

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. Rhwch 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 / 643694 / 643513  
Gofynnwch am / Ask for:

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

**Dyddiad/Date:** Wednesday, 2 April 2025

Dear Councillor,

**CABINET**

A meeting of the Cabinet will be held Hybrid in the Council Chamber - Civic Offices, Angel Street, Bridgend, CF31 4WB on **Tuesday, 8 April 2025 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

5 - 24

To receive for approval the Minutes of 18/02/2025 and 11/03/2025

4 Assisted Transport Policy

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5 Care Inspectorate Wales (CIW) Inspection of Bridgend County Borough Council's (BCBC) Regulated Services in Adult Social Care

43 - 66

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6     Allocations Under Town and Community Council Capital Grant Scheme, 2025-26     67 - 72

7     Corporate Plan Review for 2025/26     73 - 96

8     Urgent Items

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

9     Exclusion of the Public

The following items are not for publication as they contain exempt information as defined in Paragraphs 14 of Part 4 and Paragraph 21 of Part 5, Schedule 12A of the Local Government Act 1972, as amended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

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

10    Approval of Exempt Minutes     97 - 98

To receive for approval the exempt minutes of 11/03/2025

**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 would like to view this meeting live, please contact [cabinet\\_committee@bridgend.gov.uk](mailto:cabinet_committee@bridgend.gov.uk) or tel. 01656 643148 / 643694 / 643513 / 643159.**

Yours faithfully

**K Watson**

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

Councillors:

E L P Caparros

P Davies

M J Evans

N Farr

J Gebbie

M Jones

JC Spanswick

HM Williams

**MINUTES OF A MEETING OF THE CABINET HELD HYBRID IN THE COUNCIL CHAMBER - CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB ON TUESDAY, 18 FEBRUARY 2025 AT 14:30**

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**Present**

Councillor JC Spanswick – Chairperson

N Farr  
P Davies

J Gebbie  
M J Evans

HM Williams  
M Jones

E L P Caparros

**Apologies for Absence**

None

**Officers:**

Anya Richards  
Stephen Griffiths  
Nimi Chandrasena  
Alex Rawlin  
Carys Lord  
Claire Marchant  
Janine Nightingale  
Kelly Watson  
Mark Shephard  
Deborah Exton  
Lindsay Harvey  
Simon Gray

Group Manager - Communications and Public Affairs  
Democratic Services Officer - Committees  
Democratic Services Officer - Support  
Corporate Policy & Performance Manager  
Chief Officer - Finance, Housing & Change  
Corporate Director - Social Services and Wellbeing  
Corporate Director - Communities  
Chief Officer - Legal & Regulatory Services, HR & Corporate Policy  
Chief Executive  
Deputy Head of Finance  
Corporate Director - Education, Early Years & Young People  
Head of Music - Expressive Arts

**Declarations of Interest**

None

**This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.**

**445. Outcome of the Consultation 'Time To Talk Budget 2025'**

Decision Made	<p>The purpose of this report, presented by the Chief Officer - Finance, Housing &amp; Change, was to inform Cabinet of the outcome of the 'Time to Talk Budget 2025' consultation which asked citizens their views on what they consider should be the priority areas for allocating the budget for the forthcoming financial year.</p> <p>In response to the report, Cabinet Members raised and discussed a number of issues, including the following:</p> <ul style="list-style-type: none"> <li>• The Cabinet Member for Resources thanked citizens for their participation in the consultation, noted that all voices were important in the discussion about priorities for funding, but emphasised the need to increase the number of people taking part in the future. In particular, there was a need to increase the number of clicks and hits resulting in those prepared to complete and submit the survey.</li> <li>• The Cabinet Member for Regeneration, Economic Development and Housing asked if face-to-face meetings could be added to the menu of available tools for consultation in the future.</li> <li>• The Leader highlighted the controversy around X (formerly Twitter) and noted that the Council should needed to keep under review its use of the social media platform.</li> </ul> <p><u>RESOLVED:</u></p> <p>Cabinet noted the outcome of the consultation as detailed in the consultation report attached at Appendix A.</p>
Date Decision Made	18 February 2025

**446. Medium Term Financial Strategy 2025-26 to 2028-29**

Decision Made	<p>The purpose of this report, presented by the Chief Officer - Finance, Housing &amp; Change, was to provide Cabinet with the Medium-Term Financial Strategy (MTFS) 2025-26 to 2028-29, which included a financial forecast for 2025-29, a detailed revenue budget for 2025-26 and a Capital Programme for 2025-26 to 2034-35, before presenting to Council for approval.</p>
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	<p>In response to the report, the Leader, Deputy Leader and the Cabinet Member for Finance &amp; Performance, thanked the Chief Officer - Finance, Housing &amp; Change, Corporate Management Board, as well as backbenchers and officers across all directorates, for the many months of hard work required to finalise the proposed MTFS.</p> <p>The Cabinet Member for Finance &amp; Performance stressed that the process to finalise the MTFS had been open and fair.</p> <p>The Leader and other members of the Cabinet noted that it was particularly gratifying that the Music Service had been saved.</p> <p><b><u>RESOLVED:</u></b></p> <p>Cabinet recommended that the MTFS 2025-26 to 2028-29, including the 2025- 26 revenue budget and the Capital Programme 2024-25 to 2034-35, is presented to Council for approval.</p> <p>In particular, Cabinet recommended that the following specific elements are presented to Council for approval:</p> <ul style="list-style-type: none"> <li>• The MTFS 2025-26 to 2028-29 (Annex 3).</li> <li>• The Net Budget Requirement of £383,338,259 in 2025-26.</li> <li>• A Band D Council Tax for Bridgend County Borough Council of £1,916.96 for 2025-26 (Table 17 of the MTFS).</li> <li>• The 2025-26 budgets as allocated in accordance with Table 10 in paragraph 4.1.3 of the MTFS.</li> <li>• The budget pressures outlined in Appendix C for 2025-26 to 2028-29.</li> <li>• The budget reductions outlined in Appendix D for 2025-26 to 2028-29. Page 32.</li> <li>• The Capital Programme 2024-25 to 2034-35, attached at Appendix G of the MTFS.</li> </ul>
Date Decision Made	18 February 2025

**447. Capital Strategy 2025-26**

Decision Made	The purpose of this report, presented by the Chief Officer - Finance, Housing & Change was to provide Cabinet with the Capital Strategy 2025-26 to 2034-35, which included the Prudential Indicators against
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	<p>which the Council measures itself during the financial year and the Annual Minimum Revenue Provision Statement 2025-26, before presenting to Council for approval.</p> <p>In response to the report, Cabinet Members raised a number of issues, including the following:</p> <ul style="list-style-type: none"> <li>• The Leader noted that it was clear from the consultation exercise that potholes and investment in highways were of paramount importance to the citizens of the county. It was hoped that additional funds would be available from Welsh Government to supplement current investment in this area of activity.</li> <li>• The other Cabinet Member for Resources highlighted a section of the report that dealt with IFRS 16 – International Financial Reporting Standard 16 – Leases. The objective of IFRS16 is to report information that faithfully represents lease transactions and provides a basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases.</li> <li>• The Cabinet Member for Finance &amp; Performance drew attention to the range of projects listed in the document, especially in respect of education and the Grand Pavilion, and thought there was a bright future ahead in terms of capital investment.</li> <li>• Finally, the Leader noted that there would be further investment in playgrounds, waste management vehicles, and that an extra half a million pounds had been found to provide Disabled Facilities Grants (DFG).</li> </ul> <p><u>RESOLVED:</u></p> <p>Cabinet considered the report and recommended that the Capital Strategy 2025-26 to 2034-35, including the Prudential Indicators 2025-26 to 2034-35 and the Annual Minimum Revenue Provision (MRP) Statement 2025-26 at Appendix A be presented to Council for approval.</p>
Date Decision Made	18 February 2025

#### 448. Treasury Management Strategy 2025-26

Decision Made	<p>The purpose of this report, presented by the Chief Officer - Finance, Housing &amp; Change, was to provide Cabinet with the proposed Treasury Management Strategy 2025-26, before submitting to Council for approval. The Treasury Management Strategy included the:</p> <ul style="list-style-type: none"> <li>• Borrowing Strategy 2025-26.</li> </ul>
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This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.

	<ul style="list-style-type: none"> <li>• Treasury Investment Strategy 2025-26.</li> <li>• Treasury Management Indicators for the period 2025-26 to 2027-28.</li> </ul> <p>In response to the report, Cabinet Members raised a couple of issues, including the following:</p> <ul style="list-style-type: none"> <li>• The Cabinet Member for Finance &amp; Performance thanked the Chief Officer - Finance, Housing &amp; Change and the Group Manager - Chief Accountant for keeping the authority safe and within approved guidelines.</li> <li>• The Cabinet Member for Resources drew attention to the maturity profile for debt and the Council's approach to liquidity management. In response, the Chief Officer - Finance, Housing &amp; Change stressed that the Council's approach to investment was to strike an appropriate balance between risk and return and that the Council was in a strong position to manage future debt.</li> <li>• The Leader discussed examples of the Council's approach to investment and in particular, noted that, as of 31 December 2024, the Council held investment properties valued at £4.990 million, with an expected return of £0.459 million per annum excluding any vacant or rent-free periods, providing an impressive return of approximately 9.20%.</li> </ul> <p><b><u>RESOLVED:</u></b></p> <p>Cabinet:</p> <ul style="list-style-type: none"> <li>• Considered the proposed Treasury Management Strategy for 2025-26; and</li> <li>• Recommended that the Treasury Management Strategy be presented to Council for approval on 26 February 2025.</li> </ul>
Date Decision Made	18 February 2025

**449. Urgent Items**

Decision Made	None
Date Decision Made	18 February 2025

To observe further debate that took place on the above items, please click this [link](#).

The meeting closed at 15:44.



**MINUTES OF A MEETING OF THE CABINET HELD HYBRID IN THE COUNCIL CHAMBER - CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB ON TUESDAY, 11 MARCH 2025 AT 14:30**

**Present**

Councillor JC Spanswick – Chairperson

N Farr  
M J Evans

J Gebbie  
M Jones

HM Williams

E L P Caparros

**Present Virtually**

P Davies

**Apologies for Absence**

None.

**Officers:**

Carys Lord  
Kelly Watson  
Mark Shephard  
Claire Marchant  
Lindsay Harvey  
Janine Nightingale  
Lewis Pannell  
Stephen Griffiths  
Oscar Roberts

Chief Officer - Finance, Housing & Change  
Chief Officer - Legal & Regulatory Services, HR & Corporate Policy  
Chief Executive  
Corporate Director - Social Services and Wellbeing  
Corporate Director - Education, Early Years & Young People  
Corporate Director - Communities  
Principal Strategic Planning Policy Officer  
Democratic Services Officer - Committees  
Business Administrative Apprentice – Democratic Services

**Declarations of Interest**

Cllr J Gebbie – Personal – Item 12 – As an LEA governor of Mynydd Cynffig Primary School

Cllr M Evans – Personal – Item 12 – As a Community Governor at Pencoed Comprehensive and Croesty Primary Schools

**This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg**

Cllr N Farr – Personal – Item 12 – As an LEA governor of Porthcawl Comprehensive School  
Cllr N Farr – Personal – Item 16 – Her husband is a taxi driver  
Cllr J Spanswick – Personal – Item 16 – A taxi driver relative is mentioned in the report  
Claire Marchant, Corporate Director – Social Services and Wellbeing – Personal – Item 8 - Her son works at the Bridgend Resource Centre

**452. Approval of Minutes**

Decision Made	<u>RESOLVED:</u> That the minutes of the meetings of the Cabinet dated 14 January 2025 and 4 February 2025 be approved as true and accurate records.
Date Decision Made	11 March 2025

**453. Treasury Management Quarterly Report To 31 December 2024**

Decision Made	<p>The purpose of this report, presented by the Chief Officer – Finance, Housing &amp; Change, was to present Cabinet with the treasury management activities for 2024-25 and demonstrate compliance with codes of practice applicable to local government.</p> <p>Cabinet posed questions on the subjects of:</p> <ul style="list-style-type: none"><li>• The amount of interest earned in the past nine months.</li><li>• The Council's policy on the balance between risk and return.</li><li>• Short-term borrowing for cashflow purposes.</li></ul> <p>These questions were addressed by the Chief Officer – Finance, Housing &amp; Change.</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"><li>• Noted the treasury management activities for 2024-25 for the period 1 April 2024 to 31 December 2024.</li><li>• Noted the Treasury Management Indicators for the period ending 31 December 2024 against those approved in the Treasury Management Strategy 2024-25.</li></ul>
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Date Decision Made	11 March 2025
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**454. Non-Domestic Rates: Discretionary Relief: Retail, Leisure and Hospitality Rates Relief Scheme 2025-26**

Decision Made	<p>The purpose of this report, presented by the Chief Officer – Finance, Housing &amp; Change, was to seek approval from Cabinet to adopt the Welsh Government's Retail, Leisure and Hospitality Rates Relief Scheme 2025-26, applying to various businesses as detailed in Appendix A.</p> <p>Cabinet posed a question on Council time and expense for offering the scheme. This question was addressed by the Chief Officer – Finance, Housing &amp; Change.</p> <p><u>RESOLVED:</u> Cabinet adopted the Non-Domestic Rates Retail, Leisure and Hospitality Rates Relief Scheme for 2025-26 as detailed within Appendix A of the report, encouraging all eligible businesses to apply.</p>
Date Decision Made	11 March 2025

**455. Homelessness Temporary Accommodation**

Decision Made	<p>The purpose of this report, presented by the Chief Officer – Finance, Housing &amp; Change, was to seek approval from Cabinet to suspend relevant parts of the Council's Contract Procedure Rules in order to continue the provision of additional temporary accommodation in order to meet the Council's statutory duties.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"><li>• Details within timings stated in the report.</li><li>• The possibility of reduced need through the financial year.</li><li>• Potential safeguarding concerns.</li><li>• Upcoming developments that could help alleviate this need.</li><li>• Upcoming exemptions to the revised Contract Procedure rules set to be approved.</li><li>• Risk factors included within the report.</li></ul>
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	<ul style="list-style-type: none"> <li>• The number of active providers of housing.</li> </ul> <p>These questions were addressed by the Chief Officer – Finance, Housing &amp; Change and the Chief Officer - Legal &amp; Regulatory Services, HR &amp; Corporate Policy, with further information on individual housing provider numbers pledged to be provided in the future.</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"> <li>• Noted the contents of the report.</li> <li>• Agreed to suspend the relevant parts of the Council's Contract Procedure Rules (CPRs) with regards to the requirement to tender for a contract and delegate authority to the Head of Partnerships and Housing to enter into Service Level Agreements with existing accommodation providers for a period of 'up to' 12 months in order to continue the provision of additional temporary accommodation as necessary to meet the Council's statutory duties.</li> <li>• Delegated authority to the Head of Partnerships and 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 in consultation with the Chief Officer – Legal and Regulatory, HR and Corporate Policy.</li> <li>• Noted that a further report will be presented to Cabinet to update on the position regarding temporary accommodation.</li> </ul> <p>Cabinet further thanked the Finance team for their work in reducing the Council's overspend.</p>
Date Decision Made	11 March 2025

#### **456. Social Services and Wellbeing Accommodation-Based Service Review**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Social Services and Wellbeing, was to seek an endorsement from Cabinet to develop business cases along with proposals to potentially reshape existing accommodation-based care following reviews of the service across the authority, and to extend the existing Partnership Agreement with the Vale of Glamorgan Council for the Adult Placement Scheme for an additional five years on annual review.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"> <li>• Mental health issues impacting on accommodation costs.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Collaboration with other organisations.</li> <li>• Details on discussions with Section 106 funding.</li> <li>• the underutilization of facilities at Bryn Y Cae.</li> </ul> <p>These questions were addressed by the Corporate Director – Social Services and Wellbeing.</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"> <li>• Noted the contents of the report.</li> <li>• Approved the extension of the Adult Placement Scheme (Shared Lives) Service Partnership Agreement with the Vale of Glamorgan Council for a 5-year period in accordance with the terms set out in the Agreement, subject to annual review pending an alternative or longer-term option being considered and developed.</li> <li>• Endorsed the development of detailed business cases in respect of the proposals set out in the Delivery Plan (Appendix A of the report refers), designed to define and reshape existing commissioned and internally delivered accommodation-based care provision for adults following an accommodation-based service review across Adult Social Care, noting that any proposals put forward for implementation will be reported back to Cabinet for approval, as required.</li> </ul>
Date Decision Made	11 March 2025

#### **457. Social Services and Wellbeing Daytime Opportunities Review and Remodelling**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Social Services and Wellbeing, was to request endorsement from Cabinet for the proposed vision and principles for daytime opportunities for those with care and support needs as well as seek approval for those plans in progress.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"> <li>• Mental health.</li> <li>• The cost per supported person.</li> <li>• Transport provided to users.</li> <li>• Cost breakdowns for different aspects of the service.</li> <li>• Thoughts on minimizing impact on individuals due to these changes.</li> </ul>
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	<p>These questions were answered by the Corporate Director – Social Services and Wellbeing and the Chief Officer – Finance, Housing &amp; Change, acknowledging that mental health is subject to an upcoming review with internal and external Council partners. A breakdown in costings for the overall project was promised to be sent to Cabinet Members in the future.</p> <p><b><u>RESOLVED:</u></b> Cabinet:</p> <ul style="list-style-type: none"> <li>• Noted the contents of this report and the vision and key principles proposed for daytime opportunities.</li> <li>• Approved the proposals and re-modelling plans as identified in this report following the detailed review of daytime opportunities across adult social care, noting that a full business case will be made before any operational changes.</li> </ul> <p>Cabinet additionally thanked the team for all their hard work in gathering and preparing the information for this report and providing a thorough understanding of current and future practices. It was also noted that the Council continues to look for partnerships both internally and externally to help deliver for residents across Bridgend County.</p>
Date Decision Made	11 March 2025

**458. Health and Social Care Regional Memorandum of Understanding**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Social Services and Wellbeing, was to seek approval from Cabinet for BCBC to sign onto a Health and Social Care Memorandum Of Understanding in principle that is currently being developed among BCBC and other authorities as detailed in the report.</p> <p>Cabinet posed a question on whether this MoU will allow for a better working relationship and partnership with other organisations, which was addressed by the Corporate Director – Social Services and Wellbeing.</p> <p><b><u>RESOLVED:</u></b> Cabinet agreed that BCBC will become a signatory to the Cwm Taf Morgannwg health and social care MoU as set out in Appendix 1 of the report</p>
Date Decision Made	11 March 2025

**459. Future Local School Improvement and Regional Professional Learning Arrangements**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Education, Early Years &amp; Young People, was to update Cabinet on the future school improvement services taking place in Bridgend schools following previous reports and to seek their approval on a new proposed operating model as detailed in the report. Cabinet briefly clarified financial details of the report, and welcomed the changes to increase efficiencies</p> <p>Cabinet enquired whether service provisions can be maintained, which was addressed by the Corporate Director - Education, Early Years &amp; Young People</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"> <li>• Agreed that school improvement services will be delivered on a local basis, as outlined in the report.</li> <li>• Agreed that the proposed professional learning and curriculum support service, which will continue to be delivered on a regional basis, as outlined in section 3.6 to 3.9 of the report and that RCTCBC becomes the host for the arrangement.</li> <li>• Agreed that the governance arrangements for the proposed regional professional learning and curriculum support service should transfer to a collaboration arrangement as outlined in section 8 of the report.</li> <li>• Noted the financial position as detailed at section 8 of the report.</li> <li>• Provided the Corporate Director (Education, Early Years and Young People) with the delegated authority to implement the revised service models following approval of this report.</li> </ul>
Date Decision Made	11 March 2025

**460. School Modernisation Programme Coety Primary School, Four-Classroom Extension - Modification To The Implementation Date Of The Enlargement**

Decision Made	The purpose of this report, presented by the Corporate Director – Education, Early Years & Young People, was to seek Cabinet approval to modify the implementation date of Coety Primary School's enlargement to
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	1 September 2026.  <u>RESOLVED:</u> Cabinet approved the modification of the implementation date of Coety Primary School's enlargement to 1 September 2026.
Date Decision Made	11 March 2025

**461. Outcomes of ESTYN Inspections of Schools In Bridgend During Autumn Term 2024**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Education, Early Years &amp; Young People, was to inform Cabinet of the outcomes of the Estyn core inspection visits during autumn term 2024 to various schools within Bridgend County Borough as detailed within the report.</p> <p>Cabinet posed a question about changes in Estyn inspections and reporting, which was addressed by the Corporate Director – Education, Early Years &amp; Young People.</p> <p><u>RESOLVED:</u> Cabinet noted the contents of the report.</p>
Date Decision Made	11 March 2025

**462. Revised Contract Procedure Rules**

Decision Made	<p>The purpose of this report, presented by the Chief Officer - Legal &amp; Regulatory Services, HR &amp; Corporate Policy was to seek approval for the revised Contract Procedure Rules to take effect from the 1<sup>st</sup> of April 2025, and to note their going to Council for approval of amendments.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"><li>• Confirmation that the Council can handle the increased workload following the revisions.</li><li>• The renewal and reviewing of the associated Procurement Strategy and details therein.</li><li>• Promotion of the Procurement strategy.</li><li>• Officer training to ensure compliance.</li><li>• Transparency concerns around Procurement.</li></ul>
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	<p>These questions were addressed by the Chief Officer - Legal &amp; Regulatory Services, HR &amp; Corporate Policy.</p> <p><b><u>RESOLVED:</u></b> Cabinet:</p> <ul style="list-style-type: none"><li>• Approved the revised Contract Procedure Rules attached at Appendix 1 to the report to take effect from 1st April 2025.</li><li>• Approved the amendments to the Scheme of Delegation of Functions in relation to Executive functions as set out in paragraph 3.3 of the report.</li><li>• Noted that a report will be taken to Council regarding the required amendments to the Constitution and to seek approval to amend the Scheme of Delegation of Functions in relation to Council functions.</li></ul>
Date Decision Made	11 March 2025

**463. Cabinet, Council and Overview and Scrutiny Committees Forward Work Programmes**

Decision Made	<p>The purpose of this report, presented by the Chief Officer - Legal &amp; Regulatory Services, HR &amp; Corporate Policy was to seek approval for items to be included on the Cabinet Forward Work Programme for the period 1 March 2025 to 31 August 2025 and for Cabinet to note the Council and Overview and Scrutiny Committees' Forward Work Programmes for the same period.</p> <p>Cabinet posed a question on requirements to have six months of future reports, which was addressed by the Chief Officer – Legal &amp; Regulatory Services, HR &amp; Corporate Policy.</p> <p><b><u>RESOLVED:</u></b> Cabinet:</p> <ul style="list-style-type: none"><li>• Approved the Cabinet Forward Work Programme for the period 1 March 2025 to 31 August 2025 at Appendix 1 of the report.</li><li>• 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.</li></ul>
Date Decision Made	11 March 2025

**464. Draft Supplementary Planning Guidance (SPG): Retail and Commercial Development**

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Communities was to seek Cabinet approval to consult on the draft Supplementary Planning Guidance (SPG) for Retail and Commercial Development as detailed in Appendix 1.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"> <li>• The target audience for the consultation.</li> <li>• Definitions of terms used in the report.</li> <li>• The direction of travel for town centres in the County Borough.</li> <li>• Limiting the decline of retail.</li> <li>• Whether all SPGs can be made available for Cabinet scrutiny.</li> </ul> <p>These questions were addressed by the Corporate Director – Communities and the Principal Strategic Planning Policy Officer.</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"> <li>• Approved the draft SPG for Retail and Commercial Development (at Appendix 1) as the basis for a public consultation for a minimum period of 6 weeks.</li> <li>• Authorised the Corporate Director – Communities and Group Manager – Planning and Development Services to make minor presentational changes, typographical or factual corrections as necessary prior to public consultation.</li> <li>• Authorised the Corporate Director – Communities and Group Manager – Planning and Development Services to undertake the public consultation and to report the results of the public consultation back to Cabinet for approval to send the report to Council and seek adoption of the final SPG.</li> </ul>
Date Decision Made	11 March 2025

**465. Joint Vehicle Maintenance (JVM) Service With South Wales Police**

Decision Made	The purpose of this report, presented by the Corporate Director – Communities was to provide an update
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	<p>to Cabinet in respect of the collaboration between Bridgend County Borough Council (BCBC) and South Wales Police (SWP) in providing a joint fleet maintenance service and seek an extension of the term of this agreement.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"> <li>• The potential financial impact of taxis taking MOTs elsewhere.</li> <li>• Potential partnership with Bridgend College to offer apprenticeships.</li> <li>• The lack of financial implications included within the report.</li> </ul> <p>These questions were addressed by the Corporate Director – Communities, indicating that these would be a decision for future reports alongside feedback from the Licensing Committee when they determine what they can do with the taxi regime.</p> <p><u>RESOLVED:</u> Cabinet:</p> <ul style="list-style-type: none"> <li>• Extended for a further 1 year term the arrangement with South Wales Police for the Joint Vehicle Maintenance service, to enable detailed dialogue and agreement for any future fixed terms to be agreed.</li> <li>• Delegated power to the Corporate Director - Communities in consultation with the Chief Officer - Finance, Housing &amp; Change and Chief Officer - Legal &amp; Regulatory Services, HR &amp; Corporate for additions to the terms and conditions of the arrangement and duration of period of future fixed terms.</li> <li>• Agreed to receive a further report following the outcome of the discussions.</li> </ul>
Date Decision Made	11 March 2025

#### 466. Fleet Replacement Programme

Decision Made	<p>The purpose of this report, presented by the Corporate Director – Communities was to outline the proposed costs for the replacement of existing council fleet for inclusion in the Capital Programme, and to ask for a recommendation to Council to approve a budget for addressing these replacement costs.</p> <p>Cabinet posed questions on:</p> <ul style="list-style-type: none"> <li>• Whether funding was for the current year's budget.</li> <li>• The reasoning behind the vehicles in need of maintenance.</li> </ul>
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	<ul style="list-style-type: none"><li>• The timeline on vehicle replacement.</li></ul> <p>These questions were addressed by the Corporate Director – Communities.</p> <p><u>RESOLVED:</u> Cabinet recommended to Council for approval that a capital budget of £1.2 million be included in the Capital Programme, to be funded from prudential borrowing, to enable the Fleet Replacement Programme to continue.</p>
Date Decision Made	11 March 2025

**467. Urgent Items**

Decision Made	<u>RESOLVED:</u> There were no urgent items
Date Decision Made	11 March 2025

**468. Exclusion of the Public**

Decision Made	<u>RESOLVED:</u> The following items are not for publication as they contain exempt information as defined in Paragraph 12 of Part 4 and/or Paragraph 21 of Part 5 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information)(Variation)(Wales) Order 2007. Following the application of the public interest test the Sub1Committee resolved pursuant to the Act to consider these items in private, with the public being excluded from the meeting during such consideration.
Date Decision Made	11 March 2025

**469. Approval of Exempt Minutes**

Decision Made	<u>RESOLVED:</u> That the exempt minutes of meetings of Cabinet dated 14 January 2025 and 4 February 2025 be approved as a true and accurate record.
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Date Decision Made	11 March 2025
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**47. Owners Agreement for Porthcawl Waterfront Regeneration and Porthcawl Pavilion Contract**

Decision Made	The decision on this item is exempt and therefore not open for publication.
Date Decision Made	11 March 2025

To observe further debate that took place on the above items, please click this [link](#).

The meeting closed at 17:54.

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<b>Meeting of:</b>	<b>CABINET</b>
<b>Date of Meeting:</b>	<b>8 APRIL 2025</b>
<b>Report Title:</b>	<b>ASSISTED TRANSPORT POLICY</b>
<b>Report Owner / Corporate Director:</b>	<b>CLAIRE MARCHANT CORPORATE DIRECTOR – SOCIAL SERVICES AND WELLBEING</b>
<b>Responsible Officer:</b>	<b>JOE BOYLE POLICY OFFICER</b>
<b>Policy Framework and Procedure Rules:</b>	<b>There is no effect upon the Policy Framework and Procedure Rules.</b>
<b>Executive Summary:</b>	<b>This report seeks approval for the Assisted Transport Policy and sets out the findings and suggested amendments that have been identified through the formal consultation process. An online consultation was conducted along with sessions with social workers for feedback to be provided. Actions and amendments have been made to the policy in line with feedback received during the consultation.</b>

## 1. Purpose of Report

- 1.1 The purpose of this report is to seek Cabinet approval of the Social Services and Wellbeing Assisted Transport Policy (**Appendix 1**).

## 2. Background

- 2.1 On 23 July 2024, the draft Assisted Transport Policy was presented to Cabinet seeking approval to commence a formal consultation process. The consultation went live on 6 August 2024 running for a period of 12 weeks concluding on 29 October 2024.
- 2.2 On 17 January 2025, the Consultation process and report was presented to the Subject Overview and Scrutiny Committee 2 (SOSC 2) for discussion and consideration. Recommendations were made by the Committee which are discussed in section 3 of this report.
- 2.3 The report presented to SOSC 2 detailed the process that was undertaken regarding the full consultation that was conducted, findings and feedback provided, and proposed changes to the policy content. The report detailed discussions and work undertaken to ensure there is no cross-over and conflict with any other Bridgend County Borough Council (BCBC) policies, particularly the Home to School/College Transport policy.

### **3. Current situation/ proposal**

- 3.1 The proposed Assisted Transport Policy is attached as **Appendix 1**.
- 3.2 The policy sets out to provide the BCBC approach towards the provision of transport to support an individual to access a service that meets an assessed care and support need or wellbeing outcome. The policy does not cover or change eligibility criteria for a service to meet an assessed care and support need or wellbeing outcome, but purely focuses on the transport needs of the individual to access that service. The policy sets out how the provision of assisted transport from the Authority should be the final option to be utilised in ensuring an individual is able to access the identified service to meet the need or outcome, including use of family, public and/or community-based transport options. The policy provides guidance to staff when considering the need for transport to access a service that meets the identified need or outcome to support in ensuring that the utilisation of transport provision is able to be prioritised to those that need it most.
- 3.3 For the online consultation, data shows that there were 224 total visits to the consultation page, resulting in 196 visitors being aware of what the consultation sets out to do. 84 of these visitors were subsequently classed as informed, 62 people visited the feedback form, with only 8 individuals completing and providing a response to the consultation.
- 3.4 Of the individuals that provided an online response, 3 were service users, 3 were carers for individuals, 1 stated other, and 1 chose to skip this question.
- 3.5 Where individuals were asked to what extent they agreed or disagreed with the proposed policy, there was a significantly mixed response. 1 individual strongly agreed with the proposal, 2 neither agreed nor disagreed, 2 tended to disagree, 1 strongly disagreed, and 2 did not know what the impact of the policy would provide.
- 3.6 Based on current arrangements, 62.5% (5) of respondents felt that it was currently fairly or very difficult to get information about travel arrangements, with only 1 respondent stating it was easy to do so currently.
- 3.7 Finally, regarding the online consultation response, 62.5% (5) respondents felt it was fairly and very important that the Council commissioned travel training services to promote independent travel and reduce dependency on transport provision through social services.
- 3.8 Feedback sessions were also held with social workers and managers regarding the content of the policy. Feedback provided from the social workers stated that they felt the implementation and production of this policy was overdue as it will help create a commonality of approach to the provision of transport to and from a service that will meet an individual's assessed need, resulting in greater equality for all. By having this policy implemented, along with a flow chart, it will help improve decision making by improving clarity and a rationale for all decision making regarding the provision of transport.
- 3.9 Additionally, it was also felt that the implementation of this policy, and by assessing an individual's existing strengths in terms of access to transport and/or their ability to



travel, it would make more transport available for individuals that truly need it, therefore being a better use of resources, and reducing the impact on services such as Community Transport, which in current situations, requires significant advance booking for the need to be met. It is also anticipated that it will create and promote more independence for individuals in accessing their chosen service on the days and times of their choosing, rather than being restricted to when the transport is available for them.

- 3.10 Some concerns were also raised during the consultation process which have been required to be addressed within the policy. These have been presented in the following table.

Concern raised	Amendment made
What happens if the transport identified is not sufficient, due to poor links in the valleys for example.	The transport method being considered must be appropriate to the individual considering all factors including location of both the individual and the service they are accessing to ensure that it is a reasonable expectation for the individual to be able to access the service through this method of transport. Discussions will take place regarding public transport, its frequency and reliability for all individuals, but especially in more remote areas of the county borough.
What will the impact be upon individuals who have a mobility car, but the driver of the vehicle is unavailable.	All transport factors will be taken into account, including viability of the mobility car. Discussions will take place with the family to discuss this, including reminders about the mobility car being provided for the individual not the family, and to identify methods of support to facilitate this prior to the provision of transport.
Will this policy impact upon young people accessing education.	Cross-directorate discussions have taken place to ensure there is no overlaps regarding the Home to School/College Policy. All transport to education for young people is covered under the Home to School/College policy. Transport will only be provided under the Assisted Transport policy to and/or from a service that has been identified to meet an assessed care and support need or wellbeing outcome. This could be an educational centre, but the need for transport will arise from meeting a care and support need or wellbeing outcome, not an educational need.

- 3.11 Conversations have taken place with colleagues from the Education, Early Years and Young People Directorate to ensure there is no crossover and/or conflict between this policy and the Home to School/College Transport policy. Any requests for Children and Young People should be dealt with through the Home to School/College

policy. Requests will only be approved under the Assisted Transport Policy to provide transport for an individual to an educational facility where it has been identified that attending the facility will meet an identified care and support plan or wellbeing outcome as identified in an individual's Care and Support Plan. Accessing education would not normally be identified as an eligible care and support need under the Social Services and Well-being (Wales) Act 2014 and so therefore this provision is not about the facilitation of attending an educational setting for further education. It must, and will be only considered, where it can be evidenced to meet the care and support needs, wellbeing outcomes, and/or have a positive long-term effect upon the individual by accessing this education reducing the likelihood of the individual requiring further long-term social services input and resource.

3.12 Where travel training is required for an individual in order to support them to access the service identified to meet the individual's care and support needs or wellbeing outcomes, this will either be provided by staff internally, or an appropriate service will be procured where required using existing service budgets.

3.13 Following the presentation of the report to SOSC 2, three recommendations were made by the committee as set out below.

<b>Recommendation</b>	<b>Action</b>
The implementation timescale for this policy needs to be clearer.	It is intended that this policy will be implemented on 1 <sup>st</sup> May 2025 subject to it being approved by Cabinet.
People First Bridgend were to be recontacted for involvement and input into the consultation process	This has been completed and findings are set out below.
The policy should be included in the Forward Work Plan for further monitoring and reflection.	The policy will be scheduled for a SOSC 2 meeting in early 2026.

3.14 Following recommendations from SOSC 2, in order for the Adults Services Advocacy provider to be involved in the consultation process, People First Bridgend were engaged with the aim for them to provide comment and be included in the consultation process. Feedback was provided in both the form of responses to the consultation, along with some general feedback which has been considered and incorporated into the policy where relevant and required. 9 individuals (8 service users and 1 staff member) provided responses to the consultation and a breakdown of these responses are as follows.

3.15 There was a mixed response to all questions from People First Bridgend respondents. Regarding ease of accessing information about help with travel, 45% (4) stated it was very difficult, 33% (3) did not know and 22% (2) found it fairly easy to access information to help. Uncertainty was found as to whether they agreed with the implementation of this policy with 45% not knowing, 33% strongly disagreeing, and 11% both strongly agreeing and tending to agree. Responses remained uncertain and mixed as to the impact upon the social care sector by the implementation of this policy, with 45% stating don't know, 33% saying negative, and 22% stating a positive impact. However, there was a much more consistent response

towards the impact and necessity of travel training with 67% (6) respondents feeling this was very important, with the remaining 33% being unsure.

3.16 Respondents through People First Bridgend also provided comments relating to specifics concerning the policy as follows:

- Would there be any funding requirements for additional staff requirements where needed to support with accessing transport.
- There is a need to ensure the appropriate use of travel training and not just a blanket approach and implementation as this may not be appropriate to all.
- Concerns were raised about ensuring individual circumstances being considered including their ability, or lack of, to access other modes of transport due to factors such as personal health or quality of transport given current cuts to public transport services in certain areas of the county borough.
- Comments were raised about it being difficult to get companion bus passes which can impact upon individual's ability to be more independent which can create more reliance and need for transport support.

It was also noted and felt by one respondent that this policy would provide a positive impact by ensuring that funds and assisted transport were available to those that needed it most, rather than being widely used and potentially unavailable for someone with the most need.

3.17 People First Bridgend also provided additional information with regard to frequently mentioned concerns and issues that may be relevant to this policy area which are as follows:

Concern raised	Solution in Policy
There isn't enough public transport, particularly in the Bridgend Valleys which makes independent travel very difficult. Without the community transport bus, many people in the Valleys would be very isolated and would be unable to attend their community activities / work placements etc.	Guidance is provided at section 7 of the policy for practitioners completing any transport needs assessments/ considerations ensuring that when identifying the need relating to travel and whether transport is needed to be provided, consideration must be given to the availability and appropriateness of relevant public transport for the individual, including a consideration relating to where the individual lives.
There are issues with public transport: <ul style="list-style-type: none"> <li>• Public transport is very unreliable - e.g. late or cancelled trains and busses.</li> <li>• People often do not feel safe on public transport, particularly when it is dark/evening time.</li> <li>• Bus timetables are not accessible/easy to understand.</li> </ul>	Only where identified as being appropriate for an individual to use public transport, will it be chosen as the appropriate travel method. This process will take into account the individualised factors relating to the person's location, suitability and reliability of public transport in that area, along with the individual's ability to access public transport safely. The individuals will be safeguarded through this process to ensure that no individual will be put in or

<ul style="list-style-type: none"> <li>• Some people have not had good experiences on public transport, e.g. rude members of the public and rude bus staff.</li> <li>• Public transport is not always accessible - e.g. not enough disabled seats on buses, lifts being broken at train stations meaning people cannot get to the platform.</li> <li>• It can be difficult purchasing a train ticket if you do not know how to use the ticket machines and if you do not have a bank card. Sometimes there isn't staff on the train to purchase a ticket from, meaning that people get to their destination and are stuck at the barrier because they have not purchased a ticket.</li> <li>• It is difficult to rely on transport provided by family and staff as not all staff drive, there are staff shortages, and it can be a strain for family members.</li> </ul>	<p>expected to undertake an activity that places them at risk and in situations they cannot deal with. Individuals will be enabled to access public transport through a travel training programme which will support them with understanding public transport timetables and creating positive experiences with public transport where necessary. Accessibility of the considered method of travel will be considered throughout the process to ensure it can be accessed by the individual, including that they are able and know how to buy a ticket appropriately.</p> <p>Where an individual is supported by residential staff, transport to and from additional services will be facilitated by that service. As a part of the discussions and considerations, viability and suitability of family members providing the transport option will be looked at. It is not a given that it will be expected to be completed by the family member, individual circumstances will be looked at.</p>
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#### **4. Equality implications (including Socio-economic Duty and Welsh Language)**

- 4.1 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.

As identified in the EIA Screening form the policy will be in effect for all individuals that are accessing a service to meet an assessed need. This policy is to be applied universally to identify all appropriate methods of transport for an individual and does not remove the option of providing funded transport to an individual to meet their assessed need so therefore will have no impact to any group possessing a protected characteristic because of them having that protected characteristic.

#### **5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives**

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

Involvement	In the formation of this report, relevant officers from the directorate have been involved, along with data collated from the consultation which has been provided from residents of the county borough.
Long term	This report sets out the intentions for the longer-term implementation of the Assisted Transport Policy. This policy aims to identify the best way to support an individual in accessing the service that has been identified to meet their care and support needs or wellbeing outcomes, and possibly also reduce the long-term need for transport involvement from the Social Services and Wellbeing Directorate.
Prevention	The aim of this policy is to prevent incorrect and unsuitable use of financial resources to ensure that those that need them most have access to them, and that transport is provided to those that need it the most in the most suitable way possible.
Integration	This policy will be utilised and integrated across Social Services and Wellbeing teams, ensuring that transport is provided to those that require it and do not have access to an appropriate alternative provision.
Collaboration	Relevant members of the Social Services and Wellbeing Directorate (SSWB) Directorate will be involved in future discussions regarding the provision of transport to a service to meet an assessed need or wellbeing outcome.

## **6. Climate Change Implications**

- 6.1 Through the implementation of this policy, there is hoped to be a beneficial impact upon Climate Change as it may reduce the number of commissioned vehicles that are provided for transport in addition to methods already available to an individual to access the service assessed to meet their care and support needs or wellbeing outcomes. This is in line with the Bridgend County Borough Council (BCBC) focus on and understanding of the importance of decarbonisation to help protect and sustain the environment over the long term and in line with our climate change ambitions.

## **7. Safeguarding and Corporate Parent Implications**

- 7.1 BCBC policy is to safeguard and promote the wellbeing of children, young people, and adults at risk of abuse or neglect and to ensure that effective practices are in place throughout the Council and its commissioned services. As such, when undertaking an evaluation around an individual's needs toward transport to a service which will meet an assessed need or wellbeing outcome, consideration will be given towards ensuring and promoting the safety of individuals at risk. This proposed policy does not replace or place limitations upon what services an individual may access to meet their care and support needs, it is solely focused upon ensuring the most appropriate method of transport to and from the service is utilised.

## **8. Financial Implications**

- 8.1 Whilst there are no direct financial implications arising directly from this report, it is anticipated that there will be some positive impact upon directorate finances by

ensuring that strength-based outcome focused assessments are consistently undertaken and there is a programme of support for individuals to maximise their independence in using transport. There may be some impact following any provision of any travel training that is identified as being required to support individuals to access their care and support service in the most independent and enabled way possible. Costs for this will be met through existing Social Services and Wellbeing Directorate budgets.

## **9. Recommendation**

- 9.1 It is recommended that Cabinet approve the Social Services and Wellbeing Assisted Transport Policy (**Appendix 1**) to take effect from 1<sup>st</sup> May 2025.

## **Background documents**

None

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



[www.bridgend.gov.uk](http://www.bridgend.gov.uk)



# **Social Services and Wellbeing Directorate Adult Social Care**

## **Assisted Transport Policy**

<b>Updates, Revisions and Amendments</b>		
<b>Version</b>	<b>Details of Change</b>	<b>Date</b>
<b>1</b>	<b>Creation of Policy document</b>	<b>March 2025</b>

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## **1. Introduction**

- 1.1 Bridgend County Borough Council ('the Council') is committed to promoting independence across all areas of service provision and seeks to ensure as many people live and travel as independently as possible within their own communities.
- 1.2 This policy has been developed to provide a strategic approach to delivering transport that is consistent, transparent, and clearly outlines the framework through which the Council provides transport services. The policy applies to all adults aged 18 years and above who access community services away from their home which is provided by the Council as part of a Care and Support Plan. The principles of the policy may also be applicable to relevant Children's Social Care teams as required but does not cover transport to and from educational settings for those aged under the age of 18. The Council's Home to School Policy should be consulted for further details of this.

## **2. Legal and Regulatory Framework**

- 2.1 The Social Services and Well-being (Wales) Act 2014 is the legislative framework that sets out the Council's duty to assess an individual's need for care and support services. The Council will have a duty to meet that need if the need cannot be met by the person's own resources or community resources.
- 2.2 The Well-being of Future Generations (Wales) Act 2015 outlines principles and ways of working which include the responsibility for ensuring sustainable developments for individuals to connect with their local communities and the needs of the present being met without compromising the ability of future generations to meet their own needs. This links directly to the well-being principles underpinning this policy.

## **3. Aims of the Policy**

- 3.1 The aim of this policy is to reflect local and national priorities and complements the Council's approach to delivering Adult Social Care. The policy is underpinned by the Council's Sustainable Services Plan for Adult Social Care 2024, and adheres to key principles of the Social Services and Well-being (Wales) Act 2014 of:
  - Voice and Control – putting the individual and their needs, at the centre of their care, and giving them a voice in (and control over) reaching the outcomes that help them achieve wellbeing
  - Prevention and early intervention – increasing effective preventative services within the community to reduce the number of adults who need intensive or substitute care.
  - Wellbeing – supporting people to achieve their own wellbeing and measuring the success of care and support

- Co-production – encouraging people to become more involved in the design and delivery of services.

This policy also adheres to and supports the delivery of the key objectives for Adults Social Care found at Appendix 1 of the Sustainable Services Plan.

#### **4. Policy Statement**

- 4.1 This policy outlines how the Council will ensure a consistent and equitable way of supporting individuals who may require the provision of Assisted Transport in order to access an identified service that meets a Care and Support need or Wellbeing Outcome.
- 4.2 This policy sets the criteria that will be used to assess how individuals may access transport provision to services identified in their Care and Support Plan.
- 4.3 The overriding principle of this policy is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence. The Council is committed to promoting independence across all areas of service provision and seeks to ensure that people live as independently as possible within their own communities and continue to access services and support in ways which meet their needs.
- 4.4 The need for transport is not an eligible need for Social Services and Wellbeing support in its own right, but a means of accessing the relevant care and support service required to meet the assessed need. Sometimes, the Council needs to provide transport to attend a service to meet the assessed needs of the individual, but this will be a separate consideration compared to the assessment for the need for the service itself. This policy rests upon a general assumption and expectation that people's own strengths and abilities will enable them to travel to access services and/or support, with the benefit of relevant training and support where applicable. Use of the resources available to them both as individuals and from the wider community will be fully assessed and taken into account when determining whether or not there is a need for the provision of transport.
- 4.5 Funded transport will only be provided if, in the opinion of the Council once consideration of all relevant factors has taken place, it is the only reasonable way to enable the person to safely access the relevant service. All appropriate means of transport available (for example personal vehicles, taxi funded via Mobility Allowance, vehicles obtained under the Motability Scheme, or public transport, including voluntary community transport schemes), will be considered and it will be presumed that the individual can and will use these as a first option, unless the individual assessment demonstrates otherwise.
- 4.6 Individuals who have the physical and cognitive ability to travel to a community activity, either independently or with assistance from available family, friends, or support providers will generally be expected to do so, rather than via Council funded transport. Social Services and Wellbeing staff will signpost individuals

to appropriate transport options in order to promote the independence of that person.

- 4.7 People who qualify for concessionary travel (i.e. bus passes) will be assisted to apply for and use, as and when appropriate, according to their assessed needs and abilities. Support from a relevant and appropriate individual (social worker or family member for example) to apply will be provided where required. Where access to a companion bus pass would enable the person to travel by means of public transport, this will be considered for their carer/companion. The constraints of concessionary travel will also be taken into account during the assessment.
- 4.8 If eligible, the provision of transport will be agreed from a designated pick up and return point within the Bridgend County Borough boundary. Trips that do not form part of an agreed Care and Support Plan will be the responsibility of the individual (or their family / carer).
- 4.9 This policy does not cover and provide for the provision of transport to and from an educational setting for those aged over 18, unless it has been clearly agreed and identified that accessing this provision will meet the identified care and support need and/or wellbeing outcome as set out in the individual's Care and Support Plan. The provision of transport to this service is not to facilitate access to education and is there to facilitate the service to meet the assessed need.

## **5. Consideration of the need for transport**

- 5.1 Consideration of the need for assisted transport will only be undertaken where the person is eligible for a care and support service provided by the Council in order to meet an assessed need as identified within their Care and Support Plan and in accordance with legislation. The consideration of transport needs must be part of the overall assessment of a person's outcomes and needs and will be considered at any subsequent Care and Support Plan review(s).
- 5.2 In completing Care and Support needs assessment, emphasis will be placed on the person's strengths and capabilities and focus on solutions that enable them to do things for themselves. The assessment will aim to establish whether it is safe and reasonable to expect the person, or their representative, to make transport arrangements. As part of the assessment, all transport options will be examined, and the outcomes will be identified and evidenced.
- 5.3 The need for, and purpose of, transport must be clearly stated on an individual's assessment and resulting Care and Support Plan.
- 5.4 Provision of assisted transport will only be considered to enable people to travel to and from services they are assessed as needing to meet their social care needs following a Care Assessment. Any transport provided will be appropriate for the need.
- 5.5 When assessing eligibility for transport and feasibility of different ways to access provision of services, the following factors will be considered:

- Access to existing transport
  - Access to mobility allowance or other funds provided to meet mobility needs
  - Individual mobility
  - Ability to travel independently
  - Identification of appropriate transport provision for those eligible
  - Potential outcome of a travel training programme
- 5.6 If it is established during the assessment process that the person can travel to an activity that meets their outcomes, either independently or with available assistance from family, friends or support providers, the Council will not provide transport, or pay for travel costs. However, this does not prevent people using their own resources to pay for transport should they choose to do so.

**6. People will normally not be eligible for transport if...**

- 6.1 They have the physical and/or cognitive ability to travel to a community activity, either independently or with assistance from available family, friends or support providers.
- 6.2 They have their own vehicle, access to a family vehicle or a Motability vehicle which they drive themselves.
- 6.3 They have a Motability vehicle of which they are themselves not normally the driver but a driver is available.
- 6.4 Where the individual has access to a family/household vehicle, consideration may be given toward whether it is reasonable to expect the person's family and friends network to help them travel to the location of the service/activity.
- 6.5 They are in receipt of the Mobility component of Disability Living Allowance (DLA) / Personal Independence Payment (PIP), the purpose of which is to assist those who have mobility problems, and from which it is reasonable to expect that this be used to facilitate transport to the service/activity. They will only generally be eligible for funded transport if they are assessed as incapable of independent travel or if the mobility element of the benefit is already fully and reasonably utilised to fund their other mobility needs, due to distance from services, the nature of the disability, wheelchair type, carer support requirements, etc. As part of the full financial assessment, the Council will also help maximise their access to any benefits they may be entitled to.
- 6.6 They live in a registered care home or other setting where their care needs are funded by the Council, e.g. residential care, supported living schemes (such as those for people with a learning disability or younger adults with mental health disorders), or shared lives placements, as the cost of the placement should cover the full range of support needs, including transport, to attend activities. If the individual is assessed as having the ability to travel independently, or with

minimal intervention, the service /other setting will make provision to support independent travel if they are responsible for transport arrangements.

## **7. Practical Guidance**

7.1 Based on the above principles / criteria, the following guidance will be applied generally when identifying the need for assisted transport, but each case shall be determined on its own merit during the assessment process:

- Where a person can walk, use assisted mobility (motorised scooter, wheelchair/aids) either independently or with available support from family, friends, support worker, volunteer, etc. to get to the relevant service and it is reasonable for them to do so, transport should not be provided.
- Where a person can use public transport, voluntary transport, or community transport either independently or with reasonable support (available family, friend, carer, support worker, etc.) to get to and from community activities, transport should not be provided.
- Where people contribute towards the provision of a shared community vehicle, this should be expected to be used to transport them to community activities under the assessment of need.
- Where a person has access to a vehicle, for example belonging to themselves their carer, or their support provider the assessment of need will take account of this. The assessment will need to consider whether the vehicle can be used to access community activities.
- Where feasible and reasonable, carers who have transport will be asked to assist in supporting travel arrangements to services.
- Where it is identified in a carer's assessment that not providing transport would place an unreasonable responsibility on a carer then assisted transport may be considered under an assessment of need.

7.2 In all other circumstances, transport will only be provided to help meet an assessed need that cannot be met by the person themselves, having explored all alternatives. The transport provided will then be appropriate for the need identified.

7.3 All requests for assisted transport will be considered by relevant service or team managers across the Directorate.

7.4 Transport to attend an assessed health need service (hospital, physiotherapy, doctor appointments, etc) will not be provided by the Council. An individual can seek an assessment from the NHS via their GP for transport services to the appointment they are required to attend.

7.5 When considering the need for transport, consideration also needs to take into account the service that is being requested, as there may be situations where support for transport to access a service is requested by individuals already open to Social Services support. Consideration needs to be given as to the nature of that service and whether it will be able to meet either the care and

support needs and/or the wellbeing outcomes identified in a Care and Support Plan, or the needs identified through the Carers Assessment. If it is deemed that this service will meet these outcomes transport may be considered if necessary. This may include the provision of transport to access employment, training and/or educational activity if it is deemed that this activity will meet the identified needs of the individuals concerned.

- 7.6 Consideration should be given to any need for intermittent or inconsistent transport needs that may arise through the assessment process, including the Carer's Assessment process, including contingency planning for the inability to access the identified method of transport. This could include transport to and from respite care if required for example. Separate individual discussions and considerations may be required at the relevant time regarding the provision of transport. This potential need must also be recorded in the individuals Care and Support Plan. Consideration should also be given to any contingency plan that may need to be put into place such as for the provision of travel when the identified mode of transport is unavailable.
- 7.7 Throughout the process in identifying the need relating to travel and whether transport is needed to be provided, consideration must be given to the availability and appropriateness of relevant public transport for the individual, including a consideration relating to where the individual lives.

## **8. Single Occupancy**

- 8.1 If the individual has been assessed as having challenging behaviour they will have a risk management plan to manage safety, which specifies why a single occupancy taxi or any other vehicle provided under contract by the Council is necessary. A risk assessment will be undertaken by the social worker or assessor. Single occupancy will also be available when it proves to be a more cost effective means of transport for the Council.
- 8.2 When an assessment or review is carried out for services, an assessment for transport services should be undertaken at the same time. For single occupancy taxis/vehicles to be used, relevant managers must approve that the above criteria have been met and a risk assessment must be completed.
- 8.3 The requirement for the support of an escort should be considered / agreed at the same time. This must be recorded in the individual's Care and Support plan.

## **9. Assessing Risk**

- 9.1 If a person accessing services is eligible to receive assisted transport as part of their assessed need, staff should risk assess the suitability of the vehicle to be used and consider any pertinent mobility or behavioural issues, the wheelchair size and type (if applicable), whether a passenger assistant (escort)

is required, any medical issues and any other information that may affect the environment or way in which the person is transported.

- 9.2 The social worker should refer to the risk assessments completed by professionals in relation to the individual when undertaking the review / assessment.
- 9.3 Individuals should be informed that not all wheelchairs are suitable for transport purposes and encouraged early on to purchase those that meet the criteria.

## **10. Review and Termination of Service**

- 10.1 The continuation of the provision of assisted transport and/or passenger assistants/escorts will be reviewed, along with other elements of the care package, at least annually. If a person's circumstances change then a re-assessment will be undertaken.
- 10.2 In the event that the proposed removal of transport results from the assessment/review, the individual will be supported through an agreed time limited transition period to ensure any identified risks are mitigated and alternative arrangements can be made.
- 10.3 If an individual has been assessed as able to make their own transport arrangements but declines to do so, and as a result is unable to attend the service for which they have an assessed eligible need, this will be viewed as the person declining the service(s).
- 10.4 Where a person has declined a service which they are eligible for, the assessor will evaluate whether the person has the capacity to make this decision. If the decision is being made on behalf of another person, the assessor will check whether they feel the decision is being made in the best interests of the person who is eligible for the service(s) in accordance with the Mental Capacity Act 2005 (MCA) and Best Interest Process, more information from which can be found [here](#) and [here](#).
- 10.5 Where an individual's circumstances regarding how they access the identified service change, due to them not being able to rely on their family member for example, the following should take place: Where this is a short-term issue, due to the health of the family member for example, the individual should discuss this with their social worker and an identified contingency plan should be recorded in the Care and Support Plan. Where this inability to access the identified transport method is a long-term issue, this must be raised with the relevant social worker where a review and reconsideration of the relevant transportation options will be completed to enable the individual to access the identified service.

## **11. Complaints / Appeals procedure**

- 11.1 Should a person who accesses services, or their carer, be unhappy with the outcome of any consideration of their transport needs, they should refer to the Council's Social Services Complaints Policy. This process has a clear route of appeal and timescales for handling complaints.
- 11.2 Individuals and/or their carers should be provided with information explaining how to complain about Social Services in Bridgend, which is available in accessible formats and different languages. The leaflet and details of the complaints procedure can also be accessed online via the Council's website [www.bridgend.gov.uk](http://www.bridgend.gov.uk). The dedicated Social Services Complaints telephone number is (01656) 642253, or via email: [socialservicescomplaints@bridgend.gov.uk](mailto:socialservicescomplaints@bridgend.gov.uk)

## **12. Principles for charging**

- 12.1 Under Part 4 and 5 Code of Practice (Charging and Financial Assessment) issued under section 145 of the Social Services and Well-being (Wales) Act 2014, a local authority must not charge for transport to a day service where the transport is provided as part of meeting a person's assessed needs.

## **13. Review of the Policy**

- 13.1 The policy reflects the Council's current position and will be reviewed every 2 years.

## **14. Resources**

[Blue badge scheme](#)

[Contact Adults Social Care](#)

[Contact Children's Social Care](#)

[Concessionary travel bus pass](#)

[Motability scheme](#)



<b>Meeting of:</b>	<b>CABINET</b>
<b>Date of Meeting:</b>	<b>8 APRIL 2025</b>
<b>Report Title:</b>	<b>CARE INSPECTORATE WALES (CIW) INSPECTION OF BRIDGEND COUNTY BOROUGH COUNCIL'S (BCBC) REGULATED SERVICES IN ADULT SOCIAL CARE</b>
<b>Report Owner / Corporate Director:</b>	<b>CORPORATE DIRECTOR, SOCIAL SERVICES &amp; WELLBEING</b>
<b>Responsible Officer:</b>	<b>JACKIE DAVIES HEAD OF ADULT SOCIAL CARE</b>
<b>Policy Framework and Procedure Rules:</b>	<b>There is no effect upon the Policy Framework and Procedure Rules.</b>
<b>Executive Summary:</b>	<p>Care Inspectorate Wales (CIW) are the independent regulators of social care and childcare services in Wales and inspect care service providers against the requirements of relevant legislation including the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and Social Services and Wellbeing (Wales) Act 2014.</p> <p>The CIW are required to:</p> <ul style="list-style-type: none"> <li>• Carry out functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services.</li> <li>• Decide who can provide services.</li> <li>• Inspect and drive improvement of regulated services and local authority social services.</li> <li>• Undertake national reviews of social care services.</li> <li>• Take action to ensure services meet legislative and regulatory requirements.</li> </ul> <p>This report provides Cabinet with information on the regulatory activity undertaken by CIW across Bridgend County Borough Council's Adult Care Services in 2024/25.</p> <p>The inspections in the accommodation based and domiciliary regulated support services report against core themes:</p> <ul style="list-style-type: none"> <li>• Well-being</li> <li>• Care and Support</li> <li>• Leadership and Management</li> <li>• Environment (residential care only)</li> </ul>

	<p>Summaries of the inspections are contained in this report and include:</p> <ul style="list-style-type: none"> <li>• Key findings of how we have performed against standards in our residential and domiciliary regulated services.</li> <li>• Activity undertaken to meet regulatory standards.</li> <li>• Actions to address areas of improvement.</li> </ul>
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## 1. Purpose of Report

- 1.1 The purpose of this report is to provide Cabinet with the outcome of the Care Inspectorate Wales (CIW) inspections of Bridgend County Borough Council's (BCBC) regulated adult care services in 2024. This report relates to inspection activity detailed below:

Service	Date of Inspection
Ty Llwynderw Extra Care (Residential Provision)	08/08/2024
Bryn y Cae Residential Services for Older Persons	14/03/2024
Breakaway Short Stay Service	24/09/2024
Bridgend CBC Domiciliary Care Services	07/11/2024
Ty Cwm Ogwr Residential Home for Older Persons	17/07/2024
Ty Ynysawdre Extra Care (Residential Provision)	10/01/2025 Awaiting receipt of draft inspection report

## 2. Background

- 2.1 These inspections were conducted in line with the CIW Inspection framework for accommodation-based and domiciliary support services, to evaluate the service's adherence to legislative and regulatory requirements, principally the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, and the conditions of registration and the individual service's statement of purpose. The inspections also evaluate the services' ability to provide the Welsh Language active offer. In doing so, CIW are aiming to ensure that people using the services are supported to achieve the best possible quality of support, achieve their identified outcomes, are not placed at risk and do not experience harm. The inspections are undertaken in consideration of four core themes:

- The wellbeing of individuals receiving care and support
- The quality of care and support provided to individuals.
- The leadership and management of the service
- Environment (except domiciliary services)

The reports are presented with a short summary, followed by findings under these core themes. All inspection reports are published on the CIW website following the inspection.

- 2.2 Ty Ynysawdre, Ty Llwynderw, Ty Cwm Ogwr and Bryn y Cae residential provision provide support to up to 89 adults in the main over 65 years of age in residential care home settings. Ty Llwynderw and Ty Ynysawdre provide support for individuals with a significant cognitive impairment and / or diagnosis of dementia.
- 2.3 Bryn Y Cae and Ty Cwm Ogwr provide support for Older Persons with assessed care and support needs, people with a significant, cognitive impairment and / or diagnosis of dementia and respite support. In addition to this Bryn Y Cae provides a short term reablement service for up to six people.
- 2.4 Breakaway provides short stay breaks for adults aged 18 years and over with a range of needs including learning disabilities, Autism Spectrum Disorder (ASD), brain acquired injuries and physical disabilities in a residential setting.
- 2.5 Domiciliary Services are a complex umbrella service, which encompasses short term assessment and reablement support. long term home care, learning disability supported living services (x 11); Ael Y Bryn Emergency Accommodation (Learning Disability specific), Glyn Cynffig and Ty Mor Young Persons Service; HMP Parc and the domiciliary provision located within the extra care facilities at Ty Llwynderw and Ty Ynysawdre. The services provide care and support for approximately 225 adults of all ages and with a wide range of needs.
- 2.6 During the inspection, the inspectors review a range of information including policies, statements of purpose, written guides, complaints information, incident reports, supervision data, training data, safeguarding referrals and quality assurance reports. The inspector may ask for this information to be provided electronically and uploaded onto the secure portal CIW Online. Inspectors aim to engage with individuals in receipt of care and support and their families to gather firsthand feedback about the services they receive.
- 2.7 All reports are initially received prior to publication from CIW along with an Inspection Response Form, which can be used to comment on the factual accuracy or the fairness and proportionality of findings within the reports.
- 2.8 There is a requirement under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) to have a nominated Responsible Individual (RI) which for these services is the Group Manager Direct Care Provider Services. The RI is legally accountable for the provision of care and support and is required to have oversight of the running of the services. In addition, there are also registered managers (RM) in post, who are suitably qualified and registered with Social Care Wales as required under RISCA.
- 2.9 Under section 37 of the 2016 Act, Welsh Ministers can introduce regulations for ratings that may be given in relation to the quality of care and support provided by a service provider following an inspection. In preparation for the introduction of a ratings system CIW implemented a phased approach:
- Phase one - a system of 'silent' ratings for all care home services and domiciliary support services subject to inspection in 2024
  - Phase two - publication of ratings for all care home services and domiciliary support services subject to inspection for 2025.

During phase one all ratings awarded following an inspection would be 'silent'. The rating would not be included within the inspection report or published on the CIW website.

2.10 Each inspection theme, i.e. Well-being, Care and Support, Leadership and Management and Environment (Residential Care only) were awarded a rating.

2.11 If an 'area for improvement' is noted in the inspection report in any of the 3 themes (Care and Support, Leadership and Management and Environment), then the maximum the Well-being theme may be rated as, is needs improvement.

The ratings are: -

Excellent	This is an exceptional service that supports people very well and exceeds our expectations.	Outcomes for people who use services are consistently achieved and of high-quality. Service providers actively seek out new options to enable people to improve their lives. Feedback about the effectiveness of the service describes it as outstanding and/or sector leading.
Good	This is a good service that supports people well and meets our expectations.	Positive outcomes for people who use the service are consistently met. People's human rights are consistently met. Feedback about the effectiveness of the service describes it as consistently good.
Needs improvement	This service is not supporting people well and needs to improve to meet our expectations.	There is a lack of consistency in outcomes for people who use the service. There are mixed views fed back about the effectiveness of the service. Action is needed to improve.
Poor	This service is not supporting people safely and urgent action is needed to protect people and to improve outcomes.	There are widespread and/or significant shortfalls in outcomes for people. People's human rights are not being met. Immediate action is needed to improve people's safety and wellbeing

2.12 Feedback from the inspection is structured around the inspection themes. As part of the formal feedback process the inspector gives the Registered Manager and Responsible Individual (RI) an overview of the findings and checks the evidence they are relying on to apply ratings within 7 – 14 days of inspection date.

### 3. Current situation/ proposal

3.1 The reports have identified that the standard of care and support provided across the services is of a very good standard. Key strengths include the relationships between staff and individuals receiving care and support; leadership and management; the

provision of activities; individuals happy with their care and support and their needs being well met; all areas of staff management and support including training, supervisions, appraisals and coaching / mentoring.

- 3.2 An area of improvement was identified for Ty Ynysawdre which will be addressed at the individual service level.

**3.3 Key inspection findings for Ty Llwynderw (Residential):**

- 3.3.1 The report identified that people live in a warm and friendly environment, supported by an experienced staff team who are familiar with people and work to their preferences wherever possible. Staff prioritise spending time with people interacting and engaging with them throughout the day. The staff know the individuals well and facilitate interaction and conversations with them throughout the day. Personal plans and risk assessments are in the process of being rewritten to make them more person centred. There are good links with external professionals. Support staff are safely recruited, vetted and trained appropriately for their roles and feel supported by their manager. The manager has good oversight of events in the service and the Responsible Individual (RI) fulfills all their required duties, monitoring the quality of care being provided.

**Wellbeing**

- 3.3.2 People are supported and encouraged to make decisions about their care and daily routines. People move freely between the communal areas and their bedrooms and are engaged in conversations and interactions with support staff and each other. There are organised activities and entertainers that visit and on the day of the inspection a scheduled garden party was taking place. The inspector noted support staff prioritising time to sit and interact with residents, introducing activities in a natural way; this not only encouraged people to engage with staff, but also to engage with each other enhancing the community feel within the service.
- 3.3.3 People are supported to be as healthy as possible, and there is regular involvement with health care professionals to provide holistic care. Guidance is implemented by staff and medication is stored and administered as prescribed. Staff were observed to be competent with administering medication and there is a medication policy in place which they can access.
- 3.3.4 There are systems in place to protect people and risks to individuals' health and safety are included in care plans and risk assessments; these are reviewed and notes maintained.
- 3.3.5 There are appropriate policies in place including safeguarding, whistleblowing which have been reviewed and updated; safeguarding training has been completed.

**Care and Support**

- 3.3.6 The inspector noted:
- Consistently warm and caring interactions between staff and people supported.
  - A strong community atmosphere, which is enhanced by support staff *'offering help in a respectful way, treating people as their equals'*.

- People laughing and joking with staff, feedback included *'I'm always happy, no complaints here at all'*.
- Family members visiting and discussing issues or concerns with staff and the manager in a positive way.
- The manager is reassuring, helpful and forms good relationships with people's families.

3.3.7 Staff have the information required to provide people with the care they need at the time they need it with personal plans and risk assessments in place and reviewed regularly. Health professionals' guidance is recorded in reviews and daily notes. Support staff were knowledgeable about people's health needs, medication, food and drinks preferences and dietary requirements. There is a choice of meals offered and people can request alternatives if they wish to.

Personal Protective Equipment (PPE) is in use and there are systems in place to promote infection control and good hygiene.

### **Environment**

3.3.8 Care and support is provided in an environment that enhances people's wellbeing. Ty Llwynderw is part of a wider complex owned and maintained by Linc. There are many facilities on site including a spa room, hairdressing salon, outside space, and a restaurant people can use if they wish to.

3.3.9 The service is secure from unauthorised access and visitors are required to sign in and out. All bedrooms are en-suite and personalised with people's own furniture and belongings; with all facilities being safe and comfortable for each person. The property is maintained by Linc Cymru with all relevant health and safety checks completed. The RI discusses matters to do with the property with Linc Cymru directly.

### **Leadership and Management**

3.3.10 People receive care and support from a consistent and experienced staff team. A number of staff have worked at the service since it opened, and more newly employed staff appear comfortable and supported by the longer standing members of the team. Staffing levels enable people to be supported in an unhurried way, and time is spent engaging with people and encouraging interaction and interest through the day.

Support staff gave positive feedback about working at the service:

*'I think it's good here at the moment, we all work really well together'*  
*'(the manager) is really good, they get answers to our questions and are very open'*

3.3.11 Staff are appropriately recruited and vetted for their roles. Since the last inspection there has been a manager permanently on site as opposed to one manager covering both this service and a sister service, the inspector noted *'we saw the positive effects of this change'*.

3.3.12 Training, development and support are available to staff and there is compliance with both mandatory and some service specific training. Staff informed the inspector they find the manager very supportive and proactive and feel comfortable raising any

concerns or issues. Formal supervision sessions, and annual appraisals are held in line with regulatory requirements.

- 3.3.13 Quality Assurance systems are in place to monitor and promote ongoing development and improvement of the service. The RI gathers feedback from staff, visitors and people using the service during their quarterly monitoring visits. Information audits is appropriately analysed along with feedback to complete a biannual quality of care report which is a regulatory requirement.

**Ratings:**

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

**3.4 Key inspection findings for Bryn y Cae:**

**Summary**

- 3.4.1 The service provides support to adults with personal care needs and supports their mental, physical, and emotional wellbeing. People receive very good care and support from staff who are suitably trained and supported. Personal plans detail their individual care needs and personal outcomes. These are reviewed regularly to monitor people's progress in meeting their personal goals, whilst enabling them to participate in positive risk taking but remain safe. People are complimentary about the positive relationships they have with staff and the management team. Staff feel well supported and happy in their roles.
- 3.4.2 A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and supplies are evident at the service. The Responsible Individual (RI) has Quality Assurance procedures in place and carries out their regulatory duties. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service'.

**Wellbeing**

- 3.4.3 People who live at Bryn Y Cae experience high levels of wellbeing. They are supported to access the community, maintain relationships with family and other networks, or in things which interest them. There is an excellent activities programme in place which includes activities within the home and links with the local community such as local schools and chapel. The Inspector observed a bingo session and found it to be full of laughter and engaging all those involved. People spoke animatedly and emotionally about family visits, attending the local school Christmas Carol Concert and of when those children visit the home. Special occasions are celebrated including birthdays, the Coronation, and St David's Day. The service also provides short term

respite and has a Reablement Unit to support people to reach their personal goals and maintain their emotional and physical wellbeing.

- 3.4.4 Mealtimes are a really positive experience. Dining areas are bright and well set out, and positive banter was observed between people and staff.
- 3.4.5 People are offered a choice of food, and hot, cold and alcoholic drinks. The service supports people's rights and choices consistently and to a high standard. People's individual needs inform their personal plan, and changes are recorded in daily notes. They and their relatives are asked about their wishes, involving them in the planning of their care, and supporting them to have meaningful outcomes. People's needs, and risks to safety and well-being, are monitored and documented. Risk assessments include thresholds for support workers to intervene. Care plan reviews are carried out to monitor people's progress in meeting their goals and aspirations. Feedback about the standard of care and support is consistently very good. People and their families have positive relationships with staff who are familiar and know them well. Up to date written information about the service and advocacy access is available to people in different languages. The service safeguarding systems reflect current government procedures and protect people from harm and there is a safeguarding policy to provide guidance to staff. Workers receive specialist training in addition to core training to support them to meet people's individual needs. They know their responsibilities and keep people safe and well supported.

### **Care and Support**

- 3.4.6 The quality of the care and support provided is extremely good. The service considers a wide range of information about people prior to them moving into the service. Information is gathered through a thorough pre-admissions process involving the person, family, and relevant professionals to develop an initial support plan. Personal plans are detailed and provide clear guidance to support workers as to the needs and planned outcomes for individuals with timely review periods. Plans are clear, reflect individual needs and give the information needed to support people. Where possible people and/or their relatives are involved in developing their plan. Risk assessments are in place to ensure people are supported to make their own choices as much as possible and remain safe.
- 3.4.7 The service works closely with health and social care professionals such as occupational therapists and rehab technicians, social workers, district nurses, GP, and mental health teams. Feedback from other professionals is positive, communication is good, and advice/plans are followed.
- 3.4.8 Staff are complimentary about the training and induction they receive, giving them the knowledge and skills needed to provide effective and safe support to people. They are happy in their roles and feel well supported by the management team. One staff member told us *'I love it...feel part of the Team.'* And of the manager *'Great...really supportive.'*
- 3.4.9 People and their relatives also have positive relationships with staff and the management team. Interactions between workers and people are warm and friendly:

One person told the Inspector *'It's lovely...my kids could never have found me a better place to live.'*



Another said '*Perfect...I could not wish for better...I feel at home.*'

Again, a relative wrote in a letter '*I think everything here for residents is amazing and the staff are wonderful.*'

3.4.10 People can have support with medication if they require. Staff have training and regular monitoring to assess their competency in the administration of medication and there is a policy in place to provide guidance to staff.

3.4.11 People supported speak positively about the kitchen staff and the food at the service. There is a varied and nutritious 4 weekly menu, which has been developed with people and their relatives during resident meetings. People are offered choice and alternative diets are considered. There is fruit, snacks, and drinks available in lounge areas and throughout the day. The service has a Food Standards Agency (FSA) score of 5, which is the highest that can be achieved.

### **Environment**

3.4.12 The service is a purpose-built single storey property with separate accommodation for people living with a diagnosis of dementia, as well as a rehabilitation unit, and residential accommodation; respite support is provided for Older Persons and people with a diagnosis of dementia.

3.4.13 There is ample space both indoors and out for people to access. On arrival, the Inspector found external doors secure to prevent unauthorised access, and other security measures in place such as checking identification and signing a visitor book. The environment is homely, cosy, warm and free of odours. There are spacious and nicely decorated, appropriately furnished, indoor and outdoor communal spaces for people to use. Some painting, redecorating, and flooring has been completed with other refurbishment work planned.

3.4.14 The outdoor area is accessible and secure, with paved and grassed areas, seating, and potted flowers/plants. They noted people's personal space set out in a manner which reflects their individual preferences and care needs. People's bedrooms are personalised, and some have en-suite facilities for them to use.

3.4.15 There are suitable arrangements in place for the staff team to report any maintenance issues/repairs so these can be addressed, and there are plans in place for further decorating, refurbishment to both indoor and outdoor areas.

3.4.16 A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and they saw good supplies available at the service. Restricted areas are locked and are only accessible to authorised people. Procedures are also in place to meet all Health and Safety requirements at the service, regular audits are completed with action plans in place.

3.4.17 Work following on from a previous fire safety inspection has now been completed. This was an area of improvement from our last inspection. A more recent fire safety risk assessment is in place with some further minor works completed or booked to be completed.

### **Leadership and Management**

- 3.4.18 There are good systems in place to support the smooth operation of the service and ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are in place to provide guidance to staff and are reviewed when required. The service is delivered in line with the statement of purpose (SOP) and there is a written guide to provide people with information about the service in both the English and Welsh language. This includes information about the complaints procedure and advocacy services. Other information about local services, bereavement support, and local contacts is also available.
- 3.4.19 Regular quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is very good. This is regular to update them on developments and gain feedback about the service and share ideas for possible improvements.
- 3.4.20 Resident meetings give people and their relatives the opportunity to discuss things which are important to them including food choices and planned activities/trips out. The vision, values and purpose of the service are clear and actively implemented. The RI carries out three monthly visits and six-monthly quality assurance reviews are completed. These visits involve meeting people, relatives, and staff to gain their views on the service provided. The six-monthly quality assurance review also involves a detailed look at a range of aspects of the way the service is delivered such as environmental assessments, complaints/compliments, safeguarding, accidents/incidents, staffing and recruitment with action plans for any improvement, outcomes of satisfaction surveys are also considered.
- 3.4.21 Mandatory staff training is a mix of face to face and online training to ensure they have the skills and knowledge to support people to achieve their personal outcomes. In addition, they receive specialist training such as Dementia and Falls management. Workers feel well supported and have regular 1:1 supervision enabling them to consider their own wellbeing and professional development. Team meetings keep them up to date with changes and address any issues. *The provider also offers an Apprenticeship scheme to develop appropriate skills in working in the care sector.* Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place. All staff are registered or in the process of registering with Social Care Wales as appropriate. The service provides an active offer of the Welsh language. There are some Welsh speaking staff but currently no residents living at the service. Documentation such as the statement of purpose or service user guide is in both the English and Welsh language. Other information and signage around the home is also in both English and Welsh. The provider has a Welsh Language Policy in place.

#### **Ratings:**

<b>Theme</b>	<b>Rating</b>
Wellbeing	Excellent
Care & Support	Excellent
Leadership & Management	Good
Environment	Good

#### **3.5 Key inspection findings for Breakaway:**

## **Summary**

- 3.5.1 Breakaway is a short stay service, accommodating both planned and emergency stays. The management of the service also now work more closely with children's services to improve transition of short-term care and support to young adults. Staff support people to maintain their usual routine during their stay and encourage them to share with staff what they would like their stay to be like.
- 3.5.2 Personal plans are detailed, up to date, and focus on consultation with the person and their family about what went well during their stay and what could be improved upon. There is a stable, enthusiastic team of staff in place, well led by a proactive and knowledgeable management team. Staff are trained and supervised to be competent and confident in their roles. Facilities and equipment remain safe for use.
- 3.5.3 The Responsible Individual visits regularly and invests in the ongoing monitoring of the quality of care and support being provided, and the development of the service.

## **Wellbeing**

- 3.5.4 People are supported to maintain their independence, make choices and have control over their day to day lives whilst staying at Breakaway. Staff support people to keep to their usual weekday routines and provide trips out, activities, and communal takeaways and dinners together at weekends. People are asked what they would like to do, and what they would like to achieve, during each stay.
- 3.5.5 The Inspector observed staff interact with people in an enthusiastic, warm and friendly way. People and their families are consulted with prior to the person's stay in case of any change in their needs or preferences, and general feedback is requested periodically via quality monitoring questionnaires.
- 3.5.6 The manager and deputy manager make themselves available to discuss any issues, and there is a formal complaints process in place if this is required. There are systems in place to protect people from potential harm or abuse. Risk assessments are included in people's personal plans, highlighting any risks to individuals' safety or the safety of others. Any incidents are recorded, and management are competent to refer these onto the Local Authority safeguarding team if required. Care staff are aware of their safeguarding responsibilities, have up to date safeguarding training and there is a safeguarding policy in place to offer guidance where needed. The environment supports people's wellbeing.

## **Care and Support**

- 3.5.7 People can be confident staff are following an accurate and up to date plan of how they would prefer their care needs to be met. Personal plans are detailed, person-centered, and give a holistic overview of what people want and need during their stay. They contain relevant information and guidance from the multi-disciplinary team of professionals involved in people's care. People and their families are also consulted about any change to needs or preferences prior to any new stay. Risk assessments identify risks to a person's safety or the safety of others and detail any intervention required to manage those risks.

- 3.5.8 Staff are experienced in getting to know people's preferences quickly if they have not stayed at the service before. People are supported to be as healthy as they can be. Management have good links with their health and social care colleagues to ensure they are included in reviews or changes in care and support needs. Professionals such as learning disability nurses, occupational therapists, or speech and language therapists are kept up to date and their guidance and treatment plans are integrated into people's support plans.
- 3.5.9 Staff receive specific training on health-related interventions, such as endoscopic feeding tubes, which are required by people who regularly use the service.
- 3.5.10 People bring the appropriate amount of medication for their stay from home, this is stored securely and administered as prescribed. A medication policy is in place as guidance to care staff should they need it. Medication training is up to date for all support workers. The service promotes good infection control practices. On the day of the inspection, the home appeared clean and tidy.
- 3.5.11 Earlier this year, the service had a Food Standards Agency inspection which identified areas for improvement. This feedback was discussed to ensure the domestic nature of the service was not lost and people staying at the service were still able to independently use the kitchen where appropriate.

## **Environment**

- 3.5.12 People's care and support is provided in an environment which supports the achievement of their personal outcomes. Breakaway is an adapted domestic house, providing accommodation for people with learning disability and physical disability. At present, two of the six rooms in the house have tracking hoists for transfers in the bedroom and ensuite bathroom. There is an extension being undertaken to make a third ground floor bedroom with ensuite bathroom and tracking hoist. This will enable more people with physical disabilities to access the service at the same time.
- 3.5.13 Bedrooms are decorated neutrally but both personal and communal space has a homely feel. The communal lounge and kitchen/diner are well used by people for socialising with others and there is an accessible garden, which is used in good weather. Actions are taken to minimise risks to people's health and safety. We saw evidence of a rolling schedule of servicing and checks for facilities to ensure everything is fit for purpose and safe to use.
- 3.5.14 The home is secure from unauthorised visitors. Medication is securely stored, and confidential documents are kept in an office which is locked when not in use.

## **Leadership and Management**

- 3.5.15 There are sufficient levels of staff with good motivation and attitude to meet the needs of people requiring short term care and support.
- 3.5.16 At the time of the last inspection there was a temporary manager in place and the staff team had been destabilised by a restructure. Now, however, there is a stable staff team with the substantive manager back in post. Both manager and deputy have received positive feedback from staff for being hands-on, supportive and proactive in their roles. Staff rotas are compiled in line with the booking requests to ensure there

is always enough staff to meet people's needs. Staff are suitably recruited, trained and supported in their roles.

3.5.17 All staff are working under a current Disclosure and Barring (DBS) check and Social Care Wales (SCW) registration, and the manager is alerted by Human Resources (HR) when these are due for renewal.

3.5.18 Both mandatory and service specific training is facilitated by the service provider for support staff, although demand for courses is high. Staff told us they like working in a shortterm service because it is constantly changing and gives them more opportunities to learn new skills. Supervisions and appraisals are completed as required, and the manager spends time with staff in the service who can raise questions or suggestions whenever they wish.

3.5.19 Processes are in place to monitor the quality of service being provided, feedback is sought from people and their families at regular intervals throughout the year. The Responsible Individual conducts quarterly monitoring visits and uses the feedback and findings from these to inform the six-monthly quality of care reports. These identify strengths of the service, and areas where additional work can be done

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

### 3.6 Key inspection findings for Domiciliary Care Services:

#### Summary

3.6.1 The domiciliary services provide support to people over the age of 18 years. Support is provided to people in the place they currently live, whether that be as an individual, within a supported living setting, an Extra Care facility, or a secure facility.

3.6.2 This inspection focused on Support at Home and the Supported Living services. People across the services receive consistent care and support from teams of staff who are well led by their managers. There is a positive culture embedded throughout the services meaning managers and care staff feel valued and well supported.

3.6.3 People have a voice, feel included, involved, and happy with the service they receive. We saw people receive a person-centred service and are consulted about their care. Personal plans detail the best ways of providing care and support and keeping people safe. Medication management systems allow people to have their medication as prescribed.

3.6.4 People we spoke with, and their relatives provided positive feedback on the service provided. BCBC have appointed a Responsible Individual (RI) to provide strategic oversight, and managers for each service. There are effective measures in place by the RI to monitor and review the quality of the service provided

## **Wellbeing**

- 3.6.5 People are treated with dignity and respect, staff support and motivate people to lead an independent lifestyle as far as possible. Their caring, sensitive approach helps people develop at their own pace, so they successfully achieve and maintain their goals. Feedback from people and their representatives is very positive. Staff are knowledgeable and enthusiastic about their roles and enjoy working for the services. A manager from another service area told us their relative received support from the Support at Home service and highly praised it.
- 3.6.6 Risks to people's health and safety are assessed and managed. There are measures in place helping to protect people from harm, staff receive safeguarding training and know the process for reporting concerns
- 3.6.7 They are also recruited in line with regulatory requirements and supported by management. Policies and procedures help underpin safe practice.
- 3.6.8 People understand what care and support opportunities are available to them, they and their representatives are involved in the care planning process and have regular personal plan reviews to ensure they receive the right care at the right time. The service engages with people regularly to gather their views to help inform improvements. People benefit from positive relationships with staff and are treated with dignity and respect.
- 3.6.9 Personal plans highlight how people want to be supported and contain clear concise information for staff to follow. People we spoke with provided us with positive feedback saying they are happy with the service they receive. We observed positive interactions between staff and people during our inspection.
- 3.6.10 People's language and communication needs are considered with the services working towards the Welsh language offer. Information such as the statement of purpose, written guide, and 'how to make a complaint' are available in both English and the Welsh language and accessible translation services.
- 3.6.11 People are supported to remain as healthy as they can be and their medical histories documented in their personal plan. They also have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and 'spot checks' to ensure they can safely and appropriately carry out this task.

## **Care and Support**

- 3.6.12 People benefit from a good standard of care and support across all service areas. The Support at Home service has recently been remodelled, focusing on short term assessment and reablement services. A person-centred approach to all care planning ensures people are central to the care and support they receive.
- 3.6.13 Personal plans across all service areas contain practical information guiding staff on the best ways of providing care and support. Regular reviews take place, and we saw people, or their advocates involved in the process. They also contain risk assessments which help mitigate risks to people's health and safety.

3.6.14 Care staff complete daily recordings documenting care and support provided as well as other information such as people's emotional wellbeing. People are happy with the service they receive; they told us care staff follow the personal plan in place and their care needs are always met.

A care manager told us,  
*"I am happy with the care provided"*

People and their relatives told us:  
*"They are all marvellous"*  
*"I've grown to trust them"*  
*"They are more like friends coming to visit"*  
*"I don't know how I struggled for so long without help"*  
*"They are like part of the family".*

3.6.15 There is a medication policy which is aligned with best practice guidance and when people require support with medication a good level of support is provided. Staff receive medication training and are subject to regular observations where their competency for administering medication is assessed. Routine medication audits are undertaken to ensure any discrepancies are identified and actioned.

3.6.16 Efficient arrangements are in place to protect people from harm and abuse. A detailed safeguarding policy is in place, which follows the Wales Safeguarding Procedures. Support staff understand the policy and have completed safeguarding training. They are aware of their responsibilities to report any concerns they may have regarding the people they support.

3.6.17 Staff confirm they feel able to raise any concerns with the RI and managers, and they are confident they would be listened to. One person living in Supported Living told us  
*"I feel very safe here".*

3.6.18 Infection prevention and control procedures are good. All staff receive appropriate training on infection control. The service ensures that a good supply of personal protective equipment (PPE) is available to staff at all times.

### **Leadership and Management**

3.6.19 People can be assured there is good leadership of the service, staff told us they feel valued and have the opportunity to share their views with management.

3.6.20 The policies and procedures are reviewed and updated when required, and the RI stated that an annual review is now being diarised.

3.6.21 The managers we spoke with all feel valued and supported in their roles. Staff also say they feel valued and supported and find the management approachable. Regular staff meetings take place, which supports good communication.

Care staff told us:  
*"This is the best job I've had in care, it's very professional"*  
*"I would recommend working here"*  
*"I come to work and enjoy myself"*

- 3.6.22 Care staff are trained and developed within their roles. We saw staff have access to ongoing training relevant to the needs of the people they support and staff we spoke with say the standard of training they receive is good. Training records we viewed evidence staff are up to date with their training requirements. In addition to training provision, staff are routinely 'observed' by the management to make sure they are competent in their roles and their practice is safe. Staff receive regular supervision where they have the opportunity to discuss their work. They also have an annual appraisal where they can reflect on their performance and set development goals.
- 3.6.23 There are robust quality assurance processes in place and the RI has good oversight of all areas of the service. They visit each of them regularly, building relationships with support workers and people living in the schemes and becoming familiar with people's needs and any challenges for them or the staff. The RI completes quarterly quality monitoring reports, which includes feedback from people receiving support, staff and other stakeholders.
- 3.6.24 A twice yearly quality of care report analyses events at the services and identifies what is going well and what needs to be improved. Actions plans are implemented promptly to improve the services where needed. Management appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent. We found notifications to Care Inspectorate Wales, Local Authority and Health professionals are timely and consistent

#### **Ratings:**

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

### **3.7 Key inspection findings for Ty Cwm Ogwr:**

#### **Summary**

- 3.7.1 People and their relatives are very happy with the standard of care and support provided at Ty Cwm Ogwr. Support staff are friendly and interact with people in a calm and unhurried way.
- 3.7.2 Personal plans and risk assessments contain detailed and relevant information and are reviewed appropriately. There is a programme of activities in the service which people appear to enjoy. People are very satisfied with the variety of meals served at the home. Support staff are happy working at the service and feel supported and valued. They are recruited safely and receive training to enhance their skills and knowledge to support people appropriately. They also feel they receive the required level of formal support.



- 3.7.3 The Responsible Individual (RI) visits the service in line with regulatory requirements and regular quality assurance monitoring takes place. There are policies and procedures in place and people have access to a complaints process. People like the homely, traditional presentation and feel comfortable in their surroundings. There is an on-going programme of maintenance and repair aimed to ensure the environment remains well-maintained and safe.

### **Wellbeing**

- 3.7.4 People are supported to maintain their health and well-being. Support staff have positive relationships with people living at the service and have a good understanding of people's care and support needs. Personal plans are kept up to date, detail any interventions needed and safe ways of supporting people; staff can recognise changes in people's presentation and take appropriate action.
- 3.7.5 People have a voice and are treated with dignity and respect by support staff who know them well. Resident meetings take place, whereby people have a say in the running of the home.
- 3.7.6 Equipment such as a new call bell system has been installed, this enables people to get the care they need at the right time. *"Those we spoke with told us support staff respond quickly when they use the call bell". A relative told us "She is happy, everything is marvellous".*
- 3.7.7 Policies and procedures support safe practice and there are measures in place helping to protect people from harm and abuse; support staff receive safeguarding training and are familiar with the process for raising concerns.
- 3.7.8 Incidents and accidents are logged and reported to the relevant agencies when needed.
- 3.7.9 The service liaises with health professionals to report any concerns and follow any guidance given.
- 3.7.10 The environment is suited to people's needs and helps support their well-being with the home being well presented, clean and comfortable. Communal areas are welcoming and homely, where people looked relaxed and comfortable.
- 3.7.11 People's rooms are personalised with their own possessions, and they told us they like living at the service. Bathroom and toilet facilities are equipped with specialist equipment and there is a dedicated maintenance person who is responsible for the day-to-day upkeep of the home. They perform regular environmental checks to ensure the home, its facilities and equipment are safe to use. Medication is administered in line with the prescriber's recommendations.

### **Care and Support**

- 3.7.12 People benefit from a good standard of care and support. A person-centred approach to care planning ensures people are central to the care and support they receive. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Personal plans are reviewed and updated to reflect current needs of people using the service, however,

further work is required to ensure that people or their advocates are routinely involved in the review of the plans.

- 3.7.13 Food choices are varied and people with special dietary requirements are catered for. People commented positively regarding food choices, saying:

*"It's lovely and "can't fault it".*

- 3.7.14 Positive interactions were observed, people experience support in a dignified manner with warmth and kindness, and support staff were observed treating people as individuals. Staff were attentive and responded to people's different needs with appropriate levels of prompting and support. People relaxed and comfortable in the presence of staff.

*People living in the home told us:*

*"They take good care of us"*

*"They are excellent, pleasant to have around"*

*"No complaints at all".*

*Relatives told us:*

*"My mother loves it, it's just a lovely place"*

*"Absolutely 100% happy with the care"*

*"The staff are all brilliant".*

- 3.7.15 Policies and procedures underpin safe practice, and staff are trained to meet the needs of the people they support, Medication is stored securely and administered as prescribed. A number of medication charts (MAR) were examined and found as required medication outcomes were not always recorded; this was brought to the attention of the management who addressed this immediately.

- 3.7.16 The service takes all reasonable steps to identify and prevent the possibility of abuse and there are mechanisms in place to protect people from harm. Staff recognise their personal responsibilities in keeping people safe and told the inspector they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching management if they needed to. Staff said they had undertaken training in safeguarding and there is a current safeguarding policy for them to access and follow. People were asked if they felt safe and responded with *"Oh yes", "I should say so!" and "Yes I do".*

## **Environment**

- 3.7.17 The environment is comfortable, clean, and decorated to a reasonable standard. There are communal areas where people can interact with each other and take part in activities. People were observed in communal areas, they appeared comfortable and relaxed which supports / suggests they are happy with the environment. There are sufficient toilet and bathroom facilities throughout the service and there is specialist equipment such as hoists available for those who need it. People's rooms are sufficient in size and are personalised with their belongings. There are domestic and laundry staff at the service daily to ensure good standards of hygiene and cleanliness are maintained.

- 3.7.18 A rolling programme of maintenance and checks ensures the environment, it's facilities and equipment are safe to use. Up to date Health & Safety certifications

were accessible and audits completed so that any potential hazards can be identified and reported for repair or replacement. All people living at the home have a personal emergency evacuation plan (PEEP) in place. Confidentiality is maintained throughout the home.

- 3.7.19 People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely, and personnel records are kept in the manager's office and are only available to authorised staff.

### **Leadership and Management**

- 3.7.20 The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. The service also offers various formal and informal opportunities for people to ask questions and give feedback. Both documents are available in Welsh.
- 3.7.21 Staff we spoke with are positive about working at the service and report overall the team works well together as a whole. They say the manager is approachable, and responsive to issues raised. The manager and deputy continue to provide hands on support to promote the stabilisation of the team.
- 3.7.22 Communication appears to have improved, and staff appreciate the managers open door policy and visible presence. People are supported by a care team who are trained and supported in their roles. Records relating to supervision show staff are receiving the regulatory required levels of formal support, this supports their professional development and gives them the opportunity to discuss any concerns they may have.

Staff told us

*"I love working here"*

*"It's a lovely home, the residents seem happy"*

*"enjoyable and rewarding"*

*"the manager is excellent".*

- 3.7.23 All staff have on-going training, to meet specific needs of people they support and are happy with the training available. The human resource team have confirmed that all new staff undertake a thorough vetting process that meets regulatory requirements. Checks including Disclosure and Barring Service (DBS), previous employment and reference checks are completed.
- 3.7.24 New employees complete an induction on commencement of employment and get to shadow experienced members of the team. Following this care workers register with Social Care Wales (the workforce regulator). This is done to ensure care workers possess the skills and qualifications required for working in the care sector. There are systems and processes in place to monitor, review and improve the quality of care and support provided. Information about the quality of care is gathered and reviewed for improvement purposes.

3.7.25 We found families give positive feedback about the care provided. There is regular communication between the manager and responsible individual. We noted that there have been no complaints since the last inspection. The manager and RI appropriately notify relevant regulatory bodies and statutory agencies, when there are events which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

### 3.8 Key inspection findings for Ty Ynysawdre (Residential):

#### Summary

3.8.1 An inspection was completed on 10/01/2025; the Responsible Individual (RI) met with the Inspector for initial feedback on 17/01/2025 followed by a meeting with the Provider Services Manager and Registered Manager on 23/01/2025. The RI is awaiting a copy of the draft Inspection Report.

#### Areas of good practice:

- Support guidelines and risk assessments reviewed and updated to reflect changes in health and support needs.
- Evidence of health and specialist involvement including Speech and Language Therapy, District Nurses, G.P's.
- The quality of direct care provided was of a good standard, evidence of positive relationships between people and staff.
- Observation of good engagement with residents, e.g. board games, chats, mealtimes, support with eating and drinking.
- Family member feedback – very positive about staff and the support provided to her mum, good communication between the service and the family.
- Dementia friendly equipment and signage.
- Identification of significant changes in support needs and requirement for nursing assessments – evidence of communication between the service and relevant professionals including notification of changes.
- Ty Ynysawdre is part of a wider complex owned and maintained by Linc Cymru. There are a variety of facilities on site such as a spa room, a salon and a restaurant. Utility areas are kept locked to safeguard people from potential hazards and the residential unit is secure from unauthorized persons. All bedrooms are en-suite and there are spacious communal areas. Bedrooms are personalised with décor and belongings.

#### Area of Improvement:

- 3.8.2 Personal Plan / Care and Support Plans are not reflective of changes in need; it is a regulatory requirement to review every three months or when there has been changes in a person's needs
- 3.8.3 Risk assessments and guidelines for behaviours, mobility, Mental Health Assessment, Speech and Language (SALT) input have been completed; these are not reflected in the Care and Support Plan reviews.

#### **Ratings:**

<b>Theme</b>	<b>Rating</b>
Wellbeing	Needs Improvement
Care & Support	Needs Improvement
Leadership & Management	Good
Environment	Good

### **3.9 Areas of Improvement and Priority Actions Notices**

- 3.9.1 It is pleasing to note that the inspections did not result in the issue of any Priority Action Notices across services and that previous improvements had been addressed in all cases.
- 3.9.2 The report for Ty Ynysawdre identified a new Area for Improvement with Regulation 16 (Review of Personal Plan).
- 3.9.3 The report for Bryn Y Cae noted that previous non-compliance with Regulation 57 – *“The provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the service”* had been achieved.
- 3.9.4 The report for Ty Cwm Ogwr noted that previous non-compliance with Regulation 15 – *“Personal Plans need to be updated to accurately reflect people's care and support needs”* had been achieved.
- 3.9.5 The area for improvement is being addressed and achievement of the action is monitored through the Council's regulatory tracker which is reported to Governance and Audit committee and through the Corporate Performance Assessment process.

### **4. Equality implications (including Socio-economic Duty and Welsh Language)**

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

- 4.2 Despite no Equality Impact Assessment being conducted, the information contained in the report positively describes support being made available to those providing care.

## **5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives**

- 5.1 The implementation of the duties and responsibilities under the Social Services and Well-being (Wales) Act 2014 (SSWBA), in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a healthier and more equal Bridgend and Wales are supported.
- 5.2 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 SSWBA focusses on sustainable prevention and wellbeing 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 remodeling and transformation of services continues to be a priority.
  - Prevention – the report is about the new approaches adopted by the Directorate in line with the SSWBA, for example, the provision of assistance to enable people to remain independent for as long as possible. This will ensure that need is anticipated, and resources can be more effectively directed to better manage demand.
  - Integration – the implementation of 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.
  - Collaboration – The strategic planning and local delivery of integrated support and services are developed with partners such as Registered Social Landlords in order to provide the best possible intervention to people.
  - 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.

## **6. Climate Change Implications**

- 6.1 There are no climate change implications associated with this report.

## **7. Safeguarding and Corporate Parent Implications**

7.1 It is a regulatory requirement BCBC Safeguarding Policy meets Part 8 of the Regulations which is to ensure service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide care and support. This includes arrangements that:

- Support vulnerable individuals using the service.
- Support and underpin staff knowledge, understanding and skill in identifying risks and action to take where abuse, neglect or improper treatment is suspected or identified; and
- Ensure the service provider works collaboratively with partners to prevent and take action where abuse, neglect or improper treatment is suspected or identified.

## **8. Financial Implications**

8.1 There are no financial implications associated with this report.

## **9. Recommendation**

9.1 Cabinet is recommended to note the contents of the report.

## **Background documents**

None

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<b>Meeting of:</b>	<b>CABINET</b>
<b>Date of Meeting:</b>	<b>8 APRIL 2025</b>
<b>Report Title:</b>	<b>ALLOCATIONS UNDER TOWN AND COMMUNITY COUNCIL CAPITAL GRANT SCHEME, 2025-26</b>
<b>Report Owner / Corporate Director:</b>	<b>CORPORATE DIRECTOR COMMUNITIES</b>
<b>Responsible Officer:</b>	<b>IEUAN SHERWOOD GROUP MANAGER ECONOMY, NATURAL RESOURCES AND SUSTAINABILITY</b>
<b>Policy Framework and Procedure Rules:</b>	<b>There is no effect upon the Council's policy framework or procedure rules as a result of this report.</b>
<b>Executive Summary:</b>	<p><b>The purpose of this report is to seek Cabinet approval to allocate capital funding to Town and Community Councils to develop projects in line with the recommendations contained within this report of the Town and Community Council (T&amp;CC) Capital Grant for 2025-26.</b></p> <p><b>The following projects are proposed for approval:</b></p> <ul style="list-style-type: none"> <li>• <b>Coychurch Lower Community Council</b></li> <li>• <b>Porthcawl Town Council</b></li> </ul>

## 1. Purpose of Report

- 1.1 The purpose of this report is to seek Cabinet approval to allocate capital funding to Town and Community Councils to develop projects in line with the recommendations contained within this report from the Town and Community Council (T&CC) Capital Grant scheme for 2025-26.

## 2. Background

- 2.1 Funding under the T&CC Capital Grant scheme has prioritised applications supporting projects directly linked to the Council's Community Asset Transfer (CAT) programme in recognition of Bridgend County Borough Council's (BCBC's) reduced resources and the options available to T&CCs to deliver alternative services. The fund also seeks to support proposals that align with Bridgend County Borough Council's (BCBC) Decarbonisation agenda. In addition, the Council's wellbeing objectives at the time the fund closed have also been considered when assessing applications submitted for 2025-26 and these are summarised below:

1. A County Borough where we protect our most vulnerable

2. A County Borough with fair work, skilled, high-quality jobs and thriving towns
3. A County Borough with thriving valleys communities
4. A County Borough where we help people meet their potential
5. A County Borough that is responding to the climate and nature emergency
6. A County Borough where people feel valued, heard and part of their community
7. A County Borough where we support people to live healthy and happy lives

- 2.2 With the stated desire to more closely align the T&CC Capital grant scheme with the CAT and Decarbonisation agendas, the approvals by Cabinet on 22 October 2024 for round 2 of the fund in 2024-25 were:

**Table 1: 2024-25 Town and Community Council Grant, round 2 approvals**

Ref	T&CC	Project Cost	TCC Fund Allocation
<b>A</b>	Pyle CC	£8,000.00	£4,000.00
<b>B</b>	Cefn Cribwr CC	£16,000.00	£8,000.00
<b>C</b>	Porthcawl TC	£20,000.00	£10,000.00
<b>D</b>	Coity Higher CC	£27,355.00	£13,677.50
<b>E</b>	Coity Higher CC	£11,501.12	£5,750.56
<b>F</b>	Garw CC	£32,970.63	£15,257.50
<b>G</b>	St Brides Minor CC	£8,971.41	£4,485.70
<b>Total</b>		<b>£124,798.16</b>	<b>£61,171.26</b>

### 3. Current situation / proposal

- 3.1 BCBC has £50,000 allocated for 2025-26 and subsequent years in the Council approved Capital Programme to support applications from T&CCs for capital projects. With the carry forward of funds from 2024-25 the budget available for 2025-26 is £171,892.90.
- 3.2 At the time of writing the previous cabinet report, a budget of £181,061.50 was available. Following the report, Cabinet approved allocations of £61,171.26 meaning the amount available to roll forward into 2025-26 was £119,890.24.

However, subsequently some projects (detailed below) underspent, meaning that the underspend could move back into the budget as it was no longer committed.

Council	Year	Value Approved	Value Spent	Difference
Bridgend Town (two projects)	2021/22	£20,500	£19,422.74	£1,077.26
Garw Valley	2024/25	£14,603.50	£13,678.10	£925.40
				<b>£2,002.66</b>

The £2,002.66 went back into the fund, giving a new balance of £121,892.90. The additional £50,000 allocation for 2025-26 gives a budget of £171,892.90.

3.3 Town and Community Councils were made aware of the T&CC Capital Grant 2025-26 and the basis of assessment, which included the Council's wellbeing objectives on 18 October 2024. The grant closed for applications on 28 February 2025.

3.4 A total of seven applications were returned by T&CCs:

**Table 2: 2025-26 T&CC Capital Grant round 2 applications**

	T&CC	Project Cost	TCC Fund Contribution	Summary of proposal
<b>A</b>	Coity Higher	£44,230.00	£20,000.00	To improve roadway and pathway in two allotments
<b>B</b>	Coychurch Lower	£42,569.00	£20,000.00	Multi-phase project to improve community field with gym equipment, bins, bike rack etc.
<b>C</b>	Garw Valley	£12,500.47	£6,250.23	To replace steps, add handrail and lighting in Pontycymer
<b>D</b>	Maesteg	£49,853.00	£20,000.00	To refurbish Blaencaerau Play Area
<b>E</b>	St Brides Minor App 1	£54,416.00	£20,000.00	Creation of a Multi-Use Games Area in Merfield Close, Sarn
<b>F</b>	St Brides Minor App 2	£22,023.67	£11,011.83	To install solar lighting on a footpath in a residential area
<b>G</b>	Porthcawl	£250,000.00	£20,000.00	To improve the listed building and facilities at John Street, Porthcawl
		£475,592.14	£117,262.06	

3.5 The returned funding applications and supporting information were assessed by a funding panel comprising the Cabinet Member for Climate Change and the Environment, the Head of Operations - Community Services, the Group Manager Economy, Natural Resources and Sustainability, the CAT Officer, the Finance Manager - Communities and the Governance and Compliance Project Officer. The Cabinet Member for Climate Change and Environment declared an interest in relation to application D above and did not take part in discussions in relation to that project.

- 3.6 The proposals received from T&CCs for the 2025-26 T&CC Capital Grant allocation are outlined at Table 3 below, along with comments from the panel:

**Table 3: Assessment by T&CC Funding Panel**

Ref	Assessment Criteria / Alignments			Comments of Panel
	CAT	Net-Zero	Corporate Priorities	
<b>A</b>	No	Limited	1,4,5,6,7	No CAT alignment Limited Net Zero alignment Some inconsistencies in application
<b>B</b>	EOI approved	Yes	1,4,5,6,7	CAT aligned Net Zero aligned Clear proposal
<b>C</b>	No	Yes	1,4,5,6,7	No CAT alignment Net Zero aligned A robust application
<b>D</b>	No	Yes	1,5,6,7	Application was submitted after the deadline and therefore cannot be considered for approval
<b>E</b>	EOI submitted	Yes	1,4,5,6,7	CAT aligned Net Zero aligned Further detail required
<b>F</b>	No	Yes	1,4,5,6,7	No CAT alignment Net Zero aligned Links made with corporate priorities
<b>G</b>	Partial	Yes	1,2,3,4,5,6,7	CAT aligned Net Zero aligned Detail provided on all corporate priorities

A further application was received after the closing date for the fund and as such was not considered by the panel for support through this round of funding.

- 3.7 It is proposed that based upon the assessment of the T&CC Funding Panel that the applications in Table 4 below are approved.

**Table 4: 2025-26 T&CC Capital Grant proposed approvals**

Ref	T&CC	Project Cost	TCC Fund Allocation	Comments
<b>B</b>	Coychurch Lower	£42,569.00	£20,000.00	Subject to completion of CAT agreement
<b>G</b>	Porthcawl	£250,000.00	£20,000.00	Subject to assurances over the means of delivery and maintenance.

				TCC funding in place of CAT funding Subject to freehold lease transfer completion.
<b>Total</b>		<b>£292,569.00</b>	<b>£40,000.00</b>	

- 3.8 It is proposed that the Council's CAT Officer engages with those T&CCs whose funding applications have been unsuccessful so that appropriate support can be provided to ensure that the proposals achieve better alignment with the Council's wellbeing objectives and themes for possible funding bids in the future.

#### **4. Equality implications (including Socio-economic Duty and Welsh Language)**

- 4.1 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.

#### **5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives**

- 5.1 BCBC is committed to promoting sustainable development and to discharge its duties under the Well-being of Future Generations (Wales) Act 2015. A summary of relating to the five ways of working and how they connection to the Corporate Well-being Objectives is below:

- Long-term: The projects proposed for support are those that have been identified by T&CCs themselves in response to current need and therefore propose to implement action that meets the requirements of current generations. A process of local needs identification followed by local led delivery in response to it will enhance the capacity of local organisations to take forward further schemes in the future.
- Prevention: The projects that are proposed for support if left undelivered may create a worsening of conditions currently being experienced by local residents. In addition, if the schemes were to be delivered in future years any further deterioration may result in increased costs.
- Integration: The T&CC Capital grant scheme will achieve this way of working by recognising the projects that are proposed for support are those that have been identified by the T&CCs themselves as best placed to utilise available funding to meet local needs in a holistic way.
- Collaboration: The proposals have been developed and will be delivered through a strong partnership between BCBC and those T&CCs that have applied for funding.
- Involvement: The T&CC Capital grant scheme is delivered in close partnership with a range of local stakeholders. Discussions and development with the T&CCs

have taken place through BCBC's CAT Officer and information about the funding opportunity was provided to all T&CCs in the County Borough.

## **6. Climate Change Implications**

- 6.1 The T&CC Capital grant scheme has criteria specifically designed to support BCBC Climate Change and Decarbonisation ambitions. Assessment of applications considered the relevance of proposals to the criteria and recommendations have been agreed by the Cabinet Member for Climate Change and the Environment.

## **7. Safeguarding and Corporate Parent Implications**

- 7.1 There are no safeguarding or corporate parent implications arising from this report.

## **8. Financial Implications**

- 8.1 Funding of up to £171,892.90 is available for allocation under the T&CC Capital Grant in 2025-26.
- 8.2 Taking into account the information provided in the applications the proposed approvals under the T&CC Capital Grant 2025-26 are detailed at Table 4 above, totalling £40,000. It is proposed the remaining allocation of £131,892.90 can be made available for future applications to the fund.
- 8.3 Funding offers will be conditional on compliance with the stated terms and conditions of the T&CC Capital Grant and comments in table 4 above and feedback will be available to the applicants.

## **9. Recommendations**

It is recommended that Cabinet approves:

- 9.1 The allocation of capital funding within the existing Capital Programme of £40,000 under the T&CC Capital Grant scheme, 2025-26 to develop projects in line with the specific applications detailed at Table 2 and 3.
- 9.2 The reopening of the fund for a second round at a midway point between April 2025 and March 2026.

**Background documents: None**

<b>Meeting of:</b>	<b>CABINET</b>
<b>Date of Meeting:</b>	<b>8 APRIL 2025</b>
<b>Report Title:</b>	<b>CORPORATE PLAN REVIEW FOR 2025/26</b>
<b>Report Owner / Corporate Director:</b>	<b>CHIEF OFFICER – LEGAL AND REGULATORY SERVICES, HR AND CORPORATE POLICY</b>
<b>Responsible Officer:</b>	<b>ALEX RAWLIN, CORPORATE POLICY AND PERFORMANCE MANAGER</b>
<b>Policy Framework and Procedure Rules:</b>	<b>Council priorities in the Corporate Plan / Delivery Plan inform Service Plans which form part of the Policy Framework. The Performance Framework forms part of the Policy Framework.</b>
<b>Executive Summary:</b>	<p><b>This report sets out an updated Corporate Plan Delivery Plan for 2025/26 to reflect the Council’s current budget, operating environment and priorities. It recommends:</b></p> <ul style="list-style-type: none"> <li><b>• An updated, reprioritised and reduced Corporate Plan Delivery Plan.</b></li> <li><b>• A reduction of wellbeing objectives from 7 to 4 (with some merged or subsumed into others).</b></li> <li><b>• Integrating the key measures of the Council’s ‘Ways of Working’ into the new Wellbeing Objectives.</b></li> <li><b>• A reduction of aims from 41 to 21 with a better balance of performance indicators and commitments against them and a better balance of measures for each directorate.</b></li> <li><b>• A reduction of Performance Indicators from 108 to 65 (with updated targets against them for the year ahead).</b></li> <li><b>• A reduction of commitments from 80 to 61.</b></li> </ul>

## **1. Purpose of Report**

- 1.1 This report outlines an updated Corporate Plan Delivery Plan for 2025/26.

## **2. Background**

- 2.1 Bridgend County Borough Council (BCBC) has a high level, five-year Corporate Plan 2023-28. The Council took a new approach for 2023 and did not include commitments or performance indicators in the Corporate Plan. Instead, the Council developed a one-year delivery plan to allow for increased agility and flexibility to a rapidly changing operating environment.

- 2.2 In late 2024, the Council developed financial plans and scenarios on the basis that there are likely to be severe budget pressures in the coming year. In December 2024, it was confirmed that the Council's budget for 2025/26 will be better than the planning scenarios used but national projections show Welsh Government financial settlements to local authorities will be more challenging from 2026/27. For the coming year, the priorities have been to provide additional funding for services facing demand issues and reducing savings required.
- 2.3 Corporate Management Board (CMB) have made it clear to Cabinet, Council, staff, and trade unions that budget pressures continue (albeit at a slower pace than anticipated) and the Council still needs to move towards a new operating model. This will also need to be carefully communicated to local residents in coming months.
- 2.4 The Corporate Plan is now 2 years old and embedded in the organisation. It is becoming clear what works well and what does not. CMB, Cabinet CMB and scrutiny committees all agree that the current Corporate Plan Delivery Plan (CPDP) is too large and insufficiently focused on priorities. Some of the main issues identified through 2024 were:
- There is an imbalance between Wellbeing Objectives (WBOs) / aims with a huge body of evidence against them and others with very little - each has equal status in self-assessment.
  - There are too many Performance Indicators (PIs) / commitments outside the Council's control.
  - Some commitments / PIs are coming to an end - funding is stopping or work completed.
  - It was difficult to evidence WBO3 – the Valleys, and the existing evidence did not reflect Members' views.
  - There is duplication - some commitments are duplicated as similar PIs and some commitments appear in more than one WBO.
  - The Ways of Working (WoW) should be incorporated into the new Wellbeing Objectives, including workforce measures / working with partners.
- 2.5 At the end of quarter three of 2024-25, following discussions on priorities for spending and budgets in 2025/26, work began to start reviewing operational priorities.
- 2.6 In January 2025, CMB considered a number of options for review of the Corporate Plan. They agreed to review the existing Corporate Plan Delivery Plan, with a clear aim of reducing the number of priorities and measures. They agreed the following principles for the review of the CPDP:
- A smaller, more focused delivery plan
  - More focused on genuine corporate priorities



- Each Wellbeing Objective, Aim, Performance Indicator (PI) and Commitment should be tested to ensure it is still a priority and the following do not apply:
    - The work is completed
    - The work is largely outside the Council's control
    - A PI and commitment duplicate each other
    - The work is unfunded / unstaffed
    - The work is proving difficult to evidence
    - Officers / Members have already agreed that it is not a priority
  - PIs do not have to form part of the CPDP just because they are statutory for the Council to measure.
- 2.7 In February 2025, Directorate Management Teams reviewed the Wellbeing Objectives, aims, PIs and commitments against the above principles. On 19 February 2025, Heads of Service / CMB met together to test the balance of the CPDP, reduce duplication and fill any gaps.
- 3. Current situation / proposal**
- 3.1 The product of this review is a dramatically reduced CPDP which is included at **Appendix 1**. In this –
- Wellbeing Objectives are reduced from 7 to 4 with some merged or subsumed into others. The four that remain focus on –
    - A prosperous place with thriving communities
    - Creating modern, seamless public services
    - Enabling people to meet their potential
    - Supporting our most vulnerable
  - Aims are reduced from 41 to 20.
  - PIs are reduced from 108 to 65
  - Commitments are reduced from 80 to 61
- 3.2 The draft CPDP was considered by Cabinet / Corporate Management Board (CCMB) and Corporate Overview and Scrutiny Committee (COSC) in March 2025, and their comments integrated. A COSC recommendation included separating the housing aim into two (one for disabled facilities grants and one for homelessness), and the valley / town centres aim into two. Although a good, thoughtful suggestion, this has not been done as –
- It would increase the number of aims
  - The new, split out aims would be hyper specific when we aim to make them broader and more similar in size
  - There would only be 2-3 PIs / commitments against each aim – a problem we are trying to move away from with this CPDP
- 3.3 The updated CPDP is substantially reduced in size and improved in the following ways –

- There is a shorter, clearer set of priorities that focuses on genuine corporate / strategic priorities that are -
    - Resourced / funded
    - Not duplicated
    - Largely within the Council's control
    - Able to be evidenced each quarter / year
  - It is more balanced
    - equally sized wellbeing objectives and aims
    - similarly sized contributions from each directorate
  - It will be easier to communicate to staff, partners and the public
  - It will be clearer to manage / report performance
- 3.4 In the past, targets have been taken through political sign off separately from the CPDP. CMB asked in 2024 that this process be streamlined, and the two should go through political sign-off together. This change is incorporated into the process, and the targets are included in **Appendix 2**.
- 4. Equality implications (including Socio-economic Duty and Welsh Language)**
- 4.1 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.
- 5. Wellbeing of Future Generations implications and connection to Corporate Wellbeing Objectives**
- 5.1 This report proposes a review of the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015 that form part of the Council's Corporate Plan 2023-28:-
1. A county borough where we protect our most vulnerable
  2. A County Borough with fair work, skilled, high-quality jobs and thriving towns
  3. A County Borough with thriving valleys communities
  4. A County Borough where we help people meet their potential
  5. A County Borough that is responding to the climate and nature emergency
  6. A County Borough where people feel valued, heard and part of their community
  7. A County Borough where we support people to live healthy and happy lives

- 5.2 The 5 ways of working set out in the Well-being of Future Generations (Wales) Act have also contributed to the Council developing its own five ways of working. The ways of driving and measuring those ways of working is also contained in the Corporate Plan Delivery Plan.

## **6. Climate Change Implications**

- 6.1 There are no specific implications of this report on climate change. However, the Delivery Plan proposes measures and targets to help us assess the Council's performance on areas including climate change.

## **7. Safeguarding and Corporate Parent Implications**

- 7.1 There are no specific implications of this report on safeguarding or corporate parenting. However, the Delivery Plan proposes measures and targets to help us assess the Council's performance on areas including safeguarding and corporate parenting

## **8. Financial Implications**

- 8.1 Review of the Corporate Priorities is entirely in line with the agreed budget for 2025/26.

## **9. Recommendation**

- 9.1 It is recommended that Cabinet –
- Considers and agrees the proposed CPDP for 2025/26 in **Appendix 1**
  - Considers and agrees the proposed performance indicator targets for 2025/206 in **Appendix 2**.

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## Corporate Plan Delivery Plan 2025-26

## Wellbeing Objective One - A prosperous place with thriving communities

Aim	Performance indicators	Commitments / projects
Moving towards net zero carbon, and improving our energy efficiency	DCO23.05 Reduction in emissions (across our buildings, fleet & equipment, streetlighting, business travel, commuting, homeworking, waste, procured goods and services) (COMM) DCO20.01 Annual Gas Consumption across the Authority (kWh) (COMM) DCO20.02 Annual Electricity Consumption across the Authority (kWh) (COMM) CED57 - Levels of nitrogen dioxide (NO <sub>2</sub> ) pollution in the air (micrograms per m <sup>3</sup> ) (CEX SRS)	Invest in energy efficiency improvements to the Council's estate and assets. (COMM)  Implement our Air Quality Action Plan and monitor its effectiveness in improving air quality along Park Street (CEX SRS)
Protect landscapes and open spaces	DCO23.06 Number of blue flag beaches (COMM) DCO23.07 Number of green flag parks and green spaces (COMM)	Deliver projects such as woodland enhancement, develop and protect our natural environment in partnership with our communities and key stakeholders as part of our Bridgend Biodiversity Plan (COMM)
Promote the conditions for economic growth and prosperity	DCO23.03 Number of businesses receiving support through Shared Prosperity Funding (COMM) DCO23.04 Number of business start-ups assisted (COMM)	Develop funding bids enhance the economy and stimulate new job opportunities (COMM)  Invest in business start-ups in the County Borough by providing both professional and grant support, supporting key growth sectors like research and development, finance and the green economy (COMM)  Invest an additional £7.75m of Shared Prosperity Funding in projects in the County Borough by 2026, with third sector partners, including in people and skills, supporting local businesses, and developing communities and place (COMM)  Improve sustainable and active travel choices, to increase connectivity and greener travel choices in line with our strategic transport projects (COMM)

<p>Page 78</p> <p>Regenerate our town centres and Valleys</p>	<p>DCO23.01 Number of commercial properties assisted through the enhancement grant scheme (COMM)</p>	<p>Deliver a Transforming Towns programme of investment across our town centres in partnership with Welsh Government over the next two years to improve the economic sustainability of our town centres (COMM)</p> <p>Continue to deliver a commercial property enhancement grant for all valley high streets, to bring vacant properties back into use and improve local centres. (COMM)</p> <p>Redevelop the Ewenny Road site, including new and affordable homes, an enterprise hub, open space and green infrastructure, in partnership with the adjoining landowner. (COMM)</p>
<p>Reduce, reuse or recycle as much waste as possible</p>	<p>DCO20.05 Percentage of street cleansing waste prepared for recycling (COMM)</p> <p>PAM/030 Percentage of waste reused, recycled, or composted (COMM)</p> <p>PAM/010 Percentage of streets that are clean (COMM)</p>	<p>Bring our Waste Service in-house (COMM)</p>
<p>Provide opportunities for culture, leisure, and play</p>	<p>SSWB67 Participation in the national free swimming initiative for 16 and under (SSWB)</p> <p>DCO23.10 Number of play areas that have been refurbished (COMM)</p> <p>Number of active users across target population groups via health &amp; wellbeing leisure membership provision. (SSWB)</p>	<p>Redevelop Porthcawl Grand Pavilion to increase the use of the new facilities and extend social and leisure facilities, in partnership with Awen Cultural Trust. (COMM)</p> <p>Continue the children's play areas refurbishment programme and make sure inclusive play equipment is provided to allow opportunities for all. (COMM)</p> <p>Enlarge the Food and Fun Programme for summer 2025 (EEYYP)</p> <p>Develop whole Council action plan and networks to support the submission of the Play Sufficiency Assessment to Welsh Government. (SSWB)</p> <p>Develop active wellbeing offer for targeted groups (SSWB)</p> <p>Develop the Healthy Living Partnership Strategy (SSWB)</p> <p>Develop the Libraries, Culture and Community hub Strategy (SSWB)</p> <p>Maintain performance against Welsh public library standards (SSWB)</p>

## Wellbeing Objective Two - Creating modern, seamless public services

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Aim	Performance indicators	Commitments / projects
Improving how we engage with people, listening to views & acting on them.	CED59 Level of engagement (Welsh / English) <ul style="list-style-type: none"> <li>a) across consultations</li> <li>b) with corporate communications to residents (CEX)</li> </ul> Percentage of complaints closed within timescales (CEX)	Improve how we communicate and engage with residents, including children and young people to help us become more customer focused and responsive. (CEX) Improve the way we gather and use resident views (CEX) Improve the way we gather and use staff views (CEX) Improve the way we handle and learn from corporate complaints and compliments (CEX) Implement the strategic equality plan action plan (CEX)
Offer more information and services online, and in local areas.	CED5 Percentage first call resolutions (via Customer Contact Centre) (CEX) CED51 Number of online transactions using the digital platform (CEX)	Continue to review the corporate front door to streamline, standardise, and enhance entry points into the council whilst improving the resolution at the first point of contact. (CEX)
Modernise and become a more efficient council	CORPB5 Percentage of staff that have completed a Personal Review/Appraisal (excluding school staff) (CEX/All) PAM/001 Number of working days/shifts lost to sickness absence per full-time equivalent (FTE) employee (CEX/All) DCO16.8 Number of council owned assets transferred to the community for running (CATs) (COMM)	Approve and implement the new digital strategy (CEX) Continue to rationalise the corporate estate (COMM) Invest in Community Asset Transfers and support clubs and Community Groups with equipment grants to improve and safeguard the facilities. (COMM)
Improve partnership working with partners, the third sector and Town and Community Councils	CED62 Percentage of Assia service users reporting increased feelings of safety at their exit evaluation (CEX) CED63 Percentage of high-risk domestic abuse victims / public protection notices received by the service contacted within 48 hours. (CEX) CED64 Percentage of medium risk domestic abuse victims / public protection notices received by the service contacted within 72 hours. (CEX) Number of active referrals supported by Local Community Coordinators (SSWB) Number of children and young adults supported during school holidays (SSWB)	Develop a new regional agreement for working with frail older people between health boards and councils (SSWB) Complete the town and community council arrangements review (CEX) Work co-productively with our communities to develop their own solutions and become more resilient. (SSWB)

## Wellbeing Objective three - Enabling people to meet their potential

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Aim	Performance indicators	Commitments / projects
Provide an effective Childcare and Early Years Offer	DEFS160 Number of two-year-olds accessing childcare through the Flying Start programme (EEYYP)	Provide effective leadership and management of maintained Early Years settings ensuring that outcomes in Care Inspectorate Wales inspections are at least 'good'. (EEYYP)  Offer effective support and challenge to funded non-maintained Early Years settings ensuring that outcomes in joint inspections are at least 'good'. (EEYYP)
Provide safe, supportive schools with high quality teaching	PAM032 Average 'Capped 9' score for pupils in Year 11 (EEYYP) EDU016a/PAM007 Percentage of pupil attendance in primary schools (EEYYP) EDU016b/PAM008 Percentage of Pupil attendance in secondary schools (EEYYP) EDU010a Percentage of school days lost due to fixed-term exclusions during the school year in primary schools (EEYYP) EDU010b Percentage of school days lost due to fixed-term exclusions during the school year in secondary schools (EEYYP) DEFS155 Percentage of schools that have self-evaluated themselves as 'green' as part of their annual safeguarding audit (EEYYP)	Help schools achieve their improvement plans by analysing needs and offering training to address this, ensuring that all schools will be judged by Estyn as 'not requiring any follow-up' (EEYYP)  Make additional digital learning training available to all school staff to improve teaching and learning in our schools (EEYYP)  Improve the digital offer to young people, including youth led interactive website (EEYYP)
Provide Welsh medium education opportunities	DEFS138 - Percentage of Year 1 pupils taught through the medium of Welsh (EEYYP) DEFS157 - Percentage of learners studying for assessed qualifications through the medium of Welsh at the end of Key Stage 4 (Year 11) (EEYYP) DEFS158 - Number of learners studying for Welsh as a second language (EEYYP)	Deliver the actions in the Welsh in Education Strategic Plan (WESP) (EEYYP)



<p>Pages 83-84</p> <p>Modernise school buildings</p>		<p>Enlarge Ysgol Gymraeg Bro Ogwr to a 2.5 form-entry new-build school. (EEYYP)</p> <p>Provide a new-build for Mynydd Cynffig Primary School. (EEYYP)</p> <p>Enlarge Ysgol y Ferch o'r Sgêr to a two form-entry new-build school. (EEYYP)</p> <p>Provide a new two-form entry English-medium school to replace the existing Afon Y Felin and Corneli Primary Schools. (EEYYP)</p> <p>Relocate Heronsbridge School to a new-build 300-place school. (EEYYP)</p>
<p>Be good parents to our care experienced children</p>	<p>Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 24 months since leaving care (SSWB)</p> <p>CH/052 Percentage care leavers who have experienced homelessness during the year (SSWB)</p>	<p>Work with partners to deliver improved outcomes for care experienced children through the delivery of actions in the corporate parenting action plan and informed by the views of our children and young people (SSWB)</p> <p>Support the implementation of the Corporate Parenting Strategy in schools.(EEYYP)</p>
<p>Help people get the skills they need for work</p>	<p>DEFS82 Number of participants in the Employability Bridgend programme going into employment (COMM)</p> <p>DEFS80 Number of participants in the Employability Bridgend programme supported into education or training (COMM)</p> <p>PAM046 Percentage of Year 11 leavers not in education, training, or employment (NEET) (EEYYP)</p>	<p>Increase employment and training opportunities in the County Borough. (COMM)</p> <p>Employability Bridgend will work with funders and partners to deliver a comprehensive employability and skills programme (COMM)</p>

## Wellbeing Objective four - Supporting our most vulnerable

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Aim	Performance indicators	Commitments / projects
Provide high-quality children's & adults social services / early help services	<p>SSWB78 Timeliness of visits to</p> <ul style="list-style-type: none"> <li>a) Children who are care experienced.</li> <li>b) Children on the child protection register. (SSWB)</li> </ul> <p>SSWB39 Number of care experienced children (SSWB)</p> <p>CH/026 Number of children on the child protection register (SSWB)</p> <p>SSWB57 Percentage of enquiries to the Adult Social Care front door which result in information and advice only</p> <p>Percentage of reablement packages implemented with a positive outcome (SSWB)</p> <p>DEFS29 Percentage of completed Team Around the Family (TAF) plans closed with a successful outcome (SSWB)</p> <p>SSWB75 Number of people delayed in their transfer of care on the 'discharge to recover and assess' pathways (SSWB)</p>	<p>Support the wellbeing of unpaid carers, including young carers, to have a life beyond caring through delivery of the carer's action plan. (SSWB)</p> <p>Improve Children's Services by delivering the actions in our three-year strategic plan. (SSWB)</p> <p>Improve adult social care by delivering the actions in our three-year strategic plan (SSWB)</p> <p>Change the way our social workers work to build on people's strengths and reflect what matters to our most vulnerable citizens, the relationships they have and help them achieve their potential. (SSWB)</p> <p>Address the gaps in Adult Social Care provider services by implementing the priority commissioning areas identified in our commissioning strategies and detailed service reviews (SSWB)</p> <p>Address the gaps in Childrens and Family Services provider services and respond to the Eliminating Profit/Health &amp; Social Care Bill by implementing the priority commissioning areas identified in the Placement Commissioning strategy (SSWB)</p> <p>Ensure that children and families can access support from the right service at the right time with the aim of preventing their needs from escalating. (SSWB)</p> <p>Employ and develop a well-motivated, well supported, qualified social care workforce in the Council and with partners. Fill vacancies in our social care services and reduce dependence on agency workers. (SSWB)</p>
Support people in poverty	<p>CED43 Percentage of people supported through FASS (Financial Assistance and Support Service) where support has resulted in increased income through claims for additional/increased benefits and allowances (CEX)</p> <p>CED44 Percentage of people supported through FASS who have received advice and support in managing or reducing household debt (CEX)</p>	<p>Support eligible residents to receive the financial help available to them. (CEX)</p>

<p>Page 83</p> <p>Support people with housing needs</p>	<p>PAM/012 Percentage of households successfully prevented from becoming homeless (CEX)</p> <p>DOPS39 Percentage of people presenting as homeless or potentially homeless for whom the Local Authority has a final legal duty to secure suitable accommodation (CEX)</p> <p>PAM/015 Average number of calendar days taken to deliver a Disabled Facilities Grant (DFG) (CEX)</p> <p>DOPS41 Percentage of people who feel they can live more independently as a result of receiving a DFG in their home (CEX)</p> <p>CED60 Number of additional affordable homes provided by Registered Social Landlords (RSLs) across the County Borough (CEX)</p>	<p>Continue to improve our housing and homelessness service to reduce homelessness across the borough through implementation of the agreed action plan (CEX)</p> <p>Continue to target those long-term empty properties that have the most detrimental impact on the community, focusing on the Top 20. (CEX)</p>
<p>Support children with additional learning needs</p>	<p>DEFS170 Percentage of new local authority Individual Development Plans (IDPs) delivered via the online IDP system (EEYYP)</p> <p>DEFS171 Number of pupils on the waiting lists for specialist provision (EEYYP)</p> <p>DEFS172 Percentage of year 9 pupils with Additional Learning Needs (ALN) with a transition plan in place, that have had an annual review by 31 March of each current school year. (EEYYP)</p>	<p>Implement the online IDP (Individual Development Plan) system for local authority and school-based IDPs. (EEYYP)</p> <p>Develop a five-year plan to meet increasing demand on support services, specialist provision and schools (EEYYP)</p>
<p>Safeguard and protect people at risk of harm</p>	<p>SSWB77 Percentage of Adult safeguarding inquiries which receive initial response within 7 working days (SSWB)</p> <p>CH/003 Percentage of Childrens referrals where decision is made within 24 hours (SSWB)</p> <p>SSWB62 Percentage of child protection investigations completed within required-timescales (SSWB)</p> <p>SSWB63 Average waiting time on the Deprivation of Liberty Safeguards (DoLS) waiting list (SSWB)</p>	<p>Work as One Council to effectively safeguard children and adults at risk (SSWB)</p> <p>Identify children who are more likely to offend and provide them with support to reduce offending behaviour. (EEYYP)</p>

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Corporate Plan Delivery Plan 2025-26 – Performance Indicator Targets

WBO1 - A prosperous place with thriving communities

Moving towards net zero carbon, and improving our energy efficiency

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Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DCO23.05 Reduction in emissions (across our buildings, fleet & equipment, streetlighting, business travel, commuting, homeworking, waste, procured goods and services) (COMM) <i>(Annual Indicator, higher preferred)</i>	4.3%	5%	5%	To see a reduction in emissions and progress our corporate energy efficiency
DCO20.01 Annual Gas Consumption across the Authority (kWh) (COMM) <i>(Annual Indicator, lower preferred)</i>	21,966,783 kWh	20,868,443 kWh	20,000,000 kWh	To see reduction in energy consumption levels and progress our corporate energy efficiency
DCO20.02 Annual Electricity Consumption across the Authority (kWh) (COMM) <i>(Annual Indicator, lower preferred)</i>	15,210,536 kWh	14,450,009 kWh	14,000,000 kWh	
CED57 Levels of nitrogen dioxide (NO <sub>2</sub> ) pollution in the air (micrograms per m <sup>3</sup> ) (CEX SRS) <i>(Annual Indicator, lower preferred)</i>	40.8	40	40	This is the legal air quality objective for NO <sub>2</sub> .

Protect landscapes and open spaces

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DCO23.07 Number of green flag parks and green spaces (COMM) <i>(Annual Indicator, higher preferred)</i>	2	2	2	Target set to maintain current high standards
DCO23.06 Number of blue flag beaches (COMM) <i>(Annual Indicator, higher preferred)</i>	3	3	3	Target set to maintain current high standards

**Promote the conditions for economic growth and prosperity**

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DCO23.03 Number of businesses receiving support through Shared Prosperity Funding (COMM) <i>(Quarterly Indicator, higher preferred)</i>	25	21	15	This is the final year of the funding so will attempt to maximise the benefits locally where possible with reduced funding available.
DCO23.04 Number of business start-ups assisted (COMM) <i>(Annual Indicator, higher preferred)</i>	219	53	30	Continue to assist and capitalise on the strong new business demand

**Regenerate our town centres and Valleys**

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DCO23.01 Number of commercial properties assisted through the enhancement grant scheme (COMM) <i>(Annual Indicator, higher preferred)</i>	4	2	4	To allocate the grant appropriately to successful applicants in line with funding terms

**Reduce, reuse or recycle as much waste as possible**

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DCO20.05 Percentage of street cleansing waste prepared for recycling (COMM) <i>(Annual Indicator, higher preferred)</i>	41.12%	40%	40%	To maintain the existing targets which remain challenging to achieve
PAM/030 Percentage of waste reused, recycled or composted (COMM) <i>(Quarterly Indicator, higher preferred)</i>	71.94%	70%	70%	To maintain the existing targets which remain challenging to achieve
PAM/010 Percentage of streets that are clean (COMM) <i>(Quarterly Indicator, higher preferred)</i>	99.97%	99%	99%	To maintain the existing targets which remain challenging to achieve

**Provide opportunities for culture, leisure, and play**

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
SSWB67 Participation in the national free swimming initiative for 16 and under (SSWB) <i>(Annual Indicator, higher preferred)</i>	19,659	16,000	20,000	Reduced/more targeted programme due to increasing costs.

DCO23.10 Number of play areas refurbished (COMM) (Annual Indicator, higher preferred)	0	22	40	Target set in line with programme of works for the year
NEW - Number of active users across target population groups via health & wellbeing leisure membership provision. (SSWB) (Quarterly Indicator, higher preferred)	New	New	700	New indicator. Baseline data to be recorded in order to set future target.

## WBO2 - Creating modern, seamless public services

Improving how we engage with people, listening to views & acting on them.

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
CED59 Level of engagement with residents: a) across consultations b) with corporate communications using the digital communications platform (CEX) (Annual Indicator, higher preferred)	a)7,946 b)972,384	a)8,300 b)972,500	a) 8,800 b) 1million	To ensure the Council is engaging well at all levels across the area
NEW – Percentage of Complaints closed within timescales (CEX) (Quarterly Indicator, higher preferred)	New	New	80%	Baseline target. To be reviewed during the lifecycle of the Corporate Plan to reflect the corporate customer function.

Offer more information and services online, and in local areas.

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
CED5 Percentage first call resolutions (CEX) (Quarterly Indicator, higher preferred)	69.17%	75.92%	75.92%	Target retained, to increase the number of calls resolved at the first point of contact
CED51 Number of online transactions using the digital platform (CEX) (Quarterly Indicator, higher preferred)	72,500	72,500	24-25 actual	To increase online transactions by customers to promote channel shift

### Modernise and become a more efficient council

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Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DOO16.8 Number of Council owned assets transferred to the community for running (CATs) or transferred from a short-term agreement to a long-term agreement for running during the year (COMM) <i>(Annual Indicator, higher preferred)</i>	7	10	10	To continue to deliver the CAT programme across the County
PAM/001 Number of working days/shifts lost to sickness absence per full-time equivalent (FTE) employee (CEX/ALL) <i>(Quarterly Indicator, lower preferred)</i>	12.37 days	No target	No target	To reduce sickness levels across the organisation
CORPB5 Percentage of staff that have completed a Personal Review/Appraisal (excluding school staff) (CEX/ALL) <i>(Annual Indicator, higher preferred)</i>	60.89%	80%	80%	Target set to ensure all eligible staff have an annual review

### Improve partnership working with partners, the third sector and Town and Community Councils

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
CED62 Percentage of Assia service users reporting increased feelings of safety at their exit evaluation (CEX) <i>(Quarterly Indicator, higher preferred)</i>	New 2024-25	100%	100%	Safety planning, targeting hardening and safety measures carried out with all service users throughout support and before exiting the service
CED63 Percentage of high-risk domestic abuse victims / public protection notices received by the service contacted within 48 hours (CEX) <i>(Quarterly Indicator, higher preferred)</i>	New 2024-25	100%	100%	Contact within 48 hours is identified best practice (in line with Leading Lights accreditation)
CED64 Percentage of medium risk domestic abuse victims / public protection notices received by the service contacted within 72 hours (CEX) <i>(Quarterly Indicator, higher preferred)</i>	New 2024-25	100%	100%	Contact within 72 hours is identified best practice (in line with Leading Lights accreditation)
New - Number of active referrals supported by Local Community Coordinators (SSWB) <i>(Quarterly Indicator, higher preferred)</i>	New	New	600	New indicator. Baseline data to be recorded in order to set future target.
New - Number of children and young adults supported during school holidays (SSWB) <i>(Annual Indicator, higher preferred)</i>	New	New	950	New indicator. Baseline data to be recorded in order to set future target.



### WBO3 - Enabling people to meet their potential

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#### Provide an effective Childcare and Early Years Offer

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DEFS160 Number of two-year-olds accessing childcare through the Flying Start programme (EEYYP) (Quarterly Indicator, higher preferred)	530	570	620	The target reflects the positive investment made in the expansion of the Flying Start programme.

#### Provide safe, supportive schools with high quality teaching

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
PAM032 Average 'Capped 9' score for pupils in Year 11 (EEYYP) (Annual Indicator, higher preferred)	361.5	363.0	360.0	Targets have been reviewed since the realignment of the interim measures to pre-covid levels.
EDU016 Percentage pupil attendance in a) primary schools b) secondary schools (EEYYP) (Annual Indicator, higher preferred)	a) 91.5% b) 87.9%	a) 93% b) 90%	a) 94% b) 92%	Target set to improve pupil attendance. Young people are unlikely to attain their full potential and are more likely to be diverted into anti-social behaviour if they are not attending school regularly.
EDU010 Percentage of school days lost due to fixed-term exclusions during the school year in a) primary schools b) secondary schools (EEYYP) (Annual Indicator, lower preferred)	a) 0.024% b) 0.165%	a) 0.03% b) 0.15%	a) 0.03% b) 0.15%	Exclusions remain a priority for the local authority and schools as pupil behaviour becomes increasingly challenging.
DEFS155 Percentage of schools that have self-evaluated themselves as 'green' as part of their annual safeguarding audit (EEYYP) (Annual Indicator, higher preferred)	95%	100%	100%	Target set line with guidance, to ensure schools are exercising their legal safeguarding obligations.

## Provide Welsh medium education opportunities

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DEFS138 Percentage of Year 1 pupils taught through the medium of Welsh (EEYYP) (Annual Indicator, higher preferred)	8.56%	8.7%	8.85%	Target to increase learners studying through the medium of Welsh as per Welsh in Education Strategic Plans (Wales) Regulations 2019.
DEFS157 Percentage of learners studying for assessed qualifications through the medium of Welsh at the end of Key Stage 4 (EEYYP) (Annual Indicator, higher preferred)	6.62%	7.16%	7.20%	
DEFS158 Number of learners studying for Welsh as a second language (EEYYP) (Annual Indicator, higher preferred)	11	20	17	School budget cuts may impact schools' ability to run courses in person. A hybrid model has been offered to schools but not all students are comfortable with virtual learning environments.

## Be good parents to our care experienced children

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
New - Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 24 months since leaving care (SSWB) (Quarterly Indicator, higher preferred)	63.64%	New	65%	To continue to improve performance
CH/052 Percentage care leavers who have experienced homelessness during the year (SSWB) (Quarterly Indicator, lower preferred)	7.17%	10%	10%	To maintain performance

## Help people get the skills they need for work

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DEFS80 Number of participants in the Employability Bridgend programme supported into education or training (COMM) (Quarterly Indicator, higher preferred)	76	409	219	Target set to maximise use of funding secured for that year. Funding arrangements can vary from year to year therefore targets are not comparable and there has been a significant change in funding for 25/26

DEFS82 Number of participants in the Employability Bridgend programme going into employment (COMM) (Quarterly Indicator, higher preferred)	366	233	290	Target set to maximise use of funding secured for that year. Funding arrangements can vary from year to year therefore targets are not comparable and there has been a significant change in funding for 25/26
PAM046 Percentage of Year 11 leavers not in education, training, or employment (NEET) (EEYYP) (Annual Indicator, lower preferred)	1.4	1.5%	2%	The target has increased in recognition of the increasing needs that young people are currently presenting with. The increase is in line with a national rise in numbers of pupils presenting as NEET.

## WBO4 - Supporting our most vulnerable

### Providing high-quality children's and adults social services and early help services

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
SSWB78 Timeliness of visits to a) children who are care experienced b) children on the child protection register (SSWB) (Quarterly Indicator, higher preferred)	a) 85.31 b) 86.77	a) 87% b) 87%	a) 87% b) 87%	To continue to maintain performance
SSWB39 Number of care experienced children (SSWB) (Quarterly Indicator, lower preferred)	370	350	325	Continue to safely reduce the number of Care Experienced Children
CH/026 Number of children on the child protection register (SSWB) (Quarterly Indicator, lower preferred)	189	175	120	Sustain safe reduction in the Child Protection Register
SSWB57 Percentage of enquiries to the Adult Social Care front door which result in information and advice only (SSWB) (Quarterly Indicator, higher preferred)	74.88%	75%	83%	The model is being embedded and we will seek to continue to improve performance.

SSWB69 New - Percentage of reablement packages implemented with a positive outcome (SSWB) (Quarterly Indicator, higher preferred)	80.90%	New	69%	This reflects the current population needs, taking in to account seasonal fluctuations in people's health.
SSWB72 DFS29 Percentage of completed Team Around the Family (TAF) plans closed with a successful outcome (SSWB) (Quarterly Indicator, higher preferred)	83%	87%	87%	To continue to improve performance.
SSWB75 Number of people recorded as delayed on the national pathway of care (SSWB) (Quarterly Indicator, lower preferred)	104	71	90	This reflects the current population needs, taking in to account seasonal fluctuations in people's health.

### Supporting people in poverty

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
CED43 Percentage of people supported through FASS (Financial Assistance and Support Service) where support has resulted in increased income through claims for additional/increased benefits and allowances (CEX) (Quarterly Indicator, higher preferred)	92%	85%	85%	Target retained. The 2024/25 target was increased in line with the re-commissioning of the service to improve outcomes for recipients of the service. The service will maintain these outcomes throughout the next year.
CED44 Percentage of people supported through FASS who have received advice and support in managing or reducing household debt (CEX) (Quarterly Indicator, higher preferred)	93%	85%	85%	

### Supporting people facing homelessness to find a place to live

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
PAM/012 Percentage of households successfully prevented from becoming homeless (CEX) (Quarterly Indicator, higher preferred)	11%	20%	20%	Target set at realistic level considering the legislative changes in terms of priority need which has a significant impact on number of households included in this measure

DOPS39 Percentage of people presenting as homeless or potentially homeless for whom the Local Authority has a final legal duty to secure suitable accommodation (CEX) (Quarterly Indicator, lower preferred)	29%	10%	20%	Target set to see reduction in the number who fall into the final legal duty category. This is where initial measures to relieve their homelessness within 56 days have failed.
PAM/015 Average number of calendar days taken to deliver a Disabled Facilities Grant (DFG) (CEX) (Quarterly Indicator, lower preferred)	552.73 days	210 days	542 days	Target includes six months to approve grant award and a further twelve months to complete the DFG, this is based on the exponential demand on the service which has significantly increased the waiting time against the available capital to deliver the adaptations on an annual basis.
DOPS41 Percentage of people who feel they can live more independently as a result of receiving a DFG in their home (CEX) (Quarterly Indicator, higher preferred)	98%	98%	98%	Target retained. To continue to achieve a positive outcome for grant recipients in living more independently.
CED60 Number of additional affordable homes provided by Registered Social Landlords (RSLs) across the County Borough (CEX) (Annual Indicator, higher preferred)	64	110	110	Working with RSL's to utilise capital income streams, such as the Social Housing Grant (SHG) – to develop 500 units over a 5-year programme.

### Supporting children with additional learning needs

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
DEFS170 Percentage of new local authority individual development plans (IDPs) delivered using the online IDP system (EEYYP) (Quarterly Indicator, higher preferred)	New 2024-25	100%	100%	While there have been some issues getting the online IDP system operating we are committed to transferring all IDPs to the new online system as soon as possible to comply with the Additional Learning Needs and Education Tribunal (Wales) Act.
DEFS171 Number of pupils on the waiting lists for specialist provision (EEYYP) (Quarterly Indicator, lower preferred)	23	10	10	Placing pupils in specialist provision at the earliest opportunity ensures that all of their educational needs are met. Throughout the year waiting lists may fluctuate as pupils can be added at any time. We aim to see a trend

Pass				of decreasing numbers on the waiting list over time. This target is the end-of-year target.
DFS172 Percentage of year 9 pupils with Additional Learning Needs (ALN) with a transition plan in place, that have had an annual review by 31 March of each current school year. (EEYYP) <i>(Annual Indicator, higher preferred)</i>	New 2024-25	100%	100%	To comply with the Additional Learning Needs Code for Wales, all IDPs must be reviewed annually.

### Safeguard and protect people who are at risk of harm

Performance Indicator Description	2023-24 Actual	2024-25 Target	2025-26 Target	Rationale for Target
SSWB77 Percentage of Adult safeguarding inquiries which receive initial response within 7 working days (SSWB) <i>(Quarterly Indicator, higher preferred)</i>	81.85%	85%	85%	The 7 days response relates to the Local Authority and other key partners. We will continue to improve our own performance and those of our partners.
CH/003 Percentage of Childrens referrals where decision is made within 24 hours (SSWB) <i>(Quarterly Indicator, higher preferred)</i>	99.69%	100%	99.5%	To sustain high performance and ensure children are protected from harm and target takes account of occasional system glitches.
SSWB62 Percentage of child protection investigations completed within required timescales (SSWB) <i>(Annual Indicator, higher preferred)</i>	77.78%	75%	80%	To continue to improve performance
SSWB63 Average waiting time on the Deprivation of Liberty Safeguards (DoLS) waiting list (SSWB) <i>(Quarterly Indicator, lower preferred)</i>	16 days	16 days	24 days	2023/24 was not a typical year due to additional commissioned resources to reduce the backlog. Current performance stands at 24 days- so we would recommend that for this year.

By virtue of paragraph(s) 14 of Part 4 of Schedule 12A  
of the Local Government Act 1972.

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