Appendix 2

Bridgend County Borough Council
Social Services and Wellbeing Directorate, Adults Social Care Service
Building on Strengths
A Three-Year Plan for Sustainable Care and Support for Adults in Bridgend
Action Plan – Year 1 – 2024-25

Introduction

This document covers the action plan and the metrics which underpin the delivery of the 'Building on Strengths' Plan for Sustainable Care and Support for Adults in Bridgend. It should be read as the appendix to that plan. The plan brings together all of the key planned improvements in adult social care in Bridgend and summarises their objectives and priorities.

This appendix specifies the actions which will be taken in the first year of the plan to move forward with delivery, and the metrics which will be used to judge progress. The metrics included in this document are those which specifically measure the inputs, outputs and outcomes which will indicate whether and how the plan is being successful. It includes some but not all metrics collected by the Directorate or returned to Welsh Government in for example, the Welsh Government Performance and Improvement Framework for Social Services Measuring Activity and Performance Additional Guidance 2023-24.

Appendix 2

It is intended that the template below will be updated on a quarterly basis allowing the Directorate to note progress and identify areas which need attention. A 'RAYG' status will be attributed to each key action using the code below:

RAYG STATUS	
RED	Unsatisfactory
AMBER	Adequate
YELLOW	Good
GREEN	Excellent
GREY	Completed

Priority 1: Adult Social Care Operating Model

OBJECTIVES:

- Provide services which increase the number and proportion of people who can cope well at home or in the community.
- Work with our partners to build seamless care and support services.
- Help build well-resourced and responsive communities which ensure that people with care and support needs can live well at home.
- Reduce the proportion of people in Bridgend who need long-term intensive care and support from the Council.

YEAR 1: 2024-25

ACTION	TIMESCALE	RESPONSIBLE	PROGRESS	RAYG

Appendix 2

Priority 1: Adult Social Care Operating Model				
Introduce and evaluate the impact of the three-tier operating model with clear delineation between early intervention and prevention, long-term generic and specialist social work teams (Dashboards).	By March 2025			
At the early intervention and prevention tier introduce a multi-disciplinary team with Social Work Practitioners, Nurse, Occupational Therapist, and good links with Local Community Connectors, the Carer's Wellbeing Service and the third sector (Tier 1).	By October 2024			
At the long-term integrated locality teams tier, work within primary care networks and cluster teams with a wider brief and stronger support ensuring they can access community and partner agency resources to support individuals (Tier 2).	By October 2024			

Appendix 2

Priority 1: Adult Social Care Operating Model				
At the specialist tier introduce and review new arrangements for social care mental health, safeguarding, learning disability, commissioning for complex needs and substance misuse support (Tier 3).	By October 2024			

Reference	**Metric Description**	**Actual**	**Qtr 1 2024/25**	**Qtr 2 2024/25**	**Qtr 3 2024/25**	**2024/25 Actual**
Outcome	SSWB57 - Percentage of enquiries to the Adult Social Care front door which result in information and advice only.					
Outcome	AD/012 - The number of adults with a care and support plan.					
Outcome	AD/020 – The number of reports of an adult suspected of being at risk.					

Priority 2: Outcomes-Focused Strengths- Based Practice

OBJECTIVES:

- To ensure that all staff are working within a common ‘Strengths and Outcomes’ framework and the partners understand and support it.
- To successfully develop and disseminate further clear guidance for managers and workers on key areas of practice including strength-based reflective practice and supervision.
- To strengthen management oversight of practice through outcomes ‘surgeries’ providing real time quality assurance, ensuring a culture and practice of promoting independence and connection, reducing dependency on commissioned services.

Appendix 2

Priority 2: Outcomes-Focused Strengths- Based Practice				
• To successfully develop and implement a framework for quality assurance which evidences how effective our practice is. • To ensure better outcomes for people without the need for Council commissioned or provided care and support				
YEAR 1: 2024-25				
ACTION	**TIMESCALE**	**RESPONSIBLE**	**PROGRESS**	**RAYG**
Deliver and review a comprehensive ongoing training and development programme to support consistent implementation of the model of practice to ensure it is embedded across the service and supported in supervision and peer support.	By March 2025			
Ensure that learning from all inspection and reviews is systematically embedded through learning, training and development and follow up quality assurance and review.	By March 2025			
Secure the successful implementation of a quality assurance framework across the service.	By October 2024			
Deliver and review an ongoing management and leadership development pathway and programme to support all managers in adult social	By October 2024			

Appendix 2

Priority 2: Outcomes-Focused Strengths- Based Practice							
care to develop their skills in leading teams and services.							
Reference	**Metric Description**	**2023/24 Actual**	**Qtr 1 2024/25**	**Qtr 2 2024/25**	**Qtr 3 2024/25**	**2024/25 Actual**	
Output	Proportion of staff working effectively using the strengths and outcomes framework.						
Output	Effectiveness of outcome surgeries model in promoting best practice.						
Output	Implementation and impact of a service-wide quality assurance framework.						
Outcome	AD/001 - The number of contacts for adults received by statutory Social Services during the year, and AD/002 - Of the contacts, the number where advice and assistance was provided (percentage where advice and assistance was provided).						
Outcome	AD/016 -The number of care and support plans for adults that were due to be reviewed during the year, and AD/017 - Of those the Number completed within timescales (percentage reviewed in compliance).						
Outcome	Percentage of Individuals who went through a Short-Term Service prior to Commencing a Long-Term Domiciliary Care Package.						

Priority 3: Service Transformation

OBJECTIVES:

- Manage demand through the front door of the Council – to handle and resolve initial enquiries more effectively.
- Work with partners to manage demand from acute hospitals – supporting people to recover and regain skills and minimising poor discharges which result in unnecessary care and returns to hospital.
- Increase the number and range of effective short-term interventions for people in the community – short term help to reduce or eliminate the need for longer-term solutions.
- Redesign care and support for people with long-term needs – help people with long-term conditions gain opportunities for greater independence in the longer term.

YEAR 1: 2024-25

ACTION	TIMESCALE	RESPONSIBLE	PROGRESS	RAYG
Develop and implement a plan to improve how we manage demand through the front door of the Council by handling and resolving initial enquiries more effectively (Tier 1 Dashboard).	By October 2025			
Develop and implement a plan to improve how we work with our partners to manage demand from acute hospitals more effectively – supporting people to recover and regain skills and minimising poor discharges which result in	By October 2025			

Priority 3: Service Transformation				
unnecessary care and returns to hospital.				
Develop and implement a plan to increase the number and range of effective short-term interventions for people in the community – and thus increase the impact of short-term help to reduce or eliminate the need for longer-term solutions.	By March 2025			
Work with partners to agree and implement a plan to redesign care and support for people with long-term needs - help people with long-term conditions to gain opportunities for greater independence in the longer term.	By March 2025			

Reference	**Metric Description**	**2023/24 Actual**	**Qtr 1 2024/25**	**Qtr 2 2024/25**	**Qtr 3 2024/25**	**2024/25 Actual**
Output	Spend against budget in adult services.					
Output	SSWB57 - Percentage of enquiries to the Adult Social Care front door which result in information and advice only.					
Output	SSWB75 - Number of people delayed in their transfer of care on the ‘discharge to recover and assess’ pathways.					

Appendix 2

Priority 3: Service Transformation						
Output	How many adults are in receipt of domiciliary care (snapshot - WG Checkpoint Return).					
Output	How many hours of domiciliary care are currently being provided/commissioned each week (snapshot - WG Checkpoint Return).					
Output	How many adults are currently waiting for domiciliary care (snapshot - WG Checkpoint Return).					
Output	How many adults are receiving reablement (snapshot - WG Checkpoint Return).					
Output	How many adults are waiting for reablement (snapshot - WG Checkpoint Return).					
Outcome	How many adults are receiving support from your local authority with long-term care home accommodation (snapshot - WG Checkpoint Return).					
Outcome	How many people are currently waiting for long-term care home accommodation (snapshot - WG Checkpoint Return).					
Outcome	The % of people who have approached the Council for help who go onto receive a full social care assessment.					
Outcome	The % of people who have received a full Assessment who then go on to receive a package of care.					
Outcome	The % of people who at the point of discharge from hospital have received an appropriate service within 48 hours.					

Priority 3: Service Transformation						
Outcome	The percentage of people who return home after a short-term period (no more than six weeks) in a residential care bed.					
Outcome	AD/010 - The total number of packages of reablement completed during the year, and AD/011 - Outcome of Reablement (percentage of those that go on to have a long-term package of care).					
Outcome	Percentage of Individuals who went through a short-term service prior to commencing a long-term Domiciliary care package.					
Outcome	The proportion of people receiving longer term care whose care needs have decreased from their initial assessment/latest review.					
Outcome	The proportion of people receiving longer term services who are living in registered residential care.					

Priority 4: Learning Disability

OBJECTIVES:

- To systematically implement progression as a core model of practice – recognising and reflecting people's strengths, capabilities and aspirations for a good life in line with our recently launched new practice model.
- To review needs and services in key internal and commissioned services for learning disability to ensure they are delivered cost effectively and drawing on latest evidence of impact.
- To ensure that where there needs to be changes in delivery to focus more on employment and skills, (and less day-time activity) they are addressed by clear strategies and implementation plans.

Appendix 2

Priority 4: Learning Disability						
• To ensure that we work closely and effectively with key partners to deliver these service improvements. • To ensure that all reviews are conducted co-productively so that people with care and support needs are central to service development.						
YEAR 1: 2024-25						
ACTION	**TIMESCALE**	**RESPONSIBLE**	**PROGRESS**			**RAYG**
Implement and review the impact of the learning disability transformation programme.	By March 2025					
Reference	**Metric Description**	**2022/23 Actual**	**Qtr 1 2024/25**	**Qtr 2 2024/25**	**Qtr 3 2024/25**	**2024/25 Actual**
Output	Spend against budget in LD services.					
Output	No. of daytime opportunities attendances as a date (Local Authority and independent).					
Outcome	The proportion of adults with learning disabilities and care and support needs who are supported to gain employment and/or training					
Output	Number of people living in a Residential/Nursing Home as at a date.					

Priority 5: Mental health

OBJECTIVES:

- Review needs and services in key internal and commissioned services for mental health, to ensure they are delivered cost effectively and drawing on latest evidence of impact.
- Ensure that where there are gaps in provision or emerging needs they are addressed by clear strategies and implementation plans.
- Ensure that we work closely and effectively with key partners to deliver these service improvements.
- Ensure that all reviews are conducted co-productively so that people with care and support needs are central to service development.

YEAR 1: 2024-25

ACTION	TIMESCALE	RESPONSIBLE	PROGRESS	RAYG
Work with partners to implement and review the impact of the Adult Community Mental Health Services Strategy.	By March 2025			
Work with our Housing colleagues to implement and review a plan to commission specialist mental health residential and supported living accommodation including local accommodation provision for those that need it.	By March 2026			

Reference	Metric Description	2022/23 Actual	Qtr 1 2024/25	Qtr 2 2024/25	Qtr 3 2024/25	2024/25 Actual

Priority 5: Mental health						
Outcome	Number of people supported effectively by community services (ARC) to retain and/or gain employment.					
Outcome	Number of people supported effectively through supported living accommodation.					
Outcome	The proportion of adults with mental health problems living in the community who are supported to live independently and well in their local community.					

Priority 6: Life-Long Conditions and Complex Care

OBJECTIVES:

- To develop local capacity in community, residential and nursing provision with partners to minimise the reliance on hospital provision.
- Work with the Health Board to create more community discharge to recover and assess beds in Bridgend CBC
- To extend the level of joint working across the health, voluntary and care sectors so that people with more complex and longer-term care needs experience seamless care and support.

YEAR 1: 2024-25

ACTION	TIMESCALE	RESPONSIBLE	PROGRESS	RAYG
Work with our colleagues in Housing to develop Housing with Care options to meet future need and demand, and reprofile	By March 2025			

Priority 6: Life-Long Conditions and Complex Care				
BCBC's accommodation-based services (both internally and externally).				
Remodel internal Support at Home services and prepare options paper on the commissioning of locality-based domiciliary care services to meet quality and capacity demands.	By March 2025			
Develop and implement a plan to expand and diversify our Shared Lives (Adult Placement) Scheme.	By March 2025			
Work with partners to develop a new multi-disciplinary service to help people with disabilities or sensory loss to access support and adaptations to help them live at home.	By March 2025			
Develop and implement plans to expand the capacity and responsiveness of specialist care and support for people at home or in the community, optimise existing community resources and assets with local	By March 2025			

Priority 6: Life-Long Conditions and Complex Care							
partners and help people to access a wide range of aids and adaptations.							
Reference	**Metric Description**	**2023/24 Actual**	**Qtr 1 2024/2025**	**Qtr 2 2024/2025**	**Qtr 3 2024/2025**	**2024/2025 Actual**	
Output	Number of community-based discharge to assess and recover beds.						
Outcomes	Number of people with long-term conditions supported in the community and own home.						
Outcomes	Number of people with long-term conditions who have a positive experience of multi-disciplinary support in the community.						
Outcomes	Number of adults who live happily in Housing with Care provision in the Borough.						
Outcome	Number of adults who live in suitable supported living accommodation in their local community (Extra Care).						
Outcome	Number of adults living at home who have the adaptations to help them live independently.						
Output	The number of adults who live in a Shared Lives (Adult Placement) Scheme.						
Output	The number of people who are effectively supported by domiciliary care.						

Priority 6: Life-Long Conditions and Complex Care						
Output	The number of people who access support from a multi-disciplinary disability and sensory-loss service.					

Priority 7: Effective Support for our services

OBJECTIVES:

- All services and interventions to have customer feedback mechanisms to support continuous improvement.
- To improve the experience of our workforce so they feel consistently well supported and valued.
- To get the right balance of skills and experience in our teams to achieve best outcomes for people.
- To retain and recruit a high standard of practitioner to our service.
- To work more effectively with partners at operational service and strategic levels to agree shared priorities for service improvement and implement them.
- To ensure there is a clear offer that partners make jointly for people in need of care or support in every local community in Bridgend, and that this is based on a 'Strengths and Outcomes' approach.
- To ensure that the information that operational staff and managers are using is of the highest possible quality.
- That our information can be shared appropriately more often and more usefully with partners.

YEAR 1: 2024-25

ACTION	TIMESCALE	RESPONSIBLE	PROGRESS	RAYG

Appendix 2

Priority 7: Effective Support for our services				
Implement our plans to improve the experience of our workforce so they feel consistently well supported and valued, get the right balance of skills and experience in our teams and to retain and recruit a high standard of practitioner to our service.	By October 2024			
Agree and implement shared plans to review the effectiveness of our current inter-agency arrangements and agree where and how they can be improved, a shared approach to a future integrated service model for practice clusters / localities and deepen aligned working through enhanced join governance and leadership arrangements.	By March 2025			

Reference	**Metric Description**	**2023/24 Actual**	**Qtr 1 2024/2025**	**Qtr 2 2024/2025**	**Qtr 3 2024/2025**	**2024/2025 Actual**
Output	The proportion of services which have effective customer feedback mechanisms to support continuous improvement.					

Appendix 2

Priority 7: Effective Support for our services						
Output	The number of users of services actively involved in helping design future services in Bridgend.					
Input	The extent to which QA arrangements are effective and ensure peoples perspectives are heard.					
Output	The proportion of social work staff on temporary or agency contracts.					
Output	The level of stress-related absences.					
Output	The number of plans for service improvement developed and agreed with partners.					
Input	Whether partners have a shared model for integrated and aligned care and they are implementing it.					