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.

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

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	Head of Adult Social Care	Fully implemented on 24th February 2024 Fortnightly Adults Silver group meetings to monitor via newly developed dashboards Staff feedback via post implementation consultation and via monthly Continuous Improvement Group (CIG) . Evaluation plan being drawn up and ready for implementation in November 2024 Additional Deep Dives in pressure points in system agreed as required.	
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 (LCC) , the Carer's Wellbeing Service and the third sector (Tier 1).	By October 2024	Group Manager – Integrated Community Services: Community Resource	Currently undertaking a Deep Dive of the EIPH service to highlight areas for further development, of which the multi-disciplinary team offer will be explored. Links with the Local Community Coordinators (LCC) and other partners to be established.	
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	Group Manager – Integrated Community Services: Community Networks	Plan devised and confirmed and implemented since May.  Integrated Network Action Plan 2024-fin Integrated Network Action Plan 2024-1 F Integrated Network Action Plan 2024-2 F Next phase is the duty compact to be completed by October.	

Priority 1: Adult Social Care Operating Model				
			Resetting offer for community activity with LCC and Day Care. Monitoring and tracking most frail adults coming into networks performance indicators to be established.	
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	Social Work Lead Group Manager – Learning Disability, Mental Health, Substance Misuse Service Manager Safeguarding and secure Estate	Evaluation plan being drawn up and ready for implementation in November. Additional Deep Dives in Safeguarding actioned in July with any approved actions implemented. Learning Disability deep dive underway Focussed Improvement plan for learning disability in place overseen via Adults Silver group	

Reference	Metric Description		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.		85.51%			

Priority 1: Adult Social Care Operating Model						
Outcome	AD/012 - The number of adults with a care and support plan.		2168			
Outcome	AD/020 – The number of reports of an adult suspected of being at risk.		139			

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.
- 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	By March 2025	Social Care Workforce Development Team	Externally sourced Continuing Health Care training delivered in September 2024.	

Priority 2: Outcomes-Focused Strengths- Based Practice				
across the service and supported in supervision and peer support.			Rolling out of mandatory 'Strengths Based, Outcome Focused, Training to both Managers and staff on an annual basis.	
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	Social Work Lead Social Care Workforce Development Team	Evaluation of internal review of Adult Social Care Operating Model to be overseen by Social Work Lead Establish a program for the Continuous Improvement Group to embed the learning including all 7 minute briefings from the regional safeguarding team.	
A review and implement of Quality Assurance (QA) framework	By December 2024	Quality Assurance Officer	QA framework starting to be embedded across the service. Early review of QA framework has led to adjustments. Regular feedback from QA Officer via Group Manager meetings.	
Deliver and review an ongoing management and leadership development pathway and program to support all managers in adult social care to develop their skills in leading teams and services.	By October 2024	Social Care Workforce Development Team	Identify Team Managers in Adult Social Work who have not undertaken the Team Management Development Programme and ensure enrolment is confirmed on future programmes. Future plans to support Senior Practitioners and Consultant Social workers to undertake Team Management Development Programme.	

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

Priority 2: Outcomes-Focused Strengths- Based Practice						
Outcome	No. of staff undertaking Strengths Based, Outcome Focused training		As at Oct 2024: Management roles: 29 Social work staff: 83			
Output	Effectiveness of outcome surgeries/panel promoting in line with the practice model promoting best practice.		Cost avoidance: £623,431 Cost saving: £226,367			
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).		1374 494			
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).		1904 1421			
Outcome	Percentage of Individuals who went through a Short-Term Service prior to Commencing a Long-Term Domiciliary Care Package.		54%			

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.	By October 2025	Group Manager – Integrated Community Services: Community Resource	Currently undertaking a deep dive in the Early Intervention and prevention hub to identify further areas of improvement and development including working alongside the Corporate Front Door	
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	Group Manager – Integrated Community Services: Community Resource	Plan to implement an integrated team at the front door of the hospital and develop community capacity to deal with Discharge to Assess	

Priority 3: Service Transformation				
unnecessary care and returns to hospital.				
Develop and implement a plan to increase effectiveness of 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	Group Manager – Integrated Community Services: Community Resource	The recent implementation of the Remodelling of Home Care project Maintaining social care staff knowledge and practice of enabling techniques to ensure the individuals can maximise their independence. Ensuring the holistic assessment within the short-term services, identifies all areas in to ensure the individuals achievement of Ensuring ongoing care is commissioned with an Outcomes focussed approach.	
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	Group Manager – Integrated Community Services: Community Networks/ Group Manager Learning Disability/ Mental Health and Substance Misuse	This is being actioned via the following projects and plans: - Accommodation Strategy - Day service remodelling - Commissioning plan – Day Opportunities for Older people and Learning Disabilities - Remodelling of home care	

Priority 3: Service Transformation						
Reference	**Metric Description**		**Qtr 1 2024/25**	**Qtr 2 2024/25**	**Qtr 3 2024/25**	**2024/25 Actual**
Output	SSWB57 - Percentage of enquiries to the Adult Social Care front door which result in information and advice only.		85.51%			
Output	SSWB75 - Number of people delayed in their transfer of care on the 'discharge to recover and assess' pathways.		124			
Output	How many adults are in receipt of domiciliary care (snapshot - WG Checkpoint Return).		826			
Output	How many hours of domiciliary care are currently being provided/commissioned each week (snapshot - WG Checkpoint Return).		9688.75			
Output	How many adults are currently waiting for domiciliary care (snapshot - WG Checkpoint Return).		11			
Output	How many adults are receiving reablement (snapshot - WG Checkpoint Return).		99			
Output	How many adults are waiting for reablement (snapshot - WG Checkpoint Return).		10			
Outcome	How many adults are receiving support from your local authority with long-term care home accommodation (snapshot - WG Checkpoint Return).		520			
Outcome	How many people are currently waiting for long-term care home accommodation (snapshot - WG Checkpoint Return).		16			

Priority 3: Service Transformation						
Outcome	The % of people who have approached the Council for help who go onto receive a full social care assessment.		35%			
Outcome	The % of people who have received a full Assessment who then go on to receive a package of care.		14.5%			
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).		106 54%			
Outcome	Percentage of Individuals who went through a short-term service prior to commencing a long-term Domiciliary care package.		54%			
Outcome	The proportion of people receiving longer term care whose care needs have decreased from their initial assessment/latest review.		TBC			

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.
- 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	Lead Social Worker	Implementation of Learning Disabilities transformation plan where all with all workstreams under this programme fully operational December 2023. Financial tracking against the workstreams within the programme is reported to the Social Services Improvement Board. All workstreams are currently on target to achieve their set financial efficiencies	

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

Priority 4: Learning Disability						
Output	Spend against budget in LD services.		7.64% overspend as at quarter 2			
Outcome	The proportion of adults with learning disabilities and care and support needs who are supported to gain employment and/or training	To be developed				

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	Group Manager Learning Disability/ Mental Health	Outcome to be amended as superseded by elsh Government draft Mental Health and Wellbeing strategy, consulted on and due to be launched in December 2024)	

Priority 5: Mental health				
		and Substance Misuse		
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	Group Manager Learning Disability/ Mental Health and Substance Misuse	The commissioning plan for Adults with lifelong conditions has identified priority areas for development which are being taken forward as part of the Housing With Care Project Board	

Reference	Metric Description		Qtr 1 2024/25	Qtr 2 2024/25	Qtr 3 2024/25	2024/25 Actual
Outcome	Number of people supported effectively by community services (ARC) to retain and/or gain employment.		TBC			
Outcome	Number of people supported effectively through supported living accommodation.		34	32		
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.		228	228		

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 BCBC's accommodation-based services (both internally and externally).	By March 2025	• Group Manager for Commissioning and Contracting	Accommodation Mapping workstream is underway and due to report in January 2025	
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	Group Manager Direct Care	The service model has been in development and operation since 1st September, with a review period in 3 months time. The next phase is relating to Occupational Therapy flexibility to work across our Network areas in short term services. Continuation of embedding the model and refining flow. refining of flow.	

Priority 6: Life-Long Conditions and Complex Care				
Develop and implement a plan to expand and diversify our Shared Lives (Adult Placement) Scheme.	By March 2025	Group Manager Learning Disability/ Mental Health and Substance Misuse	An options appraisal has been completed, with discussions ongoing with other local authority and health boards where the options are continuing to be evaluated.	
Maximise the use of technology and equipment to support people to maintain independence. 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 partners and help people to access a wide range of aids and adaptations.	By March 2025	Group Manager – Integrated Community Services: Community Resource	The successful switch over of Telecare equipment from Analogue to digital has given the service a better place to explore ways in which technology can be utilised in the individual's care pathway The service is currently piloting several Technology Enabled Care devices that aim to improve an individual's independence in areas such as medication compliance, skills training, prompting, and people living with conditions such as dementia or who experience frequent falls. Plans are being developed for implementation of expanding the capacity and responsiveness of specialist care and support for individuals to optimise existing community resources and assets with local partners for access to a wide range of aids and adaptations for individuals. The Department is continuing to work collaboratively within the region to inform development of integrated services within the community, including new approaches to hospital admission, avoidance and discharge	

Priority 6: Life-Long Conditions and Complex Care						
Reference	Metric Description		**Qtr 1 2024/2025**	**Qtr 2 2024/2025**	**Qtr 3 2024/2025**	**Qtr 4 2024/2025**
Output	Number of community-based discharge to assess and recover beds.		6			
Outcomes	Number of people with long-term conditions supported in the community and own home.		1805	1761		
Outcomes	Number of people with long-term conditions who have a positive experience of multi-disciplinary support in the community.	To be developed				
Outcome	Number of adults who live in suitable supported living accommodation in their local community (Extra Care).		77	80		
Outcome	Number of adults living at home who have the adaptations to help them live independently.	To be developed				
Output	The number of adults who live in a Shared Lives (Adult Placement) Scheme.		@Sept 2024 Long Term: 18 Short Term: 7			
Output	The number of people who are effectively supported by domiciliary care.		753	746		
Output	The number of people who access support from a multi-disciplinary disability and sensory-loss service.		17	16		

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
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	Lead Social Worker	A framework for a work force development plan to be devised by the Social Work Lead by December 2024	

Priority 7: Effective Support for our services				
Agree and implement shared plans for a future integrated service model for practice clusters / localities and deepen aligned working through enhanced join governance and leadership arrangements.	By March 2025	Corporate Director	Joint Partnership Board meeting regularly.	

Reference	Metric Description		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.	To be confirmed				
Output	The number of consultations undertaken to design future models and policies.	To be confirmed				
Input	The extent to which QA arrangements are effective and ensure peoples perspectives are heard.	To be developed				
Output	The proportion of social work staff on agency contracts.		18 agency staff			