

Public Document Pack

Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Bridgend County Borough Council

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



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

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



Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate
Deialu uniongyrchol / Direct line /: 01656 643148 / 643694 / 643513
Gofynnwch am / Ask for: Gwasanaethau Democrataidd

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

Dyddiad/Date: Dydd Gwener, 25 Ebrill 2025

Annwyl Cyngorydd,

PWYLLGOR CRAFFU TESTUN 2

Cynhelir Cyfarfod Pwyllgor Craffu Testun 2 Hybrid a bydd Aelodau a Swyddogion mynychu trwy Siambr y Cyngor, Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr / o bell Trwy Timau Microsoft ar **Dydd Iau, 1 Mai 2025** am **10:00**.

AGENDA

1 **Ymddiheuriadau am absenoldeb**

Derbyn ymddiheuriadau am absenoldeb gan Aelodau.

2 **Datganiadau o fuddiant**

Derbyn datganiadau o ddiddordeb personol a rhagfarnol (os o gwbl) gan Aelodau / Swyddogion yn unol â darpariaethau'r Cod Ymddygiad Aelodau a fabwysiadwyd gan y Cyngor o 1 Medi 2008.

3 **Cymeradwyaeth Cofnodion**

I dderbyn am gymeradwyaeth y Cofnodion cyfarfod y 13/03/2025

5 - 8

4	<u>Strategaeth Gomisiynu Cymorth Cynnar</u>	9 - 46
	<u>Gwahoddwyr:</u>	
	Y Cyngorydd Jane Gebbie - Dirprwy Arweinydd / Aelod Cabinet dros Wasanaethau Cymdeithasol, Iechyd a Llesiant	
	Claire Marchant - Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles	
	Laura Kinsey - Pennaeth Gofal Cymdeithasol I Blant	
	David Wright – Dirprwy Bennaeth Gofal Cymdeithasol I Blant	
5	<u>Arolygiad Arolygiaeth Gofal Cymru o Wasanaethau Rheoleiddiedig mewn Gofal Cymdeithasol i Oedolion Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr</u>	47 - 70
	<u>Gwahoddwyr:</u>	
	Y Cyngorydd Jane Gebbie - Dirprwy Arweinydd / Aelod Cabinet dros Wasanaethau Cymdeithasol, Iechyd a Llesiant	
	Claire Marchant - Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles	
	Jacqueline Davies - Pennaeth Gofal Cymdeithasol i Oedolion	
	Shagufta Khan - Arweinydd Gwaith Cymdeithasol - Gofal Cymdeithasol i Oedolion	
	Jane Lewis - Rheolwr Grwp - Gwasanaethau Darparwr Gofal Uniongwrcchol	
	Ceri Williams - Rheolwr Gwasanaeth Darparwyr - Anabledau Dysgu, Llety, Iechyd Meddwl & Gwasanaethau Cysylltiedig	
	Tania Turner - Rheolwr Gwasanaeth Darparwyr - Cefnogaeth Cartref	
6	<u>Casgliadau ac Argymhellion</u>	
7	<u>Adroddiad Gwybodaeth – Perfformiad Chwarter 3 2024/25</u>	71 - 128
8	<u>Diweddariad Rhaglen Gwaith</u>	129 - 150
9	<u>Materion Brys</u>	
	I ystyried unrhyw eitemau o fusnes y, oherwydd amgylchiadau arbennig y cadeirydd o'r farn y dylid eu hystyried yn y cyfarfod fel mater o frys yn unol â Rhan 4 (pharagraff 4) o'r Rheolau Trefn y Cyngor yn y Cyfansoddiad.	
10	<u>Gwahardd y Cyhoedd</u>	
	Nidoedd y adroddiadau sy'n ymwneud â'r eitem canlynol yn cael eu cyhoeddi, gan fod eu bod yn cynnwys gwybodaeth eithriedig fel y'i diffinnir ym Mharagraffau 14 o Ran 4 a Pharagraff 21 o Ran 5, Atodlen 12A, Deddf Llywodraeth Leol 1972, fel y'i newidiwyd gan Orchymyn Llywodraeth Leol (Cymru) 2007 (Mynediad at Wybodaeth) (Amrywio).	

Os, yn dilyn cymhwyso'r prawf budd y cyhoedd yn
yr Bwyllgor yn penderfynu yn unol â'r Ddeddf i ystyried yr eitem hyn
yn breifat, bydd y cyhoedd yn cael eu gwahardd o'r cyfarfod yn ystod ystyriaeth o'r fath.

11 Cymeradwyaeth Cofnodion wedi'u Eithrio

151 - 152

Derbyn i'w cymeradwyo Cofnodion Eithriedig cyfarfod 13/03/2025

Nodyn: Bydd hwn yn gyfarfod Hybrid a bydd Aelodau a Swyddogion mynychu trwy Siambr y Cyngor, Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont ar Ogwr / o bell Trwy Timau Microsoft. Bydd y cyfarfod cael ei recordio i'w drosglwyddo drwy wefan y Cyngor. Os oes gennych unrhyw gwestiwn am hyn, cysylltwch â cabinet_committee@bridgend.gov.uk neu ffoniwch 01656 643148 / 643694 / 643513 / 643159

Yn ddiffuant

K Watson

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

Dosbarthiad:

Cynghorwr:

S Aspey

F D Bletsoe

C Davies

P Ford

GH Haines

D T Harrison

M Lewis

J Llewellyn-Hopkins

RL Penhale-Thomas

R J Smith

A Wathan

R Williams

This page is intentionally left blank

PWYLLGOR CRAFFU TESTUN 2 - DYDD IAU, 13 MAWRTH 2025

COFNODION CYFARFOD Y PWYLLGOR TROSOLWG A CHRAFFU AR BWNC 2 A GYNHALIWDYD YN HYBRID YN SIAMBR Y CYNGOR – Y SWYDDFEYDD DINESIG, STRYD YR ANGEL, PEN-Y-BONT AR OGWR, CF31 4WB / O BELL DRWY GYFRWNG TIMAU MICROSOFT DDYDD IAU, 13 MAWRTH 2025 AM 10.00 O'R GLOCH

Presennol

Y Cynghorydd Colin Davies – Y cadeirydd am y cyfarfod hwn

GH Haines

Presennol yn Rhithwir

S Aspey

M Lewis

A Wathan

R Williams

Ymddiheuriadau am Absenoldeb

F D Bletsoe, P Ford, D T Harrison, J Llewellyn-Hopkins, RL Penhale-Thomas ac R J Smith

Gwahoddedigion:

Y Cynghorydd Jane Gebbie Dirprwy Arweinydd / Aelod y Cabinet dros y Gwasanaethau Cymdeithasol, Iechyd a Lles

Claire Marchant Cyfarwyddwr Corfforaethol - y Gwasanaethau Cymdeithasol a Lles
 Laura Kinsey Pennaeth Gwasanaethau Cymdeithasol Plant
 Jade Jones Arweinydd Comisiynu a Digonolrwydd Plant
 Daniel Bolton Rheolwr Grwp y Gwasanaethau i Ddarparwyr

Richard Hughes Prif Weithredwr Ymddiriedolaeth Awen

Swyddogion:

Meryl Lawrence Uwch Swyddog y Gwasanaethau Democrataidd - Craffu
 Jessica Mclellan Swyddog Craffu

Cymeradwyo'r Cofnodion

Y Penderfyniad Wnaed	<u>PENDERFYNWYD:</u> Cymeradwyo cofnodion cyfarfod Pwyllgor Trosolwg a Chraffu ar Bwnc 2, dyddiedig 17 Ionawr 2025 fel cofnod gwir a chywir.
Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025

23. Diweddariad y Flaenraglen Waith

Y Penderfyniad Wnaed	<u>PENDERFYNWYD:</u> Bod y Pwyllgor yn cymeradwyo'r Flaenraglen Waith (FWP) yn Atodiad A yn amodol ar gynnwys yr argymhellion isod, yn nodi'r Daflen Weithredu Monitro Argymhellion yn Atodiad B ac yn nodi yr adroddid am y Flaenraglen Waith fel y'i cymeradwywyd gan y Pwyllgor wrth gyfarfod nesaf y Pwyllgor Trosolwg a Chraffu Corfforaethol: 1. Gofynnodd y Pwyllgor am i'r adroddiadau canlynol gael eu hychwanegu at eu Blaenraglen Waith: a. Cefnogaeth i'r rhai sy'n Gadael Gofal (gan gynnwys mewnbwn gan Gyflogadwyedd a Thai); a b. Gwasanaethau Ymyrraeth Gynnar, Atal ac Ar Ffiniau Gofal. 2. Gofynnodd y Pwyllgor am i'r Strategaeth Llyfrgell ddrafft gael ei hychwanegu at Flaenraglen Waith y Pwyllgor fel eitem Cyn Penderfyniad yn dilyn yr ymgynghoriad yn yr Hydref.
Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025

Y Llyfrgell a Gwasanaethau Diwylliannol

Y Penderfyniad Wnaed	PENDERFYNWYD: Yn dilyn ystyriaeth fanwl a thrafodaethau gydag Aelod o'r Cabinet a Swyddogion, gwnaeth y Pwyllgor yr argymhelliad a'r ceisiadau am wybodaeth ychwanegol canlynol: Argymhelliad: 1. Mynegodd y Pwyllgor bryder bod llawer o drigolion eisoes yn teimlo bod eu llyfrgelloedd lleol dan fygythiad parhaus o gael eu cau ac y gallai'r dogfennau ymgysylltu â'r cyhoedd, sy'n manylu ar y newidiadau arfaethedig a'r hybiau cymunedol mwy canolog, arwain at ganfyddiad pellach y cyhoedd bod eu llyfrgell leol yn debygol o gau. Felly argymhellodd y Pwyllgor: a. dewis ychwanegol: sef cadw'r ddarpariaeth bresennol, i gael ei ychwanegu at y cwestiwn, 'Pa bryderon neu awgrymiadau sydd gennych ynglŷn â'r newidiadau arfaethedig i wasanaethau'r llyfrgell?'; a b. dylai'r neges farchnata allweddol ar gyfer yr ymgynghoriad ganolbwyntio ar y datganiad yn y Cyflwyniad i'r ddogfennaeth ymgysylltu: 'Gobeithiwn y bydd y strategaeth hon yn canolbwyntio ar weledigaeth o ehangu hybiau cymunedol.' Gwybodaeth Ychwanegol: 2. Gofynnodd y Pwyllgor am gadarnhad o ddyddiadau ac amserlenni'r ymgynghoriad a'r dyddiadau y mae Swyddogion yn bwriadu rhoi cyflwyniadau i grwpiau cymunedol a thrigolion, fel y cynigiwyd gan y Cyfarwyddwr Corfforaethol, gan roi cyfle i'r Aelodau fynychu lle bo modd. 3. Gofynnodd y Pwyllgor am ragor o wybodaeth ynghylch y broses ymgeisio am arian o'r Gronfa Hybiau Cymunedol Integredig, gan dynnu sylw at y ffaith y gallai fod yn arbennig o ddefnyddiol yn llyfrgell Abercynffig. 4. Bu'r Pwyllgor yn trafod Llyfrgell Pontycymer, nad oedd yr Aelodau'n teimlo ei bod yn cael ei defnyddio i'w llawn botensial, a thrafodwyd y defnydd o'i hen gartref yn Neuadd y Gweithwyr Blaengarw. Dywedwyd wrth yr aelodau y byddai Bwrdd Ymgynghorol Awen yn cyfarfod yn Neuadd y Gweithwyr Blaengarw i drafod sut i wneud y defnydd gorau o'r adeilad ar sail gynaliadwy tymor hwy a gofynnodd y Pwyllgor am adborth ar ganlyniadau'r cyfarfod.
----------------------	---

Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025
-------------------------------	----------------

Eitemau Brys

Y Penderfyniad Wnaed	Dim
Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025

26. Gwahardd y Cyhoedd

Y Penderfyniad Wnaed	<u>PENDERFYNWYD:</u> Nid oedd yr eitem ganlynol i gael ei chyhoeddi gan ei bod yn cynnwys gwybodaeth wedi ei heithrio fel y'i diffinnir ym Mharagraff 14 o Ran 4 a Pharagraff 21 o Ran 5, Atodlen 12A i Ddeddf Llywodraeth Leol 1972, fel y mae'n ymwneud â gwybodaeth sy'n gysylltiedig â materion ariannol neu fusnes person penodol (gan gynnwys yr Awdurdod sy'n dal y wybodaeth honno). Yn dilyn cymhwyso prawf budd y cyhoedd, penderfynodd y Pwyllgor ystyried yr eitem hon yn breifat yn unol â'r Ddeddf a chafodd y cyhoedd eu gwahardd o'r cyfarfod yn ystod ystyriaeth o'r fath.
Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025

27. Adroddiad Eithriedig – Strategaeth Gomisiynu Lleoliadau y Gwasanaethau i Blant a Theuluoedd 2025-2030

Y Penderfyniad Wnaed	Roedd yr eitem hon wedi ei heithrio
Dyddiad Gwneud y Penderfyniad	13 Mawrth 2025

I gael gweld mwy o'r ddadl a gafwyd ar yr eitemau uchod, cliciwch ar y [ddolen](#) hon

Daeth y cyfarfod i ben am 13:28.

Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
Date of Meeting:	1 MAY 2025
Report Title:	EARLY HELP, PREVENTION AND EDGE OF CARE
Report Owner / Corporate Director:	CORPORATE DIRECTOR SOCIAL SERVICES AND WELLBEING
Responsible Officer:	DAVID WRIGHT DEPUTY HEAD OF CHILDREN AND FAMILY SERVICES
Policy Framework and Procedure Rules:	There is no effect upon the policy framework or procedure rules.
Executive Summary:	The report reflects on 2024/25, highlighting key achievements and challenges whilst also outlining the priorities for 2025/26. The report covers the restructure of Early Help and Edge of Care into the Social Services and Wellbeing (SSWB) directorate and the impact this has had in supporting the directorate in achieving outcomes referred to in the “Think Family”, 3-year plan. The report also summarises the findings from the recently completed Family Support Commissioning Strategy. This report highlights six priorities that need to be focused on over the next 18 months to achieve the outcomes identified in the 3-year plan: • Streamlined systems • More intensive targeted support • Parenting support • Support for older children and young people • Support for children with learning disabilities, neuro-diversity and mental health challenges • Working in partnership with families The report provides a clear action plan that will require effective multi-agency and cross directorate working in order

1. Purpose of Report

- 1.1 The purpose of this report is to present to the Subject Overview and Scrutiny Committee 2 an overview of Early Help, Prevention and Edge of Care and how it has supported Children and Family services achieving elements of the “Think Family”, 3-year plan (the plan).

2. Background

- 2.1 In September 2023, Bridgend County Borough Council Social Services and Wellbeing Directorate, on behalf of the Council, set out a clear set of strategic objectives and actions that will deliver sustainable and effective support for children, young people and families in the County Borough in the next 3 years via its strategic plan. The Think Family Improve Outcomes plan was approved by Cabinet on 19 September 2023 and Council on 20 September 2023.

- 2.2 The plan sets the direction for the work of the service and aims to transform the way children and families are supported in Bridgend in line with national policy and best practice. The plan intends to embed a culture and practice of continuous improvement for children and families which builds on the strengths in families and communities and places safety, wellbeing and improving outcomes for children and their families at the heart of everything we do.

- 2.3 Theme 5 of the plan focusses the Authority on “A more effective response to families with complex needs”. The specific objectives of this theme are:

- To reduce the proportion of children who experience safeguarding and care interventions and keep more children safely with their families.
- To respond more effectively to families who require support, particularly those with more complex or long-term problems.
- To improve the systems and processes which ensure that families get the right response at the right time.

- 2.4 Some of the **key strategic actions** that were set within the plan include:

- Introduce integrated management arrangements for Information Advice and Assistance (IAA), early help, locality social work, locality early intervention and edge of care teams with direct responsibility to the Director of Social Services and Wellbeing.
- Agree a joined up locality approach between key partners in the Council, third sector partners and other statutory partners in locality clusters, so there is a ‘no wrong door approach’, to any child or family who needs to access any tier of preventative services.
- Develop a single point of access for all children and family services.
- Offer a more extensive range of responses at level 3 of the continuum of need.

- Explore the potential for partnerships with the voluntary sector to manage and deliver services for families with complex needs.

2.5 Significant progress has been made by Children and Family services in achieving the actions included in the 3-year plan across all themes including theme 5. However, there is more to do to achieve sustained practice improvements that continue to ensure that children and families have access to the right support, at the right time and prevent their issues escalating.

3. Current situation / proposal

3.1 Children and Family services in Bridgend has seen ongoing increases in demand for support since the Covid-19 pandemic. The following table demonstrates the significant increases in demand since the pandemic and the challenges facing families over the last 5 years:

Year	No. of Contacts	% increase/decrease in contacts to previous year
2019/20	6,810	-
2020/21	4,742	-30.37%
2021/22	5,667	19.51%
2022/23	8,334	47.06%
2023/24	11,940	43.27%
2024/25	14,828	24.19%

3.2 As set out in the plan, a specific action was to consider a restructure of Early Help and Edge of Care services into Social Services and Wellbeing (SSWB) Directorate to assist the Authority in responding to these increases in demand and ensure support for children and families is provided in a timely way.

3.3 Consultation was undertaken between SSWB and Education, Early Years and Young People (EEYP) directorate. A restructure was commenced and concluded in July 2024. This restructure involved the move of some Early Help services specifically Family Support Workers, Wellbeing Workers, Play Therapist and the Edge of Care teams.

3.4 Some support services remained within the EEYP Directorate specifically those that supported education issues including family engagement officers, education welfare officers, school based counselling, youth justice services and youth services.

3.5 Since this restructure, work has been completed to create a single point of access for all children and family services. This led to all referrals for support (those services that are placed in SSWB) being submitted to the Multi-Agency Safeguarding Hub (MASH). The MASH then consider whether there is a need for non-statutory or statutory support.

3.6 In 2023/2024, MASH signposted 192 referrals to Early Help. This equated to 1.62% of the demand being received being diverted to preventative services.

- 3.7 In 2024/2025, this increased significantly to 1,469 referrals equating to almost 10% MASH demand being diverted, demonstrating that the new arrangement is raising awareness of Early Help support at the first point of contact.
- 3.8 Further to the demand being managed in a different way, there has been an impact on the number of children on the Child Protection Register (CPR) and those becoming care-experienced.
- 3.9 On 30 June 2024, prior to the restructure, there were 169 children on the CPR. On 31 March 2025, there were 74 children which is a 56.21% decrease.
- 3.10 In regards to care-experienced children, on 30 June 2024, there were 368 care-experienced children. On 31 March 2025, this had reduced to 333 which is a 9.51% decrease.
- 3.11 Children open to SSWB on a care and support basis also reduced from 1,077 on 30 June 2024 to 802 on 31 March 2025 which is a 25.53% decrease This progress is due to a range of reasons which include the following:
- More stable and permanent workforce
 - Implementation of Signs of Safety practice model
 - Improved management oversight
 - Manageable caseloads
 - Care plans being implemented and monitored
 - Improved interface between Early Help and Social Services
 - Edge of Care services aligned to Children and Family services.
- 3.12 It is evident that following the restructure of Early Help and Edge of Care into SSWB, there has been considerable impact in regards to how demand is managed and the number of children and families being supported on a statutory basis. However, there is more to do to ensure that support provided meets the needs of children and families in Bridgend on an ongoing and preventative basis.

Priorities for 2025 to 2027

- 3.13 To support the long term work of Early Help, Prevention and Edge of Care and ensure children and families receive the right support, at the right time, from the right service, the Institute of Public Care (IPC) were commissioned to undertake an exercise in developing the local authority's approach to commissioning Family Support for 2025-2027 (**Appendix 1 and 2**).
- 3.14 IPC worked with a range of partners from across the Council including the Children and Family Service, Education, Early Year and Young People Directorate and the Chief Executive Directorate, specifically Finance and the Central Grants Team.
- 3.15 IPC held a range of workshops with staff working directly with children and families in Bridgend, reviewed data from across the Council to inform 6 key commissioning priorities. These priorities consist of the following:

Streamlined systems

- 3.16 This priority re-iterates the importance of the “No Wrong Door” approach and although work over the last 12 months has improved some aspects as referred to earlier in the report, there continues to be inconsistency in response to family need, a lack of awareness and understanding of support services available across the county and how those services can be accessed.

More intensive targeted support

- 3.17 The findings from IPC highlight the need to build the skills and capacity of staff within the Family Support services so they are able to work intensively with families who need support on a preventative basis. Those staff will need to be supported to establish a common skill set to be effective in their work.
- 3.18 The strategy demonstrates that with the reductions in demand for statutory support, a refocus of current services to enable them to undertake a higher proportion of their work with families on a preventative basis will be required.

Parenting support

- 3.19 There is evidently a range of parenting support being delivered to families in Bridgend through services from within the Council but also via commissioned services and local community based services. IPC identified that the Council needs to undertake a review of parenting programmes delivered via or by the Council, including the needs that they address and the impact they have.
- 3.20 This review will inform whether the interventions and programmes delivered by the Council are impactful or whether there are better placed organisations available to deliver such work, enabling the local authority to target children and families who are vulnerable and more at risk of becoming known to statutory services.

Older children and young people

- 3.21 The workshops held by IPC provided opportunity for staff to discuss some of the challenges they face when delivering support in local communities. The challenges for older children and young people were a strong theme. IPC have recommended that the local authority consider its current and potential approach to working with children and families in conflict and how best family breakdowns can be avoided.

Children and young people with neurodiversity, learning disabilities and mental health challenges.

- 3.22 An area identified via the review by IPC acknowledged the challenges faced for families experiencing neurodiversity, learning disabilities and mental health issues requiring partnership working locally and regionally. The issues identified will require a collective response across partnerships to ensure the needs can be met in a way that can reduce escalation.

Partnerships with families

- 3.23 Finally, IPC highlighted the importance of family support services working in partnership with families and enabling families to take control of the support they need. The approach from Children and Family services aligned to the Signs of Safety model will be a key principle within this area, however, it will also require services moving from a “doing for” approach to a more empowering, enabling and coaching model of intervention ensuring families do not become dependent on services.
- 3.24 The action plan identified by IPC will lead to a range of multi-agency working groups to respond, address and implement over the coming years. The monitoring of this plan will take place in a range of forums to ensure there is a partnership approach to the implementation of the plan. These will include the following:
- Children and Family Services Senior Management Team
 - Social Services Improvement Board
 - Joint Operational Group
 - Joint Partnership Board
 - Regional Partnership Board
- 3.25 Using the above governance arrangements will ensure there is involvement from partners to support the implementation and impact of the strategy in achieving positive outcomes for children and families in Bridgend.

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.

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

- 5.1 Within the County Borough of Bridgend, the implementation of the duties and responsibilities under the Social Services and Wellbeing (Wales) Act 2014 supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015. 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 well-being 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 well-being outcomes for people. The following is a

summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- **Long Term:** Social Services is demand led and the SSWBA focusses on sustainable prevention and well-being outcomes for the future. There is a requirement to meet the needs of people in the longer term and, due to increased contacts, rising demographics and increasing complexity, the continued improvement and transformation of services remains a priority.
- **Prevention:** The report highlights developments by the Directorate in line with the SSWBA and the intention to prevent child and family need escalating.
- **Integration:** The implementation of the SSWBA requires local authorities to work with partners to ensure care and support for people and support for carers is provided. The report demonstrates the importance of integrated working as the issues impacting on children and families are cross-sector cutting.
- **Collaboration:** The collaborative approaches noted in the report, are managed and monitored through various regional collaborative boards. These include the Cwm Taf Morgannwg Regional Partnership Board (RPB) and the Cwm Taf Morgannwg Regional Safeguarding Board (CTMSB). Working regionally enables the Directorate to strategically plan and deliver local services by optimising available resources. At a local the Bridgend Multi-Agency Safeguarding Team (MASH) is co-located with agencies including South Wales Police, social landlords and the third sector to provide a collaborative approach to safeguarding and our Integrated Network Cluster Teams work with CTMUHB in the delivery of services.
- **Involvement:** Our key stakeholders are the people who use our services and it is important their voice is heard and acted upon. The report produced by IPC demonstrates the engagement of a range of services to inform future work for the local authority.

6. Climate Change Implications

- 6.1 There is no impact or link to Bridgend County Borough Council's climate change aspirations as a result of this report.

7. Safeguarding and Corporate Parent Implications

- 7.1 How we support and continue to improve and strengthen our prevention, safeguarding and corporate parenting arrangements is a key theme throughout the report and remains a key priority for 2025/26.

8. Financial Implications

- 8.1 There are no immediate financial implications related to this report. However, the Family Support Commissioning Strategy may require us to revisit funding allocations currently in place to ensure that services are impactful and make a difference for children and families.

9. Recommendation

- 9.1 It is recommended that Subject Overview and Scrutiny Committee 2 note the content of the report and provide any comments.

Background documents

None

Bridgend Children's Services

Family Support Commissioning Strategy

Final Draft March 2025

1. Introduction and context

This is the final draft of a commissioning strategy for Family Support services to children, young people and families across Bridgend in the period 2025 – 2027. It updates earlier drafts completed in December 2024 and January 2025 and reviewed by the Deputy Head of Children's Services.

The Council agreed a three-year strategic plan 'Think Family, Sustainably Improving Outcomes for Children and Families', which received Cabinet and Council approval in September 2023. It committed the Council to introducing new arrangements for an integrated IAA, early help, locality social work, locality early intervention and edge of care services.

Following this, the Council agreed that from April 2024 all Family Support (an overall title including services previously called early help, family support and edge of care services) should be integrated within Children and Family Services - part of the Social Services and Wellbeing Directorate (SSWB) - with the purpose of ensuring that all children, young people and families are supported quickly and effectively.

Family Support includes early help and edge of care services previously managed by Education and Family Services (EFS) Directorate as well as social care services. It complements pathways and approaches with the education engagement and pupil support services which will remain in EFS, and other sources of support for children and families including from the NHS and the community and voluntary sectors.

As part of the plan Bridgend CBC also agreed the need for a commissioning strategy to drive improvement and investment across the continuum of support for children and families to ensure that provision is based on best practice, and that resources are used most effectively. This includes ensuring that these services can help to reduce demand on acute care and support but most importantly ensure children and families access the right service, at the right time to prevent their needs from escalating. Therefore, this strategy is intended to take a commissioning perspective on:

- What Family Support services and interventions are needed to meet future population need.
- The future distribution of Family Support services including all those both delivered and purchased by the Council.

APPENDIX 1

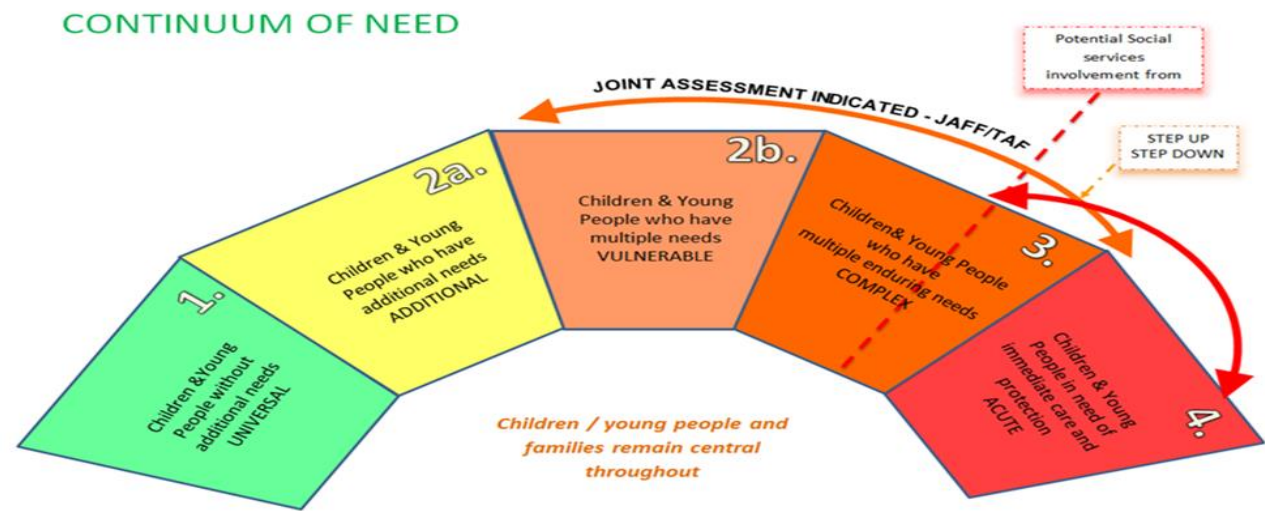
- What is needed to secure effective multi-service referral, decision-making and response arrangements across family support, social work, pupil engagement and education support.
- How Family Support services should complement and interact with related provision including education and pupil support, specialist social care services, NHS and other health services, and community provision including the voluntary and community sectors.

This strategy has been developed by Children and Families Services and concerns the services provided within the Children and Families Service. It does not propose commissioning priorities for EFS, the NHS or other partners, but is intended to provide a starting position for discussions with these agencies about future shared priorities.

2. Family Support from April 2024

2.1. Services in Summary

Bridgend uses the following continuum of need framework to shape the balance of services at different points in the system.



(Diagram 1)

APPENDIX 1

Overall, since April 2024, services at each level of the continuum can be summarised as follow:

Continuum of Need	Service Examples	Key Funding Sources
Universal (1)	• Schools • Primary health care • Leisure services • Public health	• Core Funding
Additional (2a)	• Education engagement and pupil support • Flying Start provision • Web-based advice and guidance	• Government Grants • Core Funding
Vulnerable (2b)	• Early Help Screening • Hub-based Family Support Teams • Education support and welfare • Flying Start and Families First provision	• Government Grants • Core Funding
Complex (3)	• IAA service • Care and Support Assessments • Hub-based Family Support Teams • Locality SW Teams • Integrated Family Support Services (IFSS). • Connecting Families. • Baby in mind. • Rapid Response. • The 'Dads Support Worker' • Rise programme.	• Core Funding • Some Piloting Grants
Acute (4)	• IAA service • Locality SW Teams • Safeguarding • CECT • CLA services • Fostering • Residential care and support	• Core Funding • Some Piloting Grants

(Table 1)

Family Support services are those primarily aimed at children and families at tiers 2b and 3 of the continuum. They are closely linked with both tier 4 acute services and other services at tiers 2 and 3 aimed at education, health and other support.

APPENDIX 1

3. Need and demand

For Bridgend the ONS summarises that in the ten-year period to the last census in 2021 there was an increase of 2.6% in children aged under 15 years. This increase in young people is expected to continue at more or less the same rates in the next decade, a change which is relatively small compared to other South-Wales authorities. However, this relatively small change in numbers is not reflected in patterns of actual demand for Family Support in recent years. The last five years have seen extraordinary changes in patterns of demand for children's services across Wales including Bridgend. Much of this has been related to the ongoing impact on education, health wellbeing from the Covid-19 pandemic, and reflects increases in the demand for care, support and safeguarding quite out of proportion to the overall changes in population numbers.

While all services have been challenged, social care services experienced the brunt of an imbalance between demand and capacity in the period during and following the Covid pandemic. The level of demand for children's statutory social care services in 2021 – 2023, particularly in IAA and hub-based locality services increased substantially:

- 5,763 contacts were received between April and December 2022/23 compared to 4,176 for the same period in 2021/22. This was a 38% increase.
- Between April and December 2022, 2,490 new assessments for children and young people were completed. This was a 121% increase on April to December 2021 when 1,125 assessments were completed.
- The number of child protection conferences held in April to December 2022 was 288. This is nearly 50% more than were held in all of 2021 (201). The increase in these figures is attributed to the throughput of work from the MASH/IAA Service.
- The increase in referrals and assessments led to a larger number of child protection issues being identified and many of those children requiring a Care and Support Protection Plan. There was an increase of 67% in child protection registrations from May 2022 (when the total number on register was 180) to December 2022 (when total number was 302). When compared for numbers per 100,000 population in March 2023 they were the highest in Wales.
- The number of children experiencing care rose by thirty from April to December 2022 (from 369 to 399). This was the third highest proportion per 100,000 population in Wales.

During this period demand for services was being generated across the system and channelled in particular to statutory children's services delivered via the IAA/MASH teams. By mid-November 2023, teams had the following numbers of allocated cases:

Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
Care Experienced Children's Team	9	1	227	0	237
Child Disability & Transition (Incl. 18+)	235	2	12	0	249

APPENDIX 1

Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
16+ Team	224	0	74	0	298
Locality Hubs	423	187	57	19	686
Total	891	190	370	19	1470

(Table 2)

Since late 2023 however, although the number and proportion of contacts received by MASH and IAA at the front door has not reduced, the number of cases which have then progressed to more intensive support have reduced significantly. This has been due to intensive work at the initial stage of response at the front door. So for example there were very significant reductions over the year between October 2023 and October 2024 in the following activities:

Case type	Number in 4 weeks from 6 October 2023	Number in 4 weeks from 4 October 2024
Further enquiries following referral	183	154
Proportionate assessments	19	0
Care and support assessments	510	99
Open S47 investigations	101	9

(Table 3)

This reduction has in-turn led to a 16% reduction in the total number of cases allocated to specialist teams, with a 48% reduction in child protection cases overall and a 34% reduction in cases allocated to the locality hubs between mid-November 2023 (table above) and mid-November 2024 (below):

Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
Care Experienced Children's Team	4	3	222	0	229
Child Disability & Transition (Incl. 18+)	239	2	10	0	251
16+ Team	229	0	65	0	294
Locality Hubs	311	92	40	8	451
Total	783	97	337	8	1225

(Table 4)

APPENDIX 1

This significant reduction in the numbers of cases going through the front door and on to other services is having a positive impact on the capacity and ability of these specialist services to work effectively in-depth on statutory issues with children and families.

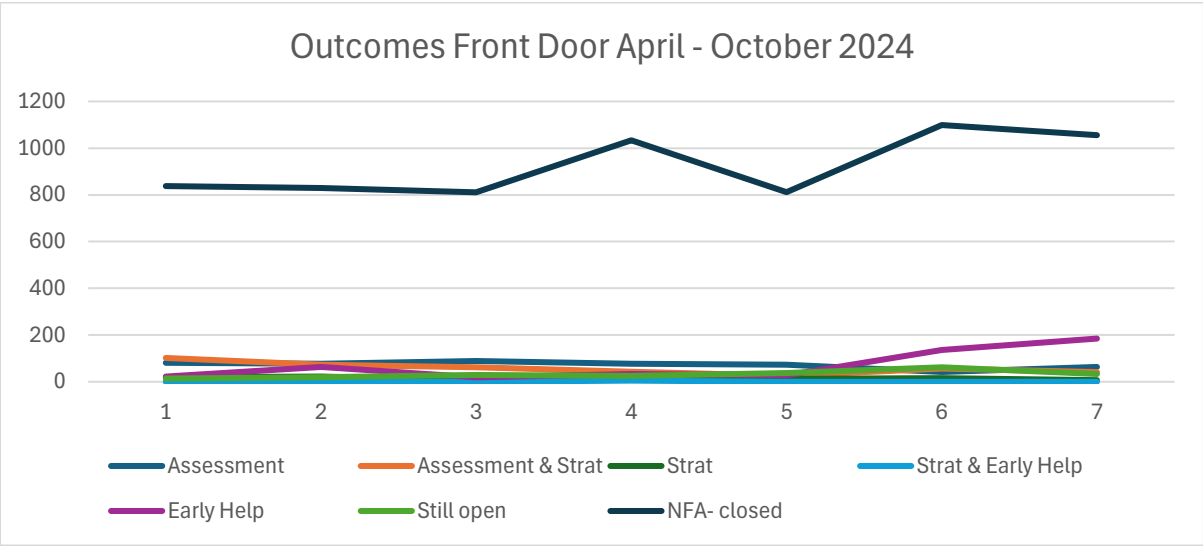
However, there is an ongoing concern that the opportunity to help some families with more complex problems through intensive early help and edge of care support may still be being missed. For example, between May and October 2024 over three-quarters of cases which have come through the IAA front door have led to no further action, while just 6% of referrals lead to an early help referral:

Contact Outcome	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total
Assessment	77	89	77	73	42	61	500
Assessment & Strategy	73	62	43	26	56	37	399
Strategy	23	8	31	13	15	7	116
Strategy & Early Help	0	0	5	0	0	0	5
Early Help	63	19	33	28	136	184	486
Still open	20	29	25	37	62	32	219
NFA- closed	830	811	1034	812	1099	1009	6433
Total	1086	1018	1248	989	1410	1330	8158

(Table 5)

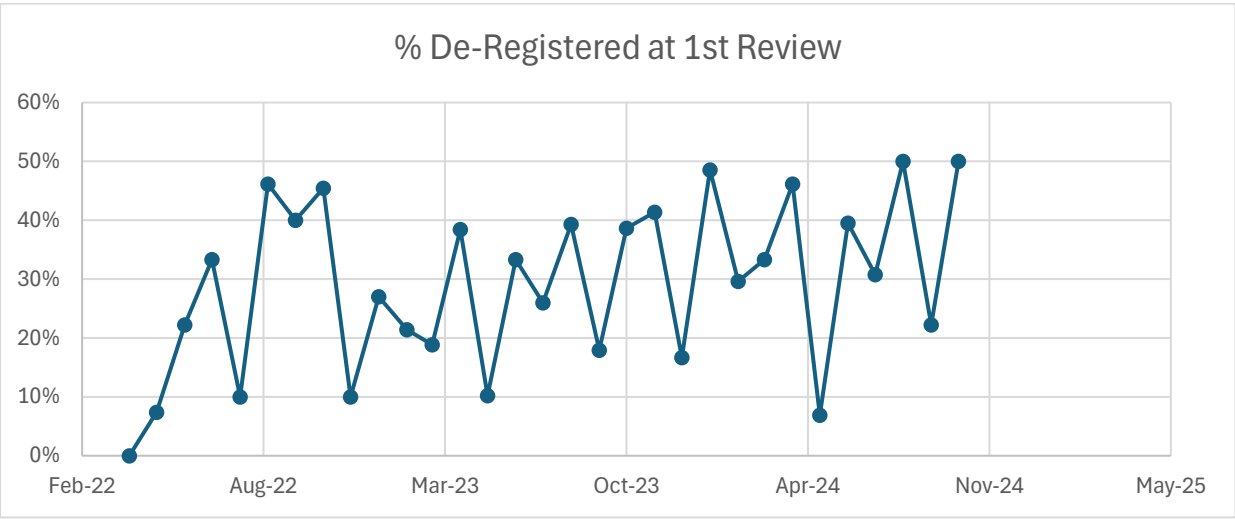
Looking at these figures graphically below it is clear that the numbers of contacts which lead to an early help referral has been growing in recent months – but this remains dwarfed by the numbers where there is no further action and where there are perhaps missed opportunities to support those with comparatively high (but not yet statutory) needs.

APPENDIX 1



(Table 6)

It is also worth noting that in the last two years the proportion of child protection registrations which have led to de-registration at the very first review has been steadily increasing (from around 10% to 40%), suggesting that in many cases registration might not have been needed had there been an effective alternative early help offer for some families:



(Table 7)

These figures raise questions about the availability and capacity of early help services as they are currently configured to meet the referred needs of families – particularly the most vulnerable with complex needs.

APPENDIX 1

4. Resources - national grants and core funds

The Children and Communities Grant (recently taking the form of a combined grant covering a range of originally separate sources including Families First and Flying Start) from Welsh Government has been a major source of funding for Family Support in Bridgend in last 7 years. In 2024-25 the CCG settlement totalled¹ a £8.11m grant. This has included provision in the following key areas, all mainly operating at tier 2a and 2b on the Bridgend Continuum of Need:

Central Grants Team	£0.44m
Families First	£1.83m
Flying Start	£3.56m
Flying Start Expansion Phase 1	£0.26m
Flying Start Expansion Phase 2	£1.06m
Flying Start Expansion Administration	£0.06m
Legacy	£0.40m
Out of Court Parenting	£0.03m
Childcare & Play	£0.12m
Promoting Positive Engagement	£0.19m
St Davids Day	£0.42m
Playworks Holiday Project	£0.46m
Parenting Support Conflict	£0.50m

(Table 8)

These resources are matched by core funding from the Council for Family Support provision as follow:

Description	Core Budget 2024-25
Edge of Care (tier 3)	£1,161,591.00
Early Help (tier 2)	£472,860.00
Out of Court Parenting (tier 3)	£198,755.00
Total	£1,833,206

(Table 9)

In addition, the Council funds the cost of children and families social work services as follow:

Service	Whole Year Budget 2024-25
Information advice and assessment team	£2,210,261

¹ From BCBC Financial Staffing and Outcome Date V1 2024

APPENDIX 1

Service	Whole Year Budget 2024-25
Disabled children and transition team	£883,792
Contact worker team	£527,176
Care experienced children team	£1,225,555
Safeguarding north	£940,267
Safeguarding east	£918,316
Safeguarding west	£807,313
Safeguarding central	£777,942
Total	8,290,622

(Table 10)

In the November 2024 table above of case types, the proportion of cases dealt with on a care and support (tier 3) basis was approximately 64% compared to the proportion dealt with on a safeguarding or care experience (tier 4) basis which was 36%. If applied to the social care resources above this suggests that approximately £5,309,199 was spent on tier three services, and approximately £2,986,424 was spent on tier four.

In addition, the Council pays for internal and independent residential, fostering and SGO services, all of which can be described as being at tier 4 in the continuum as follow:

Service	Expenditure 2023-24
Internal Children's Residential Homes	£3,800,322
Independent Children's Residential Homes	£2,913,502
Internal Fostering and Kinship	£3,765,660
Independent Fostering	£2,057,715
Special Guardianship Support	£1,322,260
Total	£13,859, 459

(Table 11)

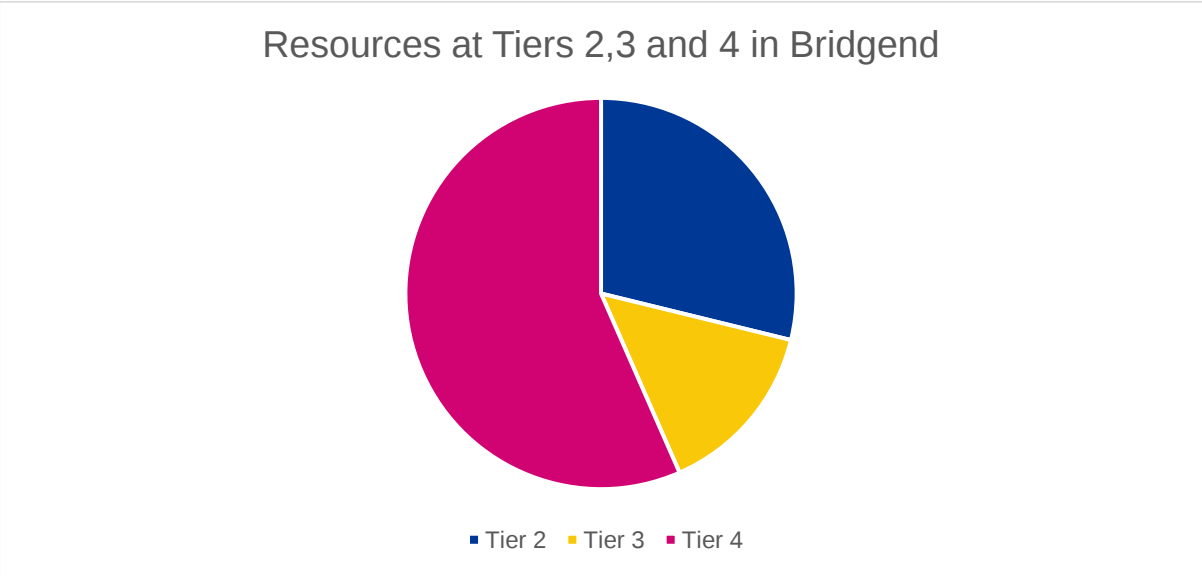
In total therefore, the resources available to the Children and Families Service to support children and families at tiers 2-4 in 2024-25 amount to:

- Tier 2b: £8,582,860.

APPENDIX 1

- Tier 3: £4,346,770.
- Tier 4: £16,845,883.

Presented graphically it looks like this:



(Diagram 2)

Overall there is too little resource being used to support families at tier 3 in the overall system and as a result more resources are having to be used at tier 4. With more resources and more effective services able to operate with families at tier 3, the Council might be able to reduce still further the number of families it has to support at tier 4 and offer a better set of outcomes for these children and families.

5. Services

5.1. Overview

Up to March 2024 the EFS Directorate had management responsibility for education engagement and pupil support services in Bridgend as part of the wider early help service. Since April 2024 these services have remained in EFS and provide direct support to schools and pupils. EFS and Children’s Services are working to update arrangements for referral, response criteria, communications and information sharing within the new arrangements.

The Education Engagement and Pupil Support service will continue to play an important part in supporting children and young people to engage with and get the most from education. Both Directorates will need to work closely to ensure that these services complement the wider Family Support provision.

Family Support services, comprising early help, edge of care support and out of court parenting are now managed by Children and Family Services. This includes a

APPENDIX 1

proportion of the CCG grants and the internal core resources of the Council allocated to provision in this area. An indication of the balance of resources allocated across Children and Families Services is by the FTE staffing levels of each service as of April 2024:

Teams	FTE Staff
Early Help Hubs in three localities	50.2 FTE
Edge of Care	24.0 FTE
IAA Safeguarding	26.7 FTE (plus short-term managed team 11FTE ended 2024)
SW Hubs in three localities	57.72 FTE
SW Child Disability	9.61 FTE
Youth Justice	17.62 FTE

(Table 12)

5.2. Early Help

Early help services are included within the scope of service inspected by Care Inspectorate Wales and are part of the statutory duties of a Director of Social Services under Part 8 of the Social Services and Wellbeing (Wales) Act 2014.

As of April 2024 this service, minus those staff who will work in the EFS pupil support and education engagement service, has been part of the Family Support Service in the Social Services and Wellbeing Directorate.

Early help services consist of a County Borough-wide screening team and three local hub-based Early Intervention Teams which include senior early help workers, Family Support workers, and wellbeing workers. The areas covered by Early Help Team hubs are coterminous with the children’s safeguarding teams and with other school-facing services.

The early help service has had its own website to provide advice and assistance to families. The aim of the website is to help people find resources for themselves. There has been a common referral point, the early help screening team, where requests for help are received and triaged to assess what response is required. It is co-located with the Children's Social Care Information, Advice and Assistance (IAA) service within the MASH. Early help services have had their own referral process and pathways which are run as a separate system from IAA/MASH. They have used a separate module within WCCIS to record their work. There are three Early Help Teams based in the East (18.19 FTE staff), North (18.4 FTE staff) and West (13.61 FTE staff). The managers and Family Support Workers within the Early Intervention Teams have been funded through a combination of core and grant funding.

APPENDIX 1

These early help services have worked primarily to date at levels 2a and 2b of the Bridgend continuum of need. A wide range of services are offered including for example the services summarised in appendix 1 against the five tiers in the Bridgend continuum of need. The Early Help Teams have to date provided advice, assessment, support and casework following assessment for families who have additional (2a) needs or are vulnerable (2b). The service has only worked to date with children and families where they have consented to work with the service. To date they have not been designed to work with families with more complex, challenging or long-term issues. The service has also been distributed across three different geographical areas with separate management arrangements in place in each. This has led to what some have described as inconsistent arrangements and responses to need and demand, in contrast to the consistency of response which has been achieved by the edge of care services in the same period.

With the move into the new Directorate comes the opportunity to refocus services to ensure they are being most effective for families, and to design referral, case management, communications and information sharing arrangements which work as successfully as possible.

5.3. Edge of Care Services

Prior to April 2024 the edge of care services were also managed within the Education and Family Support Directorate. Much of their day-to-day contact was with the locality social work teams and IAA/MASH. The children and families they work with are nearly all at tier 3 or tier 4 of the continuum of need, and their interventions are often part of a package of support within a care and support plan overseen by Social Workers. The service is now part of the Family Support Service in Children's Service.

The edge of care services are organised as one team with six discrete services. Each service is set up to meet a specific cohort and need. The services are:

- Integrated Family Support Services (IFSS). This service is mandated by the Welsh Government and is focused on acute or highly complex needs including substance misuse where children are at risk of care experience. There may be more effective ways of delivering this service.
- Connecting Families. Offering generic family support services.
- Baby in mind. For vulnerable parents and their child pre and post birth up to twelve months of age. This service is a partner with Flying Start.
- Rapid Response. The service offers rapid response and works with families for 6 to 8 weeks. Families often move from Rapid Response to the Connecting Families Service.
- The 'Dads Support Worker' works with fathers who are the main carers or fathers struggling in their parenting role.
- Rise. This is a programme for parents who have had a child or children removed in care proceedings to help them address the issues leading to their child's removal from their care and prevent further children entering care.

APPENDIX 1

In 2023-24 the edge of care services worked with about 380 children overall and reported that 92% of children involved were prevented from becoming care experienced. These edge-of-care services have played an important role in responding to the needs of families with complex issues and reducing the number who need statutory interventions. It is a lightly resourced set of services, particularly when compared to the resources going in to meet the needs of care experienced children. There is the potential to increase the number and range of interventions and have a further impact on demand.

5.4. Children and Families Social Work

The Children and Families social work services continues to be managed from within the Children and Families Services. They are organised into three service areas:

- Information Advice and Assessment (IAA) and Safeguarding.
- Three hub-based locality social work teams (a fourth team is being developed).
- Care experienced, child disability and transitions team and corporate parenting services each reporting to a group manager who reports to the deputy head of children's services. The services for care experienced children, child disability and transition and corporate parenting are outside the scope of this report.

The demands on all aspects of children's social care casework services have grown over the last three years, but thanks to intensive work at front door and in case work with longer-term teams this trend has been reversed in recent months. To deal with the pressures generated by the large, rapid and sustained increase in demand for services, short-term measures have been taken on capacity, levels of referrals, screening and triage, record management, caseload management and quality assurance. These measures have had a positive short-term impact. They have enabled the service to manage unprecedented demand and improve service and performance standards as reflected in internal performance management and the Care Inspectorate Wales (CIW) inspections of the service. These short-term measures have been complemented with a longer-term improvement programme, and new operating and practice models based on:

- A realistic assessment of the staffing capacity and associated financial investment required to meet demand to the required standards.
- Lessons learnt from recent experience and best practice elsewhere in terms of the Council-wide financial strategy and how services are best organised.

The hub-based locality teams are based in social care hubs which are coterminous with the early help local hubs. Their focus is levels 3 and 4 of the continuum - children in need of care and support, children on the child protection register and children on the edge of care including where care proceedings are being considered or have been initiated but not completed and children whose needs require a care and support plan. Their work is medium to long term.

APPENDIX 1

Children typically are on the child protection register for 9 to 12 months. Care proceedings generally take 26 weeks or more to conclude. The locality social work teams work closely with the edge of care services.

The focus of development work for these teams in the last two years has been to manage unprecedented demand. From April 2024 in addition to continuing to do this, the Directorate is working hard to ensure that the work of these teams is managed and undertaken in a way which reduces demand and enhances the effectiveness of whole family interventions including wherever possible through family support. It is the intention that over time costs of care provision and statutory social care will come down as fewer families need this form of intervention.

5.5. The IAA service

The IAA service is managed by a Group Manager for IAA and Safeguarding reporting to the Deputy Head of Service and through them to the Director of Social Services and Wellbeing. The IAA team receives contacts and referrals, provides advice and assistance, assesses needs, undertakes child protection enquiries, and retains case responsibility up to the point of initial child protection conference or first hearing in care proceedings or transfer to a locality team social worker where a care and support plan is required. The IAA has a team comprising just under 25 FTE staff comprising two managers, four senior practitioners, 13 social workers, four social work assistants and a young carer co-ordinator. The temporary managed team worked to support the service over a two-year period to August 2024.

6. What does the external evidence tell us?

The management model for Family Support that Bridgend moved to in April 2024 is clearly one favoured around Wales and one which other local authorities have used to secure significant improvements in the impact of services on the most vulnerable (and costly) families. It is supported by an expanding research base and by national policies across the UK. This evidence is summarised in appendix 2, appendix 3 and appendix 4. From these sources we have concluded that:

- There is clear evidence about the relative cost-effectiveness of intensive interventions to support the most vulnerable families - rather than relying on lighter touch support to help these families build resilience or address issues.
- There is also a clear and growing evidence base which recognises that early help services for vulnerable children and families with more complex issues need to be designed and delivered differently to those which are needed to meet the needs of families with less complex issues.
- There is also an emerging evidence base about the types of interventions most likely to be able to support children and families with more complex needs, which emphasise the importance of intensive and skilled work specifically geared to meet the individual needs of a family.
- There is a clear policy focus across the UK on greater integration of family support, early help and safeguarding within a single delivery framework, and clear evidence base about the leadership and governance and management

APPENDIX 1

which are likely to support effective early help arrangements in an area, and which could be used as the basis of analysis of local arrangements, focusing particularly on the importance of shared practice and systems across agencies.

In summary the evidence is that, if applied effectively, a more intensive and pro-active approach to supporting the most vulnerable families can have a significant positive effect on the needs and outcomes for children and young people in Bridgend. There is good evidence from other local authorities in Wales, and from research across the UK that this approach can have a significant impact on demand for safeguarding and care provision for children and young people. Such approaches need to be based on evidence-based content; sufficiently intensive in format and dosage; have a strong fidelity to the intervention model and good quality assurance systems; and have a clear and specific target population.

A significant amount of the resources used by the Council to deliver services at tiers 2a and 2b need to meet Welsh Government grant criteria aimed at families who have some additional needs - but we also need to refocus some of our services to enable them to deliver effective intensive interventions with children, young people and families with complex and acute needs (tiers 3 and 4). If implemented effectively this will have a positive impact on reducing the number of children and young people who have to be supported through statutory safeguarding, care experience, and residential or foster care.

7. Commissioning priorities

7.1. The Council's policy commitments

Theme 5 of the three-year strategic plan 'Think Family, Sustainably Improving Outcomes for Children and Families', which received Cabinet and Council approval in September 2023 committed the Council to '*A more effective response to families with complex needs.*'

The rationale for this was that '*...Demand for social care services to address the needs of families with more complex or long-term problems continues to rise. The Council has decided that to address these challenges a more integrated approach is needed, and that early help, edge of care, IAA and locality social work services need to be part of the same function, with common frameworks, referral and support arrangements to support them.*'

The Council also agreed that further investment was needed in these services to deal with the significant increase in demand from these families since the Covid-19 pandemic and the current economic challenges facing the UK and its public sector. The Council committed to the following in the three-year strategic plan:

- To a single point of access for all children and family services along with integrated management arrangements for IAA, early help, locality social work, locality early intervention and edge of care teams with direct responsibility to the Director of Social Services and Wellbeing.

APPENDIX 1

- To take a joined-up locality approach between key partners in the Council, third sector partners and other statutory partners in locality clusters, supporting schools, so there is a 'no wrong door approach', to any child or family who needs to access any tier of preventative services. This design will be informed by good practice in other parts of Wales and will require some redesign to websites and telephone routing systems.
- To offer a more extensive range of responses at level 3 of the continuum of need so that the most vulnerable families can get the interventions they need to reduce the number of children and young people needing to experience care or safeguarding.
- To review the planning and commissioning external services and managing grants to support the effective delivery of grant funded services to complement Council provision and explore the potential for partnerships with the voluntary sector to manage and deliver services for families with complex needs.

This commitment along with the evidence base described in the appendices and the data about activity and performance in Children and Family Services has underpinned the commissioning priorities identified in section 8 below.

8. Commissioning priorities

The evidence presented in the sections above was shared with key stakeholders in Bridgend in Autumn 2024. It was agreed that further improvement was needed in the range and quality of Family Support services to complement other improvement activities across children and families services and to meet the commitments of the three-year strategic plan and the following Family Support commissioning priorities were identified:

8.1. Streamlined systems

Referral and allocation arrangements are still piecemeal. Different services (particularly early help and edge of care) have separate arrangements leading to confusion for families and referrers. Early help support for more vulnerable families is often withdrawn when families issues are escalated into safeguarding or more intensive social work support leading to gaps in support. These issues are being addressed and the recent move to a single early help and MASH front door is already helping, but overall professionals are still not clear about range of services available and how to access them. Too many assessments still lead to no further action suggesting there are still too many inappropriate referrals to social care. More needs to be done to take forward plans to integrate access, assessment, planning and co-ordination arrangements for children, young people and families who need support. This includes:

- Building a single integrated and managed service with smooth and effective pathways between front door, family support and social work teams. This will include management arrangements aimed at securing greater consistency of response and of practice across the County Borough, with clear operational responsibilities for team managers across the whole Borough. There may be a

APPENDIX 1

strong argument for aligning the structure of early help to the existing edge of care model with parallel or integrated management arrangements such as one team manager to lead the co-ordination and implementation of a revised way of working.

- Developing a single point of access to all children and family services.
- Drawing on the findings from a current review of front door arrangements to identify how early help, IAA and MASH arrangements can be designed to work most effectively for families.
- Developing an effective single no wrong door process for families and professionals including schools.
- Redesigning the websites and telephone routing systems so that early help and social work support are aligned
- Agreeing a single set of measures and a single monitoring framework to use as the basis of maintaining a close handle on demand, activity and performance.

Specific Examples to Explore:

The following are taken from the appendices to this report summarising the approaches of comparator sites, research and policy evidence and examples of practice relevant to the commissioning priority above:

Comparator A

Partners involved in supporting children and families through early help all contribute to a 'Space and Wellbeing Panel' – a network of professionals who meet regularly to agree who and how best to support a family who have been referred by a professional or who have self-referred. It is managed by Children's Services. The Panel is a vital component, and regular meetings of partners has in addition to securing better coordinated responses to individual families, been the source of greater consistency of approach between agencies. It deals with referrals for families up to and including complex needs. It links closely with the separate safeguarding hub and children in need arrangements.

Comparator C

There is now a single front door for all early help and potential social care services. There is a single referral form. The team scrutinises referrals, checks them, makes contact and shares with colleagues. Qualified and unqualified staff in the IAA are equally valuable – these roles are paid for by Families First funding.

Comparator D

The SPACE Wellbeing panel is a multi-agency weekly response to needs – mainly professional referrals. The 'Supporting Family Change (SFC)' service head chairs the meetings and IAA service it.

APPENDIX 1

8.2. More intensive targeted support

There is already an extensive offer of prevention and early help services across the County Borough which offer trauma-informed, strengths-based, conflict mediation, specific support for neuro-diverse conditions and school attendance, as well as life-skills support.

However, more vulnerable families with more complex needs tend not to engage sufficiently with these offers, and often in practice early help support is withdrawn if a more vulnerable family becomes involved with social workers or through a Care and Support plan. There are also questions about the impact of some interventions as many families seem to bounce back into the system frequently, or their issues seem to escalate quickly despite often quite long-term engagement with early help.

The range of more intensive support at tier 3 on the Bridgend continuum, with the purpose of helping these more vulnerable families to avoid the need for care experiences or safeguarding is too limited currently, and more is needed in this area. Greater impact on these families will help improve outcomes for those most vulnerable children and young people and reduce demand expensive intensive substitute support. The local authority plans to strengthen the range and volume and quality of services offering support to the more vulnerable families at the edge of care. It will:

- Build the skills and capacity of staff within the Family Support services so they are able to work intensively with families at tier 3.
- Establish a common skill set that family support workers need to develop to be effective in their work.
- Refocus current services to enable them to undertake a higher proportion of their work with these families.
- As tier 4 resource requirements are reduced as a result of effective Family Support, maintain the level of tier 3 provision and build up provision at Tier 2b once again.

APPENDIX 1

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator A

The Leading Change Together team is a long-term intervention team with up to 18-month Family Support right through register, CiN, Court. They are separate from but closely liaise with the statutory social worker.

Comparator B

Increased their edge of care team and it is working very intensively with families – caseloads of a maximum of 4-5 cases per worker. There has been a strong focus on mothers and babies, and they are having success at turning these families round at the edge of care.

Comparator C

A new 'Edge of Care Service' has been put in place in the last year – this is now a full service combining the edge of care team, IFSS, Reflect and a small new team working proactively on care order discharges – (30 children discharged in 18 months).

Comparator E

The Families Plus Team works with families identified as requiring intensive intervention. These families may have stepped down from Children's Services intervention or have been referred to the IAA (Information, Advice and assistance) but did not meet the threshold for statutory Children's Services intervention. The Families Plus Team comprises intervention Workers who deliver a short-term intensive package of support to families.

Comparator F

Investment in Families First was re-focused on children and families with significant and complex needs. They invested in a 'team around the family' service. The focus was on families on the edge of statutory need who were not engaged by the existing early help services which were not tackling these family's issues. The service developed a cases peer review system with partners - Police, Health, Education to discuss what are appropriate referrals and actions on cases. It is used on particular issues where there are disagreements on the management of a case.

Early Intervention Foundation.

Effective interventions for more vulnerable families are characterised by

- Evidence based content.
- Sufficiently intensive format and dosage.
- Strong fidelity to the intervention model and good quality assurance systems.
- A clear and specific target population.

APPENDIX 1

- A clear purpose and strong understanding of the potential value-added nature of a service.
- Appropriate resources and workforce skills and capacity.
- Robust inter-agency assessment and referral systems.
- Robust monitoring and evaluation of progress and outcomes.

Early intervention Foundation

Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks include Child First, Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Pathways Triple P, Functional Family Therapy, Multidimensional Family Therapy, Multisystemic Therapy, Treatment Foster Care.

8.3. Parenting support

There are a large number of parenting support programmes and activities offered by different services in Bridgend. They tend to be based around 'teaching-based' models helping parents to understand principles of good parenting and to put them in to practice in test situations. The range of different approaches is seen by workers as sometimes confusing and possibly duplicating. Eligibility criteria and access routes are not clear. The interventions are not seen as sufficiently intensive to have impact on more vulnerable families with complex needs.

There is not enough in-depth individual coaching-based support for families who need to address parenting problems and difficulties. Bridgend will work with partners to balance parenting support more effectively and ensure that intensive, high-skill provision is available and applied in the right circumstances. It will:

- Complete a review of parenting programmes delivered via or by the Council, including the needs that they address and the impact they have.
- Review the Integrated Family Support Services which address acute or highly complex needs including substance misuse where children are at risk of care experience to explore more effective ways of delivering this service.
- Identify intervention models which are not currently offered involving intensive support which could have a greater impact on more vulnerable families, and direct Family Support capacity to develop and deliver such programmes.
- Ensure that some parenting programmes currently aimed at tier two Family Support is refocused on more intensive tier three support.
- Undertake a commissioning and procurement exercise to identify potential partners in delivery for these new services, and explore the extent to which voluntary sector, education and NHS partners can provide tier 2 'course-based' support for parents.

APPENDIX 1

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator E

There has been significant investment in edge of care services designed to support families without the need for expensive care proceedings or provision. For example, a crucial investment in services in the last few years has been to fund (from core services) edge of care support from a psychology-advised intensive Family Support service.

Early Intervention Foundation

Child First and Child-Parent Psychotherapy are two examples of psychotherapeutic interventions with level 3 evidence of improving behaviour and reducing child protection risk in families where one or both parents has a mental health problem. MST-CAN also has level 3 evidence of supporting a variety of important child outcomes, as well as reducing the likelihood of parental neglect and the need for an out-of-home placement.

Therapeutic support offered to the mother and child in parallel has evidence of reducing domestic abuse-related trauma, and re-exposure to domestic abuse. Child First and Generation PMTO are examples of two therapeutic interventions with evidence of reducing trauma in mothers and children who have experienced or witnessed domestic abuse.

Examples of interventions of increasing parental abstinence and improving child outcomes include behavioural couples therapy combined with Helping the Non-compliant Child, Parents Under Pressure and Multisystemic Therapy, Building Stronger Families.

8.4. Older children and young people

For some time there has been increasing demand for support to help deal with complex family conflict involving young people aged 13+, and frustrations from professionals with the resources currently available.

There is a shortage of experienced staff with the right skills in this area to be able to work intensively with families and young people individually. Stakeholders are seeing significant increases in young people experiencing exploitation including young people in foster, adoption and SGO placements. It also includes gang-based conflict. School conflict and exclusions are often significant factors here.

There is no doubt amongst stakeholders that this is a challenging and increasingly demanding area of support, and that current early help provision is not addressing the demands which are arising. Bridgend will work with partners to build capacity to work with the more vulnerable young people. It will:

APPENDIX 1

- Explore existing and potential interventions with families in conflict which could have a greater impact on more vulnerable families and work with partners in the NHS to direct resources to develop and deliver such programmes.
- Increase capacity in this area so that Family Support services are able to be undertaken more intensive support for families with more complex needs.
- Identify how best to deliver or commission these services using in-house and partner capacity.

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator F

The service invested in services for teenagers as their data told them too many teenagers became care experienced in an emergency and then did not go home. It created a bespoke service available evenings and weekends to respond when the need arose. They also identified serious neglect as another pressure for children to become care experienced. They developed an immediate response service which then worked with families to stabilise and rebuild their ability to care for their children. This service helps with practical care such as morning routine, feeding, getting to school hygiene etc.

Early Intervention Foundation

Interventions with causal evidence of improving child behavioural outcomes provide parents with strategies for reducing coercive family interactions at home. Intensive, ‘wrap-around’ Family Support is often necessary when there are child maltreatment concerns, or the child is involved in the criminal justice system. These interventions combine behavioural management strategies with systemic family therapy to help families develop new strategies for engaging more positively with each other and reduce abusive and violent behaviours.

The Family Foundations intervention has causal, long-term evidence of reducing conflict in the couple relationship and improving child behavioural outcomes up to seven years after intervention completion.

Child First and Child-Parent Psychotherapy are two examples of psychotherapeutic interventions with level 3 evidence of improving behaviour and reducing child protection risk in families where one or both parents has a mental health problem. MST-CAN also has level 3 evidence of supporting a variety of important child outcomes, as well as reducing the likelihood of parental neglect and the need for an out-of-home placement.

8.5. Children and young people with neurodiversity, learning disabilities and mental health challenges.

Linked to the priority above there is increased demand from children and young people with challenging behaviours related to a mental health or learning difficulty condition, particularly into teenage years. An increase in intensive support for more

APPENDIX 1

vulnerable such families is needed to help them work out how best to manage these behaviours and to support them to maintain their families.

Partners across Bridgend need to be much more responsive and supportive with more vulnerable families including through more pro-active health and education. Sufficiently intensive support for young people facing these issues from the NHS is very rare currently and waiting lists are long for assessment and then support. It will:

- Work with colleagues in the NHS to agree a plan for investment in these areas focused on those with complex needs at tier 3 of the continuum of need.
- Identify more intensive Family Support interventions particularly suited to children and young people with neurodiversity, learning disabilities and mental health challenges and work with partners to develop and implement them in Bridgend.

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator D

A range of more intensive support services to complement the work of social services include MyST (in effect a tier 4 CAMHS service) with high needs both at edge and in care. Psychology informed service with psychologists employed in a range of teams. This is complemented by Social Work teams which are patch-based – and where demand trends are handled by adjusting wards (rather than people).

Comparator E

The Children with Additional Needs service (CANS) Team works with families where the neuro-developmental, cognitive or physical impairment needs of their child are below the statutory threshold for intervention and the family requires specialist support to understand and manage their child’s needs and/or address the impact this is having on the wider family.

8.6. Partnerships with families.

Finally the professional culture remains too much based on ‘gift relationship’ with families – there is a need to move to more of a partnership approach in planning, negotiating supporting and balancing respective responsibilities. Some families are over-reliant on ongoing support. Further work is needed to embed trauma-informed, strengths-based practice and remove a culture of professionals blaming rather than understanding families. A much stronger promotion of parent support networks is needed. It will:

- Continue to develop skills and experience throughout Children and Families services on Signs of Safety, trauma-informed and strengths-based practice.
- Ensure that training and development of staff focuses on helping workers understand the full range of support available to families and when best to access them.

This page is intentionally left blank

Bridgend Children's Services Family Support Commissioning Strategy Action Plan January 2025

1. Introduction and context

This document is an appendix to a draft commissioning strategy for Family Support services to children, young people and families across Bridgend in the period 2025 – 2027 prepared by the Institute of Public Care at Oxford Brookes University (IPC) for Laura Kinsey and David Wright in Children and Family Services at Bridgend County Borough Council (BCBC). The appendix comprises a draft action plan for discussion based on the recommendations in the draft report and the Council's commitments in its three-year plan for children and families services including:

- To a single point of access for all children and family services along with integrated management arrangements for IAA, early help, locality social work, locality early intervention and edge of care teams with direct responsibility to the Director of Social Services and Wellbeing.
- To take a joined-up locality approach between key partners in the Council, third sector partners and other statutory partners in locality clusters, supporting schools, so there is a 'no wrong door approach' to any child or family who needs to access any tier of preventative services. This design will be informed by good practice in other parts of Wales and will require some redesign to websites and telephone routing systems.
- To offer a more extensive range of responses at level 3 of the continuum of need so that the most vulnerable families can get the interventions they need to reduce the number of children and young people needing to experience care or safeguarding.
- To review the planning and commissioning external services and managing grants to support the effective delivery of grant funded services to complement Council provision and explore the potential for partnerships with the voluntary sector to manage and deliver services for families with complex needs.

APPENDIX 2

2. Key commissioning priorities

The strategy identified the following key priority areas for further improvement

- Streamlined systems
- More intensive targeted support
- Parenting support
- Older children and young people
- Children and young people with neurodiversity, learning disabilities and mental health challenges.
- Partnerships with families

The following draft action plan considers each of these six areas below. The action plan should be read in conjunction with the front door review action plan from January 2025.

Area	Priority Actions	Leadership and Timescales
Streamlined systems	Introduce management arrangements for early help which are integrated with edge of care model, and which promote greater consistency and reliability of early help services across the County Borough	SMT decide on management arrangements and appoint / develop to roles from March – June 2025
	Work with partners to implement the findings and action plan of the recent review of front door arrangements.	Establish a joint working group with support from the regional safeguarding board to deliver the action plan from April 2025 – March 2026

APPENDIX 2

Area	Priority Actions	Leadership and Timescales
	Work with partners to agree a single set of measures and a single monitoring framework to maintain a close handle on demand, activity and performance in referral, assessment and early help services.	MASH/IAA managers with Information Systems colleagues overseen by the joint working group from April – September 2025
More intensive targeted support	Undertake a programme to build the skills and capacity of staff within Early Help and Family Support services so they are able to work intensively with families at tier 3, including establish a common skill set that family support workers and refocus current services to undertake a higher proportion of their work with these families, and monitor the impact and adjust resources as needed.	Establish a Commissioning Strategy Implementation Team to oversee the development and delivery of the programme from April 2025 – March 2026
Parenting support	Review parenting programmes delivered via or by the Council, to ensure they are sufficiently intense and personalised to meet complex needs. Include a review of the Integrated Family Support Services which address acute or highly complex needs and explore intensive support models which could have a greater impact on more vulnerable families.	Commissioning Strategy Implementation Team to oversee the review (co-terminus with older children review) from April – September 2025
	Deliver a commissioning and procurement exercise to identify potential partners in delivery for these new services, and explore the extent to which voluntary sector, education and NHS partners can provide tier 2 'course-based' support for parents.	Commissioning Strategy Implementation Team to oversee the exercise (in tandem with the older children exercise) and liaise with partners on implications from September 2025 – March 2026

APPENDIX 2

Area	Priority Actions	Leadership and Timescales
Older children and young people	Review interventions with families in conflict which could have a greater impact on more vulnerable families and liaise with partners in the NHS to direct resources to develop and deliver such programmes.	Commissioning Strategy Implementation Team to oversee the review (co-terminus with parenting support review) from April – September 2025
	Deliver a commissioning and procurement exercise to identify how best to deliver these services, including through increased capacity in this area so that Family Support services can be undertaken more intensive support for families with more complex needs.	Commissioning Strategy Implementation Team to oversee the exercise (in tandem with the parenting support exercise) and liaise with partners on implications from September 2025 – March 2026
Children and young people with neurodiversity, learning disabilities and mental health challenges	Work with colleagues in the NHS to agree a strategy for investment in these areas focused on those with complex needs at tier 3 of the continuum of need.	Commissioning Strategy Implementation Team to work with partners to agree a shared strategy for these services April 2025 – September 2025.
	Deliver a joint commissioning and procurement exercise with partners to identify and secure more intensive Family Support interventions particularly suited to children and young people with neurodiversity, learning disabilities and mental health challenges and work with partners to develop and implement them in Bridgend.	Commissioning Strategy Implementation Team to oversee the exercise with partners from September 2025 – March 2026

APPENDIX 2

Area	Priority Actions	Leadership and Timescales
Partnerships with families	Review the impact of Signs of Safety and Strengths-Based practice across BCBC and partners and agree a programme of further implementation.	Children and Families Service Senior Leadership Team oversee this exercise from April – September 2025.
	Agree a revised set of principles and practice standards on working effectively with families and review current ongoing staff training programmes to ensure they focus on them.	Children and Families Service Senior Leadership Team oversee this exercise from April – September 2025.

This page is intentionally left blank

Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
Date of Meeting:	1 MAY 2025
Report Title:	CARE INSPECTORATE WALES (CIW) INSPECTION OF BRIDGEND COUNTY BOROUGH COUNCIL'S (BCBC) REGULATED SERVICES IN ADULT SOCIAL CARE
Report Owner / Corporate Director:	CORPORATE DIRECTOR, SOCIAL SERVICES & WELLBEING
Responsible Officer:	JACKIE DAVIES HEAD OF ADULT SOCIAL CARE
Policy Framework and Procedure Rules:	There is no effect upon the Policy Framework and Procedure Rules.
Executive Summary:	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. The CIW are required to: • Carry out functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services. • Decide who can provide services. • Inspect and drive improvement of regulated services and local authority social services. • Undertake national reviews of social care services. • Take action to ensure services meet legislative and regulatory requirements. This report provides the Committee with information on the regulatory activity undertaken by CIW across Bridgend County Borough Council's Adult Care Services in 2024/25. The inspections in the accommodation based and domiciliary regulated support services report against core themes: • Well-being • Care and Support • Leadership and Management • Environment (residential care only)

	Summaries of the inspections are contained in this report and include: • Key findings of how we have performed against standards in our residential and domiciliary regulated services. • Activity undertaken to meet regulatory standards. • Actions to address areas of improvement.
--	---

1. Purpose of Report

- 1.1 The purpose of this report is to provide the Subject Overview and Scrutiny Committee 2 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

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 of 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:

Theme	Rating
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:

Theme	Rating
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 Subject Overview and Scrutiny Committee 2 is recommended to note the contents of the report.

Background documents

None

This page is intentionally left blank

Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
Date of Meeting:	1 MAY 2025
Report Title:	INFORMATION REPORT - QUARTER 2 PERFORMANCE 2024-25
Report Owner / Corporate Director:	CHIEF OFFICER – LEGAL AND REGULATORY SERVICES, HR AND CORPORATE POLICY
Responsible Officer:	MERYL LAWRENCE SENIOR DEMOCRATIC SERVICES OFFICER - SCRUTINY
Policy Framework and Procedure Rules:	There is no effect upon the policy framework and procedure rules.
Executive Summary:	To provide for information within the remit of this Committee: - the Quarter 3 Performance 2024-25 report that was reported to Corporate Overview and Scrutiny Committee (COSC) on 17 March 2025 (Appendix A). - the Corporate Performance Dashboard for Quarter 3 2024-25 (Appendix 1). - The Regulatory Tracker updated for Quarter 3 2024-25 (Appendix 2).

1. Purpose of Report

- 1.1 The purpose of this report is to provide for information, within the remit of this Subject Overview and Scrutiny Committee, the Quarter 3 Performance 2024-25 reported to Corporate Overview and Scrutiny Committee (COSC) on 17 March 2025, for Members' information.

2. Background

- 2.1 Following the reporting of the Quarter 3 Performance 2024-25 to COSC for the monitoring of the quarterly performance, the report, performance dashboard and updated Regulatory Tracker for Quarter 3 are being reported to the subsequent meeting of each Subject Overview and Scrutiny Committee, for information on the performance within the respective remit of each Committee.
- 2.2 In a report to Governance and Audit Committee (GAC) in November 2022, Audit Wales highlighted the requirement for the Council to improve arrangements dealing with recommendations from regulator reports. In response a 'regulatory tracker' was

developed which is considered at GAC twice yearly. In July 2023, GAC recommended that the regulatory tracker be included on all Subject Overview and Scrutiny forward work programmes for the Committees to be aware of progress. This has now been integrated into the quarterly performance monitoring process.

- 2.3 Therefore the Quarter 3 Performance 2024-25 report to COSC is attached at **Appendix A** with the following appendices to that report attached as:
Appendix 1 - the Corporate Performance Dashboard for Quarter 3 2024-25
Appendix 2 - the Regulatory Tracker updated for Quarter 3 2024-25
- 2.4 The background to this report is set out in Section 2 of **Appendix A** – the Quarter 3 Performance 2024-25 report to COSC on 17 March 2025.

3. Current situation / proposal

- 3.1 Details of the scale for scoring the Council's performance, summary of progress on Corporate Commitments, comparison with the previous quarter, overall performance on Performance Indicators (PIs) by Wellbeing Objective, PI trends and measuring performance against the five ways of working are set out in Section 3 of **Appendix A** – the Quarter 3 Performance 2024-25 report to COSC on 17 March 2025.
- 3.2 In place of the previous 4 Directorate dashboards, a single performance dashboard (**Appendix 1**) has been developed for the Council's performance against its Corporate Plan based upon the 7 Wellbeing Objectives, as requested by COSC, together with greater detail on the individual commitments and PIs along with improved explanatory comments.
- 3.3 Updates on current open Regulator Reports/Audits are collected as part of the corporate quarterly performance data collection. The Regulatory Tracker updated for Q3 2024-25 is included as **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. 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.

5. Well-being of Future Generations Implications and Connection to Corporate Well-being Objectives

- 5.1 This report assists in measuring and monitoring progress made against the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015 that form 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 Climate Change Implications from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no Safeguarding and Corporate Parent Implications from this report.

8. Financial Implications

8.1 There are no financial implications in relation to this report.

9. Recommendations

9.1 The Committee is requested to note the content of the Quarter 3 Performance 2024-25 report, the Corporate Performance Dashboard Quarter 3 2024-25 and the Regulatory Tracker updated for Quarter 3 2024-25 within the remit of this Committee and have regard to the dashboard and the tracker when considering the Committee's Forward Work Programme report.

Background documents

None

This page is intentionally left blank

Meeting of:	CORPORATE OVERVIEW AND SCRUTINY COMMITTEE
Date of Meeting:	17 MARCH 2025
Report Title:	QUARTER 3 PERFORMANCE 2024-25
Report Owner / Corporate Director:	CHIEF OFFICER – LEGAL AND REGULATORY SERVICES, HR AND CORPORATE POLICY
Responsible Officer:	ALEX RAWLIN POLICY AND PERFORMANCE MANAGER
Policy Framework and Procedure Rules:	Monitoring performance against the Corporate Plan forms part of the Council's Performance Management Framework.
Executive Summary:	This report provides – • an overview of performance against wellbeing objectives in the Corporate Plan 2023-28 at quarter 3 2024-25. • analysis of performance on the commitments and performance indicators in the Corporate Plan Delivery Plan (CPDP) 2024-25. • An update on the performance against our current regulator recommendations (Regulatory Tracker).

1. Purpose of Report

- 1.1 The purpose of this report is to provide the Committee with an overview of Council performance against the Corporate Plan at quarter 3 (Q3) of 2024-25. This is the second year of the 5-year Corporate Plan 2023-28 and the second performance report on the 2024-25 Corporate Plan Delivery Plan (CPDP). This report also contains analysis of performance against current regulator recommendations.

2. Background

- 2.1 On 1 March 2023 Council agreed the Corporate Plan 2023-28. In April 2024 Council agreed the Corporate Plan Delivery Plan 2024-25 which set out aims, commitments, and performance indicators to help measure the Council's progress on priorities.
- 2.2 Each Directorate produced a business plan, including milestones against each commitment, targets against each Performance Indicator (PI) and a rationale for targets. These plans can be viewed via the staff intranet. Data quality and accuracy templates have been completed for each PI to clearly define what the PI is measuring, scope of data, calculation/verification methods, and responsible officers. In summer 2024 the Corporate Plan PI targets and rationales were approved by Corporate Management Board (CMB) and provided to Corporate Overview Scrutiny Committee (COSC) in September 2024 along with minor amendments to the CPDP.
- 2.3 As part of the Performance Management Framework, monitoring of the CPDP is carried out quarterly through 4 directorate performance dashboards scrutinised by Directorate Management Teams. A single performance dashboard is reported

quarterly to Cabinet and Corporate Management Board (CCMB). The same dashboard is presented to Corporate Overview and Scrutiny Committee (COSC) at quarters 2, 3 and 4 to help them scrutinise progress.

- 2.4 The performance team has worked with Corporate Overview and Scrutiny Committee to make improvements to the performance reporting process to give Members a clearer understanding of how the Council is performing, including:
- development of the single performance dashboard,
 - improvements to the commentary in the dashboards,
 - use of summary presentations
- 2.5 In a report to Governance and Audit Committee (GAC) in November 2022, Audit Wales highlighted the requirement for the Council to improve arrangements dealing with recommendations from regulator reports. In response a 'regulatory tracker' was developed which is considered at GAC twice yearly. In July 2023, GAC recommended that the regulatory tracker be included on all Subject Overview and Scrutiny forward work programmes for the Committees to be aware of progress. This has now been integrated into the quarterly performance monitoring process.

3. Current situation / proposal

- 3.1 The Q3 performance dashboard (**Appendix 1**) provides judgements on progress on our commitments and outlines key activities and achievements in Q3, and next steps where appropriate. It also provides Q3 values and supporting comments for the PIs. The simple scale used to score performance is set out in our Performance Management Framework and summarised in the Table 1 below.

3.2 Summary of progress on Corporate Commitments

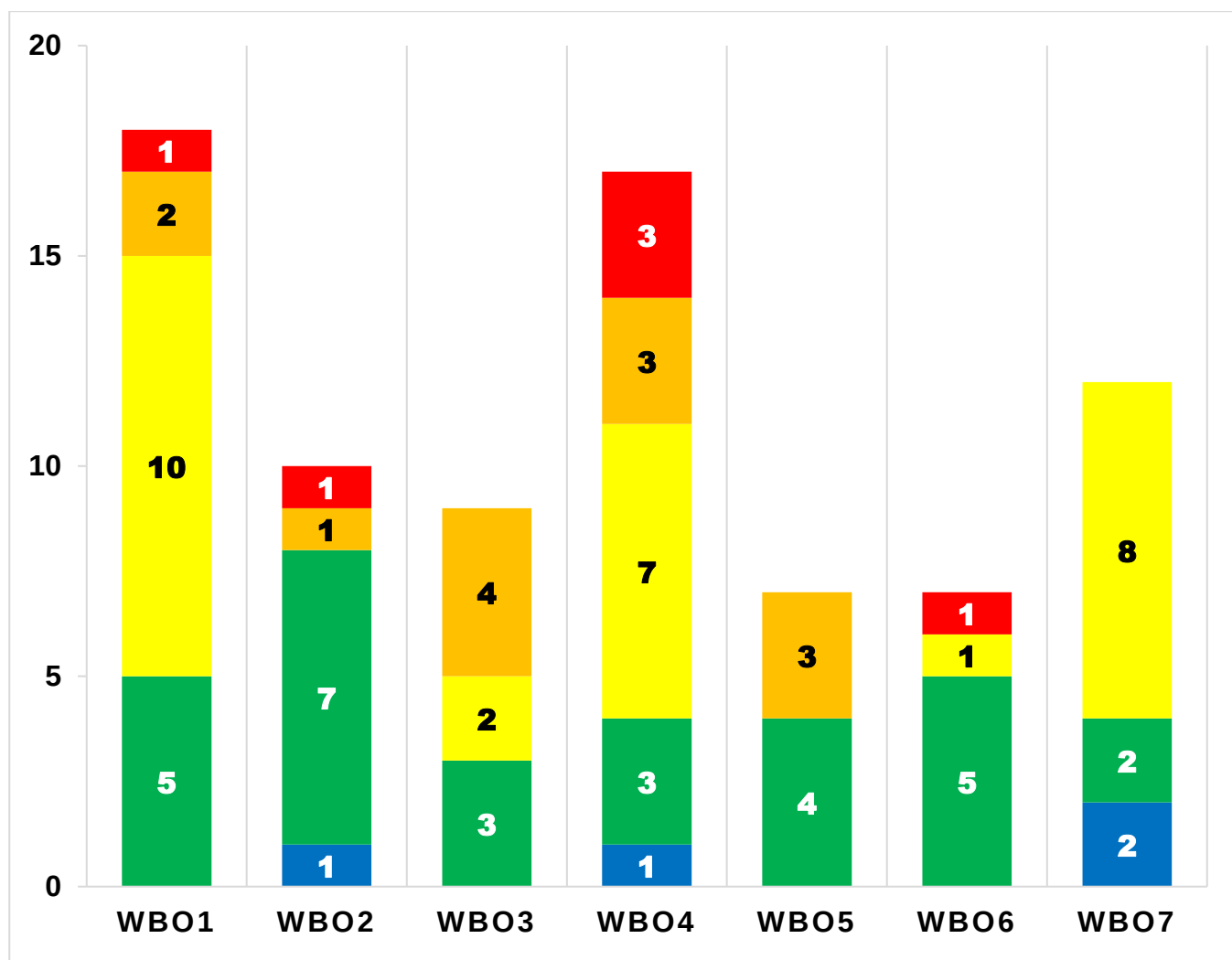
The CPDP 2024-25 contains 80 Commitments to measure performance against the Corporate Plan. Table 1 shows the performance judgements for these commitments at Q3 2024-25 and comparison with the previous quarter (PQ), with Chart 1 on the next page breaking this down further to show performance for each of the wellbeing objectives.

Table 1

Status	Meaning of this status	Performance			
		PQ (Q2)		Current (Q3)	
		Number	%	Number	%
COMPLETE (BLUE)	Project is completed	2	2.5%	4	5%
EXCELLENT (GREEN)	As planned (within timescales, on budget, achieving outcomes)	19	23.75%	29	36.25%
GOOD (YELLOW)	Minor issues. One of the following applies - deadlines show slippage, project is going over budget or risk score increases	29	36.25%	28	35%
ADEQUATE (AMBER)	Issues. More than one of the following applies - deadlines show slippage, project is going over budget or risk score increases	25	31.25%	13	16.25%

UNSATISFACTORY (RED)	Significant issues – deadlines breached, project over budget, risk score up to critical or worse	5	6.25%	6	7.5%
	Total	80	100%	80	100%

Chart 1 - Overall Performance on Commitments by Wellbeing Objective (WBO)



3.3 Summary of Performance Indicators

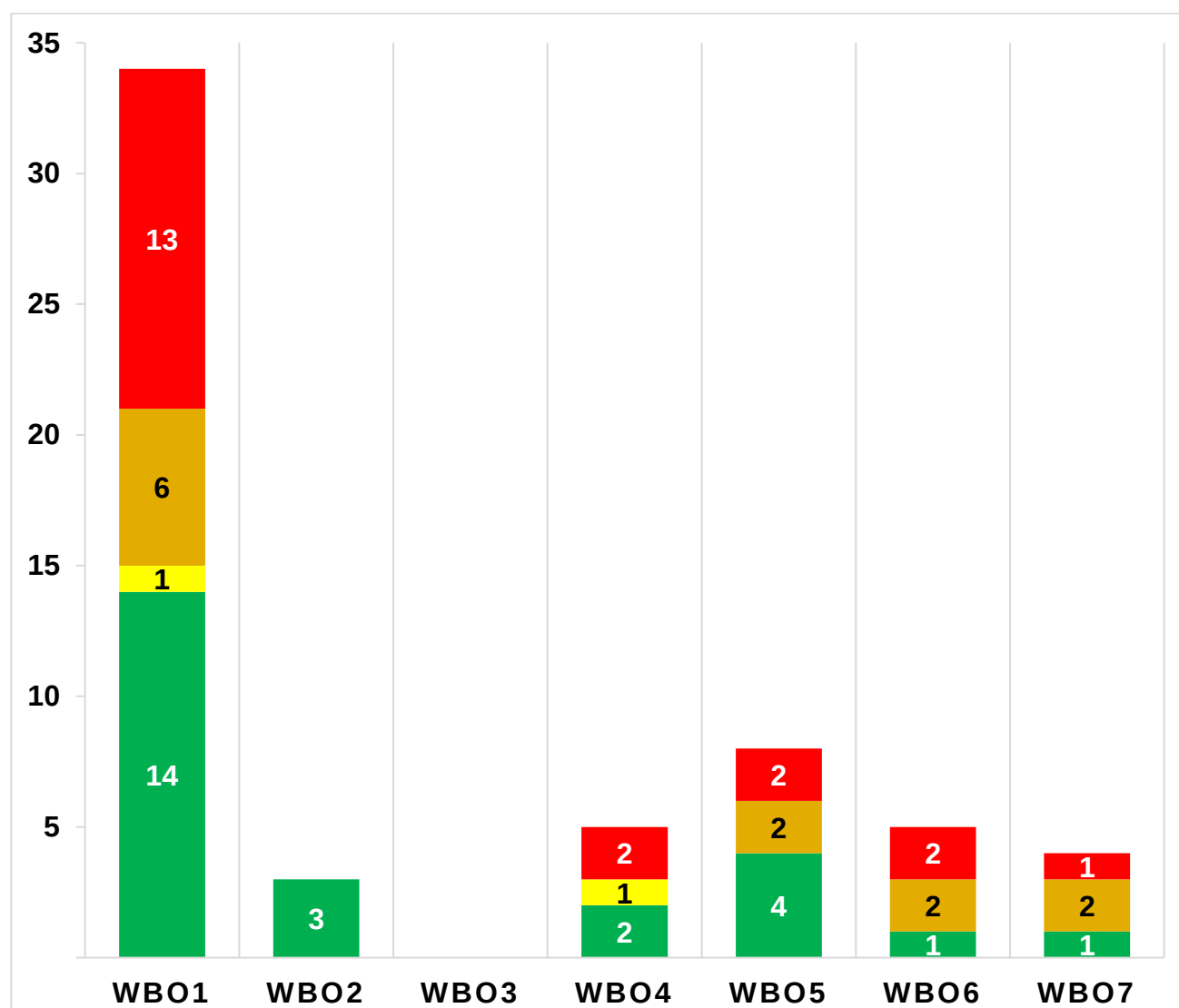
The CPDP 2024-25 contains 108 Performance Indicators to measure performance against the Corporate Plan. At Q3 we are able to evaluate performance on the quarterly PIs contained in the 2024-25 delivery plan, which is 60, the remaining 48 are annual and will be reported for the first time at Q4.

- 3.4 All 60 PIs have verified Q3 values. 59 could be compared against their target and awarded a RAYG status, with 1 of the indicators using 2024-25 to establish a baseline value to set a target going forward. Table 2 on the next page shows overall performance for PIs at Q3 and a comparison with the previous quarter, and Chart 2, performance for each wellbeing objective.

Table 2

Status	Meaning of this status	Performance			
		PQ (Q2)		Current (Q3)	
		Number	%	Number	%
EXCELLENT (GREEN)	On target <u>and</u> improved or is at maximum	23	38.98%	25	42.37%
GOOD (YELLOW)	On target	5	8.47%	2	3.39%
ADEQUATE (AMBER)	Off target (within 10% of target)	9	15.25%	12	20.34%
UNSATISFACTORY (RED)	Off target (target missed by 10%+)	22	37.30%	20	33.90%
	Total	59	100%	59	100%

Chart 2 - Overall Performance on Performance Indicators by Wellbeing Objective

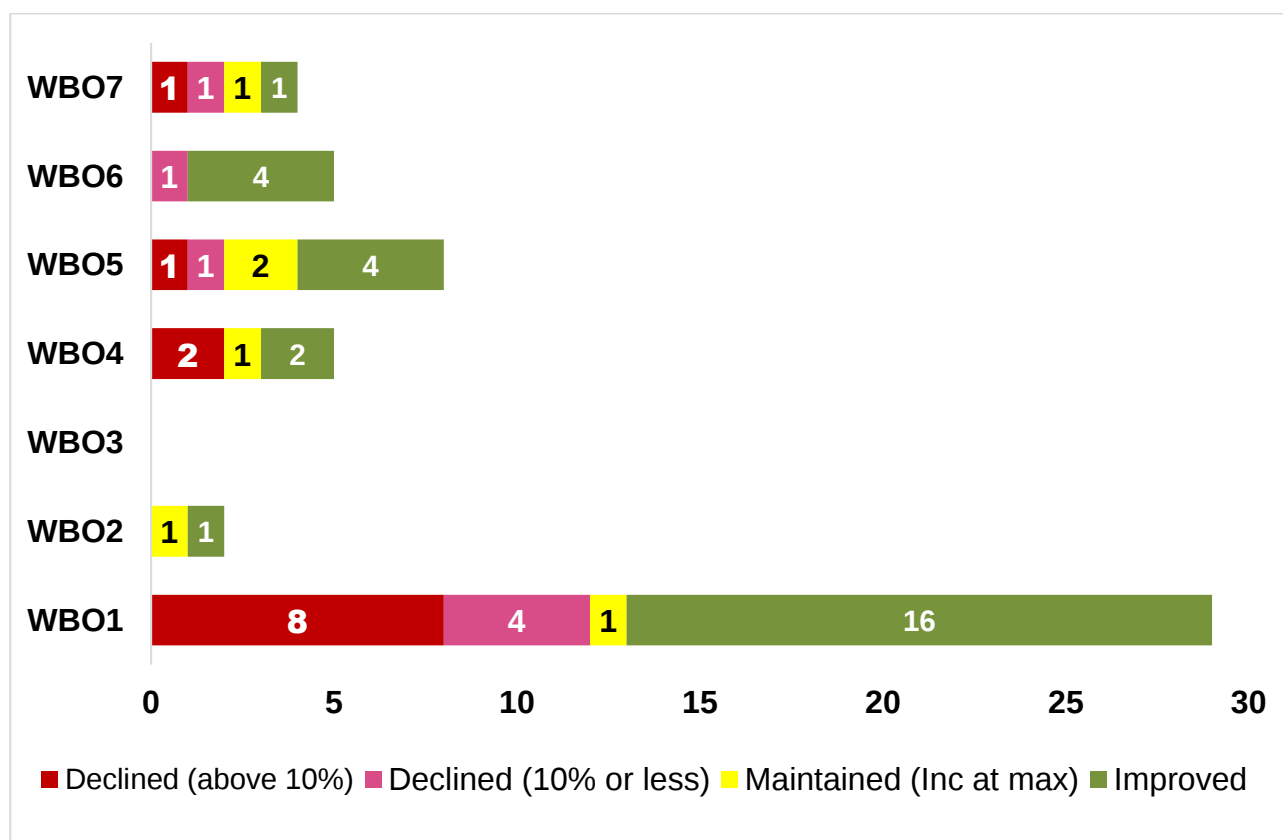


3.5 Trend data allows us to compare our Q3 values with the same period last year (Q3 2023-24). Comparable data for Q3 is available for 53 of the 60 quarterly PIs. Of the remaining 7, 5 indicators do not have comparable verified data for last year because they are new (4) or data was not collected at Q3 last year (1), and 2 PIs are “trend not applicable” due the way the targets are profiled. Trend analysis for Q3 performance is set out in Table 3 with comparison to the previous quarter, and Chart 3 shows the trend analysis for each wellbeing objective.

Table 3

Performance Indicators Trend Definition		Trend			
		PQ (Q2)		Current (Q3)	
		Number	%	Number	%
↑	Performance has improved	28	53.85%	28	52.83%
↔	Performance maintained (includes those at maximum)	5	9.61%	6	11.32%
↙	Declined performance (by less than 10%)	9	17.31%	7	13.21%
↓	Declined performance (by 10% or more)	10	19.23%	12	22.64%
	Total	52	100%	53	100%

Chart 3 – Performance Indicator Trend by Wellbeing Objective



Measuring Performance against our Ways of Working

- 3.6 This is the second year of developing indicators / commitments to demonstrate how the Council is performing against the five ways of working in the new Corporate Plan. This remains a work in progress with more work needed. In the 2024-25 CPDP there are 9 ways of working PIs which are not included within the wellbeing objectives. 7 of these indicators have verified values at Q3, with 1 indicator marked “n/a” as it has no target, and 1 annual indicator which will be reported at Q4. Of the 7, 6 could be compared against a target and awarded a RAYG status. This is shown in Table 4 below.

Table 4

Status	Meaning of this status	Performance			
		PQ (Q2)		Current (Q3)	
		Number	%	Number	%
EXCELLENT (GREEN)	On target <u>and</u> improved or is at maximum	2	33.33%	2	33.33%
GOOD (YELLOW)	On target	-	-	1	16.67%
ADEQUATE (AMBER)	Off target (within 10% of target)	2	33.33%	1	16.67%
UNSATISFACTORY (RED)	Off target (target missed by 10%+)	2	33.33%	2	33.33%
	Total	6	100%	6	100%

- 3.7 Trend data is available for 6 of 9 indicators, comparing Q3 performance with the same period last year. 2 of the indicators are “trend not applicable” due the way the targets are profiled, and 1 annual indicator. Trend analysis is set out in Table 5.

Table 5

Performance Indicators Trend Definition		Trend			
		PQ (Q2)		Current (Q3)	
		Number	%	Number	%
	Performance has improved	1	16.67%	1	16.67%
	Performance maintained (includes those at maximum)	2	33.33%	2	33.33%
	Declined performance (by less than 10%)	2	33.33%	1	16.67%
	Declined performance (by 10% or more)	1	16.67%	2	33.33%
	Total	6	100%	6	100%

Summary of Sickness Absence

- 3.8 There is no target for sickness absence, though the focus continues to be on trying to reduce sickness across the organisation. Staff wellbeing measures are in place and sickness continues to be closely monitored.
- 3.9 At Q3 cumulative days lost per full time equivalent (FTE) employee is 10.12 days, worse than the 8.77 days for Q3 2023-24, and a 15.39% increase in absence levels. This worsening trend is mirrored within the directorate data for all directorates and schools. The proportion of days lost that are classified at short-term absences (7 days or less) has decreased slightly from 26% in Q3 2023-24 to 23% in Q3 2024-25. The most common reason for absence remains as Stress/Anxiety/Depression (not work related).

Summary of Performance against Regulator Recommendations

- 3.10 Updates on current open Regulator Reports/Audits are collected as part of the corporate quarterly performance data collection. The Regulatory Tracker updated for Q3 2024-25 is included as **Appendix 2**. Summary of current reports and their BRAYG status judgements is provided in Table 6. A more detailed analysis will be provided in a report to Governance and Audit Committee in April 2025.

Table 6

Audit/Inspection	Recommendations					
	Total	Blue	Green	Yellow	Amber	Red
Audit Wales, Review of Arrangements to Become a 'Digital Council'	3	2	-	-	1	-
Care Inspectorate Wales (CIW) Performance Evaluation Inspection of Children's Services	21	16	-	2	2	1
Transformational Leadership Programme Board, Baseline Governance Review Cwm Taf Morgannwg Regional Partnership Board	7	3	1	-	3	-
Audit Wales, Springing Forward, Strategic Workforce Management	3	1	1	1	-	-
CIW Improvement Check Visit to Children's Social Care Services	10	3	2	4	1	-
CIW Inspection Report on Foster Wales Bridgend	20	9	3	3	5	-
Audit Wales, Use of Service User Perspective and Outcomes	3	1	1	-	1	-
Audit Wales, Digital Strategy Review	3	-	3	-	-	-
Audit Wales, Financial Sustainability Review	2	-	-	-	2	-
Audit Wales, Review of Decision-Making Arrangements	5	2	-	3	-	-
Audit Wales, Setting of Well-being Objectives	3	-	3	-	-	-

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.

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

- 5.1 This report assists in measuring and monitoring progress made against the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015 that form 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, some of the measures and projects included within the Corporate Plan 2023-28 and annual delivery plan for 2024-25 have been developed to help assess the Council's performance on areas including climate change.

7. Safeguarding and Corporate Parent Implications

- 7.1 There are no specific implications from this report on safeguarding or corporate parenting.

8. Financial Implications

- 8.1 There are no financial implications arising from this report.

9. Recommendations

- 9.1 The Committee is recommended to note the Council's performance at quarter 3 for the 2024-25 financial year.

Background documents

None

Corporate Performance Dashboard

Quarter 3 2024-25



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



KEY:

How will we mark or score ourselves

We have one simple scale for how we mark or score the council’s performance. Because overall judgements, commitments and performance indicators are measured differently, the colours or judgements have different descriptions depending on which type of performance you are reviewing.

	What does this Status mean?		
	Overall / self-assessment performance	Commitments, projects or improvement plans	Performance Indicators
COMPLETE (BLUE)	Not applicable	Project is completed	Not applicable
EXCELLENT (GREEN)	Very strong, sustained performance and practice	As planned - within timescales, on budget, achieving outcomes	On target and performance has improved / is at maximum
GOOD (YELLOW)	Strong features, minor aspects may need improvement	Minor issues. One of the following applies - deadlines show slippage, project is going over budget or risk score increases	On target
ADEQUATE (AMBER)	Needs improvement. Strengths outweigh weaknesses, but important aspects need improvement	Issues – More than one of the following applies - deadlines show slippage, project is going over budget or risk score increases	Off target (within 10% of target)
UNSATISFACTORY (RED)	Needs urgent improvement. Weaknesses outweigh strengths	Significant issues – deadlines breached, project over budget, risk score up to critical or worse	Off target (target missed by 10%+)

For performance indicators, we will also show trends in performance so you can see how we are doing compared with the same period last year.

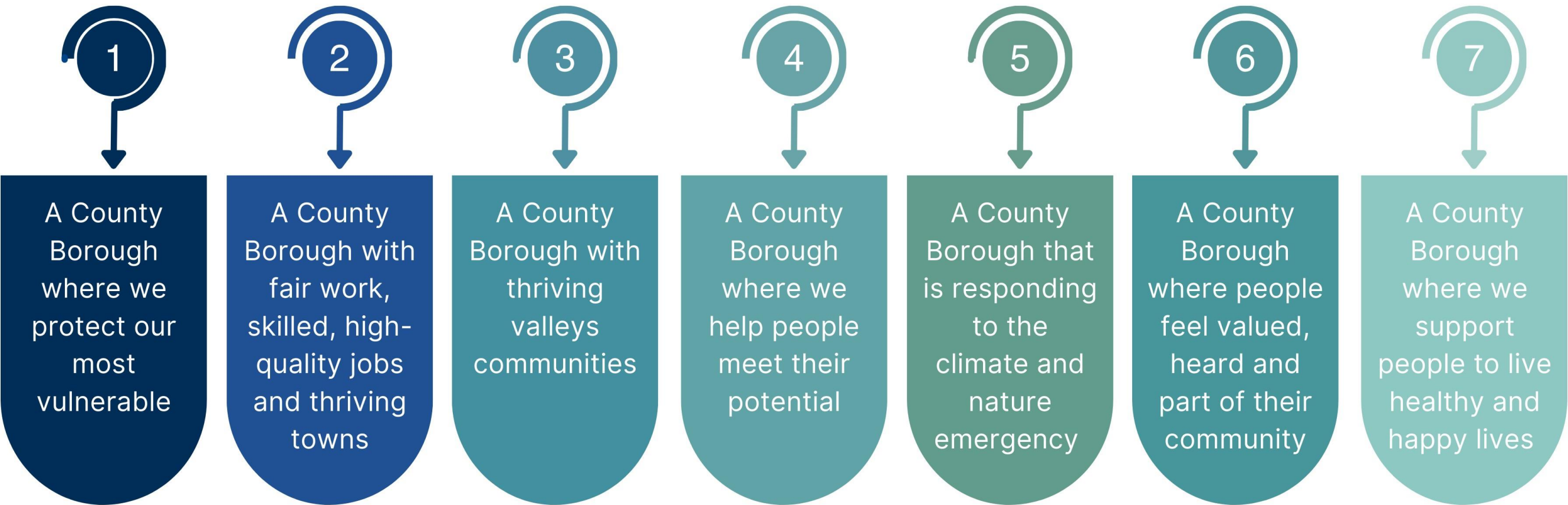
Trend	Meaning
	Improved performance
	Maintained performance (includes those at maximum)
	Declined performance (by less than 10%)
	Declined performance (by 10% or more)

Trend	Performance Indicator types
CP	Corporate Plan Indicator
WoW	Ways of Working Indicator

	Directorate Responsible
ALL	All Directorates
CEX	Chief Executives Directorate
COMM	Communities Directorate
EEYYP	Education, Early Years, and Young People Directorate
SSWB	Social Services and Wellbeing Directorate

OUR CORPORATE PLAN - AT A GLANCE

OUR 7 WELLBEING OBJECTIVES-



WBO1: A County Borough where we protect our most vulnerable

WBO1.1: Providing high-quality children's and adults social services and early help services to people who need them

Performance Indicators

Page 86

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CH/026 CP WBO1.1	Safe reduction in the number of children on the child protection register. (SSWB) Lower Preferred	189	175	125	175	94	203	↑	Quarterly Indicator Target Setting: Target set to see continued reduction following significant increase in 2022-23. Performance: We continue to reduce our Child Protection figures and to provide reassurance around our decision making. We are undertaking audit and dip sample activity. This is reported in Silver and Quarterly Group Manager Presentations.
DEFS29 CP WBO1.1	Percentage of completed TAF (Team Around the Family) support plans that close with a successful outcome. (SSWB) Higher Preferred	83%	87%	81%	87%	80%	82%	↙	Quarterly Indicator Target Setting: To continue to improve performance. Performance: Performance slightly reduced but not of concern with it being in line with previous years. However, the Family Support Services Manager will monitor this with Central Grants Team moving forward.
SSWB38a CP WBO1.1	Percentage of reablement packages completed that: a) reduced the need for support Higher Preferred	14.32%	18%	17.62%	18%	17.84%	15.75%	↑	Quarterly Indicator Target Setting: The resetting of the reablement programme will increase the number of individuals going through reablement and maintain / reduce the need for support. Performance: The service have observed that the level of dependency of the people going through reablement has increased therefore making it difficult in some cases to reduce the need for support. Also see other performance measures for reablement.
SSWB38b CP WBO1.1	b) maintained the same level of support Higher Preferred	13.79%	14%	15.86%	14%	17.25%	12.45%	↑	Quarterly Indicator Target Setting: The resetting of the reablement programme will increase the number of individuals going through reablement and maintain / reduce the need for support. Performance: Remains on target.
SSWB38c CP WBO1.1	c) mitigated need for support. (SSWB) Higher Preferred	66.58%	68%	55.95%	68%	54.09%	62.77%	↓	Quarterly Indicator Target Setting: The resetting of the reablement programme will increase the number of individuals going through reablement and maintain / reduce the need for support. Performance: There are challenges with mitigating need for support due to levels of complexity and frailty of people accessing reablement, coupled with some identified training needs for staff which is influencing performance outcomes.
SSWB76 CP WBO1.1	Total number of packages of reablement completed during the year. (SSWB) Higher Preferred	377	400	227	300	342	274	↑	Quarterly Indicator Target Setting: The resetting of reablement programme will increase demand. Performance: Positive evidence that the directorate continues to promote strengths based working and promoting independence. Please note this is a cumulative target and we are on track to achieve the 400 by year end.
SSWB39 CP WBO1.1	Safe Reduction in the number of Care Experienced Children. (SSWB) Lower Preferred	370	350	359	350	340	383	↑	Quarterly Indicator Target Setting: Target set to see continued reduction in numbers reflective of pre-pandemic levels. Performance: We have exceeded target and continue to work with families who are ready for care order discharge or reunification.
SSWB55a CP WBO1.1	Percentage of carers who were offered a carer's assessment in a) Children's Higher Preferred	100%	100%	100%	100%	100%	100%	↔	Quarterly Indicator Target Setting: Target set to see all eligible carers offered an assessment Performance: On target (85 out of 85 offered)

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
SSWB55b CP WBO1.1	b) Adults. (SSWB) Higher Preferred	No Data	100%	94.21%	100%	94.56%	No data	Trend not available	Quarterly Indicator Target Setting: Target set to see all eligible carers offered an assessment Performance: 1078/1140 offered a carers assessment that was recorded on the system. A carers plan has been developed that seeks to improve this performance target.
SSWB57 CP WBO1.1	Percentage of enquiries to the Adult Social Care front door which result in information and advice only. (SSWB) Higher Preferred	74.88%	75%	85.17%	75%	85.19%	73.5%	↑	Quarterly Indicator Target Setting: A new Early, Intervention and Prevention operating model has been implemented at the front door to manage adult social care. Performance: Continuing improvement evidencing the day-to-day use of strength based outcome focussed model of practice.
SSWB61a CP WBO1.1	Number of people who access independent advocacy to support their rights within: a) children's social care Higher Preferred	64	130	24	99	31	33	↙	Quarterly Indicator Target Setting: To reflect predicted demand. Performance: There has been a decreasing trend in the number of children eligible for the Active Offer (a 56% reduction during Q1 to Q3 of 2024-25 compared to the same period last year). This is due to a reduction in the number of children becoming care experienced and those being subject to an Initial Child Protection Conference. Focused work to increase the provision of the active offer for eligible children has been undertaken and consequently current data for 2024-25 has seen an increase in performance with 47% (53) of eligible children at Q3 being referred, compared to 27% in 2023-24.
SSWB61b CP WBO1.1	b) Adult's social care. (SSWB) Higher Preferred	87	180	30	135	52	102	↓	Quarterly Indicator Target Setting: To improve performance. Performance: The advocacy groups are operating at capacity, largely with ongoing casework, this is restricting their ability to pick up new referrals. The service will undertake a review of the delivery of this contract to reflect current demands and the service specification contained in the contract.
SSWB78a CP WBO1.1	Timeliness of visits to a) children who are care experienced Higher Preferred	85.31%	87%	87.86%	87%	87.99%	82.70%	↑	Quarterly Indicator Target Setting: To continue to improve performance and reflect the challenges there have been linked to recruitment and retention. Performance: Performance has been maintained into quarter 3. Clear processes are now in place and have been maintained.
SSWB78b CP WBO1.1	b) children on the child protection register. (SSWB) Higher Preferred	86.77%	87%	87.8%	87%	88.95%	85.17%	↑	Quarterly Indicator Target Setting: To continue to improve performance and reflect the challenges there have been linked to recruitment and retention. Performance: Performance continues to improve in this area which relates to a more stable workforce and understanding of roles and responsibilities.

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.1.1	Continue to improve early help services by increasing the number of team around the family (TAF) interventions that close with a positive outcome (SSWB)	YELLOW (Good)	Quarter 3: Early Help services and specifically the Family Support worker role are being reviewed by the Family Support Services Manager, to determine whether the approach ensures families leave the service in a more positive way than when they accessed support. Single Point of Access for Children's Emotional Wellbeing and Mental Health (SPACE) wellbeing panels which provide a no wrong door approach to accessing emotional health and wellbeing services are being considered. Investment via the Regional Integration Fund will be required to implement. Further work is being undertaken to implement a local early help panel to ensure families access support in a timely way.	Family Support Worker roles to adapt their approach and to be more short term intensive focussed, to enable families to leave the service in a timely way. Regional SPACE wellbeing panel and local early help panel to be implemented so there is 'no wrong door' for access to the right prevention and wellbeing services.

Code	Commitment	Status	Progress this period	Next Steps
WBO1.1.2	Help communities become more resilient, so more people will find help / support they need in their community. (SSWB)	AMBER (Adequate)	Quarter 3: Adult services have implemented an Early Intervention and Prevention Hub which continues to develop and embed. The recruitment to a post within the management structure has added additional opportunities to support staff in implementing the strengths-based practice model in their day-to-day conversations with individuals. The working relationship with local community coordinators continues to strengthen.	Recruit to vacant posts. Continue working and developing staff skills and knowledge within Early Intervention and Prevention Hub.
WBO1.1.3	Support the wellbeing of unpaid carers, including young carers, to have a life beyond caring (SSWB)	GREEN (Excellent)	Quarter 3: The Prevention and Wellbeing Service is actively supporting 510 young carers. One of the Young Carer Ambassadors has played a pivotal role in the development of the Bridgend Young Carers Network providing valuable support in various and diverse capacities. Currently, the network is collaborating with existing Young Carer Ambassadors while actively recruiting additional ambassadors to help expand the network and contribute to the planning of the next event. In relation to the Bridgend Carers Wellbeing Service, number of referrals received - 144, supported carers - 333, signposted – 1168, and provided information, advice and assistance to - 718. 30 referrals to BCBC for full carers assessments. The service continues to meet needs based on volume of engagement. During Q3 our partnership with Cwmpas saw work with carers and partners to record the powerful connected carers song called "Who Cares?". There has been an additional 4 Connecting Carers sessions, with opportunities now in Bridgend, Maesteg, North Cornelly, Porthcawl in addition to the existing Brackla and Bettws programmes.	Young Carers Network Group to increase the number of Young Carer Ambassadors. To create a series of short advocacy films for schools aimed at staff. Develop the relationships with young carers and adult and parent carers groups. . Continue to grow the use of co-productive approaches to inform community opportunities. Any learning developed from the social innovation approach being progressed could be beneficial for other service review processes. Understand impact in reduction of Shared Prosperity Funding for future years which will impact on the work stream.
WBO1.1.4	Improve Children's Services by delivering the actions in our three-year strategic plan (SSWB)	YELLOW (Good)	Quarter 3: Governance and oversight arrangements continue. Action plan was last presented at Cabinet Corporate Parenting Committee in January 2025. Good progress has been made to increase workforce stability. This means there is now less than 10% agency in children's social work teams. This improvement has been made by strong leadership of a range of actions to improve retention and recruitment including focus on good practice levels of social work caseloads, supportive management, a clear practice model, social work support officers, 'grow our own' social workers, international recruitment and enhanced marketing capacity. A Workforce Planning and Performance Board chaired by the Director is overseeing work to both continuously improve performance and plan the workforce of the future. Signs of Safety continues to be embedded across the service. This is having a positive impact on outcomes with reductions in Child Protection Numbers and Care-experienced children.	Continue to implement and monitor the three year plan.
WBO1.1.5	Improve adult social care with a new three-year strategic plan to tackle physical and mental health impacts of Covid-19 on people with care and support needs, and our workforce (SSWB)	YELLOW (Good)	Quarter 3: Approval by Cabinet and ongoing monitoring mechanisms in place.	Robust monitoring and reporting arrangements developed to oversee progress against the plan at a senior level in the directorate. This includes the Financial Recovery Board and, the Social Services Improvement Board. The next quarter should see the reduction in current spending levels and a formal evaluation of the operating model. Adults weekly quality assurance outcomes panel continues to establish trends and practice development needs and actions taken when appropriate.
WBO1.1.6	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)	YELLOW (Good)	Quarter 3: Citation of the practice models for Adult Social Care and Children and Family Services included within monthly Quality Assurance (QA) has been monitored and triangulated within thematic meetings between the QA officer and social work management teams. This has led to an increase in citation of the respective practice model's and identification of gaps in how feedback is captured in a meaningful way.	Creative approaches to evaluation that capture the voices of individuals are being explored. A test team within Children and Family Services that will gather individual's stories of change and experience is being developed with the support of the DEEP Insight Collective* via Social Care Wales. Meaningful, qualitative questionnaires developed from evidence-based resources are also being tested within Adult Social Care teams to offer individuals alternative opportunities to share their views and feelings.
WBO1.1.7	Address the gaps in social care services such as care and support at home,	AMBER (Adequate)	Quarter 3: We have undertaken an accommodation mapping exercise across Adult Social Care, the findings of which were reported to a members briefing session in January 2025. This briefing included findings/gaps in provision, as well as proposals	Following the Member Briefing in Jan 25, we will consider feedback received from the Member briefing and be reporting to Cabinet in March 25, seeking approval to further scope out,

Code	Commitment	Status	Progress this period	Next Steps
	specialist care homes for children and adults and recruiting more foster families (SSWB)		moving forward, broken down into short, medium and longer-term timeframes. A draft Children and Families Placement Commissioning strategy has been submitted to Welsh Government and has been presented to Cabinet and Corporate Management Board (CCMB). A business justification case has been endorsed approving initially 2 homes, the acquisition of one home is underway and a fostering programme board is set up and will focus on recruitment, retention, and support foster carers.	and develop options appraisals and business cases (as required) for the proposals identified as part of the review. To continue to develop and mobilise children's residential as set out in the business justification case and secure any capital and revenue available to support growth and establish the board.
WBO1.1.8	We will ensure that children and families access support from the right service at the right time with the aim of preventing their needs from escalating (SSWB)	YELLOW (Good)	Quarter 3: Early Help is now part of Social Services and Wellbeing. We have already seen improved working between hubs due to better alignment to practice models. This has increased opportunities for step down cases into Early Help following statutory services	Continue to look at referral routes into Early Help and preventative services to ensure families access No Wrong Door.

WBO1.2: Supporting people in poverty to get the support they need / help they are entitled to

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED43 CP WBO1.2	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) Higher Preferred	92%	85%	96%	85%	96%	90%	↑	Quarterly Indicator Target Setting: Target set to maintain good performance. The 'drop in' and 'outreach' approach is proving positive in people coming forward for support early and therefore improving outcomes. Performance: Target achieved. The service continues to see high numbers of residents requiring financial support. This period the service has seen an increase in clients migrating over to Universal credit and needing support with making the initial claim thus ensuring they are claiming the correct entitlement
CED44 CP WBO1.2	Percentage of people supported through FASS who have received advice and support in managing or reducing household debt. (CEX) Higher Preferred	93%	85%	88%	85%	90%	92%	↓	Quarterly Indicator Target Setting: Target set to maintain good performance. The 'drop in' and 'outreach' approach is proving positive in people coming forward for support early and therefore improving outcomes. Performance: Target achieved. Debt remains a priority service in general. CAB have seen a rise in both council tax arrears and credit card debt in the last six months, with 90% of individuals supported to reduce their debt or put plans in place to manage the debt. Performance is slightly down compared to the same period last year; however, the target has been exceeded, and due to the nature of this indicator this doesn't reflect a decline in the performance of the service. CAB can only support and advise those who actually want help, and not all individuals who engage in their support will follow the process through to be recorded as a positive exit outcome

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.2.1	Support eligible residents to receive financial help through the Council Tax Reduction Scheme. (CEX)	GREEN (Excellent)	Quarter 3: Council Tax Reduction (CTR) is promoted via the Council's website and in the notes of every Council Tax demand notice. The Service offers numerous ways of applying for CTR, including via Universal Credit claims, digital and paper claims, and supports the most vulnerable through home visits. The average time taken to process a new claim for CTR is currently 19 days. Bridgend CBC has been invited to participate in Welsh Government's Local Authority Benefit Take-up Pilot. They have committed to funding a 12-month use of a data analytical tool, to assess the extent it helps in identifying unclaimed benefits. During the pilot, up to 12 local authorities will be able to use the tool to interrogate their datasets in order to identify residents who are missing out on their entitlements to financial support. The local authority will be able to undertake targeted campaigns at key points in the year where they contact residents encouraging them to claim their entitlements.	

Code	Commitment	Status	Progress this period	Next Steps
WBO1.2.2	Raise awareness of financial support available to residents (CEX)	GREEN (Excellent)	Quarter 3: The Citizens Advice Bureau (CAB) continued provision of FASS (Financial Assistance and Support Service) into the new contract term, following the re-tender completed in Q2. Service provision without disruption for the end user has remained in place to ensure the best outcomes are achieved. See CED43 and CED44 (above) for FASS performance in Q3.	

Page 90

WBO1.3: Supporting people facing homelessness to find a place to live

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DOPS39 CP WBO1.3	Percentage of people presenting as homeless or potentially homeless, for whom the Local Authority has a final legal duty to secure suitable accommodation. (CEX) Lower Preferred	29%	10%	21.9%	10%	25.9%	30%	↑	Quarterly Indicator Target Setting: 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. Performance: The duty to accommodate everyone that presents as homeless and in need of emergency accommodation continues to result in a higher number of final duties being accepted. Due to the housing crisis, housing need outweighs stock in the social housing sector, together with the private housing sector still largely being an unfeasible solution due to high market rental costs, homelessness prevention and relief continues to be hindered as a result. Complexities of those we support remains a challenge which often means we are unable to prevent or relieve homelessness as there is multi agency input required to achieve settled accommodation or supported accommodation which is again in a demand which outweighs provision. During Q3 448 homeless applications were taken, 406 were taken in the same period in 2023 which demonstrates the continued increase in persons presenting to the authority.
PAM/012 (DOPS15) CP WBO1.3	Percentage of households threatened with homelessness successfully prevented from becoming homeless. (CEX) Higher Preferred	11%	20%	22.1%	20%	24.7%	11%	↑	Quarterly Indicator Target Setting: Target set at realistic level considering the Welsh Government legislative changes in terms of priority need which has a significant impact on number of households included in this measure. Performance: Target achieved

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.3.1	Continue to improve our housing and homelessness service to reduce homelessness across the borough through implementation of the agreed action plan (CEX)	YELLOW (Good)	Quarter 3: Monthly meetings take place with Registered Social Landlord (RSL) development teams, working collaboratively to increase affordable housing supply in the Borough. Development can change frequently throughout the 3 year programme. Current allocation of Social Housing Grant is £34,891,388 with additional schemes to be brought forward. In addition to the primary capital programme, additional affordable homes were acquired through £3.8 million Transitional Capital Grant funding. A third property is in the process of being purchased.	

WBO1.4: Supporting children with additional learning needs to get the best from their education

Performance Indicators

Page 91

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS170 CP WBO1.4	Percentage of new local authority individual development plans (IDPs) delivered using the online IDP system. (EEYYP) Higher Preferred	New 24-25	100%	0%	100%	0%	New 24-25	New 24-25	Quarterly Indicator Target Setting: All IDPs should be transferred to the new IDP system at the earliest opportunity to ensure adherence to the Additional Learning Needs and Education Tribunal (Wales) Act. Performance: A live trial of the online IDP has taken place which identified some system issues meaning we are currently unable to extract IDPs from the system. Work is ongoing with Gwynedd Council to address these issues before implementing a new process across all schools and settings. Further roll-out to schools will progress during the spring term.
DEFS171 CP WBO1.4	Number of pupils on the waiting lists for specialist provision. (EEYYP) Lower Preferred	23	10	13	15	30	23	↓	Quarterly Indicator Target Setting: Placing pupils in specialist provision at the earliest opportunity ensures that all of their educational needs are met. Throughout the year the waiting lists may fluctuate as pupils can be added at any time. We aim to see a trend of decreasing numbers on the waiting list over time. This target is the end-of-year target. Performance: Waiting lists have increased from Q2 due to an increase in the requirement for specialist provision. An Access to Education Panel took place in December 2024 and a total of 32 pupils were referred for discussion. 21 pupils were identified for specialist provision and added to waiting lists. Four pupils that were placed on the waiting list at the last meeting have now been offered provision. Officers continue to look for solutions of support to maintain current placements wherever possible.
DEFS172 CP WBO1.4	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) Higher Preferred	New 24-25	100%	Annual Indicator - To be reported at quarter 4 (Q4)					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.4.1	Implement the online IDP (Individual Development Plan) system for local authority and school-based IDPs (EEYYP)	RED (Unsatisfactory)	Quarter 3: A live trial of the online IDP system has taken place. Some system issues were identified meaning IDPs cannot be issued from the system and work is ongoing with Gwynedd Council to address this. Further roll-out to schools will progress during the spring term. Full implementation of the system has been delayed by this work but we continue to enter data into the system.	We will continue to work with Gwynedd Council to overcome some system issues before implementing a new process across all schools and settings. Once all IDPs are stored on the Gwynedd system, we will provide access to the Education Engagement Team to develop online personal education plans (PEPs) for care-experienced children.
WBO1.4.2	Develop a five-year plan to meet increasing demand on support services, specialist provision and schools (EEYYP)	YELLOW (Good)	Quarter 3: The Additional Learning Needs (ALN) capacity analysis is in progress, and the final placement panels are ongoing. These will determine the needs of the children and whether specialist provision is required. The first draft plan has been prepared but we are awaiting the ALN capacity and analysis data to complete.	

WBO1.5: Safeguarding and protecting people who are at risk of harm

Performance Indicators

Page 92

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CH/003 CP WBO1.5	Children’s safeguarding referrals – decision making in 24 hours. (SSWB) Higher Preferred	99.69%	100%	99.93%	100%	99.95%	99.67%	↑	Quarterly Indicator Target Setting: To continue to improve performance and ensure children are protected from harm. Performance: Whilst we are off target, this equates to only 5 contacts out of 10660 which were screened outside of the statutory 24-hour timescale. Performance has improved compared to last year.
CORPB1 CP WBO1.5	Percentage of council staff completing mandatory safeguarding training (e-learning or workbook) (ALL) Higher Preferred	82.73%	100%	81.51%	100%	84.72%	80.03%	↑	Quarterly Indicator Target Setting: All staff to complete mandatory training Performance: This module is mandatory for all staff. Quarterly non-completion reports are provided to service managers via Directorate L&D Representatives. Responsibility for completion is down to the individual and their manager. This module is promoted for new starters via the Corporate Induction Framework and is not linked to level or role.
SSWB63 CP WBO1.5	Average waiting time (in days) on the Deprivation of Liberty Safeguards (DoLS) waiting list (SSWB) Lower Preferred	16 days	16 days	30 days	16 days	24 days	20 days	↓	Quarterly Indicator Target Setting: To maintain good performance within existing resources. Performance: Best Interest Assessment training has now been completed where 26 BCBC staff attended this training. Allocations will be staggered; however, it is anticipated this will support with reducing the numbers. We also have a full time DoLS assessor starting Monday 3rd February.
SSWB77 CP WBO1.5	Percentage of Adult safeguarding inquiries which receive initial response within 7 working days (SSWB) Higher Preferred	81.85%	85%	76.47%	85%	77.09%	83.66%	↙	Quarterly Indicator Target Setting: To continue to improve performance and ensure adults are protected from harm. Performance: This continues to be an area we are working on and developing in the team. A process is now in place for weekly updates however timescales have been impacted due to sickness meaning higher allocations for the team and reduced capacity.
SSWB62 CP WBO1.5	Percentage of child protection investigations completed within required timescales (SSWB) Higher Preferred	77.78%	75%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.5.1	Work as One Council to effectively safeguard children and adults at risk (SSWB)	YELLOW (Good)	(SSWB) Quarter 3: The Corporate Safeguarding Board oversees corporate safeguarding performance and reports to CCMB. This ensures there is good and effective information sharing on the key safeguarding issues across the Council including risks and issues that emerge and that can be better managed by working together as one Council. Key activities in quarter 3 include the consideration of the safeguarding risks of cybercrime, significant assurance work following reductions in the child protection register, a focus on school exclusions and associated safeguarding issues. (EEYYP) Quarter 3: A representative from the Education, Early Years and Young People Directorate consistently attends the Corporate Safeguarding Board. Updates have been made to the model School Safeguarding Policy to align with changes made to local authority policy and protocol. Group B and Group C safeguarding training requires review to align with the Social Care Wales training packs developed to ensure that the training is consistent with safeguarding responsibilities set out in legislative framework. A designated safeguarding lead forum has been scheduled for April 2025.	A safeguarding self-assessment tool has been developed and will be implemented across all Council directorates.
WBO1.5.2	Safeguard children, young people and adults at risk of exploitation (SSWB)	GREEN (Excellent)	Quarter 3: The exploitation service will be restructured to increase the offer to children and young people at risk of exploitation. There is a regional strategy in place that is monitored via a regular working group to ensure it is achieving its intended outcomes.	Work with regional partner to implement the regional exploitation strategy and practice guidance.

WBO1.6: Help people to live safely at home through changes to their homes

Performance Indicators

Page 93

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED45(a) CP WBO1.6	The average number of calendar days taken to deliver a Disabled Facilities Grant (DFG) for: a) low level access showers Lower Preferred	668 days	210 days	780 days	210 days	807 days	629 days	↓	Quarterly Indicator Target Setting: Backlog of works due to the impact of CV19 is still significantly affecting our ability to improve performance or record a meaningful baseline for each category. Therefore, we will continue to use our original aspiration of 210 days as an initial baseline. Performance: We continue to work through the pipeline of referrals, where referrals have been deemed a priority by occupational therapist these are escalated. Referral dating back to 2020 are currently being certified during the period and significantly impacting PIs. Budget has been brought forward from 2025-26 in order to maintain the completion of referrals within this financial year, as the budget for 2024-25 has been utilised.
CED45(b) CP WBO1.6	b) Stair lifts Lower Preferred	346 days	210 days	541 days	210 days	526 days	325 days	↓	
CED45(c) CP WBO1.6	c) ramps Lower Preferred	694 days	210 days	1,138 days	210 days	1,059 days	455 days	↓	
CED45(d) CP WBO1.6	d) extensions (CEX) Lower Preferred	917 days	210 days	1,221 days	210 days	1,124 days	892 days	↓	
DOPS41 CP WBO1.6	Percentage of people who feel they are able to live more independently as a result of receiving a DFG in their home (CEX) Higher Preferred	98%	98%	100%	98%	99%	96.15%	↑	Quarterly Indicator Target Setting: Target retained. To continue to achieve a positive outcome for grant recipients in living more independently. Performance: A slight downturn in results due to one resident reporting "neither" as a response. The team are attempting to speak with the resident for further clarity

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.6.1	Improve the process and access to grants for older and disabled people who need to make changes to their home (CED)	YELLOW (Good)	Quarter 3: The Disabled Facilities Grant (DFG) Procurement framework is now live. Budget is fully committed to the end of March 2025, including the £500k brought forward from 2025/26. The structure review for the Housing Renewal Team is still ongoing.	

WBO1.7: Support partners to keep communities safe

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED46 CP WBO1.7	Number of instances where CCTV supports South Wales Police in monitoring incidents. (CEX) Higher Preferred	944	944	449	708	736	733	↑	Quarterly Indicator Target Setting: To continue supporting South Wales Police in actively monitoring CCTV incidents across Bridgend County Borough Performance: There were 287 CCTV incidences in Q3 where the CCTV Operatives supported both south Wales Police and local retailers to actively monitor CCTV cameras
CED62 CP WBO1.7	Percentage of Assia service users reporting increased feelings of safety at their exit evaluation. (CEX) Higher Preferred	New 24-25	100%	96.81%	100%	98%	New for 24-25	New for 24-25	Quarterly Indicator Target Setting: New PI – 100% target. Safety planning, targeting hardening and safety measures carried out with all service users throughout support and before exiting the service

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
									Performance: In Q3 100% of adults assessed reported increased feelings of safety. This has improved the overall cumulative figure from 96.81% at Q2 to 98%.
CED63 CP WBO1.7	Percentage of high risk domestic abuse victims / public protection notices received by the service contacted within 48 hours. (CEX) Higher Preferred	New 24-25	100%	100%	100%	100%	New 24-25	New for 24-25	Quarterly Indicator Target Setting: New PI – 100% target. Contact within 48 hours is identified best practice (in line with Leading Lights accreditation) Performance: Target achieved
CED64 CP WBO1.7	Percentage of medium risk domestic abuse victims / public protection notices received by the service contacted within 72 hours. (CEX) Higher Preferred	New 24-25	100%	100%	100%	100%	New 24-25	N/A	Quarterly Indicator Target Setting: New PI – 100% target. Contact within 72 hours is identified best practice (in line with Leading Lights accreditation) Performance: Target achieved
CORPB2 CP WBO1.7	Percentage of council staff completing Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) training (Level 1) (ALL) Higher Preferred	75.54%	100%	75.27%	100%	75.58%	75.14%	↑	Quarterly Indicator Target Setting: All staff to complete mandatory training Performance: This module is mandatory for all staff. Quarterly non-completion reports are provided to service managers via Directorate L&D Representatives. Responsibility for completion is down to the individual and their manager. This module is promoted for new starters via the Corporate Induction Framework and is not linked to level or role.

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO1.7.1	Regionalise the Community Safety Partnership (CSP), creating a single CSP covering the three respective local authority areas, providing strategic oversight for VAWDASV, Contest & Serious Violence (CEX)	GREEN (Excellent)	Quarter 3: Cwm Taf Morgannwg Community Safety Partnership (CTMCSP) Board established, with updates provided in December to the Regional Joint Overview and Scrutiny Committee (JOSC). Delivery mechanisms are being considered.	
WBO1.7.2	Identify children who are more likely to offend and provide them with support to reduce offending behaviour (EEYYP)	YELLOW (Good)	Quarter 3: From September 2024, delivery began of the Weapon Awareness Programme to the Year 7 intake for each secondary school across Bridgend. The Bridgend Youth Justice Service is now linking in with professionals from Community Safety Partnerships and Youth Support Services to raise awareness of the support available and offer wider prevention provision. Bridgend Youth Justice Service currently has reduced case holding capacity due to a recruitment freeze. This has led to children being put on a waiting list for prevention intervention. We are undertaking an analysis of 'no further action' referrals to check suitability for prevention.	

WBO2: A County Borough with fair work, skilled, high-quality jobs and thriving towns

WBO2.1: Helping our residents get the skills they need for work

Performance Indicators

Page 95

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS82 CP WBO2.1	The number of participants in the Employability Bridgend programme going into employment. (COMM) Higher Preferred	366	233	203	174	334	288	Trend not applicable	Quarterly Indicator Target Setting: Target set to maximise use of funding secured for that year. Funding arrangements can vary from year to year therefore targets are not comparable Performance: On Target

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.1.1	Invest £22m of Shared Prosperity Funding in projects in the County Borough by 2025, with third sector partners, including in people and skills, supporting local businesses, and developing communities and place (COMM)	GREEN (Excellent)	Quarter 3: Finance have undertaken Q3 spend reviews with all leads and received predicted spend figures. Restructure processes are underway where required and Cabinet Corporate Management Board (CCMB) have determined the way forward for the programme for the resources available in 2025-26. Additional offsetting of Social Services and Wellbeing Directorate spend with UKSPF (Shared Prosperity Funding) has been maximised where eligible and compliant.	
WBO2.1.2	Employability Bridgend will work with funders and partners, including the Inspire to Work Project to deliver a comprehensive employability and skills programme (COMM)	GREEN (Excellent)	Quarter 3: Programme has signed up 304 participants in quarter, for a total of 1,657 participants against a target of 1,469 and is supporting with training, volunteering and employment. We signpost as appropriate to or collaborate with other services and projects as appropriate. Bridgend Employability Network continues to hold monthly meetings with approximately 100 members representing organisations from across the spectrum that operate in Bridgend to inform and develop referral pathways and collaborative opportunities. The Marketing and Engagement team is well established and successful with promoting employability.	

WBO2.2: Making sure our young people find jobs, or are in education or training

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS80 CP WBO2.2	Number of participants in the Employability Bridgend programme supported into education or training (COMM) Higher Preferred	76	409	339	306	554	73	Trend not applicable	Quarterly Indicator Target Setting: Target set to maximise use of funding secured for that year. Funding arrangements can vary from year to year therefore targets are not comparable Performance: On Target
PAM/046 CP WBO2.2	The percentage of Year 11 leavers from schools in the authority identified as not being in education, employment or training (NEET) in the Careers Wales Annual Destination Survey Statistics. (EEYYP) Lower Preferred	1.4%	1.5%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.2.1	Increase employment and training opportunities in the County Borough for young people aged 16 to 24 years old (COMM)	RED (Unsatisfactory)	Quarter 3: We do not have Youth Guarantee monies anymore so no specific Youth focussed work takes place.	This commitment is to be removed for 25-26
WBO2.2.2	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)	GREEN (Excellent)	Quarter 3: There has been significant progress in reduction of agency social workers. The managed team has been stepped down in children's social care and agency social workers are now less than 10% of the social work workforce. This has been achieved through improved retention and recruitment, workforce planning such as growing our own social workers and international recruitment.	Focus on retention and wellbeing, particularly in the small number of teams which experience more challenge than others in workforce retention.
WBO2.2.3	Bridgend Music Service will further develop links with partners to explore income generation opportunities and broaden the learning offer where appropriate. (EEYYP)	GREEN (Excellent)	Quarter 3: Three Music Service pupils have been accepted into the National Youth Orchestra of Wales. Additionally, two pupils have secured reserve places in the National Youth Choir of Wales and the National Youth Orchestra of Wales. BBC National Orchestra of Wales (small selection of players) have confirmed that they will visit Bridgend Music Service in May 2025 to deliver two concerts to pupils. A new website 'High Standards and Aspirations for All' has been launched with a range of resources, guidance materials and case studies to support schools to develop their provision for teaching, including literacy. The Bridgend Music Service supported the Council's carol concert in December 2024. Their longstanding involvement in this event continues to enhance the festive atmosphere and showcase the talent and dedication of the musicians and staff.	

WBO2.3: Improving our town centres, making them safer and more attractive

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.3.1	Deliver £1.3m of Transforming Towns 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)	GREEN (Excellent)	Quarter 3: The current programme for Transforming Towns will run until March 2025, when a new programme has been announced. The fund continues to be available for commercial and residential enhancements within our town centres, with over £250k work of enhancements currently underway across our towns. The availability of commercial property grants has continued to be marketed during Q3, with some feasibility finance available for projects in the Valley areas. Significant consultation has been undertaken on the new placemaking strategies for Maesteg and Porthcawl which should attract additional interest in the funding available through the commercial premises grant.	

WBO2.4: Attracting investment and supporting new and existing local businesses

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO23.03 CP WBO2.4	Number of businesses receiving support through Shared Prosperity Funding (COMM) Higher Preferred	25	21	24	15	33	13	↑	Quarterly Indicator Target Setting: This is the final year of the funding so will attempt to maximise the benefits locally where possible. Performance: On target
DCO23.04 CP WBO2.4	Number of business start-ups assisted. (COMM) Higher Preferred	219	53	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.4.1	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)	GREEN (Excellent)	Quarter 3: A total of 49 start up grants have been awarded by the end of Q3. The grant is now open all year and signposting to other organisations is given so that the required business plan and cashflow forecast are supported by Business Wales. Support has been provided from UK Steel Enterprises to enhance the start-up grant and it is expected that the grant will be of interest to former TATA, and TATA supply chain, employees. By the end of Q3 24-25 the team have delivered a total of 23 business development grants and 8 business feasibility grants. The grant panel meetings continue to be held regularly to ensure the best support is offered to applicants and maximise the number of grants awarded within timescales. The grant panel is a useful mechanism to ensure that discussion on all grants available to businesses and other enterprises takes place to ensure the best support is offered. Both commissions are coming to a close at the end of March. Both are on target for completion of all targets in line with funder requirements and compliance.	Workshops will continue in Q4 24-25
WBO2.4.2	Work with the Cardiff City Region (CCR) and its 10 local authorities to transition to the Corporate Joint Committee (CJC) and to continue to work regionally on strategic planning, transport and economic development. (COMM)	GREEN (Excellent)	Quarter 3: Work continues with the Corporate Joint Committee (CJC) including working on the regional transport plan which was completed in December. Monthly meetings of the Regional Economic Directors Forum monitor this work and communicates with the CJC on its strategic vision.	

WBO2.5: Making the council an attractive place to work

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED50 CP WBO2.5	Number of sign up of new subscribers to the staff extranet (CEX) Higher Preferred	0	Baseline	0	Baseline	0	0	↔	Quarterly Indicator Target Setting: The staff extranet site is in its final test phase with the initial pilot being initiated in July 2024 prior to all staff roll out, where baseline data can be captured. Performance: Following the initial proof of concept not meeting the necessary threshold, we are considering next steps and options.
CED29(a) CP WBO2.5	The proportion of staff reporting through survey that they agree or strongly agree with the statement: a) I feel every department is working towards the same common goal. Higher Preferred	35%	42%	Annual Indicator - To be reported at Q4					
CED29(b) CP WBO2.5	b) I am satisfied with BCBC as an employer Higher Preferred	66%	74%	Annual Indicator - To be reported at Q4					
CED29(c) CP WBO2.5	c) Working here makes me want to perform to the best of my ability. Higher Preferred	73%	79%	Annual Indicator - To be reported at Q4					
CED29(d) CP WBO2.5	d) I feel that BCBC values its employees ideas and opinions Higher Preferred	39%	48%	Annual Indicator - To be reported at Q4					
CED29(e) CP WBO2.5	e) Do you think there are opportunities for two-way communication to discuss and raise ideas and issues? (CEX) Higher Preferred	85%	86%	Annual Indicator - To be reported at Q4					
CED49(a) CP WBO2.5	Percentage of staff reporting through survey that they agree or strongly agree with the statement: a) I feel supported to manage my personal wellbeing whilst in work. Higher Preferred	67%	71%	Annual Indicator - To be reported at Q4					

Page 98

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED49(b) CP WBO2.5	b) The council is dedicated to taking positive action to support employees achieve a positive sense of wellbeing in their working lives. (CEX). <i>Higher Preferred</i>	50%	54%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.5.1	Improve the Council's culture as an employer, offering fair work opportunities to current and potential employees. Use the views of our workforce to make improvements, develop and motivate employees and improve staff retention (CEX)	AMBER (Adequate)	Quarter 3: We continue to offer fair work opportunities to current and potential employees. During Q3 the council has attained Disability Leader (Level 3) status. The council continues to encourage self-care through its Health and Wellbeing agenda with a number of staff network groups taking place, such as Disability, Menopause and Welsh Language. Recruitment activity took place during Q3 for a further three apprenticeships to join the council during Q4. The workforce planning e-learning is under review together with the development of an introductory video. It is envisaged this will be completed by the end of the financial year.	Complete the workforce planning e-learning module and roll out to staff at the end of the financial year. Continue to work on the internal communication between staff by sending regular communications about e-learning, health and wellbeing, further education, various HR workshops etc.

WBO2.6: Ensuring employment is fair, equitable and pays at least the real living wage

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED54 CP WBO2.6	Number of real living wage employers identified (CEX) <i>Higher Preferred</i>	250	255	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO2.6.1	Encourage employers to offer growth/training options to employees (CEX)	BLUE (Completed)	Quarter 3: We are continuing to ask our bidders if their staff are trained and kept up to date with relevant training in order to fulfil their roles within the organisation. We believe this is very important to ensure the contracted work is carried out safely, professionally and to a high standard. It is now a standard practice in Procurement to ask if bidders offer apprenticeships via our contracts if appropriate to do so.	

WBO3: A County Borough with thriving valleys communities

WBO3.1: Investing in town centres, including Maesteg town centre

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO23.01 CP WBO3.1	Number of commercial properties assisted through the enhancement grant scheme (COMM) Higher Preferred	4	2	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO3.1.1	Complete a Placemaking Strategy for Maesteg town centre to improve the environment and support future investment bids (COMM)	GREEN (Excellent)	Quarter 3: A report was taken to Scrutiny in July 2024 to consider the stakeholder consultation completed in the development of the strategy. Final Draft of the Placemaking Plan has been developed and will be formally approved prior to March 2025.	
WBO3.1.2	Develop a commercial property enhancement grant for all valley high streets, to make them look better and bring properties back into commercial use (COMM)	GREEN (Excellent)	Quarter 3: Commercial property grant is supported by the Shared Prosperity Funding (SPF) and will run until March 2025. A summary of projects and successes will be reported at the end of the year, in line with SPF reporting protocols.	

WBO3.2: Creating more jobs in the valleys

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO3.2.1	Develop funding bids for our valleys, to enhance the economy and stimulate new job opportunities (COMM)	AMBER (Adequate)	Quarter 3: Project development across the valleys areas will need to be supported by external funding, development of projects is currently being supported through SPF projects.	Identify appropriate external funding streams, to enable bids to be developed.
WBO3.2.2	Increase the amount of land and premises available for businesses, including industrial starter units, in the Valleys (COMM)	AMBER (Adequate)	Quarter 3: Discussions still on-going with Northern Valleys Gateway Initiative (NVI). Discussions started with CCR in relation to accessing funds through the NVI programme in 2023 and nearly 2 years later funding still has not been released to the Council through CCR to progress the development of much needed business units in the Valleys.	Continue to work with CCR for the Northern Valleys Gateway Initiative to understand which proposals could be suitable to take forward as a new application in spring 2025.

WBO3.4: Improving education and skills in the Valleys

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO3.4.1	Establish three new Flying Start provisions, offering free childcare for two-year-olds in Nantymoel, Ogmore Vale and Pontcymmer (EEYYP)	GREEN (Excellent)	Quarter 3: The service has achieved the targets set by Welsh Government for the latest phase of expansion (26 children) and five new providers have been recruited to support the ongoing delivery of the Flying Start childcare programme. A proposed delivery plan for the universal expansion of Flying Start childcare (phase three) has been drafted and was submitted to Welsh Government on 13 December 2024. The interim childcare sufficiency assessment closed on 29 November 2024, with almost 1000 parental responses and over 30 provider responses.	
WBO3.4.2	Open Welsh-medium childcare in the Ogmore Valley and Bettws, with 32 full-time-equivalent childcare places (EEYYP)	AMBER (Adequate)	Quarter 3: The tender process for the opportunity to open a Welsh-medium provision at the Bettws site has concluded and a preferred provider has been identified. The preferred provider has accepted the opportunity and handover of the building is due once the lease agreement has been reviewed by the provider's solicitor. Once the Bettws building is handed over, the local authority will offer support to the provider to register and promote the setting.	A meeting with Mudiad Meithrin and local authority procurement team is planned for January 2025 to discuss the opportunity at Blackmill with the hope that an agreement can be made.

WBO3.5: Investing in our parks and green spaces and supporting tourism to the valleys

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO3.5.1	Develop a regeneration strategy for the valleys (including Ogmore and Garw Valleys) (COMM)	AMBER (Adequate)	Quarter 3: A Final Draft of the Valleys Strategy is now complete and ready for final review prior to being presented for approval.	Cabinet Approval for the Strategy will be sought in the April.

WBO3.6: Encourage the development of new affordable homes in the valleys

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED55 CP WBO3.6	Number of additional affordable homes provided by Registered Social Landlords (RSLs) in the Valleys (CEX) <i>Higher Preferred</i>	2	20	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO3.6.1	Promote and encourage the development of new social housing in the valleys (CEX)	YELLOW (Good)	Quarter 3: Valley development continues to be promoted and is discussed in monthly meetings with Registered Social Landlords (RSLs). There are currently 5 schemes committed in the current development programme across the three valley areas with further schemes designed for future years. (Also refer to update under WBO7.6.1)	
WBO3.6.2	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)	YELLOW (Good)	Quarter 3: The development of 180 new homes is continuing. A sale of the former Ewenny Road Industrial Estate to a housing developer is in the process of being finalised.	

WBO4: A County Borough where we help people meet their potential

WBO4.1: Providing safe, supportive schools with high quality teaching

Performance Indicators

Page 101

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS156 CP WBO4.1	Number of schools judged by Estyn to be in 'significant improvement' or 'special measures'. (EEYYP) Lower Preferred	1	0	1	0	1	1	↔	Quarterly Indicator Target Setting: School support is in place with improvement partners so there should be early support provided to avoid the outcome of any school requiring 'significant improvement' or in 'special measures'. Performance: One school has been removed from Estyn 'special measures' category, while another school has been deemed to require special measures after an Estyn inspection this term. The local authority, alongside improvement partners, will work closely to support the school and develop the post-inspection action plan.
DEFS155 CP WBO4.1	Percentage of schools that have self-evaluated themselves as 'green' as part of their annual safeguarding audit. (EEYYP) Higher Preferred	95%	100%	Annual Indicator - To be reported at Q4					
EDU010a CP WBO4.1	The percentage of school days lost due to fixed-term exclusions during the academic year, in: a) primary schools. Lower Preferred	0.024%	0.030%	Annual Indicator - To be reported at Q4					
EDU010b CP WBO4.1	b) secondary schools. (EEYYP) Lower Preferred	0.165%	0.150%	Annual Indicator - To be reported at Q4					
EDU016a CP WBO4.1	Percentage of pupil attendance in: a) primary schools Higher Preferred	91.5%	93.0%	Annual Indicator - To be reported at Q4					
EDU016b CP WBO4.1	b) secondary schools (EEYYP) Higher Preferred	87.9%	90.0%	Annual Indicator - To be reported at Q4					
PAM032 CP WBO4.1	Average Capped 9 Score for pupils in Year 11. (EEYYP) Higher Preferred	361.50	363.00	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.1.1	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)	YELLOW (Good)	Quarter 3: The current professional learning compendium from Central South Consortium has a range of professional learning that has been developed through analysis of Estyn recommendations, feedback from school leaders, and analysis of school priorities. A new website has been launched by Central South Consortium with a range of resources, guidance materials and case studies to support schools to develop their provision for teaching, including literacy. During the autumn term 2024, three governor training sessions were delivered by the local authority and Central South Consortium to support them in their roles. The local authority has recently shared individual 'School on a page' (SOAP) documents, which contains high-level information the local authority uses to support schools (in relation to aspects such as, leadership, governance, self-evaluation). These will aid reflection and self-improvement. The first Strategic Partnership Board was established with local authority officers and representative headteachers on 3 December 2024 to assist with self-evaluation processes related to the directorate's strategic plan. These will continue as termly meetings.	

Code	Commitment	Status	Progress this period	Next Steps
WBO4.1.2	Ensure all local schools are rated as green following their safeguarding audit and provide support they need to improve (EEYYP)	GREEN (Excellent)	Quarter 3: All safeguarding audits have concluded. The analysis of the data will be completed by April 2025. The Education Engagement Team continues to provide safeguarding training and support to schools. A review of the safeguarding audit will be completed this year to ensure it is compliant with legislative framework and the requirements of Estyn.	
WBO4.1.3	Make additional digital learning training available to all school staff to improve teaching and learning in our schools (EEYYP)	GREEN (Excellent)	Quarter 3: A presentation was provided to schools at the Digital Leaders Group and Curriculum Development Leaders Group network meeting by TARIAN (South Wales Police, Dyfed Powys Police and Gwent Police cybercrime agencies) offering support for schools with this PREVENT initiative. South Wales Police TARIAN on 'Cyber Choices' offer a staff awareness training opportunity to support learners who have a high cyber capability and could be vulnerable to commit computer misuse act offences. An Online Safety pupil assembly was delivered to Corneli Primary School and was centred around age restriction and age limit of social media apps. Risks and privacy concerns were discussed and presented to all pupils during the session. Recently published guidance on AI will now be used to support headteacher training for AI use, and planning is underway for a professional learning day. The first draft of the Bridgend School's Digital Learning Strategy 2025-2028 has been presented and shared to the Schools' ICT Strategy Group and the Lead Officer for Digital Learning will amend and update the draft policy to reflect the feedback received from the group. Policy framework on AI is being developed for schools to tailor policy around the use of AI in school. The draft policy will support the BCBC interim policy for AI tool requests by schools. The Lead Officer for Digital Learning is part of group developing and consulting on this framework.	
WBO4.1.4	Improve the digital offer to young people, including youth led interactive website (EEYYP)	YELLOW (Good)	Quarter 3: The youth support social media presence is growing weekly with posts now reaching over 1000 people through both Facebook and Instagram. The 'Your Voice' digital forum has now concluded with a current total of 790 participants. Staff from the Children's Rights and Participation Team will now work with our Youth Councillors to develop a report identifying the main themes and issues from the data received. The website pages continue to be remodelled, alongside support from our Young Editors Group, and now includes representation of our third sector group - Bridgend Youth Matters.	

WBO4.3: Expanding Welsh medium education opportunities

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS138 CP WBO4.3	Percentage of Year 1 learners taught through the medium of Welsh.(EEYYP) Higher Preferred	8.56%	8.7%	Annual Indicator - To be reported at Q4					
DEFS157 CP WBO4.3	Percentage of learners studying for assessed qualifications through the medium of Welsh at the end of Key Stage 4. (EEYYP) Higher Preferred	6.62%	7.16%	Annual Indicator - To be reported at Q4					
DEFS158 CP WBO4.3	Number of learners studying for Welsh as a second language. (EEYYP) Higher Preferred	11	20	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.3.1	Deliver the actions in the Welsh in Education Strategic Plan (WESP) (EEYYP)	GREEN (Excellent)	Quarter 3: A series of termly groups such as baby massage, baby yoga and Welsh Rhymetime sessions are now held in Maesteg, Y Sarn, Bridgend Town and Pyle. A new online booking system is in place so that new parents are able to enrol. Cymraeg i Blant is now holding sessions in Porthcawl to support the growth in Welsh-medium education in readiness for the childcare hub and seedling school. Since September 2024, four pupils have received 'after-care' support and three pupils are receiving support to return to Welsh-medium education. 100% of schools are now engaged with Siarter Iaith and the Siarter Iaith Cymraeg Campus.	

WBO4.4: Modernising our school buildings

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.4.1	Enlarge Ysgol Gymraeg Bro Ogwr to a 2.5 form-entry new-build school. (EEYYP)	RED (Unsatisfactory)	Quarter 3: The Cabinet Secretary for Education has approved the revised Outline Business Case, and Council approval has been received for the additional capital funding required to deliver the school. The pre-application consultation (PAC) process has been delayed due to establishing the extent of active travel associated with the scheme to inform the PAC. Ecology issues on site are impacting on the timing of undertaking further site investigation works. The ecologist has confirmed that such works can be undertaken in the spring. The design team continue to make process in terms of the detailed design.	The pre-application consultation process ahead of submitting a planning application will commence in respect of Ysgol Gymraeg Bro Ogwr.
WBO4.4.2	Provide a new-build for Mynydd Cynffig Primary School (EEYYP)	AMBER (Adequate)	Quarter 3: The Cabinet Secretary for Education has approved the revised Outline Business Case, and Council approval has been received for the additional capital funding required to deliver the school. The planning application has been submitted to Planning Department and we are awaiting the outcome of this process. The ground investigation report for Mynydd Cynffig Primary School has been received and no major issues were identified.	The planning application will be considered. Feasibility will commence for the active travel improvements identified for the area. Cabinet approval will be sought to tender the scheme, and to modify the opening date (currently September 2025).
WBO4.4.3	Enlarge Ysgol y Ferch o'r Sgêr to a two form-entry new-build school. (EEYYP)	RED (Unsatisfactory)	Quarter 3: Welsh Government has concluded their review of the scheme, and Cabinet Secretary approval has been received to transition to capital. RIBA stage 3 and 4 design is complete. The planning application was not submitted whilst Welsh Government considered funding mechanism.	The planning application will be submitted in February 2025.
WBO4.4.4	Provide a new two-form entry English-medium school to replace the existing Afon Y Felin and Corneli Primary Schools. (EEYYP)	RED (Unsatisfactory)	Quarter 3: Welsh Government has concluded their review of the scheme, and Cabinet Secretary approval has been received to transition to capital. RIBA stage 3 and 4 design is complete. The planning application was not submitted whilst Welsh Government considered funding mechanism.	The planning application will be submitted in February 2025.
WBO4.4.5	Relocate Heronsbridge School to a new-build 300-place school (EEYYP)	AMBER (Adequate)	Quarter 3: Council has approved the additional funding required to deliver the school. The multi-disciplinary design team has commenced drafting the tender documentation.	The scheme will be tendered via the South East and Mid Wales Collaborative Construction Framework (SEWSCAP4) in early 2025.

WBO4.5: Attract and retain young people into BCBC employment

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED56 CP WBO4.5	Percentage of those concluding apprenticeships and obtaining a non-apprentice role. (EEYYP) Higher Preferred	90%	90%	Annual Indicator - To be reported at Q4					
DOPS36 CP WBO4.5	Number of apprentices employed across the organisation. (EEYYP) Higher Preferred	46	20	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.5.1	Work with local schools to promote the Council as an employer and promote apprenticeships (CEX)	YELLOW (Good)	Quarter 3: Learning and Development (L&D) continue regular engagement with schools to promote apprenticeships and the Council as an employer via the termly Directors Report, and to offer their services in attending options days/evenings, run presentation/talks and workshops to schools via the monthly Monday News Shot from the Director. During Q3 we have visited schools to deliver talks on apprenticeships and conducted workshops with pupils i.e. where to look for apprenticeship roles, completing application forms and interviewing skills (Cynffig Comprehensive School in November). We also attended options evenings with Year 11 at CCYD, as well as a Careers Fair and Options Evening at Maesteg Comprehensive School.	

WBO4.6: Offering youth services and school holiday programmes for our young people

Performance Indicators

Page 104

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
SSWB66 CP WBO4.6	Participation in targeted activities for people with additional or diverse needs (SSWB) Higher Preferred	357	400	210	300	328	282	↑	Quarterly Indicator Target Setting: Increased external funding available Performance: Currently establishing baseline in order to assess the effectiveness of this service and what it includes. This will help set a benchmark for 2025-2026.
SSWB67 CP WBO4.6	Participation in the national free swimming initiative for 16 and under (SSWB) Higher Preferred	19,659	16,000	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.6.1	Make our leisure and culture programmes more accessible to children with additional needs (SSWB)	YELLOW (Good)	Quarter 3: Step Up and Step Down programme continues to support families who fall outside statutory services. There are 74 active family referrals (not individuals) with 17 new family referrals in. 40 individual referrals have been transitioned on to community opportunities with 13 families being supported with community exit routes with the support of 24 community partners.	To work closely with early help and children's disability transition team to ensure there is no duplication and a clear menu of support at the front door.
WBO4.6.2	Enlarge the Food and Fun Programme for summer 2024 (EEYYP)	BLUE (Completed)	Quarter 3: Six Food and Fun Programme schemes operated in the first three weeks of the summer holidays 2024. The programmes included a wide geographical spread across the county borough and include a Welsh-medium school. In total, 213 children benefitted from attending. An evaluation of this year's programme is underway in order to report back to the Welsh Local Government Association (WLGA). Promotion of the scheme for next year will continue into the spring term. Job descriptions for the roles are being re-written to ascertain whether the enhanced expectations for the programme to be school-run impact the pay grades for the two Food and Fun Programme delivery posts. An options paper is in the process of being prepared to consider how barriers to schools' participation could be reduced or removed.	

WBO4.7: Work with people to design and develop services

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.7.1	Work co-productively with people to develop their own solutions (SSWB)	YELLOW (Good)	Quarter 3: Positive network development has continued in Q3 including opportunities for people with disabilities and additional needs through the BING along with the young carers network and partnership working with Bridgend Carers, BAVO, Tu Vida and Cwmpas to strengthen joined up working. 57 organisations supported to develop or deliver prevention opportunities' focusing on "what matters". 43 individuals attending network meetings. 185 people with increased knowledge of the services available to them (locally). 171 people reporting increased social connections. 2 ambassadors forums have taken place, with planning for a young carers network event to be held in Q4. Currently supporting 113 care experienced children/young people and their households to access health and wellbeing opportunities.	Continue to engage with both people with lived experience and stakeholders to shape services and improve effectiveness.

WBO4.9: Being the best parents we can to our care experienced children

Performance Indicators

Page 105

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CH/052 CP WBO4.9	Percentage of care leavers who have experienced Homelessness during the year. (SSWB) Lower Preferred	7.17%	10%	4%	10%	6.44%	4.48%	↓	Quarterly Indicator Target Setting: To maintain performance. Performance: There continues to be significant challenges within housing currently which is impacting upon provision of accommodation and access in a planned way to safe and suitable accommodation. Work is underway not only in respect of Signs of Safety to improve family connections to prevent homelessness, but also via a move on panel to plan ahead for care leavers and support them to access appropriate accommodation.
SSWB48a CP WBO4.9	Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the: a) 12 months since leaving care Higher Preferred	68.97%	70%	56.25%	70%	61.54%	71.43%	↓	Quarterly Indicator Target Setting: To continue to improve performance. Performance: Focus remains on improving this area and work towards achieving our target. Inspire continue to have involvement in the development of Pathway Reviews for young people approaching adulthood. The Web Resource is now up and running and is available for young people between 15 and 26. Next steps will involve pushing forward on plans with HR to support young people with applications.
SSWB48b CP WBO4.9	b)13-24 months since leaving care. (SSWB) Higher Preferred	57.69%	65%	71.43%	65%	77.27%	60%	↑	Quarterly Indicator Target Setting: To continue to improve performance Performance: On target.

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO4.9.1	Give care experienced children love, care, safe homes to live in and opportunities to try new activities, gain new skills and fulfil their potential working across the Council and partners (SSWB)	YELLOW (Good)	Quarter 3: There are new Group Managers in both Fostering and Case Management and Transition. Collectively they will work together to ensure some of the activities identified in the Corporate Parenting strategy are embedded. The development of the Corporate Parenting Performance Framework will also ensure that partners are held to account in regards to their support for care experienced children The Youth forum continues to meet regularly with the support from Tros Gynnal Plant Cymru. The Corporate Parenting Officer brings the themes of these to Corporate Parenting for the board to consider within that forum and next steps. We continue to work with partners to ensure they discharge their corporate parenting responsibilities.	Review performance framework to ensure oversight of actions and next steps to improve outcomes for care experienced children
WBO4.9.2	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)	YELLOW (Good)	Quarter 3: Performance Framework and Action plans were developed in Corporate Parenting meeting in December. This will enable the board to hold partners to account moving forward.	Embed performance framework to ensure it identifies actions and next steps to improve outcomes for Care-experienced children.
WBO4.9.3	Support the implementation of the Corporate Parenting Strategy in schools. (EEYYP)	AMBER (Adequate)	Quarter 3: A draft action plan has been submitted to the Corporate Parenting Board from the Education Engagement Team. The team have scheduled 'drop in' sessions with the Care-Experienced Children Team to support the educational provision of children looked after. There are current challenges with the reporting abilities on our management information system (that is, Capita One) for children looked after. Work is ongoing to remedy these issues and ensure accurate and appropriate data capture.	The action plan will be approved by the Corporate Parenting Board and we will continue to work with colleagues to overcome reporting function issues in the management information system.

WBO5: A County Borough that is responding to the climate and nature emergency

WBO5.1: Moving towards net zero carbon, and improving our energy efficiency

Performance Indicators

Page 106

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED57 CP WBO5.1	Levels of nitrogen dioxide (NO ₂) pollution in the air (micrograms per m3) (CEX SRS) Lower Preferred	40.80	40	Annual Indicator - To be reported at Q4					
DCO20.01 CP WBO5.1	Annual Gas Consumption across the Authority – kWh. (COMM) Lower Preferred	21,966,783	20,868,443	Annual Indicator - To be reported at Q4					
DCO20.02 CP WBO5.1	Annual Electricity Consumption across the Authority – kWh. (COMM) Lower Preferred	15,210,536	14,450,009	Annual Indicator - To be reported at Q4					
DCO20.03 CP WBO5.1	Annual CO2 related to gas consumption across the Authority – tonnes. (COMM) Lower Preferred	4,018	3,817	Annual Indicator - To be reported at Q4					
DCO20.04 CP WBO5.1	Annual CO2 related to electricity consumption across the Authority – tonnes. (COMM) Lower Preferred	3,150	2,925	Annual Indicator - To be reported at Q4					
DCO23.05 CP WBO5.1	Reduction in emissions (across our buildings, fleet & equipment, streetlighting, business travel, commuting, homeworking, waste, procured goods and services) (COMM) Higher Preferred	4.3%	5%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO5.1.1	Keep reducing our carbon footprint by changing our Council vehicles to electric and further energy efficiency schemes (COMM)	GREEN (Excellent)	Quarter 3: Carbon Trust has been appointed to support BCBC to review its 2030 strategy. It is anticipated that a draft strategy will be completed in March 2025. The Annual Carbon report was submitted to Welsh Government within deadline.	
WBO5.1.2	Continue work to finalise and implement our Air Quality Action Plan, and start work on the measures to improve air quality along Park Street (CEX)	GREEN (Excellent)	Quarter 3: The Air Quality Action Plan (AQAP) was approved by Cabinet and submitted to Welsh Government in April. The AQAP only has retained measures that we would consider implementing if we are not going to achieve NO ₂ compliance, which has been forecast to be achieved by end of 2026. The Annual Progress Report detailing 2023 data was presented to Cabinet at the October meeting. It is noted that in 2023, monitoring undertaken at 3 sites located on Park Street residential facades exceeded the annual average air quality objective set for NO ₂ . However this represents a reduction in NO ₂ concentrations at these sites.	
WBO5.1.3	Ensure all new build schools meet the requirement for net zero carbon (EYYP)	AMBER (Adequate)	Quarter 3: Each of the five schemes are in stages of design development. However, due to a variety of issues (including, ecology issues, delays in planning approval and funding), the timescales for the five schemes have been impacted. This target will only be achieved following construction of the schools.	Detailed next steps on all schemes is provided in WBO4.4
WBO5.1.4	Invest in energy efficiency improvements to Council buildings including schools (COMM)	AMBER (Adequate)	Quarter 3: The Programme board has allocated funding to the LED replacement programme and solar PV roll out over key opportunity sites, including schools. The Energy Manager has an on-going programme of work in relation to monitoring and responding to key opportunities. Despite no progress being made on launch of a new RE:FIT scheme at a UK level work has progressed to develop the potential scope of assets that may be included in such a programme of work.	Commence the REFIT2 scheme in Spring 2025 in line with the MTFS.

WBO5.2: Protecting our landscapes and open spaces and planting more trees

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO23.06 CP WBO5.2	Number of blue flag beaches (COMM) Higher Preferred	3	3	Annual Indicator - To be reported at Q4					
DCO23.07 CP WBO5.2	Number of green flag parks and green spaces (COMM) Higher Preferred	2	2	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO5.2.1	Deliver projects such as woodland protection, develop and protect our natural environment in partnership with our communities as part of our Bridgend Biodiversity Plan (COMM)	GREEN (Excellent)	Quarter 3: The Local Nature Partnership (LNP) continues to be supported by the Climate Change Response Team and we are working to broaden the reach of the LNP through the development of engagement graphic templates, a communication plan (with a focus on engaging farmers/landowners and those not professionally involved with nature), and a dedicated LNP webpage on Visit Bridgend. The team are also developing projects with partners and community groups to include in our Local Places for Nature 2025-27 application.	

WBO5.3: Improve the quality of the public ream and built environment through good placemaking principles

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
PAM/018 CP WBO5.3	Percentage of all planning applications determined within 8 weeks or within an agreed period. (COMM) Higher Preferred	68%	80%	60%	80%	70%	68%	↑	Quarterly Indicator Target Setting: Target set in line with national target for good performance Performance: Performance has increased since last quarter. A new Senior Planning Officer was appointed in November to replace someone who was promoted to Principal. An additional temporary planning officer has also been appointed in December. This should assist in further improving performance.
PAM/019 CP WBO5.3	Percentage of planning appeals dismissed. (COMM) Higher Preferred	87%	80%	Annual Indicator - To be reported at Q4					

WBO5.4: Reducing, reusing or recycling as much of our waste as possible

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
PAM/010 CP WBO5.4	Percentage of highways land inspected by the Local Authority to be found to be of a high / acceptable standard of cleanliness. (COMM) Higher Preferred	99.8%	99%	99.19%	99%	100%	100%	↔	Quarterly Indicator Target Setting: To maintain the existing targets which remain challenging to achieve Performance: On target

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
PAM/030 CP WBO5.4	Percentage of waste collected and prepared for reuse, and/or recycled, including source segregated biowastes that are composted or treated biologically in any other way. (COMM) Higher Preferred	72.78%	70%	70.96%	70%	69.28%	66.82%	↑	Quarterly Indicator Target Setting: To maintain the existing targets which remain challenging to achieve Performance: Performance slightly down in Q3 compared to Q2 due to wood waste remaining in storage which will be recycled in Q4, and less green waste collected due to the seasonal green waste service finishing in November. Trend compared to Q3 last year however demonstrates an overall improvement.
PAM/030a CP WBO5.4	Percentage of waste collected by local authorities: a) prepared for reuse Higher Preferred	1.43%	1%	0.49%	1%	0.48%	0.59%	↓	
PAM/030b CP WBO5.4	b) prepared for being recycled Higher Preferred	50.42%	49%	46.85%	49%	48.45%	51.50%	↙	
PAM/030c CP WBO5.4	c) composted or treated biologically in another way. (COMM) Higher Preferred	20.14%	20%	23.62%	20%	20.35%	14.73%	↑	
PAM/043 CP WBO5.4	Kilograms of residual waste generated per person. (COMM) Lower Preferred	119.80 kg	125 kg	59.04 kg	93 kg	88.55 kg	89.86 kg	↑	Quarterly Indicator Target Setting: To maintain the existing targets which remain challenging to achieve Performance: Annual figure showing Q3 below target meaning that less residual waste is being collected overall.
DCO20.05 CP WBO5.4	Percentage of Street cleansing waste prepared for recycling. (COMM) Higher Preferred	41.18%	40%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO5.4.1	Develop our Future Waste Services Model and seek to improve our recycling rates further in line with Welsh Government targets. We will consult on the options with residents in 2024 (COMM)	AMBER (Adequate)	Quarter 3: A decision was made at 19th November 2024 Cabinet to bring the waste services in house. Fortnightly meetings being held of the Waste Transition Board Chaired by the Leader and Project Manager appointments are progressing. Tender returned for modelling recycling rates and work has commenced and will be consulted on in 2025.	Consultation to be carried out.

WBO5.5: Improving flood defences and schemes to reduce flooding of our homes and businesses

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO23.08 CP WBO5.5	Percentage of statutory sustainable drainage systems (SuDS) applications processed within 7 weeks from receipt of appropriate scheme drawings. (COMM) Higher Preferred	100%	95%	100%	95%	100%	100%	↔	Quarterly Indicator Target Setting: To maintain existing performance Performance: On target

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO5.5.1	Invest in and improve flood mitigation measures throughout our communities to reduce flood risk (COMM)	GREEN (Excellent)	Quarter 3: All schemes subject to funding within Welsh Government Small Scale Grant are now complete and funding from WG has been received. Funding has been applied for through the WG FCERM (Flood and Coastal Erosion Risk Management) Capital Pipeline funding (feasibility) for a catchment wide study of the Nant Cefn Glas in relation to the Bryntirion flooding event in September 2024. Funding requests were submitted in December 2024.	

WBO6: A County Borough where people feel valued, heard and part of their community

WBO6.1: Celebrating and supporting diversity and inclusion and tackling discrimination

Performance Indicators

Page 109

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CORPB3 CP WBO6.1	Percentage of council staff completing Introduction to Equality and Diversity training (E-Learning or workbook).(ALL) Higher Preferred	47.61%	100%	55.09%	100%	61.17%	40.63%	↑	Quarterly Indicator Target Setting: All staff to complete mandatory training Performance: This module is mandatory for all staff. Quarterly non-completion reports are provided to service managers via Directorate L&D Representatives. Responsibility for completion is down to the individual and their manager. This module is promoted for new starters via the Corporate Induction Framework and is not linked to level or role

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO6.1.1	Implement the agreed action plan supporting Welsh Government on race equality and LGBTQ+ (CEX)	GREEN (Excellent)	Quarter 3: The commitments from these action plans have been incorporated into our Strategic Equality Plan 2024-2028 (SEP) which was approved in July 2024 and has now been published on our website. Work towards achieving these actions will continue over the next 4-year lifespan of the SEP. The SEP Action Plan has now been agreed by Cabinet Committee Equalities (CCE) in November 2024 and an update on work carried out will be reported to CCE in November 2025.	
WBO6.1.2	Establish new BCBC staff groups for people with protected characteristic (CEX)	GREEN (Excellent)	Quarter 3: There are now two staff network groups established: Menopause and Disability at this time. Staff meet for an hour every month during the working day. Terms of reference have been completed and shared with all staff members within the groups. Information on staff networks is promoted regularly via Bridgenders. Details and promotion of staff networks has also been added to the Staff communication and engagement pages of the intranet. A Welsh Language Forum for staff of all proficiency levels has been established. Attendance levels are growing monthly. Continuing to promote throughout the organisation to maximise take-up.	

WBO6.2: Improving the way we engage with local people, including young people, listening to their views and acting on them

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED58 CP WBO6.2	Percentage of consultation participants who answered positively: How effective do you think we have been in meeting our aim of being citizen-focused over the last 12 months? (CEX) Higher Preferred	49.4%	50%	Annual Indicator - To be reported at Q4					
CED59(a) CP WBO6.2	Level of engagement (Welsh / English) a) across consultations Higher Preferred	7,946	8,300	Annual Indicator - To be reported at Q4					
CED59(b) CP WBO6.2	b) with corporate communications to residents, using the digital communications platform. Higher Preferred	972,384	972,500	Annual Indicator - To be reported at Q4					
CED59(c) CP WBO6.2	c) across all corporate social media accounts (CEX) Higher Preferred	1,715,802	1,715,900	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO6.2.1	Review how we communicate and engage with residents, including children and young people to help us become more customer focused and responsive (CEX)	GREEN (Excellent)	Quarter 3: Easy-read version of Budget Consultation is available on the consultation pages (suitable for younger people) with specific question about customer focus and responsiveness. Plans are in place to produce easy read versions for all consultations. The Residents' Survey was made available for people with additional learning needs and request made to Data Cymru that next version of the Residents' Survey should have an easy read option for young people. We continue to invite Bridgend College and Schools to participate in relevant consultations.	
WBO6.2.2	Provide new opportunities for the community to engage with us on our regeneration plans, holding workshops with key stakeholders including town councils, learners and community groups (COMM)	GREEN (Excellent)	Quarter 3: Consultation sessions regularly take place in relation regeneration projects and strategies. Consultation sessions on the Porthcawl Town Centre Placemaking plan took place in Q3 and a consultation on the Regeneration Masterplan for Salt Lake and Sandy Bay will take place in Q4.	

WBO6.3: Offering more information and advice online, and at local level, and making sure you can talk to us and hear from us in Welsh

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED5 CP WBO6.3	Percentage of first call resolutions (CEX) Higher Preferred	69.17%	75.92%	67.29%	75.92%	69.4%	67.07%	↑	Quarterly Indicator Target Setting: To increase the number of calls resolved at the first point of contact Performance: The number of calls resolved at first point of contact has increased for Q3. The customer service team continue to review this with the relevant service areas to look at ways of improving the way calls are handled.
CED51 CP WBO6.3	Number of online transactions using the digital platform (CEX) Higher Preferred	72,500	72,500	42,392	54,375	61,995	53,834	↑	Quarterly Indicator Target Setting: To increase online transactions by customers to promote channel shift Performance: On Target
CED52 CP WBO6.3	Number of hits/views on the corporate website (CEX) Higher Preferred	3,415,000	3,415,000	1,654,830	2,561,250	2,403,424	2,467,219	↙	Quarterly Indicator Target Setting: To provide a digital option for people wishing to contact and transact with the Council Performance: Visits to the council's website can vary month to month depending on local and UK wide news and events that may affect services.
CORPB4 CP WBO6.3	Percentage of council staff completing Welsh Language Awareness E-Learning. (ALL) Higher Preferred	47.61%	100%	55.04%	100%	60.34%	40.32%	↑	Quarterly Indicator Target Setting: All staff to complete mandatory training Performance: This module is mandatory for all staff. Quarterly non-completion reports are provided to service managers via Directorate L&D Representatives. Responsibility for completion is down to the individual and their manager. This module is promoted for new starters via the Corporate Induction Framework and is not linked to level or role
CED53 CP WBO6.3	Percentage of staff with Welsh language speaking skills (including schools) (CEX) Higher Preferred	26.82%	28%	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO6.3.1	Continue to evaluate and review the communication options available to ensure information is available to all residents across the borough (CEX)	GREEN (Excellent)	Quarter 3: A review has been undertaken with our software provider to identify areas where we can improve integration across the three platforms. An initial issue that arose in relation to our Welsh consultation platform, has now been resolved. The widget to our digital communication has now been embedded into the MyAccount platform so residents are now able to subscribe to a variety of communication topics such as jobs, general weekly updates etc. easily. The widget for the engagement platform was removed following the issue with the Welsh language and is now in the process of being introduced to ensure residents are also able to see open consultations within their MyAccount easily to encourage engagement and participation. We are now looking at how we can also update our online services to embed these services to again improve communication and engagement with residents.	

WBO6.4: Helping clubs and community groups take control of and improve their facilities and protect them for the future

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO16.8 CP WBO6.4	Number of council owned assets transferred to the community for running (CATs) across the County Borough (COMM) Higher Preferred	7	10	Annual Indicator - To be reported at Q4					
SSWB69 CP WBO6.4	Number of people supported to have their needs met in their communities by local community co-ordinators and community navigators (SSWB) Higher Preferred	395	450	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO6.4.1	Invest in Community Asset Transfers and support clubs and Community Groups with equipment grants to improve and safeguard the facilities. (COMM)	RED (Unsatisfactory)	Quarter 3: Further Community Asset Transfer (CAT) Capital Fund applications approved (circa £15k) for green improvements and maintenance equipment. The CAT Officer left the authority in October 2024 and the post has been covered on a temporary basis, whilst a recruitment exercise has been undertaken. There has been a successful application to Cabinet for additional CAT Capital Fund top up of £500k, which will enable future CATs to move forward.	Continue the progression of CATs in 25-26 if the budget allocation is agreed by Council.

WBO6.5: Becoming an age friendly council

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO6.5.1	To work towards becoming an accredited Age Friendly Council (SSWB)	YELLOW (Good)	Quarter 3: We continue to work closely with Cwm Taf Morgannwg (CTM) partners and 3rd sector organisations, including the CTM WISE project, working on streamlining health services and the social prescribing pathways, including National Exercise Referral Scheme and the 60+ Active Leisure Scheme. Support has been made to increase community resilience within dementia services. Over 10 voluntary organisations have been supported through grant applications for community projects active in dementia prevention. We celebrated older persons week with cultural and artistic opportunities. These free activities including art workshops, cinema screenings and a silent disco run by our cultural trust Awen.	Continue to be a part of the Welsh Government and Older Persons Commissioners Network to inform local planning and development

WBO7: A County Borough where we support people to be healthy and happy

WBO7.1: Improving active travel routes and facilities so people can walk and cycle

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.1.1	Improve sustainable and active travel choices, including the Metrolink bus facility in Porthcawl, to increase connectivity and greener travel choices (COMM)	BLUE (Completed)	Quarter 3: The Metrolink bus facility was made fully operational in November 2024. The active travel improvements work is now also complete with drop kerb installations installed throughout the borough.	

WBO7.2: Offering attractive leisure and cultural activities

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
SSWB70 CP WBO7.2	Number of visits by older adults to physical activity opportunities supported (SSWB) Higher Preferred	23,308	23,500	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.2.1	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)	YELLOW (Good)	Quarter 3: The Grand Pavilion Project is continuing to be progressed. We are currently out to tender for a contractor to complete the main package of works.	Award tender at March Cabinet and commence works
WBO7.2.2	Develop an active leisure offer for older adults to improve physical and mental wellbeing (SSWB)	GREEN (Excellent)	Quarter 3: Feel Good for Life wellbeing programme has supported 521 attendances across the borough. Super-Agers community wellbeing activities have supported 132 individuals, including 653 attendances across 43 opportunities. The National Exercise Referral Scheme (NERS) programme has supported 299 new referrals and 138 participants completing a 16-week course. There were 43 referrals for join carer support with 38 participants starting the course and 20 participants completing the course. In relation to pulmonary rehab 32 participants started and 23 completed the course. 10877 60+ attendances across the 5 swimming pools in Bridgend have been supported.	Join up all older adult's initiatives and expand the Older Adult Network to ensure it is representative of relevant people across Bridgend. Move to low-cost offer to ensure sustainability of the free swimming programme and ensure long term participation for the 60 plus, reducing the risk if funding is curtailed.
WBO7.2.3	Maintain performance against welsh public library standards (SSWB)	YELLOW (Good)	Quarter 3: Work has begun to progress a long-term strategy for libraries within Bridgend. Public engagement exercise has been developed in Q3 to go live in Q4, which will inform and support the co-design and shape the long-term library offer for Bridgend. We continue to monitor performance against the Welsh public library standards through quarterly reviews.	Further work with HALO to ensure both Garw and Ogmore Valley libraries are operating in line with Welsh public library standards
WBO7.2.4	Develop a long-term Active Bridgend plan and leisure strategy (SSWB)	YELLOW (Good)	Quarter 3: Review of draft strategy work from Knight Kavanagh and Page (KKP). Discussions taking place to address key policy areas including community focused schools, community asset transfer, active travel, play sufficiency and the population needs assessment. Quarterly reporting and update meeting held with Sport Wales liaison officer.	To shape consultation objectives /priorities identified within the first phase.

7.3: Improving children’s play facilities and opportunities

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DCO23.09 CP WBO7.3	Value of investment in play areas (COMM) Higher Preferred	£54,443	£1,600,000	Annual Indicator - To be reported at Q4					
DCO23.10 CP WBO7.3	Number of play areas that have been refurbished (COMM) Higher Preferred	0	22	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.3.1	Improve the quantity and quality of play opportunities. We will Invest in children’s play areas throughout the Borough and make sure inclusive play equipment is provided to allow opportunities for all (SSWB)	YELLOW (Good)	(SSWB) Quarter 3: Meetings with Play Wales have taken place to understand changes to the Play Sufficiency Assessment Tool. Collaboration and co-ordination among team members supporting specific matters from A-I have been reviewed. Ludic ology have been commissioned to support the assessment and action plan, a focus will be on play within policy/implementation across all directorates. (COMM) Quarter 3: Childrens play area Tranche 5 scope has been prepared for 19 playgrounds and subject to procurement requirements tendering should be progressed in next quarter. Tender documentation has been prepared for procurement. 22 playground refurbishments have been completed by Q3.	Ensure wider consultation is carried out with people with lived experience to shape play opportunities at a local level. Feedback to be included within the action plan of Play Sufficiency Assessment and to shape key themes.

WBO7.4: Providing free school meals and expanding free childcare provision

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
DEFS160 CP WBO7.4	Number of two-year-olds accessing childcare through the Flying Start programme. (EEYYP) Higher Preferred	530	570	536	560	555	472	↑	Quarterly Indicator Target Setting: The target reflects the positive investment made in the Phase 2A and 2B expansions of the programme. Performance: The service has achieved the targets set by Welsh Government for the latest phase of expansion. The number of children enrolled in childcare settings through the Flying Start programme has shown further increase with current figures accurate as of 31 December 2024. Numbers are slightly off-target at Q3 and, due to falling birth rates in Flying Start areas, they are unlikely to reach target by April 2025. Phase three expansion will target new areas in the next financial year.
DEFS162 CP WBO7.4	Percentage of non-maintained settings that are judged by Care Inspectorate Wales as at least ‘good’. (EEYYP) Higher Preferred	76.5%	100%	75%	100%	72%	76.5%	↙	Quarterly Indicator Target Setting: Target in line with Welsh Government expectations. Performance: Of the 19 settings currently registered to provide early education places, 18 have so far received joint inspections from Estyn and Care Inspectorate Wales, with 13 of these settings judged to be 'at least good'. Since 2022, 10 out of 11 inspections have resulted in at least good outcomes (91%). Settings are now using the quality assurance toolkit to self-evaluate their settings and to ensure that evidence is in place to qualify their assessment of their setting so that areas of improvement can be identified at the earliest opportunity.
DEFS163 CP WBO7.4	Percentage of eligible learners offered a free school meal. (EEYYP) Higher Preferred	100%	100%	100%	100%	100%	100%	↔	Quarterly Indicator Target Setting: Target in line with Welsh Government expectations Performance: UPFSM for Nursery, Reception and Year 1 to Year 5 was implemented prior to the end of the 2023-2024 school year. Year 6 pupils became eligible for UPFSM from September 2024. This completes the roll-out of UPFSM within Bridgend.

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.4.1	Provide free school meals to all primary school learners by September 2024 (EEYYP)	BLUE (Completed)	Quarter 3: The UPFSM offer was implemented for Nursery, Reception and Year 1 to Year 5 prior to the end of the 2023-2024 school year. Year 6 pupils became eligible for Universal Primary Free School Meals (UPFSM) from September 2024. This completes the roll-out of UPFSM within Bridgend.	
WBO7.4.2	Work with childminders, nurseries and others to roll-out universal childcare for all two-year-olds (EEYYP)	YELLOW (Good)	Quarter 3: A proposed delivery plan for the universal expansion of Flying Start childcare (Phase Three) has been drafted and was submitted to Welsh Government on 13 December 2024. The tender process for the opportunity to open a Welsh-medium provision at the Bettws site has concluded and a preferred provider has been identified.	

WBO7.5: Integrating our social care services with health services so people are supported seamlessly

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
SSWB75 CP WBO7.5	Number of people recorded as delayed on the national pathway of care. (SSWB) Lower Preferred	104	71	86	71	74	50	↓	Quarterly Indicator Target Setting: To continue to improve performance Performance: Some improvement, performance affected by hospital staff and family availabilities for significant meetings to progress the social work assessment and discharge planning, also timelines affected by process delays around Continuing Healthcare disputes.

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.5.1	Work even more closely with the NHS so all people receive the right health or care service at the right time (SSWB)	YELLOW (Good)	Quarter 3: Integrated multi-disciplinary teams have operated in Bridgend for over ten years. In the Cwm Taf Morgannwg region the Partnership Leadership Team (PLT) are in the final stages of developing a new optimum model across the health board footprint, the primary aim of which will be to ensure that people receive the right health and care at the right time and in the right place. A presentation outlining the direction of travel was presented at a members development session in early January. We have worked with the regional team and the Integrated Director across the partnership to develop a draft optimum model for the new Integrated Community Care System which has included a map and gap analysis which will be finalised in quarter 4.	The next steps are for the proposed optimum model and associated business case to be finalised and presented to the PLT for approval. This work will see a robust demand and capacity exercise completed to support the decision making for the proposed model. When approved a formal legal agreement will be progressed across the regional partnership.

WBO7.6: Improving the supply of affordable housing

Performance Indicators

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CED60 CP WBO7.6	Number of additional affordable homes provided by Registered Social Landlords (RSLs) across the County Borough (CEX) Higher Preferred	64	110	Annual Indicator - To be reported at Q4					
CED61 CP WBO7.6	Total number of empty properties returned to use with local authority intervention (CEX) Higher Preferred	6	5	Annual Indicator - To be reported at Q4					

Commitments

Code	Commitment	Status	Progress this period	Next Steps
WBO7.6.1	Increase the number of affordable homes in Bridgend County Borough in partnership with Welsh Government and social landlords (CEX)	YELLOW (Good)	Quarter 3: Monthly meetings take place with Registered Social Landlord (RSL) development teams, working collaboratively to increase affordable housing supply in the Borough. Development can change frequently throughout the 3-year programme. Current allocation of Social Housing Grant is £34,891,388 with additional schemes to be brought forward. In addition to the primary capital programme, additional affordable homes were acquired through £3.8 million of Transitional Accommodation Capital Grant funding.	
WBO7.6.2	Get a better understanding of housing and support needs and work with social landlords to provide homes to suit those needs (CEX)	YELLOW (Good)	Quarter 3: A majority of actions to meet the 6 strategic aims have been implemented. We are increasing the supply of social housing through the capital funding programmes (Social Housing Grant and Transitional Accommodation Capital Funding) with ongoing collaboration with RSLs. We have increased the supply of private rented sector (PRS) through the Welsh Government leasing scheme and are soon to restart the private landlord forum. An assertive outreach team has been set up to support rough sleepers, agencies are working collaboratively to identify and engage those sleeping rough. Specialist supported accommodation has been commissioned for those with complex needs. Collaboration is taking place with social services to build upon working relationships thereby improving outcomes for clients. A review of the Social Housing Allocation Policy has commenced.	
WBO7.6.3	Continue to target those long-term empty properties that have the most detrimental impact on the community, focusing on the Top 20. (CEX)	GREEN (Excellent)	Quarter 3: The status of the top 20 properties remains the same as in Q2, except for there being one additional property under renovation (6 compared to 5 in Q2). Work also continues on properties outside the top 20 utilising the 5-stage escalation letter process and enforcement provisions. Two applications for the Empty Property Loan Scheme have been received and approved (subject to legal review). On 10th December 2024, Cabinet agreed in principle to pursue a compulsory purchase order in relation to a problematic empty property which is in our top 20 priority properties. A further report will be sent to Cabinet in due course for final approval of the compulsory purchase order. Work is continuing to progress in relation to the enforced sale of a long-term empty property.	

Ways of Working

Performance Indicators

Page 116

PI Ref, Type & Aim	PI Description and Preferred Outcome	Year End 23-24	Target 24-25	Q2 position 24-25 & RYAG	Q3 24-25 RYAG vs Target		Q3 23-24 (same period last year)	Direction vs same period last year	Performance this period
					Target	Actual			
CHR002 (PAM/001) WOW OTH1	The number of working days/shifts per full-time equivalent (FTE) local authority employee lost due to sickness absence (ALL) Lower Preferred	12.37 days	No target	6.22 days	No target	10.12 days	8.77 days	↓	Quarterly Indicator Target Setting: To reduce sickness levels across the organisation Performance: Sickness levels continue to rise throughout the authority. The main reason for sickness in all directorates is Stress/Anxiety/Depression (not work related). HR are working with directorates to try and improve sickness levels.
DCO16.9 WOW CO1	Realisation of capital receipts targets (COMM) Higher Preferred	n/a	n/a	n/a	n/a	n/a	n/a	Trend not applicable	Quarterly Indicator Target Setting: The corporate property disposal strategy is currently in development for Spring 2025 Performance: No disposals planned for Q1-Q3. £1.85 million sale of Ravenscourt anticipated in Q4
DCO19.02 WOW CO1	Percentage of full statutory compliance across BCBC operational buildings (COMM) Higher Preferred	84.9%	100%	73.3%	100%	71.3%	85%	↓	Quarterly Indicator Target Setting: To ensure full statutory compliance Performance: A number of compliance service contracts were renewed during Q3 and a number of new assets added to the figures meaning the number of overdue compliance items increased as newly appointed contractors mobilised their contracts. No increase in number of safety open actions or remedials. Target of 100% remains ambitious however with a new compliance apprentice appointed we anticipate these figures continuing to move towards target.
DCO23.14 WOW CO1	Percentage of statutory compliance across BCBC operational buildings (big 5) (COMM) Higher Preferred	93.5%	100%	93.3%	100%	95.1%	94%	↑	Quarterly Indicator Target Setting: To ensure full statutory compliance Performance: Big 5 compliance continues to improve with the highest recorded figures on record in Q3 and now exceeding 95%. We continue to push for 100% but as compliance actions change daily this target remains ambitious.
DOPS34 (a) WOW	Percentage availability of voice and data network Higher Preferred	100%	99.99%	100%	99.99%	100%	100%	↔	Quarterly Indicator Target Setting: Target set to maintain good performance Performance: Target achieved
DOPS34 (b) WOW	b) storage area network (core computing) Higher Preferred	100%	99.99%	100%	99.99%	100%	100%	↔	Quarterly Indicator Target Setting: Target set to maintain good performance Performance: Target achieved
DOPS34 (c) WOW	c) core applications (as defined in the ICT Strategy), central printers and multi-functional devices and network connected devices (CEX) Higher Preferred	99.96%	99.90%	99.85%	99.9%	99.97%	99.975%	↙	Quarterly Indicator Target Setting: Target set to maintain good performance Performance: Performance is slightly below Q3 last year due to the supplier of the corporate finance system, Advanced, taking three days to resolve an issue with their COA Financials database in Q2 of 2024-25.
CORPB5 WOW	Percentage of staff that have completed a Personal Review/Appraisal (excluding school staff) (ALL) Higher Preferred	60.89%	80%	Annual Indicator - To be reported at Q4					

PI Ref &Type	PI Description	Annual target 24-25 £'000	Performance at Q3				Performance this period			
			Achieved Q3		Likely to be achieved by year end		Variance year end			
			£'000	%	£'000	%	£'000	%		
DRE6.1.1 WOW	Percentage of overall BCBC budget reductions achieved (ALL) Higher Preferred	£13,045	£9,784	75%	£11,604	89%	£1,441	11%	Target Setting: To achieve all reductions outlined in the MTFs Performance: The current position is that of the 2024-25 savings target of £13.045 million, £9.784 million has been achieved to date (75%) and £11.604 million (89%) is expected to be achieved by year end. The most significant reduction proposals unlikely to be achieved in full are:- • EDFs9 cessation of Adult Community Learning provision (£149,000). The shortfall is due to the timing of the required restructure with the consultation process finalised during quarter 3. Savings will be achieved from 2025-26. • EDFs19 – Communications and Relationships Team (£142,000) – saving will not be met in 2024-25 due to the overall increase in the number of pupils needing the service. • SCH1 – Efficiency saving against School Delegated Budgets – 3% in 2024-25 (£3.441 million). Whilst the saving is referenced as having been achieved due to the overall reduction in Individual Schools Budgets (ISB), the reduced budgets have resulted in total projected deficit balances for schools at year end in excess of £4.989 million. Officers are working with schools to bring this overall deficit down. • SSW13 – Council to reduce its investment into cultural services (£360,000). Current projections indicate a shortfall of £265,000. On 14th May 2024 Cabinet approved a £50,000 reduction to the book fund and removal of the £15,000 subsidy for the Youth Theatre. Cabinet also approved public engagement over how future savings can be achieved. Maximisation of the Shared Prosperity Fund in 2024-25 has mitigated this shortfall in the short term. • CEX2 – Chief Executive's Directorate vacancy management factor (£510,000). The projected shortfall of £111,000 is based on known vacancies to date. Unplanned vacancies will be added to the projection as the financial year progresses which should further reduce the shortfall. • CEX22 – Review of ICT Services (£398,000). There is currently a projected shortfall of £221,000 against this proposal, Further work is needed to be undertaken to review the telephony budgets across the Council, with updates to be provided to Cabinet in future revenue monitoring reports. Directors continue to work with their staff to deliver their proposals or alternatives and this is reflected in the forecast year end spend.	

This page is intentionally left blank

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
Audit Wales, Setting of Well-being Objectives (Oct 2024)	R1 The Council should ensure that it covers the full range of statutory requirements when developing its next well-being statement, including: • how it considers it has set well-being objectives in accordance with the sustainable development principle; and • how it proposes to ensure resources are allocated annually for the purpose of taking steps to meet its well-being objectives	Alex Rawlin	Jun-25	This will be included in the Council's self-assessment 2024/25 which will be presented to Governance and Audit Committee in July and Cabinet / Council in September 2025	GREEN
	R2 The Council should build on its current approach to engagement by considering ways to: • draw on citizens' views to inform the development of the Well-being objectives at an early stage; and • ensure that it is involving the full diversity of the population	Alex Rawlin	Mar-28	This will form part of the approach to the development of the next Corporate Plan and wellbeing objectives in 2028	GREEN
	R3 The Council should clearly set out in the corporate plan how it intends to work with partners to support the delivery of its well-being objectives	Alex Rawlin	Apr-25	The Council will include this in the development of the next Corporate Plan Delivery Plan	GREEN
Audit Wales, Review of Decision-Making Arrangements (Oct 2024)	R1 –The Council should ensure that its published forward work programme for committees is accessible, comprehensive, and covers a longer time frame than the current 4-month period to give more opportunity for robust pre-decision scrutiny and provide greater transparency around the decision-making process for both Members and the public	Kelly Watson	Dec-24	The forward work programme (FWP) will be extended to 6 months. Corporate Management Board will be encouraged to forward plan items for consideration over a longer period. The FWP for Cabinet, Council and Scrutiny will be published and updated. New delivery date March 2025.	YELLOW
	R2 – The Council should ensure that its scheme of delegation is updated, to mitigate the risk of decisions being taken without the proper authority.	Kelly Watson	Oct-24	The scheme is reviewed and updated regularly. Changes were made to reflect changes to Cabinet portfolios and reported to Cabinet on 24th September 2024 for approval. The updated scheme has been published.	BLUE
	R3 – The Council should ensure that there is clarity on the role of scrutiny in the decision-making process. The lack of clarity on the role of the O&S committees, particularly in relation to pre-decision scrutiny is limiting O&S committees' ability to contribute fully and effectively to the decision-making process.	Kelly Watson	Dec-24	Further training has begun with elected Members and senior officers to explain the importance of pre decision scrutiny. Training will be provided on the role and remit of the committees. A scrutiny protocol has been drafted and will be considered by Corporate Overview and Scrutiny Committee (COSC) before going to Council for approval at the AGM. New Delivery date May 2025.	YELLOW
	R4 – The Council should ensure that it provides greater transparency regarding the remit of the different O&S committees. Naming the O&S committees 1, 2 and 3 does not help with transparency of the remit of the committees, particularly from a public perspective. It is also a potential barrier to encouraging public involvement in the scrutiny process.	Kelly Watson	Dec-24	There is cross party support for changing the names of the committees. Proposals have been shared with Group Leaders and will be presented Corporate Overview and Scrutiny Committee in March 2025 before going to Council for approval at the AGM. The terms of reference will be updated if necessary. New Delivery date May 2025.	YELLOW

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	R5 – The Council should ensure that Members receive, and are encouraged to access, a relevant training programme to ensure they are well equipped to understand and undertake their role. This should include focussed training for specific roles, e.g. chairing skills.	Kelly Watson	Dec-24	The Council has an Elected Member Learning and Development Strategy, and the Democratic Services Committee receive regular reports on training. Members will continue to be canvassed on training requirements and where appropriate these will be incorporated into the training programme to ensure it remains relevant. Standards Committee will monitor training completion and where appropriate will link in with Group Leaders to promote completion. Training has started to be delivered as per R3 above and further sessions are scheduled.	BLUE
Audit Wales, Financial Sustainability Review (Aug 2024)	R1 To strengthen the Council's approach to financial sustainability, the Council should develop a savings plan across the timescale of the MTFP, to clearly show how the funding gap will be addressed or clearly communicate the challenge where this is not possible	Carys Lord	Feb-25	The level of savings that the Council will have to make in the coming 3 years are significant. The MTFs presented to Council in February 2025 for approval was developed following completion of the following: • A detailed review of current year spend across all service areas • A more detailed review of some areas of spend to identify further efficiencies or a change in the operating model for that service. • A profile of anticipated savings over the life of the MTFP • Identification of areas requiring further review	AMBER
	R2 The Council should strengthen its arrangements to ensure the impact of its financial position and MTFP on communities and on the delivery of its well-being objectives is reported to members to enable them to monitor and address any impacts.	Carys Lord	Mar-25	Budget briefings are now in place for elected members on a quarterly basis. Details on the budget proposals will be shared with all elected members to enable them to comment on issues and identify the implications.	AMBER
Audit Wales, Digital Strategy Review (April 2024)	Strengthening the evidence base R1 To help ensure that its next digital strategy is well informed and that its resources are effectively targeted, the Council should draw on evidence from a wide range of sources, both internally and externally including: • involving stakeholders with an interest in the digital strategy as well as drawing on the views of stakeholders from existing sources; and • aligning its strategic approach to digital both across the Council and with partners to help identify opportunities to share resources, avoid duplication of effort and deliver multiple benefits.	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN
	Identifying resource implications R2 To help ensure that its next digital strategy is deliverable and achieving value for money the Council should identify the short, medium and long-term resource implications of delivering it together with any intended savings.	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN
	Arrangements for monitoring value for money R3 To help ensure that the Council can effectively monitor and evaluate value for money from its strategic approach to digital it should strengthen its arrangements for monitoring the progress and impact of its digital strategy over the short, medium and long term.	Martin Morgans	Aug-25	Recommendation will be considered as part of the development of the new Digital Strategy.	GREEN

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
CIW Inspection Report on Foster Wales Bridgend (Jan 2024)	R1 Childrens views to be actively sought following placement endings.	n/a	n/a	Complete	BLUE
	R2 Some children are not accessing statutory education, impacting on outcomes and increasing pressure on foster carers.	Group Manager Placement and Provider Services	Quarterly	This issue has been highlighted across both fostering and residential, but we have created a link with education so that regular meetings can take place to discuss cases where children are not accessing education. We will also a develop a system for capturing and monitoring data in this respect. New delivery date - 31/03/2025	GREEN
	R3 Safeguarding procedures are not consistently followed. Information sharing between teams, consideration of risks and decision making is not robust.	Group Manager Placement and Provider Services	Mar-24	Joint team meetings have been used to discuss processes; the Local Authority Designated Officer (LADO) has observed more effective communication and responsiveness with the Fostering service as a marked culture shift, this was highlighted in the QA report. Further work needed to continue to embed which will be taking place in next quarter. New delivery date - 31/03/2025	YELLOW
	R4 Foster care agreements and safer caring agreements are in place, but these are not completed thoroughly,	n/a	n/a	Complete	BLUE
	R5 There are shortfalls in the service considering the needs of all household members and carers capacity (matching)	Group Manager Placement and Provider Services	Mar-24	The Quality Assurance (QA) Officer highlighted inconsistencies in their report around the use of the matching forms. The new team manager (TM) is now in post across general fostering and will ensure more consistency. New delivery date - 31/03/2025	AMBER
	R6 When foster carers have been subject to safeguarding concerns, delays have occurred in completing annual reviews and presenting these to foster panel.	n/a	n/a	Complete	BLUE
	R7 Some children have experienced high numbers of moves, which impacts their stability and outcomes	Group Manager Placement and Provider Services	Mar-25	4.47% have experienced 3 plus moves in last quarter, so numbers remain low. New delivery date - 31/03/2025	GREEN
	R8 Demand on the service is high and many foster carers are often asked to care for more children than they are approved for. Additional resources are provided to try to support these arrangements. However, these are routinely used with carers who look after children with complex needs, without robust consideration of the impact and risks involved.	n/a	n/a	Complete	BLUE
	R9 As part of the matching process key information is shared during planning meetings, however, these meetings are not completed consistently.	Group Manager Placement and Provider Services	Quarterly	Inconsistency has been highlighted in QA officer report. New TM has the report and will implement the recommendations in the next quarter. New delivery date - 31/03/2025	AMBER
	R10 Children who need long term care, are matched with carers, without a thorough assessment of their long-term needs, how these change over time, carers commitment and understanding of these needs.	Group Manager Placement and Provider Services	Mar-24	A matching process is now in place however consistency in this being followed is still an issue. In 2024 the permanent manger resigned, and interim management arrangements prevented the robust oversight this required. A permanent full time team manager is now in post who can drive this forward in the next quarter. New delivery date - 31/03/2025	AMBER
	R11 The service is reviewing how they can improve monitoring of children's personal outcomes.	n/a	n/a	Complete	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	R12 Feedback from foster carers has been mixed regarding the foster carer charter implementation, information sharing and decision-making needing to be improved.	Group Manager Placement and Provider Services	Jun-24	This has not been achieved due to a lack of implementation as with other aspects of the service. This is largely attributable to changes at both team manager and group manager level. Both posts have now been filled and work is underway to embed this into practice. New delivery date - 31/03/2025	AMBER
	R13 Several policies and procedures have been updated prior to inspection, to reflect the changes needed. The service is not currently operating in line with these policies and procedures which is impacting children's outcomes	n/a	n/a	Complete	BLUE
	R14 The current recording systems do not support effective oversight and smooth operation of the service. Some key information, including the DBS checks for foster carers support networks are not monitored effectively.	Group Manager Placement and Provider Services	Sep-24	Closed. Regular meetings in place to develop oversight. Business support arrangements in place to review DBS checks. Ongoing monitoring being provided by Group Manager Provider Services.	BLUE
	R15 The service has experienced a high turnover of staff in all areas.	Group Manager Placement and Provider Services	Jun-24	Although there are vacancies across the teams the new general TM starting in post has allowed the Kinship Manager to move back across into their role. Some recruitment challenges due to retirement, senior post not filled and is being re-advertised. New delivery date - 31/03/2025	YELLOW
	R16 Evidence of updated DBS checks for staff needs strengthening.	n/a	n/a	Complete	BLUE
	R17 Quality assurance and learning framework has not been implemented consistently.	Group Manager Placement and Provider Services	Apr-24	Quality Assurance Officer has presented their report, and recommendations are being worked through by the team. New team manager in place within general fostering and they are now implementing the QA framework, and this has been presented at team meetings. New delivery date - 31/03/2025	YELLOW
	R18 Not all prospective foster carers have received the information and training they require prior to their assessment	n/a	n/a	Complete	BLUE
	R19 Some foster carers report training does not meet their needs fully as they care for children with more complex needs.	Group Manager Placement and Provider Services	Mar-24	Training is part of the remodelling fostering board which will drive these changes in the next quarter. Next steps - Training Needs Analysis completion; Consultation with Foster Carers Spring/Summer 2025	AMBER
	R20 Additional guides for children reflecting different ages and needs to be developed.	Group Manager Placement and Provider Services	Nov-24	Foster Wales are developing a landing page for care experienced children which will include animations following feedback from the forum regarding our current guides. This piece of work is on-going. Due to be completed by April 2025. New delivery date - 31/03/2025	GREEN
Audit Wales, Use of Service User Perspective and Outcomes (Jan 2024)	R1 Information on the perspective of the service user • The Council should strengthen the information it provides to its senior leaders to enable them to understand how well services and policies are meeting the needs of service users.	Alex Rawlin	Apr-25	We are participating in the new Welsh Council's Performance Information Community of Practice aimed at enhancing the quality of performance information and providing opportunities to review performance management arrangements, share best practices, and collaborate on data development. The National Resident Survey (WLGA/Data Cymru) ran in the Autumn and findings will now be analysed. Revised delivery date April 2026	AMBER
	R2 Information on progress towards outcomes • The Council should strengthen the information provided to senior leaders to help them evaluate whether the Council is delivering its objectives and its intended outcomes.	Alex Rawlin	Apr-25	This is being considered in the review of the Corporate Plan Delivery Plan (CPDP) performance measures and improvement projects for 2025-26. The revised CPDP will be presented to Cabinet / Council in March 2025.	GREEN

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	R3 Quality and accuracy of data The Council needs to assure itself that it has robust arrangements to check the quality and accuracy of the service user perspective and outcomes data it provides to senior leaders.	Alex Rawlin	Sep-24	The Performance Team have worked with Directorate Performance Champions and collating officers to improve data validation and sign-off processes, the quality of supporting evidence provided, and are routinely testing performance data to ensure accuracy. PI audits will continue over the summer.	BLUE
CIW Improvement Check Children's Social Care Services (Nov 2022)	Pe9 - Continue to work towards ensuring a sufficient and sustainable workforce, with the capacity and capability to consistently meet statutory responsibilities	Director and Workforce Board	Continuous	We have seen positive recruitment across the majority of teams. We have reduced our reliance on agency staff with only 9% of the workforce being agency staff. We have 12 new qualified social workers commencing across Children and Adults in the summer. We have small pressures in some teams but this does not impact on our statutory duties. New delivery date - 31/03/2025	GREEN
	Pe10 - Continue to monitor the quality of social care records ensuring recording in relation to siblings, ethnicity, language, religion is strengthened, and a consistent approach taken	PO Training	Apr-23	As indicated above the quality assurance officer has identified that there is positive progress in embedding signs of safety in social work practice. New delivery date - 31/03/2025	GREEN
	Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	HoS	Sep-23	Work with Tros Gynnal Plant is underway to understand best practice in developing Parents Charter in other LAs and identify parents who wish to be involved in co-producing the charter in Bridgend. New delivery date 30/09/2025	YELLOW
	Pr6 - Continue to closely monitor the position of children's social services and early help services to ensure any indicators of risks to achieving and sustaining improvement and compliance with statutory responsibilities, and pressure/ gaps in service provision are quickly identified and the required action is taken	Director/HoS/Dep uty HoS	Jun-23	There is continued scrutiny of performance across teams where in the main performance is good. Where there are issues, focussed improvement plans are put in place by Group Managers to address. New delivery date 31/03/2025	YELLOW
	PR7 - The local authority should ensure systems are in place to provide all staff, with up-to-date information regarding availability and accessibility of early help services and records relating to intervention of early help services	n/a	n/a	Complete	BLUE
	PR8 - Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements	GM Commissioning	Continuous	This continues to be an area of pressure with the fragility in the market for placements for children. We continue to monitor high-cost placements on a monthly basis and plans are in place to assist move on when it is safe and possible to do so. Operating without Registration (OWRs) are only used when all other options have been explored and no alternative is available. New delivery date - 31/03/2025	AMBER
	Pi4 - Ensure clarity and consistency of thresholds for access to early help and statutory services. The local authority must prioritise this work to ensure children and families access the right support at the right time and ensure smooth access to services, and where required smooth transition between early help / preventative and statutory services	Director/Head of Service	Jun-23	Regional work has commenced on the development of multi-agency threshold guidance. This is intended to assist professionals identify where support for children and families is best placed and refer appropriately to these services. A final draft will be presented to Regional Safeguarding Board sign off. New delivery date 31/03/2025	YELLOW

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	W6 - Performance indicators in relation to timeliness of meeting statutory requirements - maintain focus and scrutiny on ensuring compliance with all its statutory responsibilities	Director/GM Business	Continuous	Complete	BLUE
	W7 - Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency	GM Practice improvement	Jun-23	Complete	BLUE
	W8 - Closely monitor contact arrangements for children and their families	GM Case management and transition	Jun-23	Contact Manager commenced in post on 3rd February 2025 and will review the operating model and implement any changes required. New delivery date - 31/03/2025	YELLOW
Audit Wales, Springing Forward – Strategic Workforce Management (Oct 2022)	R1 The Council needs to urgently develop its strategic workforce approach, embedding the sustainable development principle at its core, to enable it to address the significant workforce issues it faces.	n/a	n/a	Complete	BLUE
	R2 The Council should develop a suite of strategic quantitative and qualitative measures to enhance its ability to understand the impacts and affordability of its workforce plans and actions.	Kelly Watson	Sep-23	The current budget position has meant that all services have had to review how they deliver in the future, it is envisaged that this will be the immediate workforce priority. Whilst we have developed some revised data, we are continuing to grow this to support directorate requirements. Revised delivery date March 2025.	YELLOW
	R3 The Council should also explore opportunities to benchmark its own performance over time and its arrangements with other bodies to provide a different dimension to its performance management data. Whilst also offering an insight to how other bodies are performing and discovering notable practice elsewhere.	Kelly Watson	Jun-23	Work is underway developing our own performance measures. Benchmarking with others is a challenge, however improvements have been seen with the timing of certain data collected by the data unit. Revised delivery date March 2025.	GREEN
Transformational Leadership Programme Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board (Aug 2022)	R1 Strategic planning and applying the sustainable development principle Our work found opportunities for the TPLB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TPLB's thinking and genuinely shaping what it does by: a) taking a longer-term approach to its planning beyond five years, b) ensuring greater integration between the long-term plans of the four statutory bodies of the TPLB, and c) improving involvement of all members of the TPLB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.	Head of Regional Commissioning Unit	2023-24	Complete	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	R2 Governance Arrangements The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TPLB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB	Head of Regional Commissioning Unit	2023-24	Director for Integration provided member briefings for Local Authority members. Additional Capacity identified to support completion of Memorandum of understanding and Section 33 agreement. Ongoing discussions regarding changes required to existing legal agreements across the region. New delivery date - 31/03/2025	GREEN
	R3 Performance Management The outcomes and performance framework was still being finalised at the time of our review. The TPLB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact	Head of Regional Commissioning Unit	n/a	Complete	BLUE
	R4 Risk Management Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TPLB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated.	Head of Regional Commissioning Unit	ongoing	Regional Integration Fund (RIF) is now entering 3rd year of 5 year funded program. Number of sustainability risks post RIF that need to be planned for in year. More work still being done to develop integrated pathways that will inform RIF priority investment. Housing with Care Funding (HCF) approved for 2025/26 at the same level as 2024/25. New delivery date - 31/03/2025	AMBER
	R5 Regional Commissioning Unit Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TPLB. The TPLB needs to consider how it can build capacity and maximise resources to support the TPLB and minimise overreliance on a small team.	Head of Regional Commissioning Unit	2023-24	Action complete. Final post to be filled Feb 2025 (LD programme Manager)	BLUE
	R6 Use of Resources Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TPLB needs to explore more innovative ways of sharing and pooling core resources across the region to maximise its impact and outcomes for the Cwm Taf Morgannwg population	Head of Regional Commissioning Unit	2023-24	Additional Capacity identified to support completion of memorandum of understanding and Section 33 agreement. Ongoing discussions regarding changes required to existing legal agreements across the region. New delivery date 31/03/2025	AMBER
	R7 Regional Workforce Planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TPLB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities.	Head of Regional Commissioning Unit	ongoing	Detailed exercise identifying grant funded posts across the region currently being undertaken at part of Quarter 3 RIF monitoring. This will provide a detailed understanding of capacity and any capacity gaps in implementing integrated pathways. New delivery date 31/03/2025	AMBER
CIW, Performance Evaluation	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	n/a	n/a	Complete	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
Inspection of Children's Services (May 2022)	PE2 - Limited Evidence of Direct Work	n/a	n/a	Complete	BLUE
	PE3 - Inconsistent use of chronologies and genograms	n/a	n/a	Complete	BLUE
	PE4 - Strengthen business support for practitioners	n/a	n/a	Complete	BLUE
	PE5 - Variable evidence of management oversight/Quality of supervision	n/a	n/a	Complete	BLUE
	PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Complete	BLUE
	PE7 - Review of direct payments scheme	n/a	n/a	Complete	BLUE
	PE8 - Consistent offer of a carers assessment	Dep HoS/GM Case Management and Transition/Carers Development Officer	Mar-23	Carers Action Plan currently being updated and to be competed and ready for implementation by March 25. New delivery date 31/03/2025	AMBER
	PR1 - Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the complexity of needs of children and families, and workforce challenges	Director/ Workforce Board, HoS Children's Social Care/ HoS Education & Family Support	Jun-23	The strategy will be completed in February and will provide clarity on how Early Help service should be delivered in the future. New delivery date 31/03/2025	YELLOW
	PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	n/a	n/a	Complete	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	PR3 - Placement sufficiency and support	HoS/GM Placements and Provider Services	Mar-23	A Business Justification Case has been developed and approved by the relevant boards in respect of increasing capacity of provision in this area. Property has been identified for a multi-occupancy residential service and offer accepted pending minister approval and planning. Search continues for the second property. Revenue funding to be secured to continue to run our existing provision to full capacity and open new services. The regional children’s board have also agreed an ambition to develop a regional residential accommodation facility for children and young people with complex emotional wellbeing needs. To support this, three Project Managers will work with partners to develop facilities across CTM; one will focus on children’s residential accommodation, and the other two will be available to support the findings in the 10-year Regional Capital Strategy. In relation to fostering dedicated recruitment officer is in place to coordinate recruitment activities that are scheduled throughout the year with support from Foster Wales. Whilst there are increases in the number of assessments, we are not recruiting sufficient carers to achieve a net gain of placements. A Fostering Board is being established to enhance recruitment and retention of foster carers within BCBC alongside the ongoing work of foster Wales. A Regional Approach to the recruitment and support of parent and child carers has been drafted alongside ‘Support Care’, which aims to provide fostering support to children in the care of their family to prevent them from becoming care experienced. Both drafts will be subject to foster carer consultation prior to presentation to Cabinet for consideration. Additionally, we are seeking to enhance peer support to foster carers by adopting the Pioneer Carer Scheme. This will increase the support available to carers by having a more targeted approach that utilises the skill sets of specific carers. New delivery date - 31/03/2025	RED
	PR4 - Accessibility of information, advice and assistance	n/a	n/a	Complete	BLUE
	PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	Director/HoS/ Principal Officer Training	Mar-23	An interim framework has been developed and approved by Children and Families SMT. This is being rolled out across teams to ensure consistency in implementation. The Quality Assurance Officer continues to identify themes in respect of good practice and areas for development. This is showing good progress in embedding strength based, outcome focused model of practice. New delivery date - 31/03/2025	YELLOW
	PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Complete	BLUE
	PI2 - The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children’s services and the many developments taking place/planned to take place	n/a	n/a	Complete	BLUE
	PI3 - Share learning from audits and reviews with staff and partners	n/a	n/a	Complete	BLUE
	W1 – Further work is required to improve the timeliness of meeting statutory responsibilities	n/a	n/a	Complete	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Delivery Date	Action Update Q3 2024-25	BRAYG Q3 24-25
	W2 - Facilitation of supervised contact	GM Case Management & Transition/GM Locality Hubs/Contact Monitoring Officer	Mar-23	The contact service manager commences in post in February. A senior contact worker will be appointed in March to ensure there is sufficient capacity, venues and oversight to provide families with positive environments when having time together. New delivery date - 31/03/2025	AMBER
	W3 - Consistent high quality written records	n/a	n/a	Complete	BLUE
	W4 - CSE and CCE – strengthen interventions and mapping	n/a	n/a	Complete	BLUE
	W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	Complete	BLUE
Audit Wales, Review of Arrangements to Become a 'Digital Council' (June 2021)	P1 The Council could improve its digital strategy	Martin Morgans	Dec-24	We are in final stages for completing the strategy and looking to go to consultation in March 2025.	AMBER
	P2 The Council should strengthen some governance arrangements to deliver the strategy	n/a	n/a	Complete	BLUE
	P3 - The Council should consider improving communication with staff / members to evoke the culture necessary to change	Martin Morgans	Dec-23	The findings from the pilot outlined that the methodology to access was challenging due to variations of devices owned by participants i.e. varying types and ages. It had a significant impact with the deployment which led to inconsistencies and some participants could not install the necessary secure access (authentication application). Therefore, the pilot has been ceased. Currently reviewing an alternative methodology which we hope to pilot in June following updates to a supplier application which is outlined on their development programme once this is confirmed we will initiate a new pilot.	BLUE

Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
Date of Meeting:	1 MAY 2025
Report Title:	FORWARD WORK PROGRAMME UPDATE
Report Owner / Corporate Director:	CHIEF OFFICER – LEGAL & REGULATORY SERVICES, HR & CORPORATE POLICY
Responsible Officer:	MERYL LAWRENCE SENIOR DEMOCRATIC SERVICES OFFICER – SCRUTINY
Policy Framework and Procedure Rules:	The work of the Overview & Scrutiny Committees relates to the review and development of plans, policy or strategy that form part of the Council’s Policy Framework and consideration of plans, policy or strategy relating to the power to promote or improve economic, social or environmental wellbeing in the County Borough of Bridgend. Any changes to the structure of the Scrutiny Committees and the procedures relating to them would require the Bridgend County Borough Council Constitution to be updated.
Executive Summary:	The Council’s Constitution requires the Corporate Overview and Scrutiny Committee to develop and implement a Forward Work Programme for the Committee. The Council’s Constitution also provides for each Subject Overview and Scrutiny Committee to propose items for the Forward Work Programme having regard for the Council’s Corporate Priorities and Risk Management framework, for the Corporate Overview and Scrutiny Committee to have oversight and refer any cross-cutting topics to a Committee or Research and Evaluation Panel. The Committee is asked to consider and agree its Forward Work Programme, identify any specific information it wishes to be included in and any invitees they wish to attend for the reports for the next two Committee meetings, identify any further items for consideration on the Forward Work Programme having regard to the criteria set out in the report, consider the Recommendations Monitoring Action Sheet and note that the Forward Work Programmes for the Subject Overview and Scrutiny Committees will be reported to the next meeting of COSC.

1. Purpose of Report

1.1 The purpose of this report is to:

- a) Present the Committee with the Forward Work Programme updated at the previous Committee meeting (**Appendix A**) for discussion and consideration;
- b) Request any specific information the Committee identifies to be included in the items for the next two meetings, including invitees they wish to attend;
- c) Request the Committee to identify whether there are presently any further items for consideration on the Forward Work Programme having regard to the selection criteria in paragraph 3.6 of this report;
- d) Present the Recommendations Monitoring Action Sheet (**Appendix B**) to track responses to the Committee's recommendations made at previous meetings;
- e) Advise that the Committee's Forward Work Programme as updated by the Committee will be reported to the next meeting of Corporate Overview and Scrutiny Committee (COSC), with those from each respective Subject Overview and Scrutiny Committee (SOSC), following their consideration in this cycle of Committee meetings.

2. Background

- 2.1 The Council's Constitution requires the Corporate Overview and Scrutiny Committee to develop and implement a Forward Work Programme for the Committee.
- 2.2 The Council's Constitution also provides for each Subject Overview and Scrutiny Committee to propose items for the Forward Work Programme having regard for the Council's Corporate Priorities and Risk Management framework, for the Corporate Overview and Scrutiny Committee to have oversight and refer any cross-cutting topics to a Committee or Research and Evaluation Panel.

Best Practice / Guidance

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

- 2.5 The CfGS's guide to effective work programming 'A Cunning Plan?' makes the following reference to the importance of good work programming:

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

3. Current situation / proposal

Forward Work Programme

- 3.1 Following the approval of the schedule of Scrutiny Committee meeting dates at the Annual Meeting of Council on 15 May 2024, the standing statutory reports to Scrutiny Committees of: the Corporate Plan, the Medium Term Financial Strategy (MTFS) and Budget, Performance and Budget Monitoring, etc. have been mapped to the appropriate timely meeting dates into a Forward Work Programme.
- 3.2 The Forward Work Programmes for each Scrutiny Committee have been prepared using a number of difference sources, including:
- Corporate Risk Assessment;
 - Directorate Business Plans;
 - Previous Scrutiny Committee Forward Work Programme report topics / minutes;
 - Committee / Member proposed topics;
 - Policy Framework;
 - Cabinet Work Programme;
 - Discussions with Corporate Directors;
 - Performance Team regarding the timing of performance information.
- 3.3 There are items where there is a statutory duty for Policy Framework documents to be considered by Scrutiny, e.g., the MTFS including draft budget proposals considered in January 2025, following which COSC coordinated the conclusions and recommendations from each of the Subject Overview and Scrutiny Committees in a report on the overall strategic overview of Cabinet's draft Budget proposals to the meeting of Cabinet on 4 February 2025.
- 3.4 An effective Forward Work Programme will identify the issues that the Committee wishes to focus on during the year and provide a clear plan. However, at each meeting the Committee will have an opportunity to review this as the Forward Work Programme Update will be a standing item on the Agenda, detailing which items are scheduled for future meetings and be requested to clarify any information to be included in reports and the list of invitees. The Forward Work Programme will remain flexible and will be revisited at each COSC meeting with input from each Subject Overview and Scrutiny Committee reported and any updated information gathered from Forward Work Programme meetings with Corporate Directors.
- 3.5 The Subject Overview and Scrutiny Committee Forward Work Programmes will be reported to the next meeting of COSC, with the comments from each respective Subject Overview and Scrutiny Committee for coordination and oversight of the

overall Forward Work Programme. The SOSC Forward Work Programmes will be included in the standing Forward Work Programme Update report from then on with any feedback from each SOSC meeting included.

Identification of Further Items

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

Recommended Criteria for Selecting Scrutiny Topics:

PUBLIC INTEREST:	The concerns of local people should influence the issues chosen for scrutiny;
ABILITY TO CHANGE:	Priority should be given to issues that the Committee can realistically influence, and add value to;
PERFORMANCE:	Priority should be given to the areas in which the Council is not performing well;
EXTENT:	Priority should be given to issues that are relevant to all or large parts of the County Borough, or a large number of the Authority's service users or its population;
REPLICATION:	Work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

Reasons to Reject Scrutiny Topics:

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

Corporate Parenting

- 3.7 Corporate Parenting is the term used to describe the responsibility of a local authority towards care experienced children and young people. This is a legal responsibility given to local authorities by the Children Act 1989 and the Children Act 2004. The role of the Corporate Parent is to seek for children in public care the

outcomes every good parent would want for their own children. The Council as a whole is the 'Corporate Parent', therefore all Members have a level of responsibility for care experienced children and young people in Bridgend.

- 3.8 In this role, it is suggested that Members consider how each item they consider affects care experienced children and young people, and in what way can the Committee assist in these areas.
- 3.9 Scrutiny Champions can greatly support the Committee in this by advising them of the ongoing work of the Cabinet Committee Corporate Parenting and particularly any decisions or changes which they should be aware of as Corporate Parents.
- 3.10 The Forward Work Programme for the Committee is attached as **Appendix A** for the Committee's consideration.
- 3.11 The Recommendations Monitoring Action Sheet to track responses to the Committee's recommendations made at previous meetings is attached as **Appendix B**.

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

- Involvement - Advanced publication of the Forward Work Programme ensures that stakeholders can view topics that will be discussed in Committee meetings and are provided with the opportunity to engage.

5.2 When setting its Forward Work Programme, the Committee should consider how each item they propose to scrutinise assists in the achievement of the Council's 7 Wellbeing Objectives under the **Well-being of Future Generations (Wales) Act 2015** as follows :-

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

6. Climate Change Implications

6.1 The Committee should consider how each item they scrutinise affects climate change, the Council's Net Zero Carbon 2030 target and how it meets the Council's commitments to protect and sustain the environment over the long term. There are no Climate Change Implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 The Committee should consider how each item they scrutinise affects care experienced children and young people, and in what way the Committee can assist in these areas. Safeguarding is everyone's business and means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. There are no Safeguarding and Corporate Parent Implications arising from this report.

8. Financial Implications

8.1 There are no financial implications arising from this report.

9. Recommendation

9.1 The Committee is recommended to:

- a) Consider and approve the Forward Work Programme for the Committee in **Appendix A**.
- b) Identify any specific information the Committee wishes to be included in the items for the next two meetings, including invitees they wish to attend;

- c) Identify whether there are presently any further items for consideration on the Forward Work Programme having regard to the selection criteria in paragraph 3.6 of this report.
- d) Note the Recommendations Monitoring Action Sheet in **Appendix B** to track outstanding responses to the Committee's recommendations made at previous meetings;
- e) Note that the Committee's Forward Work Programme as approved by the Committee will be reported to the next meeting of Corporate Overview and Scrutiny Committee (COSC), with those from each respective Subject Overview and Scrutiny Committee (SOSC), following their consideration in this cycle of Committee meetings.

Background documents

None.

This page is intentionally left blank

Subject Overview and Scrutiny Committee 2
2024-25 Forward Work Programme

Monday 8 July 2024 at 10.00am		
Report Topics	Information Required / Committee's Role	Invitees
Building on Strengths, Improving Lives – A Three-Year Plan for Sustainable Care and Support for Adults in Bridgend County Borough Council.	Pre-decision. The purpose of the report is to provide Members of the Committee with an opportunity to scrutinise the three-year plan for sustainable care and support for adults in Bridgend County Borough Council.	<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing. <u>Officers</u> Corporate Director – Social Services and Wellbeing; and the Head of Adult Social Care; and Head of Adult Social Care; Social Work Lead in Adult Social Care; Group Manager - Direct Care Provider Services; Group Manager - Integrated Cluster Network Service; Group Manager - Learning Disability, Mental Health, and Substance Misuse.
Corporate Parenting Champion Nomination Report	To nominate one Member as its Corporate Parenting Champion to represent the Committee as an invitee at meetings of the Cabinet Committee Corporate Parenting in addition to the Chairperson of SOSC 2 who is automatically appointed.	N/A
Draft Outline Forward Work Programme		N/A

Monday 23 September 2024 at 10.00am		
Report Topics	Information Required / Committee's Role	Invitees
Community Resource Team Package of Care Delays (PoCD)	To consider the current issues being experienced in the County Borough and specifically how the Authority is working with the Health Service to support individuals who require support at home including reablement care when discharged from hospital.	<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing. <u>Officers</u> Corporate Director – Social Services and Wellbeing. Head of Adult Social Care Social Work Lead in Adult Social Care Integrated Community Services Manager – Reablement Clinical Service Group Manager - Cwm Taf Morgannwg

APPENDIX A

Proposal to extend the Term of the Healthy Living Partnership with GLL / HALO Leisure	Pre-decision. The report offers Members the opportunity to scrutinise the benefits of an extension to the existing healthy living partnership agreement with GLL/Halo Leisure. The current agreement is due to end in March 2027 and the report will provide information on the legal and procurement considerations that the Council may need to make. The report will identify how the current partnership has delivered on outcomes for the Council and supported its wellbeing objectives whilst improving the leisure facilities and delivering financial savings. The report will identify the reasoning as to why an extended relationship may be a cost-effective way forward for the Council in comparison to alternatives.	<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing <u>Officers</u> Corporate Director – Social Services and Wellbeing. Group Manager - Prevention and Wellbeing
--	--	---

Thursday 14 November 2024 at 10.00am

Report Topics	Information Required / Committee's Role	Invitees
Community Resource Team Package of Care Delays (PoCD)	To consider the current issues being experienced in the County Borough and specifically how the Authority is working with the Health Service to support individuals who require support at home including reablement care when discharged from hospital.	<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing. <u>Officers</u> Corporate Director – Social Services and Wellbeing. Head of Adult Social Care Social Work Lead in Adult Social Care Integrated Community Services Manager – Reablement Clinical Service Group Manager - Cwm Taf Morgannwg
Proposal to extend the Term of the Healthy Living Partnership with GLL / HALO Leisure	Pre-decision. The report offers Members the opportunity to scrutinise the benefits of an extension to the existing healthy living partnership agreement with GLL/Halo Leisure. The current agreement	<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing <u>Officers</u> Corporate Director – Social Services and Wellbeing.

APPENDIX A

	is due to end in March 2027 and the report will provide information on the legal and procurement considerations that the Council may need to make. The report will identify how the current partnership has delivered on outcomes for the Council and supported its wellbeing objectives whilst improving the leisure facilities and delivering financial savings. The report will identify the reasoning as to why an extended relationship may be a cost-effective way forward for the Council in comparison to alternatives.	Group Manager - Prevention and Wellbeing
--	---	--

Friday 17 January 2025 at 10.00am

Report Topics	Information Required / Committee's Role	Invitees
Draft Medium Term Financial Strategy 2025-26 to 2028-29 and Budget Proposals		<u>Cabinet Members</u> Leader of Council; Deputy Leader / Cabinet Member for Social Services, Health and Wellbeing; Cabinet Member for Finance and Performance; Cabinet Member for Resources (Job Share). <u>Officers</u> Chief Executive; Corporate Director – Social Services and Wellbeing; Chief Officer - Finance, Housing and Change; Chief Officer - Legal and Regulatory Services, HR and Corporate Policy; Head of Adult Social Care; Head of Children's Social Care; Deputy Head of Finance; and Finance Manager – Social Services & Wellbeing / Chief Executive's Directorate.
Assisted Transport Policy Consultation	Pre-decision.	<u>Cabinet Member</u> Deputy Leader / Cabinet Member for Social Services, Health and Wellbeing. <u>Officers</u> Corporate Director – Social Services and Wellbeing.

APPENDIX A

Thursday, 13 March 2025 at 10.00am

Report Topics	Information Required / Committee's Role	Invitees
Library and Cultural Services		<u>Cabinet Members</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing; <u>Officers</u> Corporate Director – Social Services and Wellbeing; and Group Manager – Prevention and Wellbeing
Children and Family Services Placement Commissioning Strategy 2025-2030		<u>Cabinet Members</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing; <u>Officers</u> Corporate Director – Social Services and Wellbeing; Head of Children's Social Care; and Children's Commissioning and Sufficiency Lead

Thursday, 1 May 2025 at 10.00am

Report Topic	Information Required / Committee's Role	Invitees
Early Help Commissioning Strategy		<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing; <u>Officers</u> Corporate Director – Social Services and Wellbeing; and Head and Deputy Head of Children and Family Services.
Care Inspectorate Wales Inspection of Bridgend County Borough Council's Regulated Services in Adult Social Care		<u>Cabinet Member</u> Deputy Leader/ Cabinet Member for Social Services, Health and Wellbeing; <u>Officers</u> Corporate Director – Social Services and Wellbeing; Head of Adult Social Care; Social Work Lead in Adult Social Care; Group Manager – Direct Care Provider Services; Provider Services Manager – Learning Disabilities, Mental Health and Related Services; and Provider Services Manager – Support at Home.

Wednesday, 9 July 2025 at 10.00am		
Report Topic	Information Required / Committee's Role	Invitees
TBC		<u>Cabinet Member</u> <u>Officers</u>

Thursday, 25 September 2025 at 10.00am		
Report Topic	Information Required / Committee's Role	Invitees
TBC		<u>Cabinet Member</u> <u>Officers</u>

Briefings and Workshops:

Topic	Information Required / Committee's Role	Invitees
Member Briefing - SS - Part 9 of the Social Services and Wellbeing (Wales) Act 2014	Part 9 of the Act requires local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children.	Members and officers for the Briefing 7 January 2025 at 3pm.
Day Opportunities Review	• To advise Members of the proposals and the consultation • Allow Members the opportunity of asking any questions for clarification or queries raised with them over these subjects by their own constituents. • The report can then be scheduled for detailed pre-decision scrutiny near the end of the consultation or following the consultation to enable the Committee to provide their own views and recommendations towards the final decision of Cabinet.	Members and officers for the Briefing 29 January 2025 at 1pm.

Accommodation Based Service Review	• To advise Members of the proposals and the consultation • Allow Members the opportunity of asking any questions for clarification or queries raised with them over these subjects by their own constituents. • The reports can then be scheduled for detailed pre-decision scrutiny near the end of the consultation or following the consultation to enable the Committee to provide their own views and recommendations towards the final decision of Cabinet.	Members and officers for the Briefing 29 January 2025 at 1pm.
The Elimination of Private Profit from the Care of Looked After Children	The Welsh Government introduced legislation, The Health and Social Care (Wales) Bill, on 20 May 2024. Amongst a number of aims, the Bill contains provisions to: • restrict the making of profit by providers of children's homes services, secure accommodation services and fostering services for looked after children. • require local authorities to submit a sufficiency plan to Welsh Ministers in respect of accommodation for looked after children, and to take all reasonable steps to secure sufficient accommodation provided by not-for-profit entities, either within or near to its areas to meet their needs. The aim is to ensure that public money invested in accommodation for care experienced children is not extracted as profit, but instead is reinvested back into the system to support sustainable and better	Members and officers for the Briefing and Workshop – 31 January 2025 at 9.30am.

	outcomes, services and professional development. The initial briefing for all Members, and the subsequent Workshop for Members of SOSC 2, will explore what this could mean for the future care of children in the Borough.	
The Replacement System for CareDirector (WCCIS)	The Committee requested a briefing on COR-2024-01 on the Corporate Risk Assessment: The threat to business continuity if the Council is unable to procure and implement major ICT systems which support critical services such as a replacement system for CareDirector (WCCIS). <i>CareDirector</i> is a Cloud-based case management solution for social care organisations that supports integrated working across health and social care.	Members and officers for the Briefing and Workshop – TBD.

Other Items:**Reports to be scheduled for pre-decision scrutiny near the end of the consultation:**

- Day Opportunities Review
- Accommodation Based Service Review
- Draft Library Strategy

15 April postponed report:

- A 3 Year Sustainability Plan to Improve Outcomes for Children and Family Services in Bridgend: Year 1 Report on Progress – 2023/24 - updated version to be provided as an Information Report during 2024-25

Reports requested by the Committee:

- Progress on the Learning Disability Transformation Programme – 6 monthly updates to be provided during 2024-25
- Direct Payments – TBD
- Support for Care Leavers (including input from Employability and Housing)

Other Potential Items:

- The Social Partnership

This page is intentionally left blank

Subject Overview and Scrutiny Committee 2

RECOMMENDATIONS MONITORING ACTION SHEET 2024-2025

Date of Meeting	Agenda Item	Action	Responsibility	Outcome	Response
8 Jul 24	Building on Strengths, Improving Lives - A Three- Year Plan for Sustainable Care and Support for Adults in Bridgend County Borough Council	The Committee recommended that there was a need to revisit the correspondence with the local member of the Senedd about attending the mental health round table, and that a follow-up request should be sent.	Scrutiny	Scrutiny Team actioning with Scrutiny Chair.	
8 Jul 24	Building on Strengths, Improving Lives - A Three- Year Plan for Sustainable Care and Support for Adults in Bridgend County Borough Council	The Committee requested that Members receive information about the BAVO consultation exercise by email.	Scrutiny / Corporate Director -Social Services and Wellbeing	Recommendations circulated requesting response - to be provided. Chased.	
8 Jul 24	Forward Work Programme Update	There was a need to resolve which scrutiny committee addresses the issue of Disabled Facilities Grants.	Scrutiny	Actioned: Update and Position Statement on the Disabled Facilities Grant Service reported to COSC on 17 March 2025	Follow link here
23 Sep 24	Community Resource Team Package of Care Delays (PoCD)	The Committee recommended that the Chair write to the responsible Welsh Government Minister to outline Members concerns about the demand	Scrutiny / Chair of SOSC 2	ACTIONED - Letter sent. Response to be provided.	

APPENDIX B

Date of Meeting	Agenda Item	Action	Responsibility	Outcome	Response
		for services and the resources available to provide them.			
14 Nov 24	Annual Corporate Safeguarding Report 2023/24	The Committee recommended that a letter be sent on behalf of the Committee to Welsh Government to express their concern regarding the statutory responsibilities placed on local authorities to tackle homelessness which are not fully funded putting significant pressure on public finances.	Scrutiny	ACTIONED - Letter sent. Response to be provided.	
17 Jan 25	Medium Term Financial Strategy 2025-26 to 2028-29	The Committee made recommendations and requested additional information.	Scrutiny / Chair of COSC	ACTIONED - Recommendations formally reported to COSC and onward to Cabinet on 4 February 2025 for consideration and response. ACTIONED – Response from Cabinet on 18 February 2025.	Follow link here Follow link here
13 Mar 25	Library and Cultural Services	The Committee expressed concern that many residents already feel that their local libraries are under constant threat of closure and that the public engagement documentation detailing proposed changes and more centralised community hubs may lead to further	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED – response and information circulated 24 April 2025.	Follow link here

Date of Meeting	Agenda Item	Action	Responsibility	Outcome	Response
		public perception that the closure of their local library is likely. The Committee therefore recommended that: a. an additional option: retaining existing provision, be added to the question, '<i>What concerns or suggestions do you have regarding the proposed changes to library services?</i>'; and b. the key marketing message for the consultation should focus on the statement within the Introduction of the engagement documentation: '<i>We hope this strategy will centre around a vision of expanding community hubs.</i>'			
13 Mar 25	Library and Cultural Services	The Committee requested confirmation of the dates and timescales of the consultation and of dates when Officers intend to present to community groups and residents, as offered by the Corporate Director, allowing Members the opportunity of attending where possible.	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED – response and information circulated 24 April 2025.	Follow link here
13 Mar 25	Library and Cultural Services	The Committee requested further information regarding the application process for money from the Integrated	Scrutiny / Corporate Director -Social	ACTIONED – response and information	Follow link here

APPENDIX B

Date of Meeting	Agenda Item	Action	Responsibility	Outcome	Response
		Community Hub Fund, highlighting how it may be particularly useful at Aberkenfig library.	Services and Wellbeing	circulated 24 April 2025.	
13 Mar 25	Library and Cultural Services	The Committee discussed Pontycymmer Library which Members felt was not being accessed to its full potential and discussed the use of its former home at Blaengarw Workman's Hall. Members were advised that Awen Advisory Board would be meeting at the Blaengarw Workman's Hall to discuss how to make best use of the building on a longer term sustainable basis and the Committee requested feedback on the outcomes from the meeting.	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED – response and information circulated 24 April 2025.	Follow link here
13 Mar 25	Exempt – Children and Family Services Placement Commissioning Strategy 2025-2030	The Committee made recommendations and requested additional information which are exempt.	Scrutiny / Corporate Director -Social Services and Wellbeing	ACTIONED – response and information circulated to Members of the Committee 24 April 2025.	
13 Mar 25	Forward Work Programme Update	The Committee requested that the following reports be added to their Forward Work Programme: a. Support for Care Leavers (including input from	Scrutiny	Scrutiny to action in work planning	

APPENDIX B

Date of Meeting	Agenda Item	Action	Responsibility	Outcome	Response
		Employability and Housing); and b. Early Intervention, Prevention and Edge of Care Services.		meetings with Chair and Corporate Director. ACTIONED – This item has been scheduled to today's meeting.	
13 Mar 25	Forward Work Programme Update	The Committee requested that the draft Library Strategy be added to the Committee's FWP as a Pre-Decision item following the consultation in the Autumn.	Scrutiny	Scrutiny to action in work planning meetings with Chair and Corporate Director.	

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank