

SOCIAL SERVICES & WELL-BEING DIRECTORATE – PERFORMANCE YEAR END

The Social Services and Well-being Directorate has focussed on ensuring that there is a clear emphasis across the Directorate on continuous improvement of quality and performance, against a context of significantly increasing need and demand in children's social care, challenges in the health and social care system, and a fragile workforce position in adult and children's social care. There have been challenges in meeting care and support needs in a timely way in adult services. There has been excellent progress in the recovery of the leisure and culture sector. Whilst there is significant operational challenge, progress is being made in delivering the strategic priorities in relation to practice improvement, workforce, provision of services, hearing and acting on the voice of people and effective partnership. In quarter 3 Care Inspectorate Wales (CIW) undertook an improvement check of children's social care which was published during quarter 4. CIW noted - 9 areas identified 'Improvements made, further action is required' and 2 areas identified 'Significant improvements made and must be sustained'.

This represents clear progress, however, the challenge of sustaining progress was noted by CIW. They will continue to monitor progress closely and a Joint Inspection of Child Protection Arrangements (JICPA) led by CIW in partnership with Estyn, Healthcare Inspectorate Wales (HIW) and His Majesty's Inspectorate of Constabulary (HMIC) will take place in quarter 1 of 2023-24.

Cabinet noted in their report on the improvement check that evidence from local authorities who have been in similar positions to Bridgend in respect of children's social care is clear. When a local authority is on an improvement journey 3 years is a realistic timescale to progress from being a service where there are serious concerns to one that requires improvement (at the end of year 1) to adequate and then good performance. It is important that this is understood by the whole Council and that the impact on the whole Council is understood by all officers and Members of being a Local Authority that requires improvement in such a critical service area.

A stocktake of progress against the 3-year strategic plan will take place over the spring and summer of 2023 and a refreshed plan will be brought to Cabinet in September 2023. The refreshed plan will be informed by analytical work being progressed by the Institute of Public Care with the Council to develop a sustainability plan for children and families in Bridgend in which a service, workforce, and financial strategy for how the Council works with children and families at risk in Bridgend is set out for consideration. This sustainability plan will be based on robust evidence of the most effective operating model and interventions in supporting children and families through focussed preventative services at the edge of statutory provision. It will be accompanied by a workforce plan and a financial strategy and revised action plan, all of which will need to be delivered to achieve sustainably good outcomes for children and families

The Regional Safeguarding Board has close oversight of progress in improving child protection and safeguarding arrangements in Bridgend. The Board monitors progress with the reviews' recommendations. The Council, with safeguarding partners, is focusing on ensuring learning is embedded and impacts on outcomes. There continues to be significant independent audit – internal audit review of IAA and independently commissioned audits – as well as audits undertaken by the service.

The Improving Outcomes for Children Board, chaired by the Chief Executive and informed by an independent advisor, continues to provide assurance on the delivery of the actions in the 3-year strategic plan approved by Cabinet in February 2022 which align with the actions in the Care Inspectorate Wales (CIW) Performance Evaluation Inspection.

Children's Services has timely and focussed improvement plans with 6 week rolling plans for all parts of children's social care and continued with gold, silver, and bronze governance structures in view of the significant operational pressures, which include continued high levels of contacts to MASH and IAA, high numbers of assessments and very high numbers of children on the child protection register (260 as at April 2022) and high numbers of care experienced children (399 as at April 2022).

Retention and recruitment of the social care workforce continues to have the highest priority in adults and children's social care. A continued key focus is workforce wellbeing and there is close working with colleagues in human resources to ensure that in addition to the wellbeing support available to all parts of the Council, that where needed, specialist support is available in a timely way. This support has made a significant difference for those members of the workforce who have accessed it. There are challenges in workforce retention and recruitment across the whole of the directorate, but the most acute challenges are experienced in the care worker workforce (care and support at home) and children's social work. Some improvements are evident in quarter 4 of 2022-23. The following work is underway:

- EMR funding for additional social work trainees and secondees
- Launch of Social Worker and Occupational Therapy Charter on World Social Work Day
- Launch of Signs of Safety model of practice well received by the workforce and training programme progressing
- Internal recruitment – first 6 social workers have commenced in post
- Agreed position with other Welsh Local Authorities on agency Memorandum of Co-operation to improve management of the agency market for children's social work
- CIW Improvement check identified that staff feel well supported
- Management and leadership development programme underway across the SSWB directorate and managers accessing coaching
- Cultural change and practice improvement evident in some teams
- Implementation of social work support officer roles in children's social care
- Recruitment of permanent exploitation posts and some small success in permanent recruitment in children's social work teams
- Increased marketing capacity
- Roll out of new rota arrangements in care and support at home
- Increased applicants and recruits to care and support at home applicants

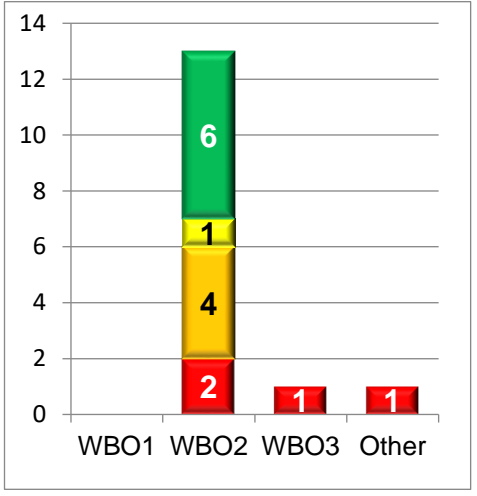
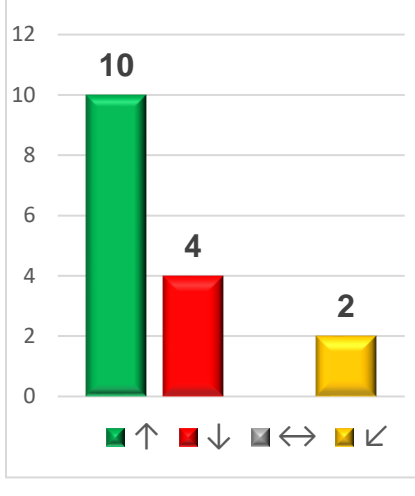
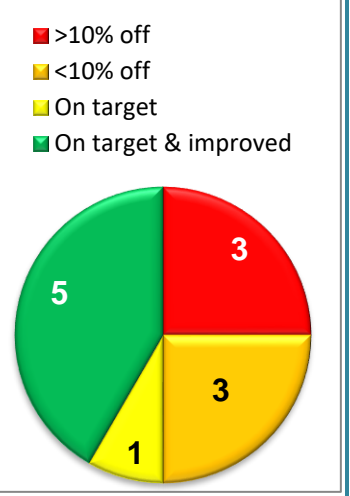
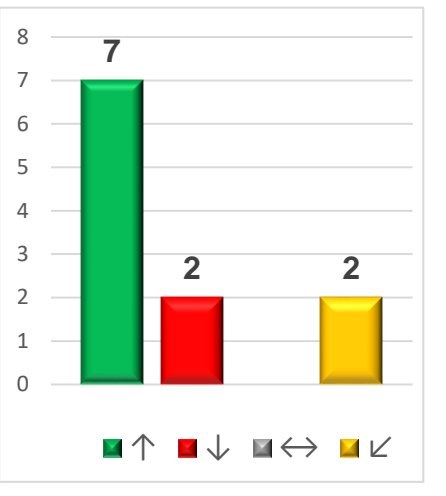
It should be noted that impact of the majority of these actions will be medium and long term rather than short term. It is important that there are aligned short-, medium- and long-term actions to sustainably improve the workforce position. Whilst progress is evident, it is important to highlight the continued over reliance on agency workforce particularly in the east safeguarding locality and IAA service where there is a managed team to ensure statutory duties are met.

As in children's services there have been significant operational pressures in adult services. The corporate governance through a gold command chaired by the Chief Executive has oversight of adult pressures as well as those in children's social care.

Strategic improvements continue to progress in adult services. The new model of practice – Outcome Focussed, Strength Based – has been launched. Deep dives are being undertaken in every adult social work team and a new operating model will be approved in 2023. Where changes have been required more quickly, the common access point and the hospital social work team, these have been progressed. There is a major transformation project to transfer the Council's telecare service from analogue to digital and opportunities are being progressed to enable even better use of assistive technology to improve outcomes for people. A significant review of the operating model in learning disability direct services is being progressed to ensure there is a sustainable day opportunities and supported living model in the county borough. There continues to be a focus on strength based social work practice and quality assurance and management oversight is being strengthened. The whole system pressures in meeting the needs of older people in the County Borough is a high priority at a local, regional, and national level. 'Discharge to Recover and Assess' pathways are being implemented to improve hospital discharge processes. There has been some improvement in recruitment to care and support worker roles within the Council, however the net gain is minimal as there is natural turnover in the service. Resetting reablement and developing capacity to pre-pandemic measures is a key priority. When people do access reablement there are remarkable success levels in reducing the need for long term care and support.

Prevention and wellbeing services continue to perform well as they recover from the pandemic, with a focus on supporting the most vulnerable and preventing escalation of need. There has been significant engagement with carers (adult carers and young carers) as identification and services for carers have been reviewed. The implementation of the carers ID card, and the review of the adult carer's wellbeing service have been significant priorities. There has also been extensive engagement with children and young people in the development of the play sufficiency assessment. There is steady recovery in participation in leisure and cultural activities post pandemic. In common with other services with high energy consumption, leisure venues are experiencing significant cost pressures.

Budgets in the Social Services and Wellbeing Directorate are driven by the statutory requirements to meet the assessed care needs of individuals in a way which supports people to be safe and achieve the outcomes that matter to them. In the Annual Report presented to Council in October 2022 a budget gap of £12.8 million (excluding inflationary pressures other than national living wage for care workers was advised. In addition, the report highlighted that core budgets were underpinned by £5.5 million of ear marked reserves. The year end position for the Social Services and Wellbeing Directorate shows a budget deficit of £10.868 million and that the ear marked reserves have been utilised to underpin core services. Social work practice is strength based, and significant savings have been made since the introduction of the Social Services and Wellbeing (Wales) Act 2014 as practice focuses on the resources of individuals and family networks, with services commissioned or provided by the Council only forming part of the care plan if people's needs cannot be met in any other way. Local community co-ordinators prevent people's needs escalating at the edge of care and support in part of the County Borough. Despite all the prevention and wellbeing service, the needs of children and families and adults with care and support needs has increased following the pandemic and the need for more targeted preventative services at the edge of statutory provision are needed to support people without the need for statutory intervention. A significant review has taken place of support for children and families to propose a more sustainable operating model, and as indicated above a review of learning disability practice and commissioning is progressing. These are the 2 key areas of budget overspend. Both these plans will be considered by Scrutiny and Cabinet. Sustainable service, workforce and financial plans will be critical to the confidence of regulators and the Council that the right resourcing and operating models are in place. Sustainability requires a rebalancing of the model of care to prevent escalation of need and to achieve best outcomes for people. This requires a whole Council and partnership leadership to meet the needs of the most vulnerable in the most effective and cost-effective way.

Commitments 2022-23	BRAG – progress against commitment					All Indicators (incl. Finance and sickness PIs)		Corporate Plan Indicators														
	Year end directorate commitments to delivering Wellbeing objectives	Total	Blue	Red	Amber	Green	Performance vs Target	Trend vs Q4 2021-22	Performance vs Target	Trend vs Q4 2021-22 (Excluding finance)												
Wellbeing Objective One – Supporting a successful sustainable economy	0																					
Wellbeing Objective Two – Helping people and communities to be more healthy and resilient	5			5																		
Wellbeing Objective Three – Smarter use of resources	2		1			1																
Finance						Risks																
Revenue Budget <ul style="list-style-type: none"> The net revenue budget for the Directorate for 2022-23 is £85.387 million. The year-end outturn is £96.255 million with an overspend of £10.868 million. 						Corporate Risks <p>Oversight of corporate risks are collectively undertaken and managed by the Corporate Management Board (CMB). The Corporate risk register can be found as Appendix E and should be viewed in the overall context of the performance of this dashboard to understand the risks. Some are Council wide whilst others focus on specific directorates.</p>																
Capital Budget <ul style="list-style-type: none"> At year end the capital budget for the Directorate for 2022-23 is £4.109 million with total expenditure of £2.901 million. 						Directorate Risks <p>As noted, in the introductory remarks the Directorate continues to manage a number of inter-related risks. In children's social care there has been a significant increase in demand across all parts of the service. and it is noted that without adequate budgets and sufficient experienced workforce there is a risk that the Council's safeguarding arrangements will not be effective, and that children and adults at risk will not be kept safe. Contacts to the front door of children's services have continued to grow exponentially throughout the year. The number of safeguarding investigations has increased considerably. The numbers of children on the child protection register is at a higher level than at any time in the history of the Council and there are high numbers of care experienced children. The Council is committed to producing a sustainability plan to rebalance the way children and families in Bridgend County Borough are supported to ensure there is more targeted prevention to reduce the need for statutory safeguarding interventions. This is in accordance with the Welsh Government policy to transform children's social care.</p> <p>In addition, there are significant risks to the Authority due to a lack of suitable registered accommodation, care and support services for care experienced children. This risk should be escalated to the Corporate Risk Register as Care Inspectorate Wales are indicating their intention to potentially prosecute officers in local authorities operating care settings without registration. At any time there are a small number of Bridgend children whose needs are being met in settings which are 'operating without registration'.</p> <p>There have been capacity issues in the care and support market which mean that at any time people are having to wait for their assessed care needs to be met, often at home supported by family and friends and sometimes delayed in hospital. There have been reductions in the numbers waiting for care and support provided by the independent sector, but numbers have started to increase as the timeliness of social worker assessments has improved.</p> <p>The Council has carried out a number of actions to mitigate this risk, instigating gold, silver and bronze critical incident arrangements to address operational risks and issues and an Improving Outcomes for Children Improvement Board to progress strategic actions. This Board is advised by an expert independent advisor. In adult services, a fortnightly pressures meeting, equivalent to the silver command in children's social care, is chaired by the Corporate Director. Staff teams have been strengthened in some areas to meet demand and includes the use of agency staff (in both social work and home care staff). However, there is a further risk that with the worsening financial position not all of the investment required will be available on a sustainable basis, and therefore significant budget pressures have been identified for consideration through the Council's Medium Term Financial Strategy.</p> <p>Workforce is a highly significant risk. There is an overreliance on agency workforce in children's social work and increasing agency hours in in-house care and support services for adults. Agency is used to mitigate the risk of not meeting statutory duties. The use of</p>																
Efficiency Savings <table border="1"> <thead> <tr> <th>Savings</th> <th>2022-23 (£000)</th> <th>2022-23 %</th> </tr> </thead> <tbody> <tr> <td>Savings Target</td> <td>365</td> <td>100%</td> </tr> <tr> <td>Savings achieved</td> <td>284</td> <td>78%</td> </tr> <tr> <td>Variance</td> <td>81</td> <td>22%</td> </tr> </tbody> </table>						Savings	2022-23 (£000)	2022-23 %	Savings Target	365	100%	Savings achieved	284	78%	Variance	81	22%					
Savings	2022-23 (£000)	2022-23 %																				
Savings Target	365	100%																				
Savings achieved	284	78%																				
Variance	81	22%																				
Additional financial information is provided in the Revenue Budget Outturn 2022-23, presented to Council on 21 June 2023.																						

agency workers can impact on quality of experience (particularly if there is high turnover of agency staff) and is expensive compared to permanent workforce.

Social services case management requires a case management IT system which supports effective practice. The WCCIS case management system requires development for it to be utilised optimally in Bridgend. There is learning from other local authorities. A WCCIS development group has been established chaired by the Corporate Director to ensure there is a resourced and prioritised plan to improve functionality of the case management system.

Provider failure is a corporate risk that all directorates are managing. In Social Services and Wellbeing there has been a need to work with individual providers experiencing financial difficulty, within statutory safeguarding frameworks and Council governance, to ensure that the Council meets statutory duties in respect of sufficiency and quality of care services. As indicated above, sufficiency issues in children's social care and operating services without registration means the Council is at risk of prosecution.

There are also significant issues in respect of the adequacy of budget to meet need for social care services in Bridgend. There are significant overspends linked to the service and workforce required to meet statutory requirements to safeguard, protect and improve outcomes for the most vulnerable. The Council faces an exponential challenge in meeting the statutory social services requirements and setting and delivering a balanced budget.

Consultation, Engagement & Involvement

Across the Directorate consultation and engagement is facilitated through a number of mediums.

Within Adult Social Care the following activities taking place on a quarterly basis. Activity includes:

- Meeting with Bridgend People First focus group to inform the Director of Social Services Annual Report
- Survey for people with care and support needs and carers to understand their experience of Bridgend social services
- Feedback from complaints and compliments is used to drive improvement
- Directorate quality assurance framework has voice of people as a core standard in all quality assurance activity
- Within older persons residential services and LD accommodation services feedback is captured in quarterly care reviews by the Provider Service Manager and RI visits.
- Within Domiciliary Care Services, community meetings are facilitated by management teams and are accessible to all individuals; subject areas include health and wellbeing, health and safety, community and 'at home' activities.
- In Learning Disability services, a number of individuals are active participants and members of People's First Bridgend, an independent advocacy group for people with learning disabilities and autism. Participants attend regular meetings and actively contribute on the development of services.
- The views of people entering a number of services are also sought from social workers / care co-ordinators, families, social care workers and other relevant professionals with further feedback captured in quarterly assurance meetings by the Provider Service Manager and RI visits.
- Continued use of the 'Insight' app enabling people with a learning disability to contact and exchange messages via a protected social media platform
- The regionally supported substance misuse group continues to meet on a monthly basis.

Within Children's social care, the momentum of participation is growing in all parts of the service. The Bridgend Youth Voice Forum is independently facilitated by NYAS for Bridgend care experienced children.

- The Bridgend Youth Voice Forum led the launch of the Corporate Parenting Charter attended by the Children's Commissioner for Wales and Deputy Minister
- Young people were involved in the designs of the Corporate Parenting Brand including logo, colour scheme and 3 Bridgend Youth Voice Forum 'stamps marks' to indicate that they have co-produced, endorsed, or approved a piece of work.
- Consultation on the Saving Policy for care experienced children and young people
- Consultation on Child / Young Person questionnaires to inform Foster Carer Review
- Consultation on the look and feel of the different policy and strategy documents to inform the design of the Corporate Parenting Strategy
- Production of guidance for professionals to make their promises as part of the Corporate Parenting Strategy
- Young People's panels held for interviewing Children Services candidates
- Survey for children and young people with care and support needs and carers to understand their experience of Bridgend social services
- Feedback from complaints and compliments is used to drive improvement
- Directorate quality assurance framework has voice of people as a core standard in all quality assurance activity

Implications of Financial Reductions on Service Performance and other Key Issues/challenges

Implications of financial reductions on service performance

The Directorate's net budget for 2022-23 is £85.387 million. The year-end outturn is £96.255 million with an overspend of £10.868 million. This is a significant shift compared to the 2021-22 outturn position of a £5.931 million underspend. The underspend from 2021-22 enabled the creation of earmarked reserves in a number of key areas and it is clear that the directorate overspend would be even higher if it were not for the investment of this reserve funding much of which will no longer be available in 2023-24.

The reason for the 2021-22 underspend was the significant grant income received in 2021-22, including one-off grants such as the Social Care Recovery Fund (£2.916 million). There are significant risks across many parts of the social services budget. The budget has been dependent for many years on short term grant funding to meet statutory duties with underlying deficits and these has been highlighted in financial monitoring reports. The reliance on grants over many years mean the base budgets for social care in Bridgend are comparatively low when benchmarked with other local authorities and there is disproportionate impact when the grants are no longer available.

A contributory factor for the projected overspend in 2022-23 is due to challenges in recruiting to permanent vacancies in some key teams. In order to meet the Authority's statutory safeguarding responsibilities—in children's social care where the numbers of workers engaged to meet statutory duties and keep caseloads at safe levels due to increased levels of need are above the agreed establishment. Independent experts are supporting the development of a business case to set out what is needed going forward for there to be sustainable ability to meet need within budget.

A further area of pressure is due to the volume and complexity of need for statutory social care services from the vulnerable population of the county borough. Bridgend has a growing population and there are more people with statutory care and support needs post Covid pandemic. Practice continues to be strength based and eligibility criteria rigorously applied. The most cost overspends are evident in learning disability services, mental health services and services for older people. There are increasing numbers of children who require residential accommodation, care and support which is resulting in a significant budget pressure in that area.

Finally, the escalating costs for commissioned care providers (domiciliary, residential and nursing) linked to inflation (food and fuel are particularly impactful) and the need to increase the pay of staff to compete with retail and hospitality, and the increased reliance on agency staff (particularly registrant nurses) have meant that some councils have reported having to look at applying across the board increases in their fees during the past year. However, providers are continuing to get into financial difficulty and there is market exit probability in both adult and children's services which will place more pressure on Council budgets as the Council will always be a safety net provider in such circumstances.

The position in Bridgend is not unique; the Welsh Local Government Association has written to Welsh Ministers to advise that there is an estimated total cumulative pressure for social services of £407.8m for 2023-24 and 2024-25 across Wales. Within this overall Social Services total the estimated total commissioning cost and demand pressures are £288.4m. Pay inflation pressure totals £75.8m for the two years. The position in Bridgend is particularly acute as increases in demand in children's social care have been particularly acute due to the particular circumstances of the current operating context. Independent analysis advises these increased pressures will remain for at least a 2-year period.

Sustainable and aligned service and financial plans, which maximise the impact of all services – statutory and non-statutory – to preventing escalation of care needs is critical and a whole Council approach to systematically progressing service reviews and understanding in detail the budgets required is essential. As indicated above, a sustainability plan for children and families will be considered by Cabinet, following scrutiny, in the next quarter. A detailed review of practice and commissioning in learning disabilities will be considered by Cabinet in quarter 3 2023-24.

Workforce issues impacting on service performance

During the reporting period, overall the Directorate has seen an approximate 4.9 increase in days lost to sickness per FTE when compared to the same period last year and a 11% increase in cumulative days lost per FTE. The breakdown in days lost to sickness per FTE when compared to the same time last year is approximately as follows:

- 5.1% decrease in Adult Social Care
- 34% increase in Children's Social Care
- 26.5% increase in Business Support

Within Children's Social Care the total number of absences rose by 100 and in Adult Social Care Adult Social Care, although days lost decreased by 5.1% there was an increase in the number of absences of 131. As reflected at quarter 2, this again suggests that absences in Children's Social Care, Business Support and Prevention and Wellbeing are long term whereas in Adult Social Care they are more short term, reflecting the particular nature of the workforce indicating the need for bespoke solutions. Key to reducing sickness absence is reducing the underlying causes where these can be avoided particularly by supporting work/life balance through flexible working and workload management, access to wellbeing support and specialist trauma informed support in specific cases, and good quality supervision and management oversight. It must be acknowledged that caseloads for social workers have reduced in some parts of children's services but remain too high in safeguarding locality teams. Safe reduction of caseloads to the standards set by the authority is key to supporting the workforce and reducing absence levels. A social worker charter was launched on World Social Work Day which sets out the Council's standard for supporting social workers. It is recognised that not all standards are met but there will be a continuous dialogue with the workforce to achieve what is set out.

In adult services significant progress has been made in care and support services to trial and roll out new rota arrangements which reduce split shifts (unless these are the preference of the individual worker). This has contributed positively to a reduction in sickness levels and will continue to be rolled out across teams.

The Directorate has also used agency staff across a number of services within Adult and Children's Social Care and Business Support and has progressed development of social work support officer roles to reduce the 'non social worker' tasks that professional social workers are required to undertake.

Recruitment of international social workers is progressing and is anticipated to be a medium-long term plan to reduce vacancy levels in Children's social work teams. Following the procurement of an international social work provider, recruitment processes have begun, and successful applicants are due to commence employment in 2023. 6 workers have commenced in Bridgend, although it is recognised that significant additional support is needed to enable them to successfully transition.

In the long term, for the last 2 years there has been a significant increase in the number of social work degree places supported by the Council through the 'grow our own' social worker programme. There were 7 secondees who commenced the degree course in 2021-22 and 8 trainees and secondees who commenced the degree in 2022-23. Up to 8 secondees and trainees will commence with their studies in September 2023. The continued support to the grow our own scheme is crucial over the longer term to addressing social worker recruitment issues. A paper is being prepared for the Corporate Management Board to set out options for 2024/25.

Procurement issues impacting on service performance

Close and regular provider engagement and contract monitoring activity has taken place throughout the year, where we have also taken the opportunity to review and revise the Provider Quality Framework. With the support of an independent specialist consultant, we have undertaken a cost of care analysis for care homes, and also developed a Care Home Fee—Setting Policy. Additional financial support has also been provided to homecare providers during the year to assist with cost pressures and recruitment and retention challenges.

The recommissioning of services provides the basis for providers to grow their businesses and for BCBC to respond to increasing needs and demands. Throughout the year to date, we have continued to progress a number of key actions put in place to build resilience. The Directorate has:

- Established an Improving Outcomes for Children Board to strategically address the improvements identified in the Council's own 3-year improvement plan and the CIW Performance Evaluation Inspection (May 2022).
- Established a corporate transformation programme – Improving Outcomes for the Joneses – to lead the remodelling of social care in Bridgend.
- Operated gold, silver and bronze management arrangements to oversee the operational focussed improvements required in children's social care and a pressures (silver) group to address the challenges in meeting statutory duties in adults social care.
- Reviewed the directorates performance framework, quality assurance framework and supervision policy to strengthen performance, quality and management oversight.
- Developed an implementation plan for a strength-based model of practice in children's social care (signs of safety) and undertaken deep dive reviews in adult social care with a view to implementing a new operating model in 2023.
- Developed a homecare strategic plan to grow services to ensure that reablement services are at pre-pandemic levels of activity.
- Published Market Stability Reports for regulated services in-line with Welsh Government Requirements
- Implemented service planning groups for key population areas, and developed strategic commissioning plans based on identified population needs and priority areas.

Asset Management implications on service performance

All assets are managed by the Corporate Landlord or via partners through management fees

Regulatory Tracker							
Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
May 2022	CIW, Report of Performance Evaluation Inspection of Children's Services	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	Dep HoS/GM Case Management and Transition/Corporate Parenting Officer	March 23	Number of consultation and engagement activities, events and focus groups have taken place with care experienced children and care leavers including what makes a good parent, what it is like to be 'in care' or 'a care leaver', and identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The outcome of the engagement is informing the priorities of the Bridgend Corporate Parenting Board. Young People Interview Panels are supporting recruitment Our young people volunteering to be Young Ambassadors with Voices from Care to discuss the future of the Care System in Wales at the Senedd with Ministers and the Children Commissioner for Wales	BLUE	Closed
			Principal Officer Training	Dec 22	Commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and a Care Leavers Forum that will both meet monthly from November 22 The Directorate recording guidance has been reviewed. The review of this guidance contributes to embedding, in practice, a focus on identifying and supporting 'what matters' to individuals, their carers, children and families utilising their strengths, and hearing and capturing their voices in recording our involvement with them, in shaping their care and support arrangements. The guidance was produced in consultation with staff from across social work and direct care services. Guidance and accompanying documents are available on the intranet. Training on recording skills is available for direct care, social work and foster carers.		
				March 23	Audit activity will take place 3 months after launch.		
			HoS/Principal Officer Training	Dec 22	Completed		
			n/a	n/a	Completed		
	PE4 - Strengthen business support for practitioners	GM Bus Support/Bus Change Prog Manager	April/May 23	New SWSO implemented 1 st December 2022 Training plan completed February 2023 Implementation and completion of MoU with Team Managers March 2023 Proposed changes to the fostering service business support team -consultation complete Feb 2023 and then advertisement of posts Full implementation and transfer of roles April/May 2023	GREEN	Open	
	PE5 - Variable evidence of management oversight/Quality of supervision	PO Training	Dec 22	Review completed and revised policy has received cabinet approval.	BLUE	Closed	
PO Training		Dec 22	An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards.				
PO Training		Dec 22	Programme is underway and bi-annual audit of supervision will take place to monitor implementation/effectiveness.				
Director/PO Training		Dec 22	Training programme commenced Jan – May 2023 Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice.				

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
			Director/HoS/ PO Training	March 23	Our QA Framework promotes a learning culture that values critical reflection and access to both formal and informal learning and development opportunities that will enhance quality champion evidence-based practice and place an emphasis on development and improvement.		
			Director/HoS/PO Training	March 23	Our revised supervision policy outlines the core functions of supervision including the requirement to support and attend to staff wellbeing. It also describes how peer support can be facilitated through group supervisions sessions. General and specialist wellbeing support continues to be available for all staff and managers and our approaches are under continuous review to ensure the offer is the best possible		
		PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Completed	BLUE	Closed
		PE7 - Review of direct payments scheme	Dep HoS/GM Commissioning	May 23	Draft policy and strategy document has been engaged on with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments was held on 2/3/23. The feedback from the event will now be reviewed by the project group to ensure that it is reflected in the draft strategy and policy. The Direct Payment Policy will be considered by Cabinet in May 2023	GREEN	Open
		PE8 - Consistent offer of a carers assessment	Dep HoS/ GM Case Management and Transition/Cares Development Officer	March 23	Following conclusion of the Direct Payments engagement, further engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy. As an interim measure the manager of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems	GREEN	Open
		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	March 23	Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23. 4 social work trainees have been recruited and have commenced the BSc social work programme (as above). Trainees are super-numerary staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Childrens teams. Further funding has been agreed for 8 trainee/secondees in the 23/24 academic year.	GREEN	Open
			Director/ Workforce Board	March 23	A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023.		
			Director/ Workforce Board	March 23	The social work charter is in draft, and workshops have taken place with practitioners and managers to finalise a draft for launch on world social work day 2023.		
			Head of Children's Social Care/ Head of Education & Family Support/GM Family Support	June 2023	Our improvement partner will undertake a whole system Childrens services review The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance and performance directorates In addition the following areas have been progressed:- Edge of Care / IFSS Increase of posts to support increased demand and prevent escalation.		

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
			GM Commissioning/Contract Monitoring Officer	June 2023	<p>Further work has been undertaken to understand specific needs within BCBC, including emotional regulation and tolerance programmes for parents, and Family Connections which focuses on conflict resolution skills for whole families</p> <p>A case tracker has been developed within edge of care services / IFSS to monitor timescales and reduce drift. This is used as a supervision tool</p> <p>Commissioning further staff to be trained in 'train the trainer' evidence-based parenting programmes so numerous groups can run simultaneously to offer support to parents.</p> <p>Family Group Conferencing</p> <p>Since October 2022 the LA has committed to funding FGC's for all families who are open to statutory services for at least 3 months</p> <p>The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to embedded for the longer term.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up A priority focus of the planning group is family support services and intervention</p> <p>A BCBC Strategic Commissioning Plan, is currently being drafted this will be presented to Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services.</p>		
		PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	n/a	n/a	Completed	BLUE	Closed
		PR3 - Placement sufficiency and support	HoS/GM Placement and Provider Services	March 23	<p>Prior to opening, a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose.</p> <p>Radical reform funding from WG has also been granted for us to commission a MYST for fostering and residential care</p>	AMBER	Open
		HoS/GM Placement and Provider Services	March 23	The regional children's programme board has established an accommodation workstream which is driving the development and bids for associated funding for specialist provision.			
		Dep HoS/GM Placement & Provider Services/ GM Commissioning/Contract Monitoring Officer	March 23	The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up. A priority focus of the planning group will be support services for children with disabilities and accommodation options for children and young people			
		HoS/GM Placements and Provider Services	March 23	<p>There are several targeted recruitment activities for the year utilising online marketing combined with showcasing events that promote both retention and recruitment. These include, recognition awards, 3 days of scheduled events within the community to include visits to schools, leaflet drops and speaking with local businesses. Attendance at school summer fetes and delivering presentations to teaching staff.</p> <p>There has been success with online marketing - 6.9K views of the Christmas recruitment video.</p> <p>A range of other promotions including local advertising, linking with local radio and other targeted promotional aids are planned.</p>			

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
					We currently have 8 prospective carers being assessed and we have been approached by kinship carers, in accordance with our new financial policy – to be assessed under Form F with a view to providing respite placement		
		PR4 - Accessibility of information, advice and assistance	Dep HoS/GM Safeguarding	March 23 Ongoing	Draft review document produced for consideration and presented to CMB. Final report to be produced on options and resource implications by Dec 22. IPC are progressing with this review, their draft report due February 2023 IAA focused improvement plan is in place and is updated 6 weekly and reviewed regularly in silver meetings. Workforce project being progressed by CSC workforce project IAA focused plan implemented and continues to be reviewed 6 weekly and shared in silver	BLUE	Open
		PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	HoS/PO Training PO Training PO Training Director	Dec 22 Jan 23 Dec 22 March 23	Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board Review completed Q and A activity will be reported to the Directorate performance meeting chaired by the statutory Director Internal audit and review of the framework and its impact will be carried out 12 months after implementation. Team based facilitated briefing sessions have been rolled out across the Directorate. An implementation group has been established. Teams are testing out the new audit tools within WCCIS. A formal launch of the framework will take place in March 23. A Quality assurance officer post is being recruited to in order to coordinate this work	GREEN	Open
		PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Completed	BLUE	Closed
		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	Director/HoS	Continuous	Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A follow up summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. There is strong accountability and oversight exercised through the CTM Regional Safeguarding Board, its Executive Steering Group and its sub-groups.	GREEN	Open
		PI3 - Share learning from audits and reviews with staff and partners	GM Safeguarding & IAA/ Principal Officer Training	Ongoing	Learning from Child Practice Reviews is incorporated into relevant training courses. Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports published.	BLUE	Closed
		W1 - Further work is required to improve the timeliness of meeting statutory responsibilities	GM Business Support	March 23	A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. To further strengthen these arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to	BLUE	Closed

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
					build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements Performance management mechanisms have been improved and routine meetings in place with the Director to review progress against plans		
		W2 - Facilitation of supervised contact	GM Case Management & Transition/GM Locality Hubs/Contract Monitoring Officer	March 23	A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23. In the interim the group manager is monitoring the demands placed on staff to undertake supervision of contact and deploying resource to support the teams	GREEN	Open
		W3 - Consistent high quality written records	Policy Officer	March 23	The guidance on the use of chronologies has been included in the revised recording policy.	GREEN	Open
			GM Placements and Provider Services	March 23	Fostering Policy and procedures have been reviewed and updated, the PO will work with the Policy Officer to progress approval of the policy framework. Working groups have been set up and SCDWP officers will facilitate a review of foster carer training.		
		W4 - CSE and CCE – strengthen interventions and mapping	Policy Officer	Continuous	Policy Officer appointed and has commenced a review of policies /guidance across Childrens Social Care	GREEN	Open
			Director/HoS	Dec 22	The regional steering group is established, and the Group Manager for Development and Improvement is engaged in this area of work. A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway. A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training.		
		W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	The programme has been reviewed and revised. 14 NQSW's (including agency workers) commenced the programme in October 22. All NQSW's are required to complete a mandatory training pathway and an additional development programme. This includes reflective learning on areas relevant to social workers in both Adult and Childrens Social Care. NQSW's will have: Support from a mentor based within their team Reflective professional supervision by a qualified social worker. Weekly for the first four weeks then every 4 weeks for the remainder of their first year in practice.	BLUE	Closed
November 2022	CIW Improvement Check	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	Fortnightly workforce planning meetings take place to closely monitor the workstreams and their impact. The challenges continue with ongoing reliance on agency staff (and their turnover). Some of the positive impacts will not be achieved until the medium/long terms e.g. 'grow our own', full team of international recruits etc.	RED	Open
		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	April 23	No update currently Audit tools to be reviewed to ensure these factors are captured and monitored April 2023	AMBER	Open

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
		Pe11 - Ensure people consistently feel listened to and treated with dignity and respect	HoS	Sept 2023	Discussions are underway regarding a regional charter being developed with input from a third sector advocacy provider.	GREEN	Open
		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/Deputy HoS	June 2023	Bronze silver and gold meetings are taking place as indicated where comprehensive data/dashboards are presented by every part of the service. In addition, monitoring and analysis of cross directorate activity and performance is monitored by the shared dataset that is presented at every EH and SG Board meeting	GREEN	Open
		PR7 - The local authority should ensure systems are in place to provide all staff, with up-to-date information regarding availability and accessibility of early help services and records relating to intervention of early help services	GM Early Help	Complete	The Early Help web pages on the BCBC website were updated in August 2022 to improve awareness of services available to support children and families. These pages are regularly reviewed to add new services or resources that may assist children, families, and professionals.	BLUE	Closed
		PR8 - Ensure children are not placed in unregistered services and must continue its efforts to identify suitable, registered placements	GM Commissioning	Continuous	Children's commissioning strategy to be finalised which will include placement/sufficiency. Children are only placed unregistered services in exceptional circumstances and when this does happen the arrangements are closely monitored and reported to CIW for consideration by their enforcement panel. The process of developing a BCBC Strategic Commissioning Plan, which will be drafted by end of March and taken into Scrutiny in May 2023, prior to wider engagement and finalisation. This plan covers both Early Help and regulated Children's Services. A key element of the plan will be the updating of the Placement Sufficiency Strategy – which will be a standalone document with the key findings included in the above strategic plan.	GREEN	Open
		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	June 2023	The project will involve considering services currently delivered in the education, social care and wellbeing, communities, finance, and performance directorates, and it will address key questions in the following areas: Whether front door arrangements and pathways protocols and systems can be more effective in delivering outreach, assessment, referral, signposting, and support for families. This will include whether there should continue to be multiple front doors for children, families, and professionals for IAA Whether and how more effective joint working across Directorates can be achieved at each levels of the continuum of need above. Whether more can be done to deliver and co-ordinate services in locality hubs and clusters to better support schools and other universal services Whether Council resources are best targeted and will meet future demand Whether commissioning and joint work with partners can be improved	GREEN	Open

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
		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	Performance framework and associated monitoring mechanisms to be embedded across the Directorate. A Performance framework is in place and ensures that monitoring takes place through the regular meetings with the Director and Heads of Service and scrutiny by the Improvement Board.	GREEN	Open
		W7 - Implement and embed consistent practice regarding identifying and responding to child exploitation, progress work as a matter of urgency	GM Practice improvement	Dec 22 June 2023 June 2023 June 2023	Regional exploitation strategy has been signed off A referral pathway for identifying and assessing exploitation has been developed – this includes a MASH screening tool and an exploitation assessment these are in use. Testing of these processes for inclusion on WCCIS is underway. A direct intervention working tool to support social work teams in intervention with children who are being exploited or at risk of being exploited has been presented to teams The use of this tool is included in the exploitation training The concept of the Exploitation Prevention Panel has been presented to partners; further work is ongoing to develop the Terms of Reference for the Panel which will meet monthly, The first Panel meeting is scheduled for May 2023. 2 senior practitioner posts have been appointed in March 2023 one to be based in the IAA and one in the localities. These officers will be responsible for screening. A Social work support officer role is being developed for advert to support the exploitation lead and 2 senior practitioners in this area of work Training – all teams have been trained in the use of the screening and assessment documents, a presentation to all teams on the BCBC exploitation strategy was completed in Nov 22. A further half day training on exploitation and direct intervention will be supported by SCDWP and delivered to the Youth Justice team, as well as Education and Family Support colleagues together with Social Care staff to ensure that there is a common understanding of how services manage exploitation	AMBER	Open
		W8 - Closely monitor contact arrangements for children and their families	GM Case management and transition	June 2023	Short term – a report went to CMB in November 2022, the recommendations in this report were implemented and alleviated some of the short-term pressure. Long term- This is part of the review by IPC currently awaiting final report.	GREEN	Open
June 2022	Ty Cwm Ogwr Residential Home	Regulation 80 - The responsible individual must prepare a report to the service provider including and assessment of the standards of care and support and recommendations for improvement at the service.	n/a	n/a	Complete	BLUE	Closed
	Priority Action Notices	Regulation 60 - The Service Provider must notify CIW of events specified under Part 1 Schedule 3	n/a	n/a	Complete	BLUE	Closed
		Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Provider Services & Policy Officer	31/03/23	Complete	BLUE	Closed
		Regulation 19 - The service Provider must ensure the written guide is dated, reviewed and updated as needed. It	n/a	n/a	Complete	BLUE	Closed

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
		also needs to include information about how to make a complaint and availability of advocacy support.					
October 2022	Bryn Y Cae	Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Provider Services & Policy Officer	31/03/23	PAN - A policies and procedures programme is in place to update and meet compliance; inspection completed in March and Priority Action Notice removed due to evidence of sufficient progress	BLUE	Closed
March 2023	Residential Home	The Provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the services	Group Manager, Residential Manager and Corporate Landlord	Sept 2023	Survey completed. Required works are currently in progress and are scheduled to be completed week commencing 29 th May 2023.	AMBER	Open
February 2022	Ty Llwnderw Residential Home and Extracare	Reg 36 – Care staff need to be up to date in mandatory training in order to provide the best possible care.	Group Manager, Provider Services Manager & Registered Manager	February 2023	Area of improvement achieved	BLUE	Closed
Sept 2022	Breakaway Short Stay Services	Reg 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Provider Services Manager & Registered Manager	March 2023	PAN - Inspection completed by CIW on 18/04/23, Group Manager met with Inspector for feedback and service is awaiting report.	BLUE	Closed
		Reg 36 - Care staff need to be up to date in mandatory training in order to provide the best possible care			Achieved and removed as a PAN Achieved	BLUE	Closed
October 2022	Domiciliary Services	Reg 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Providers Services Manager, Registered Managers & SCDWP	April 2023	Area of improvement - Inspection in progress	BLUE	Closed
		Reg 60 – The provider must ensure regular supervision, appraisal and training to all staff in all parts of the service			PAN - Inspection in progress	BLUE	Closed
August 2022	Integrated Leadership Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board	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	Head of Regional Commissioning Unit	2023/24	Welsh Government has an ambition to deliver 'Further, Faster' – Our mission to build an Integrated Community Care Service for Wales accelerating Integrated Community Services activity and plans to jointly develop and put in place a community care service and workforce model to make a significant positive impact on our system ahead of Winter 2023/24. Establishing a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. Building on successful models service specifications will be developed nationally upon which to benchmark and model regional delivery. A Partnership Leadership Team (PLT), made up of Directors, was established to support and oversee development for CTM.	AMBER	Open

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
		the purpose of the RPB more generally.					
		<p>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</p>	Head of Regional Commissioning Unit	2023/24		AMBER	Open
		<p>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</p>	Head of Regional Commissioning Unit	n/a	CTM piloted new performance framework for quarter 4. Performance presented to Adult board and Leadership Team meetings on 22 nd May.	BLUE	Closed
		<p>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.</p>	Head of Regional Commissioning Unit	Ongoing	<p>Further Faster will establish a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and reablement workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. Building on successful models service specifications will be developed nationally upon which to benchmark and model regional delivery.</p> <p>Risk registers are maintained centrally and reported to Leadership Board.</p>	AMBER	Open
		<p>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</p>	Head of Regional Commissioning Unit	2023/24	<p>To deliver the integration agenda at pace a Director for Integration post has been agreed at Chief Executive level between the health board and Local Authorities. RCTCBC have agreed to host the post on a two-year fixed term. The grading for the post will need to reflect the expectation of the role.</p> <p>In addition to the Director role consideration has been given to existing infrastructure that can be realigned to support as well as top slicing additional infrastructure and wider RIF resource. External Consultant short term capacity has also been considered however determined that local knowledge of existing service configuration is critical.</p> <p>Costed staffing structure to be developed as a priority.</p>	AMBER	Open





Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q4	BRAG (Q4)	Open / Closed
		<p>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</p>	Head of Regional Commissioning Unit	2023/24	<p>Welsh Government officials are currently working to review Part 2 and Part 9 Codes of Practice (Social Services and Wellbeing Act 2014) which will further strengthen partnership arrangement and collaborative service delivery (Consultation planned Autumn 2023).</p> <p>As part of the amendments to codes of practice the duty to co-operate will be established as lying equally on Local Authorities and Health Boards and the role of the RPB as a key vehicle through which that duty should be exercised. Furthermore, within chapter 5, pooled funds positioned more clearly within joint commissioning context and greater flexibility given in relation to pooling resources at Regional, sub-regional pan cluster, cluster and individual levels.</p> <p>Section 33 agreement in Bridgend.</p>	AMBER	Open
		<p>R7 Regional workforce planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities.</p>	Head of Regional Commissioning Unit	Ongoing	<p>One of the four quadruple aims outlined in the document, 'A Healthier Wales: Our Plan for Health and Social Care', is to have a motivated and sustainable health and social care workforce that delivers a truly seamless system of health and care, and calls for a fundamental shift in our understanding of who constitutes the workforce, and how we support the contribution that each individual makes. Requiring not only 'greater parity of esteem' between health and social care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers.</p> <p>To support new models of care, health and social care services must strengthen the support, training, development and services available to the workforce, with a focus on building skills across a whole career and supporting their health and wellbeing.</p> <p>New seamless models of health and care that emerge, require a clear and coherent approach to developing and planning the whole workforce. To meet this need, WG commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy, in partnership with NHS and Local Government, the voluntary and independent sectors, as well as regulators, professional bodies, and education providers. The workforce strategy aims to address the Parliamentary Review's call for joint regional workforce planning.</p> <p>The workforce strategy also identifies dynamic leadership will be needed to instigate change, empower others and lead by example, as well as create conditions for continuous innovation and improvement, to drive up the quality and value of services.</p>	AMBER	Open

KEY:

Overall performance judgement	
Status	Descriptor
EXCELLENT	Very strong, sustained performance and practice
GOOD	Strong features, although minor aspects may require improvement
ADEQUATE and needs improvement	Strengths outweigh weaknesses, but important aspects require improvement
UNSATISFACTORY and needs urgent improvement	Important weaknesses outweigh strengths

Performance indicators	
Status	Definition
GREEN	On target or better AND Performance has improved compared to last year (or performance is at maximum and cannot be improved on)
YELLOW	On target
AMBER	Target is within 10%
RED	Target is missed by 10% or more

Commitments		
Status	Meaning	Descriptor
BLUE	Complete	Project (or task within a project/plan) is completed and is no longer a priority.
GREEN	Progressing as planned and according to designated time, budget and desired outcomes.	Actions completed within timescales, on budget and evidence of achieving desired outcomes
AMBER	Issues that could delay progress	Task/action looks liable to go over budget Task/action agreed deadlines show slippage Task/action within 2 weeks of deadline - not started Risk or issue score increases (review required)
RED	Significant issues	Task/action over budget Task/action agreed deadline breached Risk or issue score increases to critical or catastrophic

Performance Indicators (Trend)		Performance Indicator types	
	Performance has improved compared to last year.	CP	Corporate Plan indicator
	Performance has maintained (this includes those at maximum)		
	Performance has declined BUT within 10% of the last year		
	Performance has declined by 10% or more compared to previous year		

WBO2: Helping people and communities to be more healthy and resilient

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.1	Develop a sustainable operating model for social care services, as we understand the short, medium and long term impact of the covid-19 pandemic, ensuring that the Local Authority is able to meet needs for care and support through effective assessment, care planning, commissioning and service development. (SSWB)	Amber	Quarter 4: The Practice model for Adult Services has been developed and there will be two launches in the next financial year; one in April and one in June. Within Children's Services a review of the operating model has been completed by IPC and consequently implementation of signs of safety is underway. The principal officer Transformation has commenced in post and is leading on this project. Two signs of safety launch events took place in March and the governance structure for the project has been finalised with four workstreams- leadership and development, learning and development, system alignment, and meaningful measures.	Adults: There will be two launches in the next financial year; one in April and one in June Children's: *Ongoing two-day risk assessment and next steps training in June *Padlet (digitalised noticeboard) established as a platform to share research, resources and practice tools. *Review and scope IT requirements/ next steps *Ongoing multi-agency workshops *Practice intensive team session in July

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
SSWB37 CP WBO2	Number of people aged 65+ referred to Community Resource Team (CRT) Higher Preferred	1,974	1,981	1,981	2,010	↑	Quarterly Indicator Target Setting: Based on 2021/22 Improved Performance Performance: Target achieved, despite some difficult challenges over the winter and the implementation (at pace) of the new model of hospital discharge for acute and community services- D2RA.
SSWB38a (AD/011a) CP, SSWBPM WBO2	Percentage of reablement packages completed that reduced need for support Higher Preferred	34.32%	16.81%	33%	11.67%	↓	Quarterly Indicator Target Setting: Maintaining Performance Performance: There is good performance in other sections of this performance indicator that will affect performance in this section.
SSWB38b (AD/011b) CP, SSWBPM WBO2	Percentage of reablement packages completed that maintained same level of support Higher Preferred	5.05%	4.68%	11%	14.59%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: Good performance on this indicator.
SSWB38c (AD/011c) CP, SSWBPM WBO2	Percentage of reablement packages completed that mitigated need for support Higher Preferred	52%	70.94%	48%	66.84%	↙	Quarterly Indicator Target Setting: Maintaining Performance Performance: There is good performance in other sections of this performance indicator that will affect performance in this section.
SSWB38d CP WBO2	Percentage of reablement packages completed that increased need for support Lower Preferred	8.63%	7.88%	8%	6.9%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: Good performance on this indicator despite the challenges of working with people who are experiencing greater effects of frailty, post pandemic.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.3	Ensure a sufficiency and high standards of all social care services. (SSWB)	Amber	Quarter 4: The directorate has strengthened performance management and quality assurance arrangements and has action plans to address any 'hot spots' in performance and themes arising from quality assurance activity.	Continue to embed new performance and quality assurance frameworks and progress within set timescales the actions in the inspection improvement plans.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.2.1	Continue the safe reduction of care experienced children, and support care experienced children to achieve the best possible outcomes by • Ensuring care experienced children are supported to live with their families and where this is not possible identify alternative permanence options at the earliest opportunity • Ensuring care experienced children enjoy the same life chances as other children (SSWB)	Amber	Quarter 4: The number of care experienced children has remained stable in quarter 4 and the higher rate of children becoming care experienced has not increased further. In terms of children ceasing to be care experienced high turnover of staff and changes of workers has resulted in drift and delay with moving children onto alternative orders or revocation of orders. The numbers ceasing to be care experienced are slowly increasing though with potential cases and our overarching reduction strategy continuing to be monitored to ensure they are progressed in as timely a way as possible.	Potential CLA cases and the overarching reduction strategy continue to be monitored to ensure these are progressed in as timely a way as possible.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
CH/052 Local WBO2	Percentage of care leavers who have experienced Homelessness during the year Lower Preferred	New 21.22	8.23%	Establish Baseline	10.20%	↓	Quarterly Indicator Target Setting: Revised Guidance- Establishing Baseline Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation, so this is not necessarily indicative of their actual current situation.
PM24 (PAM/028) SSWBPM WBO2	The percentage of assessments completed for children within statutory timescales Higher Preferred	95.87%	67.46%	85%	76.81%	↑	Quarterly Indicator Target Setting: Based on 2021/22 Improved Performance Performance: Performance is still not at the levels that we would want them to be however the figures are improving (From Red to Amber since quarter 3). Significant levels of investment have been put into providing additional staffing capacity within the IAA service. There continues to be a focused improvement action plan in place in relation to IAA that is overseen by the Group Manager IAA & Safeguarding.
PM33 (PAM/029) SSWBPM WBO2	The percentage of looked after children on 31st March who have had three or more placements during the year. Lower Preferred	10.26%	12.03%	12%	10.2%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: It is positive that we have achieved less than the target of less than 12% over the course of the year where there have been significant placement sufficiency challenges. .
SSWB39 (CH/039) CP, SSWBPM WBO2	The number of children and young people looked after Lower Preferred	390	374	374	401	↙	Quarterly Indicator Target Setting: Improved performance on 21/22 actual outturn Performance: The number of Care Experienced Children and young people has remained static over the quarter. There continues to be a focus on the safe reduction in numbers of the care experienced population through the Care Order Discharge meetings and Permanency monitoring groups. Legal and GM interface continues on a monthly basis. Additional capacity is being provided within the Permanency Team to support with applications to discharge Care Orders. It was agreed at the PMG 9/05 that direct work to be undertaken with identified carers where there is scope for potential alternative orders whereby there is a level of resistance and anxiety. Improved and more efficient practice is being observed with Social workers presenting to Care Order Discharge with quality of assessment. Legal are providing good practice templates to social workers to ensure consistency and standards are met with quality.
SSWB48a CP WBO2	Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 12 months since leaving care Higher Preferred	42.86%	64.52%	65%	54.17%	↓	Quarterly Indicator Target Setting: Maintaining Performance Performance: It has been established that the Basic Income pilot Scheme has had an impact upon the number of young people engaging in education, employment and/or training. The number is significantly lower compared to those in the cohort of 24 months since leaving care which reflects this.

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
SSWB48b CP WBO2	Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 13-24 months since leaving care Higher Preferred	42.47%	54.55%	55%	62.07%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: The numbers of young people engaged for 3 months plus in the 24 months since leaving care remains higher than those in the 12-month cohort which was prior to the Basic Income Pilot scheme being introduced. The numbers are only reflective of those who actually engage with the service. The team continue to encourage and support young people to engage in, and continue with their education, employment, and training. Support is offered with course fees, enrolment fees, specialist equipment, uniforms, and interview clothes to assist young people. The team has close links with Bridgend College and the youth development team to support young people. The 16+ team has set up a new system whereby the senior practitioner is responsible for overseeing and reviewing the young people who have ceased to be looked after and tracking for the 24 months after their 18th birthday to provide additional support in this time of transition.
SSWB49 CP WBO2	Percentage of care leavers who experience homelessness during the year (as defined by the Housing (Wales) Act 2014) within 12 months of leaving care Lower Preferred	17.14%	20.69%	17%	14.81%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation, so this is not necessarily indicative of their actual current situation.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.1	Improve the quality of care and support provided to individuals at home through a multidisciplinary team around people in our Community Cluster Networks, ensuring timely and responsive assessments that are people centred and meet need. This will also improve our ability to anticipate future need and ensure contingency plans are in place. (SSWB)	Amber	Quarter 4: This is developed through the continued development of the Integrated Network Team model. The expansion of a single line managed Team covering nine professional groups, has supported prudent approaches of supporting individuals at the right time, by the right professional. Focussed work this year includes identifying opportunities for virtual co-location in GP surgeries and supporting a timely response to collaborative multi-disciplinary working and enhanced communication opportunities. Comprehensive work is being undertaken specifically through the Network Teams in developing integrated approaches across primary care to ensure timely and preventive approaches to changes in health. This work includes being key partners in Cluster planning and working closely with Public Health around population segmentation analysis and supporting timely intervention at those most at risk.	Development of the therapy technician services have enhanced the offer of reablement and development of the Dementia Link Worker scheme.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
SSWB43 CP WBO2	Percentage of individuals in managed care supported in the community Higher Preferred	75.34%	73.4%	75%	74.52%	↑	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: Only slightly off target -The market for care and support at home remains volatile. It has been impacted by the limitations on the community offer, which has created significant pressure for people and their carers living at home. The impact of the pandemic on our future commissioning projections will have to be considered when projecting all future needs.

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
SSWB44 CP WBO2	Percentage of individuals in managed care supported in a care home setting Lower Preferred	24.66%	26.6%	25%	25.48%	↑	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: Only slightly off target - It is inevitable, lockdown and Covid 19 restrictions have impacted on the flow of people into regulated care home settings. More people have stayed home for longer and others have been placed in care who would have stayed home for longer at an earlier date had care at home been available. The impact of this on our care home bed capacity will need to be carefully monitored going forward.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.2	Rebuild participation in leisure and cultural activities by improving accessibility, removing barriers to involvement and supporting individual wellbeing and community Covid recovery. (SSWB)	Amber	Quarter 4: Whilst there are positive signs of progression within both our leisure and cultural partnerships there are added pressures related to the cost of living and inflationary increases in costs.	Focus on improving the accessibility of premises and services continues and the development of opportunities that meet specific needs.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
SSWB53 CP WBO2	Total library issues, including physical issues, digital issues and books on wheels service to people's homes Higher Preferred	New 22.23	New 22.23	Establish Baseline	451,958	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: There were 114,099 issues that included 87,715 physical issues, 13,614 digital issues and 12,770 issues via the mobile service Await Welsh Governments review and report on library services and national standards in Wales and report to Cabinet.
SSWB54 CP WBO2	Total visits to leisure centres operated by Halo Leisure for all purposes Higher Preferred	New 22.23	New 22.23	Establish Baseline	1,196,455	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: There were 328,766 overall visits to venues operated by Halo Leisure that included 271,983 visits for physical activity purposes. Continue to work in partnership with Halo Leisure to increase and sustain physical and mental wellbeing opportunities.

WBO3: Smarter use of resources

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.3	Implement the planned budget reductions identified in the MTFs, in particular for the 2022-23 financial year, set annual balanced budgets and establish long term financially sustainable solutions. (SSWB)	Red	Quarter 4: The current MTFs requires further remodelling in the learning disability day services in order to fully achieve the savings identified. Given the overspend in the learning disability budgets an independent review has been commissioned to review the operating model and understand the most cost-effective way of delivering daytime support for people in Bridgend.	Receive and consider the draft recommendations from the independent review and develop action plan.

Performance Indicators

PI Ref No	PI Description	Annual target 22-23 £'000	Performance as at year end						Comments
			Red		Amber		Green		
			£'000	%	£'000	%	£'000	%	
DWB6.1.1iii (SSWB12) CP feeder WBO3	Value of planned budget reductions achieved (SSWB)	£365	£0	0%	£115	32%	£250	68%	See comment on 'Implications of Financial Reductions on Service Performance'

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.4	Adapt our ways of working to make better use of our assets and build on the technological progress accelerated by COVID. (SSWB)	Green	Quarter 4: Hybrid working is now embedded across the directorate and working well for teams.	

Other

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 20-21	Year End 21-22	Target 22-23	Year End 22-23 & RYAG	Direction of Travel compared to year end 21-22	Comments
CHR002iii (SSWB13) Local Other priority	Number of working days per full time equivalent lost due to sickness absence (SS & Wellbeing) Lower Preferred	16.85 days	20 days	No target	22.23 days	↓	Quarterly Indicator Target Setting: Improved Performance on 2021/22 outturn Performance: Deep dives into areas of high sickness in the directorate will be prioritised. Significant wellbeing support is in place and access to physiotherapy or other interventions will be considered if it will support early return to work. Proactive stress risk assessments are promoted and encouraged for all staff and general and bespoke support is available for all staff who are impacted by the harrowing and contested nature of the work they do.
CORPB1a Local Other priority	Percentage of safeguarding e-learning (including workbook) completions (SSWB) Higher Preferred	New 21.22	77.08%	100%	78.49%	↑	Quarterly Indicator Target Setting: Aspirational target Performance: The Directorate has appointed a Corporate Safeguarding Officer who will promote the importance of undertaking this training. The Directorate also included an article in our most recent newsletter informing all managers and staff of the importance of undertaking the mandatory e-learning modules as outlined in the Corporate Induction Framework. It should be noted that staff working in social services have significant training in safeguarding and undertake mandatory CPD so whilst there are gaps in completion of the corporate module which do need to be addressed the workforce are highly trained in safeguarding

Sickness broken down by Service Area

Unit	FTE 31.03.2023	QTR4 2021/22			QTR4 2022/23			Cumulative Days per FTE 2021/22	Cumulative Days per FTE 2022/23
		Number of FTE days lost	No. of Absences	Days per FTE	Number of FTE days lost	No. of Absences	Days per FTE		
Adult Social Care	603.55	3381.74	275	5.62	3207.95	406	5.32	22.27	23.06
Business Support - SS&W	61.31	134.00	17	2.99	169.51	17	2.76	11.72	9.40
Children's Social Care	189.82	867.14	66	4.70	1162.40	76	6.12	16.79	25.51
Prevention and Wellbeing	21.16	3.38	1	0.16	60.35	2	2.85	1.84	3.41
Social Services and Wellbeing Directorate Total	875.84	4386.26	359	5.14	4600.22	501	5.25	20.00	22.23

Sickness broken down by absence reason

Absence Reason	Social Services & Wellbeing Directorate					
	Q1 Number of FTE days lost	Q2 Number of FTE days lost	Q3 Number of FTE days lost	Q4 Number of FTE days lost	Total Number of FTE Days Lost	% of Cumulative days lost
Bereavement Related	251.88	432.71	404.65	204.08	1293.33	6.81%
Cancer	335.25	403.33	261.83	217.87	1218.27	6.41%
Chest & Respiratory	292.05	133.45	262.05	306.26	993.81	5.23%
Coronavirus COVID - 19	220.10	132.11	202.98	287.21	842.41	4.44%
Eye/Ear/Throat/Nose/Mouth/Dental	59.52	61.15	126.91	190.84	438.41	2.31%
Genitourinary / Gynaecological	141.98	184.06	47.69	101.69	475.42	2.50%
Heart / Blood Pressure / Circulation	40.46	100.64	133.03	50.88	325.01	1.71%
Infections	210.80	234.52	277.10	236.52	958.95	5.05%
MSD including Back & Neck	712.20	706.89	671.09	410.57	2500.75	13.17%
Neurological	157.62	93.08	67.38	83.34	401.42	2.11%
Other / Medical Certificate	113.21	43.62	213.13	160.70	530.66	2.79%
Other Mental illness	15.00	109.57	129.37	100.95	354.88	1.87%
Pregnancy related	51.85	18.59	31.68	18.61	120.73	0.64%
Stomach / Liver / Kidney / Digestion	231.76	180.56	156.19	85.16	653.68	3.44%
Stress/Anxiety/Depression not work related	1136.30	1146.42	1114.81	1403.62	4801.14	25.28%
Stress/Anxiety/Depression work related	538.41	843.32	960.72	741.92	3084.37	16.24%
TOTALS	4508.39	4824.03	5060.59	4600.22	18993.22	

