

SOCIAL SERVICES & WELL-BEING DASHBOARD – PERFORMANCE Q3

The Social Services and Well-being Directorate has focussed on working to ensure that there is a clear focus across the Directorate on continuous improvement of quality and performance against a context of significantly increasing need and demand in children's social care, unprecedented challenges in the health and social care system and a fragile workforce position in adult and children's social care. There have been challenges in meeting care and support needs in a timely way in adult services. There has been excellent progress in the recovery of the leisure and culture sector. Whilst there is significant operational challenge, progress is being made in delivering the strategic priorities in relation to practice improvement, workforce, provision of services, hearing and acting on the voice of people and effective partnership. In quarter 3 CIW undertook an improvement check of children's social care which noted - 9 areas identified 'Improvements made, further action is required' and 2 areas identified 'Significant improvements made and must be sustained'. This represents clear progress, however, the challenge of sustaining progress at the required pace is clear given the fragility of the children's social care workforce, changes at a senior level with the departure of the deputy head of service and a longstanding group manager and, in common with most other Local Authorities in Wales, challenges in meeting children's assessed care needs in regulated settings.

In November 2022 a child practice review was published following the murder of Logan Mwangi. The Regional Safeguarding Board has close oversight of progress with the review's recommendations. BCBC, with safeguarding partners, is focusing on ensuring learning is embedded and impacts on outcomes. The Improving Outcomes for Children Board, chaired by the Chief Executive and informed by an independent advisor, continues to provide assurance on the delivery of the actions in the 3-year strategic plan approved by Cabinet in February 2022 which align with the actions in the Care Inspectorate Wales (CIW) Performance Evaluation Inspection.

Children's Services is delivering timely and focussed improvement plans with 6 week and 6 month plans for all parts of children's social care and continued with gold, silver and bronze governance structures in view of the significant operational pressures which include continued high levels of contacts to MASH and IAA, high numbers of assessments and very high numbers of children on the child protection register (300 as at December 2022) and high numbers of care experienced children (399 as at December 2022).

Retention and recruitment of the social care workforce continues to have the highest priority in adults and children's social care. A continued key focus is workforce wellbeing and there is close working with colleagues in human resources to ensure that in addition to the wellbeing support available to all parts of the Council, that where needed, specialist support is available in a timely way. This support has made a significant difference for those members of the workforce who have accessed it. There are challenges in workforce retention and recruitment across the whole of the directorate, but the most acute challenges are experienced in the care worker workforce (care and support at home and children's residential) and children's social work. Workforce plans are being progressed to ensure there are short-, medium- and long-term actions to sustainably improve the workforce position. In children's social work, the short-term actions have included long term strategic engagement of the agency workforce to ensure that statutory duties are being met. Social worker support officer roles have been implemented in case management teams. Market supplements have been applied in the teams where the criteria has been met. A social worker charter has been developed for all Bridgend social workers and will be formally launched on World Social Workday. In the medium-term international recruitment is being progressed. In the longer term, social worker trainees and secondees are being supported and will be key to the Council securing a professional social worker workforce. A dedicated marketing resource is being recruited for social care to promote the opportunities in all social care roles. The '12 jobs of Christmas' recruitment campaign has had some success in attracting more applications for care and support roles. In addition, a number of actions are being progressed to address the challenges in care worker recruitment. A trial group has been identified for implementation of electric vehicles and new rota arrangements. Joint recruitment processes with the Cwm Taf Morgannwg Health Board are being progressed. In the short term an agency provider is continuing to provide up to 450hrs support, although there remain delays in people having their care and support needs met in a timely way due to the ongoing challenges. Independent domiciliary care providers continue to be offered support and one provider has progressed international recruitment.

Strategic improvements continue to progress in adult services. Deep dives are being undertaken in every adult social work team and a new operating model will be approved in 2023. Where changes have been required more quickly, the common access point and the hospital social work team, these have been progressed. There is a major transformation project to transfer the Council's telecare service from analogue to digital and opportunities are being progressed to enable even better use of assistive technology to improve outcomes for people. A significant review of the operating model in learning disability direct services is being progressed to ensure there is a sustainable day opportunities and supported living model in the county borough. There continues to be a focus on strength based social work practice and quality assurance and management oversight is being strengthened. The whole system pressures in meeting the needs of older people in the County Borough is a high priority at a local, regional and national level. 'Discharge to Recover and Assess' pathways are being implemented to improve hospital discharge processes, although capacity in community care services remains a very significant challenge.

Prevention and wellbeing services continue to perform well as they recover from the pandemic with a focus on supporting the most vulnerable and preventing escalation of need. There has been significant engagement with carers – adult carers and young carers – as identification and services for carers have been reviewed. The implementation of the carers ID card, and the review of the adult carer's wellbeing service have been significant priorities. There has also been extensive engagement with children and young people in the development of the play sufficiency assessment. There is steady recovery in participation in leisure and cultural activities post pandemic. In common with other services with high energy consumption, leisure venues are experiencing significant cost pressures.

Budgets in the Social Services and Wellbeing directorate are driven by the statutory requirements to meet the assessed care needs of individuals in a way which supports people to be safe and achieve the outcomes that matter to them. Social work practice is strength based, and significant savings have been made since the introduction of the Social Services and Wellbeing (Wales) Act 2014 as practice focuses on the resources of individuals and family networks with services commissioned or provided by the Council only forming part of the care plan if people's needs cannot be met in any other way. Local community co-ordinators prevent people's needs escalating at the edge of care and support in part of the County Borough. Despite all the prevention and wellbeing service, the needs of children and families and adults with care and support needs has increased following the pandemic. As at quarter 3 there were significant and growing budget pressures evident in children's and adult's services as a consequence of the cost and quantum of services and workforce pressures including the costs and number of agency workers engaged to meet statutory services. Sustainable service and financial plans will be critical to the confidence of regulators and the Council that the right resourcing and operating models are in place. Sustainability requires a rebalancing of the model of care to prevent escalation of need and to achieve best outcomes for people. This requires a whole Council and partnership leadership to meet the needs of the most vulnerable in the most effective and cost-effective way.

Commitments 2022-23	BRAG – progress against commitment				
	Total	Blue	Red	Amber	Green
Q3 Directorate Commitments to delivering Wellbeing objectives					
Wellbeing Objective One – Supporting a successful sustainable economy	0				
Wellbeing Objective Two – Helping people and communities to be more healthy and resilient	5			5	
Wellbeing Objective Three – Smarter use of resources	2			1	1

Finance

Revenue Budget

- The net revenue budget for the Directorate for 2022-23 is **£85.076m**.
- The current year-end projected outturn is £94.497m with a projected overspend of £9.421 million.

Capital Budget

- At Q3 the capital budget for the Directorate for 2022-23 is **£4.109m** with total expenditure of **£1.615m** and no foreseen under or overspend to planned budget.

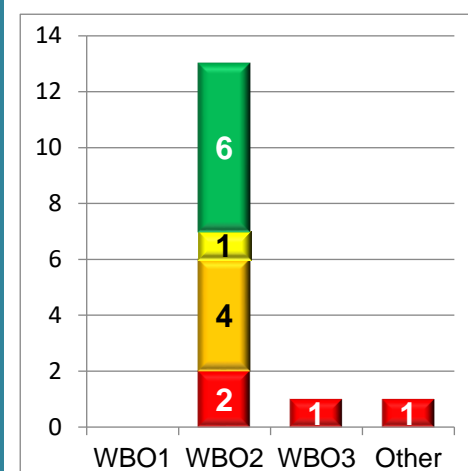
Efficiency Savings

Savings (£000)	2022-23	% 2022-23
Savings Target	£365	100%
Likely to be achieved	£284	78%
Variance	£81	22%

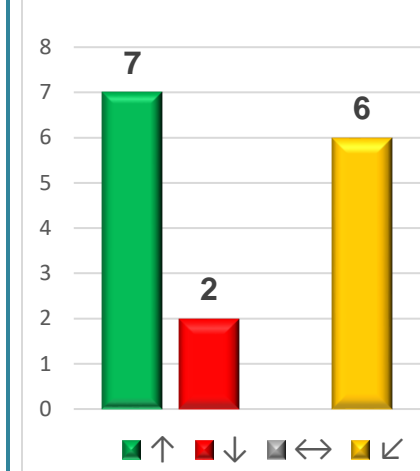
Additional financial information is provided in the Budget Monitoring 2022-23–Quarter 3 Revenue Forecast report presented to Cabinet on 17 January 2023.

All Indicators (incl. Finance and sickness PIs)

Performance vs Target

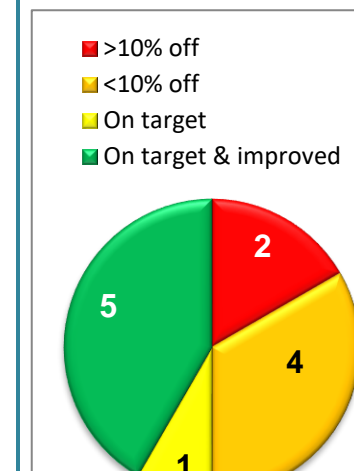


Trend vs Q3 2021-22

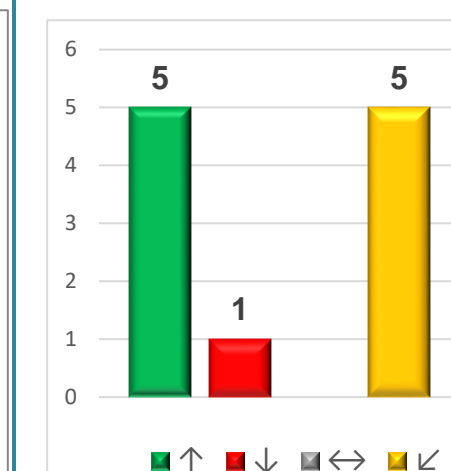


Corporate Plan Indicators

Performance vs Target



Trend vs Q3 2021-22 (Excluding finance)



High Corporate Risks

Oversight of corporate risks are collectively undertaken and managed by the Corporate Management Board (CMB). The Corporate risk register can be found as Appendix F 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.

Directorate Risks

As noted, in the introductory remarks the Directorate continues to manage a number of inter-related risks. In children's social care there has been a significant increase in demand across all parts of the service. and it is noted that without adequate budgets and sufficient experienced workforce there is a risk that the Council's safeguarding arrangements will not be effective, and that children and adults at risk will not be kept safe. The numbers of children on the child protection register is at a higher level that at any time in the history of the Council. There are also unprecedented numbers of adults waiting for social work assessments and to have their assessed needs for care and support at home met.

The Council has carried out a number of actions to mitigate this risk, instigating gold, silver and bronze critical incident arrangements to address operational risks and issues and an Improving Outcomes for Children Improvement Board to progress strategic actions. In adult services, a fortnightly pressures meeting, equivalent to the silver command in children's social care, is chaired by the Corporate Director. Staff teams have been strengthened in some areas to meet demand and includes the use of agency staff (in both social work and home care staff). However, there is a further risk that with the worsening financial position not all of the investment required will be available on a sustainable basis and therefore significant budget pressures have been identified for consideration through the Council's Medium Term Financial Strategy.

Workforce is a highly significant risk. There is an overreliance on agency workforce in children's social work and increasing agency hours in in-house care and support services for adults. Agency is used to mitigate the risk of not meeting statutory duties.

Social services case management requires a case management IT system which supports effective practice. The WCCIS case management system requires development for it to be utilised optimally in Bridgend. There is learning from other local authorities. A WCCIS development group has been established chaired by the corporate director to ensure there is a resourced and prioritised plan to improve functionality of the case management system.

Provider failure is a corporate risk that all directorates are managing. In Social Services and Wellbeing there has been a need to work with individual providers experiencing financial difficulty, within statutory safeguarding frameworks and Council governance, to ensure that the Council meets statutory duties in respect of sufficiency and quality of care services. There has also been additional capacity in the care market through the registration of specialist care beds which is mitigating the risk of individual provider failure.

There are also significant issues in respect of the adequacy of budget to meet need for social care services in Bridgend. There are significant overspends linked to the service and workforce required to meet statutory requirements to safeguard, protect and improve outcomes for the most vulnerable. The Council faces an exponential challenge in meeting the statutory social services requirements and setting and delivering a balanced budget.

Consultation, Engagement & Involvement

Across the Directorate consultation and engagement is facilitated through a number of mediums.

Within Adult Social Care, as part of the learning disability service development plan the group introduced an app called 'Insight' into Bridgend. This app provides a protected social media platform enabling people with a learning disability to contact and exchange messages with each other. A new group has also been formed in Bridgend for people who have had experience of substance misuse services. The group has met twice and is supported by the regional substance misuse service development team.

During quarter 3, the main focus on engagement within Children's Social Care, has been on the establishment of a Care experienced Youth Forum aged 11 – 16 and a Care Leaver Forum aged 16 – 25. This involved new members getting to know one another and deciding upon how they wish future meetings to be operated. Other consultation and engagement activities include:

- Consultations on behalf of the Brynmenyn Hub Project Board to name the new Residential Children's Home. After a series of interactive exercises, the young people chose for the home to be called 'Meadows View / Golygfa'r Ddôl'
- One of our care leavers has been commissioned to design a brand for the Bridgend Corporate Parenting Board and they have been working in consultation with the Youth Forums on the designs, this work will be completed in quarter 4.
- Two of our young people represent Bridgend CEC Forum as Ambassadors for Voices from Care Cymru. They have been involved in a summit meeting with other care experienced young people and Ministers to discuss the radical reform of the care system in Wales.

Finally, a mapping exercise commenced into understanding how care experienced children, young people and care leavers strengthen their voice in matters that affect them, it is hoped that this work will be concluded in quarter 4 with the Youth Forums' input in readiness to develop plans in the new financial year.

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

Implications of financial reductions on Service Performance

The Directorate's net budget for 2022-23 is £82.422 million. Current projections indicate an over-spend of £9.421 million at year end. This is a significant shift compared to the 2021-22 Outturn position of a £5.931 million under spend. The underspend from 2021/22 enabled the creation of ear marked reserves in a number of key areas and it is clear that the directorate overspend would be even higher if it were not for the investment of this reserve funding much of which will no longer be available in 2022/23.

The reason for the 2021/22 underspend was the significant grant income received in 2021-22, including one-off grants such as the Social Care Recovery Fund (£2.916 million). There are significant risks across many parts of the social services budget. The budget has been dependent for many years on short term grant funding to meet statutory duties with underlying deficits and these has been highlighted in financial monitoring reports. The reliance on grants over many years mean the base budgets for social care in Bridgend are comparatively low when benchmarked with other local authorities and there is disproportionate impact when the grants are no longer available.

A contributory factor for the projected overspend in 2022-23 is due to challenges in recruiting to permanent vacancies in some key teams. In order to meet the Authority's statutory safeguarding responsibilities— in children's social care where the numbers of workers engaged to meet statutory duties and keep caseloads at safe levels due to increased levels of need are above the agreed establishment. Independent experts are supporting the development of a business case to set out what is needed going forward for there to be sustainable ability to meet need within budget.

A further area of pressure is due to the volume and complexity of need for statutory social care services from the vulnerable population of the county borough. Bridgend has a growing population and there are more people with statutory care and support needs post Covid pandemic. Practice continues to be strength based and eligibility criteria rigorously applied. The most cost overspends are evident in learning disability services, mental health services and services for older people. There are increasing numbers of children who require residential accommodation, care and support which is resulting in a significant budget pressure in that area.

Finally, the escalating costs for commissioned care providers (domiciliary, residential and nursing) linked to inflation (food and fuel are particularly impactful) and the need to increase the pay of staff to compete with retail and hospitality and the increased reliance on agency staff (particularly registrant nurses) have meant that some councils have reported having to look at applying across the board increases in their fees during the past year. However, providers are continuing to get into financial difficulty and there is market exit probability in both adult and children's services which will place more pressure on Council budgets as the Council will always be a safety net provider in such circumstances.

The position in Bridgend is not unique; the Welsh Local Government Association has written to Welsh Ministers to advise that there is an estimated total cumulative pressure for social services of £407.8m for 2023-24 and 2024-25 across Wales. Within this overall Social Services total the estimated total commissioning cost and demand pressures are £288.4m. Pay inflation pressure totals £75.8m for the two years.

The position in Bridgend is particularly acute as increases in demand in children's social care have been particularly acute due to the particular circumstances of the current operating context. Independent analysis advises these increased pressures will remain for at least a 2-year period.

Sustainable and aligned service and financial plans, which maximise the impact of all services – statutory and non-statutory – to preventing escalation of care needs is critical and a whole Council approach to systematically progressing service reviews and understanding in detail the budgets required is essential.

Workforce issues impacting on Service Performance

The Directorate continues to focus on the retention and recruitment of the social care workforce and provide interventions that support workforce recovery, promote and enhance self-care and compassion, and putting wellbeing as a priority for staff.

During the reporting period, overall the Directorate has seen an approximate 6.4% increase in days lost to sickness per FTE when compared to the same period last year and a 14% increase in cumulative days lost per FTE. The breakdown in days lost to sickness per FTE when compared to the same time last year is approximately as follows:

- 2.3% decrease in Adult Social Care
- 35% increase in Children's Social Care
- 108% increase in Business Support
- 83.5% decrease in Prevention and Wellbeing

Although the highest increase was in Business Support the number of absences when compared to the same period last year only increased by 1. Within Children's Social Care the total number of absences rose by 20 and in Adult Social Care Adult Social Care, although days lost decreased by 2.3% there was an increase in the number of absences of 77. As reflected at quarter 2, this again suggests that absences in Children's Social Care and Business Support are long term whereas in Adult Social Care they are more short term, reflecting the particular nature of the workforce indicating the need for bespoke solutions.

Failure to attract, develop and retain workforce remains the highest risk and issue for the Directorate. The Directorate continues to mitigate this risk via 'workforce' projects particularly focussing on children's social work and care workers as set out in the director's introduction and through a Corporately led gold, silver and bronze command structure.

The Directorate has also used agency staff across a number of services within Adult and Children's Social Care and Business Support and has progressed development of social work support officer roles to reduce the 'non social worker' tasks that professional social workers are required to undertake.

Recruitment of international social workers is progressing and is anticipated to be a medium-long term plan to reduce vacancy levels in Children's social work teams. Following the procurement of an international social work provider, recruitment processes have begun and successful applicants are due to commence employment in 2023. A project group has been set up to identify and address areas of work that are required to support the arrival and induction of the recruited international workers. This includes colleagues from Children's Services, HR, Housing and Education and Family support.

In the long term, for the last 2 years there has been a significant increase in the number of social work degree places supported by BCBC through the 'grow our own' social worker programme. There were 7 secondees who commenced the degree course in 2021/22 and 8 trainees and secondees who commenced the degree in 2022/23. The continued support to the grow our own scheme is crucial over the longer term to addressing social worker recruitment issues. A paper is being prepared for the Corporate Management Board to set out options for 2024/25.

Procurement issues impacting on Service Performance

Close and regular provider engagement and contract monitoring activity, and additional financial support has been provided. The recommissioning of services provides the basis for providers to grow their businesses and for BCBC to respond to increasing needs and demands. Throughout the year to date, we have continued to progress a number of key actions put in place to build resilience. The Directorate has:

- Established an Improving Outcomes for Children Board to strategically address the improvements identified in the Council's own 3-year improvement plan and the CIW Performance Evaluation Inspection (May 2022).
- Established a corporate transformation programme – Improving Outcomes for the Joneses – to lead the remodelling of social care in Bridgend.
- Operated gold, silver and bronze management arrangements to oversee the operational focussed improvements required in children's social care and a pressures (silver) group to address the challenges in meeting statutory duties in adults social care.
- Reviewed the directorates performance framework, quality assurance framework and supervision policy to strengthen performance, quality and management oversight.
- Developed an implementation plan for a strength-based model of practice in children's social care (signs of safety) and undertaken deep dive reviews in adult social care with a view to implementing a new operating model in 2023.
- Developed a homecare strategic plan to grow services to ensure that reablement services are at pre-pandemic levels of activity.
- Published Market Stability Reports for regulated services in-line with Welsh Government Requirements
- Developed service planning groups for key population areas, with a view to developing strategic commissioning plans based on identified population needs and priority areas.

Asset Management implications on Service Performance (not for all directorates)

All assets are managed by the Corporate landlord or via partners through management fees

Regulatory Tracker

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q3	RAG (at end Q3)	Open / Closed
May 2022	CIW, Report of Performance Evaluation Inspection of Children's Services	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	Dep HoS/GM Case Management and Transition/Corporate Parenting Officer Principal Officer Training	March 23	<ul style="list-style-type: none"> Number of Consultation and engagement activities and events have taken place with Care Experienced Children and Care Leavers including what makes a good parent, what it is like to be 'in care' or 'a care leaver,' and identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The outcome is to inform the priorities of the Bridgend Corporate Parenting Board Young People Interview Panels supporting recruitment Our young people volunteering to be Young Ambassadors with Voices from Care to discuss the future of the Care System in Wales at the Senedd with Ministers and the Children Commissioner for Wales Commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and a Care Leavers Forum that will both meet monthly from November 22 Outcome focused case recording policy and guidance is at final revision stage. Aim to launch by December 2022. <p>Audit activity will take place 3 months after launch.</p>	GREEN	Open
		PE2 - Limited Evidence of Direct Work	HoS/Principal Officer Training	Dec 22	Practice guidance has been reviewed. There is guidance on listening to and recording the voice of the child, and tools for practitioners to use when undertaking direct work with children and young people available on the children's social care web pages. This area will strengthen further by the development of 'lived experience of the child' practice guidance.	BLUE	Closed
		PE3 - Inconsistent use of chronologies and genograms	n/a	n/a	Completed	BLUE	Closed
		PE4 - Strengthen business support for practitioners	GM Bus Support/Bus Change Prog Manager	March 23	<ul style="list-style-type: none"> New SWSO implemented 1st December 2022 Training plan completed February 2023 Implementation and completion of MoU with Team Managers March 2023 <p>Proposed changes to the fostering service business support team -consultation to complete mid Feb 2023 and then advertisement of posts</p>	GREEN	Open
		PE5 - Variable evidence of management oversight/Quality of supervision	Director/HoS/Principal Officer Training	May 23	<ul style="list-style-type: none"> Review completed and revised policy is with SSWB SMT for approval w/c 21/11/22 An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards Programme is underway The new Q A framework makes clear roles and responsibilities in Q A and the role of QA in driving change and improvement through reflective action learning, training and development and practice guidance. 	GREEN	Closed

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					Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice. Training programme commenced Jan – May 23		
		PE6 - Practice model – implementation of Signs of Safety	n/a	n/a	Completed	BLUE	Closed
		PE7 - Review of direct payments scheme	Dep HoS/GM Commissioning	March 23	<ul style="list-style-type: none"> Draft policy and strategy document is out for engagement with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments is due to be held on 12th December 22 	GREEN	Open
		PE8 - Consistent offer of a carers assessment	Dep HoS/ GM Case Management and Transition/Cares Development Officer	March 23	<p>Following conclusion of the Direct Payments engagement, further engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy.</p> <p>As an interim measure the managers of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems</p>	GREEN	Open
		PR1 - Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the complexity of needs of children and families, and workforce challenges	HoS Education & Family Support/GM Family Support	March 23	<p>Edge of Care / IFSS</p> <ul style="list-style-type: none"> Increase of 4.5 posts to support increased demand and prevent escalation Further work has been undertaken to understand specific needs within BCBC, including one programme offering emotional regulation and distress tolerance for parents who are struggling to manage the demands of parenting, another called Family Connections which focuses on conflict resolution skills for whole families A case tracker has been developed within edge of care services / IFSS to monitor timescales and length of support offered to a family to ensure there is no drift in support offered, this is used as a tool in supervision to support staff in developing appropriate exit strategies to alternative services. Commissioning further staff to be trained in 'train the trainer' evidence-based parenting programmes so numerous groups can run simultaneously to offer support to parents. <p>Family Group Conferencing</p> <ul style="list-style-type: none"> Since October 2022 the LA has committed to funding FGC's for all families who are open to statutory services for at least 3 months The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to embedded for the longer term. <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up starting December. A priority focus of the planning group is family support services and intervention</p>	AMBER	Open


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					<p>Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23. 4 social work trainees have been recruited and have commenced the BSc social work programme (as above). Trainees are supernumery staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Children's teams</p> <p>A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023.</p> <p>The social work charter is in draft and workshops have taken place with practitioners and managers to finalise a draft for launch on world social work day 2023.</p>		
		PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	n/a	n/a	Completed	BLUE	Closed
		PR3 - Placement sufficiency and support	HoS/GM Placements and Provider Services	March 23	<ul style="list-style-type: none"> Prior to opening a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose Building work has commenced on the new Home based in Brynmenyn. A Bid has been submitted to Welsh Government to support the review and development of the right multi-agency therapeutic model which will include access to psychological assessments where required and we are currently awaiting the outcome to find out if we have been successful. Hillsboro Residential Home for Children and Young People looked after and in crisis has been registered and provides a solo placement to a young Person. Regional Development of Accommodation Options for UASC in Treforest. Foster Wales Bridgend Recruitment and Retention Strategy has been completed and is awaiting sign off from CSC SMT. Meeting arranged in November 2022 for Regional Leads to discuss Regional Fostering arrangements in respect of Parent and Child Placements, Family Link Placements and Supported Lodgings Providers Bid submitted to Welsh Government to support the development of the MYST approach in BCBC. In the interim scoping has begun in readiness to take the work forward. 	AMBER	Open
		PR4 - Accessibility of information, advice and assistance	Dep HoS/GM Safeguarding	March 23	<ul style="list-style-type: none"> Draft review document produced for consideration and presented to CMB. Final report to be produced on options and resource implications by Feb 23. IPC are progressing with this review draft report due February 2023. IAA focused improvement plan is in place and is updated 6 weekly and reviewed regularly in silver meetings. Workforce project being progressed by CSC workforce project. 	GREEN	Open

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		PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	Director/HoS/Principal Officer Training	March 23	<ul style="list-style-type: none"> Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board Review completed and new framework is on agenda for Directorate management team sign off w/c 21/11/22. It will then be launched with teams in December 22 – Jan 23 Q and A activity will be reported to the monthly Directorate performance meeting chaired by the statutory Director Team based facilitated briefing sessions have been rolled out across the Directorate. An implementation group has been established. Teams are testing out the new audit tools within WCCIS. A formal launch of the framework will take place in March 23. A Quality Assurance officer post is being recruited to in order lead this work. <p>Internal audit and review of the framework and its impact will be carried out 12 months after implementation.</p>	GREEN	Open
		PI1 - Inconsistent thresholds and standards of practice	n/a	n/a	Completed	BLUE	Closed
		PI2 - The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children's services and the many developments taking place/planned to take place	Director/HoS	Ongoing	Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. Consideration will be given to partner involvement in the improving outcomes for children board.	GREEN	Open
		PI3 - Share learning from audits and reviews with staff and partners	GM Safeguarding & IAA/ Principal Officer Training	Ongoing	<p>Learning from Child Practice Reviews is incorporated into relevant training courses. Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports published.</p> <p>Three practice learning events in relation to Child T are arranged for Dec 22</p>	GREEN	Open
		W1 - Further work is required to improve the timeliness of meeting statutory responsibilities	GM Business Support	March 23	A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. To further strengthen these arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to	GREEN	Open

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					build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements. Performance management mechanisms have been improved and routine meetings in place with the Director to review progress against plans.		
		W2 - Facilitation of supervised contact	GM Case Management & Transition/GM Locality Hubs/Contract Monitoring Officer	March 23	A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23. In the interim there is has been a rapid review of the current arrangements that are in place, and a report on the findings and interim recommendations will be presented to CMB in Nov 22	GREEN	Open
		W3 - Consistent high quality written records	Policy Officer	March 23	<ul style="list-style-type: none"> The guidance on the use of chronologies has been included in the revised recording policy. Review of foster carer handbook which includes guidance in relation to recording for foster carers, and further training will be undertaken to support the guidance. Policy Officer appointed and has commenced a review of policies / guidance across Children's Social Care.	AMBER	Open
		W4 - CSE and CCE – strengthen interventions and mapping	GM Locality Hbs/GM Safeguarding	Ongoing	<ul style="list-style-type: none"> The regional subgroup is established, and the Group Manager for Practice and Improvement is engaged in this area of work. The pathway document and underpinning toolkit is finalised, and a phased implementation plan is under development. This has been presented to CSC EMT on 16/11/22.	AMBER	Open
		W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	n/a	n/a	Completed	BLUE	Closed
June 2023	Ty Cwm Ogwr Residential Home Priority Action Notices	Regulation 80 - The responsible individual must prepare a report to the service provider including and assessment of the standards of care and support and recommendations for improvement at the service.	n/a	n/a	Q1 - A position statement has been completed on all areas of improvement to meet Reg 80 Q2 - A new Group Manager and Responsible Individual position for Direct Care Provider Services has been created and the person appointed commenced in post on 14/11/22.	BLUE	Closed
		Regulation 60 - The Service Provider must notify CIW of events specified under Part 1 Schedule 3	n/a	n/a	Q2 - Management team submitting Regulation 60 notifications in line with regulatory standards	BLUE	Closed
		Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Group Manager, Provider Services & Policy Officer	31/03/23	Q3 - A new policy officer position has been created, a policies and procedures programme is in place to update and meet compliance.	GREEN	Open
		Regulation 19 - The service Provider must ensure the written guide is dated,	n/a	n/a	Q2 – The written guide has been reviewed, updated and is available in English and Welsh format.	BLUE	Closed

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		reviewed and updated as needed. It also needs to include information about how to make a complaint and availability of advocacy support.					
June 2022	Maple Tree House Children Residential Home Priority Action Notices	Regulation 69 - The service provider has made arrangements for the manager to manage a second service without discussing or agreeing this with CIW	n/a	n/a	The MTH Residential Manager will not be responsible for a second service (Hillsboro) as a Residential Manager is being recruited specifically for that home.	BLUE	Closed
		Regulation 18 - The service has not ensured the provider assessments are routinely reviewed and updated.	n/a	n/a	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual.	BLUE	Closed
		Regulation 80 - The responsible individual has not put suitable arrangements in place to monitor, review and improve the quality of care of care provided in the home.	Group Manager, Placements & Provider Services	31/03/23	The Quality Assurance Framework has been reviewed throughout the services and a new system implemented.	BLUE	Closed
		Regulation 8 - The responsible individual has not established and maintained suitable performance and quality assurance systems, completed a review of the quality of care at the required intervals and has not consulted with individuals as part of the quality-of-care arrangements.	n/a	n/a	The Quality-of-Care Report has been completed. The Quality Assurance Framework across children's residential care homes to be reviewed and updated.	BLUE	Closed
		Regulation 36 - The service provider has not ensured care staff receive adequate training to be able to provide care and support for children.	Group Manager, Placements & Provider Services	31/03/23	The induction for care staff is in the process of being reviewed with SCDWP and will be implemented in time for the new service opening in the spring.	BLUE	Closed
		Regulation 35 - The service provider has not conducted a safe or robust recruitment process	Group Manager, Placements & Provider Services	31/03/23	The introduction of an independent Responsible Individual (RI) will ensure there is oversight into the recruitment process.	BLUE	Closed
		Regulation 34 - The service has not provided a sufficient or suitably qualified team of care staff to meet the assessed care and support needs of children.	Group Manager, Placements & Provider Services	31/03/23	Due to the issues highlighted under this regulation the service was placed into dormancy and will not re-open in its current environment.	BLUE	Closed
		Regulation 43 - The service provider does not ensure the premises and facilities are safe, suitable and well maintained.	Group Manager, Placements & Provider Services	31/03/23	Work was immediately undertaken while children were still residing at the premises. Further work was completed while dormant.	BLUE	Closed
		Regulation 21 - The service provider does not ensure care and support is provided to promote and maintain the safety and wellbeing of children.	Group Manager, Placements & Provider Services	31/03/23	The RI is conducting monthly QA audits across all children's residential services to ensure that a high quality of care is being provided.	BLUE	Closed

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q3	RAG (at end Q3)	Open / Closed
		Regulation 6 - The service does not have clear arrangements for the oversight and governance of the service.	n/a	n/a	Additional Management Capacity has been established with the implementation of a new Responsible Individual role. The Post Holder will have direct line management of all Residential Managers and have the capacity to provide robust oversight and governance.	BLUE	Closed
		Regulation 7 - The service provider does not ensure a service is provided in accordance with their statement of Purpose.	Group Manager, Placements & Provider Services	31/03/23	Service is now in dormancy and will not be reopening under the auspices of the statement of purpose referred to.	BLUE	Closed
		Regulation 26 - The service provider has failed to ensure children living in the home have been safeguarded from harm.	Group Manager, Placements & Provider Services	31/03/23	The QA framework enables the RI to have systems in place to ensure oversight across all residential services.	BLUE	Closed
		Regulation 14 - The service has not ensured provider assessments are regularly updated and reviewed and risks to others suitably mitigated.	n/a	n/a	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual.	BLUE	Closed
		Regulation 15 - The service has not created personal plans that promote positive outcomes, capture all necessary information and do not consult with children about their views, wishes and feelings.	Group Manager, Placements & Provider Services	31/03/23	Children and Young People's personal plans are being reviewed and we are working with the young person's panel to redesign feedback and complaints forms to ensure they are child centered.	BLUE	Closed
August 2022	Integrated Leadership Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board	R1 Strategic planning and applying the sustainable development principle Our work found opportunities for the TPLB to strengthen its planning arrangements and demonstrate how it is acting in accordance with the sustainable development principle (as set out in the Well-being of Future Generations (Wales) Act). The principle should be integral to the TPLB's thinking and genuinely shaping what it does by: A) taking a longer-term approach to its planning beyond five years, b)ensuring greater integration between the long-term plans of the four statutory bodies of the TPLB, and c)improving involvement of all members of the TPLB to ensure an increased voice for non-statutory partners and a better understanding of the purpose of the RPB more generally.	Head of Regional Commissioning Unit	2023/24	The Health and Social Care Regional Integration Fund (the RIF) is a 5-year fund to deliver a programme of change from April 2022 to March 2027. The RIF builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and seeks to create sustainable system change through the integration of health and social care services. Key features and values of the Fund include; <ul style="list-style-type: none"> • A strong focus on prevention and early intervention • Developing and embedding national models of integrated care • Actively sharing learning across Wales through communities of practice • Sustainable long-term resourcing to embed and mainstream new models of care • Creation of long-term pooled fund arrangements • Consistent investment in regional planning and partnership infrastructure 	AMBER	Open

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q3	RAG (at end Q3)	Open / Closed
					The RIF is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation over the longer term.		
		<p>R2 Governance Arrangements The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TPLB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB</p>	Head of Regional Commissioning Unit	2023/24	<p>In response to 'Further, Faster' – building an Integrated Community Care Service for Wales Implementation the RPB governance has been refreshed.</p> <p>A Partnership Leadership Board has been established of Directors from Across LA and Health board to drive integration at pace and under the Adult board an Integrated Community Care Group established aligning a number of programmes;</p> <ul style="list-style-type: none"> 6 goals for urgent and emergency care Work under the 1000 bed days Accelerated Cluster developments 	AMBER	Open
		<p>R3 Performance Management The outcomes and performance framework was still being finalised at the time of our review. The TPLB needs to finalise and implement the framework, ensuring it contains quantitative and qualitative measures that will enable the RPB to demonstrate outcomes and impact</p>	Head of Regional Commissioning Unit	n/a	<p>Framework completed and endorsed by RPB. Framework being used to shape national RIF performance framework.</p>  <p>CTM outcomes and performance framework</p>	BLUE	Closed
		<p>R4 Risk Management Our work found areas of risk management that need to be improved, particularly in relation to regional workforce planning. The TPLB should strengthen regional risk management arrangements by improving the identification and prioritisation of shared risks and ensuring mitigating actions are robust and clearly articulated.</p>	Head of Regional Commissioning Unit	Ongoing	<p>Further Faster will establish a comprehensive community care model ensuring a full range of preventative and early intervention services are available locally. This will involve new delivery structures, moving the workforce and creating new roles so that, for example, community first responder services, more therapy and rehabilitation workers, enhanced domiciliary care roles, community nursing and allied health professionals are the priorities for service and workforce development. Building on successful models service specifications will be developed nationally upon which to benchmark and model regional delivery.</p> <p>Risk registers are maintained centrally and reported to Leadership Board.</p>	AMBER	Open
		<p>R5 Regional Commissioning Unit Our work found that the lack of capacity within the RCU was leading to some delays in progressing actions. The work of the RCU is crucial to the continuing success of the TPLB. The TPLB needs to consider how it can build capacity and maximise resources to support the TPLB and minimise overreliance on a small team</p>	Head of Regional Commissioning Unit	2023/24	<p>Additional Infrastructure for Capital had been agreed regionally and scope for further programme management linked to IRCF funding to support business case development and Community hub infrastructure.</p> <p>Partnership Leadership Team tasked with developing robust model for community services within which Programme management requirements to be identified.</p>	AMBER	Open





Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Responsible Officer	Delivery Date	Update on Actions and Progress at Q3	RAG (at end Q3)	Open / Closed
		<p>R6 Use of Resources Improving the health and social care outcomes of the region will require efficient and effective use of combined resources. Our work found that there had been some limited examples of pooled budgets and other arrangements for sharing resources. The TPLB needs to explore more innovative ways of sharing and pooling core resources across the region to maximise its impact and outcomes for the Cwm Taf Morgannwg population</p>	Head of Regional Commissioning Unit	2023/24	<p>Welsh Government officials are currently working to review Part 2 and Part 9 Codes of Practice (Social Services and Wellbeing Act 2014) which will further strengthen partnership arrangement and collaborative service delivery (Consultation planned Autumn 2023).</p> <p>As part of the amendments to codes of practice the duty to co-operate will be established as lying equally on Local Authorities and Health Boards and the role of the RPB as a key vehicle through which that duty should be exercised. Furthermore within chapter 5, pooled funds positioned more clearly within joint commissioning context and greater flexibility given in relation to pooling resources at Regional, sub-regional pan cluster, cluster and individual levels.</p> <p>Section 33 agreement in Bridgend.</p>	AMBER	Open
		<p>R7 Regional workforce planning Like many parts of the public sector, the region is experiencing significant workforce challenges. The TLPB needs to consider how it can facilitate a regional and strategic approach to addressing these challenges and to help it deliver its priorities.</p>	Head of Regional Commissioning Unit	Ongoing	<p>One of the four quadruple aims outlined in the document, 'A Healthier Wales: Our Plan for Health and Social Care', is to have a motivated and sustainable health and social care workforce that delivers a truly seamless system of health and care, and calls for a fundamental shift in our understanding of who constitutes the workforce, and how we support the contribution that each individual makes. Requiring not only 'greater parity of esteem' between health and social care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers.</p> <p>To support new models of care, health and social care services must strengthen the support, training, development and services available to the workforce, with a focus on building skills across a whole career and supporting their health and wellbeing.</p> <p>New seamless models of health and care that emerge, require a clear and coherent approach to developing and planning the whole workforce. To meet this need, WG commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy, in partnership with NHS and Local Government, the voluntary and independent sectors, as well as regulators, professional bodies, and education providers. The workforce strategy aims to address the Parliamentary Review's call for joint regional workforce planning.</p> <p>The workforce strategy also identifies dynamic leadership will be needed to instigate change, empower others and lead by example, as well as create conditions for continuous innovation and improvement, to drive up the quality and value of services.</p>	AMBER	Open

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

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

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

Performance Indicators (Trend)		Performance Indicator types	
	Performance has improved compared to last year.	CP	Corporate Plan indicator
	Performance has maintained (this includes those at maximum)		
	Performance has declined BUT within 10% of the last year		
	Performance has declined by 10% or more compared to previous year		

WBO2: Helping people and communities to be more healthy and resilient

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.1	Develop a sustainable operating model for social care services, as we understand the short, medium and long term impact of the covid-19 pandemic, ensuring that the Local Authority is able to meet needs for care and support through effective assessment, care planning, commissioning and service development. (SSWB)	Amber	<p>The Practice model for Adult Services is in its final stage of development and we are currently working with Social Care Wales, who are seeking to review this at a National level.</p> <p>Within Children's Services a review of the operating model has been completed by IPC. As a result of the review a business case has been developed in relation to the recommendation into the future operating model which will be presented to CMB in quarter 4. Implementation of signs of safety is underway and the principal officer who will lead on this commences in post on the 30th January. The formal signs of safety launch will take place on the 15th March.</p>	<p>Within Adult Social Care work will progress on the social work review. A detailed service review of learning disability services is also underway which will report in Q1 of 2023/24 which will set out a service and financial recovery plan for this service area.</p> <p>In quarter 4 the leadership team in Children's Social Care will be finalising the signs of safety implementation goals. The commitment statement and workforce pledge will be finalised and Signs of safety launched at a whole service event</p>

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
SSWB37 CP WBO2	Number of people aged 65+ referred to Community Resource Team (CRT) Higher Preferred	1,981	1,981	1,023	1,485	1,512	1,469	↑	Quarterly Indicator Target Setting: Based on 2021/22 Improved Performance Performance: On target, despite the current difficult situation regarding social care capacity, this may be due to the high numbers of therapy only referrals.
SSWB38a (AD/011a) CP, SSWBPM WBO2	Percentage of reablement packages completed that reduced need for support Higher Preferred	16.81%	33%	9.13%	33%	8.58%	9.47%	↙	Quarterly Indicator Target Setting: Maintaining Performance Performance: AD/011c is overperforming, therefore, this metric will underperform.
SSWB38b (AD/011b) CP, SSWBPM WBO2	Percentage of reablement packages completed that maintained same level of support Higher Preferred	4.68%	11%	15.87%	11%	17.82%	18.05%	↙	Quarterly Indicator Target Setting: Maintaining Performance Performance: This target has overachieved due to the high numbers of therapy only referrals accepted, as access to social care is difficult.
SSWB38c (AD/011c) CP, SSWBPM WBO2	Percentage of reablement packages completed that mitigated need for support Higher Preferred	70.94%	48%	68.75%	48%	67.33%	65.38%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This target has overachieved due to the high numbers of therapy only referrals accepted, as access to social care is difficult.
SSWB38d CP WBO2	Percentage of reablement packages completed that increased need for support Lower Preferred	7.88%	8%	6.25%	8%	6.27%	7.1%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This is on target due to the service accepting more therapy only referrals than is normal due to the difficulty accessing social care.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.3	Ensure a sufficiency and high standards of all social care services. (SSWB)	Amber	The latest improvement check by CIW has noted improvements in performance management arrangements in children's services and there are now also dashboards for adult services to monitor performance and put in place any actions to address issues.	Continue to embed new performance and quality assurance frameworks and progress within set timescales the actions in the inspection improvement plans.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.2.1	Continue the safe reduction of care experienced children, and support care experienced children to achieve the best possible outcomes by • Ensuring care experienced children are supported to live with their families and where this is not possible identify alternative permanence options at the earliest opportunity • Ensuring care experienced children enjoy the same life chances as other children (SSWB)	Amber	The number of care experienced children is increasing. There is a combination of factors for this, which include the increase in number of referrals received and children becoming looked after. In order for us to be able to further understand the reasons for the increase we have commissioned an independent Social Worker to audit a sample of the cases of children who have become care experienced. In terms of children's ceasing to be care experienced high turnover of staff and changes of workers has resulted in drift and delay with moving children onto alternative orders or revocation of orders. There are also staffing challenges within the legal department which has led to delays in filling court order discharge applications to court.	These cases and our overarching reduction strategy continue to be monitored to ensure they are progressed in as timely a way as possible.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
PM24 (PAM/028) SSWBPM WBO2	The percentage of assessments completed for children within statutory timescales Higher Preferred	67.46%	85%	70.92%	85%	74.06%	71.87%	↑	Quarterly Indicator Target Setting: Revised Guidance for 2022-23- Establish Baseline Performance: IAA April to December: 76.79% IAA Agency April to December: 64.22% All Other Teams April to December: 82.84% Performance is still not at the levels that we would want them to be however the figures are improving. Significant levels of investment have been put into providing additional staffing capacity within the IAA service. There continues to be a focused improvement action plan in place in relation to IAA that is overseen by the Group Manager IAA & Safeguarding. Performance has improved within the Local Authority run IAA team to 77% but there has been a dip in performance in respect of the managed IAA team at 64%. There was a change in management team with the managed IAA team and a period of time when there were challenges with recruiting, this impacted on performance within the managed team. The managed team is now in a much more stable position and performance is improving.
PM33 (PAM/029) SSWBPM WBO2	The percentage of looked after children on 31st March who have had three or more placements during the year. Lower Preferred	12.03%	12%	4.77%	9%	6.77%	9.50%	↑	Quarterly Indicator Target Setting: No Target Setting Comments Performance: Additional measures continue to be in place to support placement stability.
SSWB39 (CH/039) CP, SSWBPM WBO2	The number of children and young people looked after Lower Preferred	374	374	377	374	399	380	↘	Quarterly Indicator Target Setting: Improved performance on 21/22 actual outturn Performance: The number of care experienced children is increasing. There is a combination of factors for this, which include the increase in number of referrals received and children becoming looked after. In order for us to be able to further understand the reasons for the increase we have commissioned an independent Social Worker to audit a sample of the cases of children who have become care experienced. In terms of children's ceasing to be care experienced high turnover of staff and changes of workers has resulted in drift and delay with moving children onto alternative orders or revocation of orders. There are also staffing challenges within the legal department which has led to delays in filling court order discharge applications to court. These cases and our overarching reduction strategy continue to be monitored to ensure they are progressed in as timely a way as possible.
SSWB48a CP WBO2	Percentage of care leavers who have completed at least 3 consecutive months	64.52%	65%	55.56%	65%	61.11%	68%	↓	Quarterly Indicator Target Setting: Maintaining Performance Performance: The Team Manager has undertaken a piece of work analysing the

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
	of employment, education or training in the 12 months since leaving care Higher Preferred								information for all YP who have turned 18 in the past year and their current education/employment and training status. The information evidence that the YP turning 18 prior to the Basic Income Pilot Scheme are on the whole engaged however, there has been a significant decrease in those engaged in education, employment and training who are in receipt of Basic Income Pilot. The team continue to ensure that education/training and employment are key elements of pathway planning. In light of this information the Team Manager plans to undertake a piece of work with the PA's to further consider how we should work with the YP to encourage engagement and support with access to opportunities.
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	54.55%	55%	63.64%	55%	69.57%	57.14%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: The Team Manager has undertaken a piece of work analysing the information for all YP who have turned 18 in the past year and their current education/employment and training status. The information evidences that the YP turning 18 prior to the Basic Income Pilot Scheme are on the whole engaged however, there has been a significant decrease in those engaged in education, employment and training who are in receipt of Basic Income Pilot. The team continue to ensure that education/training and employment are key elements of pathway planning. In light of this information the Team Manager plans to undertake a piece of work with the PA's to further consider how we should work with the YP to encourage engagement and support with access to opportunities.
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	20.69%	17%	9.09%	17%	5%	26.09%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation, so this is not necessarily indicative of their actual current situation.
CH/052 Local WBO2	Percentage of care leavers who have experienced Homelessness during the year Lower Preferred	8.23%	Establish Baseline	5.26%	Establish Baseline	7.79%	N/A	N/A	Quarterly Indicator Target Setting: Revised Guidance- Establishing Baseline Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation so this is not necessarily indicative of their actual current situation.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.1	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)	Amber	Multi-disciplinary meetings are held weekly within the Integrated Network Teams to provide a timely and effective response to those complex individuals and families at most need in our community. The meeting is attended by the nine professional groups within the Integrated Teams and invitations are also extended to our GP partners and other surgery staff. Integrated staff also attend the Multi-disciplinary meetings at surgeries and we have link workers attached to many practices. Some integrated staff are co-located at surgeries to support communication. The Integrated Teams are working to identify people in need of assessment and support earlier, through preventative approaches, utilising population segmentation data in partnership with Public Health Wales.	Work with the Health Board and the Cwm Tat Morgannwg region on progressing this model as part of the Accelerated Cluster Development Programme.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
SSWB43 CP WBO2	Proportion (%) of individuals in managed care supported in the community Higher Preferred	73.40%	75%	74.56%	75%	74.35%	76.13%	↘	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: The market for care and support at home remains volatile. It has been impacted by the limitations on the community offer, which has created significant pressure for people and their carers living at home. The impact of the pandemic on our future commissioning projections will have to be considered when projecting all future needs.
SSWB44 CP WBO2	Proportion (%) of individuals in managed care supported in a care home setting Lower Preferred	26.6%	25%	25.44%	25%	25.65%	23.87%	↘	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: It is inevitable, lockdown and Covid 19 restrictions have impacted on the flow of people into regulated care home settings. More people have stayed home for longer and others have been placed in care who would have stayed home for longer at an earlier date had care at home been available. The impact of this on our care home bed capacity will need to be carefully monitored going forward.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.2	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 3: The leisure and cultural sector nationally has recovered to circa 85% of pre pandemic levels and this has been the case locally also. Externally funded programmes have continued to enable covid and cost of living pressure activities and low cost offers to be targeted. Some positive longer-term investment secured e.g. over 60 active leisure, feel good for life programme	Complete capital works and begin developing new opportunities and participation, including from more vulnerable groups. Identify how venues can function as community hubs via schemes such as warm welcome.

Performance Indicators

PI Ref No, PI Type, link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
SSWB53 CP WBO2	Total library issues, including physical issues, digital issues and books on wheels service to people's homes Higher Preferred	New 22.23	Establish Baseline	221,361	Establish Baseline	337,859	N/A	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: Total library issues were 116,498 including 88308 for general issues of books, DVD and audio books, 16255 digital downloads and 11395 for the books on wheels service. Continue to operate library services including the warm welcome programme to support residents.
SSWB54 CP WBO2	Total visits to leisure centres operated by Halo Leisure for all purposes Higher Preferred	New 22.23	Establish Baseline	597,600	Establish Baseline	867,689	N/A	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: Halo operated venues supported 270,089 visits during quarter 3 of which 223,526 were for physical activity based purposes. Continue to rebuild participation at centres and develop responses to the cost of living crisis in addition to covid related rebuilding of services.

WBO3: Smarter use of resources

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.3	Implement the planned budget reductions identified in the MTFs, in particular for the 2022-23 financial year, set annual balanced budgets and establish long term financially sustainable solutions. (SSWB)	Amber	Quarter 3: The current MTFs requires further remodelling in the learning disability day services in order to fully achieve the savings identified. Given the overspend in the learning disability budgets an independent review has been commissioned to review the operating model and understand the most cost-effective way of delivering daytime support for people in Bridgend.	Receive and consider the recommendations from the independent review.

Performance Indicators

PI Ref No	PI Description	Annual target 22-23 £'000	Performance as at Q3						Comments
			Red		Amber		Green		
			£'000	%	£'000	%	£'000	%	
DWB6.1.1iii (SSWB12) CP feeder WBO3	Value of planned budget reductions achieved (SS & Wellbeing)	£365	£0	0%	£115	32%	£250	68%	See comment on 'Implications of Financial Reductions on Service Performance'

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.4	Adapt our ways of working to make better use of our assets and build on the technological progress accelerated by COVID. (SSWB)	Green	Hybrid arrangements have been implemented.	The benefits from investment in technology will continue to be evaluated to improve the efficiency and effectiveness of operational delivery.

Other Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 position 22-23 & RYAG	Q3 22-23 RYAG vs Target		Q3 21- 22 (same period last year)	Direction of Travel compared to same period last year	Comments
					Target	Actual			
CHR002iii (SSWB13) Local Other priority	Number of working days per full time equivalent lost due to sickness absence (SS & Wellbeing) Lower Preferred	20 days	No target	11.02 days	No target	16.98 days	14.85 days	↓	Quarterly Indicator Target Setting: Improved Performance on 2021/22 outturn Performance: Deep dives into areas of high sickness in the directorate will be prioritised. Significant wellbeing support is in place and access to physiotherapy or other interventions will be considered if it will support early return to work. Proactive stress risk assessments are promoted and encouraged for all staff and general and bespoke support is available for all staff who are impacted by the harrowing and contested nature of the work they do.
CORPB1a Local Other priority	Percentage of safeguarding e- learning (including workbook) completions (SSWB) Higher Preferred	77.08%	100%	No data	100%	75.31%	76.01%	↙	Quarterly Indicator Target Setting: Aspirational target Performance: The Directorate has appointed a Corporate Safeguarding Officer who will promote the importance of undertaking this training. The Directorate also included an article in our most recent newsletter informing all managers and staff of the importance of undertaking the mandatory e-learning modules as outlined in the Corporate Induction Framework.

Sickness broken down by Service Area

Unit	FTE 31.12.2022	QTR3 2021-22			QTR3 2022-23			Cumulative Days per FTE 2021-22	Cumulative Days per FTE 2022-23
		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	588.87	3676.83	305	6.27	3593.65	382	6.10	16.65	17.74
Business Support - SS&W	54.31	52.50	9	1.28	109.50	10	2.02	8.73	6.64
Children's Social Care	185.95	1003.91	60	5.36	1353.87	80	7.28	12.09	19.39
Prevention and Wellbeing	20.16	21.35	2	1.08	3.57	3	0.18	1.68	0.56
Social Services and Wellbeing Directorate Total	849.29	4754.59	376	5.69	5060.59	475	5.96	14.86	16.98

Sickness broken down by absence reason

Absence Reason	Social Services & Wellbeing Directorate				
	Q1 Number of FTE days lost	Q2 Number of FTE days lost	Q3 Number of FTE days lost	Total Number of FTE Days Lost	% of Cumulative days lost
Bereavement Related	251.88	432.71	404.65	1089.24	7.57%
Cancer	335.25	403.33	261.83	1000.40	6.95%
Chest & Respiratory	292.05	133.45	262.05	687.55	4.78%
Coronavirus COVID - 19	220.10	132.11	202.98	555.19	3.86%
Eye/Ear/Throat/Nose/Mouth/Dental	59.52	61.15	126.91	247.57	1.72%
Genitourinary / Gynaecological	141.98	184.06	47.69	373.73	2.60%
Heart / Blood Pressure / Circulation	40.46	100.64	133.03	274.13	1.90%
Infections	210.80	234.52	277.10	722.42	5.02%
MSD including Back & Neck	712.20	706.89	671.09	2090.18	14.52%
Neurological	157.62	93.08	67.38	318.08	2.21%
Other / Medical Certificate	113.21	43.62	213.13	369.96	2.57%
Pregnancy related	51.85	18.59	31.68	102.12	0.71%
Stomach / Liver / Kidney / Digestion	231.76	180.56	156.19	568.51	3.95%
Other Mental illness	15.00	109.57	129.37	253.94	1.76%
Stress/Anxiety/Depression not work related	1136.30	1146.42	1114.81	3397.53	23.61%
Stress/Anxiety/Depression work related	538.41	843.32	960.72	2342.44	16.27%
Tests / Treatment / Operation				0.00	0.00%
TOTALS	4508.39	4824.03	5060.59	14393.01	1.00

