

Social Services and Wellbeing Directorate Performance Q2 15-16

The social services remodelling is about implementing a significant change agenda – doing things differently, doing less for individuals and supporting their wellbeing, whilst ensuring they are safeguarded. This is in the context of legislative change and budget reductions. It is also a demand-led service so the change also encompasses reducing demand by offering early help and support – the right service at the right time by the right person.

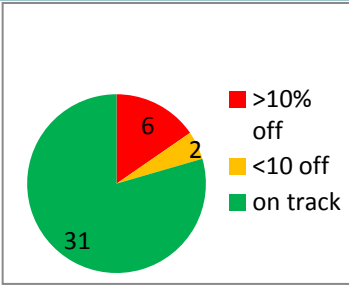
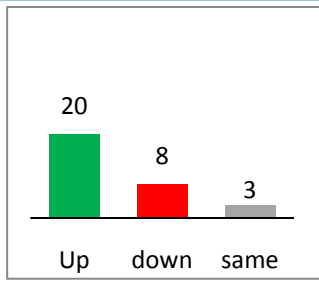
The Directorate reports against 20 commitments and at quarter 2, 16 met their targets and are, therefore, showing as green. There are 4 commitments reported as amber: two relate to delays in progress in extra care and transfer of home care hours – both of these have action plans in place. Progress on the third amber commitment - integrated Learning Disability Community Support team is related to the ABMU restructure. The final amber commitment relates to engagement with children and young people and work is progressing to improve this.

Almost 80% (31) of the directorate PIs are reporting as green at Q2 which is an improved position on Q2 for 14/15 where the figure was 65%. One of the two amber PIs relates to initial assessments in children’s services. The figure at Q2 was much improved from Q1 and our performance is above the 2014-15 end of year total. Work with Safeguarding Teams and Team Managers will continue to further improve the accumulative performance in relation to this PI. The other amber PI relates to feedback on the benefits of telecare and further analysis of this is taking place. There are 4 PIs reporting as red. These relate to:

- Statutory visits to Looked After Children – a corrective action plan is now in place and will be monitored by the Directorate Performance Board.
- Specialist homecare hours - the implementation plan to be reviewed and corrective actions to be identified and agreed to bring hours back in line with original target.
- The number of people on the Learning Disability register on the progression pathway – it is recognised that the original target was overambitious.
- Number of participants on the Love to Walk Programme - There is currently a re-registration process taking place, therefore, this figure does not accurately reflect the actual number of walkers.

There is one corporate PI relating to sickness which reported as red which continues to receive a high level of focused attention.

There is a robust performance management process in place in the directorate and this includes monitoring sickness data and progress against the MTFs.

Commitments 2015-16					All Performance Indicators	
RAG – current progress against commitment	Total	Red	Amber	Green	Performance vs Target	Trend vs Q2 2014-15
2015-16 Q2 –Social Services and Wellbeing Directorate Commitments	20	0	4	16		
Finance					Human Resources	

Revenue Budget

The net revenue budget for the Directorate for 2015-16 is **£ 61,944,000**

- The expected year-end outturn is £61,937,000 which is an **underspend of £7k.**

Capital Budget

- The revised budget for the Directorate for 2015-16 is **£1,670,000**
- The expected year end outturn is £1,670k, with no projected variances.

Budget Reductions

	£000's	%
Red	405	11.5%
Amber	357	10.1%
Green	2,772	78.4%

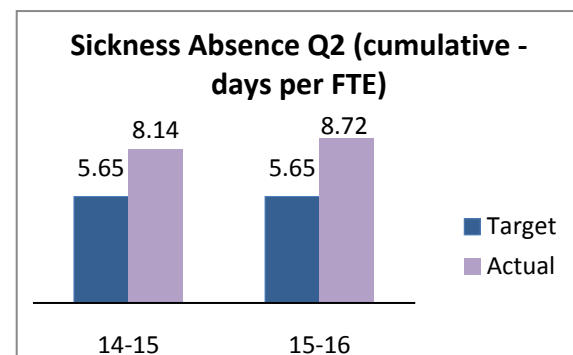
Additional information provided at the end of the report.

Implications of Financial Reductions on Service Performance and Other Key Issues

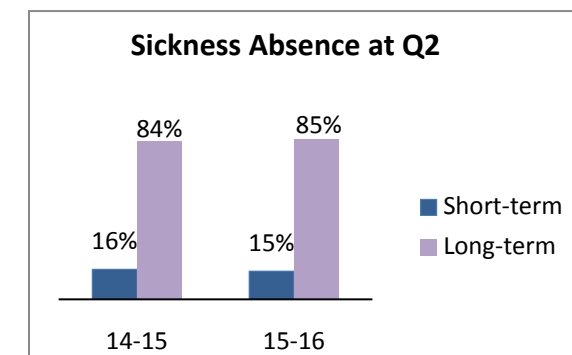
The Q2 budget position for the directorate, whilst challenging, is a positive situation for the half year period.

The Remodelling Adult Social Care programme and the children’s remodelling agenda are aligned to the corporate priorities and the MTFS and is in-keeping with the Social Services and Wellbeing (Wales) Act. Most of the projects have progressed to implementation stage and therefore require specific focus and monitoring at this time. In addition, the directorate faces the competing demands of the Social Services and Wellbeing (Wales) Act and the implementation of the Welsh Community Care information System – both of which require substantial involvement of front line staff and managers.

The directorate recognises there is a shortfall in the savings target. However, there are corrective actions in place that are closely monitored.



(Annual Target – 11.30. Current Status - **RED**)



Sickness remains an issue within the directorate. Regular and robust monitoring of absence levels continues.

We have increased the scrutiny on a case by case basis and this now involves the Director and Head of Service meeting with managers and HR to ensure appropriate action is being taken on each case. Specific cases are also being discussed at 1:1s.

High Corporate Risks (risk owner)

Residual Risk	Improvement Priority	Likelihood	Impact	Overall
Supporting vulnerable people	4 – helping stay independent	5	4	20
Healthy lifestyles	5 – healthy lifestyles	4	4	16
Supporting vulnerable children & their families	3 – Tackle problems early	5	4	20

KEY:




Commitments		Performance Indicators (RAG)		Performance Indicators (Trend)	
Red	Most key milestones are missed	Red	Performance is worse than target by 10% or more	↑	Performance improved vs same quarter of previous year
Amber	Most key milestones are on track, but some are at risk	Amber	Performance is worse than target by less than 10%	↔	No change in performance vs same quarter of previous year
Green	All key milestones are on track. No reason for concern	Green	Performance is equal to or better than target	↓	Performance declined vs same quarter of previous year

Improvement Priority Three: Working with children and families to tackle problems early

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P3.2.3	Implement the Permanency and Placement Strategy to reduce the number of looked after children and to prevent children becoming looked after (WB)		The strategy continues to be implemented with progress on milestones being monitored by the LAC and Childrens Change Management Boards. Detailed commentary on strategic milestones is provided below. The number of Looked After Children (including admissions and discharges) are monitored in weekly Senior Management Team Meetings. There were 390 LAC as at 31/03/15; at the end of Q2 this figure was 375. A Principal Officer continues to track individual cases.	

PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	BCBC Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	comments


PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	BCBC Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	comments
DCH3.7.6	Number of Special Guardianship Orders (SGOs) granted	20	10	14	12 ↑	22	n/a	n/a	
DCH3.7.7	Number of care orders discharged	10	10	18	15 ↑	35	n/a	n/a	
SCC004 NSI/PAM	Percentage of children looked after on 31 March who have had three or more placements during the year	12	12	10.1	9.7 ↓	11.8	9	21	At 30th September 2015, 38 out of 375 looked after children had 3 or more placements during the previous 12 months. Of these, 55% fall within the 13-17 year age group. Whilst the priority is not to move children between placements, there are certain situations where it is inevitable.
SCC011a	Percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker	80	80	76.2	67.8 ↑	73.7	78	16	Mid point through the year our performance is above the 2014-15 end of year total. The figure at Q2 is an accumulative figure; at Q1 68.4% was reported and this improved to 85.5% at Q2. Work with Safeguarding Teams and Team Managers will continue to further improve the accumulative performance in relation to this PI.
SCC011b NSI	Percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the Social Worker	50	50	50.4	47.3 ↑	51	44.8	10	
SCC025 PAM	Percentage of statutory visits to Looked After Children due in the year that took place in accordance with regulations	80	80	71.2	74 ↓	76.5	87.7	20	Despite a focus on improving this PI, staff vacancies during the summer months has had a detrimental effect on the accumulative performance. Following a successful recruitment period, and agreement for agency cover, work is on-going to ensure that the required visits are undertaken and recorded. A corrective action plan is now in place and will be monitored by the Directorate Performance Board.
SCC030a	Percentage of young carers known to Social Services who were assessed	100	100	100	100 ↔	100	n/a	n/a	
SCC033d NSI	Percentage of: d) young people formerly looked after with whom the authority is in contact at the age of 19;	95	95	100	100 ↔	94.7	93.3	10	
SCC033e NSI	Percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable non-emergency accommodation at the age of 19	100	100	100	100 ↔	100	93.1	1	











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SCC033f NSI	Percentage of: f) young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19	70	70	76.9	66.7 	61.1	59.5	11	
SCC041a NSI	Percentage of eligible, relevant and former children that have pathway plans as required	100	100	100	92 	100	91.2	1	
SCC045 PAM	Percentage of reviews of Looked After Children, children on the Child Protection Register and Children In Need carried out in line with the statutory timetable	85	85	88.4	89 	90.5	88.9	14	This PI is made up of reviews in relation to children who are in need, in need of protection and in need of accommodation. The Reviewing Service has continued to work extremely hard to increase performance in relation to Child Protection and LAC Reviews with Q2 performance being 99.6% and 99.3% respectively. However, performance with regards to Child in Need Reviews was 75% at Q2 and this has had a detrimental impact on overall performance.

Improvement Priority Four: Working together to help vulnerable people stay independent

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P4.1.1	produce and consult on the prevention and wellbeing strategy that includes the coordination of support, information and advice available in local communities		The development of the Prevention and Wellbeing Strategy is ongoing. The next stage will involve a workshop with partners including the third sector.	
P4.1.2	Increase the range and accessibility of advice and information for carers		As part of the regional carers partnership Bridgend has, with carers measure funding, supported the Carers Centre to produce leaflets, newsletters, emergency card leaflets and Macmillan family information leaflets. We have also supported third sector organisations within the Bridgend Carers alliance to purchase information boards and other materials to raise awareness and provide information. Consultation with carers of people with mental health issues had identified the need for clarity regarding the sharing of information. A guidance document has been produced and training for staff on information sharing is ongoing.	
P4.1.3	Develop a regional quality framework to monitor and improve the quality of care		Pilot undertaken and tool for care homes adapted to better meet the needs of BCBC. Domiciliary care standards refreshed to include requirements of new contract.	
P4.1.9	Establish an integrated operational model for the Learning Disability Community Support Team		This continues to be work in progress and involves health and social care working closely together. ABMU are currently re-structuring their senior management team and this has had an impact on the LD Directorate.	This work will be further progressed in the near future.
P4.2.5	Help vulnerable people retain their dignity and stay as independent as possible in accommodation that best meets their needs (WB)		<p>The focus of service delivery remains on promoting independence and maximising independent living whilst widening the choices available to individuals to remain in their own home or make positive choices to seek residency in other types of accommodation that provide support.</p> <p>S33 pooled fund arrangements have been agreed by cabinet and we are progressing with ensuring the leadership group model for CRT is implemented across Western Bay. The Better at Home service is working well and consultation is being held on the Bridgend Dementia Strategy.</p>	

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P4.2.6	Further develop crisis prevention, support and accommodation options for people with mental health needs that promotes independence and prevents hospital admission		One of the key actions in the Western Bay Together for Mental health is agreeing and setting out standards for crisis resolution services and ensuring consistency across the Western Bay region. A workshop was held with key stakeholders in June including service users and carers to agree how a response to crisis could be delivered. Bridgend has been represented on visits across the country with view to developing a consistent crisis service across the WB region. As part of the preparation for the SS and WB Act, a Coordinator has been appointed and to date 30 individuals have accessed this early intervention service. As part of Western Bay we have supported the development of on line self-help guides to offer information on a wide range of subjects including anxiety, bereavement and alcohol dependency. During August and September 2015 there have been 1624 hits across the region. A single point of access for GP referrals into secondary mental health services continues to be piloted in Bridgend to improve access to those individuals in need of an urgent response. This pilot is currently being evaluated with view to being rolled out in Neath and Swansea. Between April and September a review of CMHT's was undertaken to agree a new model of service which includes improving crisis intervention.	
P4.2.7	Continue the development of two new extracare schemes across the borough		Programme board in place to take work stream forward, including development of a service model and service transfer planning. Potential land options identified for approval.	<ol style="list-style-type: none"> 1. RSLs to confirm intention to proceed to full submission by the 30th October 2015 (all 3 have confirmed) 2. Return of RSL submissions, including financial proposals and outline sketch designs and project plan by the 4th December 2015 3. Evaluation completed 8th December 2015 4. RSL Interviews a.m. 11th December 2015 5. Notification of successful offer issued w/e 18th December 2015
P4.2.8	Continue the transformation of homecare services		Remodelling plan implemented, regular quarterly update reports presented to Cabinet. IDC: <ul style="list-style-type: none"> • Shortfall in hours delivered by IDC's and total homecare hours slightly higher than planned at this point in time. • Tender process to establish a framework for commissioning IDC packages in process. 	The closing date for tenders is November 27th, with interviews commencing mid-December. New contractual arrangements to be in place April 2016

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DWB.OA3.1	Number of total (rolling total) open, live Telecare installations	1532	1496	1899	1629 	1759	n/a	n/a	
DWB4.1.4.1	The percentage of our providers receiving a quality payment	95	95	100	n/a	n/a	n/a	n/a	
DWB4.2.2.1	Number of people accessing floating support provision	n/a	n/a	99	n/a	n/a	n/a	n/a	Establishing baseline

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DWB4.2.2.2	Number of service users accessing stress management programmes	n/a	n/a	172	n/a	n/a	n/a	n/a	Establishing baseline
DWB4.2.4.1	Specialist home care hours retained internally	2580	2580	3570.75	n/a	n/a	n/a	n/a	Shortfall in hours delivered by IDC's and total homecare hours slightly higher than planned at this point in time. Timescales for completion anticipated to be affected, revised timescales to be presented to Cabinet.. Implementation plan to be reviewed and corrective actions to be identified and agreed to bring hours back in line with original target.
DWB4.3.2	Number of people who have received a service from Bridgeway (short term home care service for people with dementia)	134	67	83	64 	129	n/a	n/a	
DWB4.3.3	Number of recipients of community resource team (intermediate services) that have been provided with an alternative to a hospital placement		410	597	424 	960	n/a	n/a	
DWB4.3.4	Percentage of telecare clients who said that the service made it easier for them to manage in their own home	95	95	89	94 	96	n/a	n/a	Ongoing analysis of the results of the survey and data capture is taking place.
DWB4.4.8.1	The number of people on the Learning Disability register on the progression pathway	300	150	117	110 	352	n/a	n/a	This is slightly off target in Q2. Although there will continue to be an improvement, the service recognises that the target may have been over ambitious.
DWB4.4.8.2	Number of people with a learning disability, who live independently in their own home, using assisted technology	42	42	49	39 	42	n/a	n/a	
SCA001 NSI	Rate of delayed transfers of care for social care reasons per 1,000 population aged 75 and over	2.5	2.5	0.83	0.86 	1.03	4.83	3	
SCA002a NSI	Rate of: a) older people (aged 65 and over) supported in the community per 1,000 population aged 65 or over at 31 March;	81	81	77.07	80.92 	76.75	67.30	6	
SCA002b NSI	Rate of: b) older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	18.5	18.5	15.44	18.27 	16.46	18.85	7	
SCA007 PAM	Percentage of clients with a care plan at 31 March whose care plans should have been reviewed during the year	79	79	79.1	80.4 	79.2	80.0	13	On target although performance is slightly down on last year, however, there is currently no reason to feel the target won't be met.
SCA018a PAM	Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	93	93	94.4	95 	94.7	88.3	10	There has been a slight decline since 14/15 of 0.6%, the target has been met and we are working with the social work teams to sustain and improve the figure and ensure that every carer who comes to our attention is offered an assessment.

PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	BCBC Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	comments
SCA019 PAM	Percentage of adult protection referrals completed where the risk has been managed	90	90	98.9	88.9 ↑	93.91	95.6	15	
SCA020	Percentage of adult clients who are supported in the community during the year	88.5	88.5	89.03	88.66 ↑	89.14	85.20	5	

Improvement Priority Five: Working together to tackle health issues and encourage healthy lifestyles

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P5.1.3	Through the Family Active Zone initiative, promote nutrition, physical activity and family relationships for positive lifestyle change		69 children and families supported against an annual target of 120. Good outcomes being reported by participants. It is anticipated that the target will be met.	
P5.2.7	Implement the primary and secondary school national sport programme to increase physical activity levels		The national school sport programmes are directly managed by the Active Young People Department of BCBC and relates to extra curricular activity programmes that promote increased physical activity on school sites or within a community club or organisations. 100% of schools in Bridgend are participating in the programmes. There have been 12,061 visits to these activities by primary school children. The primary school participation has been evidenced as particularly strong via the Sport Wales National School Sport Survey (September 2015). There has been a 7% overall increase in young people identified as "hooked on sport" i.e. active on 3 or more occasions per week. The 89307 secondary school registrations were achieved from 11784 people. This is a growth from 71352 registrations the previous year and includes both Heronsbridge and Ysgol Bryn Castell special schools.	
P5.2.10	Continue to deliver the National Exercise Referral Programme in partnership with HALO Leisure to help reduce obesity levels and encourage better weight management across the county borough		993 referrals received in Q1 and Q2 with 229 completing 16 week programme to date. There is an annual target of 395 to complete the 16 week programme.	
P5.3.9	Develop services and opportunities that encourage and promote life-long physical activity particularly amongst underrepresented groups by working in partnership with HALO Leisure and a range of community partners		Contract monitoring is taking place with Halo including participation reviews. Bridgend are one of only 2 Local Authorities to achieve "In Sport" Silver accreditation for work with disability. Bridgend achieved the highest participation in free swimming by people over 60.	
P5.3.11	Coordinate the Love To Walk programme to support community walking networks		127 Regular walkers and 348 engaged in Love to Walk Festival. 30 walks supported with 37% led by volunteers and 17 partner organisations	

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P5.3.13	Identify and promote new initiatives that support the health and wellbeing of employees (WB)		<p>Initiatives currently under development in the Directorate include:</p> <ul style="list-style-type: none"> • B-WELL programme is under development to promote staff ownership of their health and wellbeing, promotional resources are being finalised and training sessions for managers/supervisors arranged. • We have engaged an organisation called "NUDJED" which will provides on-line support to up to 300 staff in the directorate to help them improve their health and wellbeing. • Training courses are being organised for increasing physical activity for staff and service users particularly in older peoples residential and day services • A feasibility study is being carried out on the potential to develop the facilities at Bridgend Resource Centre to offer more opportunities for health and wellbeing activities and an exercise referral scheme. • Relevant staff are trained in manual handling • A Risk Register has been established and is being consulted upon. 	

PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	BCBC Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	Comments
DWB5.1.1.1	Number of Families participating in the Family Active Zone programmes	120	60	69	n/a	n/a	n/a	n/a	
DWB5.2.2.1	Number of participants in the National Exercise Referral Scheme (NERS)programme	1170	586	993	n/a	n/a	n/a	n/a	
DWB5.3.1.1	Increase leisure facility usage by disadvantaged groups via the Access to Leisure Programme	25581	12791	34374	n/a	n/a	n/a	n/a	
DWB5.3.2.1	Number of participants on the Love to Walk Programme	350	350	127	n/a	n/a	n/a	n/a	This figure is based on registered regular walkers. There is believed to be more walkers than are registered. There is currently a re-registration process taking place, therefore, this figure does not accurately reflect the actual number of walkers.
DWB5.3.2.2	Number of people achieving an accredited award	15	0	0	n/a	63	n/a	n/a	No applicable activity in Q2. First course to be held in Q3.
DWB5.5.4.6	Retention rates for those completing a 16 week programme	395	198	229	258 ↓	438	n/a	n/a	The 16 week programme commencements and completions do not run to standard dates each year. Our 2014/15 performance exceeded the target allocated by Public Health Wales, therefore, there are no concerns in relation to current performance.
DWB5.6.8.3	% of target staff who have attended manual handling training	85	85	93.2	87.6 ↑	82.7	n/a	n/a	
LCS002b NSI	Number of visits to local authority sport and leisure facilities during the year per 1,000 population where the visitor will be participating in physical activity	9450	9450	9569	9439 ↑	9528	8662	6	

Improvement Priority Six: working together to make the best of our resources



Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
P6.1.1	implement the planned savings identified in the 2015-16 budget (WB)		All savings identified in the budget for 2015/2016 are closely monitored within the directorate by the senior management team and individual budget managers. Currently projected to deliver a balanced budget in 2015/2016. Where planned savings are behind target alternative savings have been identified.	
P6.2.2	Deliver the projects contained within the Bridgend Change Programme (WB)		All projects are robustly monitored via the Adults and Childrens remodelling service boards which meets on a monthly basis.	
P6.6.6	Explore new ways of engaging and consulting with children and young people to continue to hear their voice		This is captured in our Quality Assurance (QA) Framework "Achieving Excellence in Bridgend Safeguarding and Family Support Service". The QA implementation group has been tasked with finalising an Engagement and Participation action plan to ensure this commitment is met. LAC feedback forms and handbooks have been revised and are being consulted upon.	The Leaving Care Forum has been delayed due to the relocation of staff, however, a revised timetable is now in place and this will move forward in the next quarter. An interactive document for capturing children's voices was launched in May.

PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	comments
CHR002iii PAM	Number of working days per full time equivalent lost due to sickness absence (Wellbeing)	11.3	5.65	8.72	8.14	18.46			On front page of the dashboard report

PI Ref No	PI Description	Annual target 15-16 £'000	Red		Amber		Green		Comments
			£'000	%	£'000	%	£'000	%	
DWB6.1.1iii	Value of planned budget reductions achieved	3,534	405	11.5	357	10.1%	2,772	78.4	Mitigating savings will be achieved across Directorate

Other priority/business as usual

Code	Action Planned	Status	Comments	Next Steps (for Red and Amber only)
DWB1	Develop a directorate risk register		risk register in place	
DWB2	Develop a Directorate communication and consultation plan		being consulted upon	

PI Ref No	PI Description	Annual target 15-16	Q2 Cumulative Target	Q2 cumulative Actual & RAG vs Target	Trend vs Q2 14-15	BCBC Actual 14-15	Wales Average 14-15 (NSI/PAMs)	BCBC Rank 14-15 (NSI/PAMs)	comments
DWBOA1.1	Increasing the number of new Telecare Installations	140	70	140	109 	239	n/a	n/a	
DWBOA1.4	The number of carers of adults offered an assessment in their own right	1561	1511	1887	1321 	1460	n/a	n/a	
DWB5.6.8.5	Number of working days lost per FTE due to industrial injury (Wellbeing)	0.13	0.065	0.0254	n/a	0.1604	n/a	n/a	

Main Revenue Budget Variances

The Directorate's net budget for 2015-16 is £61.944 million. Current projections indicate an under spend of £7,000 at year end, after draw down of £200,000 from earmarked reserves for remodelling of adult social care (£53,000), Looked After Children strategy (£47,000), Homecare and meals at home (£66,000) and residual job evaluation costs on safeguarding (£34,000). The main variances are:

SOCIAL SERVICES AND WELLBEING DIRECTORATE	Net Budget	Projected Outturn	Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Learning Disabilities Residential Care	1,487	1,647	160	10.8%
Learning Disabilities Day Opportunities	3,389	3,276	(113)	-3.3%
Looked After Children	10,923	10,726	(197)	-1.8%
Family Support Services	978	836	(142)	-14.5%
Other Child and Family Support Services	725	941	216	29.8%

Learning Disabilities Residential Care

- A projected over spend of £160,000 is likely as a result of the provision of 3 additional residential placements in the first half of the financial year. These placements have since reduced to 2, and will continue into the new financial year. The directorate will re-align budgets in 2016-17 to meet this pressure.

Learning Disabilities Day Opportunities

- There is currently a projected under spend of £113,000 on the day opportunities budget as a consequence of staff vacancies within the service, part of which is held in anticipation of budget reductions in 2016-17. The under spend on these posts will not reoccur in 2016-17.

Looked After Children

- There is a projected under spend of £197,000 on looked after children following a reduction in the number of independent fostering agency placements, with 80 placements forecast by the end of the year, compared to 92 as at March 2015. The current number of LAC is 376 compared to 390 at the end of March 2015.

Family Support Services

- There is a projected under spend of £142,000, partly as a result of under-utilised direct payments (£77,000), which have been re-claimed, and partly due to under spends on salary budgets and residence orders, which have reduced from 26 in 2014-15 to 23 in this financial year. A reoccurrent budget pressure allocation of £400,000 for direct payments was approved by Council in February 2015 for 2015-16 onwards. As there is a projected under spend on this budget currently, the position will be reviewed at year end to determine future on-going requirement of this pressure.

Other Child and Family Support Services

- There is a projected over spend of £216,000 on adoption following the establishment of the regional adoption service. A one-off budget pressure was agreed by Council to meet the needs of this service for 2015-16, but given the current overall forecast outturn for the directorate this is not currently required. The Business Case for the service highlighted that the cost of the service would reduce in year 2 on the assumption that the number of adoptions in Bridgend would be lower than in the other two authorities. If numbers of adoptions remain at the current level then the cost will not reduce and the budget will have to be re-aligned with the LAC budget, which should reduce accordingly.

Additional Financial Information - Social Services & Wellbeing Budget Reduction Monitoring

ADULT SOCIAL CARE

Ref.	Budget Reduction Proposal	Original 2015-16 £000	Current RAG Status (RAG)
ASC1	Focus local authority homecare on specialist and complex care	307	
ASC2	Support increased independence through enablement and progression in Learning Disability services	220	
ASC3	Link the work on the new assessment framework to the new national eligibility criteria as part of the Social Services and Wellbeing Act ensuring timely	1,399	
ASC4	Consolidation of Adult Day Services premises	20	
ASC5	Service efficiencies - work related schemes	67	
ASC6	Management, Admin and Training Implement measures to achieve 7% and 5% across the 2 years	215	
ASC7	Reprovision and remodelling of Shared Lives	135	
ASC8	Reduction in sickness across services	50	
ASC9	Review CHC-eligible cases to secure appropriate contribution to packages of care	70	
ASC10	Develop income stream for specialist Mental Health placements at Glyn Cynffig	15	
ASC11	Income Generation at Ael Y Bryn	95	
ASC12	Continued efficiencies within LD Day Services	35	
ASC13	Remodel Meals at Home service.	122	
ASC15	Achieve transport efficiencies	37	
Total Adult Social Care		2,787	

SAFEGUARDING AND FAMILY SUPPORT

CH22	Remodelling of Childrens Residential Care	200	
CH27	Remodel and restructure safeguarding management arrangements	50	
CH13B	Staff Restructures - Business Support functions	170	
CH20B	Review all temp posts across the directorate/Vacancy Management	50	
Total Safeguarding and Family Support		470	

SPORTS , PLAY & ACTIVE WELLBEING

HL1	Reduction in costs relating to sport, play and leisure	30	
HL3	Continued savings associated with the Halo leisure partnership	247	
Total Sports , Play & Active wellbeing		277	
Total Social Services & Wellbeing Directorate		3,534	

Additional Sickness Information by Service Area

Unit	Average FTE 31.09.15	To Date (Qtr2) Days Lost per FTE 2014-15	To Date (Qtr2) Days Lost per FTE 2015-16
Sport Play and Active Wellbeing	23.07	0.04	0.00
Adult Social Care	652.53	8.60	9.76
Safeguarding & Family Support	160.96	8.51	7.43
Business Support	59.07	4.14	3.47
SOCIAL SERVICES AND WELLBEING TOTAL	895.63	8.14	8.72

Additional Sickness Information by Absence Reason

Absence Reason	% of total days lost in Q2
Stress / Anxiety / Depression / Mental Health	37.91%
MSD including Back & Neck	18.14%
Return to Work Form Not Received	5.21%
Stomach / Liver / Kidney / Digestion	8.55%
Tests / Treatment / Operation	9.21%
Infections	4.83%
Chest & Respiratory	2.51%
Neurological	1.81%
Eye/Ear/Throat/Nose/Mouth/Dental	2.16%
Cancer	5.35%
Heart / Blood Pressure / Circulation	0.88%
Pregnancy related	1.51%
Injury	0.92%
Genitourinary / Gynaecological / Pregnancy	0.99%
Grand Total	100%