

Public Document Pack

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

*Rydym yn croesawu gohebiaeth yn Gymraeg.
Rhowch wybod i ni os mai Cymraeg yw eich
dewis iaith.*

*We welcome correspondence in Welsh. Please
let us know if your language choice is Welsh.*



Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate

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

Gofynnwch am / Ask for: Democratic Services

Ein cyf / Our ref:

Eich cyf / Your ref:

Dyddiad/Date: Monday 3 April 2023

Dear Councillor,

CABINET

A meeting of the Cabinet will be held as Hybrid in the Council Chamber, Civic Offices, Angel Street, Bridgend, CF31 4WB on **Tuesday, 11 April 2023 at 14:30.**

AGENDA

1. Apologies for Absence
To receive apologies for absence from Members.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from 1 September 2008.
3. Approval of Minutes 3 - 28
To receive for approval the Minutes of meetings dated 22/2/23 and 14/3/23
4. Care Home Fee-Setting Policy 29 - 42
5. Social Services Complaints Policy 43 - 60
6. Care Inspectorate Wales (CIW) Improvement Check Visit to Childrens Social Care Services 21 - 24 November 2022 61 - 110
7. Medication Policy 111 - 142
8. Appointment of Local Authority Governors 143 - 150
9. Council Tax Discretionary Relief Policy 151 - 162
10. Consultation on Community Recycling Centres 163 - 166
11. Valleys Regional Park Future Funding 167 - 172
12. Urgent Items

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

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

Yours faithfully

K Watson

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

Councillors:

JC Spanswick
N Farr
W R Goode

Councillors

J Gebbie
HJ David
HM Williams

Councillors

JPD Blundell

CABINET - WEDNESDAY, 22 FEBRUARY 2023

MINUTES OF A MEETING OF THE CABINET HELD HYBRID IN THE COUNCIL CHAMBER CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB / REMOTELY VIA MICROSOFT TEAMS ON WEDNESDAY, 22 FEBRUARY 2023 AT 14:30

Present

Councillor HJ David – Chairperson

JC Spanswick
HM Williams

N Farr
JPD Blundell

W R Goode

J Gebbie

Officers:

Alex Rawlin	Corporate Policy & Public Affairs Manager
Carys Lord	Chief Officer - Finance, Performance & Change
Claire Marchant	Corporate Director Social Services and Wellbeing
Janine Nightingale	Corporate Director - Communities
Kelly Watson	Chief Officer Legal, HR and Regulatory Services
Julie Ellams	Democratic Services Officer - Committees
Mark Shephard	Chief Executive
Mark Galvin	Senior Democratic Services Officer - Committees
Lindsay Harvey	Corporate Director Education and Family Support

139. DECLARATIONS OF INTEREST

Councillor JP Blundell declared a personal interest in the Capital Strategy report, as he had an interest in one of the items mentioned therein.

140. APPROVAL OF MINUTES

RESOLVED:

That the Minutes of a meeting of the Cabinet dated 17 January 2023, be approved as a true and accurate record.

141. CORPORATE PLAN 2023-28

The Chief Executive presented a report, the purpose of which, was to provide an update on the Council's Corporate Plan and seek endorsement from Cabinet for the Corporate Plan 2023-28, attached at Appendix 1 to the report, prior to submission to Council for approval on 1 March 2023.

He explained that the Council's Medium Term Financial Strategy (MTFS) 2023-2027 is being presented to Council for approval on 1 March 2023 alongside the updated Corporate Plan 2023-28. The two documents are aligned to each other, enabling the reader to make explicit links between the Council's well-being objectives and the resources directed to support them.

The Wellbeing of Future Generations (Wales) Act 2015 ("the Act") states that public bodies, including local authorities, must work to improve the economic, social, environmental and cultural well-being of Wales, with certain actions needing to be taken in order to achieve this.

Paragraph 3.3 of the report confirmed that there are 7 wellbeing goals for Wales, set out in the above Act and the Council were required to demonstrate its contribution to each of these goals. These wellbeing goals were listed in the report.

The Chief Executive confirmed that the Corporate Plan was the Council's main vehicle for demonstrating and communicating the priorities to local people and businesses. It was also an important part of the assurance framework for its regulators. Audit Wales intend to test approaches to developing the Corporate Plan (especially the well-being objectives) across Wales over the next 6 months, hence the importance of the Plan.

Research and early engagement feedback undertaken, had combined a set of draft principles and wellbeing objectives, which formed part of the annual budget consultation and the staff survey, and these were discussed with Cabinet Members, and political groups.

These principles and wellbeing objectives had been brought together in the draft Corporate Plan attached at Appendix 1 to the report.

The Chief Executive advised, that the draft Corporate Plan, was brief and accessible with simple language, wide use of infographics (although these will be developed by the designers following Council approval) and a focus on principles / ways of working as well as the well-being objectives. There is a focus throughout the report on the financial situation and need for change, putting residents first and improving responsiveness and communications as well as personal / community responsibility alongside Council services. In short, the Plan was better laid out; concise yet informative and was therefore easier to read and take in, than had been previous versions.

Detail of the objectives and performance indicators (or key results) arising from the Corporate Plan, would form part of the Corporate Plan Delivery Plan, to be developed alongside the Corporate Overview and Scrutiny Committee in March and April 2023.

The Chief Executive stated that since initial engagement with the Corporate Overview and Scrutiny Committee, significant changes have been made to the Corporate Plan to reflect the Committee's views, and the views of staff and residents. These were detailed in paragraph 4.6 of the report.

Cabinet Members in turn commended the Corporate Plan, particularly in respect of the engagement on the provisions of the Plan with the young people in Bridgend, introducing classes such as Women's self-defence training, supporting unpaid Carers, publicising our public rights of way to promote exercise for health and wellbeing reasons, advocating climate change, improving children's play areas and looking to invest further in recycling. The also supported the engagement that had taken place with key stakeholders and residents within the Bridgend County Borough.

The Leader thanked partners of the Council for contributing to and shaping the Plan, including Members through the Authorities Overview and Scrutiny process.

The Chief Executive added, that a Delivery Plan would be presented to the Council's Overview and Scrutiny Committee, with the aim of monitoring and measuring the outcomes and objectives of the Corporate Plan's Action Plan

RESOLVED:

That Cabinet endorsed the Corporate Plan 2023-28 attached at Appendix 1 to the report and recommended it to Council for approval on 1 March 2023.

142. **MEDIUM TERM FINANCIAL STRATEGY (MTFS) 2023-24 TO 2026-27**

The Chief Officer – Finance, Performance and Change submitted a report, in order to present to Cabinet the Medium Term Financial Strategy for the period 2023-24 to 2026-27. This included:

- A financial forecast for 2023 to 2027;
- A detailed revenue budget for the coming financial year; and
- the capital programme for the period 2022-2023 to 2032 – 2033

The Corporate Plan and Medium Term Financial Strategy identify the Council's service and resource priorities for the next four financial years, with particular focus on 2023-2024.

The MTFS outlined the principles and detailed assumptions which drive the Council's budget and spending decisions, it outlines the financial context within which the council is operating and attempts to mitigate any financial risks and pressures going forward whilst at the same time taking advantage of any opportunities arising.

The strategy focuses on how the council intends to respond to the increasing pressures on public sector services, which were exacerbated during the COVID-19 pandemic, and immediately following that, by the current cost of living crisis. It sets out the approaches and principles the council will follow to ensure it remains financially sustainable and delivers on the corporate well-being objectives

The Chief Officer – Finance, Performance and Change quarterly reports to Cabinet during this financial year on the projected revenue position for 2022/2023, outlined in detail the impact on the budget of the additional cost pressures faced by the Council throughout the year as a result of the worsening economic climate, rising inflation and interest rates. These have been reflected in rising prices, higher than anticipated pay increases and significant tender price increases for goods and services.

The final financial settlement for local government in Wales was not due to be announced until the end of this month. As a result, this budget is being proposed on the basis of the provisional settlement received in December 2022. Whilst we do not anticipate any significant change in funding between the provisional and final settlement, any changes will be reported back to Council at a later date.

The budget had been prepared following consultation with elected members, the school budget forum and service managers. Subject to the risks identified, the MTFS provided a firm basis for managing the Council's resources for the financial year 2023 / 2024 and beyond.

Annex 3 of the report contained the detailed Medium Term Financial Strategy.

Section one of the MTFS included a financial overview of the Council. The Chief Officer – Finance, Performance and Change, confirmed that Members will be aware that the Council has had to make budget reductions in previous years and Chart 1 in this part of the report, indicated that budget reductions of £73 million have been found since 2010 – 2011. These represented almost 23% of the Council's net budget in the current year.

The Council received the majority of its revenue funding from Welsh Government through the revenue support grant and a share of the non- domestic rates. It was important to note that Council tax will account for only 27% of the income received by the Council in the coming financial year.

For 2023 -2024, even more cost pressures were presenting themselves going forward than has been experienced in previous years and there are fewer opportunities to cut services in a climate that required more support for our older and more vulnerable members of society with substantial increase in demand being experienced for many services. In addition, there are higher expectations on the council to address homelessness more robustly and on a longer-term sustainable basis and more pressure to strengthen and support social care, which is experiencing increased demand and costs as well as more complex cases in both adults and children services

In section two of the MTFS further context is provided, detailing both financial and non-financial information which has shaped the financial position for the council. In real terms Welsh Government funding has fallen year on year since 2012-2013 with an increasing element of the budget having to be funded by the council tax.

As in previous years further efforts have been made to secure greater involvement of stakeholders in the development of this strategy and the corporate plan. This has included:

- A 5 week consultation with residents of Bridgend which was undertaken. The emphasis of this was to seek views on the priority areas for residents, in order to enable the Council to review and prioritise the budget. The outcome of this consultation process was detailed in Table 5 in the MTFS.
- Cabinet and corporate management board have been working with the Budget Research and Evaluation Panel (BREP) over the last six months to facilitate the budget planning process.
- The draft budget report approved by Cabinet in January 2023, had subsequently been scrutinised by the Council's overview and scrutiny committees resulting in a number of recommendations being made. Cabinet has considered these, which included recommendations from the Budget Research and Evaluation Panel, and a response to these was provided in Appendix A to the Medium Term Financial Strategy

The responses received from the public consultation and from discussions with, and recommendations from, BREP and Overview and Scrutiny, have been considered and the proposed budget is based on the comments and responses received.

In considering the financial position the following principles now underpin the final budget for the coming financial year :

- The Council will seek to protect the most vulnerable people in our communities;
- The Council will seek to limit service growth in the coming financial year;
- All budgets across the Council should be reviewed to identify savings for the coming year;
- Where possible back office services will be prioritised for service reductions;
- The Council should consider whether schools are able to contribute to the overall savings required in the coming year; and
- In setting the budget for 2023-2024 consideration needs to be given to the anticipated budget pressures in the following financial years

Taking into account the above, the proposed budget :

- Provides additional funding to support the most vulnerable in the BCBC areas by increasing funding to support social care and increasing funding to support the homeless;
- reduces the level of service reductions required in the coming year by £600,000

- reduces the proposed Council Tax increase from 6% to 4.9% in recognition of the impact of any rise on the residents of the County Borough.

In proposing this, schools have been tasked with finding budget reductions totalling 2% of their budget, to be found as far as possible from efficiency savings, in order to help balance the Council's budget. It should be noted that the council will fully fund the pay and price increases that schools will meet in the coming year and this would significantly outweigh this budget reduction. The risk on pay and prices will therefore rest with the Council during the coming year.

Details of the budgets for individual services were given in section 2.4 of the MTFS, while in section three of the MTFS, the current financial situation was outlined for Cabinet.

With regards to the provisional local government settlement the headline figure was an overall increase of 7.9% across Wales. The spread of the increase across Wales ranged from 6.5% to 9.3% and, for Bridgend, there was an increase of 7.7% for the coming financial year.

The settlement includes funding to enable local authorities to continue to meet the additional costs of paying the Real Living Wage to social care workers. Funding for free school meals during school holidays has ended, but there are allocations for the next two financial years to support the increased entitlement to free school meals for all primary age pupils.

The MTFS also models the financial position for the authority for the next four years, based on the latest information available from Welsh government. Welsh government has provided a provisional settlement for the coming financial year and then an indicative increase for the following financial year of 3.1%.

The Chief Officer – Finance, Performance and Change confirmed that the financial forecast for 2023 to 2027 was predicated on assumptions regarding demographic projections, inflationary uplift, the impact of new legislation and policies and increased staffing costs. In developing these estimates, the MTFS contains assumptions with regards to possible council tax increases going forward. Due to the pressures already outlined, it is proposed to increase council tax by 4.9% in 2023-2024. This is significantly below the current inflation rate in order to be able to support the citizens of Bridgend to deal with the rising cost of living, such as increased energy and food bills, other inflationary increases and mortgage interest rises. For planning purposes it has been assumed that the council tax will increase by 4.5% in 2024 – 2025 to 2026 - 2027. These figures are for planning purposes only and will be reviewed each time the Medium Term Financial Strategy is updated.

Together with the indicative funding from Welsh Government, it is estimated that there will be a net budget requirement of £17 million to be met over this period. These scenarios were detailed at Table 7 within the MTFS

Section 4 of the MTFS outlined in more detail the budget position for 2023/2024. The net budget requirement for next year is detailed at Table 10 of this report which shows a net budget of £342m.

In summary the key points to note include :

Financial pressures of over £25m are funded for the coming year, which include:

- £14m to meet pay and price inflation

- £2.4m to fund the increase in the RLW for social care workers
- £8.6m of inescapable service cost pressures which included :
 - o Increased funding to meet additional pressures in adult social Services, including an increase for services and support for older people;
 - o Increased demand for mental health and learning disability services due to the long-term impact of the Covid-19 pandemic;
 - o Additional capacity to support children services to ensure the service can meet the requirements to safeguard children;
 - o Increased costs of commissioned services in the social care sector;
 - o Increasing numbers of households and individuals presenting as homeless.

Inevitably additional pressures will arise during the year as a result of new legislative changes or unanticipated events. A provisional allocation of £1.3m has been set aside for these, whilst further work is undertaken. Funding will be allocated in-year subject to business case approval where necessary.

Since the draft budget proposals were considered by Cabinet and Scrutiny Committees in January, the changes in the pressures have been :

- Increased allocation to meet possible pay increases ;
- Increased allocation to meet non pay prices increases ; and
- An increase to the Council wide allocation to meet emerging pressures

The Chief Officer – Finance, Performance and Change advised that it should be noted, that it has not been possible to fund all of the pressures identified by services for the coming year in balancing this budget. Of the £20m identified, only £11m were funded in the proposed budget.

Members can find further details regarding the cost pressures in Appendix C of the MTFS.

In order to balance the budget, reductions have been identified which total £2.6m. Members can find these detailed in Appendix D of the MTFS. These have been changed since the proposals were considered by Cabinet and Overview and Scrutiny Committees in January, with the savings required to be met, having been reduced by £648,000.

Members were aware that South Wales Fire and Rescue authority is funded by raising a levy on its constituent councils, based on population. Within the MTFS reference to is made to this at paragraph 4.1.21 of the report. The levy payable for the coming financial year was £8.5m. This is an increase of £698,000 or 9.25% above the 2022 – 2023 figure.

The Council raised income via fees and charges and these are reviewed on an annual basis. New charges or charges that have been included in the 2023-24 budget and are above the general increase, were shown in Appendix E to the report.

As well as the Revenue budget, the MTFS also dealt with the proposed Capital Programme for the period 2022-23 to 2032 - 2033. This 10 year programme has been revised during this financial year to bring it up to date and to take into account new capital schemes as they have been developed.

Within the Welsh Government provisional settlement for the coming financial year, £8.008 million was being made available to support capital expenditure.

Due to the limited capital finances available, the Chief Officer – Finance, Performance and Change confirmed that services have not been asked to submit bids for funding at this stage, although it was recognised there are a number of capital pressures that will need financing going forward, including regeneration, decarbonisation, homelessness and digitalisation. In addition, there are also financial pressures arising as a result of the impact of the war in Ukraine and cost of living crisis, which are being seen in existing tender prices and will continue to do so for some time going forward, placing pressure on the Capital Programme overall.

The Capital Programme contained a number of annual allocations that are met from the total general capital funding for the Council. The proposed allocation of these for 2023 – 2024, were shown at table 13 of the report.

Within today's report, some changes were proposed to the current Capital Programme including new schemes to be funded, such as highways refurbishment, children's playground refurbishment and an ICT data centre. The report also outlined some proposed amendments to existing schemes within the programme, as well as including newly approved grant funded schemes.

Any further new proposals for capital funding would be considered in light of, and in line with, the proposed Capital Strategy for the period to 2032 - 2033 and will be brought back to Council for approval at a later date.

The revised Capital Programme was shown at Appendix G of the report.

An overview of the Council's reserves was undertaken at the end of December 2022 in accordance with the Council's reserves and balances protocol. A breakdown of the movement on the reserves at that time was at Appendix H of the report. Further movements are already anticipated in the final quarter of this financial year and these were shown at 4.3.2 of the MTFS document.

In line with the reserves protocol, a further review will be undertaken at the end of the current financial year and transfers will be made at this point taking account of the overall financial position of the Council, including the final outturn, actual accrued council tax income, earmarked reserve levels, the Council Fund level and any new pressures or risks that need to be provided for.

With regards to Council Tax, the proposed budget of £342.047m shown in table 10 of the Medium Term Financial Strategy, can be balanced with an increase in the council tax of 4.9% for 2023 -2024. This increase is lower than the rate of inflation but is required to enable the Council to meet the significant and unprecedented budget pressures that it is facing including higher than anticipated pay, price and service pressures. It does take into account the better than anticipated settlement, but is mindful of the ongoing pressures still facing the Authority.

The Chief Officer – Finance, Performance and Change concluded her submission, by stating that the final section of the MTFS, provided information on the Council's longer term financial outlook. This was not intended to be a 10 year Budget Strategy due to the number of variables that impact on BCBC's financial position. However, it did provide financial framework to reference against when preparing both annual and longer term financial plans.

The Cabinet Member – Resources commended the MTFS proposals and extended his thanks to the Chief Officer – Finance, Performance and Change and her Finance Officers for all the hard work they had committed, in order to provide a balanced budget. This had been in the face of years of ongoing financial restraints brought on by Brexit,

Covid and the Cost of Living crisis, amongst others. This in itself came with an expediential increase in inflation of 10%. He added that, the Council Tax Reduction Scheme was available to residents on low income if they found that they were having difficulty in paying their Council Tax bills. He further added that the MTFS had carefully been put together for the last 12 months during which time, the Council had lobbied Welsh Government for increased funding at every opportunity. The Council had also looked at best practices in other Authorities he added.

The Leader commended the input from residents on the budget during the consultation period. He pointed out the pressures the Council faced from pay and inflation growth that were unavoidable as they were set nationally and had to be met. He acknowledged the cross-party contributions that had been made, through the likes of Overview and Scrutiny Committees and BREP, including Cabinet having taken on board some of the recommendations of the Corporate Overview and Scrutiny Committee. Unfortunately, it had not been possible to accommodate all of these recommendations he added, as this would have resulted in the budget not remaining balanced. No less than £68m had been allocated to the Council's School Modernisation Programme as well as £2.4m in order to deliver the Real Living Wage for our carers, to protect recruitment and retention of staff in these very important jobs.

The Deputy Leader acknowledged the financial support given to Social Services, something that had been highlighted by residents, ie continued essential support for older residents. She added that the budget needed to be considered when bearing in mind the cuts local authorities had continued facing since 2012, which was some considerable time ago. She assured that any further support that could be provided for schools, would be carefully looked at through any funding opportunities and/or the Council's Capital Programme.

Other Cabinet Members in turn, commended support in the budget to the following key service areas:-

- Waste enforcement;
- Highway resurfacing
- Improving play areas
- Net Zero Carbon agenda
- Regeneration opportunities
- RNLI
- Support for the homeless
- Libraries
- Leisure Centres (promoting health and wellbeing)
- Increased housing
- School improvements

RESOLVED:

That Cabinet approved the MTFS 2023-24 to 2026-27, including the 2023-24 revenue budget and the Capital Programme 2022-23 to 2032-33 and recommended these to Council for adoption. It also approved that the following specific elements be forwarded to Council for approval:

- The MTFS 2023-24 to 2026-27 (Annex 3 of the report).
- The Net Budget Requirement of £342,047,227 in 2023-24.
- A Band D Council Tax for Bridgend County Borough Council of £1,675.26 for 2023-24 (Table 15 of the MTFS).

- The 2023-24 budgets as allocated in accordance with Table 10 in paragraph 4.1.3 of the MTFS.
- The Capital Programme 2022-23 to 2032-33, attached at Appendix G of the MTFS.

143. **CAPITAL STRATEGY 2023-24 ONWARDS**

The Chief Officer – Finance, Performance and Change presented a report, that presented Cabinet with the Treasury Management Strategy 2023-24 (at Appendix A of the report), which included the Prudential Indicators, and the Annual Minimum Revenue Provision Statement 2023-24 (Section 7 of Appendix A), before submitting to Council for approval.

By way of background, she confirmed that local authorities are required to determine a Capital Strategy which demonstrates that the authority takes capital expenditure and investment decisions in line with service objectives and properly takes account of stewardship, value for money, prudence, sustainability and affordability when making these decisions.

The Strategy sets out the Council's plan for capital expenditure, and how that is to be funded, over the coming 10 years. In developing long term investment decisions, it is crucial that decisions are based on clear information, including a long term plan of management plans. Where capital investment is needed to deliver the council's priorities, the Strategy is the framework that the Council can rely on to develop a clear, consistent and informed process in undertaking capital investment decisions.

The document is an integral part of the Council's budget and policy framework and linked with the Corporate Plan, Treasury Management Strategy, the Medium Term Financial Strategy and the Council's Asset Management Plan

There were 13 principles which drive the budget and spending decisions of this Council, three of which refer specifically to the Capital Programme.

These were :

- capital investment decisions are in alignment with the council's capital strategy and mitigate any statutory risks taking account of return on investment and sound options appraisals;
- prudential borrowing is only used to support the capital programme where it is affordable and sustainable within the councils overall borrowing limits and the revenue budget over the long term;
- decisions on the treatment of surplus assets are based on an assessment of the potential contribution to the revenue budget and the capital programme.

The Capital Strategy was also based on the following principles, added the Chief Officer – Finance, Performance and Change :

- capital investment is focused on the delivery of the Councils well being objectives and priorities.
- ensure strong governance over decision making.
- ensure capital plans are affordable, sustainable and prudent
- maximise and promote the best use of available funds.

The Plan detailed how any proposed investments in land and buildings will require the completion of a full feasibility study to evaluate the practicality of the capital project, and to assess its deliverability before the Council invests time and money into that project.

The Strategy noted that there are a number of significant areas that will need financing going forward, including economic recovery, decarbonisation and homelessness, digitalisation and coastal defences. As reported to Council throughout this year there are also other financial pressures arising as a result of the pandemic and Brexit, which are being seen in existing schemes, and it is anticipated this will continue for some time going forward. The pressures include supply chain difficulties leading to higher prices and delays in schemes being completed.

The Strategy also refers to the changes with regards to the ability to borrow from the public works loan board in relation to borrowing to invest primarily for financial return. When seeking to borrow from the PWLB, authorities will be asked to confirm that there is no intention to buy investment assets primarily for yield in the current or the next two financial years. Whilst this did not preclude the Council investing in commercial activities, investing in assets solely for yield would prevent the authority from accessing PWLB borrowing. As the Council will need to borrow to support the 21st century schools band B programme and the wider capital programme, this will prevent it investing in land or property, purely to achieve a financial return.

In section three of the Strategy, details are contained which outline the robust process in place to approve, manage and monitor capital projects. As Cabinet is aware, quarterly capital monitoring reports are prepared for both Cabinet and Council, which include details of any variances between projects as well as projections of likely year end spend.

The Chief Officer – Finance, Performance and Change, confirmed that in 2023 - 2024 the Council was planning capital expenditure of £69 million and this was summarised at Table Two within the Capital Strategy. The main capital projects to be undertaken in that period, were detailed within the Strategy, with the detailed proposed 10 year capital programme shown at its Appendix 2.

The Council had several funding streams available to support capital investment and these were detailed in Appendix one of the Capital Strategy. Funding was received from Welsh Government towards the cost of capital and this funding is prioritised towards investment that is required to meet health and safety requirements.

There were two main types of borrowing to pay for capital investment and these are:

- Supported borrowing - the costs of servicing the debt are included within the annual revenue support grant that we receive from most government, and
- unsupported borrowing - the cost of which must be met from the Council's revenue budget

Finally, the Chief Officer – Finance, Performance and Change stated, that each year the Council must set aside a provision for repaying external debt. This is known as the minimum revenue provision. The MRP needs to be approved by Council before the start of each financial year and the policy statement with regards to this, was shown at Section 7 of the Capital Strategy.

When agreeing the Councils Capital Programme, Members needed to be aware of the revenue budget impact of capital schemes which would include:

- The costs of operating or maintaining a new asset;
- the capital financing costs of servicing any borrowing required to pay for investment;
- the revenue costs of preparing and delivering projects

The Chief Officer – Finance, Performance and Change concluded by confirming that the percentage of the Councils revenue budget that is committed to capital financing costs is increasing in the long term period given the pressure on revenue budgets. This limited the affordability of other priorities in future years and should be a factor considered by Cabinet when determining the Capital Programme.

The Cabinet Member – Resources advised that a report on the Capital Strategy had been considered through the Council’s Overview and Scrutiny process. He welcomed the evaluation of projects going forward and asked, if the Authority would be required to borrow money for any of the Council’s pending capital projects.

The Chief Officer – Finance, Performance and Change confirmed that it was likely that the Council may have to borrow in order to support some projects over the next 3 year period, though the extent of this, was dependent on the Programme being delivered within structured timelines. The level of any borrowing however, would be closely monitored and such borrowing would not be pursued unless there was a need to do so.

The Cabinet Member – Education emphasised the level of expenditure that was being committed to the Council’s 21st Century Schools programme which was significant. He felt that the programme was wellbeing based and one which supported the less fortunate in society.

The Cabinet Member – Communities acknowledged the work being planned that will allow access for play for all children in playgrounds/areas and the prioritisation of highway structural works.

The Leader commended the Council’s approach to feasibility studies carried out in relation to major capital expenditure projects as a positive form of forward planning for schemes undertaken in advance. He also acknowledged that the Council needed to consider ‘any lessons learnt’ from previous experiences when it came to developing future capital projects.

RESOLVED: That Cabinet considered the report and recommended that the Capital Strategy 2023-24 to 2032-33 including the Prudential Indicators 2023-24 to 2025-26 and the Annual Minimum Revenue Provision (MRP) Statement 2023-24 at Appendix A, be presented to Council for approval.

144. **TREASURY MANAGEMENT STRATEGY 2023-24**

The Chief Officer – Finance, Performance and Change presented a report, the purpose of which, was to present to Cabinet the Treasury Management Strategy 2023-24 (Appendix A to the report), which included the Treasury Management Indicators, before submitting these to Council for approval.

She explained that the Treasury Management functions of the Council are regulated by the Local Government Act 2003. This provided authorities with the powers to borrow and invest as well as providing controls and limits on this activity.

In accordance with the Chartered Institute of Public Finance’s Prudential Code for Capital Finance the Council must approve a Treasury Management Strategy before the start of each financial year, which sets out both its and the Chief Financial Officer’s responsibilities, delegation and reporting arrangements.

The proposed Strategy for the coming financial year was attached at Appendix A to the report. The Council undertook its treasury management activities in accordance with the Chartered Institute of Public Finance's prudential code, which has been updated to reflect changes in an increasingly complex environment and to complement changes to regulations. The code required that formal and comprehensive objectives, policies and practices, strategies and reporting arrangements are in place for the effective management and control of treasury management activities and that the effective management and control of 'risk' are the prime objectives of these activities.

The Chief Officer – Finance, Performance and Change added that, the Council has an integrated Treasury Management Strategy where borrowing and investments are managed in accordance with best professional practise. The Council will look to borrow money if needed to either meet short term cash flow needs, or to fund capital schemes approved within the capital programme. Therefore, any actual loans taken were not generally associated with particular items of expenditure or assets.

The Council was exposed to financial risks including the potential loss of invested funds and the revenue effect of changing interest rates. The successful identification, monitoring and control of risk, is therefore central to our Treasury Management Strategy. Should anything change significantly, a revised Strategy would be presented to Council for approval.

The ongoing impact on the UK of the war in Ukraine, together with higher inflation, higher interest rates, uncertain government policy and a deteriorating economic outlook, will be major influences on the Council's Treasury Management Strategy for 2023-2024.

As at the 31st of December 2022, the Council held £99.8 million of borrowing and £94.05 million of investments. The external debt and investment position was shown in Table 1 within the Treasury Management Strategy.

The Strategy highlighted that it is anticipated that the Council may need to borrow during the next three years. However, this position can change should capital schemes not progress as anticipated, or conversely further schemes are added to the Capital Programme that are not fully funded by grant or revenue contributions, or new schemes added which require additional debt financing.

The requirement to borrow will need to be monitored on an ongoing basis and any new borrowing will be considered alongside any changes in the Capital Programme that may affect the level of borrowing required. When borrowing money, the Council's primary objective is to strike an appropriately low risk balance between securing low interest costs and achieving certainty of those costs over the period for which funds are required. The Strategy outlined that the major objectives for the Council with regards to borrowing in 2023-24 will include:

- To minimise the revenue costs of debt;
- To manage the council's debt maturity profile;
- To reschedule debt if appropriate;
- To optimise the use of all capital resources including borrowing, usable capital receipts, revenue contributions to capital and grants and contributions

The Chief Officer – Finance, Performance and Change reminded Cabinet that in November 2020, the treasury issued revised lending terms for public works loan board borrowing by local authorities. The public works loan board would be the major source of any borrowing that the Council undertakes. Under these new requirements, the Section 151 Officer would be required to confirm the capital expenditure plans do not include an intention by the authority to borrow to invest primarily for financial return. The Chief

Officer – Finance, Performance and Change (as Section 151 Officer) confirmed that the Council does not intend to invest in this way.

As outlined earlier, at the end of December 2022 the Council had £94.05m of investments. The Council's main objective when investing money was to strike an appropriate balance between risk and return, to minimise the risk of incurring losses from defaults and the risk of receiving unsuitably low investment income. The Council may invest its surplus funds with approved counterparties and these were detailed at Table six of the Treasury Management Strategy. The table also detailed the time limits and upper financial limits that will apply to each of those counterparties.

The Chief Officer – Finance, Performance and Change concluded by confirming that during 2023-24, Council receive reports as required in line with the requirements of the code of practice. These include an annual Treasury Management Strategy which Members have had today, a mid-year monitoring report and an annual treasury outturn report.

The Cabinet Member – Resources commended the report.

The Cabinet Member – Regeneration noted that interest rates were unpredictable at the moment though rising. She asked what impact this was having on the Council's finances.

The Chief Officer – Finance, Performance and Change confirmed that interest rates impact in two ways, in that if the Council invests money elsewhere then with interest rates presently rising, this meant more in the way of returns for the local authority. However conversely, when borrowing the cost of the debt would increase for the Council in a similar manner.

The Leader stated that there were significant changes in terms of limits of investments for balances as reflected in the report. He asked if there were any other changes such as, for example, the Governance and Audit Committee now having a crucial role in monitoring periodically the Council's Treasury Management function.

The Chief Officer – Finance, Performance and Change, stated that the above Committee receives Treasury Management update reports on a regular basis and where Members of that body consider it to be appropriate, they give feedback on these reports. She added also that recently, Treasury Management training was arranged for all Members to attend 10 days or so ago, and Governance and Audit Committee lay members were in attendance at this session, in order for all to have a better understanding of this area of financial control.

RESOLVED:

That Cabinet considered the report and recommended that the Treasury Management Strategy at Appendix A be presented to Council for approval.

145. **URGENT ITEMS**

None.

The meeting closed at 16:00

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MINUTES OF A MEETING OF THE CABINET HELD HYBRID IN THE COUNCIL CHAMBER CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB / REMOTELY VIA MICROSOFT TEAMS - CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB ON TUESDAY, 14 MARCH 2023 AT 14:30

Present

Councillor HJ David – Chairperson

JC Spanswick
HM Williams

N Farr
JPD Blundell

W R Goode

J Gebbie

Officers:

Carys Lord	Chief Officer - Finance, Performance & Change
Claire Marchant	Corporate Director Social Services and Wellbeing
Janine Nightingale	Corporate Director - Communities
Kelly Watson	Chief Officer Legal, HR and Regulatory Services
Julie Ellams	Democratic Services Officer - Committees
Mark Shephard	Chief Executive
Lindsay Harvey	Corporate Director Education and Family Support

147. DECLARATIONS OF INTEREST

There were no declarations of interest.

148. APPROVAL OF MINUTES

RESOLVED: That the minutes of the meeting of Cabinet of 17/01/2023 and 07/02/2023 be approved as a true and accurate record.

149. RE-DEVELOPMENT OF COSY CORNER

The Corporate Director Communities presented a report seeking approval from Cabinet to modify the Cosy Corner construction works contract in accordance with rule 3.3.6 of the Council's Contract Procedure Rules.

The Corporate Director for Communities referred to correspondence received from Mr Mike Clarke, a former Councillor and a member of the dissolved Credu Charity which explained that Credu did not have a lease for the site, but they did have an agreement to lease with varying conditions attached. BCBC terminated this agreement when Credu went into administration and this was accurately reflected in the report in paragraph 3.1. The Corporate Director for Communities explained that the agreement to lease was the main narrative within the report, however, there was an omission in paragraph 4.2 which stated "lease relinquishment" and should read "agreement to lease relinquishment". BCBC did take back possession of the Cosy Corner site on the 5th of November 2020 when they were advised that Credu had gone into administration and this was set out in paragraph 3.1 of the report. The Cabinet report covered events following Credu going into administration, from the 5th of November onwards when BCBC had responsibility.

The Corporate Director for Communities explained the current position and that this was critical because of the need to ensure that they had practical completion of the building by the end of May 2023 as they had secured £1 million WFO grant monies against practical completion. She outlined the work that had been completed, the modification to the existing contract, delays due to time spent testing and clarifying the exact nature of

the contamination and much longer than expected delays receiving approvals from Welsh Water and associated design changes leaving BCBC liable for an additional 12 weeks contractor costs. In addition, the remediation strategy to deal with the contaminants stated that approximately 2000 tons of imported soil was needed to bring the site to formation level and replace materials on the site that were deemed unsuitable as a result of potential asbestos contamination. They modified the construction works contract to ensure that the completion of the building was prioritised to enable prospective tenants to access and fit out sooner, and to support those requirements of the funder to get it completed by the 31st of May.

The Cabinet Member for Regeneration agreed that it was important to get the work done in time and she asked where the contaminated soil had come from. The Corporate Director for Communities replied that the first survey examined the site and found asbestos which was then removed. The cabins at the southern end of the site were then removed and they found more asbestos which was also removed. Because of the degree of asbestos found and the fact that it covered the majority of the site, they had to mitigate by removing 2000 tonnes of soil and bringing in fresh soil to ensure all legacy contaminants had been removed.

The Deputy Leader asked if the contractors that were on site prior to October 2020 had undertaken surveys and failed to carry out the work required. The Corporate Director for Communities replied that she believed that surveys had been undertaken which identified 2 areas where there was possible contamination. When the BCBC contractor came on site, they were instructed to do a more intrusive survey and found more contamination.

The Deputy Leader asked when the Sea Cadets cabin was installed on site. The Corporate Director for Communities replied that the survey work undertaken by Credu was back in 2016 and between 2016 and 2019, the cabin was located onto that site before the construction commenced by Credu on the site.

The Cabinet Member for Future Generations stated that he was thankful that the surveys had been undertaken and that they could be sure the site was safe. He asked for an explanation of in budget as opposed to over budget and within envelope. The Corporate Director for Communities explained that there was a capital allocation within the Capital Programme and that was called the envelope which was circa £3 million for Cosy Corner. The contract uplift was £2.8 million so there was still enough money to be able to afford the project. The envelope was to cover what they thought the project might cost plus contingencies and costs for feasibility and specialist advice.

The Cabinet Member for Resources, as Health and Safety Champion, supported the report which was a very exciting project for Porthcawl and it was important that residents had confidence that problems had been dealt with appropriately.

The Leader added that this was a flagship project in a prominent position. He was pleased to hear that there had been considerable interest in the 5 retail units creating new jobs. He asked the Corporate Director to confirm that building works were on track and that they would be ready to open within the timescales. She replied that they were on track to complete the building and fit out the units by 31 May.

The Leader personally thanked the Destination Management & Coastal Operations Team Leader, Sean Warrington for his hard work delivering this and other exciting developments and wished him well in his new position.

RESOLVED: Cabinet authorised the modification of the Cosy Corner construction works contract to include additional works and services by the

contractor which had and continued to be necessary since the initial procurement to a value of no greater than £265,790 and increase the contract value to a value of £2,804,394 in accordance with rules 3.3.6 of the Council's Contract Procedure Rules.

150. WELL-MANAGED HIGHWAY INFRASTRUCTURE, A CODE OF PRACTICE 2016 -UK ROADS LIAISON GROUP AND THE COUNTY SURVEYORS SOCIETY WALES (CSSW) RISK BASED APPROACH TO HIGHWAY MANAGEMENT

The Corporate Director for Communities presented a report to obtain Cabinet approval for a revised safety inspection regime based on the recommendations of the UK Roads Liaison Group update of its Code of Practice, and an all Wales review and standardisation by County Surveyors' Society Wales (CSSW) to align with an all Wales approach to Highway Maintenance.

The Corporate Director for Communities outlined the highway asset which BCBC, as Highway Authority, had a duty to maintain. Regular inspections were carried out to ensure, as far as reasonably practical, that the highway asset was safe for use. In order to facilitate a nationally consistent response CSSW reviewed the Code of Practice and published a risk based methodology for authorities to follow which aligned with the practices set out in the code. Officers assessed the CSSW Risk Based Approach methodology and associated assessment tools and undertook a risk-based review of current BCBC highway asset hierarchy, inspection and repair regimes.

The Corporate Director for Communities outlined the differences between the existing hierarchy, inspection and repair regimes and the risk-based approach, identifying where changes could be implemented to align with the CSSW methodology. She explained the defect intervention levels as shown in appendix A to the report and explained that whilst the revised code would have implications for additional inspections, it was considered that the current staffing structure would be able to manage the increase in frequencies and it was not envisaged that the revised frequencies and intervention criteria would have an increase demand on the levels of repair works required on footways and carriageways over current resources, however this would be monitored.

The Cabinet Member for Communities referred to the 799km of carriageway within the Borough and welcomed the standardising of the inspection regime across Wales. He thought there was an anomaly with the new category CH5 where inspections were reactive compared to little used rural footways which were inspected annually. The Corporate Director for Communities replied that this was a valid point and they would inspect both annually.

The Deputy Leader asked what action would be taken if work undertaken by contractors was not of an adoptable standard. The Corporate Director for Communities replied that following completion of the work there would be an inspection to sign off the work. There had been occasions where the work was not to the standard required and the contractor would be asked to redo the work. There was also a defects liability period whereby if there were any defects within the first 3 months, they could ask the contractor to fix the issues. This work would be corrected at no extra cost to the authority.

The Cabinet Member for Education asked how average daily flow was calculated. The Corporate Director for Communities replied that they used a wire across the road connected to a box chained to a street light.

RESOLVED: Cabinet approved implementation of the new safety inspection frequencies and defect intervention criteria.

151. **PUBLIC SPACE PROTECTION ORDER - DOG CONTROL CONSULTATION**

The Corporate Director for Communities presented a report seeking Cabinet approval to consult with the Police, the Police and Crime Commissioner and other relevant bodies in relation to the creation of a Public Space Protection Order (PSPO) relating to Dog Control in Bridgend County and for Cabinet to note that the outcome of the consultation would be reported to Cabinet in due course.

The Corporate Director for Communities provided the background to the proposal and explained that the previous PSPO in Bridgend County Borough relating to the control of alcohol, restriction of access to public space and dog control expired on 18 June 2022. Before the Council could make, extend or vary a PSPO there was a procedure set down by statute that a Local Authority must carry out the necessary consultation, the necessary publication and the necessary notification. The specific consultees and details of the online survey were outlined in the report. The statutory consultation would commence in early April 2023 and continue for 12 weeks.

The Cabinet Member for Communities asked if the outcome of the consultation could be reported back to Cabinet as soon as possible so that it could take effect from the latter part of the summer. He asked what the fixed penalty notice was and asked that the amount be made clear in the consultation. The Corporate Director for Communities replied that dogs were prohibited on some beaches in the summer months and the fixed penalty notice that could be issued would be for £100.

The Deputy Leader asked if residents could send in video footage for officers to issue fixed penalty notices. The Corporate Director for Communities replied that she had to seek legal advice on this. There had been incidents where evidence had been sent in and they had to clearly define the individuals involved to allow them to take action and it depended on how clear the video evidence was.

The Leader asked about the definition of public space and in particular the status of parks and playing fields transferred via the CAT process and those managed by the authority and if this would apply to nature reserves and common land. The Corporate Director for Communities replied that this would apply to any publicly accessible space where someone could go with their animal and therefore it would apply to these spaces.

The Cabinet Member for Regeneration asked if this would apply to land that had been subject to a CAT transfer that was locked in the evening. The Corporate Director for Communities replied that it would apply during the day when it was open.

RESOLVED: Cabinet gave approval to commence a public consultation on the proposal to create a Public Space Protection Order as outlined in paragraph 4.3 of this report and Cabinet noted that the outcome of the consultation would be reported to Cabinet in due course.

152. **TENNIS COURT IMPROVEMENTS AND COMMUNITY ASSET TRANSFER FUND CHANGE OF USE**

The Corporate Director for Communities presented a report seeking approval from Cabinet to extend the scope of the Community Asset Transfer (CAT) Fund to include the development and refurbishment of assets / facilities currently or formerly maintained by the Parks Department that could not readily be subject to a CAT due to issues such as land title, where a minimum of 25% external match-funding had been secured. Approval was also sought to allocate £50,000 from the CAT Fund to enable three tennis courts at Maesteg Welfare Park to be refurbished in partnership with the Lawn Tennis Association

(LTA) at a total cost of £201,282; to allocate up to £151,065.09 (current cost £137,331.90 + 10% contingency) from the CAT Fund to enable two new tennis courts to be developed at Griffin Park, in partnership with the LTA with a match-funding contribution of £53,476.00 being secured and to allocate £3,900.00 from the CAT Fund to enable two tennis courts at Heol-y-Cyw Playing Fields to be refurbished in partnership with the LTA at a total cost of £59,868.06.

The Corporate Director for Communities explained that the LTA Park Refurbishment Programme would refurbish park courts across the UK having received £21.9 million of funding directly from UK Government's Department for Digital, Culture, Media & Sport (DCMS) and an additional £8.4 million from the LTA Tennis Foundation to deliver the programme by March 2024. The LTA assessed tennis facilities falling under the responsibility of Bridgend County Borough Council (BCBC) and determined that there were 4 viable sites that should be resurfaced based upon their own condition surveys and an assessment of demand. She outlined how match-funding would support the LTA Park Refurbishment Programme Investment and that 3 of the 4 refurbishments would be undertaken at the end of March 2023 and the 4th at Griffin Park would be delayed until September 2023.

The Cabinet Member for Communities added that this was an investment of over half a million pounds in tennis facilities in Bridgend. He was disappointed that a County Borough Member from Maesteg had criticised the investment in Maesteg Welfare Park. The Griffin Park scheme was more expensive because it was for new courts and not refurbishment. As a guide, a family pass currently cost £39 per annum and free usage and coaching would be available. This was a great investment and some of the courts would be in place before Wimbledon.

The Cabinet Member for Regeneration said that this was an exciting opportunity, and it was good to see so much money being invested in Bridgend. The Corporate Director for Communities explained that funding for Griffin Park would be used to replace the courts in a different location and they would be brand-new all-weather courts.

The Cabinet Member for Future Generation added that this was really positive, especially for the 3 areas north of the M4. He was hopeful that residents could be encouraged to take up the sport. It was reassuring to see the level of commitment from a major sports organisation with 1% of the entire fund being spent in the Borough. He asked what work was being done to ensure these developments were working in partnership with Halo and Community Councils. The Corporate Director for Communities replied that it was incredibly important to work alongside the existing leisure provision to enhance the offer.

The Leader thanked the officers and noted that it was a remarkable achievement to secure this level of investment.

RESOLVED: Cabinet:

- Approved the scope of the CAT Fund be extended to include the development and refurbishment of assets / facilities currently or formerly maintained by the Parks Department that could not readily be subject to a CAT due to issues such as land title, where a minimum of 25% external match-funding has been secured;
- Approved the allocation of £50,000 under the CAT Fund to enable three tennis courts at Maesteg Welfare Park to be refurbished in partnership with the LTA at a total cost of

£201,282, subject to Cabinet approving the extension of the scope of the CAT Fund;

- Approved the allocation of up to a maximum of £151,065.09 (current cost £137,331.90 + 10% contingency) under the CAT Fund to enable two new replacement tennis courts to be developed at Griffin Park with the LTA providing match-funding of £53,476.00 to the total cost of the project currently estimated to be £190,807.90, subject to the outcomes of community engagement and planning permission, and Cabinet approving the extension of the scope of the CAT Fund;
- Approved the allocation of £3,900 under the CAT Fund to enable two tennis courts at Heol-y-Cyw Playing Fields to be refurbished in partnership with the LTA at a total cost of £59,868.06, subject to Cabinet approving the extension of the scope of the CAT Fund.

153. **RESULT OF TENDER OF ANNUAL INSURANCE POLICIES**

The Chief Officer, Finance, Performance and Change presented a report informing Cabinet of the result of the retender exercise for all the Council's Insurance policies, other than the medical malpractice and Harbour insurance policies which were placed with specialist insurers and were not due for tender at this time. Approval was also sought from Cabinet to authorise Marsh UK Limited, as the Council's appointed Insurance Broker, to accept cover for the policies, on behalf of the Council.

The Chief Officer, Finance, Performance and Change explained that in October 2022, Cabinet approved the commencement of a tender process for all annual insurance policies due to commence on the 31st of March this year, and this process had now been completed. The received tenders had been evaluated in line with the tender specifications. The specifications asked tenderers to consider two long term agreement options, the 1st for a three-year period and the 2nd for a three-year period with an option to extend for a further two years. These new arrangements would result in an annual saving of £116,000. It was stressed that the reduced cost would not result in a reduction in the level of the insurance cover that the Council would have going forward.

The Cabinet Member for Resources stated that he was pleasantly surprised to find that there was a reduced premium for a similar level of cover and thanked the Insurance and Risk Officer for her hard work.

RESOLVED: Cabinet approved the acceptance of the quotations in paragraph 4.4 with a three year Long Term Agreement, and an option to extend for a further two years, placed through Marsh UK Limited as the Council's appointed Insurance Broker.

154. **NON-DOMESTIC RATES: DISCRETIONARY RELIEF: RETAIL, LEISURE AND HOSPITALITY RATES RELIEF SCHEME 2023-24**

The Chief Officer, Finance, Performance and Change presented a report seeking approval from Cabinet to adopt the Welsh Government's Retail, Leisure and Hospitality Rates Relief Scheme 2023-24. She explained that Welsh Government had announced the temporary extension of the Rates Relief Scheme for 2023-2024, which would support eligible occupied properties by offering a discount of 75% on their non-domestic rates bills for properties which fell within the retail, leisure and hospitality sector. The scheme would apply to all eligible businesses, however, the relief would be capped subject to a cap on the amount each business could claim across Wales. Details

regarding the premises that were eligible for this scheme were shown in Appendix A to the report.

The Chief Officer, Finance, Performance and Change explained that it was estimated that there would be in the region of 940 eligible businesses across the borough that could potentially benefit from having to pay only 25% of their non-domestic rates under this new scheme during the coming year. No business would automatically receive this relief, so they would advertise the relief via the website and social media platforms and if Cabinet agreed the adoption of the scheme, the updated forms would be put on the Council's website so that businesses could apply from the 1st of April. She added that the Town Centre Manager would also be bringing this scheme to the attention of businesses in Bridgend.

The Cabinet Member for Resources thanked Welsh Government for supporting the leisure and hospitality industry and he encouraged Members to mention the scheme when visiting local pubs and restaurants.

RESOLVED: Cabinet adopted the Welsh Government's Non-Domestic Rates Retail, Leisure and Hospitality Rates Relief Scheme for 2023-24 as detailed within Appendix A of the report.

155. **TEMPORARY ACCOMMODATION FOR HOMELESSNESS**

The Chief Officer, Finance Performance and Change presented a report seeking approval from Cabinet to suspend the Council's Contract Procedure Rules (CPRs) in order to secure temporary accommodation for homelessness cases, to meet the Council's statutory housing duty.

The Chief Officer, Finance Performance and Change provided the background to the issue including that in October 2022, a new category of priority needs came into force and under this category, a person who was homeless was to be provided with temporary accommodation. These changes significantly increased the demand for temporary accommodation. In March 2020 there were 83 households in temporary accommodation, whereas by the middle of February 2023 those numbers had increased to 253 households. To meet this increased requirement, the Council was using a range of different settings as outlined in the report. The providers tended to be small businesses or individual entities, which had resulted in the long term procurement of this service being quite challenging. To enable the continuation of the current arrangements, a further service level agreement for 12 months was proposed with existing accommodation providers. A new Homelessness Strategy, Housing Prospectus and a Rapid Rehousing Transitional Plan would be presented to Cabinet shortly, which would outline proposals to reduce the level of temporary accommodation used and would look to expand on the existing accommodation and housing related support projects and also to work with private landlords to provide additional accommodation where possible, and also to work in partnership with other statutory and the third sector organisations to ensure that housing related support for households was maintained and expanded where needs identified a gap in provision.

The Cabinet Member for Future Generations explained that they had discussed the housing crisis at length and it was getting more difficult to find accommodation and acknowledged that the systems in place did not meet his expectations but were a product of very difficult circumstances. This report represented a sticking plaster however they were looking for a longer term solution including a procurement framework to work more effectively with owners of holiday homes and Airbnbs. He thanked officers for their hard work and reassured Cabinet that they were looking for longer term solutions and different ways to mitigate the crisis.

The Deputy Leader said she was more reassured having listened to the Cabinet Member. She had concerns regarding the social value of the spend particularly in relation to private landlords. They had to monitor RSLs closely as they were there to deliver. She asked for reassurance about challenge available in relation to RSLs. The Chief Officer, Finance, Performance and Change replied that they worked closely with RSLs and private landlords across Bridgend and that the need had developed significantly in last 3 years.

The Leader added that context was everything and they all supported the WG approach but were unable to create additional accommodation overnight. It was sobering to see the number of people in temporary accommodation. He thanked the team for their commitment to secure accommodation for people with nowhere else to go.

RESOLVED: Cabinet:

- Suspended the relevant parts of the Council's Contract Procedure Rules with regards to the requirement to tender for a contract and delegated to the Group Manager – Housing to enter into Service Level Agreements with accommodation providers for a period of 'up to' 12 months, in order to continue the provision of additional temporary accommodation, as necessary to meet BCBC's statutory duties.
- Delegated authority to the Group Manager - Housing to approve the final terms of the Service Level Agreements on behalf of the Council and to arrange execution of the agreements on behalf of the Council.

156. **ESTYN INSPECTION OUTCOMES FOR AFON Y FELIN PRIMARY SCHOOL, PIL PRIMARY SCHOOL, CORNELI PRIMARY SCHOOL AND BRYNMENYN PRIMARY SCHOOL**

The Corporate Director for Education and Family Support presented a report informing Cabinet of the outcomes of the recent Estyn inspection visits to Afon y Felin Primary School, Pîl Primary School, Corneli Primary School and Brynmenyn Primary School. He explained that during the summer and autumn term 2022, Estyn visited 4 primary schools in Bridgend and judged all four schools as not requiring any follow up. He also reported that Connelly Primary School was asked to produce an effective practice case study on its work in relation to how the school supported the development of pupils understanding of financial awareness, for dissemination on Estyn's website.

The Cabinet Member for Education thanked teachers, students, parents, carers and governors for their hard work and he highlighted some of the comments in the Estyn reports.

The Leader congratulated all the schools involved and he thanked the commitment of teachers, staff and pupils and the dedicated group of staff supporting all those schools. The case study around the Credit Union would be shared in a press release.

RESOLVED: Cabinet noted the content of this report.

157. **ADDITIONAL LEARNING NEEDS TRANSFORMATION GRANT**

The Corporate Director for Education and Family Support presented a report seeking approval from Cabinet for Bridgend County Borough Council (BCBC) to enter into an agreement with Rhondda Cynon Taf County Borough Council (RCTCBC), Cardiff Council, Merthyr Tydfil County Borough Council and Vale of Glamorgan Council

regarding the Additional Learning Needs Transformation Grant 2021-2022. He explained that the purpose of the ALN Grant was to support local authorities to develop and promote innovative, multi-agency and cross-sector working practices to support learners with additional learning needs (ALN) and in the management of the implementation of the ALNET Act.

The Corporate Director for Education and Family Support explained that the application for the ALN Grant was successful and an award of funding for up to £943,845 was made to RCTCBC as lead local authority which would be allocated to each council in accordance with the ALN Implementation Plan.

The amount available to local authorities, schools, further education providers and Health was £818,845 as there was a retained element of £125k for the employment of the regional ALN Transformation Lead and associated costs and administration and finance support. The allocation of grant spend for local authorities was £248,925 of which BCBC expected to receive £41,779.

The Cabinet Member for Education explained that as in the report, this was a Welsh Government Grant and they would receive about 17% which was roughly in line with the footprint on the Consortium. This would help many students in the County Borough with additional learning needs.

The Deputy Leader asked if the contract was for one year and if it was on the same footprint as the Central Services Consortium. The Corporate Director for Education and Family Support replied that that was correct.

RESOLVED: Cabinet:

- approved the Council entering into the agreement with RCTCBC, Cardiff Council, Merthyr Tydfil County Borough Council and Vale of Glamorgan Council regarding the Additional Learning Needs Transformation Grant 2021- 2022; and
- delegated authority to the Corporate Director Education and Family Support to negotiate and agree the final terms of the agreement with the other Councils and enter and arrange execution of that agreement, subject to such Page 91 delegated authority being exercised in consultation with the Section 151 Officer and Chief Officer – Legal and Regulatory Services, HR and Corporate Policy.

158. **SERVICE LEVEL AGREEMENT BETWEEN HM PRISON AND PROBATION SERVICE (HMPPS) AND BRIDGEND COUNTY BOROUGH COUNCIL FOR CHILDREN AND YOUNG PEOPLE HELD AT HM PRISON PARC YOUNG OFFENDERS INSTITUTION (YOI)**

The Corporate Director for Education and Family Support presented a report seeking approval of a service level agreement to support young people held at HM Prison Parc Young Offenders Institution (HMPYOI) and to fulfil the statutory responsibilities of the Children Acts 1989 and 2004. He outlined the background and explained that the proposal was to provide a dedicated senior social work practitioner from Bridgend Youth Justice Service to work as part of the Youth Custody Service within HM Parc Prison, Bridgend with children subject to remand/custodial sentences in the HMPYOI. This officer would work with the safeguarding team and resettlement practitioners to deliver on a number of positive outcomes for both children and young people and the establishment within which their duties were discharged.

The Corporate Director for Education and Family Support explained that the financial implications were outlined in the service level agreement and would be reviewed on an annual basis and all costs would be recovered from the Youth Custody Service. There would be no cost to the Council from this arrangement.

The Deputy Leader asked what caseload this practitioner would be holding? The Corporate Director for Education and Family Support replied that there were currently around 60 young people in Parc and the vast majority were not Bridgend children but they still had responsibility as Parc Prison sat within the county borough. He added that this was a very important role for BCBC within the Bridgend Youth Justice Service.

The Cabinet Member for Education explained that the aim of this was to ensure that Parc Prison was complying with safeguarding duties and that young people could get the services that they required while staying in Parc Prison.

The Leader requested a report back on the delivery and impact of the service level agreement.

RESOLVED: Cabinet:

- delegated authority to the Corporate Director Education and Family Support to negotiate and enter into the service level agreement.
- approved any extension or amendment to the service level agreement and to enter into any further deeds and documents which were ancillary to the service level agreement.
- agreed to receive a report back on the delivery and impact of the service level agreement.

159. **FOSTERING FRIENDLY EMPLOYER POLICY**

The Chief Officer Legal, Regulatory, HR and Corporate Policy presented a report seeking approval of a new Fostering Friendly Employer Policy. The Fostering Network in Wales had been calling for employers to become more foster friendly to address some of the national challenges around fostering. The aim of this policy was to offer Council employees the opportunity to work flexibly where this was compatible with the demands of their job, to support employees who were already registered foster carers and to encourage other employees to consider becoming foster careers going forward. Approval of this policy would support the Council's application to be recognised as a "Fostering Friendly Employer" and, if approved, they would be submitting that application.

The Deputy Leader supported the policy and added that the vitally important role that foster carers undertook was not always appreciated and could offer stability and nurture to some of the most vulnerable children and young people giving them better life chances. They needed to ensure that officers felt supported in one of the most challenging but rewarding roles that they could undertake.

The Cabinet Member for Future Generations explained that he wished to be associated with these comments as he was someone that had personally benefited from foster care. The massive difference it made to individual's lives was important and as an employer it was vital to be as supportive as possible.

The Leader added that this was an opportunity to help bust a myth around fostering that it was not possible to work and foster. That was not the case and many foster carers combined that role very effectively. This would also allow the opportunity to work flexibly

CABINET - TUESDAY, 14 MARCH 2023

where that was compatible with the demands of the role, based on a discussion between a worker and their line manager.

RESOLVED: Cabinet:

- Approved the Fostering Friendly Employer Policy
- Supported the Council becoming a recognised Fostering Friendly employer

160. CABINET, COUNCIL AND OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMMES

The Chief Officer Legal, Regulatory and Human Resources presented a report seeking Cabinet approval for items to be included on the Cabinet Forward Work Programme for the period 1 March 2023 to 30 June 2023 and for Cabinet to note the Council and Overview and Scrutiny Committees' Forward Work Programmes for the same period. Following consideration by Cabinet, the programs would be published on the Council's website.

RESOLVED: Cabinet

- Approved the Cabinet Forward Work Programme for the period 1 March 2023 to 30 June 2023 at Appendix 1;
- Noted the Council and Overview and Scrutiny Committees' Forward Work Programmes for the same period, as shown at Appendix 2 and Appendix 3 of the report, respectively.

161. URGENT ITEMS

None

162. EXCLUSION OF THE PUBLIC

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

Following the application of the public interest test it was resolved that pursuant to the Act referred to above, to consider the following item in private, with the public excluded from the meeting, as it was considered that in all circumstances relating to the item, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

163. APPROVAL OF EXEMPT MINUTES

RESOLVED: That the minutes of the meeting of Cabinet of 07/02/2023 be approved as a true and accurate record.

The meeting closed at 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

Contact officer: Pete Tyson
Group Manager, Commissioning

Telephone: (01656) 642667

Email: peter.tyson@bridgend.gov.uk

Postal address: Civic Offices, Angel Street, Bridgend, CF31 4WB

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

Table of Contents

Section	Details	Page
1	Introduction	4
2	Starting Point	4
3	Background	4
4	Local Authority Budget Setting	5
5	Fee-Setting & Cost Pressures Analysis – BCBC	6
6	Payment Categories	8
7	Engagement	8
8	Governance and Equality Impact Assessment	9
9	Requirements	9

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

Contact officer: Sarah Tripp
Compliments and Complaints Resolution Manager

Telephone: (01656) 642253

Email: sarah.tripp@bridgend.gov.uk

Postal address: Civic Offices, Angel Street, Bridgend, CF31 4WB

Background Documents: None

Cyngor Bwrdeistref Sirol



SOCIAL SERVICES REPRESENTATIONS & COMPLAINTS POLICY

Reviewed: April 2023

1	Purpose	
2	Commitment/Policy Statement	
3	Legislation/Statutory Bias	
4	Complaint Definition	
5	Officer Roles	
6	Who can complain	
7	Advocacy Position	
8	Concurrent Investigations	
9	Deferring/Freezing Decisions	
10	Time Limit for Making Complaints	
11	Informal Resolution	
12	Two Stage Formal Procedure	
13	Public Services Ombudsman for Wales	
14	Complaint Withdrawal	
15	Annual Report	
16	Lessons Learned	
17	Collaborative Working	
18	Complaints in line with RISCA	
19	Staff Conduct	
20	Training	
21	Expectations	

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

Contact officer: Laura Kinsey
Head of Children's Social Care

Telephone: (01656) 642314

Email: laura.kinsey@bridgend.gov.uk

Postal address: Civic Offices, Angel Street, Bridgend CF31 4WB

Background documents: None

Claire Marchant
Corporate Director Social Services & Wellbeing
Bridgend County Borough Council

Claire.Marchant@bridgend.gov.uk

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)							
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)	

		<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	

		<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	

<p>Pe 5</p>	<p>Variable evidence of management oversight/Quality of supervision</p>	<p>Supervision policy and accompanying appendices to be reviewed Draft supervision policy to be consulted on and finalised</p> <p>Directorate Framework Supervision Policy to be re-launched</p> <p>Supervision training to be arranged</p> <p>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</p> <p>Implement evidence-based mechanisms to ensure that reflective</p>	<p>PO Training</p> <p>PO Training</p> <p>PO Training</p> <p>Director/PO Training</p> <p>Director/HoS/</p>	<p>Dec 22</p> <p>Dec 22</p> <p>Dec 22</p> <p>Dec 22</p>	<p>Review completed and revised policy has received cabinet approval</p> <p>An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards</p> <p>Programme is underway and bi-annual audit of supervision will take place to monitor implementation/effectiveness</p> <p>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.</p> <p>Our QA Framework promotes a learning culture that values critical reflection and access to</p>	<p>Review / Audit Plan Audit C Rec 1</p>	
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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/PO 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	

		<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		

		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	<p>Workforce strategy to be closely monitored and co-ordinated through the local authority planning group Workstreams the following:</p> <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 						
	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>			

complexity of needs of children and families, and workforce challenges	International recruitment	Director/ Workforce Board	March 23	work programme (as above). Trainees are super- numery 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)	

		<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	

	professional curiosity	<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 	PO Training	March 23	Ongoing programme of Back-to-Basics Training is in place with dates scheduled through to March 2023. Back to Basics Training is mandatory.		
			PO Training	March 23	8 Professional curiosity training courses have taken place this year with two further courses scheduled for Nov and Dec 22.		
			PO Training	March 23	Signs of Safety training to commence from Jan 23.		
			PO Training	March 23	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		

					on the individual and the organisation		
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>	

		<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>	(S6)	
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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	

		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		

		<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		

	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.		

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>	

		<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)	

		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.		

					<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)	

					<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>		

					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	

		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>	

					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)	

		<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: -

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

Contact officer: Joe Boyle
Policy Officer

Telephone: (01656) 643228

Email: joe.boyle@bridgend.gov.uk

Postal address: Civic Offices, Angel Street, Bridgend, CF31 4WB

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.

CONTENTS TABLE

		Page no.
	Definition of Terms	2
1.	Introduction	6
2.	Key Principles	6
3.	Legal and Regulatory Framework	7
4.	Context	8
5.	Scope	8
	Typical medication-related tasks	9
	Specialised techniques/enhanced medicines support including the administering of warfarin	10
	Covert administration of medication	12
	Use of non-prescription and OTC products (homely remedies	13
	Self-administration of controlled drugs	13
	Emergency prescriptions over the telephone	14
	Ordering and receiving medication	15
6.	Consent	15
7.	Assessment for Medicines Support	15
8.	Review of Medicines	18
9.	Risk Management	18
	Storage of medication in residential settings	19
	Storage of medication in domiciliary settings	20
	Disposal of medication	21
	Medication errors	22
10.	Safeguarding	24
11.	Record Keeping	24
	The MAR Chart (MAR)	24
	The Controlled Drug Register	25
12.	Training and Competency	25
13.	Confidentiality and Sharing Information	27
	Medication arrangements during temporary absence from receipt of service	27
14.	Quality Assurance	28
15.	Policy Implementation	28
16.	Policy Review	28

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.

<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

Contact officer: Dawn Davies
Principal Officer – Business Strategy and Performance

Telephone: (01656) 642694

Email: Dawn.Davies@bridgend.gov.uk

Postal address: Education and Family Support Directorate
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

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
Nantylffyllon 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	To determine: (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

Contact Officer: Deborah Exton
Deputy Head of Finance

Telephone: 01656 643604

Email: deborah.exton@bridgend.gov.uk

Postal Address: Civic Offices
Angel Street
Bridgend
CF31 4WB

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

Contents		Page No.
1.	Introduction	2
2.	Legislative Powers	2
3.	Key Principles	2
4.	Eligibility	3
5.	Claiming Discretionary Relief	5
6.	Determination of Applications	6
7.	Notification	6
8.	Appeals	6

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

Contact officer: **Jennifer Sparrow**
Cleaner Streets & Waste Contract Manager

Telephone: **(01656) 643469**

Email: jen.sparrow@bridgend.gov.uk

Postal address: **Bridgend County Borough Council
Communities Directorate
Civic Offices
Angel Street
Bridgend
CF31 4WB**

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.

Janine Nightingale
Corporate Director Communities

27 March 2023

Contact Officer: Ieuan Sherwood
 Group Manager Economy, Natural Resources and Sustainability

Telephone: (01656) 815334

E-mail: ieuan.Sherwood@bridgend.gov.uk

Postal Address: Bridgend County Borough Council, Communities Directorate, Angel Street, Bridgend, CF31 4WB

Background documents:
None

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