

SOCIAL SERVICES & WELL-BEING DIRECTORATE – PERFORMANCE AT YEAR END

Social Services Directorate Performance -

There has been good progress made through the year and at quarter 4, 2018-19, the directorate reported against 14 commitments, 13 of which reported as green. The one amber commitment is as follows:

Finalise a transition service model to help disabled children move smoothly into adulthood. Work is underway to progress this and we have now converted five Transition Social Work posts to work directly with young people and their families during their transition into adulthood. The service has recently been evaluated and this is due to report in May 2019; the recommendations from the review will be taken forward in 2019-20.

There are 49 performance indicators in this Q4 report. 34 (70%) are reporting as green, 6 (12%) are amber and 9 (18%) are red. There are detailed explanations in the body of the report.

There are 46 indicators that can be directly compared to the end of year 2017/18; of these, 78% are within target and have either improved or stayed the same.

The Performance Framework that was introduced as part of the Social Services and Wellbeing Act is currently being further revised which may affect trend data going forward.

Commitments 2018-19	RAG – progress against commitment				All Indicators (incl. Finance and sickness PIs)		National Indicators (inc SSWB ACT)																																					
	Total	Red	Amber	Green	Performance vs Target	Trend vs year end 2017-18	Performance vs Target	Trend vs year end 2017-18																																				
Year end 2018-19 Directorate Commitments to delivering Corporate priorities																																												
Priority One – Supporting a successful economy	1	0	0	1	<table border="1"> <caption>Performance vs Target Data</caption> <thead> <tr> <th>Category</th> <th>On Track</th> <th>>10% off</th> <th><10% off</th> </tr> </thead> <tbody> <tr> <td>VfM</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>SUO</td> <td>23</td> <td>6</td> <td>6</td> </tr> <tr> <td>OC</td> <td>2</td> <td>3</td> <td>0</td> </tr> <tr> <td>IP</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Category	On Track	>10% off	<10% off	VfM	3	0	0	SUO	23	6	6	OC	2	3	0	IP	0	0	0	<p>↑ 19</p> <p>↓ 19</p> <p>↔ 8</p>	<table border="1"> <caption>National Indicators Performance vs Target</caption> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>on track</td> <td>20</td> </tr> <tr> <td>>10% off</td> <td>6</td> </tr> <tr> <td><10% off</td> <td>4</td> </tr> </tbody> </table>	Category	Count	on track	20	>10% off	6	<10% off	4	<table border="1"> <caption>National Indicators Trend vs year end 2017-18</caption> <thead> <tr> <th>Trend</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>up</td> <td>20</td> </tr> <tr> <td>down</td> <td>4</td> </tr> <tr> <td>same</td> <td>6</td> </tr> </tbody> </table>	Trend	Count	up	20	down	4	same	6
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Priority Two – Helping people to be more self-reliant	9	0	1	8																																								
Priority Three – Smarter use of resources	4	0	0	4																																								
Finance					Human Resources																																							

Revenue Budget

- The Directorate’s net budget for 2018-19 is **£70.088m**.
- The current year end outturn is **£69.136m** meaning an **under spend** of **£651k**.

Capital Budget

- The capital budget for the Directorate for 2018-19 is **£3.502m**; with a capital spend for the year of **£2.800m**, with **£659k** slippage requested.

Efficiency Savings

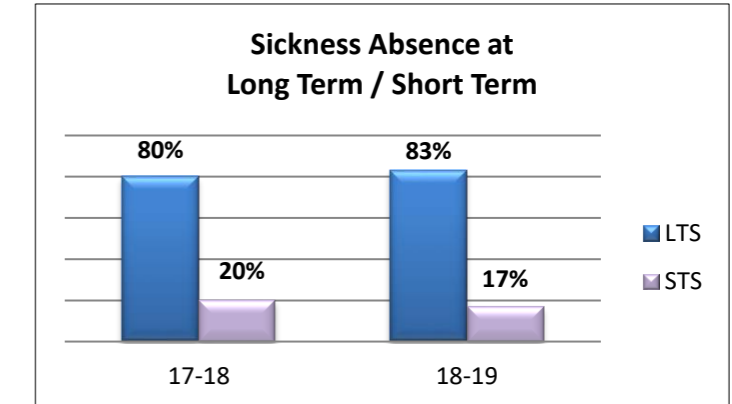
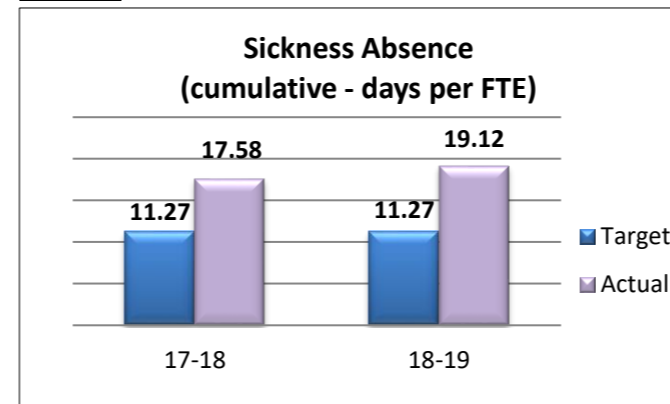
Savings (£000)	2017-18 outstanding	2018-19	%
Savings Target	1,917	350	100%
Savings Achieved	1,266	350	100%
Variance	651	0	0%

Additional financial information can be found in the Financial Performance 2018-19 report to Cabinet 18 June 2019.

Staff Number (FTE)

2017-18	2018-19
848.16	789.07

Sickness



Despite working very closely with HR to ensure that sickness absence policy and procedures are being adhered to and that effective management oversight and actions are in place, sickness data shows a decline in performance and long term absence continues to be the main factor. It is worth noting that those areas which show high levels of sickness are also the areas where most changes are taking place. As of May 2019, the data shows a reduction in long term sickness cases.

The directorate continue to scrutinise on a case by case basis and there is robust monitoring in place across the services.

Implications of financial reductions on Service Performance and other key issues / challenges

At Q4, the Directorate is showing a projected underspend at year end which is a very positive picture especially as the demand continues to increase. However we also recognise that the financial challenges going forward will be significant and it will become increasingly difficult to continue to deliver services whilst also reducing the budget.

The transition into a new region has been successful and the focus in 2019/20 will be to continue to build strong relationships with new regional partners. There are a small number of regional arrangements that we will continue to work within the new West Glamorgan region during this transitional year.

The Council has been successful in securing £6.6m transitional grant for the next 2 years for the further development of our integrated services and to develop more preventative approaches and services with health and third sector partners. The challenge for this directorate and the Council will be to make sure that any developments are sustainable going forward. There will be a robust programme management structure, monitoring and evaluation governance structure established to oversee the work.

High Corporate Risks

Residual Risk	WELLBEING OBJECTIVE	Likelihood	Impact	Overall
Supporting vulnerable children, young people and their families	2 and 3	5	4	20
Supporting adults at risk	2 and 3	4	4	16
Healthy life styles	2	4	4	16
Ineffective collaboration	All	4	4	16

HEAD OF ADULT SOCIAL CARE

The remodelling programme for Adult Social Care along with the changing culture continues to be the cornerstone of our service development. The management of the Adult Social Care budget and the associated Welsh Government grants has been both a challenge and an opportunity during the year.

Performance indicators include an increase in the number of people who have been diverted from mainstream services; the percentage of people who complete a period of reablement and 6 months later have a reduced package of care is 67.27%; and, those people that have completed a period of reablement who have no package of care is 61.31%; both of these indicators are green. The service does recognise that sustaining these levels will become more challenging as the level of complex needs we are managing in the community is increasing.

Of the 16 PIs that relate to adult social care, 12 are reporting as green and 7 show an improving performance. The one PI that is shown as red relates to the rate of delayed transfers of care for social care reasons, although this remains below the Welsh average. There continues to be pressure from acute services and increased demand for domiciliary care in the community which has led to a reduction in our ability to move people from our short term reablement services into long term care packages. This has inevitably meant that people are delayed from hospital admission as the flow through our services is slowed down. A task and finish group has been established to do a 'deep dive' into this area this area

Adult Social Care has shown an improving financial position.

Wellbeing Objective Two: Helping People To Be More Self Reliant

Code	Action Planned	Status	Comments	Next Steps (for amber and red only)
P.2.1.1	Continue to improve the ways in which the Council provides good information, advice and assistance to the public, including increasing the support available through local community coordinators.	GREEN	Phase 2 of the MASH has been implemented. Police, Early Help and Children's Social Care now carry out joint screening of Public Protection Notice's (PPNs) to identify where children & families could benefit from support and intervention from the earliest opportunity. A Quality Assurance Group has been set up to finalise the performance framework (by October 2019) which will incorporate key performance indicators and a programme of audit activity. The collation of quantitative and qualitative information will enable an evaluation of the impact MASH has had on children, families and service provision since its implementation. During 2018/19 there were 7945 contacts received in the MASH. With reference to the Common Access Point (CAP), further focused work is being taken forward.	
P2.1.2	Continue to involve service users, carers and communities in developing and commissioning services.	GREEN	There is an ongoing commitment across Social Services to continually engage with citizens and look at co-production models of care. As part of the Social Services & Wellbeing Act, we are required to collect qualitative information about people who use social care services. Surveys have been issued to a sample of adults, carers, children and their parents during November 2018 and responses have been analysed and used to inform the development and commissioning of services going forward. This approach is now embedded into every service change. Plans are in place for future engagement. Some examples of engagement undertaken during 2018-19 include the review of Carers and Short Breaks Services and the review and remodelling of children's residential homes.	
P2.3.1	Work with partners and schools to support carers by providing the right information, advice and assistance (IAA) where relevant.	GREEN	During the year, Bridgend Carers Centre provided support to 763 Carers, 287 Adult Carers Assessments have been completed and 33 Young Carers Assessments have been completed. 240 pupils were involved at PSE days around Young Carers awareness, rights and entitlements. We have recently contracted a new Carers Wellbeing Service which will provide Carers with easy access to IAA through community based services.	

Performance Indicators

PI Ref No, PI Type, PAM / link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
Service User Outcomes								
DataItemA9 CP Priority 2	Number of adults who received a service provided through a social enterprise, co-operative, user led service or third sector organisation during the year. <i>Higher preferred</i>	175	370	529	↑ 379	n/a	n/a	Quarterly indicator Target setting: The definition states that this applied only to those with a care package/ in managed care. The target is based on Q2 2017/18 data Annual Performance: Target achieved and shows improvement
SSWB1 CP Priority 2	Number of people who have been diverted from mainstream services, enabling them to remain independent for as long as possible. <i>Higher preferred</i>	200	1000	1284	↑ 973	n/a	n/a	Quarterly indicator Target setting: changed at Q1 to 1000, based on past Annual Performance– it is recognised that numbers will plateau. Annual Performance: Target exceeded
PM18 National PM Priority 2	The percentage of adult protection enquiries completed within 7 days <i>Higher preferred</i>	95%	95%	95.79%	↓ 95.92%	n/a	n/a	Quarterly indicator Target setting: This measure relies on data from partner agencies - not just social care. Annual Performance: Target achieved
PM19 (PAM/025) (SCA/021) National PM (SCA021) Priority 2	Rate of delayed transfers of care for social care reasons per 1,000 population aged 75 and over <i>Lower preferred</i>	2.2	2	4.79	↓ 1.52	n/a	n/a	Quarterly indicator Target setting: To maintain performance Annual Performance: This area will continue to be carefully monitored in line with the fragility of the wider homecare market. We are in the process of establishing new validation processes with the new University Health Board following the boundary change for Bridgend County Borough to Cwm Taff Morgannwg UHB
PM20a National PM CP Priority 2	The percentage of adults who completed a period of reablement and 6 months later have a reduced package of care and support <i>Higher preferred</i>	60%	62%	67.27%	↓ 70.64%	n/a	n/a	Quarterly indicator Target setting: In the main, the people coming through the service have more complex needs so reduced packages will become more challenging. Annual Performance: In the main, the people coming through the service have more complex needs so reduced packages will become more challenging. Target has been achieved, however, Annual Performance has dipped slightly from 2017-18. Further analysis is taking place.
PM20b National PM CP Priority 2	The percentage of adults who completed a period of reablement and 6 months later have no package of care and support. <i>Higher preferred</i>	60%	60%	61.31%	↑ 58.27%	n/a	n/a	Quarterly indicator Target setting: In the main, the people coming through the service have more complex needs so reduced packages will become more challenging. Annual Performance: Annual Performance above target
PM21 National PM CP Priority 2	The average length of time older people (aged 65 or over) are supported in residential care homes. <i>Lower preferred</i>	1000 days	900 days	807.28 days	↑ 861.49 days	n/a	n/a	Quarterly indicator Target setting: To maintain performance Annual Performance: Annual Performance is above target and improving
PM22 v.2 National Priority 2	Average age of adults entering residential care homes over the age of 65. <i>Higher preferred</i>	85	85	86.09	↑ 85.40	n/a	n/a	Quarterly indicator Target setting: People are independent for longer. The increased target age for people over 65 reflects this. Annual Performance: Annual Performance is above target and improving

PM23 National PM Priority 2	The percentage of adults who have received advice and assistance from the advice and assistance service and have not contacted the service for 6 months. <i>Higher preferred</i>	70%	70%	87.46%	↓ 89.38%	n/a	n/a	Annual indicator Target setting: This is awaiting national consensus on what is being counted so target is unchanged Annual Performance: Annual Performance is still well above target
SSWB10 (SCA018a) CP Local Priority 2	Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year <i>Higher preferred</i>	96%	97%	95.63%	↓ 97.46%	n/a	n/a	Quarterly indicator Target setting: Improvement target Annual Performance: is marginally below target. Robust monitoring in place.
PAM/024 CP Priority 2	The percentage of adults 18+ who are satisfied with the care and support they received. <i>Higher preferred</i>	65.00%	80%	82.87%	↓ 85.97%	n/a	n/a	Annual Indicator Target setting: Improvement target based on last year's performance Annual Performance: There is a requirement under the Social Services & Wellbeing Act for all local authorities to collect qualitative information about people who use their social care services via an annual national survey. Results from this survey have informed this measure. Target has been achieved, however, annual performance has dipped slightly from 2017/18. In addition to the 82.87% that said 'yes', a further 14% ticked 'sometimes', which is also a positive response, and would increase the figure to 96.72%. Only 3% ticked 'no'.
PAM/026 (SSWBNS15) Priority 2	The percentage of carers reporting that they feel supported to continue in their caring role. <i>Higher preferred</i>	65%	65%	71.43%	↓ 81.1%	n/a	n/a	Annual Indicator Target setting: Based on last year's results Annual Performance: There is a requirement under the Social Services & Wellbeing Act for all local authorities to collect qualitative information about people who use their social care services via an annual national survey. Results from this survey have informed this measure. This is an improving picture. If you also add in those that said 'sometimes' which is also a positive response, the figure would be 92.86%. Only 4% said 'no'.
SSWB19 CP Priority 2	The percentage of adults who received advice and assistance from the information, advice and assistance service during the year <i>Higher preferred</i>	30%	50%	74.36%	↑ 63.67%	n/a	n/a	Quarterly indicator Target setting: This measures the proportion of people who seek advice and assistance who, through this help, are prevented from escalating into further services. Annual Performance: target achieved
SSWB23 Local Priority 2	Number of people with cognitive changes / dementia who are supported with information and advice to help them remain independent as possible <i>Higher preferred</i>	n/a	130	229	n/a	n/a	n/a	Quarterly indicator - New indicator for 2018 -19 Target setting: Based on referrals through Common Access Point Annual Performance: target achieved
SSWBNS7a National PM Priority 2	The percentage of adults reporting that they have received the right information or advice when they needed it. <i>Higher preferred</i>	85%	85%	77.63%	↑ 75.50%	n/a	n/a	Annual indicator Target setting: The number will be dependent on the number of surveys sent out and the specified number of returns required by WG Annual Performance: There is a requirement under the Social Services & Wellbeing Act for all local authorities to collect qualitative information about people who use their social care services via an annual national survey. Results from this survey have informed this measure. Whilst only 77% said 'yes' to this question, if those that answered 'sometimes' are added in, which is also a positive response, the figure would be 92.54%. A further 5.56% responded with 'don't know'.
SSWBNS12 National PM Priority 2	The percentage of adults reporting that they felt involved in any decisions made about their care and support <i>Higher preferred</i>	80%	80%	75.44%	↓ 80.66%			Annual indicator Target setting: To maintain performance Annual Performance: There is a requirement under the Social Services & Wellbeing Act for all local authorities to collect qualitative information about people who use their social care services via an annual national survey.

								Results from this survey have informed this measure. Whilst only 75% said 'yes' to this question, if you add in those that answered 'sometimes', which is also a positive response, the figure would be 89.36%. A further 4.81% responded with 'don't know'.
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HEAD OF CHILDREN'S SOCIAL CARE

Our long-term strategy is to develop new approaches to assist with the continued safe reduction of looked after children numbers and less use of independent fostering/residential agency placements out of county.

Our remodelling programme is making good progress:

- Our residential hub for children and young people (Maple Tree House) has been utilised for 16 placements in the emergency beds and in the assessment unit since opening in December 2018.
- We have commissioned supported living provision for care leavers, which has been fully occupied since it opened.
- The MASH is fully implemented. Its Performance Management Framework was finalised in May 2019.
- The transition team is in place and the recommendations from the pilot evaluation are being used to finalise the model. There are plans to engage wider partners moving forward.
- We are continuing to safely reduce the number of children we look after. Our end of year figure was 381 compared to 384 at year end 2017/18.
- At year end, 64 looked after children were placed with Independent Foster Agencies compared to 72 at year end 2017/18.

Of the 21 Children's PIs reported at year end, when comparing year end 2017/18, 15 show an improvement or sustained performance of 100% and 6 show a dip in performance. Of these, 4 are red. Arrangements are in place for further analysis and management interventions in respect of performance of these particular areas and more context is detailed in the report below. Children's Social Care is showing an improved financial position at year end compared to the previous the financial year.

Wellbeing Objective Two: Helping People To Be More Self Reliant

Code	Action Planned	Status	Comments	Next Steps (for amber and red only)
P2.2.2	Establish a new model of residential provision for looked after children and young people and seek the best ways of meeting their individual needs including support beyond the age of 18 by offering specialist accommodation.	GREEN	During the year, the medium-long term unit was registered by Care Inspectorate Wales (CIW) and the service went "live". The Placement and Assessment Hub underwent refurbishment and following CIW registration, opened in December. The new models for looked after children and care leavers are now in place and will be evaluated through internal review mechanisms and regulatory inspection.	
P2.2.3	Finalise a transition service model to help disabled children move smoothly into adulthood.	AMBER	The Integrated Care Fund (ICF) funding was not secured and consequently this project has been re-evaluated. Three post were re-designated to support the transition pilot project and Performance Framework has been implemented. The pilot project is currently being evaluated to inform future service delivery model.	
P2.3.2	Recruit and retain carers across the range of fostering services.	GREEN	The Development Officer has been in post for 3 months and is working with marketing to roll out a recruitment programme. Liaison Carers have been appointed to support the recruitment and retention of foster carers. Work is underway with Social Care Workforce Development Programme (SCDWP) and the Regional Fostering Manager to ensure we are meeting training requirements and rolling out targeted 'upskill' attachment training programmes.	

Performance Indicators

PI Ref No, PI Type, PAM / link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
Service User Outcomes								
PM34a CP National PM Priority 1	The percentage of all care leavers who are in education, training or employment at: a)12 months after leaving care <i>Higher preferred</i>	70%	60%	63.64%	↑ 60.53%	n/a	n/a	Quarterly indicator Target setting: The target for 18-19 is based on current performance and is challenging / realistic. Annual Performance: This is an improvement on last year's performance from 60.53% to 63.64%. During the year, 14 out of 22 young people were in education, training or employment during the 12 th month after leaving care. The 16+ team continue to work to support care leavers into education, training or employment
PM34b CP National PM Priority 1	The percentage of all care leavers who are in education, training or employment at: b) 24 months after leaving care <i>Higher preferred</i>	55%	55%	57.89%	↑ 46.67%	n/a	n/a	Quarterly indicator Target setting: The target for 18-19 is based on 17- 18Annual Performance and is challenging / realistic. Annual Performance: This is a significant improvement on last year's performance (46.7%). During the year, 22 out of 38 young people were in education, training or employment during the 24 th month after leaving care. The reasons for NEET include being young parents, job seeking, having illnesses or disabilities which render them unfit for work, and those over the age of 18 who are unwilling to engage in any education, training or employment opportunities
SSWB20 CP Priority 2	The percentage of children who received advice and assistance from the information, advice and assistance service during the year <i>Higher preferred</i>	60%	70%	81.37%	↑ 71.35%	n/a	n/a	Quarterly Indicator Target setting: This measures the proportion of people who seek advice and assistance who, through this help, are prevented from escalating into further services Annual Performance: Target achieved
SSWB21 CP Priority 2	The percentage of identified young carers with an up to date care and support plan in place <i>Higher preferred</i>	90%	90%	92.98%	↓ 94.83%	n/a	n/a	Quarterly indicator Target setting: is based on performance, this is an improving target Annual Performance: Target was achieved despite a very slight dip in Annual Performance from last year
PAM/027 CP Priority 2	The percentage of children aged 7-17 years who are satisfied with the care and support they received. <i>Higher preferred</i>	65%	80%	86%	↑ 84.09%	n/a	n/a	Annual Indicator Target setting: Based on performance in 17/18 Annual Performance: Target has been achieved. The percentage of respondents that responded positively is lower than last year, however, it should be noted that this is in the context of the overall number of respondents being higher this year - in 2016/17, 68 of 71 responses were positive; in 2017/18, 77 of 90 responses were positive.
PM24 (PAM/028) National PM Priority 2	The percentage of assessments completed for children within statutory timescales <i>Higher preferred</i>	85%	85%	71.5%	↓ 86.15%	90.8%	n/a	Quarterly indicator Target setting: based on current data and is challenging. Annual Performance Despite team focussed activity to address delays in assessment completion, performance has dipped year end. Focussed management interventions are in place to ensure outstanding work is completed and systems are being reviewed to improve performance in 2019/20
PM25 National PM CP Priority 2	The percentage of children supported to remain living within their family. <i>Higher preferred</i>	65%	65%	64.13%	↑ 61.64%	n/a	n/a	Quarterly indicator Target setting: Relevant child populations are stabilising and not declining, the % target remains because of the challenges Annual Performance: Whilst the 2018/19 figure of 64.13% is marginally below the 65% target, there has been an improvement from the previous year's figure of 61.64%

PI Ref No, PI Type, PAM / link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
PM26 National PM Priority 2	The percentage of looked after children returned home from care during the year <i>Higher preferred</i>	10%	10%	8.46%	↑ 6.56%	n/a	n/a	Quarterly indicator Target setting: is part dependent on Early Help services. Annual Performance: has improved from 6.56% in 2017/18 to 8.46% in 2018/19, however, it is recognised that the end of year target has not been met. It should be noted that this indicator only applies to discharges during the year where the child/young person has returned to family members under no order/SGO etc. It also measures these as a proportion of our entire looked after population (some of whom have been looked after for up to 17 years). We are adopting the NSPCC Reunification Toolkit in 2019/20 and employing four practice support workers which should lead to an increase in children returning home.
PM31 National PM Priority 2	The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement. <i>Higher preferred</i>	100%	100%	100%	↔ 100%	n/a	n/a	Quarterly indicator Target setting: set to sustain 100% performance achieved to date Annual Performance: Target achieved
SCC002 (PM32) National PM Priority 2	The percentage of looked after children who have experienced one or more changes of school during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March <i>Lower preferred</i>	10%	10%	5.56%	↑ 6.54%	n/a	n/a	Quarterly indicator Target setting: Based on previous years' data to maintain performance Annual Performance: Target achieved
PM33 (SCC004) (PAM/029) National PM CP Priority 2	The percentage of looked after children on 31st March who have had three or more placements during the year. <i>Lower preferred</i>	12%	12%	10.24%	↑ 10.68%	n/a	n/a	Quarterly indicator Target setting: based on current and past performance and knowledge of the LAC population which is stabilising but not declining. Annual Performance: Target achieved. This is a provisional figure as the final figure is calculated by Welsh Government following submission and validation of the Looked After Children Census return.
SSWB7 CP Priority 2	Percentage of individuals discussed at Transition Panel that have a transition plan in place by aged 17 <i>Higher preferred</i>	100%	100%	100%	↔ 100%	n/a	n/a	Quarterly indicator Target setting: It is important that at least by age 16/17 young people should have a transition plan. Annual Performance: Target achieved
SSWBNS7b National PM Priority 2	The percentage of children reporting that they have received the right information or advice when they needed it. <i>Higher preferred</i>	90%	90%	72%	↓ 85.56%	n/a	n/a	Annual indicator Target setting: Based on previous year's data Annual Performance: There is a requirement under the Social Services & Wellbeing Act for all local authorities to collect qualitative information about people who use their social care services via an annual national survey. Results from this survey have informed this measure. Whilst only 72% said 'yes' to this question, if you add in those that answered 'sometimes', which is also a positive response, the figure would be 88%. A further 8% responded with 'don't know'.
PM35 CP National PM Priority 2	The percentage of care leavers who have experienced homelessness during the year <i>Lower preferred</i>	15%	13%	5.88%	↑ 13.79%	n/a	n/a	Quarterly indicator Target setting: The Council's priority is to prevent homelessness. Target based on Q2 data. Annual Performance: Target achieved exceeded that of 2017-18
PM29a National PM Priority 2	Percentage of children achieving the core subject indicator at key stage 2 <i>Higher preferred</i>	55%	58%	51.16%	↓ 66.22%	60.2%	n/a	Annual indicator Target setting: Target based on current Annual Performance Annual Performance: The dip in performance will require further joint analysis with colleagues in the Education and Family Support Directorate.

PI Ref No, PI Type, PAM / link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
PM29b National PM Priority 2	Percentage of children achieving the core subject indicator at key stage 4 <i>Higher preferred</i>	17%	14%	23.91%	↑ 8.45%	9.5	n/a	Annual indicator Target setting: Target based on current Annual Performance Annual Performance: Target achieved.
PM30 National PM Priority 2	The percentage of children seen by a registered dentist within 3 months of becoming looked after <i>Higher preferred</i>	65%	65%	80.56%	↓ 82.14%	n/a	n/a	Quarterly indicator Target setting: based on performance to date Annual Performance: is above target although marginally below the 2017/18 figure. Non-compliance has mainly been as a result of difficulties with registering children with dental practices. We are liaising with colleagues in health to address this issue
SSWB24 (SCC001b) Priority 2	For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence at the due date <i>Higher preferred</i>	95%	95%	100%	↔ 100%	n/a	n/a	Quarterly indicator Target setting: based on performance to date. Annual Performance: The Independent Reviewing Service continue to be effective in maintaining this target.
PM27 National PM other	The percentage of re-registrations of children on local authority Child Protection Registers (CPR) <i>Lower preferred</i>	5%	5%	5.58%	↓ 3.32%	n/a	n/a	Quarterly indicator Target setting: based on 16/17 and 17/18 data Annual Performance: Although performance in this area has improved during Q4 the target was not achieved year end. During 2018-19 there were 14 children from 8 households re-registered within 12 months. These cases are being reviewed and any issues learnt will be cascaded/responded to accordingly.
PM28 National PM other	The average length of time for all children who were on the CPR during the year (in days) <i>Lower preferred</i>	265	270	254.12	↑ 265.75	n/a	n/a	Quarterly indicator Target setting: Based on 17/18 data and anticipated impact of a cohort of complex cases that remain on the child protection register Annual Performance: Target achieved
SSWB8 Local other	The percentage of children and young people subject to CSE protocol with an up to date SERAF assessment (Sexual Exploitation Risk Assessment Framework) <i>Higher preferred</i>	100%	100%	100%	↔ 100%	n/a	n/a	Quarterly indicator Target setting: Key safeguarding area, hence 100% target Annual Performance: Target achieved

CORPORATE DIRECTOR

Wellbeing Objective One: Supporting A Successful Economy

Code	Action Planned	Status	Comments	Next Steps (for amber and red only)
P1.1.1	Continue to work with the Cardiff Capital Regional Skills and Employment Board and BCBC led local projects to help shape employment opportunities, including continuing to capture apprenticeship opportunities, and develop a skilled workforce to meet those needs.	GREEN	There is a corporate apprenticeship group chaired by the Corporate Director, Social Services and Wellbeing, to ensure work is continuing in this area. Training, including an e-learning package for relevant managers, is now in place to support the apprenticeship programme.	

Wellbeing Objective Two: Helping People To Be More Self Reliant

Code	Action Planned	Status	Comments	Next Steps (for amber and red only)
P2.2.1	Support the development of a new generation of community health and wellbeing centres for our residents with health partners.	GREEN	A funding package was secured to support Halo and Health Board to develop a wellbeing hub within the bowls hall at Bridgend Life Centre. Project will include Health Board consulting, exercise referral and support for targeted population groups. Work was progressed at Bridgend Life Centre. A feasibility study was taken forward with Awen to appraise options for development of the Grand Pavilion. The redevelopment of Maesteg Town Hall will create opportunities for wellbeing hub development at Maesteg Sports centre when library resources are co-located. Maesteg Town Hall project anticipated to commence in 2019.	
P2.4.1	Work with partners and the third sector to strengthen communities and identify the best way of providing services locally	GREEN	Building Resilient Communities plan was produced with third sector stakeholder group. Work commenced to create a directorate Prevention and Wellbeing plan that includes the third sector. A volunteer development programme has progressed in partnership (linked to Communities for Work). Social Services and Wellbeing identified a prevention and wellbeing work stream as part of RASC. A key outcome is a co-produced prevention and wellbeing plan that focuses on community impact and cost effectiveness. This plan will be co-produced with the third sector, linking in with the approaches of the 'Building Resilient Communities' action plan. Funding applications have been submitted to deliver key workstreams during 2019-20. A model has been developed to identify how the combined investments encourage cross sector collaborative working.	
P2.4.2	Enable community groups and the third sector to have more voice and control over community assets	GREEN	42 partnership agreements were active with schools. Halo and Awen continue to deliver positive results operating community facilities. An 8% increase has been sustained in participation at dual use facilities. The Community Chest scheme spent its allocation on community development. Community centres were reviewed in terms of licencing / asset transfer. Community asset transfer programme is progressing with expressions of interest. Resources are in place to support clubs and community groups. Strategic plans are being developed including the use of school facilities where appropriate.	

Wellbeing Objective Three: Smarter Use Of Resources

Code	Action Planned	Status	Comments	Next Steps (for amber and red only)
P3.1.1	Implement the planned budget reductions identified in the 2018-19 budget.	GREEN	Budget reductions achieved.	
P3.4.1	Support managers to lead staff through organisational change.	GREEN	Significant transformation achieved during 2018-19, e.g. MASH / Extra Care / Children's Residential remodelling	
P3.4.2	Provide the learning and development opportunities for staff to meet future service needs	GREEN	There is Directorate representation on the Corporate Learning and Development group. Professional training is supported through the Social Care Workforce Development Team.	
P.3.4.3	Improve and promote mechanisms that increase responses to consultations.	GREEN	Feedback through surveys, complaints and other mechanisms are used to inform service development.	

Performance Indicators

Value for money

PI Ref No	PI Description	Annual target 18-19 £'000	Annual Performance as at Year End						Comments
			Red		Amber		Green		
			£'000	%	£'000	%	£'000	%	
DWB6.1.1iii (SSWB12)	Value of planned budget reductions achieved (SS & Wellbeing)	£350	0	0	0	0	£350	100%	

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
Value for money								
DWB4.2.3.3 (SSWB4) Local Priority 2	The percentage of adult social care third sector contracts reviewed and monitored <i>Higher preferred</i>	100%	100%	100%	↔ 100%	n/a	n/a	Annual indicator Target setting: Maintain performance Annual Performance: Target achieved
SSWB2 Local Priority 2	The percentage of domiciliary care framework providers that are contract-monitored <i>Higher preferred</i>	100%	100%	100%	↔ 100%	n/a	n/a	Annual indicator Target setting: Maintain performance Annual Performance: Target achieved
Service User Outcomes								
DWB5.3.1.1 Local Priority 2	Number of members in the Access to Leisure programme for disadvantaged groups <i>Higher preferred</i>	1250	1350	1490	Not available	n/a	n/a	Quarterly indicator Target setting: Annual Performance: There has been 126,987 visits in total and 1490 average memberships.

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
PAM/017 (LCS002b) Priority 2	Number of visits to local authority sport and leisure facilities during the year per 1,000 population where the visitor will be participating in physical activity <i>Higher preferred</i>	9450	9150	9223	↓ 9447	8502	6	Quarterly indicator Target setting: is for year end projections. Community asset transfer and alternative management models influence what we can count against this indicator. Also it is a population related indicator with some usage being at capacity but population increasing so an automatic reduction. Annual Performance: The overall visits have exceeded target but there is a slight decline on the previous year's figure. There has been a positive growth in community use of school facilities since 2016 but changing management arrangement with community sports clubs (linked to community asset transfer) may have changed the participation levels in parks and playing fields. The largest reductions in participation have been in indoor leisure facilities (36,000) and this will be largely due to the increased market completion in central Bridgend.
PAM/040 Priority 2	Percentage of Welsh Public Library Standards Quality Indicators (with targets) achieved by the library service (New PI and PAM) <i>Higher preferred</i>	83%	85%	77.5%	↔ 77.5%	n/a	n/a	Annual indicator Target setting: Improvement target set to maintain standards Annual Performance: The 18-19 target was an estimation whilst details were awaited on how this measure would be scored. Now that a better understanding of this new indicator and scoring system is in place, a more realistic target in line with the available resources will be agreed for 2019-20. The target is to maintain the score of 77.5% in 2019-20.
PAM/041 Priority 2	Percentage of National Exercise Referral Scheme (NERS) clients who continue to participate in the exercise programme at 16 weeks (New PI and PAM) <i>Higher preferred</i>	n/a	Establish Baseline	Data not available	n/a	n/a	n/a	Annual indicator Target setting: Establish baseline. This is a new indicator introduced in March 2018 for 2018-19 Annual Performance: This is a new PAM and the data will be provided nationally by Public Health Wales via their database
PAM/042 Priority 2	Percentage of National Exercise Referral Scheme (NERS) clients who reported an increase in leisure minutes at 16 weeks <i>Higher preferred</i>	n/a	Establish Baseline	Data not available	n/a	n/a	n/a	Annual indicator Target setting: Establish baseline. This is a new indicator introduced in March 2018 for 2018-19 Annual Performance: This is a new PAM and the data will be provided nationally by Public Health Wales via their database
SSWB26 Local Priority 2	Completion rates for summer reading challenge (New PI and PAM) <i>Higher preferred</i>	n/a	75%	71.6%	↓ 72.66%	n/a	n/a	Annual indicator - Target setting: based on performance Annual Performance: In 2018, the summer reading challenge saw an increase in the number of participants (from 2,747 to 2,835 young people) than the previous year. The number of young people completing the challenge also increased, but not at the same rate, resulting in overall Annual Performance being below target. The programme has performed positively in terms of total numbers and will be repeated during 2019/20. The theme of "space" will apply to summer 2019.
SSWB28 Local Other	The number of prevention and wellbeing interventions with an established evidence base <i>Higher preferred</i>	n/a	Establish baseline	5	n/a	n/a	n/a	Quarterly Target setting: New PI for 2018-19 - Establishing baseline Annual Performance: This indicator has been helpful in starting to capture how the impact of services and initiatives can be demonstrated. There is opportunity to apply this in development of future projects and services.

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and preferred outcome	Annual Target 17-18	Annual Target 18-19	Year end 18-19 Cumulative & RAG	Trend Year End 18-19 vs 17-18	Wales Average 17-18 (PAMs)	BCBC Rank 17-18 (PAMs)	Comments
Organisational Capacity								
SSWB17 Local CP feeder Priority 1	The number of apprenticeships in the directorate throughout the year (SS & Wellbeing) <i>Higher preferred</i>	4	4	4	↓ 7	n/a	n/a	Quarterly indicator Target setting: This is the directorate's contribution to the corporate aim of 17 apprenticeships across the organisation Annual Performance: Target has been met. Numbers in excess of the target will fluctuate depending on the opportunities / services needs at the time.
SSWB22 CP Priority 1	The number of apprenticeships taken by looked after children <i>Higher preferred</i>	n/a	1	1	↑ 0	n/a	n/a	Quarterly indicator Target setting: This is linked to SSWB17. We want to promote apprenticeship opportunities among 16 year olds and looked after children and are working on developing apprenticeship- ready opportunities Annual Performance: Target achieved
CHR002iii (SSWB13) PAM feeder Priority 3	Number of working days per FTE lost due to sickness absence (SSWB) <i>Lower preferred</i>	11.27	11.27	19.12	↓ 17.58	10.4	14	Quarterly indicator Target setting: Agreed annually and linked to overall corporate target of 8.5 days per FTE Annual Performance: Continued monitoring. All actions in line with HR policy are compliant.
DWB5.6.8.5 (SSWB14) Local Priority 3	Number of working days per FTE lost due to industrial injury (SSWB) <i>Lower preferred</i>	0.2	0	0.107	↓ 0.0941	n/a	n/a	Quarterly indicator Target setting: Target changed to 0 following Q1 Annual Performance: This is monitored in line with corporate policy
SSWB15 Local Priority 3	Number of individual injury incidents (SSWB) <i>Lower preferred</i>	7	0	6	↔ 6	n/a	n/a	Quarterly indicator Target setting: Target changed to 0 following Q1 Annual Performance: This is monitored in line with corporate policy

Additional Sickness Information by Service Area

Unit	FTE 31.03.2019	QTR4 2017/18			QTR4 2018/19			Cumulative Days per FTE 2017/18	Cumulative Days per FTE 2018/19	Target 2018/19
		Number of FTE days lost	No. of Absences	Days per FTE	Number of FTE days lost	No. of Absences	Days per FTE			
Adult Social Care	546.99	3491.78	348	5.74	2584.34	267	4.72	18.86	20.93	11.27
Business Support - SS&W	55.73	173.49	27	2.99	246.90	22	4.43	8.45	9.14	
Children's Social Care	167.23	810.44	79	4.91	705.67	61	4.22	17.57	17.91	
Prevention and Wellbeing	18.13	16.00	3	1.00	27.50	4	1.52	4.10	3.87	
Social Services and Wellbeing Directorate Total	789.07	4491.71	457	5.30	3564.40	354	4.52	17.58	19.12	

Sickness Absence by Reason

Absence Reason	Total Number of FTE Days Lost	% of Cumulative days lost
Cancer	399.36	2.55%
Chest & Respiratory	889.55	5.68%
Eye/Ear/Throat/Nose/Mouth/Dental	392.22	2.51%
Genitourinary / Gynaecological	113.94	0.73%
Heart / Blood Pressure / Circulation	768.67	4.91%
Infections	1216.90	7.78%
Injury	279.08	1.78%
MSD including Back & Neck	2354.03	15.04%
Neurological	250.44	1.60%
Other / Medical Certificate		
Pregnancy related	173.43	1.11%
Return to Work Form Not Received	306.35	1.96%
Stomach / Liver / Kidney / Digestion	1070.90	6.84%
Stress / Anxiety / Depression / Mental Health	5944.10	37.99%
Tests / Treatment / Operation	1489.43	9.52%
TOTALS	15648.40	

KEY:

Commitments		Action	
Red	<p>A RED status usually means one or more of the following:</p> <ul style="list-style-type: none"> • A significant negative variance against the budget or savings of more than 10%. • Delays against key milestone/s of more than 10% of the total length of the planned action. • Problems with quality that lead to significant additional costs/work. • Significant lack of resources which cannot be resolved by the directorate. • PIs identified to measure success of the commitment are mostly red. • Dissatisfaction or resistance from stakeholders that mean acceptance may be delayed all the benefits not achieved. 	CPA/Scrutiny committee should ask the pertinent chief officer/s to provide an explanation or conduct a review to identify the root causes of the red status and put in place an action plan to prevent further deterioration and minimise the damage caused to the overall organisation.	
		Annual Performance Indicators (RAG)	
		Red (alert)	Annual Performance is worse than target by 10% or more
Amber	<p>An AMBER status usually means one or more of the following:</p> <ul style="list-style-type: none"> • A negative variance against the budget or savings of less than 10%. • Delays against critical milestones less than 10% of the total length of the planned action. • Problems with quality but not causing delay. • Lack of resources which can be resolved by the pertinent chief officer/s (e.g. via virement within the budget or managing vacancies). • PIs identified to measure success of the commitment are a mixture of red, amber and green. • Dissatisfaction or resistance from stakeholders addressed by the pertinent chief officer/s. 	Action	
		CPA/Scrutiny Committee should maintain a watching brief over Amber projects/commitments but not necessarily intervening. They may ask chief officers to provide mitigation actions to prevent amber from moving into the red.	
		Annual Performance Indicators (RAG)	
		Amber (caution)	Annual Performance is worse than target by under 10%
Green	<p>A GREEN status usually means one or more of the following:</p> <ul style="list-style-type: none"> • The forecast expenditure is on budget. • Milestone/s on track to complete on time. • Quality at expected levels. • No resource problems. • PIs identified to measure success of the commitment are mostly green. • Stakeholders satisfied with the outcome. 	Action	
		CPA/Scrutiny Committee can let officers progress with the delivery of the planned actions. Assurance from the underlying data should indicate that the milestone is truly green.	
		Annual Performance Indicators (RAG)	
		Green (clear)	Annual Performance is equal to or better than target
Annual Performance Indicators (Trend)		Annual Performance Indicator types	
↑	Annual Performance improved vs same quarter of previous year	CP	Corporate Plan indicator
↔	No change in Annual Performance vs same quarter of previous year	PAM	Public Accountability Measure (National Indicator)
↓	Annual Performance declined vs same quarter of previous year		