Social Services and Well-being remain at the centre of public services response to the global pandemic. There are increased need and demand for services, particularly domiciliary care, which are impacting on the ability to deliver the quality and quantity of timely service response. There are also challenges in children's social care services. Casework is particularly complex as the impact of the extended periods of lockdown on our must vulnerable children and families is understood. There have been 5 unexpected child deaths in the County Borough and 3 of these children had been supported by Children's Services. The BCBC Corporate Director of Social Services and Wellbeing presented to the Regional Safeguarding Board a proposal for a rapid review on the effectiveness of multi-agency safeguarding in Bridgend which was agreed by the Board and is being undertaken by Dr Claire Thomas from Public Health Wales. This review is particularly focussed on the effectiveness of staff support arrangements. Workforce, support for the current workforce – their wellbeing and continued professional development – and recruitment to the social care and social work workforce is the key challenge the directorate faces and has the highest priority in delivering the improvement steps set out in this dashboard. These challenges are common to all local authorities across Wales and the case for long term sustainable investment and national workforce deliverables such as national terms and conditions is being strongly made by professional leaders across the social care sector.

| Commitments 2021-22 | BRAG – progress against commitment | | | | | |
|--|------------------------------------|------|-----|-------|-------|--|
| Q2 Directorate Commitments to delivering Wellbeing objectives | Total | Blue | Red | Amber | Green | |
| Wellbeing Objective One – Supporting a successful sustainable economy | 0 | | | | | |
| Wellbeing Objective Two – Helping people and communities to be more healthy ad resilient | 5 | | 1 | 2 | 2 | |
| Wellbeing Objective Three – Smarter use of resources | 2 | | | | 2 | |

Finance

Revenue Budget

- The Directorate's net budget for 2021-22 is £74.053 million.
- The current year's projected outturn is £74.524m, meaning an overspend of £471,00.

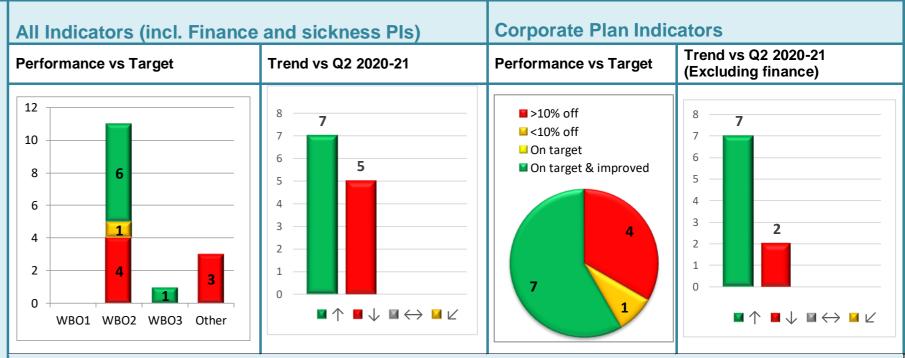
Capital Budget

At Q2 the capital budget for the Directorate for 2021-22 is £1.575m with total expenditure of £361,000 and no foreseen under or over spend to planned budget.

Efficiency Savings

| Savings (£000) | Savings carried forward | 2021- 22 | % 2021-22 |
|--|-------------------------------|-------------|--------------|
| Savings Target | 185 | 315 | 100% |
| Likely to be Achieved (in 2021- 22) | 40 | 315 | 100% |
| Variance | 145 | 0 | 0% |

Additional financial information is provided in the Budget Monitoring 2020-21 – Quarter 2 Revenue Forecast report presented to Cabinet on 19 October 2021.



High Corporate Risks

Oversight of corporate risks are collectively undertaken and managed by Corporate Management Board. The Corporate risk register can be found attached **(Appendix E)** and should be viewed in the overall context of the performance of this dashboard to understand the risks. Some are council wide whilst others focus on specific directorates.

Implications of Financial Reductions on Service Performance and other Key Issues/challenges

Social services and wellbeing in Bridgend is currently benefiting from significant short term grant investments. These investments whilst helpful do not address the sustainability over the medium term of social care and the social care sector. Work undertaken by ADSS Cymru demonstrates there is a gap of £250m across Wales which would equate to around £5-6 million in Bridgend in order to achieve a sustainable workforce (social care and social work) and address increasing need and demand for services, In addition, leadership structures in the service require review and strengthening and short interim additional capacity is being sourced whilst a review is undertaken. These pressures highlight that whilst the directorate will always seek to deliver the most cost efficient and effective model of service, that significant investment is required to ensure the quality of practice and quality and quantum of service to meet needs going forward.

KEY:

| Overall performance judgement | | | | | | | |
|---|--|--|--|--|--|--|--|
| Status | Descriptor | | | | | | |
| EXCELLENT | Very strong, sustained performance and practice | | | | | | |
| GOOD | Strong features, although minor aspects may require improvement | | | | | | |
| ADEQUATE and needs improvement | Strengths outweigh weaknesses, but important aspects require improvement | | | | | | |
| UNSATISFACTORY and needs urgent improvement | Important weaknesses outweigh strengths | | | | | | |

| Perform | Performance indicators | | | | | | | |
|---------|---|--|--|--|--|--|--|--|
| Status | Definition | | | | | | | |
| GREEN | On target or better AND Performance has improved compared to last year (or performance is at maximum and cannot be improved on) | | | | | | | |
| YELLOW | On target | | | | | | | |
| AMBER | Target is within 10% | | | | | | | |
| RED | Target is missed by 10% or more | | | | | | | |

| Comm | Commitments | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|--|
| Status | Meaning | Descriptor | | | | | | | | |
| BLUE | Complete | Project (or task within a project/plan) is completed and is no longer a priority. | | | | | | | | |
| GREEN | Progressing as planned and according to designated time, budget and desired outcomes. | Actions completed within timescales, on budget and evidence of achieving desired outcomes | | | | | | | | |
| AMBER | Issues that could delay progress | Task/action looks liable to go over budget Task/action agreed deadlines show slippage Task/action within 2 weeks of deadline - not started Risk or issue score increases (review required) | | | | | | | | |
| RED | Significant issues | Task/action over budget Task/action agreed deadline breached Risk or issue score increases to critical or catastrophic | | | | | | | | |

| National inidciators | | | | | | | |
|----------------------|------------------------------------|--|--|--|--|--|--|
| PI Quartile | Local Authority ranking | | | | | | |
| 1 | 1 st -6 th | | | | | | |
| 2 | 7 th -11 th | | | | | | |
| 3 | 12 th -16 th | | | | | | |
| 4 | 17 th -22 nd | | | | | | |

| | Performance Indicators (Trend) | Performance Indicator types | | |
|--------|---|-----------------------------|--|--|
| 1 | Performance has improved compared to last year. | СР | Corporate Plan indicator | |
| \iff | Performance has maintained (this includes those at maximum) | PAM | Public Accountability Measure (National Indicator) | |
| | Performance has declined BUT within 10% of the last year | | | |
| | Performance has declined by 10% or more compared to previous year | | | |

| Code | Commitment | Status | Comments | Next Steps |
|----------|--|--------|--|---|
| WBO2.1.1 | Develop a sustainable operating model for integrated community services with Cwm Taf Morgannwg Integrated Locality Group. (SSWB) | Red | The current staffing capacity crisis across the statutory and independent sector has indelibly negatively affected the operating model for this year. The reliance on social care capacity both inside and outside of the operating model has impacted on its outputs and outcomes. Business continuity plans have been activated and there is senior management focus on the situation. The service is currently working with the ILG in a bid to diversify the staffing resource in order to stimulate additional capacity, although capacity outside of the service is still required to sustain flow through the service and create new capacity for new referrals | A new operating model is being developed which will encompass the investment from the revised ICF and Transformation Fund. A draft optimal model has been developed which is common across the region and will drive investment through the new fund. |

Performance Indicators

| PI Ref No, PI Type, PAM / Local link to Corp Priority | PI Description and Preferred Outcome | Year End 20-21 | Target 21-22 | Q2 Target 21-22 | Q2 position 21-22 & RYAG | Q2 20-21 (same period last year) | Direction of Travel compared to same period last year | |
|--|--|----------------------|-----------------|-----------------------|-----------------------------------|---|---|---|
| CP WBO2 | Number of people aged 65+ referred to Community Resource Team (CRT) <i>Higher Preferred</i> | 1,974 | 2,200 | 1,650 | 1,470 | 993 | 1 | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid. Performance: The referral rates into our service have been significantly reduced for a number of Covid related reasons including elective surgery being stood down, number of people in hospital unable to leave due to lack of social care capacity and homes being on lockdown intermittently. Community referrals are received although flow through our short term services due to the lack of social care capacity means that people are waiting longer for appropriate services. |
| (AD/011a) CP, | Percentage of reablement packages completed that reduced need for support Higher Preferred | 34.32% | 33% | 33% | 10% | 36.82% | 1 | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid. Performance: Due to reduced flow of people through the short term services, performance figures are going to be adversely affected and will potentially change towards year end. In addition to this, the service is supporting higher percentages of people with a higher complexity of needs and reduced stamina that will adversely affect outcomes. |
| (AD/011b) CP, SSWBPM | Percentage of reablement packages completed that maintained same level of support Lower Preferred | 5.05% | 11% | 11% | 18% | 8.79% | 1 | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid Performance: Due to reduced flow of people through the short term services, performance figures are going to be adversely affected and will potentially change towards year end. In addition to this, the service is supporting higher percentages of people with a higher complexity of needs and reduced stamina that will adversely affect outcomes. Therefore within that context this performance is a positive achievement. |
| (AD/011c) CP, | Percentage of reablement packages completed that mitigated need for support Higher Preferred | 52.00% | 48% | 48% | 64.4% | 47.70% | 1 | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid Performance: Excellent performance in view of the current situation. |
| CP | Percentage of reablement packages completed that increased need for support Lower Preferred | 8.63% | 8% | 8% | 7.6% | 7.79% | 1 | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid Performance: Excellent performance in view of the current situation. |

| Code | Commitment | Status | Comments | Next Steps |
|------|--|--------|--|---|
| | Continue the safe reduction of children looked after numbers, and support children looked after to achieve the best possible outcomes by • Ensuring CLA are supported to live with their families and where this is not possible identify alternative permanence options at the earliest opportunity • Ensuring CLA enjoy the same life chances as other children (SSWB) | Amber | reduction is greater (from 222 to 205). Our focus remains on children and young people ceasing to be looked after and a key piece of Bridgend's LAC strategy action plan is to increase the revocation of Placement with Parent placements, the number of Care Order discharges and the use of | The Care Experienced Children's Team will need to embed and deliver on the action plan. The priority is to recruit to all vacant positions in the team as there are currently a number of vacancies that need to be filled. |

Performance Indicators

| PI Ref No, PI Type, PAM / Local link to Corp Priority | PI Description and Preferred Outcome | Year End 20-21 | Target 21-22 | Q2 Target 21-22 | Q2 position 21-22 & RYAG | Q2 20-21 (same period last year) | Direction of Travel compared to same period last year | Comments |
|--|--|-------------------|-----------------|-----------------------|-----------------------------------|---|---|---|
| SSWB39 (CH/039) CP, SSWBPM WBO2 | The number of children and young people looked after Lower Preferred | 390 | 371 | 380 | 385 | 396 | 1 | Quarterly Indicator Target Setting: In line with target reported to WG Performance: There continues to be focused work in this area, underpinned by the LAC strategy action plan. There remains a focus on the safe reduction of the LAC population. During the quarter the Care Experienced Children's Team has been created, the restructure should aid us with this strategy. However, in this quarter the number of children looked after has remained at 385. Despite us continuing to make progress in respect of care order discharges, the Local Authority has needed to take appropriate safeguarding measures in respect of a number of children that has meant they have been accommodated in to Local Authority Care. |
| SSWB48a CP WBO2 | Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 12 months since leaving care <i>Higher Preferred</i> | New 21- 22 | 31% | 31% | 50% | New 21-22 | N/A | Quarterly Indicator Target Setting: Based on 20/21 actual performance Performance: Performance above target. |
| SSWB48b CP WBO2 | Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 13-24 months since leaving care Higher Preferred | New 21- 22 | 37% | 37% | 42.86% | New 21-22 | N/A | Quarterly Indicator Target Setting: Based on 20/21 actual performance Performance: Performance above target. |
| SSWB49 CP WBO2 | Percentage of care leavers who experience homelessness during the year, as defined by the Housing (Wales) Act 2014 within 12 months of leaving care Lower Preferred | New 21- 22 | 17% | 17% | 28.57% | New 21-22 | N/A | Quarterly Indicator Target Setting: Based on 20/21 actual performance Performance: Four young people have had to present as homeless during this period. One had left prison, another's When I Am Ready placement broke down, one young person was not engaging with services, and another young persons supported accommodation ended at Ty Mor. |

| Code | Commitment | Status | Comments | Next Steps |
|------|--|--------|--|---|
| | Improve the quality of care and support provided to individuals at home through a multidisciplinary team around people in our Community Cluster Networks, ensuring timely and responsive assessments that are people centred and meet need. This will also improve our ability to anticipate future need and ensure contingency plans are in place. (SSWB) | | established and being embedded in each cluster network and referrals are increasing. | Bridgend is at the fore of the Welsh Government priority to develop accelerated community clusters with primary care and the priority will be to align more community services to that model and further enhance integrated working with cluster leads. |

Performance Indicators

| PI Ref No, PI Type, PAM / Local link to Corp Priority | PI Description and Preferred Outcome | Year End 20-21 | Target 21-22 | Q2 Target 21-22 | Q2 position 21-22 & RYAG | Q2 20-21 (same period last year) | Direction of Travel compared to same period last year | Comments | | | |
|--|---|----------------------|-----------------|-----------------------|-----------------------------------|---|--|---|--|--|--|
| SSWB43 CP WBO2 | Proportion (%) of individuals in managed care supported in the community Higher Preferred | 75.34% | 75% | 75% | 75.82% | 73.92% | | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid Performance: Whilst this target is being met, it is extremely challenging with the current domiciliary care situation. The impact of the market challenge will inevitably affect the longer-term ability of the local authority to maintain people at home. | | | |
| SSWB44 CP WBO2 | Proportion (%) of individuals in managed care supported in a care home setting Lower Preferred | 24.66% | 25% | 25% | 24.18% | 26.08% | | Quarterly Indicator Target Setting: Maintaining performance as we assess population health post-Covid Performance: This targets remains volatile because of the inability to deliver high levels of care in the community, which unfortunately means more people are likely to be placed. This target will potentially be affected by this in quarters 3 and 4. | | | |

Commitment

| Code | Commitment | Status | Comments | Next Steps |
|------|--|--------|---|---|
| | Rebuild participation in leisure and cultural activities by improving accessibility, removing barriers to involvement and supporting individual wellbeing and community Covid recovery. (SSWB) | Amber | quarter 2 and moving to level zero requirements by the end of the quarter. The application of risk assessment and covid safe management practice continues to restrict the volume and range of participation although positive progress is being made. Where services had needed to be curtailed or delivered in alternative formats they are slowly returning to face to face activity. There is a recognition that some of our more vulnerable groups have developed poorer physical and mental | Work with Halo and Awen is well developed but the implications of changes to WG covid related restrictions need to be understood which impact on the timescales for recover in leisure and cultural activities. |

Performance Indicators

| PI Ref No, PI Type, PAM / Local link to Corp Priority | PI Description and Preferred | Year End 20-21 | Target 21-22 | Q2 Target 21-22 | Q2 position 21-22 & RYAG | Q2 20-21 (same period last year) | Direction of Travel compared to same period last year | Comments | | | |
|--|---|----------------------|--------------------|-----------------------|-----------------------------------|---|--|--|--|--|--|
| SSWB46 CP WBO2 | Number of individuals engaged in targeted programmes linked to leisure and cultural facilities and services Higher Preferred | 1,137 | Establish baseline | Establish baseline | 2,428 | 653 | | Quarterly Indicator Target Setting: New baseline required as a result of Covid impact Performance: Positive progress being made. National Exercise Referral Scheme has supported 204 people, feel good for life programme 100 people, summer reading challenge 1491 registrations, super agers programme 80 people, and 104 walkers participated in walking festival. The books at home programme also supported 449 people during this period. | | | |
| SSWB47 CP WBO2 | Number of people who have improved access to leisure and cultural activities by reducing cost as a barrier to taking part <i>Higher Preferred</i> | No data available | 1 | Establish baseline | 1,559 | No data available | N/A | Quarterly Indicator Target Setting: New baseline required as a result of Covid impact Performance: 913 members of the access to leisure scheme plus 575 cash payers, 15264 free swims, 449 beneficiaries of books at home programme, supported as part of national programme, summer of fun school holiday programme has supported hundreds of children and young peopledetails will be known in quarter three. 21 children with disabilities and 50 young people known to social care supported in activity programmes. | | | |

Commitment

| Code | Commitment | Status | Comments | Next Steps |
|------|--|--------|----------|--|
| | Work with partners to develop a mental health strategy and action plan to support children, young people and all adults particularly with the added and often acute pressures from Covid-19 and lockdown. (SSWB) | Green | , , | The strategies will be brought forward to CCMB for consideration |

WBO3: Smarter use of resources

Commitment

| Code | Commitment | Status | Comments | Next Steps |
|------|---|--------|----------|------------|
| | Implement the planned budget reductions identified in the MTFS, in particular for the 2021-22 financial year, set annual balanced budgets and establish long term financially sustainable solutions. (SSWB) | Green | | |

Performance Indicators

| PI Ref No | PI Description | Annual target 21-22 | | | Performar | nce as at Q2 | Comments | | |
|--|--|---------------------|-------|----|-----------|--------------|----------|------|--|
| | | | Red | | Amber | | Green | | |
| | | £'000 | £'000 | % | £'000 | % | £'000 | % | |
| DWB6.1.1iii (SSWB12) CP feeder WBO3 | Value of planned budget reductions achieved (SS & Wellbeing) | 315 | 0 | 0% | 0 | 0% | 315 | 100% | See comment on 'Implications of Financial Reductions on Service Performance' |

| Code | Commitment | Status | Comments | Next Steps |
|------|---|--------|---|---|
| | Adapt our ways of working to make better use of our assets and build on the technological progress accelerated by COVID. (SSWB) | Green | of public services and will continue to use virtual methods of working with people with care and support needs where this is their best interest to do so. Staff have embraced blended working but have been challenged by the performance of the WCCIS case management | A major priority is the switch from analogue to digital of telecare systems. This switch will present further opportunities to use telecare innovatively and creatively to support people's independence. |

Other

Performance Indicators

| PI Ref No, PI Type, PAM / Local link to Corp Priority | PI Description and Preferred Outcome | Year End 20-21 | Target 21-22 | Q2 Target 21-22 | Q2 position 21-22 & RYAG | Q2 20-21 (same period last year) | Direction of Travel compared to same period last year | Comments |
|--|--|----------------------|-----------------|--------------------|-----------------------------------|---|---|---|
| CHR002iii (SSWB13) Local Other priority | Number of working days per full time equivalent lost due to sickness absence (SS & Wellbeing) Lower Preferred | 16.85 days | No target | 0 days | 9.16 days | 7.37 days | | Quarterly Indicator Target Setting: No Target Setting Comments Performance: No Performance Comments |
| DWB5.6.8.5 (SSWB14) Local Other priority | Number of working days lost per FTE due to industrial injury (SS & Wellbeing) Lower Preferred | 0.38 | 0 days | 0 days | 0.2999 | 0.04 days | | Quarterly Indicator Target Setting: Target retained Performance: No Performance Comments |
| SSWB15 Local Other priority | Number of individual injury incidences (SS & Wellbeing) Lower Preferred | 14 | 0 | 0 | 7 | 5 | | Quarterly Indicator Target Setting: Target retained Performance: No Performance Comments |

Sickness broken down by Service Area

| | | QTR2 2020-21 | | | QTR2 2021/22 | | | | | |
|---|-------------------|-------------------------------|-----------------|-----------------|-------------------------------|--------------------|-----------------|---------------------------------------|---------------------------------------|----------------|
| Unit | FTE 30.09.2021 | Number of FTE days lost | No. of Absences | Days per FTE | Number of FTE days lost | No. of Absences | Days per FTE | Cumulative Days per FTE 2020/21 | Cumulative Days per FTE 2021/22 | Target 2021/22 |
| Adult Social Care | 579.23 | 2160.67 | 197 | 3.57 | 3251.54 | 243 | 5.61 | 8.15 | 10.37 | |
| Business Support - SS&W | 39.00 | 3.00 | 2 | 0.08 | 77.50 | 10 | 1.99 | 0.49 | 7.45 | |
| Children's Social Care | 187.25 | 737.85 | 46 | 3.88 | 681.03 | 57 | 3.64 | 6.91 | 6.74 | No Target set |
| Prevention and Wellbeing | 20.02 | 0.00 | 0 | 0.00 | 2.00 | 1 | 0.10 | 0.00 | 0.60 | |
| Social Services and Wellbeing Directorate Total | 826.50 | 2901.52 | 245 | 3.41 | 4012.07 | 311 | 4.85 | 7.37 | 9.17 | |

Sickness broken down by absence reason

| | Social Services & Wellbeing Directorate | | | | | | | | | |
|--|---|----------------------------|-------------------------------|---------------------------|--|--|--|--|--|--|
| Absence Reason | Q1 Number of FTE days lost | Q2 Number of FTE days lost | Total Number of FTE Days Lost | % of Cumulative days lost | | | | | | |
| Cancer | 160.44 | 157.87 | 318.31 | 4.16% | | | | | | |
| Chest & Respiratory | 135.73 | 188.52 | 324.25 | 4.24% | | | | | | |
| Coronavirus COVID - 19 | 217.64 | 201.59 | 419.23 | 5.48% | | | | | | |
| Eye/Ear/Throat/Nose/Mouth/Dental | 75.95 | 115.83 | 191.78 | 2.51% | | | | | | |
| Genitourinary / Gynaecological | 95.97 | 98.66 | 194.63 | 2.55% | | | | | | |
| Heart / Blood Pressure / Circulation | 145.18 | 117.71 | 262.89 | 3.44% | | | | | | |
| Infections | 130.71 | 233.90 | 364.61 | 4.77% | | | | | | |
| Injury | 0.00 | 0.00 | 0.00 | 0.00% | | | | | | |
| MSD including Back & Neck | 659.98 | 977.34 | 1637.32 | 21.42% | | | | | | |
| Neurological | 89.34 | 76.64 | 165.98 | 2.17% | | | | | | |
| Other / Medical Certificate | 115.84 | 25.61 | 141.45 | 1.85% | | | | | | |
| Pregnancy related | 67.02 | 43.00 | 110.02 | 1.44% | | | | | | |
| Stomach / Liver / Kidney / Digestion | 175.74 | 180.70 | 356.44 | 4.66% | | | | | | |
| Bereavement Related | 151.07 | 110.84 | 261.91 | 3.43% | | | | | | |
| Other Mental illness | 2.43 | 36.49 | 38.92 | 0.51% | | | | | | |
| Stress/Anxiety/Depression not work related | 1083.08 | 1077.66 | 2160.74 | 28.26% | | | | | | |
| Stress/Anxiety/Depression work related | 327.20 | 369.71 | 696.91 | 9.12% | | | | | | |
| Tests / Treatment / Operation | 0.00 | 0.00 | 0.00 | 0.00% | | | | | | |
| TOTALS | 3633.33 | 4012.07 | 7645.40 | | | | | | | |

