

Bridgend County Borough Council
Director of Social Services
Annual Report 2015/16



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PART ONE

OVERVIEW AND SUMMARY

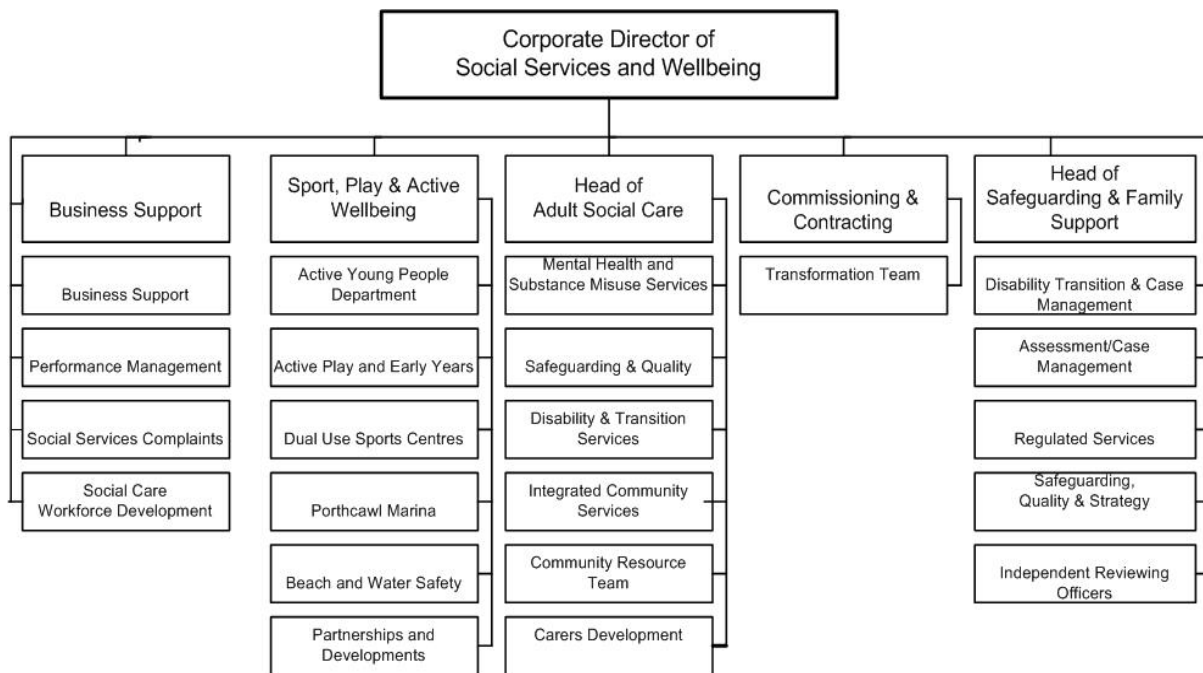
Introduction to Bridgend

This is the Statutory Director of Social Services' Annual Report 2015-16 for Bridgend County Borough Council as required under the reporting framework. As in previous years the report is in four parts. The first part is a brief overview and summary which sets the context for Bridgend; it makes links between social services and the corporate agenda and with regional developments. It also sets out the main achievements as a Social Services Directorate and clarifies the priorities for the future. Parts two and three are the heads of service reports which contain more detail about adult social care and children's safeguarding and family support. These reports have been informed by various service reports, national and internal indicators, and inspection and audit reports and these are available to the Care and Social Services Inspectorate for Wales. The fourth section is the glossary of terms. The reports follow on from last year's Annual Report and should be read as such; they focus on the developments during the year and the priorities for the future. It is inevitable that there will be some duplication within the report as it is intended that the individual Head of Service Reports can also 'stand-alone'.

Social Services in Bridgend aims to provide a range of support and services that are responsive and proportionate to need whilst also ensuring that children, young people and adults are safeguarded and protected from harm. Our vision is to actively promote independence, wellbeing and choice that will support individuals in achieving their full potential. The Social Services and Wellbeing Directorate is responsible for the planning, commissioning, assessment and, where appropriate, the direct provision of Social Services. The sport, play and active wellbeing team is also part of this directorate and this service has been able to work alongside social services to focus on developing the wellbeing and preventative agenda to ensure that children, young people and adults are given every opportunity to improve their wellbeing and keep active regardless of their skills and abilities. We aim to promote sport, play and active wellbeing into new early intervention and preventative models of commissioning service delivery.

The key priorities for the directorate during 2015-16 have been to progress the objectives of the directorate business plan and also contribute to the new corporate priorities for 2016-17; to contribute to the medium term financial strategy (MTFS); to implement the new Social Services and Wellbeing (Wales) Act 2014 (SSWBA) and also implement the new Welsh Community Care Information System (WCCIS) - making Bridgend the first local authority in Wales to do so.

Social Services came together in one directorate in January 2015. As a result, the safeguarding and family support service changed from being part of the Education Directorate under the Director of Education to coming under the Director of Social Services.



During 2015-16, there were a number of senior management changes; the Head of Children's Services who had been in post for five years left the authority and an interim Head of Service was appointed for a period of three months. A permanent appointment was made during the summer 2015. The last 18 months has, regrettably, also been a period of 'higher than usual' sickness absence amongst a number of senior managers across the directorate and this combined with the above has resulted in a period of inconsistency in leadership. As a result it was necessary to postpone any changes to the senior management structure as the timing was inappropriate.

Conversely, Adult Social Care has enjoyed a long period of stability with a well-established management team and a more consistent leadership group. However, during 2015, two of the Group Managers and a Principal Officer left for reasons of promotion elsewhere. Whilst this has left a gap it also provided an opportunity for re-looking at the existing structure, the principles that underpinned this were as follows;

- Meeting the requirements of the Social Services and Wellbeing (Wales) Act (including the need to promote and develop the prevention and wellbeing agenda not just within the directorate but also across the whole Council);
- Responding to need;
- Ensuring appropriate focus on safeguarding;
- Further develop commissioning and partnerships;
- Effective business management;
- Value for money;
- Sustainable support mechanisms and service delivery.

The work to re-align the structure commenced at the end of 2015-16 and will be completed by June 2016. As part of this re-alignment process it is now timely to change the title of the Head of Safeguarding and Assessment to Head of Children's Social Care as this more accurately reflects the responsibilities of this post. In line with this, the service will also be known as Children's Social Care. The planned re-

alignment aims to bring cross-directorate functions together under one line management but for the purposes of the whole directorate. This includes, commissioning and contract monitoring, safeguarding, transition for children with disabilities, carers, community development and business support.

The case for new ways of working has been laid down by the Social Services and Wellbeing (Wales) Act, 2014 and the directorate has been working towards the implementation of the Act for some time. It will take a significant period of time to bed in due to the introduction of new ways of working and the inevitable impact this will have on the present culture, custom and practice, however, Bridgend has made a strong start and a sound foundation has been set down to continually build on. Future priorities will focus on new ways of working and developing the best sustainable solutions that meet service users' needs flexibly and efficiently. We want support and services that:

- ensure that children, young people and adults who need support are safeguarded and protected;
- are responsive to service users' needs and support / help people earlier to prevent problems getting worse;
- promote a preventative approach to support whenever appropriate;
- are co-produced with the people who use them, we want to share ideas and decisions;
- offer greater control and choice for citizens;
- respond quicker to people's needs, with good information from the start;
- mean less care away from home – in hospitals or care homes or out of county placements;
- are shared between the NHS and Bridgend County Borough Council (BCBC), seamless working to meet needs; and
- give children and adults every chance to take part in activities regardless of their skills and abilities while also promoting healthy lifestyles through sport.

The Council recognises that we will have to make substantial changes to the way we think and operate in order to meet the significant challenges ahead of our communities, not least the increasing demands made on many of our services against the background of a shrinking budget. The clear and simple vision of the Council is always to act as 'One Council working together to improve lives'. Corporate priorities set the direction for the Council and during 2015-16 the Council held a comprehensive consultation process to engage staff and the public on developing a new set of priorities as follows:



In response to the new corporate priorities, the directorate has now completed the 2016-17 Business Plan and this reflects the requirements set out in the Social Services and Wellbeing Act, the need to continue to transform our approaches to ensure sustainable support and services going forward and the Medium Term Financial Strategy. In developing the 2016-17 business plan, the service was able to reflect on the achievements in 2015-16 as per below:

- The implementation of the Welsh Community Care Information System was implemented on target in April 2016;
- We have completed the SSIA outcomes framework pilot; and this learning has been shared across the directorate. As part of this work, Bridgend contributed to a national conference;
- We completed a procurement exercise for the recommissioning of the externally provided learning disability supported living schemes;
- After completing a self-assessment questionnaire about the effectiveness of learning disability services, the service was subject to a full 'Care and Social Services inspectorate for Wales' inspection in December 2015. The feedback from the inspection is positive and reflects the progress and achievements across the service;
- Agreement has been reached about a regional structure, commissioning plan and governance arrangements for substance misuse services;
- Three Local Community Co-ordinator posts have been recruited as part of the development of the prevention and wellbeing aspect of the Social Services and Wellbeing (Wales) Act 2014;
- The first phase of the Western Bay Collaborative intermediate care model, and in particular the development of the acute clinical team, has been completed;
- The number of placements in long term residential settings has decreased and when placed, placements were for a shorter period of time, reducing our overall placements by 13.5%;
- Suitable land options have been identified for the development of two Extracare schemes and an RSL identified to take forward the development of these schemes;
- The regional quality framework for all care homes, which takes into account the Older Persons Commissioner's recommendations, has been piloted in Bridgend;
- Commissioning plan for independent domiciliary care developed and tender process completed for the establishment of a framework for the provision of domiciliary care. New framework to commence April 2016;
- A young carers identification card has been developed which is for young carers to use in schools , 70 cards have been issued during 2015-16;
- A dementia strategy and delivery plan has been developed jointly with partners;
- Development of, and consultation on, a mental health strategy;
- The first phase of a Single Point of Access for GP referrals into secondary mental health services has been successfully piloted during 2015-16;
- Implementation of the revised structure/establishment of community based safeguarding hubs which are co-located with early help teams;
- Continued to safely reduce the number of Looked after Children during the year from 390 and 380 as at 31st March 2016;
- Through close working across Western Bay, more timely matches and local placements for children placed for adoption;

- More children and young people secured permanence through legal orders to their family instead of long term fostering with relative foster carers;
- Bridgend was one of only 2 local authorities to secure In Sport silver accreditation for inclusive activities and the only local authority in Wales to secure Calls for Action investment for Disability Sport;
- The leadership programme supported 10 looked after children and 10 disabled young people to complete training and support community activities;
- Bridgend commenced a programme of Later Life training to develop a team of physical activity instructors for day and residential care settings;
- The Active Young People department was awarded International Partner of the Year via the Create Development Awards for its work with young people.

The priorities for the directorate going forward into 2016-17 are:

- Reduce demand by investing in targeted early help and intervention programmes;
- Develop appropriate mechanisms to enable the Council to provide good information, advice and assistance to the public;
- Involve service users, carers and communities in developing and commissioning services;
- Develop a multi- agency safeguarding hub to provide effective multi agency responses to safeguarding issues;
- Review and consider new models of service delivery for respite and residential care and to ensure a flexible support and service to people when they need it;
- Develop an appropriate service model for children in transition from childhood to adulthood including children with disabilities and children leaving care;
- Ensure appropriate services are available to children at risk from child sexual exploitation;
- Work with partners and schools to support carers by providing the right information, advice and assistance where relevant;
- Enable community groups and the Third Sector to have more voice and control over community assets;
- Implement the planned budget reductions identified in the 2016-17 budget;
- Develop the culture and skills required to meet the changing agenda.

There have been no changes to the Cabinet structure during 2015-16; they have set the financial direction of the Council and have demonstrated a clear understanding of the demands facing social care. However the climate in local government is such that every directorate has to make the necessary changes in order to meet the MTFs requirements. The Deputy Leader is the WLGA spokesperson for Health and Social Care. At the time of writing this report the Welsh Assembly elections are underway and the potential for change is a reality.

The Context for Social Services

During 2015-16 the safeguarding and family support teams worked with over 2500 children and their families. This includes children in need, looked after children, children on the child protection register and care leavers. In adult social care over 4500 adults were supported in the community. Over 300 people received a

reablement service, over 2600 people received a telecare package whilst over 680 people were supported in long term care (residential) and over 2100 referrals were received for primary mental health services.

2015-16 saw a significant increase in the number of contacts made into Safeguarding and Family Support. Pressure on the front line teams has been influenced by high numbers of reported incidences of domestic violence where children have been present, parental substance misuse and the associated neglect of children.

During 2015-16, Safeguarding and Family Support received 4,988 contacts, an increase of 369 on the previous year. Of these contacts, 1288 were assessed as referrals where a form of safeguarding intervention was required. This is a 28.9% increase compared to the previous year. Throughout the year, the service completed 1,567 initial assessments, of which 279 arose out of new concerns reported on existing open cases. Of the 1,567 initial assessments completed throughout the year, 81% were completed within statutory timescales, compared to the previous year's figure of 82%.

In relation to LAC, we implemented a refreshed placements and permanency strategy during the year, aimed at safely reducing the number of LAC. This strategy, along with the launch of our new prevention and early help strategy has influenced a steady reduction in the number of LAC during the year, from 390 in April 2015 to 380 in March 2016, a reduction of 2.5%. There were a high number of admissions in February which contributed to the end of year figure.

Despite this strategy, numbers remain high and the safe reduction of LAC continues to be a priority for the Council. The number of children on the CPR has risen from 125 on the 31st March 2015, to 176 on the 31st March 2016, a 41% increase. There have been a number of large families included in this figure.

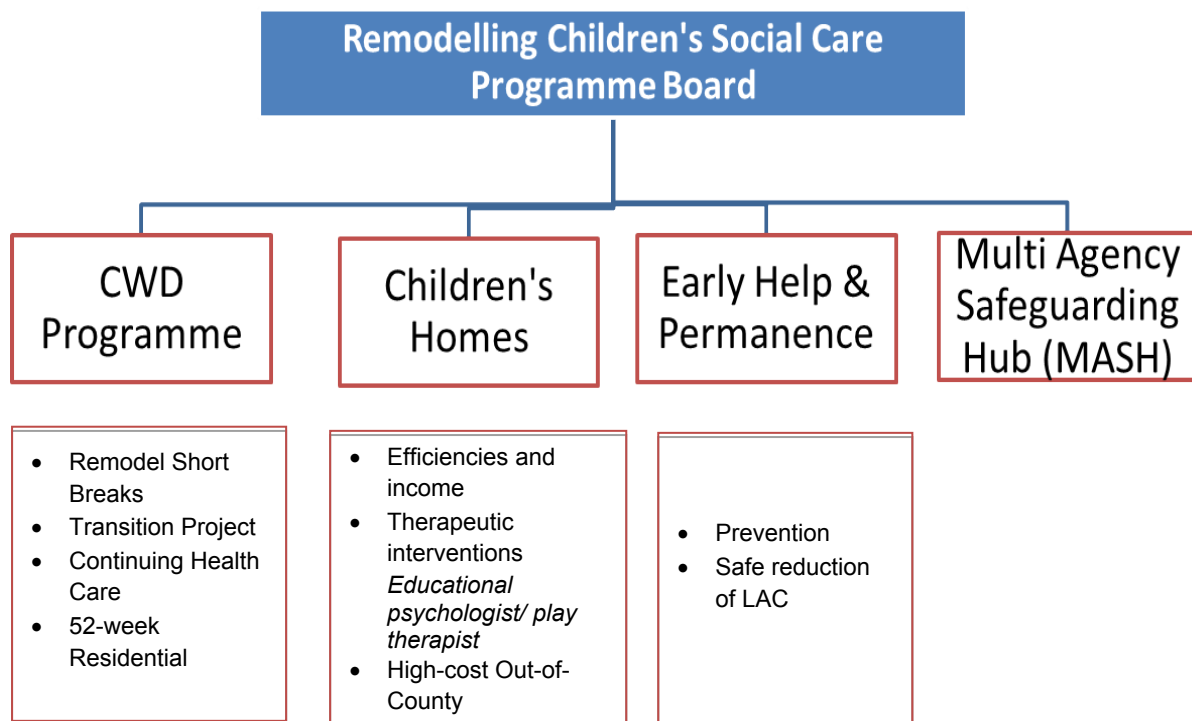
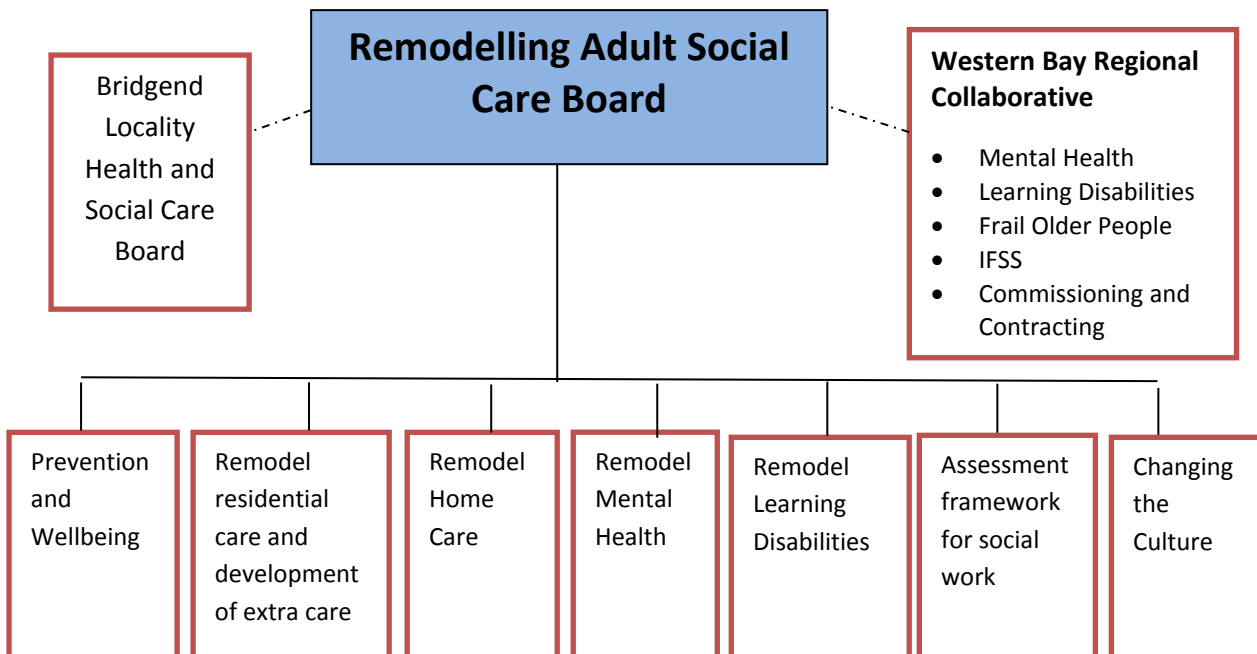
Demand for services in Adult Social Care has continued to increase during 2015-16. The service has received 7,487 referrals, an increase of 429 (6.1%) in referrals on the previous year. This can be partly attributed to new initiatives in the Community Resource Team (CRT) and expanding referral routes within the Assisted Recovery in the Community (ARC) service.

Throughout the year, the service completed 1,730 Health and Social Care assessments (Including CPA, CDAT and OPMH Assessments), a reduction in assessments compared to the previous year.

This reflects the increase in people independent in the community. During 2015-16 in Adult Social Care, 4561 people were supported (in the community), a decrease of 3.3% compared to 2014-15. Of these, 30% were between 18 and 64 and 70% were over 65.

The number of people receiving a reablement service was 377 (includes Reablement and Residential Reablement); the number of people who received a Telecare package during the year was 2643, whilst 700 people were supported in long term care (residential).

The directorate oversees the change agenda through a robust project management approach, there is an established adult social care remodelling board and the children’s team have recently set up a children’s remodelling board.



The progress of the two programme boards is closely aligned to the MTFs to enable effective monitoring so that Officers can determine at an early stage if the right action

is being taken to deliver the change and the savings required. The heads of service reports go into more detail on the individual projects.

Bridgend continues to be a key partner within the Western Bay Collaboration which has now been a well-established programme since 2012. There is clear governance in place which oversees the transformation of health and social care services to meet the changing needs of our whole population across the Western Bay region. The Programme has identified outcomes across the different work streams. The Delivering Transformation Grant (DTG) provides an important funding resource to support the delivery of programme outcomes, in the context of considerable investment in integrated health and social care services across the region from the Health Board and the Local Authorities alongside a breadth of third sector services which underpin the statutory services.

The programme follows a programme and project management methodology with identified Sponsors (Director level), Leads (Heads of Service level) and Project Managers (for tier 1 projects) shared across the core partners to ensure joint ownership, visibility of progress and reporting. The overall governance arrangements were revised following a review of the programme at the end of 2014 and the current key 'tier 1' project areas are:

- Community Services for Older People;
- Prevention and Well-being;
- Contracting and Procurement;
- Workforce Development.

The 'tier 2' projects are reported on a 'by exception basis' to the Leadership Group and Partnership Forum and include:

- Safeguarding (regional Children and Adults Boards);
- Learning Disability;
- Mental Health;
- Area Planning Board for Substance Misuse;
- Regional Adoption Service;
- Integrated Family Support Service;
- Supporting People – Regional Collaborative Committee.

In addition to the existing programme, the Regional Partnership Board (RPB), as specified within part 9 of the Act, is considering the integration of services in relation to:

- Carers, including young carers;
- Integrated Family Support Services (IFSS);
- Children with Complex Needs due to disability or illness;
- Older people with complex needs and long term conditions including dementia;
- People with Learning Disability (LD).

The majority of the above themes are being managed within their own governance

arrangements, for example, carers through the ABMU HB Carers Partnership; Older people through the Community Services Programme, Learning Disability through the ABMU Commissioning Board for Learning Disability and Mental Health. However, in line with the Social Services and Wellbeing Act, a review of the Programme and the supporting leadership development arrangements has commenced and changes will be implemented during 2016-17.

Financial Stability going forward

Across the UK, councils are facing unprecedented challenges in the face of reduced Government funding and increased demands on essential services. By 2014-15, the Council has had to make savings of more than £27 million due to reductions in funding from national government and a fall in our income from fees, charges and our investments. The difficult financial position is set to continue for a number of years to come and in our Medium Term Financial Strategy (MTFS) we estimate that between 2015-16 and 2018-19, we will have to make further savings of up to £48.8 million.

The net cost of services provided by the Council in 2015-16 is £252.201 million, a reduction of £2.930 million compared to 2014-15. To achieve a balanced budget, the Council's budget includes savings proposals of £11.2 million. One of the Council's key principles in developing its Medium Term Financial Strategy is to meet its statutory obligations and direct its resources towards its corporate improvement priorities.

The MTFS identified savings for Social Services is £3.257 million in 2015-16. However, the authority has also allocated additional revenue funding for priority areas within social services as below:

- £800k to support the current review in relation to sleep-in arrangements, which may result in a cost pressure.
- £400k to meet the upward trend of 'direct payments' for service users who prefer to exercise their own choice and purchase their own care arrangements.
- £120k towards the costs of clients who had to be relocated to other provisions at a higher cost following the withdrawal of a private residential provider.
- £70k towards increasing need for specialist and non-specialist residential placements as a result of the rising incidence of mental health problems.
- £112k one off funding towards the Safeguarding service to ensure continuity of service provision prior to the review of the structure.
- £292k one off funding towards the increased costs of the Adoption Service. As the service goes forward the costs are anticipated to reduce.

The net base budget for Social Services in 2015-16 was £58.6m. The services have worked very hard toward achieving MTFS savings and contain expenditure within budget. The year-end outturn showed Adult Social Care £648k underspent while Childrens Services was £434k overspent. Therefore, a net underspend of £214k across Social Services. This is a very positive financial position considering the significant budget cuts applied to the budget in 2015-16.

The Council has robust monitoring and review processes in place to ensure that the MTFs is delivering. Regular reports come into the corporate management board (CMB) and the monthly joint meeting between the Cabinet and CMB. There is a quarterly corporate performance assessment (CPA) which is attended by cabinet, CMB and heads of service. At this meeting the Directors have to present their performance for the quarter which includes the budget position and progress against the MTFs and this is open to challenge from members of the board.

The service also has the necessary checks and balances in place and service managers and finance work closely to ensure that budgets are effectively managed and monitored. Monthly updates are provided to the director, heads of service and group managers on the budget position and regular finance updates are provided to the two re-modelling boards where progress on the change programme is matched against the savings targets.

Whilst social services has made significant progress in 2015-16 in meeting its savings targets and implementing change it is recognised that this will be harder in the future and 2016-17 will bring more challenges. The directorate budget reductions have been categorised into 3 main areas as below and the savings required for 2016-17 are as follows:

Budget Reductions	2016-17 £'000
Remodel Service Delivery	1,795
Service Efficiencies	726
Income Generation	169
	2,690

Safeguarding

The two Western Bay Regional Safeguarding Boards for adults and children are now well established and have been in existence since 2013.

The Western Bay Safeguarding Children Board have set up a Website to inform, advise and share information with professionals and members of the public about the work of the Board where appropriate. Child Practice Reviews are now much more inclusive of the views of children, young people and their families which then allow their experiences to be heard through this process.

The adult board has focussed its work on two key reviews; 'A Place Called Home' published by the Older people's Commissioner in November 2014 and 'In Search of Accountability' which details the findings of Operation Jasmine, a major Gwent police investigation. Bridgend has responded to both of these reports and given assurance of actions that have been taken as a result. In response to 'In Search of Accountability' we have reviewed our policy and procedures for monitoring the quality and care in residential and nursing home settings to take account of the recommendations set out in the report.

BCBC recognises that whilst the Social Services and Wellbeing directorate lead on dealing with enquiries regarding concerns that individuals may be at risk of harm, 'everyone' has a responsibility to safeguard the welfare of children, young people and adults whatever their role. To this end Bridgend has also set up a Safeguarding Operational Board to oversee safeguarding activity for adults, young people and children within the County Borough. This board is chaired by the Director of Social Services and includes partner agencies and officers from across the Council.

An audit review of the arrangements for safeguarding was undertaken as part of the 2015-16 Bridgend annual internal audit plan. A number of strengths and areas of good practice were identified as follows:

- A corporate safeguarding policy for children, young people and adults that clearly specifies roles, responsibilities and procedures for safeguarding has been developed;
- A local safeguarding group which focusses on operational issues across Western Bay, relevant to Bridgend has been constituted and terms of reference have been agreed;
- The corporate induction framework now includes basic safeguarding training for new staff.

The following key issues were identified during the audit which needed to be addressed:

- Further work is required to ensure a holistic/corporate approach to safeguarding across the various directorates within the Council so that, as the Policy seeks to promote, safeguarding becomes everybody's business;
- Designated safeguarding 'champions' are yet to be appointed and trained, this should be a priority;
- A corporate training strategy is needed to ensure the staff training needs are fully identified and relevant training is delivered;
- External reviews were not consistently reported to the appropriate committee.

A management implementation plan was developed following the audit, this is monitored by the Bridgend Operational Safeguarding Board and the actions have now been completed.

In adults there has been an increase of 8.6% in adults at risk referrals:

Safeguarding Alerts	Adult at Risk Referrals
220	195

The requests for Deprivation of Liberty Assessments has also increased, a 37% increase compared with last year and this is due to the 'P v Cheshire West and Cheshire Council' judgement.

Request for DoLS assessments	Authorisations Granted
443	252

Bridgend has successfully developed a multi-agency Child Sexual Exploitation Task Force within the Bridgend area. This group has oversight of the information shared with Western Bay and regularly cross references databases of young and young people known to be at risk or likely to be at risk of sexual exploitation across the borough. The task force is active in monitoring and exploring training opportunities across the Police, Education, Health and Safeguarding services. It raises the profile of individual cases of significant risk to senior managers and monitors attendance and engagement of attendees at Child Sexual Exploitation strategy meetings. The Task Force also notes themes identified such as geographical areas of concern and individuals whose pose a risk to children and young people around Sexual Exploitation and has held a mapping session with practitioners to share its findings and allow the further sharing and gathering of information from professionals.

The number of looked after children continues to be high despite the numbers falling from 390 at the end of 2014-15 to 380 at the end of 2015-16. The continuing safe reduction of these numbers remains a priority for the Council. The safeguarding team and early help and intervention teams have a joint action plan to address this strategy and there is a monthly Early Intervention and Safeguarding Board across the two service areas which is jointly chaired by the Director of Education and Family Support and the Director of Social Services.

Commissioning

The commissioning work within Social Services has continued over the last 12 months to make the best use of available resources, in order to further improve outcomes for citizens. In this way, commissioning activities have supported the Council to continue providing high quality and sustainable responses.

There has been substantial analysis, planning and remodelling activity as the Council drives forward the remodelling of current services and the commissioning of new services. These planning activities and business models have set out how Social Services will modernise services and meet future demands and challenges through the provision of person centred and outcome focused services, so that people are supported in achieving their preferred outcomes. This work has supported the Council in ensuring that services deliver value for money, both in terms of financial sustainability and overall quality. It has also supported the continued development of a strong social care workforce by attracting innovative partners to deliver services.

Remodelling plans have been developed for homecare and residential care services in order to help transform internal care services. Implementation of these plans have been significantly progressed over the past year, with the internal homecare service now providing specialist support of people with complex critical needs and the identification of land and an RSL partner to take forward the development of Extracare facilities.

There has also been detailed planning, remodelling and commissioning work for the provision of external learning disability supported living services, including the provision of support to access activities within the local community. Through this commissioning exercise, the Council will ensure it continues to meet future needs

and demands by delivering asset based, enabling services underpinned by person centred and co-production approaches, so that people are supported to live fulfilled lives within their local communities.

Further work has been undertaken to develop robust plans across service areas which set the strategic vision for social care and is aligned to the Medium Term Financial Strategy (MTFS). These plans help outline the future direction for specific service areas and act as platforms to transform existing services and move towards more innovative models of care that promote greater forms of independence.

Contracting and quality assurance has been strengthened and the frameworks and processes in place have been reviewed over the last 12 months in order to tighten up our approaches. The development of a regional quality framework (RQF) with our Western Bay Partners is complete and our monitoring officers have worked with providers to benchmark our local care homes against these standards.

There continues to be a clear drive to develop more outcome focused commissioning approaches through innovative commissioning and contracting arrangements. Our commitment to this is reflected in our recent commissioning activity and in the council undertaking the outcomes pilot.

Much positive progress has been achieved around partnership working, which has included regional collaborative activity across Western Bay, integrated planning and service commissioning with the local health board and strong planning with the care sector to help shape the market for the future. The Council has led on a number of joint commissioning exercises, including the development of a regional shared lives scheme in 2014/15 and a second 'closer to home' project, which will commence 2016/17.

The change team which was established to drive forward an outcome focussed approach to care planning has made significant progress over the course of this year and has played a key role in supporting the Council take forward the remodelling and change agenda. The team has positively contributed to ensuring that individuals receive outcome and progression focused services that offer the Council VFM. This work has supported the progression of individuals and has already archived significant savings and contributed to cost avoidance.

There has been positive progress within the remodelling and commissioning of childrens services this year. The commissioning and contracting function within Childrens services has now been aligned to the Adult Social Care commissioning team and a new post holder appointed to support the progression of commissioning activity within the Social Services Directorate. There is still a lot of work to do in this area and this will be a priority going forward in 2016-17. More detail of the specific commissioning activity is contained in the two heads of service reports.

Workforce development

Work has been undertaken across the region to develop a workforce development plan which is closely aligned to the regional Social Services and Well-being Act regional implementation plan. The workforce development plan is monitored by the

regional workforce steering group overseen by the Western Bay Leadership Group. The Delivering Transformation Grant has been used to support the change activity which underpins the delivery of sustainable social services and implementation of the Act at both regional and local level

In 2015-16, Bridgend delivered 11 Introduction and awareness sessions on the Act to 389 people from across health and social care sectors and corporate colleagues. In addition, workshops were held at domiciliary and residential care fora. Introduction and awareness sessions were also delivered at Bridgend College and Cardiff Metropolitan University to 60 final year social work students and, a bespoke one day course was delivered for practice assessors of social work students focusing on the implications of the Act for practice and practice assessors

Training for those whose roles are most affected by the Act took place during the period February to April 2016. This training focused on key areas of the Act which included, assessing and meeting the needs of individuals; looked after and accommodated children and safeguarding. 12 staff received Train the Trainer support arranged by the Care Council for Wales, facilitated by the Institute for Public Care who developed the training materials. 38 events were delivered to a total of 744 people. Information sessions on the Act were held for carers with the focus on the impact for carers and the people they care for.

The supervision policy has been revised to be explicitly focussed on outcomes for individuals, identifying solutions, via a more reflective approach in supervision; the revised policy was launched in April 2016 via staff briefings and skills workshops.

As always Bridgend has given training and staff development a high priority and there has been a continued drive to ensure that learning, development, qualification and skills for front line social care staff and foster carers continues. There have been 6647 attendances at learning and development events during the period April 15 to March 16. A sample of some of the training activity across the sector is given below.

Working in partnership with local training providers 74 staff across the sector have registered for QCF Diplomas at levels 2, 3 and 5, through an Apprenticeship funding scheme which enables learners to evidence essential skills in the workplace as part of their award. 14 social work assistants are being supported to undertake a QCF level 5 Diploma in Health and Social Care (Advanced Practice).

The availability of dementia care training across the sector has been maintained by providing five modular series for residential and domiciliary care staff across the sector. Delivery of training to providers in priority areas identified by the Older People's Commissioner Wales residential care review – A Place to Call Home (dementia care, health needs of older people, dignity, oral health) has taken place and we have worked in partnership with Macmillian and ABMU to co-ordinate the delivery of Palliative Care/End of Life training for the whole sector.

In addition to the core training programme, alongside the Fostering Network and TACT (Fostering and Adoption Charity) we have co-ordinated a 12 week programme for foster carers based on the Confidence in Care – Fostering Changes programme. This is an evidence based training course, derived from research, focussing on parenting skills, attachment, educational attainment and the academic progression of

looked after children in care. Skills to Foster Training for applicant foster carers, continues to be delivered by Social Workers from the Fostering team on a quarterly basis.

Training on best practice in child protection conferences and looked after children reviews arranged in partnership with the Independent Reviewing Service has been delivered across front line Children's teams to ensure consistency of practice. Training has been delivered for professionals on working with children and young people with Autistic Spectrum Disorder.

During 2015-16, Bridgend had 20 newly qualified social workers who were undertaking their first year in practice –16 of whom are based within Safeguarding Children's services. They are being supported via a group based mentoring programme facilitated by Consultant Social Workers and Senior Practitioners. Newly Qualified Social Workers based within Adult Social Care Teams have been allocated individual mentors. 41 practice learning opportunities (PLO's) for student social workers were provided over the course of the academic year. 17 social workers have registered for the consolidation programme over four cohorts running through from September 2015 to March 2016. Five social workers are undertaking modules on the experienced, senior practitioner and consultant programmes at Cardiff University offered as part of the CPEL framework. Two social workers are undertaking training to qualify as Approved Mental Health Professionals via Swansea University. Two social work managers are undertaking the Post Graduate Certificate in Managing Practice Quality in Social Care (TMDP)

Going forward into 2016-17 the directorate has now jointly developed with HR a workforce dashboard which will be used to monitor workforce issues for the directorate. This will be monitored by the re-modelling boards and through the CPA process.

Welsh Community Care Information System.

Bridgend County Borough Council led on the procurement of the national Welsh Community Care Information System (WCCIS) that will support the delivery of integrated services across Health and Social Care services.

The comprehensive procurement process was completed in March 2015 and Careworks was chosen as the preferred supplier. A report was submitted to BCBC's Cabinet on 31/03/15 which approved the signing of the Master Services Agreement and the deployment order in order to execute the WCCIS contract on behalf of BCBC and all participating authorities.

Early in 2015, a Project Board was established and is chaired by the Corporate Director, Social Services and Wellbeing and includes representatives from the key stakeholders in BCBC including integrated health and social care teams:

- Adult Social Care;
- Safeguarding and Family Support;
- Early Intervention and Prevention;
- Finance;
- Supporting People;

- Education (Additional Learning Needs);
- CRT Teams including ABMU staff who are already using DRAIG.

This project board is managing the implementation of WCCIS for BCBC; below this sits an operational project team. The implementation is led by a project manager from the Council's ICT service.

This has been a high profile project which has had implications for the whole of Wales and has also been a significant amount of work for the team. It has been much more than a new IT system as it has ensured that the new requirements set out in the Social Services and Wellbeing Act has been incorporated into the system, therefore, it heralds a new way of working in all aspects. The project board has overseen the new configuration including the development of 170+ forms, user acceptance testing, five passes done with regard to data migration and the training of over 800 staff.

At the time of writing this I can report that during March/April Bridgend worked through a range of high level risks and progressed to go live on the new system on 26th April 2016, the first local authority in Wales to do so. This is a tremendous achievement not only for the team involved but for the authority.

Performance management

The overall performance of the services is supported by strategic and operational business (admin) support which is intrinsic to the provision of the services. In order to monitor performance, adult and children's social care uses the national suite of performance indicators (PIs), supplemented by a number of local PIs. Furthermore, individual ICT systems hold performance related information which is used to identify achievements against outcomes for individual service users, in particular our social care system Draig.

The business and performance team continues to ensure that social services representations and complaints are responded to within the timescales to resolve complaints and issues as satisfactorily as possible.

Representations and Complaints Statistics for April 2015 to 31st March 2016 are as follows:

	Informal Resolution (within 2 working days)	Stage 1	Stage 2	Corporate Complaints	Compliments
Adults	56	7	1 (ongoing)	1	105
Safeguarding and Family Support	87	7	0	5	18
Finance	4	1	0	0	1
Total	147	15	1	6	124

Sickness absence

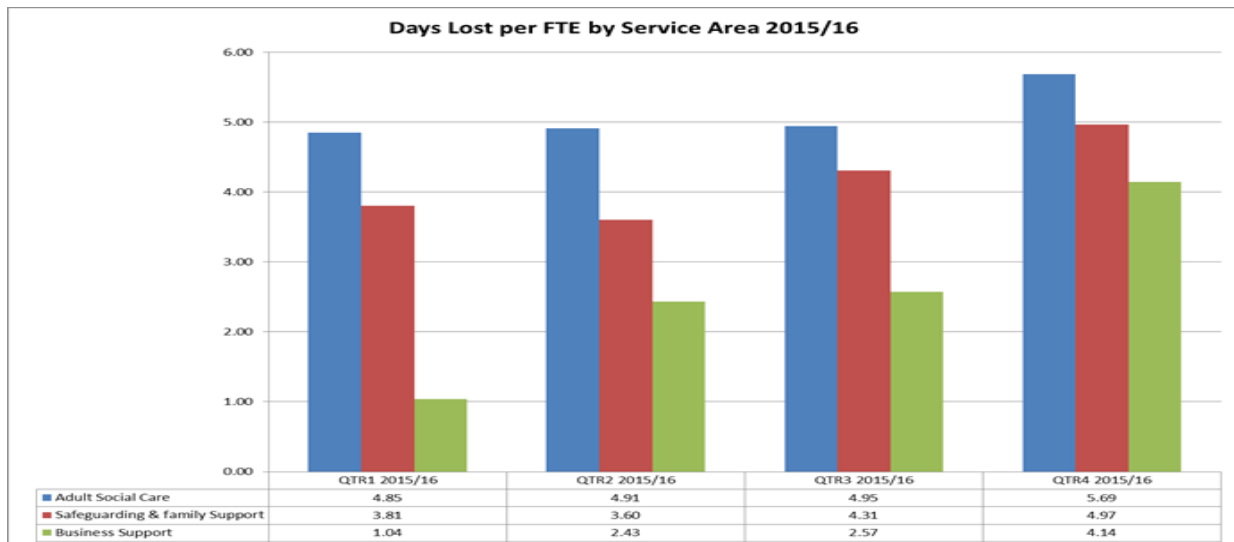
There is a continued focus on sickness absence – provision of training on the Absence Management Policy and sickness absence procedures, chasing any outstanding sickness absence paperwork, developing a resource of information and links on the Wellbeing Intranet site, sample monitoring of the quality of absence review meetings and return to work interviews, monthly sickness focus meetings with hot spot areas. Specific work during 2015-16 includes:

- Overview of outstanding ARMs/ Formals provided by Area at Group Managers Performance Meeting (monthly);
- Notional costing of absences provide to each Group Manager based on an average salary at Group Managers Performance meeting (Monthly);
- Managers who have not had stress Management training have been identified and targeted for training;
- In CPA we are reporting on Days Lost to Industrial Injury;
- Regular meetings with certain services in order to discuss sickness absence cases.

Work has also taken place to introduce new processes in order to improve the ability of managers to more effectively monitor sickness absence and these include:

- New corporate absence management managers training established, to provide a clear overview on managing sickness absence with a focus on Long Term Sickness;
- 'Care First' counselling service introduced, which complements existing HR management and support policies, the service can be accessed confidentially by the employee at any time of day or night;
- Absence Management Policy has been updated corporately, in order to establish daily contact for short term absences and HR attendance at the first welfare visit for Long term sickness cases;
- A new Sickness Absence 'Toolkit' has been established corporately to assist managers in implementing and adhering to the absence management policy
- Long Term sickness cases 'Top 10' are discussed on a regular basis with the Head of Service, Group Managers and Service Managers;
- The existing processes in Adult Social Care have been rolled out to Safeguarding and Family Support e.g. ARMs and Formals required/undertaken circulated to Managers, outstanding Med certs, RTW's, chased with the relevant managers, Long Term Sickness data provided to the relevant managers.

Effective absence management continues to be a priority for the directorate and despite a focus on this area through some dedicated resource absence figures remain high.



The table below shows FTE days lost by absence reason and service area for 2015-16:

Reason	Adult Social Care	Safeguarding & Family Support	Business Support
Stress / Anxiety / Depression / Mental Health	4157.82	983.32	103.00
MSD including Back & Neck	2576.54	282.22	62.46
Tests / Treatment / Operation	1582.54	401.53	21.00
Return to Work Form Not Received	1125.06	341.91	125.02
Stomach / Liver / Kidney / Digestion	1047.04	154.75	60.00
Infections	811.87	169.11	25.54
Cancer	610.28	0.00	191.00
Heart / Blood Pressure / Circulation	403.39	7.57	1.00
Chest & Respiratory	317.22	105.50	5.00
Eye/Ear/Throat/Nose/Mouth/Dental	234.80	97.92	11.04
Neurological	165.89	61.66	0.83
Genitourinary / Gynaecological / Pregnancy	133.59	41.16	0.00
Pregnancy related	109.83	41.89	0.00
Injury	61.60	11.08	0.00
Total	13337.47	2699.61	605.89

The business and performance team ensure that the directorate meets the corporate and business planning and programme management requirements. An example of this is the Corporate Performance Assessment (CPA) review process which measures performance against actions, targets and sickness data every quarter. Specifically, the CPA monitors:

- the Council's improvement priorities and its commitments for the reporting year as defined by the Corporate Plan;
- agreed key success indicators/measures and service actions that are linked to directorate priorities as defined by the Corporate Plan;

- the budget allocated to deliver the Council's commitments for the reporting year;
- efficiency saving targets;
- strategic issues facing directorates that may have an impact on delivering the Council's improvement priorities; and
- Corporate risks.

Performance is managed in respect of:-

- Current, and future target with the emphasis on PIs which have a RAG status of red data includes what we are doing to address the performance issue.
- Budget position, where Heads of Service outline the risks associated with any planned efficiencies in the MTFs and how we will deliver them. i.e. will any cuts affect performance?
- How do we compare with similar, Welsh/English, best in class, upper quartile LAs? Heads of Service look at our performance in respect of best performing LAs e.g., Ceredigion – to look for examples of best practice and challenging our own practice through self-evaluation.
- What are other doing to transform services and have we considered other models. Our current work on the whole system approach is currently relevant.
- What customers think about our service – Internal and external (this applies particularly to central support services), and how this is measured.

Considerable work has been undertaken during 2015-16 to support the implementation of the Act; in the business support team this has been mainly around the understanding, interpretation and preparation of the new performance measures and data measures. We have sought guidance to clarify certain measures and suggested changes to WG. We have been actively involved in the national work – the Group Manager sits on the technical group for performance.

Leadership and Culture

Cabinet and the corporate management board (CMB) meet informally on a monthly basis which provides the opportunity to oversee the business of the Council and share the overall direction for the Council. Important issues such as the MTFs, safeguarding and corporate innovation is on the agenda and this sets the context for the One Council approach.

Cabinet, with the support of the corporate management board and senior management team, have led the development of a new corporate plan for the Council. We have a simple vision for Bridgend County Borough Council, to 'always act as one Council working together to improve lives.' The new corporate plan was consulted on during 2015-16 and 'Working Together to Improve Lives' sets out the new corporate priorities which are effective from 1st April 2016:

- Securing a successful economy;
- Helping people be more self-reliant;
- Smarter use of resources.

For social service ‘helping people be more self-reliant means that we will continue to develop our approaches and practice so that we can appropriately take early steps to reduce and prevent people from becoming vulnerable or dependent on us and our services. There is a clear line of sight from the priorities and principles set out in the corporate plan to the directorate business plan, the re-modelling programmes and the MTFS.

The Chief Executive and his CMB meet regularly with the heads of service and senior managers from across the whole Council. These sessions are used to engage and update a range of top managers from all directorates in Council initiatives, corporate priorities, and new ways of working, national and regional matters. During 2015-16 this included MTFS, digital working, social services and wellbeing act, consultation policy, Welsh Language Act.

The Corporate Director of Social Services and Wellbeing with the two heads of service continues to hold quarterly sessions with all of the social services strategic and operational managers including representatives from legal, HR and finance. This ensures open communication and updates on national, regional and local matters. The service has been very stretched in the last year and has worked particularly hard to drive forward the transformation agenda whilst ensuring that we meet the savings target. It is important that staff feel part of this process and are able to contribute to the ongoing development of the service and also to recognise the hard work and achievements collectively and as individuals.

Equality and Diversity

The Council’s Strategic Equality Plan 2016-20 has identified the following commitments:

- Providing equality of access to all of our services on the basis of need
- Providing services in a manner sensitive to the individual’s needs whatever their background as far as is possible
- Taking positive action to eliminate discrimination and provide genuine equality of opportunity
- Delivering services by a workforce that reflects the diversity of our communities

Equality and sustainability are the guiding principles that underpin everything we do. We continually seek to understand how our population is made up and assess the impact that our policies and plans have on everyone including those sharing protected characteristics such as race, religion and/or belief, gender, age, disability, and sexual orientation. Our Strategic Equality Plan and its actions set out our equality objectives and actions for delivery for example:

Transportation - We will help to provide an accessible, cost effective, all-inclusive transport network within Bridgend County Borough;

Mental health - Our Adult Social Care service will build on its partnership work with the third (voluntary) sector to provide mental health support and services;

Children - We will positively promote and support the emotional and educational attainment of children in the county borough and address the issues children face such as bullying;

Leisure, arts and culture - We will work with our partners to help to promote fair and equal access to participation in sport and recreation services as well as in the arts and culture services to all members of the community.

In accordance with the Welsh Language Measure and the Welsh Language Standards, the Council has adopted the principle that, in the conduct of public business, we will treat the Welsh and English languages equally. The Council received its final Welsh language standards compliance notice in September 2015 and has since worked corporately to ensure that, as far as possible, it complies with the required standards.

Susan Cooper
Corporate Director of Social Services and Wellbeing
May 2016

PART TWO ADULT SOCIAL CARE

INTRODUCTION

2015-2016 has been both a challenging and exciting time in Adult Social Care in Bridgend with significant progress made in our remodelling programme and ongoing preparations for the new Social Services and Wellbeing (Wales) Act 2014 (SSWBA). This year's report will provide an update on the detailed report produced for 2014-2015 which will build on the strengths identified and the change programme.

Adult Social Care, as part of Social Services, has been preparing for the long term culture changes that are the aspirations of the new legislation the SSWBA. In the latter part of 2015, the directorate set up a project team for the implementation of the SSWBA; this team includes two Lead Social Worker posts, one for Adults and one for Children, and was formed in November 2015. The project team worked with national colleagues, became part of the regional team for the implementation and led this locally in Bridgend. We determined that it was important that the project team concentrated on getting the basics right, including the assessment process, preparing our workforce, stakeholders, raising awareness and identifying our new requirements.

Our transformation agenda has been driven via the Remodelling Adult Social Care Board (RASC) which has overseen the planning of new models of service delivery into implementation phase. This includes the appointment of a lead partner for redevelopment of residential care for older people to an Extra Care service model, the remodelling of the Home Care provision and the recommissioning of our Supported Living services for Learning Disabilities services. In addition, work has started on our Prevention and Wellbeing responsibilities including the development of our Local Community Coordinator project and we have been developing our Ageing Well plan. We have developed delivery plans for Mental Health and Dementia services. We have seen significant development in our integrated services with Health including building a robust Community Resources Team and seen key developments in our services for carers. These developments have been taking place alongside a major restructure within ABMU Health Board.

The RASC is closely aligned to the Council's Medium Term Financial Strategy and as part of this we established a change team in 2014-2015 which has enabled us to focus our energy on promoting an enablement approach across all service areas including the care services we commission and to play a lead role in working with team managers in connection to the changes in assessment and outcome focused approaches required within social work. Our financial position at the year-end showed an underspend of £648k; this is despite implementing a considerable change programme within the context of a challenging savings target whilst also ensuring that existing service users continue to receive the service that they need. We believe that the models we are implementing demonstrates that our new ways of working are delivering financial savings. This will become more demanding as the core budgets for 2016-2017 have been reduced by a further £3m across Social Services and Wellbeing.

We reported last year that a Changing the Culture Board had been established; this board reports into RASC and is the main arena for each team to update on progress and this is where we ensure that we concentrate on our core business whilst embedding new ways of working and shifting the front line culture and working practices.

This report sets out what we have done in 2015-2016 to ensure better outcomes for our service users and carers and also highlights the improvements needed in the future as the landscape of health and social care is changing.

GETTING HELP

Access to Services

In 2015-2016 our key areas for improvement were:-

- To bring the district nursing services into the Integrated Referral management Centre (IRMC);
- Improve access to quality information, advice and assistance.

Last year, we reported that bringing the district nursing service into the IRMC was delayed due to a comprehensive district nursing service review across the County Borough. In 2015-2016, the integration of the service has been further delayed; this is mainly in part due to the anticipated benefits of waiting for the full implementation of the WCCIS system. The district nursing service in Bridgend makes approximately 12,000 calls per month and the complexity of trying to integrate this information via paper-based systems has proved challenging without clear indications of where integrated services and service users would see the benefit. Although we would ideally wish to progress further we have taken a pragmatic view of this situation and there has been progress around identifying ways to make the current district nursing caseload known across agencies for the purpose of screening and analysing appropriate responders.

We are confident in seeing further progress in 2016-17 because in the final part of quarter 4, ABMU HB were successful in a bid to the *Welsh Efficiency through Technology Fund*, and have established a Mobilisation Project which will transform the way community and mobile staff work. The Bridgend East networks district nursing team is a pilot within this project and it is envisaged that when the mobile functionality of WCCIS is implemented, the district nursing staff in Bridgend will be fully enabled to participate and deliver our long term goal for a single integrated record.

The IRMC has continued to develop over the last year, consolidating the first contact arrangements for adult social care and the Community Resource Team with an established and robust duty professionals system. The current duty professional service comprises social work, nursing and with the implementation of the new occupational therapy service, a senior practitioner for OT; we envisage expanding and strengthening this service in 2016-17 by integrating the third sector and welfare

rights into this service in line with the requirements of the SSWBA. This year we have purchased software via the Intermediate Care Fund that will help us manage demand in our developing IRMC and will be using the evaluation of this data to inform the further development of this service

The (IRMC), which is soon to be rebranded the Common Access Point, as part of delivering the Western Bay optimum model for intermediate care, has continued to fully embed the duty professional system and establish pathways to mental health and learning disability services. The “pull” systems from the Princess of Wales hospital is fully effective and clearly benefiting people returning home through a process of ‘discharge to assess’ through the Community Resource Team’s right sizing services. The hospital social work service continues to support this function as well as supporting discharge planning, placements, best interest decisions and the link to the Bridgeway dementia support service. One carer reported the following:

“Thanks again for such a quick reply. I feel your phone call really gave me the confidence I needed to get my father home and it was very reassuring to know that we are not on our own. A meeting has been arranged with the ward doctor to discuss my father and his needs....”

Overall referrals and re-referrals into the service have increased by 6.1% in 2015-16. There has been a significant increase in referrals and re-referrals to the CRT of 39.2%. However, there has been a slight decrease of referrals and re-referrals to the IRMC and Network Teams. The number of referrals and re-referrals taken by the IRMC contact centre has increased by 5.4% in 2015/16 when compared to 2014/15.

The SSWBA requires us to develop high quality information and advice; this work has been progressed by the project team; however we were unable to recruit to our Information Officer post. We have, however, developed a plan of full implementation to be compliant with the SSWBA by April 2017, and we have continued to work collaboratively across Western Bay to ensure we deliver on this requirement.

Information, Advice and Assistance

In preparation for the SSWBA this year we have been establishing a baseline for performance purposes on information, advice and assistance (IAA) provided by following up calls for information and advice with letters through the Referral Management Centre.

The work to change the conversations that the first point of contact is continuing with the manager leading tailored sessions weekly with staff on elements of the SSWBA that will affect their day-to-day interaction with the public. This information travels with the person and can be used to inform person centred ongoing engagement where the person is worked with by different teams. The following is an example:

“Can I just say what a helpful team you have in social services, who answered my query on how to assist a great aunt, Mrs ‘X’, return to her home after hospital care. This is in planning but the explanation and promptness of reply was excellent. Thank you.”

In addition we have been seeking feedback from people using our services; here is an example from a female respondent in the over 80 age group when asked – “Was there anything that we could change to improve your experience?”

“I can’t think of anything, I am happy with the way I have been treated and I am more than satisfied.”

The current welfare service supports financial inclusion and independence and enables disabled people to feel confident to remain at home; during this year we have been reviewing how we will provide welfare rights, information and third sector brokerage services going forward. In addition the third sector brokerage service is well embedded and established with the Red Cross within the IRMC and the Integrated Community Network Teams, and we are currently in discussions with the Red Cross on how we will meet the requirements of the Act and work collaboratively going forward on third sector brokerage. As part of delivering on the carers measure, there has been an investment in a welfare benefits surgery in the Carers’ Centre and a bedside information pack available for patients in hospital.

The Directorate has worked closely with partners, the staff at HMP Parc and the Community Rehabilitation Company to ensure we are able to meet our requirements under Part 11 of the SSWBA for people within the secure estate. The Directorate is recruiting a team that will be based at HMP Parc to enable us to provide an effective service to those people being detained at the prison who are or appear to have a need for care and support

In preparation, we have devised a comprehensive interagency implementation plan, completed a Memorandum of Understanding (MOU) and an information sharing protocol is being finalised in readiness for implementation. Consideration has been given to the practicalities for conducting assessments, including adopting the basic referral tool currently used in the prison environment. In addition, we have agreed that financial assessments will not be completed in the secure estate post April 2016. A social care team, comprising one mental health social worker, one older person social worker and one Occupational Therapist have been recruited to work part time in the prison and part time in the community for an initial 9 month pilot. Furthermore, we have been working collaboratively with the CSSIW to resolve the issues associated with commissioning a domiciliary service within the secure estate.

In 2016-2017 our key areas for improvement are:

- To rename our IRMC to the Common Access Point and develop in line with the Western Bay optimal model;
- Evaluate the pilot project in the Secure Estate;
- To ensure compliance with our new responsibilities for access to quality information, advice and assistance.

Assessment and Care Management

In 2015-2016, our key areas for improvement were:-

- To remodel community occupational therapy service;
- To realign our integrated social work provision into short-term rapid response and intervention and long-term manage care and support;

- To deliver our community network cluster modelling;
- To develop high quality information and advice to the public through creating a one-stop shop to manage general enquiries, enabling the Referral Management Centre to respond to people who need assessment and intervention in line with the aspirations of the Social Services and Wellbeing (Wales) Act 2014.

We consulted on and completed the implementation of the new community occupational therapy model of service. As part of this work, this year the community occupational therapy service has been completely reviewed and analysed and a new model of service delivery agreed, consulted upon and implemented. There has been considerable effort in 2015-16 to redress the waiting list for community occupational therapy and staff have worked hard, with commitment, to address this, and the service is now well placed, as a result, for the implementation of the new model of service delivery. The management of this service transferred in the last quarter of 2015-16 to the Integrated Community Services Manager for the Community Resource Team; however the core OT service within the networks remains co-located with the integrated teams. Taking an integrated approach is clearly providing benefits to people who use our services, here is an example

“Having had a career in teaching, I had many experiences of Social Services, which haven’t always been positive. However, the service that myself and my mother have had has been exceptional, in particular the telephone call I had with X. I had several issues on the ward but he was reassuring, patient and very informative. The service mother has received from the BridgeStart Team Leader and all the carers has been outstanding. The OT went above and beyond. She was empathetic and thorough. I am so grateful to X for her professionalism and kindness. I cannot thank everyone enough; I also intend to write to the head office to express my gratitude.”

In 2015-16 we have extended our collaborative approach to delivering occupational therapy by utilising funding from the Welsh Government Intermediate Care Fund, which has enabled us to put two part-time Occupational Therapists into Care and Repair to work directly with the public on minor aids in a preventative and pre-emptive way. These OT’s have been professionally supported by the community occupational therapy service which has helped and supported the development of this initiative; this project has enabled members of the public to have their referrals redirected from statutory services to the third sector, enabling them to have their issues resolved in a timely way.

A mapping exercise across the West and East integrated networks has been completed. This work mapped the flow of referrals from access through the intermediate care services into the core Integrated Network Teams. This exercise informed the future plans for the long and short term social work arrangements as well as the future of the care management review team. Final realignments will be completed in the first quarter of 2016-17.

The Integrated Community Network Teams have each progressed the integration with other primary and community services in 2015-16; the North network is an early adopter for anticipatory care, the East network is a health board pathfinder for the community network clusters and one of the first areas to have established a

federation of GPs and the West network, in collaboration with the GP cluster, has expanded some initiatives within the primary care workforce to support GPs in practice.

We have commenced a pilot in the North Network on anticipatory care; the network is one of the health board's early adopter areas for anticipatory care and whilst it is early days, we have established multidisciplinary meetings and there are anticipatory care plans in place for individuals; this work will be evaluated in 2016-17. In addition, the North network team have been involved in the Llynfi 20/20 project to improve the population's health within this valley with the Network Manager leading the development of dementia friendly communities in Maesteg.

BCBC was a pilot site for the national outcomes framework, which in essence had an emphasis on developing multi-disciplinary outcome focused approaches to strength based assessment learning from the work undertaken in the West network through engagement and learning as part of the national Welsh pilot programme. The intention of the national pilot was to inform from a practice level the developing Welsh Outcomes Framework. Bridgend submitted a full and detailed report of the work to SSIA.

SSIA submitted a further report informed by pilot activity to Welsh Government in December 2015. The work and learning from this pilot needs to inform the ongoing support of our assessment staff in developing strength based approaches to their practice. There are a number of case studies developed through this work which illustrate the approach that the SSWBA requires of us, namely to work in a strengths based way, co-producing outcomes for people around what matters to them. The learning from this work was shared at the directorate's Changing the Culture Board.

The national steering group (made up of the 7 pilot Authorities, Welsh Government policy and data unit leads, NHS Wales Informatics Service, Care Council for Wales, SSIA and CSSIW) met in February 2016 to discuss the recommendations on implementing outcomes in to practice. From this, a further report with recommendations was written 'Reviewing the National Performance Framework' and submitted to Welsh Government in March 2016. We are currently awaiting further guidance from them.

We established the implementation team for the Act and the scope of the project was to review and identify the areas of practice, processes and documentation that are utilised by staff working across the Social Services and Wellbeing directorate and to work with others to make the necessary changes. The implementation team have worked with staff from within and outside of the directorate, including the team who have been implementing WCCIS, to put in place the necessary changes to meet the requirements of the Act.

Updated assessment, care and support planning and review documentation were developed for use by practitioners from the 6th April that meets the requirements of the Act. Training has been delivered to staff that are in the priority group that was identified by ADSS. A pack of information has been put together by the implementation team to supplement the training, to support practitioners to understand, meet and put into practice, the requirements of the Act. This information

is made up of information developed by the Welsh Government, Care Council and the implementation team. Work is now planned for this information to be uploaded onto the intranet, to replace and update the 'Adult Social Care E Practice Guide'.

The implementation team have delivered presentations on the Act and its requirements to Bridgend County Borough Council Members and other organisations, e.g. Bridgend Community Voice, Third Sector Network for Mental Health, ABMU HB Operational Leads. Members of the team have also provided support to teams and practitioners during the initial transition to the new legislation. In addition, the team have developed information on the Act for the public and updated some key leaflets such as 'A Guide to Adult Social Care', to ensure they reflect the requirements of the Act.

In 2016-2017 our key areas for improvement are:

- To realign our integrated social work provision into short-term rapid response and intervention and long-term manage care and support;
- To further develop our community network cluster modelling;
- To develop Anticipatory Care across all three Network clusters.

THE RANGE OF SERVICES PROVIDED

In 2015-2016 our key areas for improvement were:-

- Re-tender the three supported living contracts;
- Continue to develop the progression model in Learning Disabilities;
- Finalise our Prevention and Wellbeing Strategy and develop a delivery plan in conjunction with the LSB;
- Improving our integrated services, pathways, teams and community networks.

In 2015-2016, one of our key areas for improvement was to retender the three supported living contracts. A service model for the future delivery of external supported living services for people with a learning disability was developed with our Supporting People colleagues, which was then used to develop a service specification and tender documentation. This specification included both care support and housing related support and also required providers to offer appropriate assistance to those who are assessed as requiring additional support in accessing their local communities.

The tender documents clearly set out our requirements of delivering asset based services that are person centred, accessible, flexible, reliable and responsive. In this way, those that use services will be enabled, empowered, supported and encouraged to live independently within their communities with appropriate levels of support in a manner that promotes positive approaches to risk taking. The tender documents also set out our requirements for delivering a financially sustainable service through the delivery of service efficiencies.

The newly commissioned services will commence in 2016-17 and has been designed in a way to encourage and enhance independence and support individuals residing in the schemes to forge closer links with their local communities.

As part of the Remodelling Adult Social Care Programme, there is a development plan for learning disability services. This plan detailed in last year's report represents a whole system transformational approach to developing learning disability services driven by three key themes:

- Preventing people from requiring formal care services by enabling them to maintain their independence in the community;
- Focusing formal services on supporting people to progress to greater levels of independence by developing and learning new skills;
- Working with partners within BCBC in the independent sector and with Health to further develop support services which promote health and wellbeing, community participation, assistance to access work and training opportunities and developing the use of Telecare and assistive technology.

The Learning Disability Service Development Project has been operating since 2012 and a number of work streams have been completed and full details are contained in the service reports. These include:-

Development of a Social Enterprise

- Develop beyond B'Leaf and WoodB. These schemes are now part of the Awen Cultural Trust which was established in October 2015. There has been careful planning for the transfer of staff, service users and resources and we will maintain a strong link with the new organisation through the partnership agreement and performance management framework.
- Explore further ESF funding. The service has maintained contact with the 'Regeneration funding' team to explore options of further ESF funding. Through discussion it has been agreed that we would support the independent sector in applying for this funding rather than try to develop an in house service.

Resettlement of Maesglas and review of the in house supported living service

- Review of staff and management arrangements in supported living. The final stages of the implementation of these arrangements are in place.
- Agree and complete the Maesglas plan. The former Maesglas registered care home is closed and the residents are now tenants and live in their own home as part of the supported living service.

Development of the Learning Disability aspect of the 'new framework of assessments'

- Development of costed care plans. A new care plan format was agreed and implemented in 2013. The work to develop costed care plans has now become the responsibility of the Changing the Culture Board which is in the process of devolving commissioning budgets. In learning disability services a monthly meeting has been put in place at which changes in care plans that have financial implications are discussed and challenged. Also, there are ongoing reviews of high cost packages and out of area placements with support from the change team.

- Development of a Transition service model. Full details are contained in the transition section

Development of a progression model in accommodation services

- Ensure compliance with Supporting People grant regulations. This is completed.
- Develop core and cluster service models. Working in partnership with the Supporting People team, the progression pathway has been developed and become a key focus of planning and development in all aspects of learning disability accommodation services. This has included the development of community hubs to provide support and advice to people in supported living as an alternative to staff support at home. Also, through discussions with partners in the independent sector, two core and cluster projects are in development.

Development of community based opportunities and support systems

- Develop community hubs. The project team has focused on the development of groups and networks in the community to offer a range of activities to people with a learning disability. These developments have been running alongside changes in local day services and supported living services. These changes are designed to focus local day services on the needs of people who live at home with their families and extend supported living services to support a range of day time activities based on the progression model. This work has focused on the development of community groups which have taken different forms and are evolving. Part of the next phase of this work is to develop community hubs in the local day services. These will be places where any member of the public can get information, advice and signposting to help, support groups and activities in relation to a range of subjects, designed to help people remain living independently in their own home. There are a range of community groups; full details are contained in the service reports. These groups are at different stages of development and it is critical that they are supported to focus on long term sustainability. Part of the next phase of this work stream is to assist in the development of a social enterprise which would provide a framework for the long term maintenance of these groups.
- Develop volunteering opportunities. It was thought that in the early stages of the work of the project team that volunteers could play a key role in the development of groups in the community. Whilst the clear benefits a volunteering service can bring are recognised, the groups have evolved with the support of paid staff from the project team and the supported living providers.

Design and commission an asset based model of support in the community

- Re-tender of supported living contracts. Details are shown earlier in this section.

Develop the use of Bridgend Resource Centre (BRC)

- Review of day service staff and management structures. A staff restructure has taken place in local day services. The staffing structure in BRC is currently under review in line with the medium term financial strategy.

- Operate the building on a commercial basis. A number of options have been considered for this work stream and phase 2 of the plan.

In Learning Disability services we are now moving into phase 2 of the service development plan and will include 7 projects which are:-

Project 1. Further develop work related schemes

- Maintain a relationship with Awen Cultural Trust through the partnership agreement and performance framework.
- Review the service level agreement with Elite Supported Employment Agency.

Project 2. Development of the in-house supported living service

- Agree a service development plan.
- Review respite and emergency provision and relationship with Children's services.

Project 3. Review assessment care management team operating model

- Agree operating model for adults with colleagues from the Abertawe Bro Morgannwg University Health Board Learning Disability Directorate.
- Agree and implement an operating model for a transition team.

Project 4. Development of the Progression Model

- Continue to work with Registered Social Landlords to develop new accommodation schemes.
- Continue to work with Western Bay partners to develop 'Closer to Home' schemes.

Project 5. Community Development Project

- Develop community hubs in local day services.
- Support the development of a social enterprise to provide an organisational framework for the community groups.

Project 6. Re-commission external supported living services

- Mobilisation of the new contracts.
- Work with providers to implement the revised service model.

Project 7. Develop the use of Bridgend Resource Centre

- Complete the review of the staffing structure.
- Complete work to agree an operational model.

Below are two case studies that demonstrate our new ways of working with people with a Learning Disability:

Case study

Service user 'C' lives in his own flat and works in a local supermarket where staff are very supportive. He was receiving a high level of support during the times he was home, including sleep in support. The high level of support was as a result of a previous offending history and the perceived risk he posed to others. The Social Worker recognised that we were effectively 'policing' him, and, even though he

accepted the level of intrusion in his life, it raised real issues in terms of his human rights and DoLS. He had also become quite dependent on his support and arguably lost skills as a result. The Social Worker worked with him to help him recognise the skills he had to live more independently and also to re-inforce the consequences of any socially unacceptable behaviour. He began a gradual withdrawal of support, and, to date, hours have reduced from 54 per week to 26 and all sleep ins have been removed.

Case Study

Mr B is a young man with severe learning disability, epilepsy and autism. He is without speech and is known to present with a significant behavioural challenge. Mr B resided in an out of county specialist residential placement from the age of 13 years to the age of almost 22 years due to difficulties in managing his behaviour. His placement was located in a rural area with acres of wooded grounds, requiring transport to access community resources. Family contact, although regularly held every fortnight, was restricted by the 2 hour journey.

In April 2014, he moved back to locality and now resides in a smaller, supported living setting which is centrally located and only a 5-10 mins drive away from the family home. This has enabled daily access to a much wider range of local community resources and activities. Mr B is also able to visit the family home very regularly and more frequently, often staying overnight.

Mum is also able to just drop by or call in on her way home from work, which she often does. Mum has also been more able to participate in Mr B's daily care and support in practical terms since his move closer to home. Additionally, Mr B is able to have more frequent contact with extended family members like his aunt, uncle and cousins as this no longer involves extensive travelling time. This has enabled Mr B to participate in ordinary family events and celebrations like birthdays, Christmas etc. or simply just to go out with them for his evening meal.

The development of prevention and wellbeing services is a critical aspect of the Implementation of the Act. Last year we reported that we were going to develop a Prevention and Wellbeing strategy; however it became clear that this was not just a Council responsibility but that a much wider multi agency joint responsibility was needed. It was determined that a Bridgend Prevention and Wellbeing Board was set up and jointly managed by the Council and the Third sector with colleagues from Primary Care, Public Health, all directorates in the Council and other public sector bodies. Terms of Reference have been drafted and the Board has met on two occasions.

A Workshop took place on the 22nd March 2016 to launch this. The Workshop was called 'Prevention and Wellbeing Everyone's Business' and was designed to identify and make links so that all the work being done in this area is joined up with a common purpose. The Board will now take this forward in 2016-2017.

Last year's report provided details of a new Local Community Coordinators (LCC) linked to the Western Bay Prevention and Wellbeing project. This started in

February 2015 with the appointment of the first coordinator. The LCC team now consists of three coordinators and a support officer.

The coordinator who has been in post for a year and has been based in the Llynfi Valley and the other two, who began work in December 2015 and January 2016, are based in the Ogmere and Garw Valleys. The support officer works across the county and has coordinated the production of publicity materials, a website and helps the development of community groups. The coordinators engage in community development work and also carry a caseload of people who they provide advice and support to or engage in longer term intensive work. Some examples of the projects that the LCC team have been involved in are set out below:

- Strictly Cinema
- iPads project
- Memory walks
- Mindfulness group
- Try it, Do it sessions.

More detailed information on these projects is contained in the service report. The LCC project is being evaluated by a researcher from Swansea University. This work is being coordinated through Western Bay and each local authority area has an individual report. The Bridgend report presents a favourable analysis of the progress with LCC and makes suggestions for future developments. The report is currently in draft and will be available when the final version is agreed. Some of the key points are:

- LCC is supported and driven by a small but passionate and committed team with 'buy in' reported at all levels within the organisation.
- Emerging cases via self-referrals suggest LCC is already being effectively communicated to the Llynfi population.
- LCC has the potential to make a valuable contribution to communities in Bridgend, with benefits already emerging from these very early stages of delivery albeit as part of a contribution to a wider ecosystem of efforts across statutory services and third sector.
- LCC has made good progress as evidenced by a growing database and case studies. A continued approach to LCC by BCBC and partners would establish LCC and place it in a position for further meaningful engagement.

At an operational level, the LCC do refer individuals into BAVO when and where appropriate and to take initial discussions around the setting up of groups to BAVO for advice and due process. The impact LCC is having on people's lives can be illustrated by the comments made about the coordinator in the Llynfi Valley:-

- *"She has helped me a lot. I get a bit depressed and I think if it wasn't for her I'd be dead now. She's getting me to meet people again".*
- *"I put my trust in her. I've seen lots of professionals, but this time it's different; she has really helped me".*

- *“She’s been my lifeline, she’s so compassionate. I feel like I was a dead flame, and she has been like a spark to light it again. I’ll never go back on the drugs now – she’s made me determined to be a survivor, not a victim”.*
- *“She’s outstanding, awesome! She’s one in a million. I lost my wife, lost my car, can’t drive now, and felt I’d lost everything. When I was referred to her, I thought ‘here we go again’, but now I’d do anything I could to support her in return for how she’s helped me back on the road to recovery”.*

In response to the next stage of the Older Persons Strategy for Wales, Bridgend County Borough Council has worked with partners to develop the Ageing Well in Bridgend action plan. The plan responds to key national themes that include the development of Age Friendly Communities, Dementia Supportive Communities, Falls Prevention, Opportunities for Learning and Employment and also the reduction of loneliness and isolation. The plan builds on the commitment made by the 22 local authorities in Wales via the Dublin Declaration to make Wales an age friendly country.

The Programmes aim to recognise the voices of older people and the Ageing Well consultation received almost 300 responses on their quality of life and the barriers that they face. There is ongoing work in partnership with Age Cymru to build the capability of the older person’s forums and to represent their views on issues that are important.

Some of the activity in this area includes:-

- A programme of Later Life training has been developed with over thirty participants receiving accredited training to support people in care settings to build strength and resilience and reduce falls due to frailty.
- An Ageing Well web resource is being developed as a source of information that can connect older people to their communities and also provide information for families and carers in relation to the key themes.
- Community walking opportunities are promoted via the “Love to Walk” programme reducing social isolation and volunteering opportunities are being developed through the regional Park Lives programme encouraging active use of the outdoors.
- The national free swimming programme for the over 60’s is achieving the highest participation rates in Wales and a recent initiative has provided free access to veterans linked to the Armed Forces Community Covenant.
- The National Exercise Referral Scheme is working in partnership with the health board to develop enhanced support for chronic conditions and age acquired disabilities.
- Working from the umbrella of the Llynfi 2020 project, the Dementia Friendly Community initiative of Maesteg was established to make Maesteg the first area in Bridgend to become a Dementia Friendly Community. The Directorate has set up a strategic group to develop the Dementia Friendly Community, and have started a series of Information Sessions to encourage people from the area to become “Dementia Friends”. There has been a great deal of support from Police Officers, Fire service, Halo Leisure Company, two of the main banks in the town centre and the local Councillors. We are in the process of completing registration with the Alzheimer’s society and Dementia

Friendly Communities Project to become a recognised Dementia Friendly Community and hope to achieve this status by May 2016.

- With the support of BAVO, the Council has held 2 engagement sessions to seek the views of the people of Maesteg. The first was part of the Maesteg festival where a stall was set up to explain the Llynfi 20/20 project and gain the views of what was important to the people of the area. The second engagement session was held in a local church just before Christmas and was supported by 2 of the local choirs. Following the engagement sessions, the Council was invited to give a presentation to the Town Council, who were excited to become a Dementia Friendly Town Council and have voted a Town Councillor to champion the project.

We have been working with partners to break down the boundaries between acute and community services and strengthening the range and scope of community services to further reduce demand for hospital and residential care by strengthening the community network clusters services. In the next year we anticipate utilising our learning from our North network work on anticipatory care and rolling this out across the other community network clusters.

The Community Resource Team (CRT) continues to focus on providing services that align to the optimal model and its service objectives as described in last year's report. Despite staffing challenges, the service continues to ensure it maximises all resources to meet demand. Steadily, the CRT is increasing the number of alternatives to hospital admission as the availability of the Community Consultants increases, which enables the service to deliver more specialist services to people whose health is deteriorating. Projects that were tested through the Intermediate Care Funding with the third sector such as the Hospital to Home scheme with Care and Repair as well as piloting an Occupational Therapist within Care and Repair, have delivered successful outcomes and are now considered important services. We also recognise our approach taken in piloting schemes such as these have also provided a platform in enabling the authority to deliver the principles of promoting well-being focusing on preventing the need for care and support and stopping people's needs from escalating, as well as providing people with the information, advice and assistance they need to take control over their day-to-day life and also in enabling more support for individuals to be delivered by other partners.

We believe we have delivered on supporting people to continue to live independently at home and can evidence this because the Integrated Community Services have consistently performed against national local targets. The rate of people aged 65+ supported at home is 80.98 and, for the same age group in care home settings, is currently 15.14 at 31/03/2016; this has remained consistently within target for these integrated services. There has been a steady decline in numbers of people over the age of 75yrs admitted to hospital within the locality. The number of bed days consumed is steadily being maintained below average as the in reach service Better@Home is successfully assisting those people who are able to return home far quicker than could previously be achieved. The Care & Repair Hospital to Home scheme also features here, ensuring aids and minor adaptations are installed far quicker, guaranteeing these factors do not delay hospital discharge.

Telecare within Bridgend continues to be recognised as a staple requirement within a package of support to enable a person to remain at home. The mitigation of risk and the reduction in ambulance call outs that this service provides due to the provision of 24/7 response to alerts is one that other authorities are keen to replicate.

Demand for the services of the CRT continue to increase as the CRT establishes itself as the gateway and assessment services for health and social care. During 2015/16, 55.32% of people who were discharged from hospital or facilitated to have an early hospital discharge, and had a short term enabling service, required no ongoing care service. As people enter the services, they are in situations of increased dependency as they experience acute illness or depleted resilience due to a recent medical intervention. Their support needs tend to be higher understandably at those times, but as the CRT services work with people and their needs and establish joint goals, these support requirements reduce. As part of the Western Bay performance monitoring, these reductions are tracked.

As part of its prevention focus, the CRT plays a large role within the Locality's approach to Falls Prevention. A Falls Prevention Training for Support Workers has been developed in collaboration with a Physiotherapist from the Community Resource Team, a Physiotherapist from Pendre Day Hospital, Princess of Wales, an Occupational Therapist in the Falls Coordinator role for the Bridgend Locality Primary Care and Community Services Delivery Unit and Bridgend County Borough Council hosted by Bridgend County Care and Repair. This training is part of the work being coordinated by Bridgend Falls Steering Group. The Falls Prevention Training for Support Workers is a 2 hour session based on NICE guidelines highlighting the effect support workers can have on falls risks.

Case Study

81 yr old lady was referred by the GP to Early Response Team following a diagnosis of a Urinary Tract Infection (UTI). The lady decided to sleep in an armchair until she felt better, but due to heart failure her legs became oedematous and she was unable to get out of the chair. Normally, the lady had 2 x daily single handling calls but as her needs had increased whilst experiencing a UTI she now received double handling calls. She lives in a terraced house where her daughter stays with her but her daughter was away visiting her family in Australia. She normally slept downstairs in a hospital bed and has done for the past few years. The ERS nurse assessed initially and found the lady unable to get out of her chair. The Physio, OT and Telecare Mobile Response Team were asked to attend the property where their combined expertise created a safe manual handling plan to enable the lady to be transferred from the armchair to her bed. The patient was asked to stay in bed for a few days to enable the swelling to go down in her legs.

The Physio and OT reviewed a few days later and noted a deterioration in her condition. The nurse practitioner and CRT consultant were called to review. The consultant started the patient on a short term medication. Physio and OT had concerns that as the patient's condition had deteriorated, they discussed with the lady a suggested change to her support plan advising that she stay in bed over the weekend; she agreed to this. Physio and OT reviewed after the weekend and noted her improvement and adjusted her support plan. On the fourth review when the lady had mobilised for the first time, she experienced a postural drop in Blood Pressure.

The consultant reviewed and adjusted her medications. The patient's mobility gradually increased over the week with daily physio and nursing input from CRT. Unfortunately, the lady experienced a fall. She pressed her Lifeline and the Telecare Mobile Response Team were alerted and attended her home to assist her.

The following day the lady was reviewed by physio and OT when a bed lever was put in situ to allow easier bed transfers. The patient was able to mobilise out to the kitchen with the aid of a Rollator Zimmer Frame and make herself a cup of tea, was able to get in and out of bed with assistance of 1 and therefore her care was able to be reduced back down to single handling with 2 calls per days after being increased to double handling 4 times daily for the duration of her illness.

Conclusion

- *Possible hospital admission avoided;*
- *We listened to her needs and worked with her to improve her confidence and achieve the goals we produced together;*
- *Multi-disciplined approach dealt with the complexities and acute nature of this lady's decline, but still kept the GP informed throughout our intervention, so that her longer term care is informed;*
- *The lady's support package was flexed to meet her changing needs with the outcomes of returning to original support package.*

The Community Independence and Wellbeing Team are continuing to support more and more complex cases at home which have resulted in closer working with the LHB long term team. The team continues to identify and instigate timely assessment for those people triggering Continuing Health Care (CHC) packages as well as supporting people who no longer meet CHC criteria. The team has used different conversations with their service users leading to true person centred planning. The team continues to work in this way with those people with complex care and support needs to challenge the more traditional methods of meeting needs. They work with both public and third sector partners to develop new services to meet needs in a more person centred way.

This year, the Integrated Community Networks have been focusing on supporting people to continue to live independently at home, particularly where they are receiving managed care; placements by the community network teams reduced by 6%, from 200 in 2014-15 to 188 in 2015-16 with 55% of all placements being made for people being discharged from hospital. The overall position for adult social care is a 13.5% drop. This demonstrates the community network teams are keeping people home for longer and that they are entering long term care at a later point, for a shorter duration.

In the example below, new strengths based ways of working have been utilised to focus on what matters to individuals and prevent the breakdown of carer at home and avoidable admission to long-term care. This example is from an Integrated Community Network Team that comprises Social Workers, community nursing, and Occupational Therapists.

Case Study

Mrs Y is an 80 year old lady, a widow, who lives alone in an adapted housing association property. She has a diagnosis of peripheral neuropathy. She has three daughters and a son, all of whom live locally, and has daily contact with her children and occasionally, grand-children; beyond this she has no social network. Mrs Y spent 24 hours in one room, mainly in bed. The position of the bed was causing problems in transfers for home care staff. There was a history of conflict between Mrs Y and her carers. Mrs Y was perceived to be 'difficult' and uncooperative with daily calls from Mrs Y's family to the Home Care Manager initially, then the OT and Social Worker. Mrs Y and her family dealt with issues by 'shouting'. The Home Care Manager was at the point of withdrawing care. Mrs Y was frequently rejecting carers. Mrs Y wanted her bed out of the front lounge and moved to a larger room.

Mrs Y was referred initially to an OT by the Home Care Manager due to an issue regarding moving and handling in her long-standing package of care; the referral was to improve transfers and standing tolerance. A referral was made by the OT to Physiotherapy and a Social Worker also took on the role of care coordinator.

The Social Worker adopted a strengths based approach; in the approach there was more inclusion of negotiation with Mrs Y on an exchange model basis. Mrs Y was able to voice what was behind the basis of her anxiety (resulting in her negative behaviour, a wish to walk, a wish to live in a more normal living environment (less clinical), and crucially, a wish to be treated with dignity, respect and patience by care staff. She came to realise herself that she had to compromise if she was to achieve 'good enough' outcomes if not her full desired outcomes. Time was needed to develop the relationship and allow Mrs Y to move through the change process and focus on what the main issues were; Mrs Y then approached her issues through discussion as opposed to shouting. She also responded to affirmation and felt recognised and valued.

Mrs Y became a less argumentative, more cooperative and calmer person, and after some time, acknowledged, if begrudgingly, progress in her situation.

The Social Worker and Mrs Y agreed the following to:

- *Explore possibilities of increasing standing tolerance – could reduce the equipment initially provided;*
- *Achieve transfers to chair – to avoid 24 hours in bed;*
- *Create a separate bedroom and living room – to normalise her situation;*
- *Expectation and agreement that Mrs Y was more cooperative in order to achieve above.*

Benefits for Mrs Y:

- *Living environment less clinical;*
- *Less equipment;*
- *Responds better to staff (and they to her);*
- *Care staff taking more time;*
- *Mrs Y receives continuity of care with same carers – more satisfying.*

Benefits for department:

- *Avoided breakdown of care at home and long term residential care;*

- *Care package still the same but now very little time spent resolving issues and less demands on social work/OT time;*
- *Mrs Y receives continuity of care with same carers – more satisfying.*

The approach the Social Worker took assisted in de-escalating tensions avoiding confrontations and by utilising reflection, allowed Mrs Y to recognise that she had to take some responsibility about her situation and focus on what was important to her.

The Local Primary Mental Health Support Service (LPMHSS) continues to go from strength to strength. Customer service questionnaires have indicated that 90% of those who have received the service have regarded it as helpful and would recommend it to others. Comments from those who have used the service include;

“It has helped me come off my medication and keep my job”, “My new interests will help me negotiate my blackest days”.

With respect to how the service could be improved the Directorate received the following comment:

“I would have liked the service for longer”.

The ARC service is also developing innovative approaches to respond to need such as mindfulness and stress control programmes. 104 people have attended drop-in stress control sessions, 68 people have attended activity sessions and 56 people have attended anxiety and depression sessions. One service user who attended made the following comment:

“This is just the first step in my life of change”.

In relation to GP referrals, the introduction of a new system for signposting referrals has been piloted. This prescription for signposting involves the GP completing a form with the service user to present at ARC when attending regularly arranged drop in clinics. Since the trial of this system, 48 people have attended signposting clinic.

A single point of access (SPA) for GP referrals into secondary mental health services has been successfully piloted in Bridgend. This is currently being evaluated with a view to rolling out the scheme in Neath, Port Talbot and Swansea. Interviews are being undertaken with staff who operate the system and with General Practitioners who refer into the SPA. The Bridgend scheme will be developed this year to include all referrals to secondary mental health services which will improve access for those who are most vulnerable.

A review of community mental health teams is currently being undertaken in order to establish a new model of service. This review is in response to a regional review of mental health services commissioned by Western Bay which identified a number of recommendations such as enhancing the single point of access, reviewing current models and improving crisis interventions. Visits are taking place to crisis units in other parts of the country which will help inform a future model.

An accommodation work stream has put in place a single procurement and brokerage process for high cost specialist mental health placements. Within Bridgend we have seen more cost effective placements as a result of adopting the process as well as better outcomes for individuals. A common policy and procedure for aftercare services (under s117 of the Mental Health Act 1983) has been agreed enabling consistency across the region. Recently the work stream has undertaken an accommodation needs mapping exercise. This data is being used in Bridgend to inform adult social care commissioning plans. It is also enabling us to collaborate with colleagues in communities to develop specific mental health housing projects such as increasing the provision of floating support and a specialist housing project for those with complex mental health issues.

Improving provision for those in crisis is a key objective in the mental health commissioning plan. Work is currently being undertaken with Health colleagues to scope the development of a crisis service and Bridgend was represented on visits to Crisis facilities in Leeds and Hereford. This is in response to service user and carer feedback which has indicated that it is an area which needs improvement.

Within the Caswell Clinic integrated team, the outcomes in terms of aftercare has demonstrated that the established systems are achieving satisfactions for over 50% of the service users who are now living independently or other community placements. This does also indicate that 50% are transferred to low or high secure units and/or returned to prison. Whilst this may not be a satisfactory outcome for the service user, it does evidence that the team is also meeting the public protection remit of the service.

In 2016-2017 our key areas for improvement are:

- Continue with Phase 2 of Learning Disability project;
- Jointly develop and implement our Prevention and Wellbeing responsibilities;
- Improving our integrated services, pathways, teams and community networks.

Transition

In 2015-2016, our key areas for improvement were:-

- Further progress a range of 52 week residential provision for young people with complex needs;
- To further develop the local Transition Team implementation plan for the agreed operational model;
- Review of Respite/Short Break services for disabled children and young people.

This project began as a work stream of the Western Bay Learning Disability Programme. This group engaged a consultant to research and recommend a transition service model that could be implemented in the three local authority areas. In order to take this forward in Bridgend, a multiagency workshop was held in March 2015, which was well attended and recommended that the development of a team is taken forward starting by making arrangements for a transition team within the

Council. A project brief has been agreed to take this work forward and the project team was established. An operating model for a transition team has been proposed and is being consulted on.

The Disabled Children's Team was co-located with the Adult Learning Disability Team in May 2015 and this has enabled the formal and informal contact between team members to develop. This has improved transition planning and the hand over from children's to adult social care.

Work has continued through the transition panel and Out of Authority Panel to review the care plans of children in out of area placements and to make plans to return young people or avoid making the placements.

The project group reviewing respite and emergency services has negotiated and agreed plans to develop an in county residential provision for children with complex health and social care needs if the family situation breaks down. They are also carrying out a review of respite provision in consultation with families and young people.

In July 2015, a report was presented to Cabinet to inform them of the work being undertaken as part of the Children with Disabilities Transformation programme. Cabinet noted the progress that had been made to date and approved a consultation exercise with staff and stakeholders to inform the options for delivery of respite services and in-county accommodation in the future. Initial consultation to inform the options for the new model of service in moving forward has included:

- Face-to-face consultation event with parents of children on the Disabled Children's Team (DCT) database;
- Letters/surveys sent out to all contacts on the Disabled Children's Team (DCT) database unable to attend the face-to-face event;
- Face-to-face consultation with Disabled Children's Team (DCT) staff/Social Workers;
- Face-to-face consultation and attendance at team meetings with overnight Short Break service staff;
- Face-to-face (tailored) consultation with children/young people currently in receipt of Short Break services.

The findings from this initial consultation will then be used to inform the final options appraisal and recommended model in moving forward, which will be consulted on by Children and Young People OVSC and also as part of a wider public consultation.

In 2016-2017 our key areas for improvement are:

- To establish a pan disability transition team;
- To agree operating relationships with key partners internally and with education, Health and the independent sector;
- Clearly identify how the operating model supports people with ASD and Aspergers syndrome.

THE EFFECT ON PEOPLE'S LIVES

Safeguarding and Quality

In 2015-2016, our key areas for improvement were:-

- Work with SCWDP to develop training for safeguarding officers regarding adult protection and support orders;
- Provide training for senior managers on corporate responsibilities regarding safeguarding;
- Further develop our systems and processes to ensure we can meet the future safeguarding demands going forward and to mitigate the risk to the Local Authority.

The Safeguarding Team is accessed by all partners, stakeholders and members of the public. The Safeguarding Team provide advice, support and guidance on a range of safeguarding queries, including threshold decisions of safeguarding alerts and risk assessments with complex cases.

Over the last year there has continued to be a change in the trend of safeguarding alerts and Adult at Risk referrals. The change reflects a more proportionate and risk based response. Less serious situations are managed through safeguarding, care management or provider agency arrangements. The more serious concerns remain managed through the formal multi-agency framework of Adults at Risk (POVA).

The Safeguarding Team continues to manage the police reporting system for Person Protection Notification (PPN); each one is logged and processed and passed to the appropriate care management teams or managed within the Safeguarding Team. If people are not in receipt of support or services a letter is sent offering contact and support.

Safeguarding Alerts and Adult at Risk referral statistics for April 2015 to March 2016.

Safeguarding Alerts	Adult at Risk Referrals
220	195

This is an increase of 8.6% in Adult at Risk referrals for the same period in 2014/2015.

Deprivation of Liberty statistics for April 2015 to March 2016 (ASQ02)

Request for DoLS assessments	Authorisations Granted
443	252

This is a 37% increase when compared with 2014/2015 which is due to the "P v Cheshire West and Cheshire Council" judgement.

Deprivation of Liberty statistics for April 2014 to March 2015

Request for DoLS assessments	Authorisations Granted
219	150

Safeguarding and business support officers work confidently in their roles. Sensitive disclosures, contentious information and risk management is managed effectively on an agreed multi-agency basis which protects the public, local community and staff. We also attend Multi-agency Risk Assessment (MARAC) meetings which share information regarding high risk domestic abuse situations. Also Multi-agency Public Protection Arrangements (MAPPA) which monitors and plans for violent and sexual offenders moving out of prison, and Caswell Clinic (low and medium secure).

There has been an increase in the number of professional concerns meetings convened over the last year. Concerns raised around a professional working with an adult at risk are now formally addressed under the Multi-Agency Protocol for the Management of Risk associated with Adult Professional Concerns about Employees, Carers or Volunteers.

A selection of cases are audited at case closure; this enables the Safeguarding Team to learn from case examples and challenge any practice or partnership issues. This information is scrutinised by Bridgend Operational Safeguarding Group and the WBSAB.

An internal audit review of the arrangements for safeguarding was also undertaken as part of the 2015-16 annual Internal Audit Plan; the following strengths were identified:

- A Corporate Safeguarding Policy for Children, Young People and Adults that clearly specifies roles, responsibilities and procedures for safeguarding has been developed;
- A local safeguarding group which focuses on operational issues across Western Bay, relevant to Bridgend has been constituted and Terms of Reference have been agreed;
- The Corporate Induction Framework now includes basic safeguarding training for new staff.

There were some recommendations in the report that merits attention over the forthcoming months.

Deprivation of Liberty Safeguards (DoLS) is a legislative duty of the authority and is managed by the Safeguarding Team. The DoLS database provides a system for ensuring compliance with our legislative duties. Due to the huge increase in numbers of requests for DoLS assessments following the “P v Cheshire West” case, this has proved an invaluable asset in providing timely information for senior managers and Welsh Government. The numbers of DoLS referrals and Authorisations granted are monitored on a monthly basis by the Safeguarding Team Manager. A report is also prepared quarterly for Western Bay Safeguarding Adults Board for scrutiny. The number of individuals in care home settings where an Authorised Deprivation of Liberty Safeguard (DoLS) is in place has risen drastically since the Supreme Court Judgement “P v Cheshire West” on 19/3/2014. We have worked consistently with families to ensure they understand the DoLS process and also ensure that IMCAs have been involved in any DoLS assessments where individuals do not have a family member. A review system has been set up so that

renewals of DoLS can be planned and undertaken in a timely way to avoid breaches in the law.

The number of Best Interest Assessors (BIA) has been increased from 25 to 35 this year in order for us to manage the demand of the increased referrals for assessment. Regular meetings have been set up to monitor performance and practice. All assessments are quality checked prior to the authorisation being granted.

Three Contracts Monitoring Officers are based in the Safeguarding Team; this enables them to undertake more preventative work with residential/nursing homes and domiciliary care providers. Considerable effort and energy has been put into helping providers to improve their performance to achieve better care and outcomes for service users. In general terms, providers have been improving the quality of care provided year on year.

The Safeguarding Team have been working with residential/ nursing providers to incorporate the recommendation from the Older Peoples Commissioner in her report 'A Place to Call Home' and the recommendations from "In Search of Accountability" (Operation Jasmine Report) and also incorporate the recommendations into the Regional Quality Framework.

Contract monitoring was previously based on an overall view of the service provider's quality and performance against the Quality Premium Care Fees which were introduced in Bridgend in 2010. The Quality Care Fees in Bridgend have been replaced this year with the Regional Quality Framework (RQF) which will help continue to raise the quality of care locally and draw from national good practice. Western Bay commissioned My Home Life, Age Cymru to work with partner agencies to develop the Regional Quality Framework to take account of the recommendation set out in the report "In Search of Accountability". The RQF sets a clear vision for quality based on a relationship and person centred approach to providing care which strives to seek positive outcomes for residents, relatives and staff in care homes. The RQF was approved by Cabinet in June 2015.

The Contract Monitoring Officers have completed contract monitoring visits to all residential and nursing homes in the Bridgend area. The essence of the Gold, Silver, Bronze (GSB) system is that performance should be measured according to a three point scale or continuum; full details are contained in the service report.

Contract Monitoring Officers have continued to maintain good relationships with care home managers and inspectors from CSSIW, based on mutual understanding and a shared desire to improve the experience of older people living in care homes. There has been closer links between the Adult Safeguarding Team and Children's Services, maintaining links with Just Ask, Probation Service, Mental Health and Health discussing Individuals with complex needs which safeguards individuals through periods of transition and services.

All domiciliary care agencies and residential and nursing home provision in Bridgend have been monitored by the Contract Monitoring Officers and verbal feedback given

to providers in a timely manner. Each individual service also received a contract monitoring report which reflects the finding of the contract monitoring visits.

The standard and quality of care has improved in residential and nursing home settings across Bridgend; this can be evidenced through the contract monitoring process and the reduced referral rates in Adult at Risk referrals. We liaise with individuals and their families to resolve any complaints regarding regulated services and work towards ensuring resolution and a positive outcome for individuals.

The Safeguarding Team works closely with our Training and Development Team to provide a range of training for social work staff, provider agencies and the wider independent sector. Training includes induction sessions to social work staff from both adult and children's services. The Safeguarding Team also facilitates Mental Capacity Act and DoLS training. We also undertake bespoke training sessions to meet specific needs of an area and service user groups, for example, care homes, day services and Parc Prison. We have also held awareness sessions for carers groups e.g. Carers Centre and Alzheimer's Society. Close working relationships between adult safeguarding and children's safeguarding services ensures that information is shared in a safe and effective way to protect children and adults at risk from abuse and neglect. A Corporate Safeguarding Policy has been developed and has been approved by Cabinet. This will be included in the induction process of all new employees.

Safeguarding Officers and Contract Monitoring Officers meet regularly with colleagues from CSSIW, Health and Police to share information on regulated settings. Provider issues or concerns are then managed within the Escalating Concerns Protocol. Provider agencies are part of this process where agreed action plans can be developed to address performance issues. Vulnerable service users are safeguarded through this oversight and scrutiny.

We continue to work with the Independent Care Home Forum and Independent Domiciliary Forum which is an opportunity to liaise and discuss commissioning and contracting intentions and quality issues. The Safeguarding Team have always maintained strong links with the Coroner's Office in Bridgend, for example, undertaking homicide reviews, reports into sudden/unusual deaths and providing evidence in the Coroner's Court for individuals that have been subject to Adult at Risk referrals. However, this relationship has been further strengthened due to the Supreme Court judgement on DoLS; all individuals who die whilst subject to a Standard Authorisation must now be referred to the H M Coroner. We have worked closely with the Coroner and other local authorities to develop a process across South Wales to manage the increase in referrals to H M Coroner and streamline the process to support families at this difficult time.

In 2016-2017, our key areas for improvement are:

- Update all paperwork, policies and data bases in line with the Social Services and Wellbeing Act 2014;
- Work with SCWDP to develop training for Safeguarding Officers regarding Adult Protection and Support Orders;

- Develop an allocation tool for DoLS to ensure there are no breaches to the Mental Capacity Act 2005 legislation.

Support to Carers and Involving Service Users and Carers

In 2015-2016 our key areas for improvement were:-

- Develop an exit strategy to ensure carers continue to receive services, information and support following the final year of the Carers' Measure;
- Explore ways to include service users and communities within aspects of commissioning, especially around new service models for the future;
- Better consider how feedback from consultation, engagement and customer surveys are used by the service to provide more effective and positive outcomes for service users.

Whilst supporting carers has been a priority in Bridgend for many years, there is no doubt that the Carers Measure has enabled us to "raise our game" and facilitated collaborative working in relation to carers on an unprecedented scale across the Western Bay region. Once again, the Carers Centre in Bridgend has been at the forefront of providing information and support to Carers in the locality.

" the staff have shown great kindness and I have made some new friends which has made such a difference to my life"

The relationship between the council and the Carers Centre is paramount in continuing to maintain improvements for carers wellbeing in Bridgend.

During 2015-16, the Carers Information and Consultation Strategy has continued to be the main vehicle for improving services to carers. The Regional Carers Partnership and sub-groups monitor progress and spend against the Measure funding. Carers Measure funding has enabled us to support a number of developments and improve services as follows:

- Measure funding has enabled the Carers Development Officer post to continue until March 2016;
- Welfare benefits surgeries have continued in the Carers Centre. This is a result of carer feedback;
- The Carers Development Officer has continued to undertake focussed work in schools to raise awareness regarding young carers;
- Three E-Learning modules were purchased and are being rolled out across the council; Carer Aware, Completing Carers Assessments and Young Carer Aware;
- Training has been delivered to assessment and care management teams and carers have been involved in the delivery;
- The Bridgend Carers Forum continues to go from strength to strength and has been a useful forum by which to engage carers in service planning and local strategy;
- A Carers Forum specifically for carers who support those with mental health issues has been established following a request from Carers in Bridgend;

- An information sharing leaflet has been produced and a training programme has been rolled out following a request from carers in Bridgend;
- Carers are represented on a number of strategies and planning groups as part of the Western Bay Collaboration;
- Representatives from BCBC have attended several user and carer forums to provide updates on service developments and policy;
- The Carers Development Officer has worked with the Carers Centre to raise the profile of carers within the hospital setting;
- Measure funding has supported the Carers Centre to raise awareness in all 19 GP practices throughout Bridgend and through practice for learning events;
- An event was held in December 2015 to identify and raise the profile of working carers in the council;
- A Carers Facebook page has been established for council employees;
- The Dementia Strategy and Delivery Plan were consulted upon during 2015. Improving services to carers is a priority in the plan;
- The numbers of identified carers has increased from 1421 during 2014-15 to 2102 in 2015-16;
- A transitional plan has been developed by the partnership to facilitate the transition of the Measure into the SSWBA;
- When a patient has been newly admitted to the Caswell clinic the Social work team send the identified carer an introductory leaflet and letter describing the practice of the clinic. They will then be invited to a family welcome meeting to meet the clinical team and various professionals in an informal setting.

It will be essential to keep carers on board with all aspects of commissioning activity. As part of our commissioning process the department works with the Council's communication and consultation team to develop a communication and engagement strategy, which includes consideration of how to obtain the views and opinions of carers. We also continue to attend carers' forums to keep them involved in the developments and transformation.

Carers are regarded as essential in terms of helping us shape up and finalise the quality standards for commissioned services and as the new standards and frameworks emerge, we will continue to seek their views to help them achieve the best quality and outcomes possible (also reach out to carers who are not part of the existing engagement mechanisms).

Whilst we have a number of ways to consult with carers, there are always further opportunities to strengthen how we gather their views on the service and create new ways to collate what they think about the quality and experiences of the care that their family members receive. This is an area that we are committed to strengthening as we progress our commissioning activities.

It is important to take proper consideration of how to enable engagement of those who require services and their carers as co-production is an important element of commissioning.

As previously mentioned, part of our commissioning process involves working with the Council's communication and consultation team to develop a communication and engagement strategy. This includes consideration of how to involve more 'hard to

reach' groups. An example of this, as previously noted, was to develop cards providing details on how to get in touch with us to be part of the consultation process for the domiciliary care service modelling that delivered to people by their care home worker.

Information received from our consultation is used to directly influence service design to ensure that the services we commission are services that people would choose to receive. For example, the development of a new service model for independent domiciliary care was influenced from feedback received from people on what they felt was important.

Information from consultation is also used to directly influence our commissioning intentions; in 2015-16 consultation was undertaken as part of the development of the Joint Dementia strategy

Over the year, there has been significant consultation regarding remodelling activity for respite and residential services for children and young people, which will be instrumental in informing the final options appraisal and recommended model.

Those who use services are essential in terms of helping us shape up and finalise the quality standards. Part of the new regional quality framework involves sending residents their families and staff questionnaires, which feeds into the overall view of quality.

One of the challenges we will face as we respond to the SSWBA will be to continually involve those who use services, their carers and communities in developing local prevention and wellbeing models in their localities. It will be vital to include citizens in the new and emerging models to simulate real community resilience.

Engagement with service users and carers is improving in the Mental Health area. A 'Stronger in Partnership' group (SIP) brings together professionals, service users and carers across the Western Bay region. This ensures mental health plans are more responsive to need. An example of this is that carers had raised concerns about the sharing of information. A guidance document has been produced which will be promoted and circulated widely and training for staff on information sharing is ongoing.

The Time to Change Wales (TTCW) campaign is a Welsh Government initiative aimed at changing attitudes within the Welsh workforce in relation to mental health. TTCW aims to work with organisations to sign a pledge and develop action plans to create 'mentally healthy' workplaces where staff are actively encouraged to talk about mental health. It is also designed to raise awareness, understanding and tolerance of poor mental health. Bridgend signed this pledge as part of a Western Bay commitment in February 2016.

A meeting has been arranged with head teachers to enable the authority to raise awareness regarding young people and mental health and wellbeing in schools. This initiative also aims to help early identification of mental health concerns regarding young people and facilitate early intervention.

All cases managed through the Safeguarding Alerts and Adult at Risk referrals focuses on the needs, wishes and choices of the vulnerable person. The individual is encouraged to take part in the Adult at Risk process, placing them in the centre. If the person lacks capacity to consent to the intervention then we seek the views of the nearest relative. In certain circumstances the Safeguarding Team Manager can make an overriding decision to progress the Adult at Risk referral when allegations of abuse or neglect are raised within a regulated setting and where there is a wider public interest e.g. more than one service user involved. Consideration is always given to involving an Independent Mental Capacity Advocate (IMCA) to support the person through the process.

In some Adult at Risk cases the perpetrator is also vulnerable in their own right. Therefore separate meetings are arranged to ensure the needs of each individual is considered.

Service users have been involved in providing feedback, both positive and negative, about commissioned services both in residential/nursing homes and domiciliary care services to enable better services to be developed and commissioned. Elected members also undertake Rota visiting within residential/nursing homes to seek the views of residents; this is also fed back into the contract monitoring process to improve quality of care.

The Safeguarding Team offer information, advice and support to carers. Working with service users, their families and carers has always been the focus of the work we undertake in the Safeguarding Team, placing people at the centre of the Adults at Risk, contract monitoring and DoLS processes to achieve better outcomes for individuals, ensure safeguards are in place and also, in the wider perspective, of raising standards and quality of care across the independent residential/nursing home sector.

Contract Monitoring Officers spend time in the homes talking to service users and their families to seek their views on how their life is within that environment, what outside community activities come into the home e.g. schools, choirs etc. and ideally what improvements could be made. Service users, families and stakeholders can also contact the Safeguarding Team by telephone to make us aware of compliments and complaints and these are always followed through and information fed back to individuals where appropriate.

Sample of service users and family comments:-

*'I have no issues to raise with the care of my mother in these excellent surroundings'
'Staff, who are able, converse with Mrs K in Welsh, as she prefers'.*

'Trustworthy experience and happy for XXXX'. The relative went on to say that communication was good when necessary.

"I think my father's home is doing a wonderful job! Thank you to everyone involved in his care! Well done."

"Very happy with the care our son receives"

'We are very pleased with the care my mother receives at the home and find the

staff to be very caring and efficient'

'Very caring staff. So pleased with the way they care for my mum.'

As part of the DoLS process, we seek the views where possible of the service user and their family. If people do not have any family, the IMCA service is involved to seek the views of the individual and feed them into the DoLS process. IMCAs can also act as the person's representative; this is an ongoing role for as long as the DoLS is in place.

Successful and sustainable outcomes from CRT interventions rely on carer involvement and cooperation to continue to encourage new skills/independence where that input is available. The perspective of their current position and desired outcomes are sought from the carers on initial assessment and once again at the end of intervention if ongoing support and care is indicated. The purpose of the service is discussed with the carer at the point of identification that the service would be of help to the person/carer. Service information is shared with details of points of contact. Carers are also involved at each review, and discussions and agreements to changes in level of CRT interventions take place with service user and carer. The service has used the opportunity afforded it through the Intermediate Care Funding to fund a post based within the voluntary sector to work with carers within the secondary care setting. This post intends to have a dual role of offering support to carers when timely discharge dates are identified as well as assist the CRT achieve its objective of supporting earlier discharges. The post will support the requirements of the SSWBA by ensuring the assessment of carers needs and that there is appropriate attention to the need to organise and secure the care and support they require detailed in an individual support plan.

Elected Members contribute to the safeguarding of our vulnerable adults, children and young people and help to ensure that the quality of care provided is appropriate.

It is essential that opportunities are presented for Members to meet with people who receive services from us to listen to their views. There is an established programme of rota visits; the programme was extended to include some independent sector adult establishments. The comprehensive guidance has been further developed through previous discussion with Members and provided to all Members involved. In 2015-16, there were 18 independent sector homes included on the rota.

During 2015-16, it was agreed to pilot visits to service users receiving Home care from both the council and from independent sector providers. A team of 5 champion elected Members piloted the scheme in the first instance with visits to 5 recipients of local authority provided Home care in the first instance. An evaluation of the success of this has been taken and it has been agreed to extend this with visits being planned for April/May and September/October 2016.

Reports on rota visiting were presented to the Adult Social care Scrutiny on the 11th February. The feedback from all rota reports is provided to service managers and any issues raised are addressed. Examples of feedback is included below:

“When we visited we were unable to meet staff for all but a brief chat as they were tied up in interviewing. No major issues were raised”.

“We received a friendly greeting and visited the lounge area. Staffing structure, levels and training were discussed”.

“Décor and painting ‘tired’ and chipped around door frames. Lounge windows need cleaning inside. Hole in kitchen ceiling. No shade on ceiling light in sensory room”.

“Visited and spoke to service users and staff. The four service users were in the minibus looking forward to a trip to Porthcawl, They were very happy to be at the home for the evening and having their trip and told us they were looking forward to getting a new larger minibus in a few months’ time”.

“The facility looks very presentable from the outside and the lounge was receiving a ‘makeover’ by staff who were painting it. Delivery of a sofa and two beds was awaited.”

“The living room’s been redecorated since our last visit and the bedrooms were looking fresher”.

“There is an issue with the driveway, part of which is in need of repair especially as many clients are wheelchair users”.

Service response: “This has since been re-tarmacked”.

“On our visit there were two clients in residence, one was watching the television and engrossed in a game with a care worker there to engage with him. There was one resident who was getting a lot of help and support from a member of staff”.

In 2016-2017 our key areas for improvement are:

- Continue to improve performance in relation to carers assessments;
- Ensure support for carers is incorporated into the implementation plan for the Social Services and Wellbeing Act;
- Ensure regional transitional plan is implemented.

DELIVERING SOCIAL SERVICES

Performance Management and Quality Assurance

In 2015-2016 our key areas for improvement were:-

- Develop and implement a representations and complaints E:learning facility;
- Continue to develop the collaborative working arrangements with Neath Port Talbot and Swansea for complaints;
- Complete and implement the new Supervision policy;
- Implement the new CCIS system with partners;

- Continue to manage and monitor sickness absence and develop new ways to support the management of sickness levels.

The service aims to provide an efficient and effective complaints service to service users, their carers and relatives. Bridgend's Social Services Representations and Complaints Procedure has been formulated and is delivered in accordance with statutory requirements and in line with Welsh Government's recently reviewed guidelines: "A Guide to Handling Complaints and Representations by Local Authority Social Services". The complaints procedure has two stages, Stage 1 – Local Resolution and Stage 2 – Formal Investigation. The service also places great emphasis upon early and informal resolution and wherever possible, aims to resolve complaints within 2 days of their receipt.

Representations and Complaints Statistics for April 2015 to 31st March 2016 are as follows:

	Informal Resolution (within 2 working days)	Stage 1	Stage 2	Corporate Complaints	Compliments
Adults	56	7	1 (ongoing)	1	105

A range of leaflets relating to complaints and compliments are available in various formats to make them user friendly and suitable for the varying needs/abilities of service users and carers, including children, young people and individuals with learning disabilities. These leaflets and the Complaint Form are also available in Welsh.

All complainants continue to be provided with a feedback questionnaire entitled "Improving the Way we Handle Complaints" (formulated and provided in accordance with the Welsh Government former Complaint Guidelines "Listening & Learning"). The questionnaire is designed to obtain views from complainants in relation to the handling of their complaints and not in relation to the outcome of their complaint. Return rates are, unfortunately, low; however all feedback received is taken into consideration and is also included in the Annual Report.

The Council is committed to promoting equality and fairness to ensure that services meet the needs of individuals. An Equalities Monitoring Form is therefore provided to complainants for their completion.

Much work has continued to be done by the Complaints Officers to work with Team Managers to attempt to resolve complaints at source. This work has been successful in that the number of cases that have been successfully resolved to the satisfaction of complainants, normally within 24 hours of their receipt. As a result of this work, complainants are spared the stress and inconvenience of embarking upon what can be a long and protracted process. The work required by Team Managers and the Complaints Office has also been reduced in terms of the need to provide lengthy formal written responses. This work has also contributed to the reduction of the number of cases progressing to the later stages of the procedure.

Work has been undertaken by the IT Department to review and update the complaints database to bring it into line with the revised complaint Guidelines. Advice is now awaited, however, to establish whether the new WCCIS system can be used to log representations and complaints.

Staff training has continued across Adult Social Care and an e:learning module has been developed to raise awareness of staff across the Directorate to their responsibilities when receiving complaints. A pilot of the e:learning module was undertaken in February 2016 and it is hoped that this will be formally launched shortly thereafter. Development of further e:learning modules to provide advice and guidance for managers when handling formal complaints is underway.

As part of the Western Bay Collaborative and to fulfil the requirements of the revised Complaint Guidelines, meetings have taken place with Neath Port Talbot and Swansea as a result of which reciprocal arrangements, in particular in relation to the undertaking of Stage 2 Independent Complaint Investigations have been agreed. A protocol has been developed and is now in place.

Agreement has also been made for representatives of each authority to meet periodically for the purpose of reviewing this collaborative arrangement and share best practice.

There is a continued focus on sickness absence – provision of training on the Absence Management Policy and sickness absence procedures, chasing any outstanding sickness absence paperwork, developing a resource of information and links on the Wellbeing Intranet site, sample monitoring of the quality of absence review meetings and return to work interviews, monthly sickness focus meetings with hot spot areas. Specific work includes:

- Overview of outstanding ARMs/Formals provided by Area at Group Managers Performance Meeting (monthly);
- Notional costing of absences provided to each Group Manager based on an average salary at Group Managers Performance meeting (Monthly);
- Managers who have not had Stress Management training have been identified and targeted for training;
- In CPA we are reporting on Days Lost to Industrial Injury;
- Regular meetings with certain services in order to discuss sickness absence cases.

New processes have been introduced and include:

- New corporate absence management managers training established, to provide a clear overview on managing sickness absence with a focus on Long Term Sickness;
- 'Care First' counselling service introduced, which complements existing HR management and support policies; the service can be accessed confidentially by the employee at any time of day or night;
- Absence Management Policy has been updated corporately in order to establish daily contact for short term absences and HR attendance at the first welfare visit for long term sickness cases;

- A new Sickness Absence 'Toolkit' has been established corporately to assist managers in implementing and adhering to the absence management policy;
 - Long term sickness cases 'Top 10' are discussed on a regular basis with the Head of Service, Group Managers and Service Managers;
-

SHAPING SERVICES

Commissioning and Contracting

In 2015-2016 our key areas for improvement were:-

- Development of a commissioning plan for the independent sector homecare market and the implementation of that plan (leading to a re-commissioning exercise);
- Progress the commissioning arrangements for learning disability services and take forward the tender of the local provision;
- Appoint an RSL and take forward the development of 2 new ECH schemes within Bridgend, and continue to work with existing service users, staff and TUCs as part of the transformation plans;
- Progress the options for Meals at Home services and work up the longer term opportunities to develop more sustainable models for the future;
- Strengthen approaches for prevention and wellbeing and shift services to communities;
- Continue to seek opportunities across Western Bay to work collaboratively;
- Finalise the regional quality framework for care homes and implement across the region;
- Work together to respond to the joint response for the Older People's Commissioner in order to collaboratively take forward the actions identified within the report.

A home care commissioning plan was developed and presented to Cabinet for approval in May 2015. This commissioning plan set out the intended future service model and the proposed commissioning and procurement approach. Following approval, we continued with our consultation and engagement to finalise the service model for a responsive and flexible service that will enable the Council to meet the increasing demand.

A range of methods were implemented in order to ensure that those who use services, their families and their carers were aware of, and consulted about, the proposed new service model. This included developing ways of obtaining the views of people who use domiciliary care but might not be able to attend an event. As such, we developed business cards with contact details that care workers delivered to individuals when they visited them in their homes.

From this service model, a robust service specification, call-off contract and tender documentation was produced. The tender process commenced in October 2015 to appoint providers onto a framework agreement for the delivery of domiciliary care

services across Bridgend County Borough. As a result, 13 providers were appointed as framework providers and the framework will commence in April 1st 2016.

As part of this commissioning process, the focus was on evaluating the quality of providers and their ability to deliver services that are person centred, outcome focused, asset based and co-produced, and that support independence and the reablement process. The quality assurance requirements have been enhanced and a new set of quality monitoring standards will be developed to monitor to continuous quality of services.

The intended result of this tender exercise is to ensure that we continue to have a high quality and sustainable domiciliary care market which is able to meet the changing needs and demands of citizens and is able to meet individual outcomes of those who require a service. The Commissioning Plan and subsequent tender also supports the progression of the remodelling homecare programme by ensuring there is sufficient capacity to meet increases in demand for generic domiciliary care.

The progress on the commissioning arrangements for learning disability services and take forward the tender of the local provision is described in detail earlier in this report.

The remodelling of residential care for older people to an Extra Care service model has seen progress within 2015-2016. A detailed process was undertaken by the project team which included:

- By the 30th October 2015, three RSLs confirmed their intention to proceed to full submission;
- Returns were received by the RSLs, including financial proposals and outline sketch designs and project plan by the 4th December 2015;
- Evaluations were completed 8th December 2015;
- Interviews took place for the RSLs on the 11th December 2015;
- Notification of successful offer was issued w/e 18th December 2015.

In April 2016 the Council announced the preferred RSL partner being Linc Cymru. Work will now be progressed during 2016-17, the design and construction phase will start in January 2017 and is due to be completed in March/April 2018.

The options for Meals at Home services and working up the longer term opportunities to develop more sustainable models for the future progressed in 2015-2016. In March 2015, an options appraisal for 2015-16 was presented to Cabinet, who approved the recommended option of implementing 'service efficiencies and a small increase in charges' and to undertake further work to appraise alternative remodelling solutions to deliver the Meals at Home service in future. In light of Cabinet approval to appraise alternative remodelling solutions and in line with preparation for the SSWBA, Adult Social Care are exploring some longer-term remodelling solutions for the Meals at Home service. A further report and options appraisal will be presented to Cabinet in 2016-17, proposing a strategic direction for Meals at Home service in the longer-term.

The regional quality framework for care homes was introduced in 2015-2016 and is described in detailed in the Safeguarding section of this report.

The 2015 annual review of the Local Supporting People Commissioning Plan has shown that 'Older People' and 'Support for People with dementia and their carers' remain the strategic priority areas for the authority.

In moving forward, and working to the prevention and wellbeing agenda, Supporting People and Adult Social Care are developing greater prevention and community-based low level support services to help prevent people from needing to access managed care, including Telecare services to support longer term independence.

As a result, Supporting People have developed pilot schemes for a Dementia Floating Support Service and an Older Persons Floating Support Service for older persons living within their home. The Social Care Commissioning Team contributed to the development of the service model for these schemes. The commissioning and placement support officers are managing placements into this service.

The Western Bay Care Homes Task and Finish Group has been established to take forward the actions within the Improvement Plan sent to the Older People's Commissioner in response to her report 'A Place to Call Home'.

These meetings have generated recommendations for additional indicators to be added to the current RQF framework. The over-arching outcomes of the RQF framework remain the same.

A Western Bay draft Older Peoples Commissioning Plan and regional market position statements for residential and nursing care has been developed. The draft Western Bay Area Planning Board substance misuse commissioning strategy has also been completed.

The work of the Western Bay change agents has continued with positive results. These posts are aligned to each authority and feeds into the change team priorities and actions.

In terms of contracting and monitoring services that health and social care commission collaboratively, there has been a great deal of joint working between the monitoring and care practitioners with regards to the care home sector, including concentrated joint reviews and targeted action planning. Provider forums are also attended by colleagues in Health.

A complex care forum has been established to help further develop our partnership approach to creating solutions in supporting people with complex needs. This includes the planning of future joint commissioning arrangements.

There has been a joint approach to the development of the local Dementia Strategy for Bridgend, including the establishment of priorities to take forward.

The process of a second Closer to Home project was started in 2015-16 with anticipated completion for 2016-17. This service will be to provide specialist support

to individuals with complex autism needs within the community. The commissioning of this service has been led by BCBC in partnership with colleagues in health.

In 2016-2017 our key areas for improvement are:-

- Further refine the RQF tools following consultation and align to our quality care fees process;
- Conclude the options for the Meals at Home services;
- Develop and implement new IDC quality monitoring toolkit;
- Complete homecare transformation;
- Progress with the development of the two Extracare provisions.

SUMMARY and FORWARD VIEW for 2016-2017

The year 2015-2016 has been significant for Adult Social Care in Bridgend as we strive to continuously improve our services; we are very proud to present the details contained in this report. The year 2016-2017 will see us embedding the change of culture that is needed for the implementation of the new Social Services and Wellbeing (Wales) Act 2014. We have a committed and dedicated workforce in Bridgend, as recognised by initial feedback on a recent national CSSIW inspection, so we are positive about the future.

Our Remodelling Adult Social Care Board will continue to be the cornerstone for our transformation journey as we strengthen the prevention and wellbeing agenda across our services in Adult Social Care within public services, in Bridgend and regionally across Western Bay.

The current climate of austerity and demographic changes continue to contribute to the challenge of delivering quality support and services. Despite these challenges, Adult Social Care remains committed to improving the lives of people in Bridgend and we will continue to modernise our services to make social care sustainable and proportionate in the future.

Jackie Davies, Head of Adult Social Care
May 2016

PART THREE CHILDRENS SAFEGUARDING AND FAMILY SUPPORT

INTRODUCTION

2015-2016 has been both a challenging and exciting time in Childrens Safeguarding and Family Support in Bridgend. Whilst continuing to experience a rise in contacts, referrals and assessments we have made significant progress in our restructure and preparations for the Social Services and Wellbeing (Wales) Act 2014 and WCCIS. The appointment of a new Head of Service in October 2015 has provided additional leadership and capacity to scrutinise our performance and further focus on the transformation agenda.

In 2015 our transformation agenda was driven via Change Programme/Project boards in both the Childrens and Social Services and Wellbeing Directorates. Strategies relating to Looked After Children (Placements and Permanence) and Early Help were finalised and a comprehensive Children with Disabilities Programme was initiated. The latter has included projects relating to the remodelling of our respite services, transition arrangements, continuing health care and local residential provision. We are now aligning these activities and establishing a Remodelling Children Social Care Board which will oversee the planning of new models of service delivery into implementation phase. The 4 projects that will report to this Board are (i) Children with Disabilities (ii) Remodelling residential provision (iii) Early Help and Permanence and (iv) Multi Agency Safeguarding Hub (MASH).

The Remodelling Board is closely aligned to the Council's Medium Term Financial Strategy. It is recognised that our considerable change programme has and continues to be within the context of severe austerity and a challenging savings target whilst ensuring that existing service users continue to receive the service that they need.

This report sets out what we have done in 2015-2016 to ensure better outcomes for our service users and also highlights the improvements needed in the future.

GETTING HELP

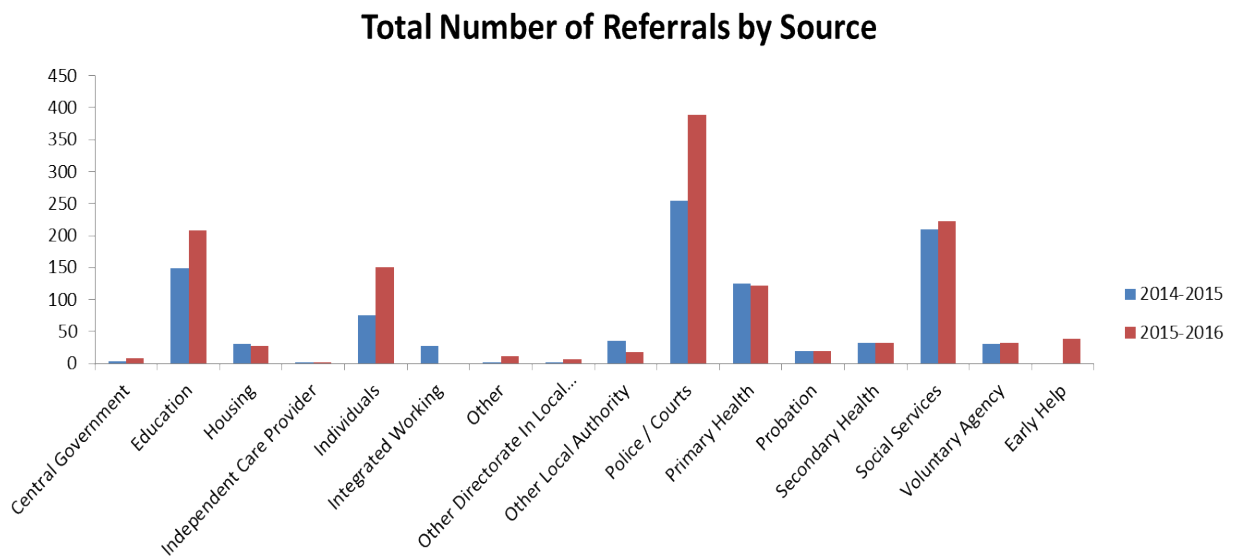
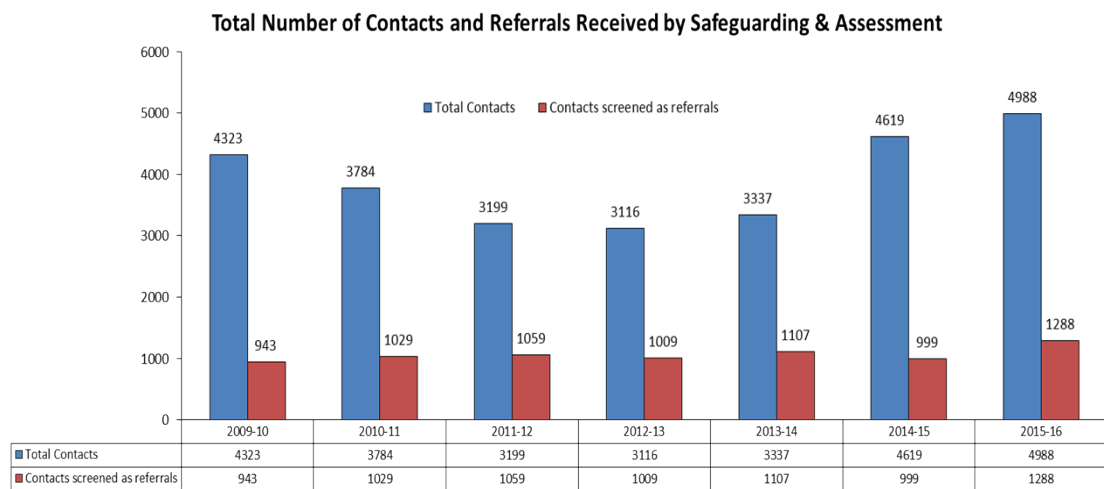
Access to Services

In 2015-2016 the key areas for improvement were highlighted as:-

- Monitor the re referral rate;
- Development of a Multi-agency Safeguarding Hub (MASH).

We have a county wide assessment team based in Bridgend Civic centre which receives contacts and referrals from members of the public and professionals in respect of safeguarding and child welfare matters. In 2015-16 our Assessment team

continued to experience an 8% rise in contacts (4988 compared to 4619 the previous year). The proportion of those that progressed to referral increased from 22% to 26 % resulting in an overall increase of referrals by 28%.



The table above outlines marked increases in the numbers of referrals from Education, Police and individuals (e.g family members, self referrals) last year. This will need further monitoring and analysis in order to identify any themes, application of thresholds and undertake work with referral agencies to address any issues that emerge.

It has been positive to note, however, that despite these overall increases the rate of re referrals has come down from 20.4% to 16.5%. The Assessment team have also exceeded targets with the percentage of referrals during the year on which a decision was made within 1 working day staying at 100%.

As part of the requirements of the Social Services and Wellbeing (Wales) Act 2014, work has been undertaken with the Assessment team to agree a model for the Information, Advice and Assistance Service. This work has involved practitioners and managers in addition to consultation with the Early Help Service and other agencies, who will in time become stakeholders within Bridgend's MASH.

A Project Manager to lead the development and implementation of the MASH was appointed in Mid-February 2016. The Strategic and Operational boards have been established and have met to finalise terms of reference and agree the next steps.

Two of our safeguarding hubs are now located in the communities they provide services to, making them more accessible to children, young people and families and the professionals involved in case management and service delivery.

We have also made arrangements to install Dewis which will be utilised across the Social Services and Wellbeing Directorate and other parts of the Council as a central information point for members of the public and professionals.

In 2016-2017, our key areas for improvement are:-

- Establish a co-located team which will deliver the functions of a MASH, our existing assessment team and early help screening/allocation functions.
- In partnership with the carers' centre, increase the number of carers who receive information, advice and assistance

Assessment and Care Management

In 2015 -2016, the key areas for improvement were highlighted as:-

- Implement new Safeguarding structure;
- Relocate both Just @sk Plus and DCT Team to improve integrated working;
- Continue to safely reduce the Looked After Children population;
- Continue to develop the role of the Transition panel. Information on this is contained on page 42.

New structure/relocation of teams

The implementation of the new structure commenced in April 2015 and was completed in July 2015. Staff from the previous five safeguarding teams were co-located within one of three newly formed safeguarding hubs – East, North and West of the county. Each hub has a team manager who leads a team comprising of a deputy manager, senior practitioner (s), social workers, social work assistants and contact workers. These are now well established with the early intervention team co-located with the safeguarding team. This has resulted in more effective joint working to identify the needs of children in a more timely way and having mechanisms for stepping up and down cases across the relevant services more efficiently. The teams also had joint “away days” which has facilitated the integrated approach to

practice. We have also relocated both Just @sk Plus and our Disabled Childrens Team (DCT) to improve integrated working.

The Just @sk Plus Service relocated to the Civic Centre in May 2015. The service is now co-located with the Housing Department and also continues to provide a drop in service in collaboration with the former Youth Service.

The Disabled Children's Team re-located to the Bridgend Resource Centre in May 2015. The team is co-located with a multi-agency adult social care team (Community Support Team) which supports adults with learning disabilities.

The new arrangement enables more effective transition planning for both care leavers and disabled young people who meet the eligibility criteria for specialist support from Adult social care. Those young people who do not meet the eligibility criteria benefit from a more integrated planning approach with Adult Social Care.

Work has continued through the transition panel and Out of Authority Panel to review the care plans of children in out of area placements and to make plans to return young people or avoid making the placements.

An operating model for a transition team has also been proposed and is being consulted on.

The relocation of the Just@sk 'drop in' arrangement has also enabled more focused working with young people with regard to employment and training opportunities and signposting to other services. Information and guidance is also available. Similarly, co-location with Housing has resulted in stronger working relationships and more effective support for young people with accommodation issues. Being placed in the Civic Centre has enabled a more co-ordinated response for young people.

The following are case examples from each team:

Case Study

S became looked after in 2001 and subject to a Full Care Order to the local authority in September 2002 as a result of concerns in relation to neglect whilst in the care of his mother at the age of 4/5. S has a diagnosis of ASD and has associated learning disabilities.

S has been accommodated in foster placements and residential care during his time as a looked after child. In March 2015, S was placed with foster carers and whilst initially this appeared to be a positive placement, difficulties arose in June 2015 and the carers expressed they felt the placement could not continue due to perceived behavioural issues. Attempts were made to stabilise the placement however in July 2015 the carers served 28 days' notice on the placement. Searches began for an alternative placement for S however, in light of his complex needs there were difficulties in identifying an appropriate placement whereby his needs could be met. There were further concerns that S was only two months off his eighteenth birthday

and therefore any placement would only be for a very short period of time as upon turning 18 alternative accommodation would be required.

The social worker attended accommodation and permanence panel to present S' case and it was proposed that discussions be held with the allocated Social Worker within the Community Support Team to ascertain if there would be any options which may be available to S within Adult's Services that could be utilised in any way. Discussions were held between the allocated social worker's within DCT and CST along with Operational Manager of Accommodation services and it was identified that there was the option of S being accommodated within a self-contained flat at a local residential home for adults with a range of complex needs and disabilities. A meeting was set up with the manager of the accommodation to discuss S' needs and whether it was felt to be appropriate accommodation for him which was facilitated by CST and they were able to recommend a particular care agency that could support S based on their own experiences. Colleagues within Adult's services introduced the DCT social worker to the care agency and initiated the discussion regarding care and support needs. The care agency obtained approval from CSSIW to enable them to support S as they were registered for Adult care.

Prior to S moving, a meeting was set up between all those involved in S' care to formalise the plan. This meeting was well attended by representatives within both Adults and Children's Services along with the care agency. Following his move, S was visited and monitored in his new accommodation by both his DCT and CST social workers which supported the transition planning for him. S remains in this placement to date. He is very settled and has made positive progress in relation to the development of his independence and social skills. S is reported to appear very happy during visits and whilst at school.

This was an excellent outcome for the service user and enabled a very smooth transition, reducing the number of moves thus providing him with increased stability and continuity. DCT being based at the same location as CST undoubtedly contributed the success of the plan and the outcome. Social Workers within DCT and CST were able to communicate much more effectively and efficiently as a result of being in the same vicinity. Information sharing was very positive and CST were able to directly share their knowledge and experience of services and liaise between them and DCT which enabled the plan to progress in a timely manner for the young person. All professionals were fully aware of the plan for the young person and fully informed which supported working together. In addition to the development of the plan, the increased involvement, and joined up working, between DCT and CST enabled S to become familiar with those who would be directly involved in his care post 18 which supported the transition from Children's to Adult's services.

Case Study

J is 18 years old and was accommodated by the Local Authority in a residential unit until 18th Birthday.

J was registered on common housing register 3 months before 18th Birthday. J had explored all housing opportunities for post 18 accommodation with P.A and social worker.

J presented to housing solutions 2 days after his 18th Birthday (birthday fell on weekend).

J was seen by housing officer and was provided with Temporary accommodation in Ty Ogwr, Coity Road Bridgend. Ty Ogwr is "supported interim temporary accommodation" for homeless people, situated on Coity Road. Ty Ogwr comprises 16 flats that will be used as bespoke temporary accommodation for local homeless people. The project has been developed in partnership with Bridgend County Borough Council. Support at Ty Ogwr is delivered by the Salvation Army with the young person having an allocated support worker with regimented support sessions. Housing and Just Ask worked in partnership along with Ty Ogwr staff to aim to get the best possible outcome for the young person. As part of being accommodated by Housing Solutions, J had to follow the 'reasonable steps' set out to him by the housing department which included J actively seeking his own accommodation, following the rules set out by his temporary accommodation and engaging with relevant support staff.

Housing solutions and Just Ask Plus were able to work in conjunction with each other and provide updates accordingly. There is a good working relationship between housing and Just Ask Plus and this is also aided through being in close proximity to housing solutions. There is accessibility to receiving housing advice as well as being able to provide housing with any relevant information.

Ty Ogwr provide updates to housing with any developments of the young person. Housing have in turn shared this with the Just Ask team. For example, J had taken a serious overdose. Housing were informed of this and they shared the information with his P.A who initially had not been contacted.

J was offered accommodation with Llamau (referral done by housing solutions) and housing have now discharged duty to J until he is ready to be nominated for 'move on'.

In the safeguarding hubs the implementation of the Deputy Manager role is critical in terms of ensuring robust management arrangements. They are required to support the Team Managers in the oversight and improvement of performance and this is being reflected in the Key Performance Indicators (KPIs). The senior practitioners are required to carry complex cases whilst also providing support and advice to social workers. Unfortunately recruitment of senior practitioners continues to be one of our greatest challenges and this has prevented the role of the deputy manager being consistently embedded across the service. Work is underway to address this.

During 2015/2016 the number of cases across the service:

Title	Total cases	FTE	Average
Social Work Assistant	166	13	13
Social Worker	752	44	17

Despite the number of core assessments increasing by 66% in 2015/2016, 80.4% of these have been completed within 35 days.

Number of Core Assessments completed within 35 working days (2015-16)

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total (2015-16)
Number of Core Assessments	58	68	86	90	64	101	83	123	85	66	57	105	986
Number of Core Assessments completed within 35 working days	49	49	53	66	55	85	69	102	70	57	50	88	793
% of Core Assessments completed within timescales	84.5%	72.1%	61.6%	73.3%	85.9%	84.2%	83.1%	82.9%	82.4%	86.4%	87.7%	83.8%	80.4%

The historical increase in numbers of core assessments requires further analysis and will be considered as part of the overall monitoring of the impact of the SSWBA and the introduction of proportionate assessments.

Continue to safely reduce the Looked After Children population

We have continued to safely reduce the numbers of children we look after with the number being 380 at the end of March 2016 compared to 390 in March 2015. The Early Help and Permanence project will continue to monitor the numbers, tracking admissions and discharges and ensure we are making timely decisions for looked after children with the aim of achieving plans for permanence at the earliest opportunity. The strengthened interface with early help services is described in the section on page 68 - under Range of Services provided. It is our joint aim to continue to try to help families to tackle problems early and prevent their children from becoming looked after. We have continued to have a Principal Officer dedicated to this work who supports staff in managing cases in proceedings and also supervises the specialist social worker post that was established to progress potential Special Guardianship Orders. We have also revised the terms of reference for our admissions and permanence panel to ensure closer scrutiny of cases and monitoring of service provision. For those children we do look after we are continuing to sustain or improve performance in respect of their individual cases. 99% of looked after children reviews were held within statutory timescales this year and 80% of visits (compared to 76% last year).

Almost 50% of our referrals this year have been child protection, compared to 39.5% in 2014/2015. This has resulted in a higher number being progressed to section 47 enquiries and similarly the number of children whose names have been placed on the child protection register has risen. This is being closely monitored by the Group Manager for safeguarding and, to date, there are no significant themes or trends evident to explain this. The establishment of the MASH will facilitate more in depth

multi agency collation and analysis of child protection activity and emerging trends which will be used to inform future service developments including those in early help.

In 2016-2017, our key areas for improvement are:-

- Establish the MASH
- Continue to safely reduce the number of looked after children
- Monitor referral rates and cases progressing to proportionate assessment/section 47 enquiries
- Implement new arrangements for Transition Team

THE RANGE OF SERVICES PROVIDED

In 2015-2016 the key areas for improvement were highlighted as:-

- Implement the Early Help Strategy to reduce the number of looked after children and to prevent children becoming looked after, contributing to assessments and coordinated support packages.
- Improve the way we work with other agencies to help with early identification of more families that are in need of support and to address the root causes of their problems and provide information about available services.
- Review of respite services for children with disabilities
- Review of residential provision for adolescents with complex needs and challenging behaviours.
- Appointment of team manager for Bridgend Foster Care.

Early Help

In April 2015 there was a major re-structure of Early Intervention and Family Support services in Bridgend. This encompassed a wide range of services that had previously existed under separate management arrangements, with separate referral systems. This resulted in a move from a service based model (Family Support, Youth Service, Educational Welfare etc.) to a locality/hub based arrangement.

There are now three locality Early Help hub Managers (North, West and East of the County Borough) who line manage a range of roles including:

- Family Support Workers
- Education Welfare Officers
- Family Engagement Officers
- Lead Workers (Youth Workers)
- Counsellors
- Young Carers Co-ordinator

In addition, there is a central hub that offers a range of county wide specialist services including Connecting Families (complex families), specialist Youth Services, co-ordination and support linked with services for those young people not in education, employment or training (NEET) and the regional Western Bay Intensive Family Support Service. There is also an Early Years and Childcare service which includes the Flying Start programme.

As part of the re-structure, the Joint Assessment Family Framework (JAFF) was re-launched. This has been well received by all stakeholders and has allowed for a broader range of family intervention workers to complete family assessments.

The 'team around the family', 'team around the school' and 'team around the (school) cluster' initiatives have proved effective in terms of improving outcomes for children, young people and families.

A case example is provided below:

Context to Case

Y was referred to Safeguarding Services in February 2015 by his health visitor, aged 1 year. The referral was based on information shared with the health visitor, by Y's maternal grandmother (MGM).

Y's mother, Ms X (who was aged 17 at the time of the referral), had recently returned to live with her mother. MGM alleged that Ms X was a victim of domestic abuse by Y's biological father, Mr Z, and that he misused substances. Child Y was said to have been present during incidents where Mr Z smashed Ms X's property. MGM also alleged that Ms X was not providing regular meals for Y. She said Ms X had lied about the food she has given him, and he appeared hungry when he had been in her care.

Actions Taken

Child Y was opened to Safeguarding Services on a 'child in need' basis. A core assessment was undertaken. Ms X was assessed as being able to meet Y's basic needs; she took him to all his health appointments, she also engaged well with professionals.

Throughout this period, Child Y and his mother remained at the home of MGM. Although Mr Z and Ms X were not in a relationship during the core assessment, Mr Z continued to have contact with his son. Shortly after the core assessment was completed, Ms X and Mr Z resumed their relationship, and moved in with Y's paternal grandfather (PGF).

The family were offered support under a 'child in need' plan, for a period of three months. There were no further allegations of domestic violence or substance misuse during this period.

At Y's second Child in Need review, professionals agreed that the family could be 'stepped down' to Early Help. Professionals felt that, as a young mother, Ms X remained vulnerable and lacked in confidence. Support from Early Help was

requested to support Ms X to continue to develop her parenting skills and for support with practical issues such as acquiring her own tenancy.

Ms X and Mr Z gave consent for this, and a referral was made to Early Help. The family were allocated a Family Support Worker (FSW). A joint visit was arranged between the social worker, the family and the FSW to facilitate introductions and agree the work that would be undertaken.

The family were then closed to Safeguarding Services and 'Stepped Down' to Early Help. The FSW worked with the family to undertake a JAFF (Joint Assessment Family Framework) assessment and to agree a support plan which was aimed at meeting the outcomes identified in the assessment.

Support provided

Ms X and Mr Z expressed a wish to be able to provide their son with a settled and stable family life. For them, this entailed securing their own tenancy. They had identified a private rented property via a family friend. The FSW provided information, advice and guidance on a range of issues, such as benefits and grants, as well as signposting them to furniture recycling facilities. Throughout this period, the FSW has been mindful of building Ms X's confidence and problem solving abilities, by encouraging Ms X to undertake key tasks herself.

The FSW has also supported Ms X to access community facilities with Y, such as a 'Language and Play' group via Flying Start. This will help develop Y's social and language skills, as well as providing opportunities for Ms X to socialise with other parents.

This outcome focussed approach is helping to build capacity and resilience within the family. 'Team around the Family' meetings, involving family members and professionals, help ensure that support continues to be coordinated effectively and information shared appropriately.

Conclusion

The Step Down process seems to have worked well for Y; he has benefitted from the support of agencies who were able to work closely together to provide targeted support, as the family's needs changed.

We are the lead authority for the regional Western Bay IFSS (WBIFSS) service and the regional Western Bay youth offending and early intervention and prevention service. The IFSS service has developed a training strategy to ensure that staff are trained in evidence based interventions. Consultant social workers (CSW) spend time in each of our three locality hubs providing mentoring and support to practitioners from both the Early Help and Safeguarding Teams. This fits with the role of the CSW of developing the wider workforce.

There is now a training calendar within WBIFSS and the training has been revised and is now more practical for safeguarding social workers to attend as the 3 days are now separated, which also gives staff the opportunity to embed the learning into their practice between training sessions. There is more emphasis on skills practice within

the WBIFSS training, which will have a positive long term impact on practice. There has been improved uptake on registration and completion of workbooks for accreditation.

As a result of these developments there will be less confusion for families and more clarity around who will be working with them, what work will be undertaken and the goals of that work.

Regulated Services

Our regulated services consist of four main areas as follows:

- Residential Accommodation consisting of 3 units those being Bakers Way: disabled children's respite service, Newbridge House: transition unit for 16/17 year olds and Sunnybank: Complex needs unit for 11-15 year olds.
- Bridgend Foster Care providing, general, relative, Regulation 38 (Fostering Regulations Wales (2003 (now Regulation 26 of the Care Planning, Placement and Case Review (Wales) Regulations 2015), Support Care, Family Link, Supported Lodgings, When I'm Ready Carers.
- Placements and Commissioning.
- Western Bay Adoption Service.

The appointment of a team manager for Bridgend Foster Care in October 2015 has enhanced the oversight of the service and provided the Group Manager with capacity to establish and begin to drive forward strategic priorities for regulated services in general.

The achievements in our residential units this year include the work carried out alongside the YOS mediation officer to improve the therapeutic interventions within the service with residential staff now using mediation and the restorative approach. We have also reviewed our referral and admission paperwork to improve placement matching. Unfortunately this has not prevented some emergency admissions through the year and this requires further exploration as part of the remodelling that is planned for next year. We continue to experience challenges when trying to move young people on to independent living and have worked with housing to identify bespoke housing needs for care leavers and young parents and undertook a scope and tender for an out of hours outreach service for vulnerable care leavers. This work is ongoing.

Bridgend Foster Care have also reviewed their internal systems and processes in a range of areas including supported lodgings and requests for unified assessments. The team manager is establishing close working relationships with the case management teams to ensure a seamless approach to service delivery.

Work with TACT is also arranged to provide the confidence in care training to all foster carers promoting resilience attachment and strengthening the durability and stability of foster placements for looked after children.

Western Bay Youth Justice and Early Intervention Service

In 2013 agreement was given to Bridgend County Borough Council (BCBC) to host the Western Bay YOS. In May 2014 the first Western Bay Youth Justice and Early Intervention Service Management Board was held and all local management boards ceased. The Management Board continues to be chaired by the Neath Port Talbot Director of Social Services and has a membership in line with the requirements of the Crime and Disorder Act including Cabinet Members from all three Local Authorities.

The progress made towards achieving an amalgamated service has not been without some difficulties. Whilst Youth Offending Services all work to the same National Standards and have the same Key Performance Indicators the teams based in Bridgend, Neath Port Talbot and Swansea had over the fourteen years of being separate entities developed different approaches to delivery. The priority for the service is to truly function as one to the benefit of all key stakeholders, children, young people, parents and carers, victims and the community.

Asset plus has been introduced in the region resulting in assessments that set the level of supervision and the content of the intervention plan for individual young people. It contains levels of specialist screening (eg speech and language) and includes the young person and carers' views throughout. The assessment has moved away from a scoring approach to levels of risk and is far more needs led. The assessment is far more analytical and should result in a more evidenced base intervention.

The Service has also become an accredited centre through Agored Cymru. The Building Skills programme has successfully moved across the region. The Junior Attendance Centre which was underutilised for Swansea only young people is now available to the region and delivers a wider range of interventions including ISS programme delivery every weekend. Restorative Approaches has moved from an expensive IRRP delivery model to an in house Agored Cymru programme and staff across the region are/have been trained. Bridgend workforce development team have supported the roll out of the training to staff in the community and residential settings.

In 2016-2017, our key areas for improvement are:-

- Develop and implement a parent and child fostering service;
- Embed the When I Am Ready scheme within Bridgend Foster Care;
- Review current residential provision to enable us to respond to challenges;
- Conclude and implement any recommendations of the disabled children's programme board;
- Establish a 52 week residential provision for disabled children accessing Heronsbridge school.
- In conjunction with the supporting people team, develop a range of move on and accommodation support services for children leaving care.

THE EFFECT ON PEOPLE'S LIVES

Safeguarding and Quality

In 2015-2016 the key areas for improvement were highlighted as:-

- Ensure that lessons learnt from Audit and Child Practice Reviews continue to be shared with Practitioners and managers across Safeguarding; Ensure Child Protection Training is attended by new and existing staff across the Authority.
- Ensure the Western Bay Policies and Procedures that are developed are disseminated to the relevant professionals.
- Ensure Child Sexual Exploitation training continues to be delivered across all staff across Bridgend including school Governors and council Members so that all staff across BCBC are aware and act appropriately to identify and report children and young people who are at risk of child sexual exploitation.
- Further develop the Bridgend Child Sexual Exploitation Task Force
- Develop a Council wide Safeguarding Policy.

Our Safeguarding and Quality Assurance Service provides overarching support, specialist input and monitoring of a range of services. This is achieved through collaboration with partner agencies, Education, Health, South Wales Police, Community Resource Groups and neighbouring agencies under the umbrella arrangements with the Western Bay Safeguarding Board.

The Western Bay Safeguarding Children Board has been established since April 2013 and each year since, has developed a business and action plan which outlines the Board's strategic priorities and how they align with its core business which was previously set out in Chapter 4 Safeguarding Children: Working Together under the Children 2004. The strategic priorities include the following:

- Safeguarding children from neglect;
- Safeguarding children from domestic abuse and supporting them to develop healthy relationships;
- Preventing and reducing the harm associated with the use of new psycho-active substances;
- Identifying and safeguarding children at risk of sexual exploitation.

The Board recognises its functions under Section 139 of the Safeguarding Board Regulations within the Social Services and Wellbeing (Wales) Act 2014 as core business. Core Business/core functions underpin the effectiveness of a Safeguarding Children Board and are therefore written into the Terms of Reference for the Board and its management groups. Membership and structures are regularly reviewed and updated within the Safeguarding Board arrangements and work plans

are aligned with this business plan and include core business functions to monitor effectiveness. These plans are regularly reviewed and amended throughout the year.

Core Business is undertaken through its established Management Groups: Child Practice Review, Policy Procedure and Practice, Quality and performance, Strategic Training and Communication and Engagement. It is therefore expected that the management groups continue to review, establish, monitor and report to the Board against individual work plans in place to undertake Core Business whilst also addressing individual actions set out within the Board's strategic priorities in order to achieve the overarching outcomes of the plan. We have representatives from our service on the Board and all of the management groups.

One of the strategic priorities for the Board this year has been to develop mechanisms for responding to Child Sexual Exploitation (CSE) and assess effectiveness of partner agencies in identifying and managing CSE cases by adopting the Bedfordshire CSE assessment tool.

Much work has also been carried out locally in this respect. We have successfully developed a multi-agency Child Sexual Exploitation Task Force within the Bridgend area. This group has oversight of the information shared with Western Bay Safeguarding Board and regularly cross references databases of young people known to be at risk or likely to be at risk of sexual exploitation across the borough. The task force is active in monitoring and exploring training opportunities across the Police, Education, Health and Safeguarding services. It raises the profile of individual cases of significant risk to senior managers and monitors attendance and engagement of attendees at Child Sexual Exploitation strategy meetings. The Task Force also notes themes identified such as geographical areas of concern and individuals whose pose a risk to children and young people around Sexual Exploitation and has held a mapping session with practitioners to share its findings and allow the further sharing and gathering of information from professionals.

Within BCBC between April 2015 and March 2016, 43 children and young people have been identified as being at risk of Child Sexual Exploitation across Bridgend - 121 Child Sexual Exploitation meetings have been convened in respect of these children. 39 of these are female and 4 males.

A similar approach is now being developed in relation to missing children.

We were able to ensure a number of Safeguarding practitioners and Managers received Child Sexual Exploitation training via Western Bay and two awareness raising sessions were convened specifically for Council Members.

The Western Bay Strategic Training Management Group continues to identify training needs across Bridgend, Swansea and Neath and Port Talbot. The Bridgend delivery group ensures local needs are identified and responded to including those of BCBC staff.

All multi-agency Western Bay Policy, Procedure and Protocols developed are added to the Western Bay website and BCBC's Interactive Practice Guide which offers 'one stop shop' access to these materials for practitioners.

The Child Protection Co-ordinator for Education continues to deliver Child Protection awareness training to all schools on a three year rolling programme. Bespoke training sessions are also arranged if a need is identified. Business support for training is provided by SCWDP and this involves liaison with schools and others to set up dates, sending training packs and certificates and collating evaluations. Training for governors is arranged twice yearly via governor support as well as the availability of sessions organised for school governing bodies at the schools. 23 governors received training in 2014 and 24 in 2015. The Child Protection Team for Education are also part of the training local delivery group and co-facilitate multi-agency training on safeguarding children – recognition and referral and child protection conferences and core group working.

The Independent Reviewing Service also continues to plan, maintain and improve on its performance in ensuring that all Child Protection Conferences and Children's Looked After Reviews are held within compliance and in a timely manner for each and every child subject to these processes. They have also further developed an existing monitoring tool to incorporate a broader range of questions to have greater oversight and scrutiny of the effectiveness of the IRO service and safeguarding teams. For example, this tool provides essential feedback to Managers in terms of the quality of Social Work reports in addition to assisting in the monitoring and tracking of the care planning for children and young people.

We have developed a multi-agency Operational Safeguarding Group in Bridgend to ensure that Safeguarding matters local to Bridgend are shared between partner agencies. This Group is chaired by the Director of Social Services and Wellbeing. A Council wide Safeguarding Policy has been approved by Council and is now in place for all employees to make reference to. To assist, each Directorate within the Council has identified a member of staff to act as a Safeguarding point of contact to liaise with both adult and children's Safeguarding leads.

We are also very aware of the importance of members visiting our social care establishments as a valuable contribution to the safeguarding of vulnerable adults, children and young people and ensuring that the quality of care provided is appropriate. It is essential that opportunities are presented for Elected Members to meet with people who receive services to listen to their views.

Comprehensive guidance, developed with Members, is regularly reviewed and provided at the start of each annual programme of visits. Training sessions have taken place including some 1:1 sessions to ensure that any new Members were updated on the process. Also, to assist Members with the process, an email is sent to them on the first day of every month to remind them of the visits that are due that month.

In 2015-2016 a schedule of visits was carried out to the children's establishments.

The feedback from all the rota reports is provided to managers and any issues raised are addressed. Below are some examples of feedback:

We received a friendly greeting and visited the lounge area. Staffing structure, levels and training were discussed.

Visited and spoke to service users and staff. The four service users were in the minibus looking forward to a trip to Porthcawl, They were very happy to be at the home for the evening and having their trip and told us they were looking forward to getting a new larger minibus in a few months' time.

The facility looks very presentable from the outside and the lounge was receiving a 'makeover' by staff who were painting it.

Staff were pleased with the provision of the resource, the children appeared well catered for. We made an evening visit when there would be children present.

The premises were very homely and the children were enjoying playing in a clean, well-equipped play room with staff who were interacting and very hands on. We felt confident in their ability to do the job and were glad to see the children feeling comfortable and at home.

The home is taking more, younger children currently and two sensory bedrooms are planned as they are taking more children in wheelchairs.

The living room's been redecorated since our last visit and the bedrooms were looking fresher.

There is an issue with the driveway, part of which is in need of repair especially as many clients are wheelchair users.

There were two children there when we visited, one of who was able to engage with us and was obviously happy and contented in the home.

On our visit there were two clients in residence, one was watching the television and engrossed in a game with a care worker there to engage with him. There was one resident who was getting a lot of help and support from a member of staff.

We were greeted on arrival and given an overview of the unit's operation. We spoke with two service users who were happy and contented. The rooms were clean and tidy.

The home felt relaxed and happy and we have no concerns.

We were given a tour of the facility, spoke to residents and heard how they learn independent skills like budgeting and cooking, progressing until they are ready for different options. There is a variety of activities, e.g. a recent trip to Oakwood Park.

The residents seem to get on well together and the facility appears to have good outcomes, with progression to independent living working well. We spoke to one young resident who had settled in very well and was pleased with what was on offer.

Currently accommodates five residents with plans underway for the return of an out-of-county resident. Other returnees are being planned for and, to this end, initiatives are being taken involving the Moving Forward project which aims to develop basic skills for young people with little formal schooling and Agored Cymru which involves staff training as tutors/assessors to build student portfolios.

The unit was very clean and the staff were very knowledgeable of their residents. Each resident had their own room which had a sink, fridge and TV/dvd. However they were encouraged to eat together and take part in a more communal life. We were extremely fortunate to speak to a resident. It was very encouraging to see how the unit was having a positive impact on their life and how it was going to affect their future decisions.

We were met and given a tour of the very nicely refurbished home. All the unit's facilities appeared up-to-date and well organised including the education room's modern equipment. The unit was fully staffed.

All facilities in excellent order.

We noted the progress the residents were making educationally. Above all, we saw clear evidence that this service allows fences to be rebuilt domestically, resulting in no young person spending Christmas day at home for the first time in years.

We have visited the property at least twice before and we spoke to the staff about the young people who were in the unit. There had been a few challenges which we discussed. We were impressed with the caring attitudes but the young people were all at school when we visited.

The manager explained that the residents had changed as a previous group had moved on. Some ex residents has returned to say thank you for guiding them etc.

Physically the establishment has been successfully modified. Standards of cleanliness were evident throughout and residents were encouraged to help in cooking meals. We were able to talk with two residents. There was evidence of success of previous residents who had gone on to achieve well.

As we move forward with our transformation programme it will be essential to keep service users on board with all aspects of the remodelling activity. Service users are essential in terms of helping us shape up and finalise the quality standards for commissioned services and as the new standards and frameworks emerge, we will need to explore ways to seek their views to help them achieve the best quality and outcomes possible.

Whilst we have a number of ways to consult with service users, we will need to strengthen how we gather their views and create new ways to collate what they think about the quality and experiences of the care that they receive.

In 2016-2017, our key areas for improvement are:-

- Review current processes and develop an overarching Quality Assurance framework with adult social care.
- Ensure the combined audit and monitoring document is completed at each and every Child Protection Conference and Review, thus ensuring quality of practice is continually improved and maintained and children's care plans are of a good quality and are outcome focused to meet the needs of children and young people.

- Ensure that lessons learnt from Audit and Child Practice Reviews continue to be shared with Practitioners and Managers across Safeguarding.
- Implement the National Action plan for Child Sexual Exploitation via the Western Bay Safeguarding Children's Board .
- Ensure Child Protection training is attended by new and existing staff across the Authority.
- Continue to ensure that all staff across BCBC are aware and act appropriately to identify and report children and young people who are at risk of Child Sexual Exploitation.
- Further embed the All Wales Missing protocol across Safeguarding teams to improve information sharing between agencies whilst developing practices around risk assessments of children and young people who are frequently absent/missing and thereafter the appropriate reporting of these individuals to the Police.
- Continue to closely monitor and evaluate the rise in the number of children whose names are placed on the Child Protection Register.

DELIVERING SOCIAL SERVICES

Workforce management and development

As described earlier in this report the new staffing structure has been successfully implemented within the service with the team manager and new deputy team manager positions having been filled alongside the majority of social work posts. Vacancies remain at Senior Practitioner level and discussions are underway about how the Authority promotes these and attracts applicants.

Investigating why people leave and obtaining accurate information can be difficult. Therefore, in order to focus on the retention of the current workforce, a staff survey was undertaken in July/August 2015, the outcomes of which are being considered in addition to the routine exit interviews. Issued specifically to qualified social workers, senior practitioners, deputy team managers and team managers in the front line Safeguarding teams, the survey was undertaken over a four week period to gain a better understanding of employees' views. The response rate was 69%, with 45 responses from a potential of 65.

The main messages coming from the survey showed that the most important factors in attracting employees to work in BCBC were 'Permanent employment Opportunities' and 'Opportunities for continuing education and professional Development'. The well-established arrangements for continuing educational and Professional development in BCBC will be promoted as part of the work being undertaken to improve recruitment materials and market BCBC as an employer of choice.

It is recognised that a high number of newly qualified Social Workers have been, and continue to be, recruited which means that the overall number of Social Workers with

less than two years' experience continues to present a real challenge for the service. It also places a pressure on managerial capacity to provide adequate support, which is essential to enable newly qualified Social Workers to become experienced and confident practitioners, who will want to continue to work in BCBC.

Additional measures have been put in place to support the newly qualified Social Workers so that they are better equipped to undertake the role and feel more confident and resilient; these include:

- The First Year in Practice programme has been updated and is being implemented on a mandatory basis;
- Consultant Social Workers based in the hubs providing direct support to staff through case mentoring, direct observation of practice and reflection and peer supervision.

Similarly it is also recognized that learning and development activities play a key part in the ongoing professional development of all of our staff. The Social Care Workforce Development Programme (SCWDP) offers a range of continuing professional development opportunities for all Social Workers, team managers and deputies. This includes bespoke training including induction, a specific programme for newly qualified workers, a consolidation programme for those entering their second year in practice and mentoring support for managerial positions.

In addition to supporting the qualified social work workforce, the SCWDP team also contributes to the provision of new Social Workers through the co-ordination and support of practice placements for social work students and the employment of a Social Work Trainee.

The Social Care Supervision Policy has been relaunched and is due to be implemented across all Safeguarding Social Work teams. Going forward, compliance with the Supervision Policy will be monitored through local performance data.

Performance Management and Quality Assurance (Including information systems and complaints)

In 2015 -2016, the key areas for improvement were highlighted as:

- The ongoing implementation of the service changes in readiness for the Social Services and Wellbeing (Wales) Act 2014;
- Improvement of review performance and outcomes (including the new performance measures included in the Act);
- Develop and implement a representations and complaints E-learning facility;
- Implement the new WCCIS system with partners;
- Continue to ensure that social services representations and complaints were responded to within the timescales to resolve complaints and issues as satisfactorily as possible.

The overall performance of the service is supported by strategic and operational business (admin) support which is intrinsic to the provision of the services. In order

to monitor performance, we use the national suite of performance indicators (PIs), supplemented by a number of local PIs. Furthermore, individual ICT systems hold performance related information which is used to identify achievements against outcomes for individual service users, in particular our social care system Draig

Considerable work has been undertaken to support the implementation of the Act; in the business support team this has been mainly around the understanding, interpretation and preparation of the new performance measures and data measures. We have sought guidance to clarify certain measures and suggested changes to WG. We have been actively involved in the national work – the Group Manager sits on the technical group for performance.

Bridgend County Borough Council (BCBC) led on the procurement of the national Welsh Community Care Information System (WCCIS) that will support the delivery of integrated services across Health and Social Care services.

The procurement process was completed in March 2015 and Careworks was chosen as the preferred supplier. A report was submitted to BCBC's Cabinet on 31/03/15 which approved the signing of the Master Services Agreement and the deployment order in order to execute the WCCIS contract on behalf of BCBC and all participating authorities.

Early in 2105, a Project Board and was established and is chaired by the Corporate Director, Social Services and Wellbeing and includes representatives from the key stakeholders in BCBC including integrated health and social care teams:

- Adult Social Care
- Safeguarding and Family Support
- Early Intervention and Prevention
- Finance
- Supporting People
- Education (Additional Learning Needs)
- CRT Teams including ABMU staff who are already using DRAIG

This project board is managing the implementation of WCCIS for BCBC; below this sits an operational project team. The implementation is led by a project manager from the Council's ICT service. We will be implementing WCCIS in April 2016.

The service aims to provide an efficient and effective complaints service to service users, their carers and relatives. Bridgend's Social Services Representations and Complaints Procedure has been formulated and is delivered in accordance with statutory requirements and in line with Welsh Government's recently reviewed guidelines: "A Guide to Handling Complaints and Representations by Local Authority Social Services". The complaints procedure has two stages, Stage 1 – Local Resolution and Stage 2 – Formal Investigation. The service also places great emphasis upon early and informal resolution and wherever possible aims to resolve complaints within 2 days of their receipt.

Representations and Complaints Statistics for April 2015 to 31st March 2016 are:

	Informal Resolution (within 2 working days)	Stage 1	Stage 2	Corporate Complaints	Compliments
Safeguarding and Family Support	87	7	0	5	18

Bridgend Social Services Representations and Complaints Policy/Procedure has been developed in line with the new Welsh Government Guidelines referred to above and has been issued to managers and staff. All publicity material has also been revised to reflect the changes.

A range of leaflets relating to complaints and compliments are available in various formats to make them user friendly and suitable for the varying needs/abilities of service users and carers, including children, young people and individuals with learning disabilities. These leaflets and the Complaint Form are also available in Welsh.

All complainants are asked to complete a feedback questionnaire entitled “Improving the Way we Handle Complaints” (formulated and provided in accordance with the Welsh Government former Complaint Guidelines “Listening & Learning”). The questionnaire is designed to obtain views from complainants in relation to the handling of their complaints, and not in relation to the outcome of their complaint. Return rates are, unfortunately, low, however all feedback received is taken into consideration and is also included in the Annual Report.

The Council is committed to promoting equality and fairness to ensure that services meet the needs of individuals. An Equalities Monitoring Form is therefore provided to complainants for their completion. The data generated and collected is received and monitored centrally and is not accessed by the complaints office.

An Annual Report for 2014-15 has been produced and was submitted to Cabinet in July 2015. The report provides statistical information in relation to the receipt of complaints, comments and compliments and highlights performance in relation to complaints handling and compliance with the prescribed timescale for response to complaints. Details of lessons learned from complaints and actions taken as a result of complaints to improve services for the future. Achievements and future objectives are also included. The Annual Report for 2015-16 will be produced by 1st August 2016 in line with the requirements of the revised Complaint Guidelines.

Much work has continued to be done by the Complaints Officers to work with Team Managers to attempt to resolve complaints at source. This work has been successful in that the number of cases that have been successfully resolved to the satisfaction of complainants, normally within 24 hours of their receipt. As a result of this work, complainants are spared the stress and inconvenience of embarking upon what can be a long and protracted process. The work required by Team Managers and the Complaints Office has also been reduced in terms of the need to provide lengthy formal written responses. This work has also contributed to the reduction of the number of cases progressing to the later stages of the procedure.

Work has been undertaken by the ICT Department to review and update the complaints database to bring it into line with the revised complaint Guidelines. Advice is now awaited, however, to establish whether the new WCCIS system can be used to log representations and complaints.

Staff training has continued across Safeguarding and Family Support and Adult Social Care and an e:learning module has been developed to raise awareness of staff across the Directorate to their responsibilities when receiving complaints. A pilot of the e:learning module is being undertaken during February 2016 and it is hoped that this will be formally launched shortly thereafter. Development of further e:learning modules to provide advice and guidance for managers when handling formal complaints.

As part of the Western Bay Collaborative and to fulfil the requirements of the revised Complaint Guidelines, meetings have taken place with Neath Port Talbot and Swansea as a result of which reciprocal arrangements, in particular, in relation to the undertaking of Stage 2 Independent Complaint Investigations have been agreed. A protocol has been developed and is now in place.

Agreement has also been made for representatives of each Authority to meet periodically for the purpose of reviewing this collaborative arrangement and share best practice.

In 2016-2017 our key areas for improvement are:-

- Ensure that the requirements of the Welsh Language Standards are implemented with effect from 1st April 2016;
- Develop further e:learning modules to provide advice and guidance to managers when addressing and responding to formal complaints;
- Pursue the possibility of inclusion of a complaints facility on the new CCIS system.

SHAPING SERVICES

Commissioning and Contracting

The commissioning work within Social Services has continued over the last 12 months to make the best use of available resources, in order to further improve outcomes for citizens. In this way, commissioning activities have supported the Council to continue providing high quality and sustainable services.

There has been substantial analysis, planning and remodelling activity as the Council drives forwards the remodelling of current services and the commissioning of new services. These planning activities and business models have set out how Social Services will modernise services and meet future demands and challenges through the provision of person centred and outcome focused services, so that people are supported in achieving their preferred outcomes. This work has supported the Council in ensuring that services deliver value for money, both in

terms of financial sustainability and overall quality. It has also supported the continued development of a strong social care workforce by attracting innovative partners to deliver services.

Further work has been undertaken to develop robust plans across service areas which set the strategic vision for social care and is aligned to the Medium Term Financial Strategy (MTFS). These plans help outline the future direction for specific service areas and act as platforms to transform existing services and move towards more innovative models of care.

There continues to be a clear drive to develop more outcome focused commissioning approaches through innovative commissioning and contracting arrangements. Our commitment to this is reflected in our recent commissioning activity and in the council undertaking the outcomes pilot.

There has been some progress within the remodelling and commissioning of services for Children and Young People this year. The main example relates to the remodelling activity for respite and residential services for young people.

The aim for BCBC is for children and young people to remain within their local community with family and friends. Ensuring stability and continuity in young people's lives is of key importance to promote resilience and build success in later years. This aim is very much in keeping with the Social Services and Wellbeing (Wales) Act 2014.

In addition to this, the existing model for respite services is a high-cost, traditional model that provides limited flexibility for young people and their families; so it is an opportune time for the Council to consider alternative models for respite services.

In July 2015, a report was presented to Cabinet, to inform them of the work being undertaken as part of the Children with Disabilities Transformation programme. Cabinet noted the progress that had been made to date, and approved a consultation exercise with staff and stakeholders, to inform the options for delivery of respite services and in-county accommodation in the future.

Initial consultation to inform the options for the new model of service in moving forward has included:

- Face-to-face consultation event with parents of children on the Disabled Children's Team (DCT) database
- Letters/surveys sent out to all contacts on the Disabled Children's Team (DCT) database unable to attend the Face-to-face event
- Face-to-face consultation with Disabled Children's Team (DCT) staff/social workers
- Face-to-face consultation and attendance at team meetings with overnight Short Break service staff
- Face-to-face (tailored) consultation with children/young people in Bakers Way and Heronsbridge school

The findings from this initial consultation will then be used to inform the final options appraisal and recommended model in moving forward, which will be consulted on by Children and Young People OVSC and also as part of a wider public consultation.

In terms of our wider review/remodelling of residential provision a needs analysis and the analysis of current provision is taking place regarding activity, cost, age profile and placement trends, which will inform an options appraisal regarding the future strategy for the two residential care homes in Children's services. A Programme Board is to be established shortly, who will drive this remodelling work forward.

The commissioning and contracting function within Childrens services has now been aligned to the Adult Social Care commissioning team and a new post holder will be appointed to support the progression of commissioning activity within the Directorate.

In 2016-2017, our key areas for improvement are:-

- Complete the review of residential provision to safely reduce reliance on out of county placements and specialist therapeutic services.
- Establish a range of alternative delivery models for short breaks services for children and young people with disabilities.

SUMMARY and FORWARD VIEW for 2016-2017

The year 2015-2016 has been significant for Childrens Social Care in Bridgend as we strive to continuously improve our services; we are very proud to present the details contained in this report. The year 2016-2017 will see us embedding the change of culture that is underway in line with the implementation of the new Social Services and Wellbeing (Wales) Act 2014.

Our Remodelling Childrens Social Care Board will continue to be the cornerstone for our transformation journey we will continue to modernise our services to make Social Care sustainable and proportionate in the future.

Laura Kinsey

Head of Safeguarding and Assessment

PART FOUR

GLOSSARY OF TERMS

Ageing Well - action plan to help make Bridgend an Age Friendly County linked to older persons strategy.

Assisted Recovery in the Community (ARC) - The Assisting Recovery in the Community Service (ARC), is a joint integrated service between Bridgend County Borough Council and Abertawe Bro Morgannwg University NHS Trust. ARC is a service which provides day time opportunities for individuals with mental health issues. It offers assessment and support to enable people experiencing mental health problems to access mainstream community facilities and activities as well as specialist services. It has been developed as part of the modernisation of mental health services.

Bridgelink Telecare – Bridgelink telecare is a home and personal alarm service which, in the event of an emergency, can automatically contact a 24 hour control centre to call assistance. The service offers the security of knowing that someone is on hand to help the user 24 hours a day, 365 days a year.

Bridgestart - Bridgestart is the short term home care enabling service. People who are assessed as needing support at home are supported for an initial 6 week period by the Bridgestart team, under the guidance and supervision of an Occupational Therapist. This in turn promotes independence and encourages individuals to do as much as possible for themselves.

Bridgeway – A specialist enabling home care service for people with dementia, focusing on maintaining people's independence are living with dementia to enable people's carers to continue to support someone to live at home

Cabinet - Every year the Council elects a Leader and appoints the members of the Cabinet. The Cabinet is the part of the Council which is responsible for most day-to-day decisions. The Cabinet has to make decisions which are in line with the Council's overall policies and budget. If it wishes to make a decision which is outside the Budget or Policy Framework, this must be referred to the Council as a whole to decide.

Care Plan - This is prepared following an assessment to identify how we plan to respond to identified need.

Carer's Measure – The Carers Strategies (Wales) Measure 2010 is new legislation which is currently being implemented. It is explicit in its expectation that Local Health Boards will work with Local Authorities and Carers to develop a joint Carers Information Strategy

Care and Social Services Inspectorate for Wales (CSSIW) - CSSIW are part of the Welsh Assembly Government. They are responsible for regulating, inspecting and reviewing the social care services and standards we provide.

Carers' Forum - The forum offers advice, information and support for carers and meets four times a year. During the meetings carers have the opportunity to raise carer issues, give feedback on service changes and developments, share experiences and give mutual support and participate in any consultation opportunities.

Child practice reviews - are held when circumstances of a significant incident where abuse or neglect of a child is known or suspected. The overall purpose of the review system is to promote a positive culture of multi-agency child protection learning and reviewing in local areas, for which LSCBs and partner agencies hold responsibility. Bridgend CBC is part of the Western bay local area comprising, BCBC, Neath Port Talbot and Swansea Authorities.

Child Protection (CP) - All public and voluntary organisations in Bridgend County Borough are committed to safeguarding the welfare of children and young people and rely on members of the public to report concerns to them. Any concerns raised about a child being abused are reported to the on-duty social worker.

Children in Need (CIN) – There is an obligation in place for councils to provide a range of services to 'children in need' in their area if those services will help keep a child safe and well. A 'child in need' may be:

- disabled (for a definition of disability see the Children Act 1989)
- unlikely to have, or to have the opportunity to have, a reasonable standard of health or development without services from a local authority; or
- unlikely to progress in terms of health or development; or
- unlikely to progress in terms of health or development, without services from a local authority

Local councils must identify the extent of need in their area and make decisions about levels of service they provide.

Child Protection Case Conferences - The Case Conference is a non-statutory meeting organised by the social work services to consult with other agencies to collate information about the child and family. The Child Protection Case Conference has a specific role regarding the protection of children. The purpose is to allow the participants to pool their knowledge of the child's health, development and functioning and the carer's capacity to ensure the safety and well being of the child and assess risk. The case conference is central to child protection procedures.

Citizen Directed Support – this is an extension of Direct Payments and gives service users individual or notional budgets to enable them to choose how their needs are met by purchasing services themselves.

Community Resource Team Services (CRT) – A joint ABMU LHB and BCBC resource team serving the Bridgend community networks. The Community Resource Service is a multi-disciplinary, multi-agency team established to respond to the individual needs of people who are frail or have physical disabilities or long term chronic conditions to avoid inappropriate hospital admissions and facilitate earlier hospital discharge. It consists of the following elements: Acute Clinical Response Team, Telecare and Mobile Response Service, Better@Home service; BridgeStart – enabling and re-abling interventions as well as a Reablement Unit at Bryn y Cae;

The Community Independence & Wellbeing Team; community occupational therapy and the Integrated Community Equipment, Assessment & Demonstration Service. The team provides community support ranging from just a few days to up to six weeks. The focus is on short term interventions to support people to remain at home outside long-term hospital settings.

Complaints - Social Services Representations & Complaints Procedure – This is a two stage statutory process. Stage One – Local Resolution focusses upon early local resolution and on tackling issues quickly and effectively. Where matters need to progress to a formal investigation - Stage Two – Formal Investigation - complaints are investigated by a person who is independent of the local authority. Complainants have the right of recourse to the Public Services Ombudsman for Wales at any stage.

Continuing Health Care (CHC) – This is a package of care which is arranged and funded solely by the NHS for individuals who have been assessed as having a primary health need. You can receive continuing healthcare in any setting, including your own home or a care home.

Children’s Continuing Care differs from Adults Continuing Health Care (CHC) - Continuing care is defined as care provided over an extended period of time to a person to meet physical or mental health needs which have arisen as a result of illness (any disorder or disability of the mind and any injury or disability requiring medical or dental treatment or nursing).

Illness includes any disorder or disability of the mind and any injury or disability requiring medical or dental treatment or nursing. The Welsh Government children’s guidance applies to children and young people whose health needs cause them to require a bespoke multi agency package of continuing care that cannot be met by existing universal or specialist services alone. Although the main reason for such a package will derive from the child or young person’s health needs, they are likely to require multi agency service provision involving input from education, social services and sometimes others.

Core Assessments - A core assessment provides a structured, in-depth assessment of a child or young person’s needs where their circumstances are complex. The Core Assessment Record provides a structured framework for social workers to record information gathered from a variety of sources to provide evidence for their professional judgments, facilitate analysis, decision making and planning. A completed Core Assessment Record is then used to develop the plan for the child or young person. When a child or young person becomes looked after, an up to date core assessment is required and is used to inform his or her first Care Plan. A core assessment continues the process of collecting the information necessary to monitor the progress of children and young people who are looked after. Councils are required to complete all core assessments within 35 working days.

Corporate Management Board (CMB) - The Corporate Management Board (CMB) usually meets three times a month and is attended by the Chief Executive, Corporate Directors, Assistant Chief Executives and occasionally Heads of Service depending on the report being presented.

Corporate Parenting Cabinet Committee - The Corporate Parenting Cabinet Committee meets on a bi-monthly basis. There are 11 elected members on the Committee. The purpose of the Committee is to ensure that looked after children are seen as a priority by the whole of the Authority and by the Children and Young People's Partnership, and to seek the views of children and young people in shaping and influencing the parenting they receive.

Dementia Friendly communities – A dementia-friendly community is a city, town or village where people with dementia are understood, respected, supported, and confident they can contribute to community life.

Direct Payments - Social Services can provide a cash payment directly to people whose needs have been assessed by Social Services as being eligible to receive services, so they can arrange and purchase their own support. They might use the money to:

- employ someone directly to help with their care (a Personal Assistant)
- buy care from a private registered care agency
- make their own arrangements instead of using Social Services day care or respite care

Deprivation of Liberty Safeguards (DoLs)– The Deprivation of Liberty Safeguards were introduced in April 2009 to meet the requirements of the Mental Capacity Act , 2005. They provide protection for individuals who lack capacity and are therefore unable to consent to necessary care or treatment regimes, which may necessitate depriving them of their liberty to protect them from harm.

DRAIG - DRAIG is a live database used to store information on past and present clients known to Social Services. It has been developed to include Integrated Children's System (ICS) documents that facilitate multi-agency working as described in Working Together to include agencies such as Health, Education and Police. Another function of DRAIG is to ensure care management processes are adhered to as outlined in Care Management Practice Guide. However, as DRAIG is a live system, regular validation is required to ensure the integrity of data stored. Performance Information Team in conjunction with Business Support develop and monitor reports to guarantee accurate data is held and that compliance targets are met. This will be replaced by **CCIS** in 2016.

Education Welfare Officers (EWOs) - promote regular attendance at school which is the primary objective of the Education Welfare Service (EWS). The service is child focused and works closely with schools, parents, pupils and other agencies to promote regular attendance.

Extracare Housing (ECH)

This is one of a number of options for an older person who needs personal care or other type of support, but who wants to retain a degree of independence and is able to live safely on their own. An Extra Care Housing Scheme is usually a group of flats built on the same site (some providers offer bungalows), providing specialised accommodation and support services 24 hours a day. The accommodation can be rented or bought, both by an individual and by a couple. Older people living in them

enjoy the freedom of having their own front door and the peace of mind from knowing staff are available if they are needed.

Families First - A new Welsh Government initiative and grant programme aimed at improving early intervention and preventative services for children, young people and their families. This scheme replaced the Cymorth programme and 2011-12 was the transitional year for the move from Cymorth to Families First.

Family Justice Review – looked at ways of improving the current Family Justice System to reduce delays and costs. It identified the need for changes to Primary and Secondary Legislation in order to put into practice the improvements required including repairing the relationship between the Court and LA, more pre proceedings work (to avoid court proceedings if safe and possible), time limited court proceedings, a single family court, less expert evidence and the removal of adoption panels.

Information Advice and Assistance service – As part of the Social Services and Well-being (Wales) Act 2014, which provides the legislative basis for social services in Wales from 6th April 2016, there is a requirement for the provision of information, advice and assistance - local authorities, with the assistance of Local Health Board partners, must secure the provision of a service for providing people with information and advice relating to well-being, care and support in their area, and (where appropriate) assistance in accessing these.

Initial Assessments – An initial assessment is a series of questions based on the child's developmental needs, parenting capacity and family and environmental factors. Once a parent (or someone with parental responsibility) has given permission, or if you think that the child may be suffering, or at risk of suffering, significant harm, the social worker should

- check with all other agencies whether they have relevant information, and
- consider any information obtained in the light of the referral.

The social worker of the case must decide whether the child is 'in need' and if these needs can be met by the provision of further services. The initial assessment may indicate that a core assessment is required.

Intensive Family Support Service (IFSS) - The IFSS will provide services for families in greatest need, particularly those experiencing parental substance misuse and domestic violence. This will be achieved through the provision of flexible and effective therapeutic support which will focus on creating opportunities for positive change.

Just @sk and Just@sk+ - Just @sk and Just @sk+ offer support to young people living independently or making the transition to independent living, who are or who have previously been looked after. The Aftercare Team has now been joined with the Just @sk element of the Council's Youth Service to create a new service: Just @sk+. This combines a universal advice and signposting service with specialist, targetted support for more vulnerable young people, including care leavers. The new service is holistic including input on housing, employment, sexual health etc.

Legal Aid Sentences and Punishment of Offenders Act 2012 (LASPO)

Local Community Coordinators (LCC) – The LCC operational model is based on a nationally recognised design by which LCCs are allocated on a geographical population basis. The model states that an LCC should work with a manageable population (maximum of 10,000) who live in a defined geographical area. This allows the LCC to work with people in a locality which enables networks of support to be developed. The LCC project is based on the idea that providing people with services does not necessarily increase resilience or resolve issues of loneliness and isolation. The LCC approach is about connecting people to their local community and each other to support the development of networks and relationships which can help people remain independent. This can prevent or delay the need for formal services such as Social Services or secondary Health Care.

Local Service Board (LSB)

Looked After Children (LAC) - A child or young person is 'looked after' if they are cared for by the local authority either under Section 20 (now Section 76 Social Services and Well-being (Wales) Act 2014) or Section 31 of the Children Act 1989. Children become looked after when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Children can either be looked after as a result of voluntary agreement by their parents or as the result of a care order. Children may be placed with kinship carers (family), network carers (extended family / friends) or foster carers depending on individual circumstances.

Member - A Member is another term for Councillor, they are representatives of the people of Bridgend County Borough. They are elected to become a member of the Council at local elections, local elections are usually held every four years and Bridgend County Borough Council currently has 54 Members representing 39 wards. Although it is the duty of a Member to represent the whole community, they have a special responsibility to champion the needs of the constituents within their wards. Members have a duty to know what is going on in their area, and to help with any issues and queries that a constituent may have. Members also take collective decisions that form the policy of the council. Every year, the council elects a Leader and appoints the members of Cabinet. The Cabinet then has to make decisions which are in line with the Council's budget and policy framework.

Mental Health Wales Measure (2010) – The measure has four main parts:-

Part 1 will ensure that more mental health services are available within primary care such as G.Ps.

Part 2 ensures that all patients in secondary services have a care and treatment plan

Part 3 enables all adults discharged from secondary services to refer themselves back to those services

Part 4 supports every patient to have help from an independent mental health advocate if wanted.

Multi-agency - A multi-agency team involves several different organisations that work together for a shared aim, this could mean a team made up of people who work for Bridgend County Borough Council and staff from Health.

Multi Agency Safeguarding Hub – MASH - This is an integrated approach where a number of agencies work together in one place, sharing information and making

collaborative decisions. Interventions are put in place at the earliest opportunity across the MASH partnership. A MASH focuses on vulnerability for the purpose of Safeguarding children and vulnerable adults. It does this by receiving referrals from professionals and from the public. The outcomes of this process inform the level of risk to the vulnerable person and can escalate or de-escalate the concern so that appropriate action is taken. A MASH is a confidential environment, which means that all material, sensitive or not, can be revealed to another agency to decide what approach is needed by frontline staff. A MASH provides the opportunity for agencies to do this better by providing all professionals with more information on which to make better decisions.

National Association for the Care and Rehabilitation of Offenders (NACRO) - NACRO is a charity working to reduce youths offending and to promote and deliver education and training.

Not in Education, Employment or Training (NEET) - This term is used for young people who are at risk of or are not in education, employment or training. This increases a young person's vulnerability and can have a negative impact on their future life chances. Across Wales, some 10% of young people are NEETs.

Occupational Therapist - An occupational therapist (OT) is a therapist who is trained in the practice of occupational therapy. The role of an occupational therapist is to work with a service user to help them achieve a fulfilled and satisfied state in life through the use of equipment and adaptations that could meet the service users particular needs which promote health, prevent injury or disability and improve, sustain or restore the highest possible level of independence.

Outreach service – Working with young people aged 16-17 to prepare them for semi- or independent living and continues within the community as part of the transition from Newbridge House.

People's Partnership - A multi-agency partnership aimed at ensuring effective strategic planning of services for individual citizens and families across the Bridgend County area. The first task of the Partnership board is to contribute to the development of a Single Integrated Partnership plan. See also the entry for the Children and Young People's Partnership.

Performance Indicators - A performance indicator is a measure of performance. They are commonly used to help the Authority define and evaluate how successful we are, typically in terms of making progress towards its long-term organisational goals.

Personal Education Plan (PEP) - All LAC children in education should have a PEP in place within 20 days of becoming looked after. PEP's are developed to ensure that the educational needs of Lac are considered paramount.

Physical and Sensory Impairment - Physical and sensory impairment is the term used to describe somebody with either a physical or sensory disability. A physical impairment relates to the capacity to move, coordinate actions, or perform physical activities. Whilst Sensory impairment is when one of your senses; sight, hearing, smell,

touch, taste and spatial awareness, is no longer normal. The impairment may be caused by aging and other physiological changes, accident or injuries etc.

Protection of Vulnerable Adults (POVA) – POVA is a system in place to safeguard vulnerable Adults from Abuse. A Vulnerable Adult is someone aged 18 or over who is, or may be in need of community care services because of mental or other disability, age or illness and be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. Bridgend adheres to the South Wales Adult Protection (SWAP) multi-agency policy and procedure for responding to allegations of abuse. This means that the Authority has a firm agreement where all organisations work closely together to protect the person who may be being abused. Adult social care lead and co-ordinate the actions taken alongside our partner agencies, amongst which are ABM NHS Trust and South Wales Police.

Public Law Outline (PLO)– Statutory guidance to case management in public law (Care) proceedings for courts and parties. It includes guidance on pre-proceedings procedures as well as court proceedings. There is currently a Revised Interim PLO which is being piloted in this area from 02.09.13 and will be implemented fully in April 2014.

Overview and Scrutiny Committee– Bridgend County Borough Council operates an executive arrangement that places decision-making in the hands of the Cabinet. The purpose of the Scrutiny Panel is to hold the Cabinet to account for its decisions, and to contribute to evidence-based policy making in the council. There are 5 Overview and Scrutiny Committees which oversee the decision making of the Cabinet Members, which allows citizens to have a greater say in Council matters by holding public meetings into matters of local concern. These lead to reports and recommendations which advise the Cabinet and the Council as a whole on its policies, budget and service delivery.

Residential Re-ablement Unit (Bryn y Cae) – a new 6 bed community re-ablement unit based in a residential home, part of the community Resource Team, that will meet the needs of our citizens in a more holistic, timely and integrated way. The service offers 24 hour support and a multi-disciplinary assessment and re-ablement programme over an agreed period to enable people to regain sufficient physical functioning and confidence to return safely to their own home or to decide if residential care is appropriate

Registered Social Landlord (RSL)

These are government funded not for profit organisations that provide affordable housing. They include Housing Associations, trusts and co-operatives. They work with Local authorities and develop land, build homes and operate as a landlord function.

Serious Case Review (SCR) - Serious case reviews are carried out where abuse or neglect of a child is known or suspected, and

- if a child; dies or

- a child sustains a potentially life threatening injury or serious and permanent impairment of health or development, this may include cases where a child has been subjected to serious sexual abuse.

Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act 2014 received Royal Assent in May 2014. It provides a legal framework for the policy aims of the Welsh Government in relation to social services, bringing together Local Authorities' duties and functions. The Act has two key policy objectives:

- To improve the well-being outcomes for people who need care and support and
- To reform social services law.

It seeks to:

- Transform the way in which social services are delivered, primarily through promoting people's independence and giving them a stronger voice and control;
- Promote partnership working in social care;
- Enhance the preventative role of social care and health, setting out overarching wellbeing duties to reduce or delay the need for care and support.

South East Wales Improvement Collaborative (SEWIC), now the 4Cs - These are collaborative ventures comprising local authority partners aimed at jointly improving services and generating efficiencies. For example, one activity undertaken by SEWIC has been the establishment of a regional commissioning resource for out of area placements for children.

Telecare

Our vision for Telecare services in Bridgend County Borough: *'A person is able to access and use Telecare as the part of a care plan or a preventative measure which enables them to continue to live in and perform daily tasks within their home irrespective of the limitations imposed by their frailty or disability'*. Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. As well as responding to an immediate need, Telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

Time to Change Wales (TTCW) campaign - this is a Welsh Government initiative aimed at changing attitudes within the Welsh workforce in relation to mental health.

Transition – Definition "Transition may be defined as the life changes, adjustments, and cumulative experiences that occur in the lives of young adults as they move from school environments to independent and living environments" (Wehman, 2006) The National Service Framework for Children, Young People and Maternity

Services in Wales 2005 states “Young people who require continuing services, such as those who are disabled or chronically ill, young people with persistent mental illness or disorders, vulnerable young people and their families and carers, and care leavers, are offered a range of coordinated multi agency services, according to assessed need, in order to make effective transition from childhood to adulthood”

Western Bay

This is a collaborative working between Bridgend, Swansea, and Neath/Port Talbot Local Authorities together with the Health Board, and aims to develop an integrated services across the Western Bay area.

Youth Justice Board (YJB) - oversees the youth justice system in England and Wales, works to prevent offending and reoffending by children and young people under the age of 18 and ensures that custody for them is safe, secure, and addresses the causes of their offending behaviour.

Youth Offending Service (YOS) - Bridgend Young Offending Service is made up of representatives from Social Services, Education, the Police, Probation, Health and voluntary agencies and sits within Safeguarding and Family Support, Children’s Directorate. By bringing together representatives from each service, the Youth Offending Service aims to offer a holistic approach to tackling the causes of offending.