| Review Date | This document is to be reviewed by no later than 31 st March 2027, and incremental reviews may take place as required. |
| Accessibility | This document can be made available in Welsh. |

| Updates, Revisions and Amendments | | |
|--|----------------------------------|-------------|
| Version | Details of Change | Date |
| 1 | Final draft for Cabinet approval | 01/04/23 |
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1 Introduction

This policy sets out Bridgend County Borough Council's approach to reviewing and setting fees for local residential and nursing care homes.

The fee-setting process takes place on an annual basis and involves both commissioners and finance staff within the Council as well as discussion and consultation with providers.

2 Starting Point

Our starting point is with the relationship that we have with providers. This has been developed over a long period of time and been influenced by a range of factors.

The Institute of Public Care (IPC) document '*Let's Agree to Agree*'¹ focuses upon the older people's care home market and looks towards a longer-term approach. It sets out 5 helpful principles:

- An agreed price has to be negotiated as with any other contract.
- The essence of the approach is one of transparency and openness from both parties.
- Neither party has to do business with the other and therefore it is possible that they will not come to an agreement.
- There can always be agreed exceptions to the stated price.
- All parties are committed to delivering a sustainable care market.
Provided the above obligations are discharged, LAs may decide to fix their care home and domiciliary care fees at levels different from those in their Cost of Care data returns. – Auburn, J 2022.

Whilst ultimately it is the local authority that sets local authority fee rates, we are committed to working with providers to ensure that fee rates are fair and maintain a sustainable care home sector.

3 Background Information

We have three main sources of background information that help to inform our policy and approach in this area.

1. In 2022 the Cwm Taf Morgannwg Regional Partnership Board produced a Market Stability report for Residential and Nursing Care for Older People² that provided a wide range of information about the regional market and also data for each of the three constituent local authorities. It also covered the impact of the Covid-19 pandemic.

¹ IPC, 'Let's Agree to Agree: A toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales' 2018, <https://ipc.brookes.ac.uk/publications/lets-agree-to-agree> (Accessed 16th March 2023)

² Cwm Taf Morgannwg Regional Partnership Board 'Market Stability: Residential and Nursing Care for Older People.'

2. In early 2023, IPC conducted a Cost of Care exercise for residential and nursing care homes in Bridgend.³ This provided detailed information on the actual costs of care incurred by providers in 2021-22 and also information about their expectations for the period ahead (i.e. the financial year 2023-24). Subject to the agreement of the representatives of the Bridgend County Borough Council (BCBC) Care Home Provider Forum, we will look to repeat this exercise in 2026, prior to the ending of the current contracts (or sooner if there are exceptional circumstances, for example an unforeseen and/or significant change in costs to deliver care in residential and nursing care homes in Bridgend).
3. Also, we maintain a dataset of placements into care homes and the occupancy levels being maintained across the sector.

4 Local Authority Budget Setting

Local Authorities must set a balanced budget for each financial year, and there is a procedure laid out in legislation in order for us to do this.

Relevant Legislation includes:

- [The Local Government Finance Act, 1992](#)
 - Section 30 (6) (England and Wales). This states that all authorities must set their budgets before 11 March each year, in advance of the financial year which starts on 1 April.
 - Section 32 (2) (a) states that authorities must set a **balanced budget** for each financial year, via a specific process.

For more information on Local Authority Budget setting, please see this helpful [Research Briefing](#) from the House of Commons

The Westminster Government makes its statement on expenditure at least annually, and following this the Welsh Government publishes its provisional settlement for each local government in Wales, indicating how much funding each local authority will provisionally receive in the following financial year.

Once BCBC receive the Welsh Government's provisional settlement amount, alongside any other expenditure announcements (changes to the Real Living Wage, for example), this will allow BCBC to complete cost pressure analysis of its local services and provisions to understand how this budget can be allocated.

Overall budgets are set annually, and therefore our normal process is to agree fees and rates for services on an annual basis. We would only deviate from that if the sector are able to evidence significant financial hardship linked to unforeseen circumstances not factored into agreed rates for that year and funding is available to further vary the agreed rates.

³ IPC, 'Bridgend Care Homes Cost of Care Exercise – 2022'.

5 Fee-Setting and Cost Pressure Analysis for Residential and Nursing Care Homes in Bridgend

Statutory guidance to Local Authorities on the commissioning of social care services is set out within Welsh Government statutory guidance 'Commissioning Framework Guidance and Good Practice. Standard 10 (2010)⁴. This guidance sets out the factors a Local Authority should take into account when considering fees: The Guidance states,

'Commissioners will have to take into account the full range of demands on them and their strategic priorities, as well as the resources they have at their disposal in developing their commissioning strategies...'

'Fee setting must take into account the legitimate and future costs faced by providers as well as the factors that affect those costs and the potential for improved performance and more cost-effective ways of operating. The fees need to be adequate to enable providers to meet the specification set by the Commissioners together with regulatory requirements...'

'Commissioners must have a rationale to explain their approach to fee setting. The primary concern is that services operate safely and effectively to promote the welfare of the service users and carers and meet regulatory requirements.'

Section 74 of the Service Providers and Responsible Individual Regulations says that the Responsible Individual :

'...must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 15 of these Regulations.'

Following the cost-of care analysis undertaken during 2022/23 by IPC, BCBC recognises that costs can change for providers year-on-year (either increasing or decreasing) and that in order to sustain the market and the Local Authority, these changes need to be taken into account annually.

For residential and nursing care homes in Bridgend, the current cost pressures methodology is illustrated in **table one**, below.

This cost pressures methodology takes account of a range of costs and draws upon national data with regard to any variations in the various categories of cost. The weighting given to each cost pressure element was updated in 2023, following the IPC cost of care exercise and is informed by the evidence collected from this exercise.

⁴ Welsh Assembly Government: [Commissioning Framework Guidance and Good Practice](#). Accessed March 2023

Table One: BCBC Cost Pressures Analysis Tool for Residential and Nursing Care Homes

Please note: this is the current version of the tool. This is subject to change should sufficient evidence be provided to the Council that there have been significant changes to the care home cost profile. Any such proposed or requested changes to this tool will follow the required Council decision making processes.

| Percentage weighting | | Relevant inflationary factor to be applied |
|---|---------------|---|
| Type of Cost | % | |
| Employee Costs (inc. Pension and NI) | 70.0% | Real Living Wage increase as at the April following the budget setting |
| Repairs, Maintenance and Premises Costs | 10.0% | Most recent Consumer Price Index in line with BCBC's budget setting timelines |
| Gas, Electricity, Water, Rates | 5.0% | Consumer Price Index (as above) |
| Food & Other supplies | 5.0% | Consumer Price Index (as above) |
| Sub Total | 90.0% | |
| Cost of Capital / Rate of Return | 10.0% | |
| Total – Cost Pressures | 100.0% | |

In line with the aforementioned good practice framework and budget setting legislation, BCBC will review any changes to the cost of delivery for local care homes using this above tool. This will be completed annually in order to propose any changes to the local fee rates for residential and nursing care home placements for the next financial year, in line with the overall available budget and budget setting arrangements.

This will be calculated using the previous year's fee rates, with each of the above components adjusted, if required, (in line with current cost pressure evidence) and then combined to provide a weighted increase or decrease of the total fee rate for BCBC.

Any proposed changes to the BCBC fee rates will be shared with local care home providers, and their feedback on the proposed rates will be sought. This will be completed in line with BCBC's budget setting timetable.

Providers will then be advised of the final proposed rates, to be incorporated into the overall Council's budget-setting proposals once this has been approved by the Council.

Whilst we recognise that provider costs may change (increase or decrease) during the course of a year, the local authority budget and care home fees are set at the outset of each financial year and so we are not in a position to amend them in-year. However, if BCBC or the local care home sector are able to evidence substantial

changes in the cost profile or pressures within a financial year, BCBC will take this into consideration within the financial envelope of the Council's available budget.

Please note, BCBC may at any point review and alter any aspect of our methodology to understanding the costs for delivery of residential and nursing care homes in Bridgend.

6 Payment Categories

As commissioners, we recognise that people with different levels of need require different care of different amounts and from people with varying skillsets. Accordingly, we do pay different rates for homes that cater for people with specific needs. Our payment rates differ for residential placements and nursing placements. We pay additional fees on top of those paid for each of these categories for older people with mental health problems people who have specialist care needs (six categories in all).

7 Engagement

'Let's Agree to Agree' proposes that a standing committee be established between local authority commissioners, health board commissioners, local authority and health board procurement and finance staff and a set of providers who represent a cross-section of residential and nursing homes (including EMI homes) from a particular area. The proposed role of this standing committee is to examine the available data and ensure that the evidence supports the decisions that will eventually be made on the agreed rates for the costs of care.

In a relatively small locality like Bridgend it is possible to engage with all local care home providers rather than have representatives on a committee, and we do this through the Care Home Forum. However, effective engagement with providers around fee-setting needs to be part of an ongoing process of engagement that occurs throughout the year and covers the whole range of issues of interest to both parties. We look to engage with providers at an individual and collective level throughout the year. A programmed timetable of engagement topics, including fee-setting, helps to ensure that fee-setting is properly considered at the appropriate times, but also that it does not dominate the process throughout the year.

Alongside these formal engagements with the sector we will continue to maintain ongoing contact with individual providers through their operational and contract management arrangements.

Partners

As well as consulting with care home providers, we have strategic level discussions about the budget with providers in other sectors, our partners in the NHS and elsewhere. We look particularly to have more focused engagement around fee-setting with partner commissioners who also have responsibilities for funding some social care services (e.g. through NHS Continuing Care or through intermediate Care arrangements). These discussions can be less formal than those with providers but ensuring effective sharing of information is important. Partner commissioners may also join in with the provider engagement set out above.

Neighbouring authorities

Local authorities often place people in adjacent locations or even further afield either because of resident's preferences or because of pressure upon supply in their own locality. Some authorities will be net importers of people and others net exporters. However, in some markets the flow between the two (or more) authorities involved can be significant. Also, provider groups may have homes in adjacent areas. The impact of fee rates in one authority is likely, therefore, to affect the market elsewhere and local authorities need to be aware of the cross-boundary flows and the implications of these. The greater the flow the greater the need for engagement with neighbouring authorities on fee-setting.

BCBC have representation on the Welsh National Commissioning Board in order to understand fee levels in neighbouring areas in Wales, and the benchmarking work they complete. This helps to inform our awareness of fee rates across Wales – although it must be stressed that it is difficult to compare rates – as the financial circumstances for care homes in other local authorities will be different.

People who use services and families/carers

People who use services and the population generally will not usually be involved in the general consultation around budget-setting proposals. However, there are some aspects of fee-setting that can impact upon service users – for example the local authority fee-rates may cause a provider to decline to continue to contract with the local authority. Also, the fees set by the local authority may affect the level of top-up payments being made by a third party for a care home resident.

For these reasons, it is important that any decisions on the fee setting and overall budget includes reference and consideration of these issues.

8 Governance and Equality Impact Assessment

This policy will require approval from BCBC's Cabinet, prior to which an Equality Impact Assessment (EIA) Screening will be undertaken to assess any potential impact and determine if a full EIA is required.

9 Requirements

Whilst we are committed to reviewing fees on an annual basis as part of our wider budget-setting process we also have expectations of providers and what they should adhere to. We believe this is important to ensure there is a level of fairness within the process.

Welsh Government Real Living Wage Policy

The Welsh Government has re-affirmed its commitment to ensuring social care workers are paid in accordance with the current Real Living Wage.⁵ We take account of this in our cost analysis tool that uplifts wage costs by the RLW increase for that year. Accordingly we require assurance from all providers that all social care staff are paid at RLW levels.

⁵ 'Welsh Government, 'Implementing the Real Living Wage for social care workers in Wales', 2022, <https://www.gov.wales/implementing-real-living-wage-social-care-workers-wales>

Third Party Arrangements

Third party arrangements exist when a care homes fees are above the rate set by the Council and the resident themselves (or someone else on their behalf) pays the difference between the two. Whilst we understood that such an approach is permitted, we do expect providers to review these arrangements when any increase in local authority fee-rates is implemented.

Private placements

Similarly, with regard to private placements where the local authority has played no part in the placement, we do ask that care home providers review the rates they are charging when any increase in local authority funding takes place. We also expect care homes to advise people entering into a private placement of local authority eligibility criteria and of any difference between local authority rates and any rate they enter into as a private placement.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR – SOCIAL SERVICES AND WELLBEING

SOCIAL SERVICES COMPLAINTS POLICY

1. Purpose of report

1.1 The purpose of this report is to seek Cabinet approval of the revised Social Services Complaints Policy (**Appendix 1**). The policy is in accordance with legislation and statutory guidance.

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 The Social Services Complaints Policy is underpinned by the Social Services and Wellbeing (Wales) Act 2014, the Social Services Complaints Procedure (Wales) Regulations 2014, the Representations Procedure (Wales) Regulations 2014 and the accompanying statutory guidance "A guide to handling complaints and representations by local authority social service".

3.2 The regulations, introduced a two-stage process to deal with complaints and representations about local authority social services. Stage 1 of the process is the informal resolution followed by Stage 2, Formal Investigation. If the complaint or representation is not resolved at the Formal Investigation stage the complainant must be reminded that they have the right to complain to the Public Services Ombudsman for Wales.

3.3 Each complaint is considered on a case-by-case basis, to take account of the circumstances of the complainant (including their age or any disability). The aim is to ensure that access to the process is easy and that complainants are treated with

dignity and respect by appropriate skilled and experienced staff and a named Social Services Complaints Officer who collates and analyses information to identify learning opportunities which will support continuous improvement.

4. Current situation/proposal

4.1 Regulatory inspections conducted by Care Inspectorate Wales(CIW) highlighted the Directorate as requiring a reviewed and updated Social Services Complaints Policy which was accessible to the public.

4.2 The proposed policy sets out exactly how Bridgend Social Services will meet statutory obligations which aim to ensure that complaints are handled in a consistent way across Wales. This ensures that complaints involving more than one public authority are also handled in a co-ordinated way.

4.3 The following areas of the Policy have been strengthened in its development:

- To be explicit in matters on which the Council are precluded from investigating complaints, for example, matters currently subject to court proceedings;
- To set out all individuals responsible within the Directorate for handling complaints and their role and responsibilities in the process;
- A commitment to learning from complaints to drive service improvements and prevent similar issues from arising in the future.

5. Effect upon policy framework and procedure rules

5.1 There is no effect upon policy framework and procedure rules.

6. Equality Act 2010 implications

6.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

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

7.1 The review of the policy supports the five ways of working under the Well-being of Future Generations (Wales) Act 2015 as follows:

| | |
|-------------|--|
| Involvement | Representatives from varying levels of the Directorate; colleagues from adults and children’s services, the Policy Officer and an Independent Complaints Consultant have fed into this report. |
| Long term | There will be a positive long-term impact of this policy due to a more stringent process relating to issuing and resolving complaints for both the public and social services employees. |

| | |
|---------------|--|
| Prevention | To prevent increased numbers of complaints progressing and to ensure lessons learned from past complaints are implemented, preventing reoccurring complaints. |
| Integration | This policy will be implemented and used directorate wide. Training will be provided to service managers by the Complaints Manager. |
| Collaboration | Work has taken place with an Independent Complaints Consultant to provide an external viewpoint on the existing complaints procedure and to streamline the complaints process. |

8. Financial implications

- 8.1 There are no direct financial implications of the policy, however any complaints progressing to Stage 2 would require an independent investigator, the costs of which are funded from core Social Services and Wellbeing Directorate budget.

9. Recommendation

- 9.1 It is recommended that Cabinet approve the revised Social Services Complaints Policy attached as Appendix 1.

Claire Marchant

CORPORATE DIRECTOR – SOCIAL SERVICES AND WELLBEING

April 2023

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Compliments and Complaints Resolution Manager

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Background Documents: None

Cyngor Bwrdeistref Sirol



SOCIAL SERVICES REPRESENTATIONS & COMPLAINTS POLICY

Reviewed: April 2023

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SOCIAL SERVICES REPRESENTATIONS & COMPLAINTS POLICY

1. Purpose

To set out the Council's policy aims regarding the management and handling of complaints and representations received about its social services functions and to clarify the responsibilities of staff when dealing with complaints and representations.

2. Commitment/Policy Statement

The Council is committed to ensuring that everyone who makes a complaint about its social services functions is listened to, and have their concerns resolved quickly, effectively and fairly. The Council aims for high standards, but acknowledge that sometimes things go wrong, and we can learn from mistakes made. The lessons learned from complaints, provide vital information that is used to inform future service improvements.

3. Legislation/Statutory Basis

This Policy has been produced in line with the requirements of the Social Services and Wellbeing (Wales) Act 2014 ('the Act') and the Representations Procedure (Wales) Regulations 2014 ('the Regulations').

The Social Services Complaints Procedure (Wales) Regulations 2014 introduced a new procedure which local authorities must follow in the consideration of complaints made to them about the discharge of certain functions under the Children Act 1989 and the Adoption and Children Act 2002.

The Welsh Government Guidance entitled 'A guide to handling complaints and representations in local authority social services' ('the Guidance'), which came into force in August 2014, must be followed by local authorities, unless they can show good reason to depart from it. The Guidelines should therefore be used in conjunction with this Policy.

4. Complaint Definition

For the purposes of this Policy and as set out in the Guidance, a complaint can be defined as:

- an expression of dissatisfaction or concern;
- either written or spoken or made by any other method of communication;
- made by one or more members of the public;
- about a public service provider's action or lack of action; or
- about the standard of service provided.

Complainants have the right to choose to use the Welsh language when they make their complaint. The Council is responsible for ensuring that an 'Active Offer' is made for the complainant to progress their complaint through the medium of Welsh. This should not affect the timescales for provision of the Council's complaint response.

A complaint is **NOT**:

- an initial request for a service;
- a formal review or appeal against a decision or determination, the procedure for which is set out in legislation or regulations;
- a means to seek change to legislation or “properly made” policy decision; or
- a means for lobbying groups/organisations to seek to promote a cause.

Additionally, the following matters are excluded from consideration:

- a complaint which has already been investigated under the current Social Services Complaints Procedure or any previous social services complaints procedure;
- a complaint which is being or has been investigated by the Public Services Ombudsman for Wales;
- a complaint about alleged failure to comply with a request under the Freedom of Information Act 2000; or
- a complaint that is made orally which has already been resolved to the satisfaction of the person who made the complaint, by the end of the following day on which the complaint was made.

5. Officer Roles

Director: The Director of Social Services (‘Director’) will have formal oversight of the complaints process and will report annually on the Council’s performance, handling, and investigation of social services complaints.

The Director will appoint a Complaints Manager who will be responsible for day-to-day management of complaints and ensuring compliance with the Social Services Complaints Procedure, associated Acts, Regulations and Guidance.

Complaints Manager: The Compliments and Complaints Resolution Manager (‘Complaints Manager’) is responsible for advising complainants, managers and staff regarding the complaints process and will strive to ensure that the Council follows the requirements of the regulations and guidelines. For example, monitoring and ensuring the timescales set out in the regulations and the guidelines are met, whilst also keeping the complainant updated.

The Complaints Manager will be responsible for maintaining a list of approved Independent Investigators and Independent Persons and will identify and commission services as appropriate on a case-by-case basis at Stage 2 (Formal Investigation) of the complaints process. The Complaints Manager will ensure that necessary checks are completed prior to approving individuals for inclusion on the approved list.

Managers: As far as practicably possible, Managers should always aim to resolve complaints, at Stage 1 (the local/informal stage) of the complaints process. They are responsible for attempting to de-escalate and resolve complaints to the satisfaction of the complainant. They must contact complainants to clarify and discuss their concerns with them. Managers must investigate concerns, identify corrective actions to resolve

complaints (where necessary) and clearly communicate their findings and decisions to complainants. They must also keep the Complaints Manager updated.

All Staff: All staff are responsible for ensuring complaints are not overlooked. Therefore, in those instances where they have been unable to resolve an issue directly themselves, they must ensure they refer the concern(s) immediately to the Compliments and Complaints Resolution Manager, Team Manager or Group Manager (in the absence of the Team Manager).

All staff are responsible for ensuring that service users and/or their families are given information about the complaints process.

Managers and staff are responsible for ensuring that complaints are addressed and resolved in a timely manner and as swiftly as possible. It is hoped that this approach will prevent the majority of complaints from escalating.

Full details of the roles and responsibilities of Council staff, Independent Investigators and Independent Persons can be found in the Guidance via the following link:

<https://gov.wales/sites/default/files/publications/2019-05/a-guide-to-handling-complaints-and-representations-by-local-authority-social-services.pdf>

6. Who Can Complain?

Any member of the public (including a child) can make a complaint if they have received (or were entitled to receive) a service from social services and/or have suffered due to the inappropriate actions of social services.

A representative can make a complaint on behalf of someone where that person is:

- a child (a representative can include the child, their parent, foster carer or someone who has parental responsibility);
- has requested the representative to act;
- lacks capacity within the meaning of the Mental Capacity Act 2005; or
- has died.

The Complaints Manager in consultation with the appropriate Senior Manager will assess whether the representative has sufficient interest in the person's welfare and is a suitable person.

The Complaints Manager will set out in writing the reasons for not accepting a complaint from someone who considers themselves a representative but is not suitable to act in that capacity.

7. Advocacy Provision

Children receiving care and support, looked after children and care leavers have a right to an Independent Advocate when making a complaint. If a child/young person does not have an advocate the Complaints Manager can arrange the appointment of

a suitable independent advocate who will be able to assist and support the child/young person through the complaints process.

The Complaints Manager should inform adult complainants about the availability of advice and assistance which can include advocacy services. An offer of referral to the advocacy service on behalf of the complainant can be made, particularly in those cases whereby it is felt that the individual lacks capacity to self-refer.

8. Concurrent Investigations

The Regulations specify that where matters are subject to concurrent consideration the Council must not consider or further consider a complaint under the Social Services Complaints Procedure if this would prejudice the conduct of certain proceedings or investigations.

Those matters include:

- the complainant indicates in writing that they are taking or intend to start legal proceedings;
- the local authority is considering legal proceedings, for example, care proceedings or Court of Protection proceedings;
- the local authority is taking or proposing to take disciplinary proceedings against a staff member;
- the local authority is aware that a prosecuting authority – for example the police or the Care and Social Services Inspectorate for Wales – is investigating with a view to a criminal prosecution; or
- while there is a danger of compromising any adult or child protection process.

The Complaints Manager will seek clarification from the relevant department on a case-by-case basis in order to determine whether any of the circumstances above apply.

If a case is open under the remit of child protection and/or the child is registered on the Child Protection Register, the Complaints Manager will seek clarification from the Head of Service to determine if a complaints investigation will compromise the child protection process.

The Complaints Manager will then notify the complainant of the Council's consideration in writing and the reason(s) for the decision.

Complainants may re-submit their complaint or representation no later than six months

after the concurrent consideration is discontinued or completed. In most cases the complainant will be aware when a concurrent investigation has been completed. Where appropriate, however, the Council will consider whether to notify a complainant once the concurrent investigation is completed.

The Council is excluded from intervening in matters that are being or have been considered in the courts and/or where the most appropriate recourse is for further consideration by the courts.

9. Deferring/Freezing Decisions

There may be occasions when a complainant requests a change to a care plan, placement or service. The outcome of the complaint may therefore have a significant effect on the complainant.

Serious consideration must therefore be given by the Complaints Manager in consultation with the relevant Team Manager/Group Manager to the possibility of deferring/freezing a decision. Decisions must be taken on a case-by-case basis. The needs of the individual and any risks which may occur from deferring or not deferring must be assessed as part of the decision-making process.

A general presumption favouring the freezing of a decision (unless there is good reason not to) should be adopted. Where need be, the Director will make the final decision.

The Complaints Manager will write to the complainant as soon as possible advising of the Council's decision.

10. Time Limit for Making Complaints

The Regulations provide that a complaint or representation must be made **no later than 12 months** after:

- the date on which the matter complained about occurred; or
- if later, the date on which the matter complained about came to the complainant's attention.

The Complaints Manager will assess (in consultation with the relevant Team Manager/Group Manager) and be satisfied that the complainant has good reason for not submitting their concern(s) within these timescales. They will also need to be satisfied that it would still be possible to investigate the matter effectively (this may depend upon availability of the staff involved in the case at the time and the availability of historical records held by the Council).

11. Informal Resolution

To fulfil the Council's commitment to achieving swift and effective complaint resolutions, Team Managers (or Group Managers) must attempt to contact the complainant with a view to resolving their complaint informally (wherever possible) **by the end of the working day following the day on which the complaint was made.** This requirement will apply (in the main) to those complaints made orally and, in those cases where the issue(s) raised can be easily resolved. Managers must contact the complainant to communicate their findings and decision(s).

A written record of the manager's discussion with the complainant together with their findings and details of the complaint resolution must be made by the manager and forwarded to the Complaints Manager for their records.

N.B. In cases where informal resolution **has not been reached by the end of the working day following the day on which the complaint was made**, the complainant will be contacted to request an extension, and in some cases the matter will be escalated by the Complaints Manager to Stage 1 of the formal complaints procedure.

12. Two Stage Procedure

Stage 1 – Local Resolution:

Stage 1 of the complaints process adopts a more formal approach to local complaint resolution .

The Complaints Manager will provide the complainant with a formal written acknowledgement of their complaint **no later than 2 working days after the date of its receipt**.

In an attempt to resolve the complainant's concerns swiftly, Team Managers/Group Managers will be responsible for contacting the complainant to offer to discuss their complaint (face-to-face or over the telephone). This discussion must take place within **10 working days** of the date of the acknowledgement (or from the date the advocate is appointed). **This timescale may only be extended in exceptional circumstances and with the complainant's agreement.** The Complaints Manager will write to the complainant setting out the reason for this and seek the complainant's agreement to the timescale extension.

The Team Manager/Group Manager is responsible for investigating the concern, identifying corrective actions (where necessary) to resolve the complaint. Managers must provide complainants with a formal written response, setting out their findings within **5 working days** of the date on which the complaint was resolved. Their investigation and response should be fair and impartial. A copy of the formal response must be forwarded to the Complaints Manager for their records as soon as possible.

The formal written **complaint response** must:

- clearly set out the issues raised by the complainant;
- include clear findings of fact and details of any corrective actions identified;
- apologies for any shortcomings in services and support should also be included; and
- advice to the complainant of their right to request their complaint be escalated to Stage 2 of the complaints procedure (should they remain dissatisfied).

Stage 2 – Formal Investigation

The Regulations state that Stage 2 of the complaints process requires an independent investigation be undertaken by someone independent of the Council.

Most complaints should be resolved during the early stages of the process, however, a complainant can ask to escalate their complaint to Stage 2 at any point during the process. The Complaints Manager will assist with this.

Complainants that remain dissatisfied with the outcome of their complaint, having received a response during the earlier stages of the process, can request escalation of their complaint for independent investigation. The Complaints Manager and/or advocate will establish with the complainant which concerns they consider **not** to have been resolved and their reason(s) for this.

The Complaints Manager will consider the request (in consultation with the relevant the Group Manager/Head of Service) and will provide advice and support to the complainant to help determine when and if the complaint should move to stage 2. Where it is determined that the request will not move to Stage 2, the Complaints Manager will provide the complainant with written details of the reason(s) for the decision.

The Complaints Manager must advise the complainant of their right to complain to the Public Services Ombudsman for Wales in this communication.

Complainants have the right to ask the Council to consider their complaint at Stage 2 without it having first been considered at Stage 1. The Complaints Manager also has the discretion to take a complaint directly to Stage 2 if it is considered to be inappropriate to be dealt with initially at Stage 1.

The Complaints Manager must write to the complainant as soon as possible confirming acceptance of the Stage 2 request. This communication should include advice regarding the independent investigation process.

The Complaints Manager will contact and commission the services of an appropriate Independent Investigator (and Independent Person where appropriate).

The Compliments and Complaints Resolution Manager, Independent Investigator and Independent Person (where appropriate) will plan how the formal investigation will be carried out. The investigation must allow the complainant to have a meaningful input into the investigation process.

The Formal Investigation must be completed, and a full written response issued to the complainant within **25 working days**. Investigations may exceed this timescale which can be due to the nature and complexities of most complaints which reach the Formal Investigation stage.

The Complaints Manager will provide regular updates to the complainant about progress of the investigation and explain reasons for any delays experienced during the process. The complainant's agreement to any timescale extension must be sought by the Complaints Manager. An indication of when the full written response will be issued should be communicated to the complainant.

The Complaints Manager will keep a record of all delays and seek the approval of the Director to these.

The Complaints Manager will receive the Independent Investigation Report and check to ensure that it:

- is concise, clearly written and understandable;
- is evidence based and distinguishes between fact, feelings and opinions;
- is clear about the facts and findings for each element of complaint;
- details clear conclusions/outcomes;
- offers recommendations to achieve complaint resolution(s) and possible service improvement(s) which could prevent similar complaints being received in the future.

The Council's formal response will be drafted by the Complaints Manager on behalf of the Director. The response must be signed by the Director and must:

- summarise the elements of complaint;
- describe the investigation undertaken;
- describe the findings of the investigation and whether they are accepted by the Council, if not, the reason(s) for this;
- clearly set out whether each complaint has been 'Upheld', 'Partially Upheld' or 'Not Upheld';
- provide an apology as appropriate (usually where a complaint has been 'Upheld' or 'Partially Upheld');
- include explanation of any recommended corrective actions identified by the independent investigator and confirmation that the actions will be implemented by the Council;
- include a copy of the Independent Investigator's Report (unless there is good reason not to include it – in which case the reason(s) must be included in the response);
- include advice about the complainant's right to complain to the Public Services Ombudsman if they remain dissatisfied (relevant contact details must be included); and;
- include an offer for the complainant to discuss the response and Independent Investigation Report (this can be the Complaints Manager and/or Team/Group Manager).

The Complaints Manager must forward the Council's response with a copy of the Independent Investigation Report as soon as possible and **no later than 6 months from the date on which the complaint was received**.

Action Plan – The Complaints Manager should develop an Action Plan incorporating the recommended corrective actions. This can be done in consultation with the relevant Team Manager/Group Manager (see Lessons Learned).

13. Public Services Ombudsman for Wales

If the complaint has not been resolved by the end of the Council's complaints process (Stage 2 – Formal Investigation), the Complaints Manager must remind the complainant of their right to complain to the Public Services Ombudsman for Wales.

The Complaints Manager will manage and co-ordinate requests for information and response received from the Public Services Ombudsman.

14. Complaint Withdrawal

Complaints can be withdrawn by the Complainant at any point during the complaints process (orally or in writing). The Complaints Manager will write to the complainant to confirm the complaint withdrawal.

The Complaints Manager will also consult with the relevant Team Manager/Group Manager to assess and decide whether it is necessary to continue to investigate the issues raised.

15. Annual Report

The Complaints Manager must record details of complaints received throughout the year and monitor the Council's performance.

The Complaints Manager will draft the Annual Report on behalf of the Director ensuring the following is included:

- numbers of complaints received and resolved at each stage;
- performance regarding the Council's adherence to timescales;
- details of the nature of complaints and how they were resolved; and
- summary of lessons learned and actions implemented by way of resolution.

Evaluation of the complaints procedure should draw on the views of complainants and their experience of using it. Feedback could be obtained through a variety of methods, for example, questionnaires, telephone contact.

16. Lessons Learned

Team Managers/Group Managers and Heads of Service must ensure that all agreed corrective actions are taken forward and implemented to achieve continuous improvement of services. This applies to all stages of the complaints process and should serve to prevent repeats of similar complaints in the future.

Action Plans should be developed by the Complaints Manager and relevant Team Manager/Group Manager (particularly in respect of more complex complaints at Stage 2).

It is important that Team Managers/Group Managers inform the Complaints Manager when corrective actions have been implemented to allow the Action Plan to be updated.

17. Collaborative Working

Complaints Involving More than One Local Authority: The Complaints Manager will liaise with any other local authority involved in a complaint to agree which local authority will take the lead in co-ordinating and managing the complaint. The lead authority will be responsible for keeping the complainant informed and ensuring that a single comprehensive response (as far as is practicable) is provided.

Complaints Involving other Public Bodies: The Complaints Manager will liaise with other public bodies involved in a complaint (for example Health) and ensure that a co-ordinated approach is adopted.

The aim is to provide a seamless service for the complainant as far as possible.

18. Complaints in line with the Registration of Inspection of Social Care (Wales) Act 2016 (“RISCA”)

The Complaints Manager should refer complaints to establishments registered under the RISCA to allow the Provider to investigate and respond to the complaint in accordance with their own complaints process.

The Complaints Manager should also make the Contracting & Commissioning Team aware of the details of any complaints received about provider establishments.

The Complaints Manager must request a copy of the provider’s response in those instances whereby the complainant remains dissatisfied and must liaise with the Contracting & Commissioning Team to assess whether the response is sufficient or requires further investigation by the Council (either via the complaints process or by the Contracting & Commissioning Team via their monitoring process).

19. Staff Conduct

Concerns raised about the alleged conduct of staff members will be addressed in accordance with the Council’s internal management procedures. The outcome of any internal investigation must **not** be shared with the complainant due to the duty of confidentiality implied in the employees’ contract of employment and the Data Protection Act 2018.

The Complaints Manager is responsible for ensuring that details of complaints of this nature are referred immediately to the appropriate Team Manager/Group Manager for their consideration.

Team Managers/Group Managers must produce a brief report of their discussion(s) with the staff member and include details of the findings and their decision as to whether any further action is required (or not) together with the reason for the decision.

There will be occasions when complainants also submit their complaint to the Public Services Ombudsman and/or Social Care Wales. The Complaints Manager will therefore need to be confident that Team Managers have addressed the complaint with the member of staff and be able to provide evidence of this to satisfy them that the Council has taken the complaint seriously.

20. Training

To ensure that the complaints process is operated effectively, relevant information and training material should be developed and delivered to Managers and their teams to enable them to be confident when receiving, handling and investigating complaints

(during the early stages of the process). The training material will need to explain the complaints process, timescales etc., and stress the importance of them being accountable for actively attempting to resolve complaints swiftly, effectively and fairly.

Staff should also be trained to enable them to deal with people who are angry or upset.

21. Expectations

Staff: All complaints should be taken seriously, therefore, the Council expects all staff to listen to complainants and ensure they treat individuals with dignity and respect at all times.

Complainants: The Council will not tolerate any unreasonable demands, behaviour or actions towards its staff. Any unreasonable demands or unacceptable behaviour towards staff will need to be considered in accordance with the Council's Unreasonable Behaviour and / or Vexatious Policy.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

CARE INSPECTORATE WALES (CIW) IMPROVEMENT CHECK VISIT TO CHILDRENS SOCIAL CARE SERVICES 21 - 24 NOVEMBER 2022

1. Purpose of report

- 1.1 The purpose of this report is to present to Cabinet the Care Inspectorate Wales (CIW) report of their improvement check visit to Bridgend County Borough Council Children's Services during November 2022, and to recommend that Cabinet considers the report and comments on the associated updated Action Plan.

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 CIW carried out a first improvement check of Children's Services in Bridgend County Borough Council (BCBC) in November 2022, this visit followed a Performance Evaluation Inspection (PEI) during May 2022. The improvement check focused on the progress made in the following areas identified for improvement during the Performance Evaluation Inspection in May 2022:

- **People – voice and control**

| Areas of improvement identified from PEI - May 2022 | Progress identified from improvement check - November 2022 |
|--|--|
| Seeking, hearing (including the use of direct work) and recording the voice of the child | Significant improvements made and must be sustained |

| | |
|---|---|
| People consistently feel listened to and treated with dignity and respect | Some improvements made; further action is required |
| Workforce recruitment and retention | Some improvements made; further action is required |
| Management oversight | Significant improvements made and must be sustained |
| Staff support, supervision, and training | Some improvements made; further action is required |

- **Prevention**

| Areas of improvement identified from PEI - May 2022 | Progress identified from improvement check - November 2022 |
|--|---|
| Provision of information, advice, and assistance (IAA). People receive the right support at the right time | Some improvements made; further action is required |

- **Well-being**

| Areas of improvement identified from PEI - May 2022 | Progress identified from improvement check - November 2022 |
|---|---|
| Compliance with statutory responsibilities | Some improvements made; further action is required |
| Arrangements for supervised contact between children and their families | Some improvements made further action is needed |
| Identification and response to child exploitation | Some improvements made further action is required |

- **Partnership and Integration**

| Areas of improvement identified from PEI - May 2022 | Progress identified from improvement check - November 2022 |
|--|---|
| Thresholds for early help and statutory services | Some improvements made further action is required |
| Learning from reviews and audits | Some improvements made further action is required |

3.2 The scope of the inspection included:

- Evaluation of the experience of people following the PEI undertaken in May 2022.
- Evaluation of the experience and outcomes people achieve through their contact with social services.
- Consideration of evidence of improvement made following the PEI undertaken in May 2022, and plans for service development and improvement.

- 3.3 The date of the improvement check was 21-24 November 2022, and the inspection team consisted of a lead inspector and four inspectors.
- 3.4 The inspection team reviewed the experiences of people's journey through care and support through review and tracking of their social care record. The team reviewed 25 cases, with more detailed case tracking of 6 of these cases. This included interviewing the allocated case worker and their manager, other professionals involved, and where possible having conversations with the person in receipt of social care services, their family or carers.
- 3.5 The Inspection team :
- Spoke with 46 Authority employees (including some agency staff) from across various departments
 - Spoke with 3 people using services
 - Spoke with a partner organisation and a care provider
 - Spoke with the Chief Executive of BCBC
 - Spoke with the BCBC Cabinet Member for Social Services and Early Help
 - Spoke with the Chair of the Cwm Taf Morgannwg Safeguarding Board
 - Requested and reviewed supporting documentation provided by the Authority
 - Observed the Improving Outcomes for Children Board
 - Observed two BCBC Overview and Scrutiny Committees
 - Listened to a presentation delivered by the Authority's Senior Management Team, which focused on the Authority's improvement journey following the PEI and the current position of the Authority's Children's Services.
- 3.6 CIW confirmed that a report of their findings would be published on their website and provided to the Minister for Health and Social Services.

4. Current situation/proposal

- 4.1 The CIW Improvement check letter/report is attached at **Appendix 1**.
- 4.2 CIW recognise that recruitment and retention has been and continues to be a significant issue in Bridgend Childrens Social Care, with a loss in experienced staff and reliance on high levels of agency and newly qualified social workers. CIW recognise that the workforce position remains fragile, and this remains a significant risk to the Authority achieving and sustaining improvements.

The Authority continues to experience high level of contacts and demand for children's social care services with increased complexity in needs, which the service is responding to within the context of increasing financial pressures.

CIW confirmed that the Authority must continue to assure itself of the priority status, pace, quality, delivery, and impact of its improvement activity.

4.3 Summary of findings

A summary of the main findings of the improvement check in the four main areas including strengths and areas for improvement can be found below:

People – Strengths

- Action has been taken to ensure the voice of the child is consistently sought and listened to
- Some assessments clearly articulated the complex family circumstances of some children, whilst maintaining the uniqueness of individual children
- The Authority continues to regard the rights of children with evidence of the active offer of independent advocacy
- There is improved engagement and involvement of care experienced children
- The offer of a carers assessment at the point of contact is made and recorded
- A review of direct payments has taken place with further engagement with individuals
- Workforce continues to be a priority for the Authority
- A leadership and management programme has been commissioned
- Staff continue to manage increasing volumes of work and increased complexity of need
- Staff feel supported by managers
- There has been some reduction in caseloads
- Staff have received 'Back to Basics' Training
- There are increased opportunities for staff to reflect and embed learning
- The 'Newly Qualified Social Worker - Supporting your First Three Year's in Practice' programme has been re-launched

4.4 People – Areas for Improvement

- The Authority must continue to work towards ensuring a sufficient and sustainable workforce, to consistently meet statutory responsibilities
- The Authority should continue to monitor the quality of social care records ensuring recording is strengthened, and a consistent approach taken.
- The Authority must ensure people consistently feel listened to and are treated with dignity and respect

4.5 Prevention - Strengths

- Quality assurance arrangements have been strengthened
- Additional resources into the IAA service have impacted positively
- The Authority and its partners respond promptly to meet the needs of children particularly where acute need and risk is identified
- A good range of early help and edge of care services are available
- An independent review of Childrens Services has been commissioned

4.6 Prevention – Areas for Improvement

- The Authority must continue to closely monitor the position of Children's Social Services and early help services and identify and take action to mitigate risks to achieving and sustaining improvement and compliance with statutory responsibilities
- The Authority should ensure systems are in place to provide all staff, with up to date information regarding availability and accessibility of early help services

- The Authority must ensure children are not placed in unregistered services and must continue to identify suitable, registered placements

4.7 Partnerships and Integration - Strengths

- Collaborative partnership working at operational and strategic levels
- Agencies working effectively together through child protection processes

4.8 Partnerships and Integration – Areas for Improvement

- The Authority must prioritise work to ensure children and families access the right support at the right time, with smooth access and transition between early help and statutory services

4.9 Wellbeing – Strengths

- The IAA service is more stable, contacts/referrals are screened within 24 hours, with improved management oversight
- Child protection conferences, and reviews of care experienced children, are held in statutory compliance
- Practitioner assessments show wider understanding of family context and focus on risk
- The Authority and partner agencies identify immediate learning from critical events and child practice reviews
- Evidence of young people, parents and carers being involved in safeguarding processes

4.10 Wellbeing - Areas for Improvement

- The Authority must maintain focus on ensuring compliance with all its statutory responsibilities
- The Authority must progress work as a matter of urgency to implement and embed consistent practice regarding responses to child exploitation
- The Authority must continue to closely monitor contact arrangements

Recommendations and Next Steps

- 4.11 During the PEI in May 2022 CIW identified a number of areas requiring improvement where they had significant concerns. At the improvement check in November 2022, CIW found that improvements had been made but further actions are needed, so it remains that the Authority's Childrens Services require improvement.
- 4.12 The Action Plan has been updated to reflect the areas where improvement has been made, and where the additional recommendations made by CIW in the Improvement check can be found. The updated Action Plan can be found at **Appendix 2**. The progress to implement the outstanding and additional areas for improvement and corresponding actions will continue to be overseen by the Improving Outcomes for Children Board and reported to the Member Advisory Panel and the Overview and

Scrutiny Committee. CIW have indicated they will continue to closely monitor the Authority's performance and progress in achieving the improvements required.

- 4.13 To ensure timely action to sustainably improve the areas for improvement, Cabinet approved a 3-year strategic plan for Children's Services in February 2022. The implementation of the priorities in the plan continues to be overseen by an Improving Outcomes for Children Board chaired by the Chief Executive and advised by an Independent Advisor. There is also a Member's Advisory Panel as part of the governance comprising of Group Leaders.
- 4.14 Evidence from local authorities who have been in similar positions in respect of children's social care is clear. When a local authority is on an improvement journey 3 years is a realistic timescale to progress from being a service where there are serious concerns to one that requires improvement (at the end of year 1) to adequate and then good performance. It is important that this is understood by the whole Council and that the impact on the whole Council is understood by all officers and Members of being a Local Authority that requires improvement in such a critical service area.
- 4.15 A stocktake of progress against the 3-year strategic plan will take place over the spring and summer of 2023 and a refreshed plan will be brought to Cabinet in September 2023. The refreshed plan will be informed by analytical work being progressed by the Institute of Public Care with the Council to develop a sustainability plan for children and families in Bridgend in which a service and financial strategy for how the Council works with children and families at risk in Bridgend is set out for consideration. This sustainability plan will be based on robust evidence of the most effective operating model and interventions in supporting children and families through focussed preventative services at the edge of statutory provision. It will be accompanied by a workforce plan and a financial strategy and revised action plan all of which will need to be delivered to achieve sustainably good outcomes for children and families.

5. Effect upon policy framework and procedure rules

- 5.1 There is no effect upon the policy framework and procedure rules.

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. The inspection team included a Welsh speaking inspector, enabling CIW to make the active offer of conducting parts of the inspection process in Welsh. 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 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 wellbeing 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 – Social Services is demand led and the Social Services and Well-being (Wales) Act 2014 (SSWBA) focusses on sustainable prevention and well-being outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodelling and transformation of services continues to be a priority.
- Prevention – one of the four themes within the CIW inspection is Prevention. CIW have identified areas of strength for Prevention in their report. The areas for improvement are also included, and actions for improvement have been addressed within the updated Action Plan at **Appendix 2**.
- Integration – one of the four themes within the CIW inspection is Partnerships and Integration. CIW have identified areas of strength for Integration and Partnerships in their report. The areas for improvement are also included, and actions for improvement have been addressed within the updated Action Plan at **Appendix 2**. The SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided. The report refers to work with statutory partners.
- Collaboration – The collaborative approaches described in the report, are managed and monitored through various strategic and collaborative boards across Directorates and with partners, including the Childrens' Social Care Improving the Outcomes for Children Strategic Board.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

8. Financial implications

- 8.1 Whilst there are no direct financial implications arising from this inspection report, there are a number of significant pressures that the Directorate has identified, particularly in the areas of workforce and service provision (placements) in children's social care which will need to continue to be considered as part of the Council's Medium Term Financial Strategy. The development of a sustainability plan as set out in paragraph 4.15 of this report will require dedicated short-term capacity, which may be funded through the repurposing of existing grant funding or may need to be considered as part of future Medium Term Financial Strategy and specific grant investment discussions.

9. Recommendations

- 9.1 It is recommended that Cabinet considers the CIW report on the improvement check of Bridgend's Children's Social Care Services and comments on the associated updated Action Plan.
- 9.2 It is recommended that Cabinet note the development of a sustainability plan to most effectively meet the needs of children and families in Bridgend as set out in paragraph 4.15 of this report.

Claire Marchant

CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING

March 2023

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Background documents: None

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Ein cyf / Our ref:

Dyddiad / Date: 22/12/2022

Dear Director,

Improvement Check visit to Bridgend County Borough Council Children's Service

This letter summarises the findings of Care Inspectorate Wales (CIW) improvement check of Bridgend County Borough Council ('BCBC' / 'the local authority') Children's Service on 21–24 November 2022. This was the first improvement check following the performance evaluation inspection (PEI) of BCBC Children's Service in May 2022.

Introduction

We carry out inspection activity in accordance with the Social Services and Well-being (Wales) Act 2014; key lines of enquiry; and the quality standards in the *Code of Practice in relation to the performance and improvement of social services in Wales*. This helps us determine the effectiveness of local authorities in supporting, measuring, and sustaining improvements for people and in services.

The Improvement Check focussed on the progress made in the following areas identified for improvements during our last PEI in May 2022:

| Principle | Areas of improvement identified from PEI - May 2022 | Progress identified from improvement check - November 2022 |
|-----------|--|--|
| People | Seeking, hearing (including the use of direct work) and recording the voice of the child | Significant improvements made and must be sustained |
| People | People consistently feel listened to and treated with dignity and respect | Some improvements made; further action is required |

| | | |
|--------------|--|---|
| People | Workforce recruitment and retention | Some improvements made; further action is required |
| People | Management oversight | Significant improvements made and must be sustained |
| People | Staff support, supervision, and training | Some improvements made; further action is required |
| Prevention | Provision of information, advice, and assistance (IAA). People receive the right support at the right time | Some improvements made; further action is required |
| Partnerships | Thresholds for early help and statutory services | Some improvements made; further action is required |
| Partnerships | Learning from reviews and audits | Some improvements made; further action is required |
| Well-being | Compliance with statutory responsibilities | Some improvements made; further action is required |
| Well-being | Arrangements for supervised contact between children and their families | Some improvements made; further action is required |
| Well-being | Identification and response to child exploitation | Some improvements made; further action is required |

1. Summary of findings

- 1.1. During our PEI in May 2022, we identified BCBC, like many local authorities across Wales, had experienced challenges in the provision of social care. Many of the pressures experienced by the local authority's children's services reflected recovery from the Covid pandemic including high levels of demand and increased complexity of people's needs. Critical deficits in the number of social workers, because of recruitment and retention issues, along with staff absences and a highly competitive market, had resulted in the loss of experienced staff and a reliance on newly qualified and agency social workers. Whilst the local authority continues to take significant action to address the challenges of recruitment and retention, this remains a significant pressure. High numbers of agency staff are being used to fill gaps in teams, including some management posts. The workforce position remains fragile. The local authority is aware of the fundamental importance of having a stable and sufficient workforce to ensure there is sufficient capacity and capability to drive forward and sustain improvements.
- 1.2. The local authority is experiencing rising numbers of children who are subject to child protection registration, care experienced children,¹ and children receiving care and support. There continues to be an increase in the numbers of contacts/referrals received and a high level of demand for services coupled

¹ A child or young person who is either looked after or who has previously been looked after by a local authority under legislation.

with increased complexity in the needs of children and families, which BCBC is responding to within the context of increasing financial pressures. Leaders have a good line of sight on the current situation in children's services. The Chief Executive of BCBC continues to chair the Improving Outcomes for Children Board, which was set up in March 2022. The Board has made a positive impact through improved oversight of children's services and early help services, ensuring there is sufficient information about, and scrutiny of, performance.

- 1.3. Leaders and senior managers are committed to making improvements to support children's well-being. There continues to be a strong focus and a considerable amount of work underway to secure and monitor improvements in children's services. Improved systems have been implemented to monitor compliance and areas of risk and potential risk. The local authority has commissioned external expertise to support with identifying how well services are working, and how services can be improved or refined to maximise their impact and outcomes for children and families. The local authority continues to commission a programme of independent quality assurance to provide ongoing assessment of the strengths and areas for development in children's services and to inform practice development.
- 1.4. On 24 November 2022, the Cwm Taf Morgannwg Safeguarding Board published the Child Practice Review in relation to the tragic death of Logan Mwangi. The Board and the agencies involved with Logan and his family during his short life, have accepted in full the findings of the Child Practice Review. The Safeguarding Board and the local authority have stated they will implement the review recommendations. We will monitor the local authority's progress regarding implementation of recommendations through our ongoing performance review activity.
- 1.5. The local authority has strengthened managerial oversight and quality assurance, resulting in some positive developments in practice. Significant improvement plans have been formulated and new posts in children's services have been introduced to assist in driving plans forward. Implementation and embedding of improvement plans continue to be work in progress. However, the fragility of the workforce position remains a significant risk to the local authority achieving and sustaining improvements. **The local authority must continue to assure itself of the priority status, pace, quality, delivery, and impact of its improvement activity.**

Key findings and evidence

Key findings and some examples of evidence are presented below in line with the four principles of the Social Services and Well-being (Wales) Act 2014.

2. People

Strengths:

- 2.1. Action has been taken to ensure the voice of the child is consistently sought and listened to, and consideration is given to the lived experience of the child. We saw the use of pen pictures which included the child's history, and use of tools to help to facilitate the child's views and wishes and to aid

communication to improve understanding and safety for children. The increased focus on promoting the voice of the child was evident in our discussions with staff, as was the increased management oversight in relation to children's social care records.

- 2.2. There were examples of assessments that clearly articulated the context of the complex and challenging family circumstances of some children, with a focus on understanding the uniqueness of individual children. We also saw examples of direct work undertaken with children to help understand the child's lived experience, the presenting risks and to assist in identifying issues/concerns.
- 2.3. Overall, the local authority continues to give regard to the rights of children to be offered independent professional advocacy. We saw examples of children being provided with the active offer of advocacy. Given the increase in the number of care experienced children, the local authority is working with the independent advocacy provider to ensure the active offer of advocacy is consistently provided.
- 2.4. The newly appointed corporate parenting and participation officer is promoting improved engagement and involvement of care experienced children and young people. Several consultation and engagement activities have taken place with care experienced children including consultation on what makes a 'good parent,' what it is like to be 'in care' or a 'care leaver,' and what are the important issues for care experienced children.
- 2.5. Following the PEI action has been taken to ensure that the meaningful offer of a carers assessment at the point of contact is made and recorded.
- 2.6. The local authority has undertaken a review of its direct payment scheme. A face-to-face engagement event with those individuals/carers in receipt of direct payments is due to be held in December 2022. Work is in progress to explore innovative and creative solutions, including the use of direct payments and family help services as part of care and support arrangements.
- 2.7. Recruitment, retention, and workforce well-being continue to be priority areas for the local authority. Significant action has been taken to address the recruitment and retention issues for example enhanced marketing campaigns, international recruitment, 'Grow our own Social Work Programme,' and implementation of market supplements.
- 2.8. A bespoke management and leadership programme has been commissioned to support managers/leaders to develop their skills including the development of team culture and practice, performance management, quality assurance and coaching and mentoring. These skills are important in driving forward improvement plans and supporting staff particularly during times of workforce pressures, increased workforce anxiety and significant change.
- 2.9. Staff continue to work tirelessly to manage an increasing volume of work coupled with the increasing complexity of need. Staff are working in an environment of significant change due to the implementation of improvement plans, with increased management oversight and scrutiny. Staff spoke of the positive impact of the changes being implemented, including improved quality

assurance and oversight. Staff also told us about opportunities for reflective practice and introduction of peer supervision.

- 2.10. Staff we spoke with felt supported by managers and confirmed they felt confident to raise with their managers any concerns they may have. We saw there had been several management changes within the care experienced children's team, which had impacted on the level and consistency of management support provided. The recent appointment of a permanent team manager aims to provide management stability, consistency, and support.
- 2.11. There has been a reduction of some caseloads. Workloads were generally described as busy but manageable. Implementation of the Social Work Support Officer Model (from December 2022) should increase capacity for practitioners to concentrate on practice and free them up from some administrative functions.
- 2.12. Most staff we spoke with confirmed they had received Back to Basics training, which introduced the concept of Signs of Safety.² The aim of this training is to build a strong foundation to further develop, enhance, and reflect on social work practice within the safeguarding arena. **The local authority should evaluate the impact of this training, including the impact on outcomes for children and families and buy-in from staff.**
- 2.13. We saw increased opportunities for staff to reflect and embed learning. Training on professional curiosity is now mandatory, a training programme is in place. We saw some examples of how professional curiosity was appropriately applied in practice. Staff spoke of how access to on-line training/development resources were beneficial for their professional development. **This is improved practice and should continue.**
- 2.14. The local authority has reviewed and re-launched the Newly Qualified Social Worker 'Supporting your First Three Years in Practice' framework, to ensure that all newly qualified social workers are supported through transition from graduate to newly qualified social worker. Fourteen newly qualified social workers (including agency workers) commenced the programme in October 2022, which requires them to complete a mandatory training pathway and an additional development programme. It is important staff have the capacity to undertake training and maximise development opportunities.

Areas for improvement:

- 2.15. **The local authority must continue to work towards ensuring a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities.**
- 2.16. Whilst there has clearly been a significant focus on promoting the voice of the child, the quality of recording in relation to capturing children's voices remains

² Signs of Safety approach is a relationship-grounded, safety-organised approach to child protection practice, created by researching what works for professionals and families in building meaningful safety for vulnerable and at-risk children. The approach expands the investigation of risk to encompass family and individual strengths, periods of safety and good care that can be built upon to stabilise and strengthen a child's and family's situation. The approach is designed to be used from commencement through to case closure in order to assist professionals at all stages of the child protection process.

variable. Work is on-going in relation to the quality of recording, including the forthcoming launch of the recording policy for social workers and managers, which is planned for December 2022. **The local authority should continue to monitor the quality of social care records ensuring recording in relation to siblings, ethnicity, language, religion is strengthened, and a consistent approach taken.**

- 2.17. Some teams have experienced turnover of staff and or changes of management. We saw staff turnover had adversely impacted on consistency of workers for some children and families, presenting challenges regarding relationship building. Whilst social care records indicated respectful working with families, we received mixed feedback from a small number of people regarding how well they felt they were listened to and treated with dignity and respect. **The local authority must ensure people consistently feel listened to and treated with dignity and respect.**

3. Prevention

Strengths:

- 3.1. Quality assurance arrangements have been strengthened to provide leaders with a better understanding of performance including compliance with statutory requirements, gaps/pressures in service provision and quality of intervention.
- 3.2. It was evident the resources put into the IAA service this year, including additional staffing and management oversight, has positively impacted on the timeliness of screening contacts/referrals, and has provided staff with opportunities to improve practice. We could see how the improvements were beginning to positively impact on outcomes for some children and families.
- 3.3. The local authority is experiencing a significant increase in contacts/referrals, for example there was a 32% increase in the number of contacts/referrals received during the period April to August 2022, compared with the same period in 2021. Most of the contacts/referrals received are from partner agencies (health, police, education). This has resulted in an increase in the number of Section 47 enquiries³ undertaken, safeguarding strategy discussions held, and assessments and care and support plans completed. The impact of the increased demand has been felt across children's social services and early help services.
- 3.4. We saw examples of the local authority and partners responding promptly and effectively to meet the needs of children, especially where acute need and risk was identified. For example, the local authority, police, and other relevant agencies were able to convene strategy meetings at short notice. The subsequent planning was focused and based on good exchange of information across agencies. This resulted in assistance being offered to parents which was appropriate and proportionate to presenting need and risk. We saw examples of the local authority working with care providers to support

³ Section 47(1) of the Children Act 1989 contains duties which require a local authority to make, or cause to be made, such enquiries as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child's welfare.

them in responding to children's needs and areas of risk. **This is positive practice and should continue.**

- 3.5. There is a good range of early help and edge of care services available to support children and families. Work is in progress to look at best practice across BCBC early help, children's social services and edge of care services with the aim of preventing children's needs escalating and requiring protection.
- 3.6. The local authority has commissioned an independent review of children's services to evaluate its operating models. Early help services and edge of care services will be included in this review and any subsequent action planning as a result.

Areas for improvement:

- 3.7. There is unmet demand for services to support children and young people's emotional well-being. At the time of the improvement check there were 76 young people on the waiting list for the Youth Emotional Wellbeing Team (this is a reduction from April 2022 when there were 119 children on the waiting list for this service). We were informed all children referred had been screened and were being offered alternative support (such as school-based counselling, well-being workers that form part of a wider offer), where appropriate. As it is the responsibility of health boards and local authorities to support people's mental health and well-being, it is important they work together to identify and address unmet needs in relation to mental health and emotional well-being. **The local authority must continue to closely monitor the position of children's social services and early help services to ensure any indicators of risks to achieving and sustaining improvement and compliance with statutory responsibilities, and pressure/ gaps in service provision are quickly identified and the required action is taken.**
- 3.8. Action has been taken to increase staff awareness of early help services; however, some staff were unclear about availability and accessibility of some early help services. **The local authority should ensure systems are in place to provide all staff, with up to date information regarding availability and accessibility of early help services and records relating to intervention of early help services.**
- 3.9. In common with other local authorities, BCBC is experiencing pressure in relation to sufficiency of appropriate residential placements for care experienced children. There are a small number of children who are currently placed in services providing care and support that are not registered as required by law. The local authority has a development plan in place to increase the sufficiency of residential provision for care experienced children. Work is also in progress with national and regional partners through the National Fostering Framework to increase the numbers of foster carers in Bridgend County, including carers who have additional skills and experience in caring for children who would otherwise require residential care, or are moving on from such provision. **The local authority must ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements.**

4. Partnership

Strengths:

- 4.1. We saw collaborative partnership working at operational and strategic levels. This is critical to ensure improvements are delivered and sustained, and the well-being of children and families is consistently promoted and protected, and the local authority has a professional support network from which it can draw expertise, knowledge, support, and constructive challenge. A Bridgend Children's Summit was recently held with all key partners at Chief Executive level to agree the vision and priorities for integrated working for children and families in Bridgend County. **This is positive practice and should continue.**
- 4.2. Opportunities for agencies to work effectively together through child protection processes were embraced by partners. We saw examples of partners exchanging information which enabled a good understanding of both presenting risk and family context relevant to circumstances. The local authority and partner agencies are reviewing the information sharing platforms. Overall, social care records and feedback from staff demonstrated generally good information exchange, and a mutual understanding of each other's roles and responsibilities. Arrangements are in place for partners to constructively challenge and share/escalate concerns. The fortnightly Joint Operational Group meeting provides regular opportunity for constructive challenge and continuous improvement between partners. **This is improved practice and should continue.**

Areas for improvement:

- 4.3. Work is underway with both internal and external partners to ensure clarity and consistency of thresholds for access to early help and statutory services. **The local authority must prioritise this work to ensure children and families access the right support at the right time and ensure smooth access to services, and where required smooth transition between early help / preventative and statutory services.** Given the increase in demand for support/services the provision of timely early help is likely to alleviate the level of demand on statutory services.

5. Well-being

Strengths:

- 5.1. Actions taken by the local authority, in relation to its IAA service, has assisted to stabilise this service to ensure contacts/referrals are now consistently screened within 24 hours, with improved management oversight. The ability and capacity to respond to immediate safeguarding needs and crisis is a positive improvement for the local authority and partner agencies, with prompt and timely responses consistently evident.
- 5.2. We found initial child protection conferences, child protection reviews and reviews of care experienced children are being held in accordance with statutory timescales, as are reviews for care experienced children and reviews of support or financial support for children with Special Guardianship

Orders. We also found timely and appropriate action had been taken in relation to episodes of children going missing.⁴

- 5.3. There are some good examples of practitioner assessments, which demonstrate both a wider understanding of family context and a focus on risk. We saw use of genograms, chronologies and historical information being used to inform decision making and assessments. We noted an improvement in the quality of workload supervision records, which generally detailed action to be taken and follow up of actions. Several internal and independent audits have taken place to inform managers line of sight on practice and to identify improvements and good practice.
- 5.4. The local authority and partners identify any immediate learning from critical events and child practice reviews. For example, following a recent child practice review staff in the case management teams and the independent chairs of child protection conferences and reviews were reminded of the statutory duty to inform any person who holds parental responsibility for a child, of child protection concerns.
- 5.5. We saw evidence of young people and parents and carers being involved in the safeguarding process. For example, we saw how an interpreter had been used to communicate with a parent, in their first language, ensuring the parent could understand the safeguarding concerns of the local authority. The local authority has committed to developing a parent's charter to understand better, and act on, parents experience of working with children's social services. **This is improved practice and should continue.**

Areas for improvement

- 5.6. Performance indicators in relation to timeliness of meeting statutory requirements in some areas (as detailed above) were generally good. **The local authority must maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities.**
- 5.7. Whilst work in relation to child exploitation has commenced on both a local and regional level, the local authority is at an early stage of change management in respect of implementing and embedding consistent practice regarding identifying and responding to child exploitation. **The local authority must progress this work as a matter of urgency.** The recent appointment of a lead role regarding child exploitation may assist in driving this work forward.
- 5.8. Arranging contact between children and members of their families continues to present challenges for some staff in relation to workload management. The social care records we reviewed did not evidence direct impact of this on children and families. **This is an area that the local authority should continue to closely monitor.**

⁴ The All Wales Practice Guide – *Safeguarding children who go missing from home or care*, defines a child as missing when their whereabouts cannot be established, they will be considered as missing until located and their wellbeing or otherwise confirmed.

6. Next steps

- 6.1. During our PEI in May 2022, we identified a number of areas requiring improvements and where we had significant concerns. At this improvement check we found improvements have been made, however further actions are needed to ensure the well-being of children and families is consistently promoted and protected. It remains that the local authority's children's services require improvement.
- 6.2. We will continue to closely monitor through our ongoing performance review activities the progress made by the local authority in securing the improvements required. We recommend the local authority maximise opportunities to share and learn from positive practice.
- 6.3. This inspection letter will be published to our website. The local authority will be expected to present the letter to elected members and subject it to public scrutiny through a formal and open committee meeting at the earliest opportunity.

7. Methodology

- 7.1. Most inspection evidence was gathered by reviewing the experiences of people through reading and tracking of their social care records. We reviewed 25 social care records and of these we tracked 6. Tracking a person's social care record includes where possible, having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and other professionals involved.

We also:

- Spoke with 46 local authority employees (including some agency staff) from across various local authority departments
- Spoke with 3 people using services
- Spoke with a partner organisation and a care provider
- Spoke with the Chief Executive of BCBC
- Spoke with BCBC Lead Cabinet Member for Social Services and Early Help
- Spoke with the Chair of the Cwm Taf Morgannwg Safeguarding Board
- Requested and reviewed supporting documentation provided by the local authority
- Observed the Improving Outcomes for Children Board
- Observed two BCBC Scrutiny Committees
- Listened to a presentation delivered by the local authority senior management team, which focused on the local authority's improvement journey following the PEI and the current position of the authority's children's service

8. Welsh Language

- 8.1. The inspection team included a Welsh speaking inspector, enabling CIW to make the active offer of conducting parts of the inspection process in Welsh.

9. Acknowledgements

9.1. CIW would like to thank everyone who gave their time and contributed to this inspection.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lou Bushell-Bauers', with a small dot to the right.

Lou Bushell-Bauers
Head of Local Authority Inspection
Care Inspectorate Wales

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Children's Social Care
May 2022 – Care Inspectorate Wales - Performance Evaluation Inspection
November 2022 – Care Inspectorate Wales – Improvement Check
ACTION PLAN

| PRINCIPLE 1 PEOPLE (Pe) | | | | | | | |
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| REF | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTIONS | CROSS REFERENCE | BRAG |
| Pe1 | Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened | Develop an engagement and involvement framework so children and young people have an opportunity to become meaningfully involved in all aspects of the work of Children's Social Care in Bridgend. | Dep HoS/GM Case Management and Transition/Corporate Parenting Officer | March 23 | Number of consultation and engagement activities, events and focus groups have taken place with care experienced children and care leavers including what makes a good parent, what it is like to be 'in care' or 'a care leaver', and identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The outcome of the engagement is informing the priorities of the Bridgend Corporate Parenting Board | 3 Year Plan (V1) | |

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| | | <p>Finalise and launch recording guidance for social workers and managers</p> | <p>Principal Officer Training</p> | <p>Dec 22</p> | <p>Young People Interview Panels are supporting recruitment</p> <p>Our young people volunteering to be Young Ambassadors with Voices from Care to discuss the future of the Care System in Wales at the Senedd with Ministers and the Children Commissioner for Wales</p> <p>Commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and a Care Leavers Forum that will both meet monthly from November 22</p> <p>The Directorate recording guidance has been reviewed. The review of this guidance contributes to embedding, in practice, a focus on identifying and supporting 'what matters' to individuals, their carers, children and families utilising their strengths, and hearing and capturing their voices in recording our involvement with them, in shaping their care and support arrangements. The guidance was produced in consultation with staff from across social work and direct care services. Guidance and accompanying documents is</p> | | |
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| | | Audit implementation and impact of recording guidance for social workers | HoS/Principal Officer Training | March 23 | available on the intranet. Training on recording skills is available for direct care, social work and foster carers. Audit activity will take place 3 months after launch. | | |
| Pe 2 | Limited Evidence of Direct Work | Practice guidance to be reviewed to ensure it reflects the need for practitioners when undertaking assessments to focus on the quality of the child's lived experiences. | HoS/Principal Officer Training | Dec 22 | Practice guidance has been reviewed. There is guidance on listening to and recording the voice of the child, and tools for practitioners to use when undertaking direct work with children and young people available on the children's social care web pages. This area will be strengthened further by the development of 'lived experience of the child' practice guidance. | 3 Year Plan (V2) Review/Audit Plan Review D Rec 5 | |
| Pe 3 | Inconsistent use of chronologies and genograms | <ul style="list-style-type: none"> Reminder to teams regarding genogram and chronology software and report Provide refresher training to teams on the software and report Review chronology format and underpinning guidance | OP Bus Manager Op Bus Manager/GM Locality hubs | April 22 April/May 22 May 22 Continuous | Completed | Review/Audit Plan Audit B Rec 1 | |

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| | | <ul style="list-style-type: none"> • Deliver ongoing programme of training to all new staff • Monitor use of chronologies through supervision and audit | <p>Op Bus Manager/GM Locality hubs</p> <p>OP Manager/PO Training</p> <p>OP Manager/PO Training</p> | Continuous | | | |
| Pe 4 | Strengthen business support for practitioners | Review the Business support to practitioners to create the Social Work Support Officer Model and significantly increase capacity for practitioners to concentrate on practice rather than administrative functions | GM Bus Support/Bus Change Prog Manager | April/May 2023 | <p>New SWSO implemented 1st December 2022</p> <p>Training plan completed February 2023</p> <p>Implementation and completion of MoU with Team Managers March 2023</p> <p>Proposed changes to the fostering service business support team -consultation complete Feb 2023 and then advertisement of posts</p> <p>Full implementation and transfer of roles April/May 2023</p> | Workforce Project Plan | |

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| Pe 5 | Variable evidence of management oversight/Quality of supervision | Supervision policy and accompanying appendices to be reviewed Draft supervision policy to be consulted on and finalised | PO Training | Dec 22 | Review completed and revised policy has received cabinet approval | Review / Audit Plan Audit C Rec 1 | |
| Directorate Framework Supervision Policy to be re-launched | | PO Training | Dec 22 | An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards | | | |
| Supervision training to be arranged | | PO Training | Dec 22 | Programme is underway and bi-annual audit of supervision will take place to monitor implementation/effectiveness | | | |
| Commission a bespoke leadership and management development programme to support all managers to develop their skills in leading, the development of team culture and practice, coaching and mentoring Implement evidence-based mechanisms to ensure that reflective | | Director/PO Training Director/HoS/ | Dec 22 | Training programme commenced Jan – May 2023 Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice. Our QA Framework promotes a learning culture that values critical reflection and access to | | | |

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| | | <p>practice is embedded including communities of practice and action learning sets</p> <p>Focus on wellbeing through implementing a tiered approach to ensure timely and effective trauma informed support to workforce, including through effective line management support, peer support, and timely access to specialist support where needed</p> | <p>PO Training</p> <p>Director/HoS/P O Training</p> | <p>March 23</p> <p>March 23</p> | <p>both formal and informal learning and development opportunities that will enhance quality champion evidence-based practice and place an emphasis on development and improvement.</p> <p>Our revised supervision policy outlines the core functions of supervision including the requirement to support and attend to staff wellbeing. It also describes how peer support can be facilitated through group supervisions sessions. General and specialist wellbeing support continues to be available for all staff and managers and our approaches are under continuous review to ensure the offer is the best possible</p> | | |
| Pe 6 | Practice model – implementation of Signs of Safety | Relaunch and set out a detailed implementation plan encompassing for a model of strength-based practice which will have at its core a deep understanding of the dangers and harms to children and effective safety planning to address issues and strongly mitigate risks: | | | Back to basics training is being delivered to teams to introduce the concept of Signs of Safety in readiness for formal implementation of the full model. | Review/Audit Plan Review D Rec 3 | |

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| | | <ul style="list-style-type: none"> Principal Officer to be appointed to lead on the project Implementation plan to be finalised | HoS HoS | Dec 22 Dec 22 | Principal Officer appointed commenced Jan 23 Implementation plan for first phase has been agreed with an appointed signs of safety consultant facilitating sessions with the leadership team to prepare for a service launch in March 23 | | |
| Pe7 | Review of direct payments scheme | Explore innovative and creative solutions including the use of direct payments and family help services as part of care and support arrangements in children's services teams. | Dep HoS/GM Commissioning | May 23 | Draft policy and strategy document has been engaged on with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments was held on 2/3/23. The feedback from the event will now be reviewed by the project group to ensure that it is reflected in the draft strategy and policy. The Direct Payment Policy will be considered by Cabinet in May 2023 | 3 Year Plan S7 | |
| Pe8 | Consistent offer of a carers assessment | Undertake engagement exercise with carers to explore why carers do not feel that the offer of a carers | Dep HoS/GM Case | March 23 | Following conclusion of the Direct Payments engagement, further | | |

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| | | assessment has consistently been made within Bridgend, and address any barriers to participation | Management, Transition/ Carers Development Officer | | engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy. As an interim measure the manager of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems | | |
| November 2022 – Improvement Check | | | | | | | |
| Pe9 | Continue to work towards ensuring a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities | Workforce strategy to be closely monitored and co-ordinated through the local authority planning group Workstreams the following: <ul style="list-style-type: none"> • Strategic commissioning of agency staff • Agency to permanent conversions • Re-grading of existing posts • Market supplements • Grow our own/traineeships and secondments/social care apprenticeships • Workforce charters • Enhanced marketing/approaches to recruitment | Director and Workforce Board | Continuous | Fortnightly workforce planning meetings take place to closely monitor the workstreams and their impact. The challenges continue with ongoing reliance on agency staff (and their turnover). Some of the positive impacts will not be achieved until the medium/long terms eg 'grow our own', full team of international recruits etc.. | | |

| Page 89 | | <ul style="list-style-type: none"> International recruitment | | | | | | |
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| | Pe10 | Continue to monitor the quality of social care records ensuring recording in relation to siblings, ethnicity, language, religion is strengthened, and a consistent approach taken | Audit tools to be reviewed to ensure these factors are captured and monitored | PO Training | April 2023 | No update currently | | |
| | Pe11 | Ensure people consistently feel listened to and treated with dignity and respect | In addition to the engagement and involvement framework for children and young people (Pe1) a Parents Charter to also be developed | HoS | Sept 2023 | Discussions are underway regarding a regional charter being developed with input from a third sector advocacy provider | | |
| PRINCIPLE 2 – PREVENTION (Pr) | | | | | | | | |
| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTIONS | CROSS REFERENCE | BRAG | |
| Pr 1 | Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the | <p>A Workforce Plan has been developed for Children’s Social Care (CSC) areas of development includes:</p> <ul style="list-style-type: none"> Review of skill mix in CSC to develop workforce plan Develop a revised business case for the Bridgend ‘Grow our own Social Work Programme’ | Director/ Workforce Board | March 23 | <p>Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23.</p> <p>4 social work trainees have been recruited and have commenced the BSc social</p> | | | |

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| complexity of needs of children and families, and workforce challenges | International recruitment | Director/ Workforce Board | March 23 | work programme (as above). Trainees are super- numerary staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Childrens teams Further funding has been agreed for 8 trainee/secondees in the 23/24 academic year. A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023. | 3 Year Plan (W2) | |
| | Social Work Charter | Director/ Workforce Board | March 23 | The social work charter is in draft, and workshops have taken place with practitioners and managers to finalise a draft for launch on world social work day 2023. | 3 Year Plan (W3) | |
| | Undertake a review of integrated family support service and family group conferencing, arrangements within Bridgend with a view to determining if this whole family | Head of Children's Social Care/ Head of Education & Family | June 2023 | Our improvement partner will undertake a whole system Childrens services review The project will involve considering services currently delivered in the education, | 3 Year Plan (P7) | |

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| | | <p>approach can be expanded for working with more families</p> | <p>Support/GM Family Support</p> | | <p>social care and wellbeing, communities, finance and performance directorates</p> <p>In addition the following areas have been progressed:-</p> <p>Edge of Care / IFSS</p> <p>Increase of posts to support increased demand and prevent escalation.</p> <p>Further work has been undertaken to understand specific needs within BCBC, including emotional regulation and tolerance programmes for parents, and Family Connections which focuses on conflict resolution skills for whole families</p> <p>A case tracker has been developed within edge of care services / IFSS to monitor timescales and reduce drift. This is used as a supervision tool</p> <p>Commissioning further staff to be trained in ‘train the trainer’ evidence-based parenting programmes so numerous groups can run simultaneously to offer support to parents.</p> <p>Family Group Conferencing</p> <p>Since October 2022 the LA has committed to funding FGC’s for</p> | | |
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| | | Develop an updated commissioning strategy for family support services and interventions to ensure the optimal range of commissioned and Council provided services to meet the needs and interventions set out in care and support and child protection plans | GM Commissioning/ Contract Monitoring Officer | June 2023 | <p>all families who are open to statutory services for at least 3 months</p> <p>The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to be embedded for the longer term.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up A priority focus of the planning group is family support services and intervention</p> <p>A BCBC Strategic Commissioning Plan, is currently being drafted this will be presented to Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services</p> | 3 Year Plan (S1) | |
| Pr2 | Missed opportunities to thoroughly explore and mitigate risk and a lack of | Raise awareness of the need for practitioners to exercise professional curiosity in their practice, applying critical evaluation to any information | | | | Review /Audit Plan Audit B Rec 2 | |

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| | <p>professional curiosity</p> | <p>they receive and keeping an open mind:</p> <ul style="list-style-type: none"> • Back to Basics Training to be arranged • Mandatory Professional curiosity training to be arranged • Signs of Safety Training to be arranged • Review QA evidence of training | <p>PO Training</p> <p>PO Training</p> <p>PO Training</p> <p>PO Training</p> | <p>March 23</p> <p>March 23</p> <p>March 23</p> <p>March 23</p> | <p>Ongoing programme of Back-to-Basics Training is in place with dates scheduled through to March 2023. Back to Basics Training is mandatory.</p> <p>8 Professional curiosity training courses have taken place this year with two further courses scheduled for Nov and Dec 22.</p> <p>Signs of Safety training to commence from Jan 23.</p> <p>Training activity is evaluated initially at engagement with and reaction to an individual event. How learning has been transferred by an individual into their role and how new skills and knowledge have been used are less tangible and harder to measure. Discussion within supervision and performance data are mechanisms used to gauge the wider impact of learning</p> | | |
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| Pr 3 | Placement sufficiency and support | <p>Complete the establishment of the children's assessment hub at Brynmenyn, reviewing the model to ensure the right multiagency therapeutic input including access to psychological assessments where required.</p> <p>Working with regional partners ensure there is sufficient quantity and quality of flexible provision for children who's needs cannot be met in standard residential or fostering provision.</p> <p>Develop a commissioning strategy for the provision of accommodation, care and support services for children with disabilities, working closely with education and health partners to ensure integrated models for short and long-term care provision</p> | <p>HoS/GM Placement and Provider Services</p> <p>HoS/GM Placement and Provider Services</p> <p>Dep HoS/GM Placement & Provider Services/ GM Commissioning/ Contract Monitoring Officer</p> | <p>March 23</p> <p>March 23</p> <p>March 23</p> | <p>Prior to opening, a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose.</p> <p>Radical reform funding from WG has also been granted for us to commission a MYST for fostering and residential care</p> <p>The regional children's programme board has established an accommodation workstream which is driving the development and bids for associated funding for specialist provision.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up. A priority focus of the planning group will be support services for children with disabilities and accommodation options for children and young people</p> | <p>3 Year Plan (S2)</p> <p>S3)</p> <p>(S4)</p> <p>(S5)</p> | |

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| | | <p>Develop a commissioning strategy with key partners to meet the accommodation, care and support needs of care experienced children and young people and care leavers</p> <p>Work with national and regional partners through the National Fostering Framework to increase the numbers of Bridgend foster families, including carers who have additional skills and experience in caring for children who would otherwise require residential care, or are transitioning from such provision. The work to increase the numbers of Bridgend foster carers should consider the most effective recruitment and retention strategies as well as the range of support for foster carers from the Council.</p> | <p>Dep HoS/GM Case Man & Transition/GM Placement & Provider Services/GM Commissioning/ Contract Monitoring Officer</p> <p>HoS/GM Placements and Provider Services</p> | <p>March 23</p> <p>March 23</p> | <p>See above</p> <p>There are several targeted recruitment activities for the year utilising online marketing combined with showcasing events that promote both retention and recruitment. These include, recognition awards, 3 days of scheduled events within the community to include visits to schools, leaflet drops and speaking with local businesses. Attendance at school summer fetes and delivering presentations to teaching staff.</p> <p>There has been success with online marketing - 6.9K views of the Christmas recruitment video.</p> <p>A range of other promotions including local advertising, linking with local radio and</p> | <p>(S6)</p> | |
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| | | Await outcome of MYST bid to Welsh Government | HoS/GM Placements and Provider Services | Continuous | <p>other targeted promotional aids are planned</p> <p>We currently have 8 prospective carers being assessed and we have been approached by kinship carers, in accordance with our new financial policy – to be assessed under Form F with a view to providing respite placement</p> <p>See above</p> | | |
| Pr 4 | Accessibility of information, advice and assistance | Undertake a review of the MASH /IAA team structure, duties and responsibilities and consideration of the resources required to strengthen these arrangements to ensure that the safest decisions are being made in response to concerns shared with the department and that staff are working in an environment which enables them to be the best practitioners they can be: | Dep HoS/GM Safeguarding | March 23 | Draft review document produced for consideration | Review/Audit Plan Audit A Rec 1 | |

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| | | Review operating model and resource implications | | | and presented to CMB. Final report to be produced on options and resource implications by Dec 22. IPC are progressing with this review, their draft report due February 2023 IAA focused improvement plan is in place and is updated 6 weekly and reviewed regularly in silver meetings Workforce project being progressed by CSC workforce project | | |
| | | Implement IAA focussed improvement plan | Dep HoS/GM Safeguarding | Ongoing | IAA focused plan implemented and continues to be reviewed 6 weekly and shared in silver | | |
| Pr 5 | Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems | Commission a programme of independent detailed Quality Assurance to provide a thorough assessment of the strengths and areas for development in Bridgend Children's Social Care services to inform the practice development programme, and the Council, and partnership quality assurance programmes | HoS/PO Training | Dec 22 | Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board | 3 Year Plan (P4) | |
| | | | | Jan 23 | Review completed | | |

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| | | <p>Directorate QA framework to be reviewed</p> <p>Draft QA framework to be consulted on and finalised</p> <p>Directorate QA Framework to be relaunched</p> | <p>PO Training</p> <p>PO Training</p> <p>Director</p> | <p>Dec 22</p> <p>March 23</p> | <p>Q and A activity will be reported to the Directorate performance meeting chaired by the statutory Director</p> <p>Internal audit and review of the framework and its impact will be carried out 12 months after implementation Team based facilitated briefing sessions have been rolled out across the Directorate. An implementation group has been established. Teams are testing out the new audit tools within WCCIS. A formal launch of the framework will take place in March 23. A Quality assurance officer post is being recruited to in order to coordinate this work</p> | <p>Review/Audit Plan</p> <p>Audit A Rec 2</p> | |
| November 2022 – Improvement Check | | | | | | | |
| Pr6 | Continue to closely monitor the position of children's social services and early help services to | Bronze Silver and Gold meetings will continue to take place to ensure situational awareness and the required corrective actions are implemented in a timely way | Director/HoS/D eputy HoS | June 2023 | Bronze silver and gold meetings are taking place as indicated where comprehensive | | |

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| | ensure any indicators of risks to achieving and sustaining improvement and compliance with statutory responsibilities, and pressure/ gaps in service provision are quickly identified and the required action is taken | | | | data/dashboards are presented by every part of the service. In addition, monitoring and analysis of cross directorate activity and performance is monitored by the shared dataset that is presented at every EH and SG Board meeting | | |
| Pr7 | The local authority should ensure systems are in place to provide all staff, with up-to-date information regarding availability and accessibility of early help services and records relating to intervention of early help services | | GM Early Help | | The Early Help web pages on the BCBC website were updated in august 2022 to improve awareness of services available to support children and families. These pages are regularly reviewed to add new services or resources that may assist children, families, and professionals | | |
| Pr8 | Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, | Children's commissioning strategy to be finalised which will include placement/sufficiency | GM Commissioning | Continuous | Children are only placed unregistered services in exceptional circumstances and when this does happen the arrangements are closely monitored and reported to CIW for consideration by their enforcement panel. | | |

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| registered placements | | | | | <p>The process of developing a BCBC Strategic Commissioning Plan, which will be drafted by end of March and taken into Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services</p> <p>A key element of the plan will be the updating of the Placement Sufficiency Strategy – which will be a standalone document with the key findings included in the above strategic plan</p> | | |
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PRINCIPLE 3 – PARTNERSHIP AND INTEGRATION (Pi)

| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTIONS | CROSS REFERENCE | BRAG |
|-----|---|--|-------------|-----------|---|---|------|
| Pi1 | Inconsistent thresholds and standards of practice | <p>Back to basics training to be arranged with the intention of building a strong foundation on which we can further develop, enhance, and reflect on social work practice within the safeguarding arena</p> <p>In addition to the back to basics training an overarching training programme will include the following:</p> | PO Training | March 23 | A programme of core and specialist training is on-going covering Back to Basics and subject specific courses as listed above. | <p>Audit Plan/Review</p> <p>Review D Rec 1</p> <p>3 Year Plan (P5)</p> <p>(Pe6)</p> | |

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| | | <ul style="list-style-type: none"> • Appreciative enquiry • Analysis of risk • Professional curiosity • Working with uncooperative and hostile families • Disguised compliance • Relationship based practice/collaborative communications (focus on safety) • Facilitating strategy and core group meetings • Practice of helping children and young people – promoting participation in assessment and planning • Child Protection case conferences • Working with challenge and recognising the impact of high stress on our responses • Neglect • Coercive control • Understanding children and young people’s experiences of living in an environment where there is domestic abuse • Domestic violence (ref VAWDASV) <p>Develop a series of practice development plans, where appropriate with partners, for key service areas. The practice development plans will include priorities for policy</p> | <p>HoS/Dep HoS/PO Training</p> | <p>March 23</p> | <p>Completed</p> <p>Practice development plans completed and are reviewed in silver meetings on a weekly basis</p> | | |
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| | | development, decision making processes, training and development | | | | | |
| Pi 2 | The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children's services and the many developments taking place/planned to take place | Work through Regional Safeguarding Board structures to ensure most effective partnership arrangements, and ownership of improvements required within Bridgend Social Care services | Director/HoS | Continuous | Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A follow up summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. There is strong accountability and oversight exercised through the CTM Regional Safeguarding Board, its Executive Steering Group and its sub-groups. | 3 Year Plan (B1) | |
| Pi 3 | Share learning from audits and reviews with staff and partners | Ensure that learning from Child Practice Reviews and other in-depth analysis is systematically embedded through learning, training and development and follow up quality assurance and review This will be undertaken through the work of the Regional Safeguarding Board subgroups and development of | GM Safeguarding &IAA/ Principal Officer Training | Continuous | Learning from Child Practice Reviews is incorporated into relevant training courses. Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports Published. | 3 Year Plan (P6) | |

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| | | the operational ways of working within Bridgend Children's Social Care | | | Three practice learning events in relation to Child T took place in dec 2022. Further dates for learning events from any reviews/audits will take place upon their completion. | | |
| November 2022 – Improvement Check | | | | | | | |
| Pi4 | Ensure clarity and consistency of thresholds for access to early help and statutory services. The local authority must prioritise this work to ensure children and families access the right support at the right time and ensure smooth access to services, and where required smooth transition between early help / preventative and statutory services | Our improvement partner will undertake a whole system children's services review | Director/Head of Service | June 2023 | The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance, and performance directorates, and it will address key questions in the following areas: Whether front door arrangements and pathways protocols and systems can be more effective in delivering outreach, assessment, referral, signposting, and support for families. This will include whether there should continue to be multiple front doors for children, families, and professionals for IAA Whether and how more effective joint working across Directorates can be achieved at each levels of the continuum of need above. | | |

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| | | | | | <p>Whether more can be done to deliver and co-ordinate services in locality hubs and clusters to better support schools and other universal services</p> <p>Whether Council resources are best targeted and will meet future demand</p> <p>Whether commissioning and joint work with partners can be improved</p> | | |
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PRINCIPLE 4 – WELLBEING (W)

| Ref | AREA FOR IMPROVEMENT | ACTION | RESPONSIBLE | TIMESCALE | PROGRESS/UPDATES/ACTIONS | CROSS REFERENCE | BRAG |
|-----|--|--|---------------------|------------|---|------------------|------|
| W1 | Further work is required to improve the timeliness of meeting statutory responsibilities | Enhance the use of business intelligence within children's social care teams through live performance dashboards which promote safe and effective practice, management oversight and decision making | GM Business Support | March 2023 | A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. To further strengthen these | 3 Year Plan (B4) | |

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| | | | | | <p>arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements</p> <p>Performance management mechanisms have been improved and routine meetings in place with the Director to review progress against plans</p> | | |
| W2 | Facilitation of supervised contact | A review of the current supervised contact arrangements to be undertaken to ensure that it meets the needs of those who require this provision | GM Case Management & Transition/GM Locality Hubs/Contract Monitoring Officer | March 23 | <p>A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23.</p> <p>In the interim the group manager is monitoring the demands placed on staff to</p> | | |

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| | | | | | undertake supervision of contact and deploying resource to support the teams | | |
| W3 | Consistent high quality written records | <p>Review of the recording policy, and the chronology functionality within WCCIS to ensure every child has an up-to-date version on their record</p> <p>Foster carer recording guidance and associated training to be reviewed</p> <p>Audit implementation and impact of recording guidance for social care staff</p> | <p>Policy Officer</p> <p>GM Placements and Provider Services</p> <p>Policy Officer</p> | <p>March 23</p> <p>March 23</p> <p>Continuous</p> | <p>The guidance on the use of chronologies has been included in the revised recording policy.</p> <p>Fostering Policy and procedures have been reviewed and updated, the PO will work with the Policy Officer to progress approval of the policy framework. Working groups have been set up and SCDWP officers will facilitate a review of foster carer training.</p> <p>Policy Officer appointed and has commenced a review of policies /guidance across Childrens Social Care</p> | <p>Audit/Review Plan</p> <p>Review D Rec 5 (Pe1)</p> <p>Audit/Review Plan</p> <p>Review D Rec 5</p> | |
| W4 | CSE and CCE – strengthen interventions and mapping | Regional Safeguarding Board Exploitation Steering Group to be set up | Director/HoS | Dec 22 | The regional steering group is established, and the Group Manager for Development and Improvement is engaged in this area of work. | See W7 below | |

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| | | Interim local tool, together with practice guidance notes has been developed | GM Locality Hubs/GM Safeguarding and IAA | | <p>A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway</p> <p>A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training</p> | | |
| W5 | First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight | Review and re-launch the newly qualified social worker ‘Supporting your first three years in practice’ framework, to ensure that all newly qualified social workers are supported through transition from graduate to newly qualified social worker | HoS/Principal Officer Training | Dec 23 | <p>The programme has been reviewed and revised. 14 NQSW’s (including agency workers) commenced the programme in October 22. All NQSW’s are required to complete a mandatory training pathway and an additional development programme. This includes reflective learning on areas relevant to social workers in both Adult and Childrens Social Care</p> <p>NQSW’s will have:</p> | <p>3 Year Plan (W6)</p> <p>(W7)</p> <p>(W8)</p> <p>(W9)</p> | |

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| | | | | | Support from a mentor based within their team | Audit/Review Plan | |
| | | | | | Reflective professional supervision by a qualified social worker. Weekly for the first four weeks then every 4 weeks for the remainder of their first year in practice. | Review D Rec 2 | |
| November 2022 – Improvement Check | | | | | | | |
| W6 | Performance indicators in relation to timeliness of meeting statutory requirements - maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities | Performance framework and associated monitoring mechanisms to be embedded across the Directorate | Director/GM Business | Continuous | A Performance framework is in place and ensures that monitoring takes place through the regular meetings with the Director and Heads of Service and scrutiny by the Improvement Board | | |
| W7 | Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency | Regional exploitation strategy to be finalised and implemented Local referral pathways and practice toolkits to be consistently implemented across all teams | GM Practice improvement | Dec 22 June 2023 | Regional exploitation strategy has been signed off A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway | (see W4 above) | |

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| | | <p>Exploitation prevention panel to be established</p> <p>Workforce</p> <p>Ensure on-going training and support from lead practitioners</p> | | <p>June 2023</p> <p>June 2023</p> <p>June 2023</p> | <p>A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training</p> <p>The concept of the Exploitation Prevention Panel has been presented to partners; further work is ongoing to develop the Terms of Reference for the Panel which will meet monthly, The first Panel meeting is scheduled for May 2023</p> <p>2 senior practitioner posts have been appointed in March 2023 one to be based in the IAA and one in the localities. These officers will be responsible for screening. A Social work support officer role is being developed for advert to support the exploitation lead and 2 senior practitioners in this area of work</p> <p>Training – all teams have been trained in the use of the screening and assessment documents, a presentation to all teams on the BCBC exploitation strategy was completed in Nov 22</p> | | |
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| | | | | | A further half day training on exploitation and direct intervention will be supported by SCDWP and delivered to the Youth Justice team, as well as Education and Family Support colleagues together with Social Care staff to ensure that there is a common understanding of how services manage exploitation | | |
| W8 | Closely monitor contact arrangements for children and their families | Conclude the review of existing arrangements and underpinning resources Implement recommendations of the review | GM Case management and transition | June 2023 | Short term – a report went to CMB in November 2022, the recommendations in this report were implemented and alleviated some of the short-term pressure. Long term- This is part of the review by IPC currently awaiting final report. | | |

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR – SOCIAL SERVICES AND WELLBEING

MEDICATION POLICY

1. Purpose of report

- 1.1 The purpose of this report is to seek Cabinet approval of the Medication Policy as required under the Registration and Inspection of Social Care (Wales) Act 2016 (RISCA).

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 Regulatory requirements for Medication administration are set out in the following legislation and Codes of Practice:

- Social Care Wales Codes of Practice for social workers, residential childcare workers, social care managers, domiciliary care workers, and adult care home workers
- Regulation and Inspection of Social Care (Wales) Act 2016

- 3.2 As per the above legislation, it is a requirement of Regulated Services to have an up-to-date Medication Policy in place. There have been ongoing discussions regarding the implementation of a regional policy.

3.3 Following recent Care Inspectorate Wales (CIW) inspections across various Bridgend County Borough Council Regulated Services, waiting for this regional policy has ceased to be accepted. Priority Action Notices have been issued with the need for a Medication Policy to be developed and implemented highlighted.

3.4 This process has been led by colleagues in the Social Care Workforce Development Programme Team (SCWDP) alongside colleagues in Commissioning, Service managers from Regulated Services, clinical pharmacy lead and Senior Management within the Directorate.

4. Current situation/proposal

4.1 The proposed policy has been developed from a policy that would cover residential services to encompass all regulated services in both adults and children's services.

4.2 Each service area has their own service-specific guidelines regarding medication administration that provides more in-depth information for social care staff across the various settings to follow. These guidance documents have been referenced within the policy document.

4.3 The policy was initially developed with a focus on adult's residential services, however given the need for a Medication Policy across Regulated Services, this was altered and adapted.

4.4 The initial draft was submitted to service managers, responsible individuals, and pharmacy leads from across the Directorate for review and feedback.

4.5 The feedback received from the group was incorporated into the policy draft ready for submission for final review.

4.6 The policy has been submitted to and approved by the Social Services and Wellbeing Senior Management Team.

4.7 This policy provides staff with a safe and effective practice framework from which medication administration can be carried out. It ensures all medication administration and management is completed by those that are appropriately trained and assessed to be competent.

4.8 Training needs for services remain. Training requirements will be met by a program of training to ensure that this policy is implemented to its fullest potential.

5. Effect upon policy framework and procedure rules

5.1 The policy will be implemented for Regulated Services across Bridgend County Borough Council in order to meet with regulatory requirements.

5.2 There is no effect upon the policy framework and procedure rules.

6. Equality Act 2010 implications

6.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is therefore not necessary to carry out a full EIA on this policy or proposal.

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

7.1 The review of the policy supports the five ways of working under the Well-being of Future Generations (Wales) Act 2015 as follows: -

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| Involvement | Representatives from varying levels of the directorate, along with colleagues from Commissioning, SCWDP and Finance have fed into this report. |
| Long term | There will be a positive long-term impact of this policy due to meeting regulatory requirements as well as providing a safe and effective framework for medication administration. |
| Prevention | To prevent poor practice in relation to administering medication. |
| Integration | This policy will be implemented and used directorate wide. Training for those administering medication continues to be available. |
| Collaboration | Work has taken place with commissioning, SCWDP, Service managers Team managers. |

8. Financial implications

8.1 There are currently two training providers utilised for medication administration training and all costs are met from existing budgets.

Additional training has also been organised through colleagues in the community pharmacy team, however this is awaiting further training and staff capacity to be able to implement. This will reduce training costs associated with this policy.

9. Recommendation

9.1 It is recommended that Cabinet approve the Medication Policy for implementation across Regulated Services within Bridgend County Borough Council.

Claire Marchant
CORPORATE DIRECTOR – SOCIAL SERVICES AND WELLBEING
March 2023

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Background documents:

None



SOCIAL SERVICES AND WELLBEING DIRECTORATE

Medication Policy for Regulated Services

April 2023

DEFINITION OF TERMS

Administering medication

Administering medication is where the care/support worker is responsible for selecting, preparing and giving (by applying, or placing in the person's hand or mouth as appropriate) where the person is not aware of and is unable to understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.

Residential Home

Covers the provision of 24-hour accommodation with non-nursing care or nursing care, such as in a residential home or a care home with nursing.

Controlled Drugs (CD)

A Controlled Drug (CD) is a medicine which is controlled under the Misuse of Drugs legislation. CDs have additional safety and legal requirements for their prescribing, supply, receipt, storage, administration, and disposal.

Covert Medication

Covert is the term used when medicines are administered without the knowledge or consent of the person receiving them.

Domiciliary Service

Care and support services provided to individuals in their own homes or supported living services.

Medication Administration Record (MAR) Chart

A Medication Administration Record (either printed or in electronic format) used by workers in health and social care that serves as a legal record of the drugs administered to an individual and where a medicine that was supposed to be given was refused or missed. The MAR is a part of an individual's permanent record on their medical chart.

Medicine

All prescription and non-prescription (over the counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances, and vaccines.

Medicines Review

A structured, critical examination of an individual's medicines with the objective of reaching an agreement with the individual about treatment, optimising the impact of medicines, minimising the number of medicines related problems and reducing waste.

Medicines Support

Any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

Monitored Dosage System (MDS)

A system for packing medicines supplied by community pharmacies. Medication is repackaged from their original containers into a storage device to assist the person take their medication.

Original Packaging

The packaging in which the medicine is supplied by the supplying pharmacy.

Over The Counter Medicine (OTC)

Also known as a 'homely remedy', over-the-counter medicine is a non-prescription medicine that a care home can purchase over the counter for the use of its residents to assist with common ailments such as colds etc.

Patient Information Leaflet (PIL)

A legally required document included in the package of a medication that provides information about that drug and its use.

Personal Plan

A written plan prepared by the Regulated Service Provider in accordance with Regulation 15 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, that sets out the actions required to meet the individual's well-being, care and support needs on a day-to-day basis, including those actions relating to medication.

Personal Protective Equipment (PPE)

Personal Protective Equipment, which may include latex gloves, disposable apron, disposable face mask etc.

Person We Support / Individual

Adults or children under the age of 18 who are in receipt of social care services either in their own home, a residential care service or foster service.

Self-Administration

When an individual can look after and take their own medicines, this is referred to as 'self-administration'.

Social Care Staff

Staff who are employed to provide care and support to people in receipt of regulated services.

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1. INTRODUCTION

- 1.1 People supported by regulated care services such as residential homes, domiciliary care services and foster care services are among the most vulnerable members of our society and are more likely to require some level of assistance from social care staff to manage their medication appropriately. This includes both children and adults who are supported for a wide range of reasons. Support that may be required to manage medication may range from verbal prompting, through to assistance with the safe administration of oral and topical medicines.
- 1.2 This policy seeks to direct the management of medicines within regulated care settings and services and ensure that best practice is adhered to in line with current legislation.
- 1.3 This policy replaces all previously published policies and guidance and has been comprehensively revised by officers in Adult Social Care; Children's Social Care and the Clinical Lead Pharmacist Cwm Taf Morgannwg University Health Board (CTM UHB) Integrated Services.
- 1.4 A professional duty of openness and honesty is promoted and staff are supported to raise concerns that may impact on an individual or public safety and to take the necessary action to address these concerns where appropriate. However, a breach of the policy and procedures may result in action being taken within the terms of the Council's Disciplinary Policy.
- 1.5 In accordance with current guidance laid down in national standards, legislation and statutory requirements, this document must be readily available to all staff providing support with medication in all Bridgend County Borough Council (BCBC) regulated care settings.

2. KEY PRINCIPLES

- 2.1 Bridgend County Borough Council is committed to the wellbeing and safeguarding of the people we support. The overall aim of this policy is to ensure that the people we support have the opportunity to make informed decisions about their care and treatment and are supported safely and effectively by trained and competent social care staff to take their medicines safely.

2.2 The wider aims and objectives of this policy are to:

1. Ensure legal compliance and best practice in the management of medication by social care staff.
2. Provide a safe framework for social care staff to work within when supporting individuals to manage their medication.
3. Ensure that the people we support are treated equitably, maintaining dignity, privacy, choice and respect.
4. Reinforce the principle of consent in relation to the management and administration of medication.
5. Support risk reduction systems in relation to the management and administration of medication.
6. Ensure accurate and comprehensive documentation of all procedures.

3. LEGAL AND REGULATORY FRAMEWORK

3.1 In the formulation of this policy, the Council has considered the applicable legislation and guidance including:

- Health Act 2006
- Misuse of Drugs Act 1971
- Regulation and Inspection of Social Care (Wales) Act 2016
- Social Services and Well-being (Wales) Act 2014
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- National Institute for Health and Care Excellence (NICE) Quality Standards and Guidelines
- Control of Substances Hazardous to Health Regulations 2002
- Local Authority Fostering Services (Wales) Regulations 2018
- Local Authority Fostering Services code of practice relating to the Local Authority Fostering Services (Wales) Regulations 2018 as amended
- Care Planning, Placement and Case Review (Wales) Regulations 2015
- Health and Safety at Work etc Act 1974
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Controlled Waste (England and Wales) Regulations 2012

3.2 Other legislation such as the Data Protection Act 2018, the Mental Capacity Act 2005, the Mental Health Act 2007, the UK General Data Protection Regulation, and the Equality Act 2010 may also be relevant to specific circumstances, such as providing accessible information or explanations about medicines that can be

understood by people we support with various disabilities.

4. CONTEXT

4.1 This policy, and the associated service specific procedures as referenced below, provides guidance and a framework for safe practice for social care staff to operate within when providing medication-related support to people receiving support from regulated services. These services include people residing in Adults and Children's residential home settings, being provided care from domiciliary services such as Support at Home and Supported Living, as well as Respite, Short Break and Fostering Services. This enables the people we support to feel involved, informed and in control of their medicines. The following service specific procedures should be read in conjunction with this policy: .

- Childrens Residential Medication Procedures
- Operational Procedure - Medicines administration in Learning Disability, Mental Health and Specialist Services
- Operational Procedure- Medicines administration in the Community
- Residential Home Medication Procedure

4.2 These detailed service specific procedures define how medication support is to be provided and encompass most medication issues that are likely to arise in that regulated setting, but they cannot predict every situation. **If in doubt about the right course of action to take, staff must always consult their line manager and/or an appropriate health care professional.**

5. SCOPE

5.1 This policy and its associated procedures should be adhered to by all social care staff involved in the assessment and delivery of medicines support to people receiving care and support from Bridgend County Borough Council's regulated services.

5.2 Primary responsibility for prescribed medication rests with the individual's clinician i.e. GP, consultant, nurse or pharmacist and the dispensary that has supplied/dispensed the medication.

5.3 Community pharmacies are expected to support individuals to manage their medication where possible in accordance with the Equality Act 2010. This could be through the provision of compliance aids like blister packs. However social care

staff may be expected to assist people with medication that is provided in its original dispensed packaging.

- 5.4 Social care staff will only provide medication support with the informed consent of the individual, or their relative or representative who may give consent on the individual's behalf and in accordance with the individual's care and support plan. If a person is unable to give consent due to their physical and cognitive needs, a Best Interests meeting in accordance with the Mental Capacity Act 2005 would need to be considered.

5.5 Typical Medication-Related Tasks

5.5.1 Only staff who have been appropriately trained and assessed as competent by their trained trainer will administer or assist people with:

1. Taking medicines by mouth, in liquid or solid dosage form i.e. tablets including sub-lingual and capsules and including controlled drugs.
2. Inserting drops/sprays to ear, nose, or eye.
3. Administering common inhaler devices, including spacers and nebulisers. Social care staff will need further instruction from a qualified healthcare professional on any devices outside of those discussed in standard training. It is the responsibility of the Registered Manager or their delegated individual to ensure all staff are familiar with the inhaler device and its use.
4. Application of any ointment, cream, lotion, or patches e.g HRT, opioid (*painkiller*) to skin that is unbroken.
5. Use or administration of adrenaline (e.g Epipen) in the event of emergency treatment of severe allergic reactions (*anaphylaxis*) to insect bites or stings, medicines, foods, or other substances. Staff should have a clear awareness and training on how to administer the Epipen and a clear risk assessment/protocol must be in place setting out when staff should administer adrenaline and what the outcome is.
6. Emptying/changing urine bags following instructions and/or training given by a health care professional.
7. Use of over-the-counter medication as required. See section 5.10.
8. Use of thickeners should only be used when recommended by a Speech and Language Therapist (SALT) after a diagnosis of dysphagia has been made, or by a GP if there is an immediate need. The choice of thickener and directions must be documented in the individual's personal plan.
9. Medicines that require specialist techniques/enhanced support as described at 5.7 but **ONLY where the arrangements set out at 5.7.3 to 5.7.4 are in**

place.

5.6 Under this policy, social care staff must not carry out any invasive or other clinical procedures which require the skills, knowledge and competence of a registered nurse, or other healthcare professional **unless the arrangements set out at 5.7.3 to 5.7.5 apply**. This includes:

- The administering of insulin injections, or other injections other than Adrenaline (Epipen) (please see 5.5 above).
- Bladder washouts and other medicines administered via urinary catheters.
- Insertion of rectal or vaginal suppository, pessary or enema.
- Administering pain relief medication via syringe pump or driver.
- Administering medication via naso-gastric / PEG feeding tubes.
- Creams prescribed where application requires an invasive procedure.
- Changing wound dressings (however, it is acceptable to apply a dry dressing over a wound to protect the wound until a registered nurse is available).
- The insertion of catheters.
- Managing oxygen therapy (including regulating oxygen therapy).
- Treatment for certain conditions, for example skin lesions, pressure sores, leg ulcers, open wounds, etc. which must be undertaken by a registered nurse, not by social care staff.
- Giving specific advice about medication or making judgements about their use.
- Administering medicines from containers supplied by anyone other than the supplying pharmacist, dispensing doctor, or hospital pharmacy.
- Administering medication not included on the MAR chart.
- Covertly administering medication (*unless the need to do so has been fully documented in the person's care and support plan/care and treatment plan following a decision made by a multi-disciplinary team/GP and the person's representative*).
- Undertaking any task not included in the personal plan.

5.7 **Specialised techniques/enhanced medicines support including the administering of warfarin**

5.7.1 This policy does **not routinely** include medication support that requires specialised techniques or enhanced support. For example, social care staff would not routinely be expected to support with: internal medicines (suppositories and pessaries that are invasive), injections of any type,

medicines delivered down tubes or via alternate methods (e.g., crushing tablets, opening capsules), nebulised therapy, or regulating oxygen therapy. Medicines that require monitoring to measure doses, such as warfarin are also excluded from these principles (see 5.7.4 and 5.7.5 below). These actions may be permissible where specific personal plans have been completed alongside advice from SALT and GP/Pharmacists. This will be completed on an individual case-to-case basis.

- 5.7.2 Certain care processes and procedures do not involve the use of medication but require varying degrees of precaution and training, such as the changing of stoma bags, assistance with prostheses or gastroonomy tube peg feeding.
- 5.7.3 Under this policy, such specialised techniques/enhanced support described above at 5.7.1 and 5.7.2 can **only** be permitted in exceptional circumstances where this has been jointly agreed between the Health Board and Registered Manager or their delegated individual and is reflected in the care plan, with appropriate training for staff and where a jointly agreed risk assessment between the Health Board and the Registered Manager or their delegated individual is in place, which is signed, dated and subject to regular review. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.
- 5.7.4 In BCBC residential care settings, warfarin is managed as part of the overall prescribed/administration of medication. This is in accordance with and following the clear warfarin protocol that is in place. The GP practice must ensure that International Normalised Ratio (INR) results are emailed to the residential home's email address to ensure the audit trail of instruction is received. The manager will instruct the responsible staff member to log in and retrieve the results during out-of-hours submissions. Awareness training will form part of the overall training program and competency will be assessed.
- 5.7.5 Administration of warfarin by domiciliary social care staff must firstly be agreed by the Clinical Lead Pharmacist or other relevant medical professional where it is deemed appropriate and must be agreed to by the Registered Manager or their delegated individual. The Registered

Manager or their delegated individual will lead on arrangements for a jointly agreed risk assessment, ongoing warfarin monitoring and the provision of warfarin MAR charts. Details will be recorded in the individual's medicines personal plan and instructions for social care staff will be recorded in the personal plan. Only social care staff who have undertaken appropriate medication administration training and that have been assessed as competent will be able to administer this medicine.

- 5.8 Social care staff should not administer medicines to any individual who are acutely unwell or present a change in their overall health and wellbeing without seeking advice from a healthcare professional. Any advice sought must be clearly documented.

5.9 Covert administration of medicines

5.9.1 Social care staff must not administer medicines to an individual they support without their knowledge if the individual has capacity in accordance with the Mental Capacity Act 2005 to make decisions about their treatment and care.

5.9.2 To protect the individual and social care staff, covert administration must only take place within the context of existing legal and good practice frameworks. Social care staff must not give, or make the decision to give, medicines covertly without clear authorisation and documented instructions to do so.

5.9.3 The Registered Manager or their delegated individual should ensure that the process for covert administration of medication is implemented and includes:

- Assessing mental capacity in accordance with the Mental Capacity Act 2005.
- Holding a Best Interests meeting involving social care staff, the manager or Team Leader, relevant health and social care professionals, family member or advocate to agree whether administering medication covertly is in the individual's best interests.
- Recording the reasons for mental incapacity and the proposed management plan.
- Planning how medication will be administered without the individual knowing.
- Regularly reviewing whether covert administration is still needed.

5.10 Use of non-prescription and over-the-counter (OTC) products (homely remedies)

5.10.1 Regulated Services should ensure that the people we support, where required, have access to homely remedies for the management of minor conditions as required and if safe to do so after consulting with a health professional, such as a GP or pharmacist, in the first instance due the risk of a counter-reaction with prescribed medication. This medication is to be added to the MAR chart following approval.

5.10.2 All OTC products purchased on behalf of the person or that the service is made aware of by an individual's family or friend should not be prompted or administered by social care staff unless a medical professional has agreed it is safe to do so with the prescribed medication, in which case the OTC should be:

- Checked to make sure they are suitable for use.
- In date.
- Stored in accordance with the manufacturer's instructions.
- Recorded.

5.10.3 When administering OTC products, only staff members that have received training and been assessed as competent in administering medication, will administer over-the-counter products. When trained, the appropriate and/or delegated person that is responsible for making the MAR chart entry, must include:

- The name of the over-the-counter medicine or product and what it is for.
- The dose and frequency.
- A clear timeframe for taking OTC medication
- The maximum daily dose.
- The initials of the member of staff administering the product

5.10.4 Consideration must also be given as to how long the OTC medicine or product should be used before referring the individual to a GP.

5.11 Self-administration of controlled drugs

5.11.1 Individuals who can self-administer their own medicines, can self-administer controlled medication if they wish to. The personal plan must

reflect this and be regularly reviewed. It is not necessary for a MAR to be completed by the resident, or social care staff, as staff are not administering the medication.

5.11.2 Individuals who self-administer in a residential or supported living setting, will be required to store and lock their prescribed controlled medication in a lockable, non-portable receptacle in their individual bedroom.

5.11.3 A risk assessment must be in place and reviewed regularly in the event of an individual's circumstances changing. The risk assessment should include whether the resident understands:

- Why the medicine is prescribed
- How much and how often to take it
- What may happen if they do not take the medicine or take too much

5.11.4 If the residential home or supported living setting is ordering and receiving prescribed controlled medication on behalf of the individual, it must be noted on the MAR chart and administered and audited in the same way as any other prescribed medication.

5.12 Emergency prescriptions over the telephone

5.12.1 No verbal instruction should be received via the telephone regarding an emergency prescription or medication amendments. If a GP prescribes new or makes amendments to an individual's existing medication during a telephone call, this must be followed up via an email from that GP. This provides the evidence for the instruction that was received, and an audit trail. Confirmation may also be received by FAX however, many surgeries have moved away from this method, with the majority using email confirmation. The specific staff member with Key Holder responsibilities will be responsible during out of hours to check the email has arrived in the regulated service email account. Managers/Team Leaders are responsible for checking receipt of email when on duty. A record of the telephone conversation must also be recorded in the individual's daily recordings, clearly stating date, time, who the staff member spoke to, and what the instruction given was. Staff must also complete a record on the reverse of the MAR chart.

5.13 Ordering and receiving medication

5.13.1 Where regulated services are responsible for ordering medicines on behalf of individuals, they should retain the responsibility for ordering medicines from the GP practice. The individual's personal plan details at what frequency and how early medication should be ordered prior to an individual running out.

5.13.2 A minimum of one member of staff will have the training and skills to order medicines and staff must be given protected time to order and check medicines when delivered.

5.12.4 The detailed procedure for ordering and receiving medication is included in individuals personal plan.

6. CONSENT

6.1 The individual's consent and any additional requirements to support safe medication administration will form part of the initial assessment (see 7.1).

6.2 The individual must:

- be made fully aware of the medication tasks that will be undertaken
- be made fully aware that social care staff must have access to their prescribed medicines and any information, which will enable them to carry out their duties safely
- be made fully aware of the implications of refusing the service
- consent to social care staff assisting with their medicines in accordance with the personal plan/service delivery plan and be provided with enough information to enable them to make that decision.

6.3 All persons unable to give consent who require ongoing treatment under the terms of the Mental Capacity Act 2005 must have a documented 'Best Interests Decision' available on file and recorded within their care and support plan.

7. ASSESSMENT FOR MEDICINES SUPPORT

7.1 On admission to the regulated service, all individuals should have their support needs assessed, including the support they will require with their medicines and an accurate listing of all the individual's medicines. This assessment will be

completed by an appropriate staff member who has received training and been assessed as competent in assessing support needs. All individuals supported should have the same opportunity to be involved in decisions about their treatment and care.

- 7.2 The Mental Capacity Act 2005 requires that all people we support are presumed to have the capacity to make decisions on their own behalf about all aspects of their life unless proven otherwise. Where there is reason to question an individual's capacity to make decisions on their own behalf, e.g., where the individual has a learning disability, an assessment of capacity must be undertaken.
- 7.3 Where the individual is self-sufficient to manage their own medicine, an agreement should be reached at their planning meeting about the level of assistance and support required, if any.
- 7.4 The following assessment scale provides guidance for staff that are responsible for, and that have received training in and been assessed as competent at assessing medication support requirements. The Registered Manager or delegated persons will identify the level of support that an individual will need with their medication. The level of need should be documented in the individual's personal plan.

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| <p>Level 0 – Self administration (Independent)</p> <p>Independent – no medicines support is required; the individual is able to manage their own medicines with no support.</p> |
| <p>Level 1– General support or Assistance (Assist)</p> <p>The individual person is aware of and understands their medicines regime and retains responsibility for their medicines but may have difficulties with undertaking the task.</p> <p>Remind/prompt – the responsibility of social care staff is to remind/prompt the person to take their medicines and they are able to self-administer without physical assistance. If it is found that the person does not take their medicines following this reminder, it should be recorded, and if happening with regularity the level of medicines support required should be reviewed.</p> <p>AND/OR</p> |

Physical assistance – the individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask staff to help carry out certain tasks.

Social care staff are responsible for assisting the person in taking their medicines (opening packaging and/or containers etc). The person is still responsible for their own medicines and should be directing social care staff in this activity regarding what they need, how often and how this medication is to be taken. Assistance provided by social care staff must be completed within the sight of the individual at all times.

Although it would be considered an exceptional circumstance, where the individual is competent and retains responsibility for their medication additional support can be given. Support by placing the medicines directly in the person's mouth/hand would still be classed as Level 1 if the individual felt it necessary and the action remains under the direction of the individual. The individual must be able to demonstrate they are aware of what medication they need, how often and how this medication is to be taken. This ensures that the independence of people who lack manual dexterity (such as those with Parkinson's disease or arthritis) is not compromised when they otherwise would be able to self-administer. i.e. People with a physical impairment should not be disadvantaged and elevated to level 2 when they are competent.

Level 2– Administering medicines (Administer)

The individual is not aware of and is unable understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.

Social care staff will have the responsibility of selecting the right medicine at the right time from packets and preparing the medicines for administration by the person after gaining consent (including placing in the person's hand or mouth if appropriate). This includes oral, topical, inhaled medicines, buccal and transdermal patches.

Social care staff will administer medicines from original packs, although there may be occasions where administration from a pharmacy filled Monitored Dosage Systems (MDS) may be appropriate to reduce waste during a transition period from MDS to MAR chart. Such circumstances should be risk assessed by an appropriate healthcare professional. Social care staff will document

administration/non-administration fully using a printed/electronic MAR chart. Full training and the competency assessment of care worker providing this level of support will be required.

N.B. Social care staff, NOT the individual, are responsible for the medicines management and administration.

8. REVIEW OF MEDICINES

- 8.1 Cwm Taf Morgannwg University Health Board (CTM UHB) has commissioned Boots UK Limited to provide a range of medicines management support services to care homes in Bridgend, which includes an annual review of each individual's medication.
- 8.2 Medication reviews in domiciliary services will be based in the individual's home or appropriate alternative healthcare setting, will take place as a part of the overall annual care review, or as required. The Registered Manager or their delegated individual, who has received the appropriate training and been assessed as competent in medication audits, will complete the audit for the overall review process.

9. RISK MANAGEMENT

- 9.1 The Health and Safety at Work etc Act 1974 imposes a general duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees and others which includes people we support, and any others affected by what is done. Therefore, prior to the start of support the Registered Manager or their delegated individual must undertake a risk assessment and risk management plan, particularly where medications contain flammable substances, or require the use of PPE.
- 9.2 As part of an individual's care and support and to minimise the potential for harm and guide future care, social care staff are encouraged to report any concerns they have to their line manager about medicines management, including a deterioration in the individual's health, or a reduction in their ability to manage medicines. In such cases, the Registered Manager or their delegated individual will arrange for a medication review to be undertaken by the appropriate health professional.

- 9.3 Where the Registered Manager or their delegated individual is unable to answer queries from their staff, they are responsible for seeking advice from the relevant healthcare professional as needed.
- 9.4 Individuals are entitled to decline to take their medication, but this is to be documented on the MAR chart. If the individual is declining with regularity this will also be discussed with an appropriate health care professional to decide further action. Agreement should be reached with the individual's medical practitioner on what to do when medication is refused, and this should be clearly set out in the individual's care and/or support plan.

9.5 Storage of medication in Residential Settings

- 9.5.1 Medicines must be stored in a way that means they are safe and will be effective when administered. The Registered Manager or their delegated individual should ensure that there is suitable and sufficient storage space for all medicines held. The temperature of the medication room must be maintained between 0-25°C. Where medicines are stored in a locked trolley, this must be securely fastened to a wall when not in use or stored securely in a locked medicines room. Medicines cupboards and storage areas must be kept locked and secure.
- 9.5.2 If the individual self-administers their medicine, this must be stored in a locked, non-portable cabinet or drawer in the individual's room if they reside in a residential setting.
- 9.5.3 In the case of controlled drugs, the CD safe or cabinet must comply with the requirements specified in the Misuse of Drugs (Safe Custody) Regulations 1973. It must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall or floor with rag or rawl bolts. The CD cupboard must only be used for the storage of controlled drugs and no other medicine. Access to the CD cabinet must be restricted. The CD cupboard keys must be kept under the control of a designated person and there should be a clear audit trail of the holders of the key. The keys to the CD cupboard should be kept on a separate fob.
- 9.5.4 Where an individual is in receipt of Level 2 administration of medication, Schedule 2 controlled drugs (as listed in Schedule 2 of the Misuse of Controlled Drugs Act) must be stored in a controlled drugs cupboard and records kept in a controlled drug register. Common examples of Schedule

2 controlled drugs include: morphine, diamorphine, methadone, fentanyl, alfentanil, oxycodone, methylphenidate, dexamphetamine, ketamine and tapentadol. Where an individual is self-administering a risk assessment must be completed, and the medicines stored in a suitable, lockable container.

- 9.5.5 Some Schedule 3 controlled drugs must be stored in the controlled drugs cupboard, however a record of these does not need to be kept in the CD register. Examples of Schedule 3 drugs include buprenorphine and temazepam.
- 9.5.6 Other Schedule 3 controlled drugs do not need to be stored in the controlled drugs cupboard, although the Registered Manager or their delegated individual's preference may be to do so. Common examples include midazolam, tramadol, and barbiturates (phenobarbitone).
- 9.5.7 Schedule 4 and 5 controlled drugs are not required to be stored in the controlled drugs cupboard, although the registered manager or their delegated individual may prefer to do so. Examples include morphine sulfate solution (Oramorph), zopiclone, codeine and benzodiazepines.
- 9.5.8 Thickeners must be stored securely in a cupboard to prevent untrained members of staff or the individual's relatives giving food or fluids inappropriately. If thickeners are not stored securely or are left in areas which are readily available to individuals, this must be following the completion of a risk assessment which assesses the risk of accidental ingestion by any resident.
- 9.5.9 A fridge to store medicines must be kept at a low temperature. All medicines must be isolated if non-medicines are also stored in a fridge. To ensure that correct temperatures (between 2° to 8°C) are maintained, the fridge should be cleaned and defrosted regularly, with its temperature recorded daily using a min/max thermometer; records should be kept of this. The temperature probe must be reset following each daily reading.
- 9.5.10 In the case of controlled drugs that need to be refrigerated, these can be stored separately within the fridge within a separate lockable box.

9.6 Storage of medication in domiciliary services

- 9.6.1 The arrangements for storing medicines and MAR charts will be documented in the personal plan and associated care notes.
- 9.6.2 The initial medicines risk assessment completed will highlight all issues relating to safe storage of medicines.
- 9.6.3 The safe storage of medicines is the responsibility of the individual unless their competency assessment states otherwise. Social care staff will assist this where required and will raise any concerns with their service supervisor who may then contact the pharmacist or other appropriate health care professional or the individual's family.
- 9.6.4 Medicines must be stored as documented in their original container as provided by the pharmacy unless alternative dispensing methods have been provided for the individual such as blister packs.
- 9.6.5 More guidance for storing medication in domiciliary services can be found in the service specific procedures (see 4.1).

9.7 **Disposal of medication**

- 9.7.1 It is a legal requirement that all waste is disposed of correctly. The disposal of medicines is regulated by The Controlled Waste (England and Wales) Regulations 2012. Under these regulations medicines fall under the category of 'clinical waste'. Controlled drugs must be destroyed in such a way that the medicine is denatured or rendered irretrievable so that it cannot be reconstituted or reused. Regulated services must ensure that medicines are not disposed of unnecessarily each month and any medicines which can be used the following month are carried forward.
- 9.7.2 The regulated service must keep records of medicines (including controlled drugs) that have been disposed of or are waiting for disposal where appropriate. Controlled drugs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction.
- 9.7.3 The Registered Manager or their delegated individual or their delegate, who is trained and competent should record the forms and quantities of controlled drugs they are returning, and the pharmacist/dispensing doctor

should sign for them on receipt. If pharmacy staff collect the controlled drugs, they should sign for them in the controlled drugs register at the time of collection. Relevant details of any such transfer for disposal should be entered into the controlled drugs register and signed by the delegate, returning the drug.

- 9.7.4 In a residential setting, medicines for disposal should be stored securely in a tamper-proof container where possible within a locked cupboard until collected and must not be used for other individuals. Medicines awaiting disposal must also be clearly identified and separate from usable current medicines.
- 9.7.5 Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the regulated service's disposal of medicines procedure.
- 9.7.6 In the event of an individual's death, their medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigations into the death. The medicines can be disposed of when the death certificate has been signed.
- 9.7.7 In Support at Home domiciliary settings, it is expected that the individual or representatives will hold responsibility for disposal of medicines or return to the pharmacy as appropriate. Where this is not possible, and it is safe to leave medication in the individual's home for the community pharmacy to collect, social care staff must bag the medication up and contact the Team Leader to collect and return to the community pharmacy.
- 9.7.8 In Supported Living domiciliary settings, medicines must be stored securely and separated from other medicines until a representative from the service can return them. In the event of an individual's death, the medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigation into the death. The medicines can be disposed of when the death certificate has been signed.

9.8 Medication errors

- 9.8.1 All staff must immediately report all incidents, however minor. They should

be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence.

- 9.8.2 Social care staff must contact a healthcare professional to ensure that appropriate action is taken to safeguard any individual involved in a medicines-related incident.
- 9.8.3 All medication errors must be immediately reported to the line manager, or if the line manager is not available, the Registered Manager or their delegated individual for information to be gathered in an effective and timely manner and for corrective action to be taken in accordance with agreed procedure. Safeguarding referrals may also be made for investigative processes to take place. In these instances, the safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In these cases consultation will take place with the Registered Manager or their delegated individual.
- 9.8.4 In Children's services all medication errors require the completion of a safeguarding referral and submission to the safeguarding team. The safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In all cases consultation must take place with the Registered Manager or their delegated individual.
- 9.8.5 Health and safety incident report forms must be used to report all incidents of error in the management, control and administration of medication and medical processes, including near misses.
- 9.8.6 Medication errors are defined as:
- Failure to administer a medicine (unless where the individual has expressed their right to refuse).
 - Administration of the wrong medicine
 - Administration of the wrong dose of medicine (greater or less than the amount prescribed).
 - Administration by the wrong route (administering a medicine by a route other than that prescribed or taken by the correct route but at the wrong site e.g., left eye instead of right eye).
 - Failure to administer a medicine at the prescribed time (within an hour either side of the prescribed time).

- Failure to make an accurate, up to date record of the administration or omission of a medicine.
- Failure to have prescribed medication readily available.

9.8.7 The Registered Manager or their delegated individual must ensure that medication-related incidents are analysed to identify trends and minimise re-occurrence. Evidence to show that appropriate action has been taken must be documented.

10. SAFEGUARDING

10.1 In the event of a medication safeguarding issue arising that has resulted in: a death; an injury; hospital admission; abuse or an allegation of abuse; an incident reported to or investigated by the police, this must be immediately reported to the Director of Social Services, Care Inspectorate Wales (CIW) and the submission of a safeguarding referral.

10.2 National Institute for Health and Care Excellence (NICE) - Managing medicines in care homes guidance (NICE Guidance SC1) indicates that a safeguarding issue in relation to the above could include:

- The deliberate withholding of a medicine without a valid reason.
- Incorrect use of a medicine for reasons other than the benefit of an individual.
- Deliberate attempt to harm through use of a medicine.

10.3 Any medication safeguarding issue will require the Registered Manager or their delegated individual to carry out a risk assessment to eliminate or minimise the risk in future.

11. RECORD KEEPING

11.1 The Medicines Administration Record (MAR)

11.1.1 The Medicines administration record (MAR) is a legal document for recording the administration and non-administration of prescribed and purchased medicines in regulated settings. Social care staff must sign each time a medicine or device is administered to an individual and records should be complete, legible, up-to-date, non-erasable, dated and signed to show who has made the record. The MAR may also be

paper based or electronic. Changes to the MAR must only be made and checked by people who have been trained, assessed and competent to do so.

- 11.1.2 If the instructions or information on a MAR are not clear, the Registered Manager or their delegated individual must immediately contact the pharmacy or GP Practice for further clarification. Social care staff must not administer the medicine until clarification has been sought.
- 11.1.3 The Registered Manager or their delegated individual must keep a record of signatures/initials of staff involved with administering medication to individuals and completed MAR charts must be returned to the regulated service office for auditing and archiving and kept with the person's file.
- 11.1.4 In the event of an individual being admitted to hospital this must be recorded on the MAR and a copy of the MAR must be sent to the hospital with the individual.

11.2 The Controlled Drugs Register

- 11.2.1 The CD register is a legal document and must be a bound book with pages clearly numbered. It is used to record the receipt, administration, transfer (e.g., when an individual goes into hospital) and disposal of CDs by the regulated service where appropriate. Entries must be written in black indelible ink and a running balance must be kept. Errors must not be crossed out and under no circumstances should correction fluid be used.
- 11.2.2 It is a legal requirement to keep the CD register for a minimum of two years from the last entry or seven years if it contains records of destruction.

12. TRAINING AND COMPETENCY

- 12.1 Social care staff involved in providing medicines support must receive appropriate information, training, supervision, and support to enable them to competently carry out their duties. No member of staff will be permitted to administer medication unsupervised unless they are fully aware of this policy

and have been trained in the relevant procedures and are assessed as competent and work within the limitations of their competence.

- 12.2 All staff will be required to complete an online e-learning module which provides a base level of understanding of the principles of medication administration. Staff that are then required to administer medication as part of their daily practice will be registered for face-to-face training where they will be required to pass a classroom-based assessment on completion. This face-to-face training is then followed up by a competency-based workplace assessment conducted by a supervisor or manager who has been trained to assess competency.
- 12.3 Staff competency in the administration of medication will be evaluated at a minimum of twelve-monthly intervals, or sooner if circumstances indicate, for example, if there has been a medication error. This policy, its associated procedures and subsequent training will be clearly specified in Training and Staff Development Plans.
- 12.3 Where a need for specialised techniques/enhanced support has been identified and agreed between all parties (see 5.10), approved training will firstly be required. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.
- 12.4 The registered practitioner with the occupational competency to delegate the task is responsible for the decision to delegate and cannot delegate that accountability. They must provide training or arrange for the provision of training, competency sign-off, review and ongoing support, which should be funded by the NHS.
- 12.5 Following training, the Registered Manager should know who to contact if they have any queries or concerns regarding the delegated task. There should also be an agreed review process. If the task needs daily supervision – either because of the task itself, or the lack of competency of the social care staff, the task should not be delegated.
- 12.6 All Social care staff are entitled to refuse to administer medication if they do not feel confident in their ability to do so. If a care worker does not feel confident, or competent in administering medication, they must inform their line manager accordingly and ask for additional support and training before they undertake

such a task.

13. CONFIDENTIALITY AND SHARING INFORMATION

- 13.1 Information regarding an individual's medication and health **must** be treated confidentially and respectfully. Information about an individual should only be disclosed with their consent unless the service is legally obliged to share the information in accordance with the Data Protection Act 2018 and any information shared must be relevant, necessary, and proportionate.
- 13.2 Information should be shared with health and social care professionals involved in the direct care of the individual where it is needed for safe and effective care unless they have refused to share the information. The individual's refusal should be documented in their assessment/care and support and social care staff should ensure that the individual is aware that such a refusal may compromise their safety if relevant information is not shared.
- 13.3 If it is unclear whether information can be shared or not in a specific circumstance the advice of the line manager must be sought. The line manager (or deputy) will need to make the decision in conjunction with the individual concerned and may seek further advice from legal services
- 13.4 Medication arrangements during temporary absence from receipt of service**
- 13.4.1 There may be instances where a person we support by regulated services is absent from receipt of medication administration support from the service for a short period of time such as admission to hospital or for social leave. The following processes are to be followed.
- 13.4.2 In the event of admission to hospital, an accurate and 'up to date' copy of the individual's current MAR must be sent into the hospital with the individual along with their medication, if possible. The appropriate admissions to hospital forms from residential services are to be completed by the Registered Manager or their delegated individual.
- 13.4.2 In the event an individual has social leave from a residential or supported living service, medication will be given as normal in the

morning. Social leave will be recorded on the MAR chart at the time when the medication would be due. The medication administration would be the family's responsibility whilst the individual is on social leave. A comment is to be included at the back of the MAR chart with a date and signature about the social leave to provide more detail about where and who the individual is with.

14. QUALITY ASSURANCE

- 14.1 There will be suitable arrangements in place to assess, monitor and improve the quality and safety of medicines management. This will include:
- Issues and lessons learned from the analysis of complaints and safeguarding matters
 - Patterns and trends identified through the analysis of incidents or near misses in terms of medication errors.

15. POLICY IMPLEMENTATION

- 15.1 Bridgend County Borough Council will:
1. Ensure the effective application of this policy and its associated procedures through regular support and monitoring.
 2. Provide social care staff with documented training to equip them with the necessary skills, knowledge and understanding to manage medication.
 3. Monitor the effectiveness of training.
 4. Monitor and update the procedures as required.
 5. Liaise with appropriate external agencies from time to time to ensure that the policy and procedures are kept up to date.

16. POLICY REVIEW

- 16.1 This policy will be reviewed at no longer than a 3-year timeframe unless there are changes to relevant legislation, guidelines, and policies. The Council is committed to the continuing development of the policy and procedures and will endeavor to maintain their accuracy and relevance in response to any proposed additions or changes to best practice.

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR - EDUCATION AND FAMILY SUPPORT

APPOINTMENT OF LOCAL AUTHORITY GOVERNORS

1. Purpose of report

- 1.1 The purpose of this report is to seek approval from Cabinet for the appointment of local authority governors to the school governing bodies listed at paragraph 4.1.

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 In accordance with the Council's 'Guidance on the appointment of local education authority governors', approved by Cabinet on 14 October 2008, officers have considered applications received for current vacancies for local authority governor positions on school governing bodies (see paragraph 4.1 and Appendix A).

4. Current situation/proposal

- 4.1 For the six current local authority governor vacancies at the six schools in the table below, all applicants met the approved criteria for appointment as a local authority governor and there was no competition for these vacancies. Therefore, the recommended appointments are as follows:

| Name of applicant | School |
|--------------------------|------------------------------|
| Cllr Richard Granville | Afon y Felin Primary School |
| Miss Jessie Longstaff | Cefn Glas Infants School |
| Mrs Dorothy Long | Nottage Primary School |
| Mrs Christine Headon | Tondu Primary School |
| Mrs Joanne Millard | Pencoed Comprehensive School |
| Cllr Elaine Winstanley | Ysgol y Ferch o'r Sgêr |

5. Effect upon policy framework and procedure rules

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

6. Equality Act 2010 implications

6.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is, therefore, not necessary to carry out a full EIA on this policy or proposal.

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

7.1 A Well-being of Future Generations (Wales) Act 2015 assessment has been completed. A summary of the implications from the assessment relating to the five ways of working is as follows:

Long-term

While it is desirable for local authority governors to have previous or relevant experience of the role, in the short-term, the local authority may support any person for such an appointment who is interested in supporting schools, is not disqualified from being a school governor and is willing and able to dedicate the necessary time to the role.

Prevention

The local authority assesses the suitability of applicants for the local authority governor vacancy/vacancies applied for. The local authority, in conjunction with the Central South Consortium, supports governors with a comprehensive programme of both mandatory and voluntary training and access to resources, to enable them to develop and maintain their knowledge and skills, and be successful in fulfilling the role.

Integration

School governing bodies have a strategic role in running schools and ensuring that all pupils are supported to learn and achieve so that they can access opportunities for further learning and employment, know how to maintain their wellbeing, can play active roles in their communities and can contribute positively to society as a whole.

Collaboration

School governing bodies have a strategic role in ensuring that schools safeguard the health and well-being of pupils and staff. The local authority, in conjunction with the Central South Consortium, provides training to governors to enable them to develop and maintain their relevant knowledge, skills and effectiveness in this respect.

Involvement

The local authority treats all applications for local authority governor vacancies fairly, to ensure equality of opportunity. School governing bodies have a strategic role in ensuring that schools safeguard the health and well-being of pupils and staff. The local authority, in conjunction with the Central South Consortium, provides training to governors to enable them to develop and maintain their relevant knowledge, skills and effectiveness in this respect.

8. Financial implications

8.1 There are no financial implications regarding this report.

9. Recommendation

9.1 Cabinet is recommended to approve the appointments detailed at paragraph 4.1.

Mr Lindsay Harvey
Corporate Director – Education and Family Support

11 April 2023

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Principal Officer – Business Strategy and Performance

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Background documents

None

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Appendix A

The following table represents current and future local authority governor vacancies (up to the end of June 2023) subject to the approval of the recommended appointments in paragraph 4.1.

| Name of school | Number of current and future vacancies | Latest date for submission of an application |
|---------------------------------------|---|--|
| Betws/Blaengarw Primary Federation | 1 (current) | 14 April 2023 |
| Brackla Primary School | 1 (current) | 14 April 2023 |
| Bryntirion Infant School | 1 (current) | 14 April 2023 |
| Caerau Primary School | 1 (current) | 14 April 2023 |
| Corneli Primary School | 1 (current) 1 (vacant from 19 June 2023) | 14 April 2023 |
| Coychurch (Llangrallo) Primary School | 1 (current) | 14 April 2023 |
| Croesty Primary School | 1 (current) | 14 April 2023 |
| Ffaldau Primary School | 2 (current) | 14 April 2023 |
| Garth Primary School | 1 (current) | 14 April 2023 |
| Heronsbridge School | 1 (vacant from 19 June 2023) | 14 April 2023 |
| Litchard Primary School | 2 (current) | 14 April 2023 |
| Llangewydd Junior School | 2 (current) | 14 April 2023 |

| | | |
|---|---|---------------|
| Maes yr Haul Primary School | 2 (current) | 14 April 2023 |
| Mynydd Cynffig Primary School | 1 (current) 1 (vacant from 15 June 2023) | 14 April 2023 |
| Nantyllyllon Primary School | 1 (vacant from 17 June 2023) | 14 April 2023 |
| Nottage Primary School | 3 (current) | 14 April 2023 |
| Pil Primary School | 1 (current) | 14 April 2023 |
| Plasnewydd Primary School | 2 (current) | 14 April 2023 |
| St Mary's Catholic Primary School | 1 (current) | 14 April 2023 |
| St Robert's Roman Catholic Primary School | 2 (current) | 14 April 2023 |
| Tremains Primary School | 2 (current) | 14 April 2023 |
| Tynyrheol Primary School | 2 (current) | 14 April 2023 |
| Ysgol Bryn Castell | 1 (current) | 14 April 2023 |
| Ysgol Gymraeg Bro Ogwr | 1 (current) 1 (vacant from 19 June 2023) | 14 April 2023 |
| Ysgol Gynradd Gymraeg Calon y Cymoedd | 1 (current) | 14 April 2023 |
| Ysgol Cynwyd Sant | 2 (current) | 14 April 2023 |
| Bryntirion Comprehensive School | 2 (vacant from 19 June 2023) | 14 April 2023 |

| | | |
|--------------------------------|---|---------------|
| Coleg Cymunedol Y Dderwen | 1 (current) 2 (vacant from 19 June 2023) | 14 April 2023 |
| Cynffig Comprehensive School | 2 (current) 1 (vacant from 19 June 2023) | 14 April 2023 |
| Maesteg School | 2 (current) | 14 April 2023 |
| Pencoed Comprehensive School | 1 (current) | 14 April 2023 |
| Porthcawl Comprehensive School | 1 (current) | 14 April 2023 |
| Ysgol Gyfun Gymraeg Llangynwyd | 2 (vacant from 19 June 2023) | 14 April 2023 |

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF CHIEF OFFICER – FINANCE, PERFORMANCE AND CHANGE

COUNCIL TAX DISCRETIONARY RELIEF POLICY

1. Purpose of report

- 1.1 The purpose of this report is to seek Cabinet approval for a Council Tax Discretionary Relief Policy, in line with powers set out in Section 13A(1)(c) of the Local Government Finance Act 1992 (as inserted by Section 10 of the Local Government Finance Act 2012).
- 1.2 Cabinet is also asked to approve an amendment to the Council's Scheme of Delegation of Functions to enable applications to be dealt with in a swift and timely manner.

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**:

1. **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.
2. **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.
3. **Smarter use of resources** – ensuring 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.

- 2.2 The total council tax collected for the Council makes up approximately 27% of the funding for the Council's net revenue budget. The budget strategy is an integral part of the Corporate Planning process.

3. Background

- 3.1 Section 13A of the Local Government Finance Act 1992 provides the billing authority with discretionary powers to reduce Council Tax liability where national discounts and

exemptions cannot be applied. It can be used for individual cases or the Council can determine classes of case in which liability is to be reduced.

3.2 The Council does not currently have an agreed Council Tax Discretionary Relief Policy, and the objective of the proposed policy is to offer financial assistance to council taxpayers who are experiencing exceptional circumstances. Each application for discretionary relief will be treated strictly on its own merits and all council tax payers will be treated fairly and equally.

4. Current situation/proposal

4.1 The proposed Council Tax Discretionary Relief Policy is attached at **Appendix A**. The policy outlines three categories of eligibility, namely:

- Exceptional Financial Hardship
- Crisis Situation e.g. fire or flood
- Other Circumstances – e.g. specific groups of individuals

4.2 Any relief offered will be on a short-term basis and will require the applicant to provide a range of information, including full income and expenditure breakdowns, in order to be considered.

4.3 It is proposed that any determinations of awards will be made on the recommendation of the Taxation Section, and to facilitate this, it is proposed that an amendment be made to the Council's Scheme of Delegation of Functions, Scheme B2, paragraph 2.2, to include an additional sub-section (c) as follows:

| | |
|-----|---|
| 2.2 | <p>To determine:</p> <ul style="list-style-type: none">(a) applications for discretionary rating relief from charities;(b) applications for rating relief on grounds of hardship.(c) applications for council tax relief in line with approved policies |
|-----|---|

4.4 Appeals will be considered by the Section 151 Officer, in conjunction with the Cabinet Member, Resources.

5. Effect upon policy framework and procedure rules

5.1 The proposed policy will require a change to the Council's Scheme of Delegation.

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 well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

8.1 The cost of awarding Section 13A(1)(c) Discretionary Council Tax Reduction must be funded from within the total income generated by council tax.

9. Recommendations

9.1 Cabinet is recommended to:

- a) approve the proposed Council Tax Discretionary Relief Policy at **Appendix A**;
- b) approve a change to the Scheme of Delegation of Functions, as set out in paragraph 4.3.

Carys Lord

Chief Officer – Finance, Performance and Change and Section 151 Officer

April 2023

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Background Documents: None

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Bridgend County Borough Council
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr



BRIDGEND COUNTY BOROUGH COUNCIL

**COUNCIL TAX
DISCRETIONARY RELIEF POLICY**



March 2023

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1. INTRODUCTION

- 1.1 This discretionary relief policy has been approved by Cabinet to assist council tax payers who may be experiencing financial hardship or distress, where there is clear evidence that those individuals have exceptional circumstances, and all statutory exemptions and discounts have been exhausted.
- 1.2 The discretionary relief policy will be administered by the taxation section and will be made available to any council tax payer under the circumstances specified in this policy. The purpose of this discretionary relief policy is to provide temporary assistance to council tax payers to help reduce their council tax liability (although in certain classes/cases of taxpayer the relief can be of a longer-term nature). The operation of the policy is at the discretion of the Council.

2. LEGISLATIVE POWERS

- 2.1 Under Section 13A (1) (c) of the Local Government Finance Act 1992 (as inserted by Section 10 of the Local Government Finance Act 2012), the Council has the power to reduce liability for council tax in relation to individual cases or class(es) of cases that it may determine and where it is considered appropriate to do so.

A summary of Section 13A (1) (c) is set out below:

- Where a person is liable to pay council tax in respect of any chargeable dwelling, the billing authority for the area in which the dwelling is situated may reduce the amount which he or she is liable to pay to such extent as it thinks fit.
 - The power under subsection (1) includes the power to reduce an amount to nil.
 - The power under subsection (1) may be exercised in relation to particular cases or by determining a class of case in which liability is to be reduced to an extent provided by the determination.
- 2.2 The cost of awarding Section 13A (1) (c) Discretionary Council Tax Reduction must be funded from within the total income generated by council tax.
 - 2.3 As a consequence of this, the Council will only consider using its powers to reduce council tax liability for any council tax payer or class of payer in exceptional circumstances. Each case will be determined on its own merits based on the application form and supporting information.

3. KEY PRINCIPLES

- 3.1 The objective of council tax discretionary relief is to offer financial assistance to council tax payers who are experiencing exceptional circumstances. Each application for discretionary relief will be treated strictly on its own merits and all council tax payers will be treated fairly and equally. The Council will seek through the operation of this policy to:
 - Alleviate social injustice

- Prevent homelessness
- Keep families together
- Support the vulnerable in their homes in the community
- Help customers through personal crises and difficult events

The list is not exhaustive and all factors or exceptional circumstances that may apply will be considered.

- 3.2 Council tax discretionary relief awarded under this policy is intended as a short term measure (although in certain classes/cases of taxpayer the relief can be of a longer term nature) and is generally not intended to cover the shortfall between Council Tax and entitlement to Council Tax Reduction Scheme support or any other reduction on a long term basis.
- 3.3 Section 13A (1) (c) allows the Council the discretion to provide assistance to council tax payers where either the existing legislation does not provide a discount, exemption or reduction or in such circumstances where the Council feels that the level of discount or reduction is insufficient given the exceptional circumstances involved.
- 3.4 Any decision made will be without reference to any budgetary considerations, notwithstanding the fact that any awards must be balanced against the needs of local taxpayers who will ultimately pay for a reduction in council tax income. Likewise, the period of any reduced liability will be considered in conjunction with the circumstances of the council tax payer.

4. ELIGIBILITY

- 4.1 For the purposes of administration of the scheme, the Council will use its discretionary powers to grant a reduction in council tax within any of the following categories: -

a) Exceptional Financial Hardship

In accordance with Section 13A (1) (b) of the LGFA 1992, this Council has a Council Tax Reduction Scheme which provides support, through a reduction, to those who need assistance to meet their council tax liability. The scheme is designed to take account of both the financial position and the specific circumstances of individuals, including the composition of their household.

Applications will still be accepted under the Council Tax Discretionary Relief Policy for people who have qualified for support under the Council Tax Reduction Scheme but remain in exceptional financial hardship. In the first instance the Council would expect a taxpayer to ascertain if any discounts, exemptions or eligibility for a Council Tax Reduction under the Council Tax Reduction Scheme will apply before an application is considered.

The application for Discretionary Council Tax Reduction must be made by the person who is liable for the council tax payments or their advocate/appointee (with written consent) detailing the information required in the application.

As part of the application process under part (a) of the Discretionary Council Tax Reduction Policy, all applicants must provide all of the following information: -

- The appropriate application form for Council Tax Discretionary Relief must be submitted completing all relevant sections.
- Details of other occupiers must also be advised in the application.
- Applicants must provide full details of income and expenditure with appropriate evidence to support the information contained in their application.
- The taxpayer must confirm that they have no access to assets that could be realised and used to pay the council tax liability.

The following factors will be considered when assessing the application under Part (a) of this policy: -

- The Council and applicant will explore other alternatives for payment, such as deferred payment arrangements and reductions in non-essential expenditure to meet the outstanding liability.
- Current financial circumstances.
- The circumstances of the applicant at the time the council tax liability arose.
- Determine what action(s) the applicant has taken to alleviate the situation;
- Consider alternative means of support that may be available to the applicant, such as applying for a Discretionary Housing Payment to meet rent costs and maximising other state benefits where applicable.

b) Crisis Situation (e.g. Fire or Flood)

The Council will consider requests for assistance from council tax payers who, through no fault of their own, have experienced a crisis or event that has made their dwelling uninhabitable e.g. due to fire or flooding, where they remain liable to pay council tax and for which they have no recourse for compensation nor have recourse to any statutory exemptions.

All such requests must be made in writing detailing the exact circumstances of any reduction in the liability required and specifying when the situation is expected to be resolved.

The Council will consider applications on a case by case basis in consultation with other services or organisations as appropriate. Any reduction will be applied where they remain liable to pay council tax and for which they have no recourse to any statutory exemptions or where the crisis or event is not covered by any insurance policy.

c) Other Circumstances

The Council will consider requests from council tax payers, or specific groups of individuals, for a reduction in their liability based on other exceptional

circumstances not specifically mentioned within this policy but which align with the principles of the policy, as set out in Section 3. However, the Council must be of the opinion that the circumstances relating to the application warrant further reduction in their liability for council tax having regard to the effect on other council tax payers.

No reduction in liability will be granted where a statutory exemption or discount could be granted or where it would conflict with any resolution, core priority or objective of the Council.

4.2 Changes in Circumstances

The Council may revise any discretionary reduction provided under this policy where the applicant's circumstances have changed.

The taxpayer agrees that they will inform the Council immediately either by telephone, by email or in writing about any changes in their circumstances which might affect the claim under this policy. Failure to do so may result in the withdrawal of the reduction granted for the year and the requirement to repay any outstanding amount to the Council. All changes in circumstances must be notified within 21 days.

4.3 Award and Duration

Both the amount and the duration of the award will be determined at the discretion of the Council and will be done so on the basis of the evidence supplied and the circumstances and merits of each application received.

The award will normally commence from the date of the application and will only be backdated where the council tax payer can show good cause as to why they did not apply at the relevant time.

Any award that is made will be on a "one off" basis and will either be for part of the charge or the full charge. There will be no continuation of the award beyond the end of the financial year, unless a further application is received and approved.

Any awards that are made will be directly credited to the council tax account of the individual or individuals concerned, thereby reducing the amount of council tax payable.

5. CLAIMING DISCRETIONARY RELIEF

5.1 Claims can either be made in writing by the applicant concerned or their advocate or appointee with their written consent, by completing the application form.

5.2 The application must be made promptly and relate to the current financial year, unless the council tax payer can show good cause as to why they did not apply at the relevant time. The application must be supported by all appropriate

evidence. Depending on the detail of the request the Council may then write and request supplementary information which must be provided within 28 days.

- 5.3 Applications should be made by email to Taxation@bridgend.gov.uk

6. DETERMINATION OF APPLICATIONS

- 6.1 Determination of entitlement/awards will be made on the recommendation of the Taxation Section.
- 6.2 Through delegated powers, senior officers within the Taxation Section will consider any applications received.
- 6.3 Determination of appeals against the initial decision of the Taxation Section will be made by the Section 151 Officer, in conjunction with the Cabinet Member, Resources.

7. NOTIFICATION

- 7.1 Once all the appropriate information is received the Council will make a decision within 28 days or as soon as is reasonably practicable thereafter.
- 7.2 The Council will then write to the applicant to notify them either of the award that is to be made or to explain to them why they do not qualify.

8. APPEALS

- 8.1 Under the Local Government Finance Act 1992, there is no right of appeal against the Council's use of discretionary powers. However, the Council will accept an applicant's written request for a further review of its decision as long as this is received within 28 days of the original decision where the opportunity will be available to provide additional information where appropriate.
- 8.2 If the decision is challenged by the applicant the request will then be considered further by the Section 151 Officer, in conjunction with the Cabinet Member, Resources, and a reply will be issued within 2 months notifying the applicant concerned of the decision.
- 8.3 If the initial decision is not reversed an appeal form will be enclosed with the decision letter allowing the applicant to make a further appeal to the Valuation Tribunal for Wales who are independent from the Council. Should the applicant decide to progress the appeal then the form must be completed and returned to the Valuation Tribunal within 2 months of the final decision letter.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR COMMUNITIES

CONSULTATION ON COMMUNITY RECYCLING CENTRES

1. Purpose of report

1.1 The purpose of this report is:

- To seek Cabinet approval to formally enter into public consultation on the potential closure of three Community Recycling Centres (CRC) for one day a week.
- For Cabinet to note that the outcome of the consultation will be reported to Cabinet in due course.

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 Budget planning for the financial year 2023-24 has been more uncertain and challenging than usual, with even more cost pressures presenting themselves going forward than has been experienced in previous years, and a climate that requires more support for our older and more vulnerable members of society with substantial increased demand for many services. As part of the Medium Term Financial Strategy 2023-24 to 2026-27, approved by Council on the 1 March 2023, a Budget

Reduction Proposal of £50,000 was included in relation to the Waste Services budget.

- 3.2 In order to achieve these savings it would be necessary to close each CRC for one weekday per week. This would require both Contract variation negotiations with Kier to confirm the saving levels proposed along with public consultation regarding the reduced levels of service.

4. Current situation/proposal

- 4.1 Any proposals to amend the operating arrangements for the CRC's needs to take into account the views of the community and users of the sites. Cabinet are therefore asked to approve formal consultation on the option of reducing the operating days of each CRC by one day a week to meet the financial savings identified in the MTFs for Financial year 2023-24 of £50,000. The results of this consultation will be presented to Cabinet along with recommendations on the future operating model for across the County Borough.
- 4.2 Sites are currently operated 7 days a week Monday – Sunday. Following consultation, if it is decided that CRC sites should close one weekday per week, officers will work with the current Contractor Kier to ensure that the days chosen will cause minimal disruption to the public. Weekends would not be selected for closure as these are busier days.
- 4.3 It is noted however, that closure of each CRC for one weekday per week could potentially result in some queuing for residents at other CRCs.
- 4.4 If approved the statutory consultation will commence in early April 2023 and continue for 12 weeks.
- 4.5 It is proposed that groups including the Citizens Panel, Equalities Panel and Town and Community Councils would be consulted as would other groups such as those representing elderly or disabled service users.
- 4.6 An on line survey will be available on the Bridgend County Borough Council website. This will be promoted via social media platforms to individuals who live in, work in, or visit Bridgend County.

5. Effect upon policy framework and procedure rules

- 5.1 There are no effects upon the policy framework and procedure rules arising 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. 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 recommendations in this report demonstrate the sustainable development principle by ensuring that by meeting the needs of the present they do not compromise the ability of future generations to meet their own needs and this is evidenced through the 5 ways of working:

- Long term – delivering financial budget reduction proposals.
- Prevention – working with partners to ensure that CRCs are available at appropriate times for those living, working or visiting Bridgend County Borough.
- Integration – the project contributes to the well-being goals: a healthier Wales, a Resilient Wales, and a Wales of Cohesive Communities and to the Well-being objective Supporting communities in Bridgend to be Safe and Cohesive.
- Collaboration – the running of the CRCs is a collaboration between Bridgend County Borough Council Communities Directorate, and Kier.
- Involvement – the consultation with partners, stakeholders, local residents, communities and elected members will inform the decision of whether to reduce the opening days of the CRCs.

8. Financial implications

8.1 There are no additional costs directly associated with this report. Any costs attached to the consultation process will be met within current budgets/staffing resources of the department.

8.2 As part of the Medium Term Financial Strategy 2023-24 to 2026-27, approved by Council on the 1 March 2023, a Budget Reduction Proposal of £50,000 was included in relation to the Waste Services budget. If approved, the formal consultation will consider the option of reducing the opening of the CRCs by one day per week to meet the financial savings.

9. Recommendations

9.1 Cabinet is recommended to give approval to commence a public consultation on the proposal to close each CRC one day per week.

9.2 Cabinet is recommended to note that the outcome of the consultation will be reported to Cabinet in due course.

Janine Nightingale
CORPORATE DIRECTOR COMMUNITIES
11 April 2023

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Background documents: None

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET

11 APRIL 2023

REPORT OF THE CORPORATE DIRECTOR COMMUNITIES

VALLEYS REGIONAL PARK FUTURE FUNDING

1. Purpose of report

- 1.1 The purpose of this report is to provide an update on the Valleys Regional Park (VRP) and to seek approval, following a request from the VRP board, that Bridgend County Borough Council (BCBC) continues in its role as host of the VRP to the end of the 2023/24 financial year. The report also seeks approval to accept a grant offer of £265,000 from Welsh Government (WG) for funding VRP for the remaining 9 months of the 2023/24 financial year following the end of the current European Social Fund (ESF) funding in June 2023.

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 Valleys Regional Park (VRP) has been developed through the Welsh Government Ministerial Taskforce for the Valleys in partnership with the Valleys local authorities (Merthyr Tydfil, Blaenau Gwent, Rhondda Cynon Taff, Caerphilly, Torfaen, Bridgend, Neath Port Talbot, Swansea and Carmarthenshire), Natural Resources Wales, Visit Wales and Welsh Government officials in Health and Environment Divisions. It reflects the views of stakeholders from Valleys communities, the Third Sector, Public Health Wales and feedback received through a series of engagement events. The VRP prospectus was published on 18th October 2018 and plans have

been further developed through the partnership led by the VRP team, hosted by Bridgend County Borough Council (BCBC).

- 3.2 Valleys Regional Park is an environmental vision for the Valleys, developed and delivered through a growing partnership of local authorities, government agencies, local health boards, charitable trusts and voluntary organisations, working closely with private enterprise and local communities.
- 3.3 Geographically, the Valleys Regional Park covers the footprint of the former South Wales coalfield, extending from Carmarthenshire in the west to Pontypool in the east and bordering the Brecon Beacons National Park to the north. The region is home to nearly a third of the Welsh population.
- 3.4 The Valleys Regional Park vision is of a high quality, sustainable network of greenspace offering outstanding skills, learning, recreational and economic opportunities which will help change the image and perception of the Valleys forever. It will improve the quality of life, health and well-being for local people, generate pride in their area whilst creating an environment that stimulates inward investment and becomes an attractive destination for visitors.
- 3.5 This vision is being developed and delivered through the VRP partnership, generating environmental and associated social, health and economic benefit whilst embedding a meaningful regional response to the Climate and Nature Emergencies.
- 3.6 In April 2019 discussions took place between the partner local authorities and the Deputy Minister for Economy and Transport. The Deputy Minister expressed a desire for a local authority to act as host for the delivery team element of the next stage of the VRP – to March 2021. BCBC was invited to be the host authority.
- 3.7 In July 2019 BCBC accepted the invitation from Welsh Government to be the host organisation for the initial phase for a period from August 2019 to March 2021. A funding agreement was established between BCBC and Welsh Government and a legal agreement was developed, but is yet to be agreed and signed by all Local Authorities forming the VRP area.
- 3.8 In the autumn of 2019, Welsh Government and Welsh European Funding Office (WEFO) indicated that funding opportunities existed through Rural Development Programme (RDP) and European Social Fund (ESF) resources to potentially support the continuation of the VRP delivery from March 2021 to June 2023. At its meeting in March 2020 the VRP Board invited BCBC to apply for funding through ESF and RDP in its role as host. This funding was awarded with an expectation that the VRP approach would be piloted across the Valleys with a business case for a long term operating model developed.

4. Current situation/proposal

- 4.1 ESF funding is coming to an end with VRP costs covered until the end of June 2023. A business case for future operating was presented to the VRP Board in February 2023 and also shared with the Deputy Minister for Arts and Sport. The Board and Deputy Minister both supported the business case and agreed to further discussions around a funding model.

- 4.2 On 20th March 2023 the VRP Board met to consider the response from the Deputy Minister on a formal request for funding beyond June 2023 and review the business case alongside the Welsh Government position. There was an indication from the Deputy Minister that Welsh Government grant funding could be made available to cover the shortfall that will allow VRP to continue to the end of the 2023/24 financial year. The Board asked BCBC to proceed with discussions with Welsh Government to receive the grant and continue to host VRP until March 2024.
- 4.3 As a result of these discussion a grant offer of £265,000 has been made to BCBC from Welsh Government to cover costs through to the end of the 2023/24 financial year. This will provide the basis for planning the long term approach including;
- Agreement on the approach and delivery of a successfully transition of the administration of the VRP into the South-East Wales Corporate Joint Committee
 - A commitment from the lead local authorities of the VRP to provide funding for the administration of the VRP and as part of any negotiations with Welsh Government on future funding.
 - Development of a viable business plan to secure sustainable funding for VRP by the 31 March 2029.

5. Effect upon policy framework and procedure rules

- 5.1 There is no direct impact on the Council's policy framework and procedure rules.

6. Equality Act 2010 implications

- 6.1 An initial Equality Impact Assessment (EIA) screening has identified that there would be no negative impact on those with one or more of the protected characteristics, on socio-economic disadvantage or the use of the Welsh language. It is therefore not necessary to carry out a full EIA on this policy or proposal at this stage.

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

- 7.1 The Well-being of Future Generations (Wales) Act 2015 Assessment Template has been completed and a summary of the implications from the assessment relating to the five ways of working is below:
- Long-term: The activities that form part of the scheme have been identified by the partners that will take part and are closely aligned with the long-term ambitions set out in the VRP prospectus. A regional collaborative approach, linked to regional working as part of the Cardiff Capital Region area works towards long-term delivery.
 - Prevention: On their own none of the partners or participating areas would be able to achieve the scale of impact that such a partnership approach offers. Therefore delivering in this way offers the opportunity to build on success to date and prevent a deterioration of the value that the development of the VRP brings to the region.
 - Integration: The scheme will achieve this way of working by recognising the approaches that are proposed for support are those that have been identified by partner organisations due to their synergy with local, regional and national priorities.

- Collaboration: The proposals have been developed and will be delivered through a strong partnership between BCBC and those partners that will form part of the delivery.
- Involvement: The scheme will be delivered in close partnership with a range of local stakeholders in each area. Discussions and development with neighboring Counties has taken place through BCBC's Economy, Natural Resources and Sustainability team and relevant officers from neighbouring Councils as well as representatives from a range of private and third sector partners.

8. Financial implications

- 8.1 Welsh Government have made available funding of up to £265,000 for the 2023/24 financial year to be allocated to VRP and the work involved to be paid via a grant to BCBC. This will cover costs from July 2023 to the end of March 2024 following the end of the current WEFO funded phase of VRP. Any costs incurred by BCBC through hosting the VRP will be covered by the grant funding available.
- 8.2 The Section 151 Officer will ensure that the grant funding provided is used solely for the purposes outlined in the respective grant offer letters. Expenditure of the grant will comply with all statutory requirements for accounting and internal audit (including supporting records and all systems of internal checks and control), and will be included with any internal or external audit of the Council's funding.

9. Recommendations

Cabinet is recommended to:

- 9.1 Note progress to date in developing the VRP.
- 9.2 Approve the request from the VRP Board that BCBC continue in its role as host of the VRP to the end of the 2023/24 financial year.
- 9.3 Delegate authority to the Corporate Director Communities, in consultation with the Chief Officer – Finance, Performance and Change and the Chief Officer - Legal and Regulatory Services, to approve the final terms of the grant offer, accept the offer of funding from Welsh Government and to enter into any appropriate funding and legal agreements necessary to fulfil the role as host the VRP delivery team.

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Corporate Director Communities

27 March 2023

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Background documents:
None

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