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Dear Director,

Care Inspectorate Wales (CIW) – Assurance Check 2021: Bridgend County Borough Council

This letter summarises the findings of our assurance check on 26 to 30 April 2021. The purpose of this assurance check was to review how well local authority social services continue to help and support adults and children with a focus on safety and well-being.

Overview

In March 2020, CIW suspended its routine programme in response to the COVID-19 pandemic to enable local authorities and providers to focus fully on responding to the challenging circumstances. A revised programme of assurance checks recommenced in September.

We considered safety and well-being of people who use or may need to use services, the safety of services they access and the safety and well-being of people who work in services. Our key lines of enquiry were focused on the four principles of the Social Services and Well-being (Wales) Act 2014. We have aligned our findings to the four principles: People - Voice and Control, Prevention, Well-being, Partnerships and Integration.

Our focus was on:

1. How well is the local authority discharging its statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

2. What is the local authority doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?

Summary of findings and priorities for improvement

People - voice and control - We asked: How well is the local authority ensuring people, carers and practitioners are having their voices heard, making informed choices, and maintaining control over their lives. While, also balancing the recommendations and requirements made by Public Health Wales and Welsh Government to limit the spread of COVID-19?

The local authority had made clear its strategic and operational intent to support vulnerable young people, adults and carers throughout the COVID-19 pandemic (the pandemic).

Leaders have maintained a line of sight on the changing COVID-19 landscape, resulting in clear plans and innovative practice/responses to address the challenges presented. Leaders and senior managers continue to keep under review what is working well and different ways of working because of the pandemic, which they intend to take forward.

The COVID-19 infection rate in Bridgend has been particularly high. The local authority is seeing and anticipating an increase in complexity of need and demand for services. They are continuing to work collaboratively with partners to build and support community resilience.

At the beginning of the pandemic, systems were put in place for agile/blended working. We found in adults and children's services contact had been undertaken virtually, and face-to-face where required, and risk assessed as appropriate to do so.

We received variable responses from people about their experience of making contact with the local authority and how well they felt they had been listened to and respected.

Carers told us of the support they had received during the pandemic, which included a 24/7 carers telephone support line that had been set up during the pandemic. One carer described the support provided to them and their relative as "*tremendous*" and went on to say how the support had benefitted their well-being. We saw some examples of carers being offered a carer's assessment, however written evidence was not always available to clarify whether the assessment had been completed and if so, the outcome of the assessment. The local authority should ensure this information is consistently captured and accessible. We saw a small number of examples where there had been missed opportunities to offer a carers assessment.

Overall, in adults services we found an outcome-focused approach was embedded in practice, this supported coproduction and identification of personal outcomes. People's

views were sought and their voices heard. Matters relating to consent, advocacy, mental capacity and best interests were routinely considered at an early stage in the engagement process.

In children's services we found in most files we viewed there was information gathering to represent the person's circumstances; this was supported by a fluent exchange of information between agencies, notably during the early stages of intervention. Overall, we found practitioners and independent reviewing officers (IROs) presented as having an understanding of the circumstances and experiences of the children and families they were working with.

We found more varied practice in relation to co-production and seeking and or recording the voice of the child. Confirmation regarding the active offer of advocacy was contained in the files viewed. Co-production, particularly in the context of engagement, identification of personal outcomes, risks, and provision of services to achieve positive change required some improvement. The local authority is aware of the need to further embed practice, which is strength based and outcome focused and work is currently underway to address this.

People were given the opportunity to tailor and manage their own support through use of direct payments. We saw examples of direct payments being offered and taken up, helping people to have flexibility in the care and support they received. In December 2020 the local authority set up a fast track system for direct payments. Staff described the positive impact for people in speeding up the process to access direct payments. There was evidence of the authority using direct payments responsively as a means of providing an alternative method of support.

Ensuring staff well-being is a key priority for leaders and senior managers. We saw positive examples of how staff well-being had been promoted; examples included availability of counselling and well-being webinars. We found staff morale was generally good. The responses to the staff survey highlighted staff felt they had been supported by colleagues and managers to do their job, and a majority said their caseloads were manageable. We heard there were challenges in allocating cases in some teams due to staffing levels. Staff told us how their learning and development had been maintained during the pandemic.

Prevention - We asked: To what extent is the local authority successful in promoting prevention and reducing need for increased or formal support from statutory agencies?

We found a positive integrated approach to prevention. We saw examples of professionals identifying children and/or adults in need of help and protection and making appropriate referrals to social services. We found there was mostly a prompt response to immediate presenting risk and need.

There continues to be a good strategic focus on prevention, market sustainability and development of services. Examples of service development cited as having a positive impact on prevention and promotion of well-being included the 'Baby in Mind Programme', which is focused on early intervention, working with parents at an early stage with the aim of keeping the family together and trying to prevent babies coming into the care system.

Despite some innovative developments there are waiting lists in some areas of service including Children's Early Help Services and Community Occupational Therapy Service. These were said to have been exacerbated by increase in referrals and gaps in some teams. Managers are aware of waiting lists and regularly monitor, risk assess, and review the priority status of those people waiting for a service.

In children's services, although a process was in place in relation to transition of cases across teams and services, we found examples where the support for some families was too fragmented. This meant that some families did not always receive the right services at the right time. Further work is required to ensure seamless and co-ordinated services that prevent escalation of need, and which secures the best outcomes for children and families.

Safely reducing the number of children looked after is a recognised priority for the local authority. They have reviewed their approach and practice in this area, and the number of looked after children has begun to slightly decrease. It was evident however from discussion with staff that the needs of the child remained central to all decision-making. Senior managers and officers have a good understanding and knowledge of the profile of children currently looked after and are strongly committed to the preventative agenda. For example, a Permanency Monitoring Group has been established with the purpose of tracking children's journeys through the 'looked after' system. During July 2020, senior managers and the childcare legal team carried out audits to consider the factors influencing practice response, including in relation to children becoming looked after; the findings from this work has been used to inform changes in the operational infrastructure. Four reunification support worker posts have been created with a focus on providing stability and where appropriate actively progressing plans to return children to live locally in placements or with their birth families, where safe to do so. This is an area the authority will need to continue to closely monitor in order to identify progress and any emergent issues.

In adults services we found supportive infrastructures across social and health care, and aligned delivery systems. We saw evidence of joint working. We saw and heard of how the various professionals within the adult integrated community network teams worked collaboratively to support people's well-being, safety and self-identified outcomes. For example, we reviewed cases where people had identified they wanted to be supported at home avoiding the need for admission to hospital or residential care. Relevant professionals were involved with the person and services and equipment was provided to ensure the individual's self-identified outcomes were met.

Partnership and Integration - We asked: To what extent is the local authority able to assure itself opportunities for partnership working are positively exploited to maximise person centred planning and ensure integrated service delivery and service sustainability?

There is a clear commitment to collaborative working across Bridgend County Borough Council. It was apparent relationships with partners had been strengthened during the pandemic. One partner commented *“staff in the local authority were amazing the whole of last year, never seen collaborative working like that before.”* Another partner commented, *“Joint working is a real strength.”*

Providers told us about good communication and positive meetings with local authority commissioners during the pandemic. Close working with independent providers has been supported through the creation of a two-way information-sharing portal, which enabled all providers to have access to essential information such as regular updates, best practice examples, lessons learnt and peer support. In addition, contract-monitoring staff had maintained daily welfare calls made to independent providers. Providers told us there was a culture of working collaboratively and making decisions together.

The social services directorate had adopted a ‘whole workforce’ approach. For example, there were incidents where staff from the council have been on stand-by and were redeployed to work in independent care homes to ensure continuity of service during times of staff absence linked to COVID-19.

On an individual level, we saw examples of good working relationships between professionals and people receiving care and or support. Practice was respectful and we saw efforts made by staff to understand people’s circumstances and to support people to meet their own personal outcomes.

Integrated services and posts have provided the foundations for joint working across health and social care. We found practitioners from different sectors and services working effectively together. We saw evidence of how various professionals within the adult integrated community network teams worked together sharing information and utilising resources. The integrated approach of the adult community network teams is a good example of how integrated working has clear benefits in providing a joined up approach to effectively assessing and supporting people to meet their outcomes.

Partnership working was particularly prominent in the MASH (Multi-Agency Safeguarding Hub). Information was gathered promptly across the multi-agency group and this was used to inform decisions and actions in relation to people’s well-being and safety. There were positive examples of a multi-agency approach to risk management and of practitioners, partners and agencies working together effectively sharing information, identifying and monitoring vulnerable children and adults’ needs and risks.

We heard of positive examples of collaboration and partnership working to support people’s well-being. Examples included the development of a well-being mental health retreat, which

opened December 2020. The service is delivered as part of a collaboration with the council, Cwm Taf Morgannwg University Health Board, South Wales Police and other third sector service providers. We also heard of the collaborative work between the local authority and the voluntary sector, to make contact with approximately 6200 people on the shielded list.

Well-being - We asked: To what extent is the local authority promoting well-being, ensuring people maintain their safety and achieve positive outcomes that matter to them?

Overall, we found the local authority has continued to meet its statutory duties and has made a positive contribution to the safety and well-being of people who need care and or support.

At an individual level, we saw the efforts made to maintain meaningful contact with people. We saw evidence of timely completion of assessments and care and support plans and generally, a prompt response to identified need and risk. There had been improving performance in children's services in relation to timeliness of assessments and regulated placement provision.

During the pandemic, the local authority has proactively developed, adapted and delivered services in different ways to promote people's well-being. For example, where needed and safe to do so, day services staff had provided outreach support. They maintained contact with people and carers providing support and activities via digital means. Staff made up activity boxes and delivered them to people who prior to the pandemic would have engaged with the community hubs. Young carers were supplied with well-being and activity packs. The prevention and wellbeing service worked closely with partners developing a range of digital resources and remote classes facilitated through information and communications technology (ICT) to support people directly at home. We heard how the continuation of services/support had made a positive contribution to the safety and well-being of many people.

We saw timely responses to adult safeguarding enquiries. The practitioner's approaches were considered and well organised and partners and professionals were included, where relevant. The adults at risk were central to the safeguarding process. A broad view of safeguarding was taken, which not only focused on risk but also considered people's outcomes and quality of life. There were clear safety plans put in place to mitigate any risks and or needs identified.

We found variable practice in relation to how well the local authority responded to children safeguarding matters. The best examples were in the MASH where timely responses with prompt information gathering to help address immediate child protection concerns was evident. In other files reviewed, responses were delayed and the development of the care and support plan required greater focus.

Recruitment and retention of a stable workforce remains a priority for the local authority. In adults services we saw agency staff had been used in some teams to strengthen capacity to meet increased demand. There were vacancies in some children's teams. Agency staff were being used to fill these gaps however, supply was described as limited. Capacity issues coupled with case complexity was causing pressure in some of the children's teams. Managers had sought to increase capacity within these teams.

We heard of the new operating model for the disabled children and transition team, and the work underway to develop a participation and engagement strategy for disabled children. Some practitioners told us improvements could be made to strengthen the integration of the team working with disabled children under the age of 14 years. The provision of specialist behavioural support for disabled children with complex needs was highlighted by some practitioners as an area for improvement.

Method:

- we reviewed documentation supplied by the local authority
- we spoke with people who were receiving or had received care and support, including care experienced young people
- we reviewed 39 case files
- we held ten case tracking interviews with practitioners and relevant partner representatives
- we administered eight surveys to; people who had experience of care and support, providers, third sector organisations, staff and healthcare professionals
- we observed a scrutiny and overview committee meeting
- we spoke with practitioners, managers, providers, heads of service, director, elected members

Next Steps

We have identified strengths and areas for improvement. We will review the progress of these areas through our performance evaluation review meetings with the heads of service and director. We expect the areas of improvement we have identified to be included in the local authority's improvement plans. We would like to extend our thanks to all those who helped with the arrangements for this assurance check and to those people and staff who spoke with us.

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Yours sincerely

A handwritten signature in black ink, appearing to read 'Lou Bushell-Bauers', written in a cursive style.

Lou Bushell-Bauers
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Care Inspectorate Wales