Brighton & Hove City Council

Appendix 1:
2018-19 Council Corporate KPIs - Q1 results

Period: Apr-18 - Sep -18

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
2018-19 Economy Environment & Culture - Council (Corporate) Quarterly				
% of household waste sent for reuse, recycling and composting (3 month lag) [Corporate - council]	%	37.70	30.40	AMBER **Improving**

Position:
Between April and June 2018 30.4% of the household waste in the city was sent by the Authority for reuse, recycling, composting or anaerobic digestion (source Waste Data Flow reports).

The trend of this result on a quarterly basis were:
2017/18: Q1 - 29.1%, Q2 - 28.7%, Q3 - 28.5% and Q4 - 28%
2018/19: Q1 - 30.4%
The target for 2018/19 has been set at 37.7% this is the CIPFA comparator average.

The annual trend for the performance indicator is:
2010/11 = 27.7%
2011/12 = 28.1%
2012/13 = 26.8%
2013/14 = 25.8%
2014/15 = 25.2%
2015/16 = 24.6%
2016/17 = 27.8%
2017/18 = 28.6%

Commentary:
The Corporate Modernisation board has approved the City Environmental Management Programme, a series of projects aimed at improving efficiency and performance of the BHCC waste, recycling and street cleaning services. A City Environmental Management Programme Board has been established to oversee six initial projects:
•   Rollout of communal bins has been completed
•   Roll out of wheeled recycling bins - phase 1 completed
•   Restructuring of rounds; minor restructuring undertaken in line with basement collection changes
•   Commercial waste collections; approved at committee for the set up of a commercial unit
•   Developed an action plan to increase recycling
•   Pilot in the city centre to increase recycling using onstreet communal bins for residents

The levels of recycling in the city has increased by just over 1% from the last financial year. This is likely to be in part due to the roll out of wheeled recycling bins which operatives report are leading to some people recycling who have not done so before. In addition the recent national publicity on the negative impact of plastics may have led to an increase in recycling.

Next steps:
1. Improve the collections of domestic recycling through round restructuring and the review of fleet in order to reduce missed collections (Head of Operations, Mar 19)
2. Evaluate pilot results with a view to planning next steps (Head of Business Support & Projects, Dec 18)
3. Develop an education campaign to increase recycling rates to be launched when domestic collections rates are up to standard (Head of Business Support & Projects, Mar 19)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Missed refuse collections per 100,000 collections [Corporate - council]	**No.**	**75.00**	**195.00**	RED **Declining**

Position:
This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000).
The year to date performance trend is:
Apr to Jun 2017 = 40 per 100,000
Apr to Sep 2017 = 62 per 100,000
Apr to Dec 2017 = 57 per 100,000
Apr to Mar 2017 = 79 per 100,000
Apr to Jun 2018 = 215 per 100.000
Apr to Sep 2018 = 195 per 100.000

The target was set at 75 to represent a modest improvement in the 2017/18 performance levels to reflect the potential impact of the changes being implemented. The changes have made reporting missed collections easier and more reliable than it has been as the trend shows.

Commentary:
There has been a significant increase in the number of missed collections this includes difficulty in retaining and recruiting drivers; access issues to certain areas of the city due to increased density of parking in some areas where there a no controlled parking zones; fleet which is too large to access some streets; a lack of management and operative capacity.

City Environmental Management has commenced a Modernisation Programme (January 2018) with the objective of developing a sustainable future for its services in the context of reducing council budgets, increases in customer demand and improving and expanding its service offer. A number of processes and procedures are to be implemented that;
• Develop and embed systems and processes to allow customers to contact the service effortlessly
• Develop and embed systems and processes to allow officers to respond quickly and effectively
• Establish clear lines of accountability, supported by effective performance management
• Create a culture that will benefit customers and officers and support new ways of working
• Establish mechanisms to review and learn from areas of poor performance to prevent repeat complaints

The Corporate Modernisation board has approved the City Environmental Management Programme, a series of projects aimed at improving efficiency and performance of the BHCC waste, recycling and street cleaning services. A City Environmental Management Programme Board has been established to oversee six initial projects.

Next Steps:
1. Implement new Management Framework (Assistant Director and Head of Operations - Mar 19)
2. Review Driver recruitment and retention issues (Assistant Director and Head of Operations Mar 2019)
3. Restructure Rounds (Head of Operations – Jun 19)
4. Ongoing work with the Digital First team is making improvements to systems and processes including missed collections (Head of Business Support and Projects – Head of Cityclean - Ongoing)
5.   Review Fleet (Head of Fleet and Head of Operations - Dec 18)
6.   Review Access issues with Highways (Head of Operation Dec 18)

Missed recycling collections per 100,000 collections [Corporate - council]	**No.**	**100.00**	**452.00**	RED **Declining**

Position
This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000)

The target was set at 100 to represent a modest improvement in the 2017/18 performance levels to reflect the potential impact of the changes being implemented. The changes have made reporting missed collections easier and more reliable than it has been as the trend shows.

Year to date performance trend:

Apr to Jun 2017 = 53

Apr to Sep 2017 = 131

Apr to Dec 2017 = 136

Apr to Mar 2018 = 175

Apr to Jun 2018 = 319

Apr to Sep 2018 = 452

Commentary:

The number of missed recycling bins the year to date to Sep has risen from 319 at Q1 to 452 per 100,000 for Q2.

There has been a significant increase in the number of missed collections this includes difficulty in retaining and recruiting drivers; access issues to certain areas of the city due to increased density of parking in some areas where there are no controlled parking zones; fleet which is too large to access some streets; a lack of management and operative capacity. The results for recycling are worse than refuse because missed refuse is prioritised over recycling due to the greater environmental risks of uncollected refuse.

City Environmental Management has commenced a Modernisation Programme (January 2018) with the objective of developing a sustainable future for its services in the context of reducing council budgets, increases in customer demand and improving and expanding its service offer.

A number of processes and procedures are to be implemented that;

• Develop and embed systems and processes to allow customers to contact the service effortlessly

• Develop and embed systems and processes to allow officers to respond quickly and effectively

• Establish clear lines of accountability, supported by effective performance management

• Create a culture that will benefit customers and officers and support new ways of working

• Establish mechanisms to review and learn from areas of poor performance to prevent repeat complaints

Next Steps:

1. Implement new Management Framework (Assistant Director and Head of Operations, Mar 19)

2. Review Driver recruitment and retention issues (Assistant Director and Head of Operations, Mar 2019)

3. Restructure Rounds (Head of Operations, Jun 19)

4. Ongoing work with the Digital First team is making improvements to systems and processes including missed collections (Head of Business Support and Projects – Head of Cityclean, Ongoing)

5. Review Fleet (Head of Fleet and Head of Operations, Dec 19)

6. Review Access issues with Highways (Head of Operation, Dec 19)

| **% of streets inspected which are found to have widespread or heavy levels of litter [Corporate - council]** | % | 4.00 | 3.80 | GREEN Improving |

Position:

Between July and Sep 2018, 3.8% of the streets checked had litter levels which were below grade B using the national measure 'Street and environmental cleanliness: Litter'. This process grades streets and other areas of land on the following scale for litter:

• Grade A – no litter or refuse

• Grade B – predominantly free of litter and refuse except for some small items

• Grade C – widespread distribution of litter and refuse, with minor accumulations

• Grade D – heavily littered, with significant accumulations.

The target has been set at 4% which is a modest improvement on the 17/18 outturn as there is no

comparative information available.

The quarterly trend for this result is:

Apr to Jun 2017 = 4.1%

Jul to Sep 2017 = 4.2%

Oct to Dec 2017 = 4.1%

Jan to Mar 2018 = 4.3%

Apr to Jun 2018 = 6.5%

Jul to Sep 2018 = 3.8%

Commentary

The high levels were recorded mainly in East area of the City, where the cleansing team was short staffed due to the natural wastage. Recruitment to those posts has been concluded and as a result we have now exceeded the target with a result of 3.8%.

The Corporate Modernisation board has approved the City Environmental Management Programme, a set of 6 projects aimed at improving efficiency and performance of the BHCC waste, recycling and street cleaning services.

A City Environmental Management Program board has been established to oversee 6 projects which together form a complete review of the services.

A programme of education, engagement and enforcement when necessary to change the behaviour of individuals is ongoing

As part of this it is hoped that the Streets Ahead litter campaign launched in Q2 will bring about long term behavioural change on littering

To supplement this behavioural change the enforcement service which was introduced in April 2017, has issued 4228 FPN's for litter to date compared to 1601 for the same period last year.

Street Cleansing falls within the remit of City Environmental Management's Modernisation Programme (January 2018) with the objective of developing a sustainable future for its services in the context of reducing council budgets, increases in customer demand and improving and expanding its service offer by;

• Establishing clear lines of accountability, supported by effective performance management

• Create a culture that will benefit customers and officers and support new ways of working

Actions

1. Ongoing City Environmental Management Program board meetings in place 6 weekly (Interim Assistant Director City Environmental Management, next meeting Oct 18)

2. The Streets Ahead Litter campaign is continuing to grow and develop with a significant increase in business and community engagement which has resulted in a significant increase in social media and a wide range of media coverage (Head of Business Support and Projects – Ongoing throughout 2018)

3. Income generated through enforcement fines is already being used to provide a number of measures to prevent litter and reduce detritus, dog fouling and graffiti.

4. An anti-litter campaign is being formulated to specifically target litter on A roads for the prevention of litter in 2018/19 (Head of Business Support and Projects)

5. Ongoing work with the Digital First team is making improvements to systems and processes so that information can be relayed in real time and complaints addressed in a more timely manner (Head of Business Support and Projects – Head of Operations - Ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The speed of determining applications for major development [Corporate - council]	%	93.70	93.44	AMBER **Improving**

Position:

This indicator measures the 24 month rolling result for the percentage of Major application types being processed within 13 weeks, or agreed time limit via a planning performance agreement (PPA) or extension of time (EOT).

The trend of the 24 month rolling result is a positive one as shown below:

Sep 16 = 85.71% (60 applications determined in time, 70 applications determined)
Dec 16 = 91.55% (65 applications determined in time, 71 applications determined)
Mar 17 = 91.18% (62 applications determined in time, 68 applications determined)
Jun 17 = 92.06% (58 applications determined in time, 63 applications determined)
Sep 17 = 92.54% (62 applications determined in time, 67 applications determined)
Dec 17 = 95.77% (68 applications determined in time, 71 applications determined)
Mar 18 = 96.83% (61 applications determined in time, 63 applications determined)
Jun 18 = 96.61% (57 applications determined in time, 59 applications determined)
Sep 18 = 93.44% (57 applications determined in time, 61 applications determined)
The target of 93.7% has been set using the average of our CIPFA nearest neighbours
The government minimum standard for the speed of determining applications for major development is 60%. Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:
The service has been consistently exceeding this target, both by determining applications within 13 weeks or by agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants.

Actions:
1) Continue current working practices and agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants (Planning Manager, ongoing)
2) Continue to monitor performance (Planning Manager, ongoing)
3) Implement project management approach to dealing with major applications to assist with processing of applications and reflection on how to improve to ensure performance is maintained. (Planning Manager, January 2019)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The speed of determining applications for non-major development [Corporate - council]	%	89.20	77.01	RED Declining

Position:
This indicator measures the 24 month rolling result for the percentage of Minor and Other application types being processed within 8 weeks, or agreed time limit via a planning performance agreement (PPA) or extension of time (EOT). Only applications for householder developments and change of use are included under Other applications.
The trend for the rolling 24 months is a positive one and is shown below:
Sep 16 = 60.32% (2454 applications in time, 4068 applications determined)
Dec 16 = 63.36% (2559 applications in time, 4039 applications determined)
Mar 17 = 68.26% (2766 applications in time, 4052 applications determined)
Jun 17 = 74.01% (3074 applications in time, 4153 applications determined)
Sep 17 = 80.15% (3363 applications in time, 4158 applications determined)
Dec 17 = 85.28% (3546 applications in time, 4158 applications determined)
Mar 18 = 85.63% (3431 applications in time, 4007 applications determined)
Jun 18 = 81.32% (3152 applications in time, 3876 applications determined)
Sep 18 = 77.01% (2800 applications in time, 3636 applications determined)
The target of 89.2% has been set using the average of our CIPFA nearest neighbours.
The government minimum standard for the speed of determining applications for non-major development is 70%.
Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:
At the end of September 2018, the service achieved 77.01% for the determination of non-major applications. Though this exceeds the Government set target of 70% (for 2017) and the anticipated 75%

for 2018, it is reduced compared to the 85.63% achieved at the end of March 2018 and is below the target of 89.2% set using the average of our CIPFA nearest neighbours. Furthermore since March 2018 there has been a consistent reduction in the performance. In addition, looking ahead as the exceptionally high months of 2017 drop off from the rolling 24 month the average performance will potentially reduce further.

This is a consequence of a number of factors including challenges with staff recruitment with two Principal Planning Officer post still vacant, implementation of a service reshape and long term sickness.

It is important that the benefits of the Business Process Improvement (BPI) are realised. The service has introduced Public Access and is continuing to work on additional modules, including report writing, consultee access and electronic working, which will help realise increased throughput and performance. During the last quarter we have now recruited 4 new Planning Officer positions introduced as part of the reshape and final implementation of the reshape can be completed. Discussions are now focused on tackling the difficult and challenging recruitment of more senior officers since we have failed to recruit to the vacant Principal Planning officer vacancies over the summer and this is the third round of adverts. A review of the Planning Modernisation Programme is underway to focus on positive planning service, change management and providing an excellent customer service.

Interim measures were introduced in July including removing phone contact to planning case officers until mid October to assist with throughput, to reduce the on hand figure and reach sustainable caseloads so that performance and quality moves forward. During the time that the phones have been turned off, the on hand figure of applications has reduced from over 1150 to just below 1000. However, performance in terms of applications determined on time has reduced slightly in the same period.

The reliance on EOTs does need to reduce overall moving into 2019, however these will need to continue as an interim measure. The average length of time to determine applications needs to be reduced.

Actions:

1. Implement the Modernisation Programme which aims to introduce a more streamlined and efficient service that is more customer focused. (Planning Managers & Principal Planning Officers, end of December 2018)

2. Implement a Performance work programme with an array of measures for immediate term, medium term and longer term to assist with performance (Planning Managers & Principal Planning officers, end of December 2018)

3. Continue work to implement electronic working and introduce electronic work flow (Information Manager and Planning Managers, February 2019)

4. Complete review of planning decisions (Planning Managers, September 2019) and implement recommendations (December 2019)

5. Management training to support managers with developing and performance managing staff (Planning Managers, March 2019)

6. Ensure staff are working towards quantitative and qualitative measures identified in Performance Development Plans (PDPs) 2018, continual review in 121s and half yearly reviews Nov 18 which will support staff to increase throughput of applications (Planning Managers, November 2018)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% major planning application decisions that are overturned at appeal [Corporate - council]	%	1.80	1.59	GREEN **Improving**

% major planning application decisions that are overturned at appeal
Position:

This indicator measures the 24 month rolling result for the percentage of the total number of decisions made by the authority on applications for major development that are then subsequently overturned at appeal, once nine months have elapsed following the end of the assessment period.

The nine months specified in the measure enables appeals to pass through the system and be decided for the majority of decisions on planning applications made during the assessment period.

The trend of the 24 month result is:

Sep 16 = 4.29% (Overturned at appeal = 3, Total decisions = 70)

Dec 16 = 4.17% (Overturned at appeal = 3, Total decisions = 71)
Mar 17 = 4.29% (Overturned at appeal = 3, Total decisions = 68)
Jun 17 = 6.15% (Overturned at appeal = 4, Total decisions = 63)
Sep 17 = 5.80% (Overturned at appeal = 4, Total decisions = 67)
Dec 17 = 5.48% (Overturned at appeal = 4, Total decisions = 71)
Mar 18 = 3.08% (Overturned at appeal = 2, Total decisions = 63)
Jun 18 = 1.64% (Overturned at appeal = 1, Total decisions = 59)
Sep 18 = 1.59% (Overturned at appeal = 1, Total decisions = 61)
The target is set at the average for our CIPFA comparator group at 1.80%
The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:
Performance on this indicator continues to exceed the Government minimum standard and the average of our CIPFA comparator group.
The service recently introduced customer service standards, which includes feedback and offering the opportunity to amend applications. This coupled with an enhanced package of pre-application discussions will reduce the number of appeals.

Actions:
1) Continue to invest in pre-application discussions to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of appeals (Planning Manager, ongoing);
2) Decision review project commenced. Analyse background to/reasons for current % of applications refused, including appeal decisions as part of Modernisation Programme.   (Planning Manager, Sept 2019).
3) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Manager, ongoing).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% non-major planning application decisions that are overturned at appeal [Corporate - council]	%	**1.10**	**1.61**	AMBER **Improving**

% non-major planning application decisions that are overturned at appeal
Position:
This indicator measures the 24 month rolling result for the percentage of the total number of decisions made by the authority on applications for non-major development that are then subsequently overturned at appeal, once nine months have elapsed following the end of the assessment period.
The nine months specified in the measure enables appeals to pass through the system and be decided for the majority of decisions on planning applications made during the assessment period.
The trend of the 24 month result is:
Sep 16 = 3.11% (Overturned at appeal = 127, Total decisions = 4068)
Dec 16 = 3.13% (Overturned at appeal = 127, Total decisions = 4039)
Mar 17 = 3.12% (Overturned at appeal = 127, Total decisions = 3781)
Jun 17 = 2.90% (Overturned at appeal = 121, Total decisions = 4153)
Sep 17 = 2.94% (Overturned at appeal = 124, Total decisions = 4196)
Dec 17 = 2.58% (Overturned at appeal = 108, Total decisions = 4158)
Mar 18 = 2.31% (Overturned at appeal = 93, Total decisions = 4007)
Jun 18 = 1.90% (Overturned at appeal = 74, Total decisions = 3876)
Sep 18 = 1.61% (Overturned at appeal = 59, Total decisions = 3636)
The target is set at the average for our CIPFA comparator group at 1.50%
The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention

from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:
Performance on this indicator continues to exceed the Government minimum standard and shows a reduction in the percentage in the last quarter, although this performance level continues to be higher than the average of our CIPFA comparator group.
The service introduced customer service standards In October 2017, which includes feedback and offering the opportunity to amend applications. This coupled with continuing to improve and promote pre-application discussions and other work strands within the modernisation standards and work on moving towards a positive planning service will reduce the number of appeals in the future.
In the Autumn of 2018, managers in the DM service are starting work on a new modernisation work strand, which includes a review of refusals to ensure we are making quality and consistent decisions and appeal decisions. This will identify areas to work with to change practices or to work directly with applicants to address persistent areas of refusal, therefore reducing the number of applications at appeal.
In addition, increased efficiencies introduced through improved uniform packages and continuing to implement measures identified in the BPI review will improve the service office and allow greater opportunities to maximise negotiation during the course of the application and enhance the pre-application advice service with timely and quality responses.

Actions:
1) Continue to invest in pre-application discussions to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of appeals (Planning Managers, ongoing);
2) Timeliness and quality of pre-application advice to be improved through a working group reviewing the process and how officers manage this work alongside applications (Planning Managers & Principal Planning Officers, end of December 2018)
3) Implement the 'creating a positive planning service' strand of the Modernisation Programme which includes increasing efficiencies and measures to negotiate to reduce the number of refused schemes (Planning Managers, March 2019)
4) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Managers, ongoing)
5) Review of decisions project (Planning Managers, September 2019, implementation roll out of project, December 2019)
6) Review the SPD Householder Extensions (working group of DM and Policy officers, September 2019)

2018-19 Families Children & Learning - Council (Corporate) Quarterly

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of schools that are judged good or outstanding by Ofsted [Corporate - council]	**%**	**88.70**	**93.10**	GREEN **Declining**

Position:
As at the end of Sept 2018, 93.1% of schools in Brighton and Hove were judged to be good or outstanding. No schools were judged as inadequate. Since the last quarter five schools were inspected; four primary schools and one secondary school. Judgements remained 'good' for one primary school. One primary and one secondary school were upgraded to 'good' and two primary schools were downgraded to 'good' and 'requires improvement'. This reporting excludes independent and non-maintained special schools.
The quarter by quarter trend is:
Jan to Mar 2017 93.2%
Apr to Jun 2017 93.2%
Jul to Sep 2017 94.4%
Oct to Dec 2017 91.7%
Jan to Mar 2018 93.1%
Apr to Jun 2018 90.3%
Jul to Sep 2018 93.1%

The target is the national average judged to be good or outstanding as at the end of Sept 2018, which is currently 89%. These figures exclude schools awaiting their first ever inspection, independent settings and non-maintained special schools, which Ofsted has a duty to inspect.

Below is a breakdown of the percentage of schools judged good or outstanding by phase and comparison figures for England as at the end of Sept 2018:
All schools: 93.1% (England 89%, statistical neighbours 87.4%)
Nursery Schools: 100% (England 98%)
Primary: 92.3% (England 90.1%)
Secondary: 100% (England 81.2%)
Special: 83.3% (England 94%)
Pupil Referral Units: 100% (England 84.6%)
Colleges: 100% (Please note this is not included in the overall figure.)
Non maintained special schools 100% (Please note this is not included in the overall figure.)

Below is a breakdown of the percentage of pupils in good or outstanding schools as at the end of Sept 2018:
All schools: 94% (England 87.2%, statistical neighbours 85.8%)
Nursery Schools: 100% (England 98.1%)
Primary: 90.3% (England 89.7%)
Secondary: 100% (England 83.4%)
Special: 90.7% (England 94.2%)
Pupil Referral Units: 100% (England 78.4%)

Commentary:
There are no schools that are judged as inadequate. The Standards and Achievement Team are focusing on all RI schools and 6 schools which are vulnerable to downgrading. The number of RI schools has reduced to 5. The high number of good and outstanding schools in the city is a reflection of the strong partnership working between the schools and between schools and the LA. Each school is categorised according to historic performance and a programme of intervention is devised to improve outcomes in each school. A new categorisation process has been established for primary schools and is in use to enable the identification of and interventions needed to address issues in a decisive and timely manner.

Actions:
1. Support all Requires Improvement schools and ensure they have robust improvement plans and support. These are monitored through school improvement boards. (Head of Standards and Achievement, December 2018)
2. All schools will be monitored carefully and any schools that become vulnerable to RI will be supported and challenged through a school improvement board. (Head of Standards and Achievement, Mar 2019)
3. Continue school improvement boards for 2 new RI school that support and challenge the new leadership and governance in their journey to good. (Head of Standards and Achievement, September 2019)
4. Action plan following cluster leads meeting on October 18th so that all partnerships have a plan ro support schools at risk (Head of Standards and Achievement, September 2019)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Number of families identified as part of the Stronger Families Stronger Communities programme who are 'turned around' (Phase 2) [Corporate - council]	No.	200.00	109.00	RED Declining

Position:
109 families attached to the Stronger Families Stronger Communities programme have been identified as 'turned around' since April 2018.
The families turned around target is set locally and reflects a projected percentage of families out of the

total number of families engaged on the programme in any one year. This changes according to the annual engagement target agreed with the Troubled Families Programme. Changes to our funding framework in 18/19 and 19/20 mean that cases no longer have to go through our internal Audit and Payments By Results process to be identified as successfully turned around.

59 families were identified as 'turned around' between July and September.

The programme began in January 2015, and by the end of September 2018 a total of 632 cases have been turned around, 28% of our cumulative programme total of 2280.

The latest national comparator result is from end June 2018 and is a cumulative % of the number of families turned around to date from the start of the programme in January 2015. The BHCC figure was 25.13%, slightly below the national median figure of 26.13%.

Commentary:

The ability to deliver the Troubled Families Earned Autonomy agreement is dependent upon; continued pace and quality of work in the Integrated Team for Families and Young People (ITFYP) and the commissioned contract; timely development of planned new TF funded work that will expand the number of engaged families and an increased view of appropriately recorded case outcomes in, principally, social work and health visiting. A longer than envisaged development lead in to the pilot for joint referral and triage with health partners and the failure to secure the mental health specialist secondments for the ITFYP has contributed to a lower than targeted number of TF engaged cases.

A Troubled Families Earned Autonomy self-assessment and visit in December/January will be the point at which the LA and partners is given the funders view of progress towards agreed targets.

It is certain that the Brighton & Hove will be reporting below the targets for this point in the year. Whilst the TF funding for 19/20 is agreed it is dependent upon demonstration of sufficient progress this year. It is vital therefore that as many TF eligible families as possible are identified and recorded and that the narrative for the self-assessment is comprehensive.

The failure to develop mental health specialist secondments to the Integrated Team for Families Youth and Parenting has impacted upon that team's capacity to more quickly resolve casework with the most complex families with reduced overall capacity to deliver to families referring in to the service with slightly less complex needs. Recruiting staff to the roles along with delays on agreeing the pilot with health providers means this will not now be undertaken and alternative ways to address the adult and children and young people mental health needs in the ITFYP cohort are being discussed.

The pilot to develop family coach and mental health and wellbeing joint referral and triage has developed significantly from the initial scope to encompass a more comprehensive review of the referral routes across Family Children and Learning and mental health and wellbeing providers. Whilst this has led to a delay and therefore a loss of additional number of TF engaged families; there is a good rationale for this lack of engagement growth which is rooted in a more comprehensive change to current practice facilitating wider transformation of services to a more whole family approach.

Actions:

1. Complete recruitment and staffing changes to a mid-January start for the family coaching/mental health and wellbeing joint referral and triage pilot. (01/14/19, SFSC Programme Manager)

2. Agree cost and implement alternative approach to reducing the impact of mental health and wellbeing in ITFYP casework with families with complex problems (01/12/18, SFSC Programme Manager)

3. Ensure all TF eligible family coaching support provided in the Front Door for Families is recorded on Carefirst and that all eligible casework on the Carefirst system is identified and captured by the SFSC performance team (01/11/18, SFSC Programme Manager)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Number of children in care **[Corporate - council]**	No.	422.00	394.00	GREEN Improving

Position:

There are 394 children in care (CIC) at 30th September 2018.

INDICATOR		UNIT	TARGET	ACTUAL	STATUS

The quarter by quarter trend is:

Sep 2018 - 394

Jun 2018 - 400

Mar 2018 - 418

Dec 2017 - 414

Sep 2017 - 422

Jun 2017 – 440

The peak CIC number since 2010 was 515 in November 2011 and the lowest number was 392 at July 2018.

The aim and target shown is to reduce children in care to 422 (82.2 per 10,000 children), which is the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health.

The CIC rate per 10,000 is 76.8 at September 2018, down from 82.3 per 10,000 at September 2017. This is below the March 2017 contextual neighbour average (82), and above the national average (62) and statistical neighbour average (63). The South East average rate per 10,000 children rose from 62.3 in Quarter 1 2017/18 to 63.2 Quarter 1 2018/19.

There are 29 Unaccompanied Asylum Seeking Children (UASC) in care (7.4% of the total), down from 39 (9.2%) in September 2017 but an increase from 9 at March 2015. The number of CIC excluding UASC is down from 383 at September 2017 to 365 at September 2018 – a decrease of 18 children.

The percentage of Children in Care on a section 20 legal status has fallen from 25.8% at September 2017 to 23.1% at September 2018 – in-line with the national average. The percentage on a Full Care Order has risen from 50.7% to 52.5% over the same period, below the national average of 55%.

142 children became looked after during the year ending 30th September 2018, down from 167 during the previous 12 months.

Of the children becoming looked after during the year ending 30th September 2018, 17% were aged under 1, 23% were aged 1 to 4, 18% were aged 5 to 9, 30% were aged 10 to 15 and 13% were aged 16 and over.

169 children ceased to be in care during the year ending 30th September 2018, down from 198 during the previous 12 months. Of these children, 25.4% returned to live with parents or relatives (compared to 22.2% in the previous 12 months), 16.6% were adopted (down from 18.2%), 13.6% were subject to a Special Guardianship Order (down from 14.6%), 6% ceased care for any other reason – the majority of which is the young person reaching 18 and becoming a care leaver (down from 18.2%), 24% ceased due to the child turning 18 and living with former foster carer (up from 17%), and 2% ceased due to a Child Arrangement Order being granted (down from 4%).

Commentary:

Performance is above target. It is thought that this is a reflection of the success of the model of social work practice, and it becoming embedded in day to day social work practice with children and families to keep children safe within their families.

It is noted that the above declining trend is in the context of a national increase of 3% in Children in Care numbers. This positive declining trend is in line with the targets set out when the social work restructure into POD working from November 2015.

Whilst acknowledging the trajectory is currently reducing, challenges remain in sustaining this progress as follows:

- The age breakdown of 30% aged 10 to 15 and 13% aged 16 and over. continues to reflect significant cohort of older children becoming looked after reflecting national and local concerns about older children at risk of family breakdown due to issues such as risk of child sexual exploitation, missing episodes, substance misuse and youth offending.

Children's Services Entry to Care Panel continues to consider all admissions for children coming into It is chaired by the Assistant Director and oversees any admissions of children/young people into the care system, and continues to provide vigorous challenge to ensure that all other alternatives have been including placement with family members with support packages have been explored before agreeing to a child/young person becoming looked after. This includes the use of support via the Extended Adolescence

Service.

Work has now started on a work stream of reunification of children in care to parents or extended family care, which it is anticipated will impact positively in terms of further reducing the numbers of children in care by proactively addressing care planning .

Actions:

1. Children's Services Entry to Care Panel to continue to review admissions for children into care to ensure that alternatives to care are vigorously explored where it is safe to do so. (Assistant Director Children's Health Safeguarding & Care, Review – Mar 19)
2. Progress the development of reunification work stream (Head of Service -CIC Practice lead, Children's Health Safeguarding & Care, Review – Mar 19)

2018-19 Finance & Resources - Council (Corporate) - quarterly

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Organisational result: % of high priority audit recommendations (that have passed their agreed implementation deadline) that have been implemented [Corporate - council]	%	95.00	85.70	RED **Declining**

Position:

This indicator shows the cumulative position based on high priority actions due to be implemented in the last 12 months.

The cumulative trend for 18/19 is:

• 18/19 Quarter 1 = 92.6%
• 18/19 Quarter 2 = 85.7%

17/18 data is not comparable as it includes medium priority actions as well as high priority actions.

As at the end of quarter 2 85.7% of high priority audit actions (that have passed their agreed implementation deadline) have been implemented. This is below the target of 95%.

This indicator shows the percentage of high priority audit actions that have reached their due date and have been implemented. The data is based on updates from those responsible for implementing recommendations setting out what has been done. The indicator provides contributory evidence about the extent to which the council is maintaining a strong control environment.

Commentary:

The corporate performance at the end of quarter 2 is below the target of 95%.

The actions outstanding relate to an audit of Building and Systems Security (F&R) and three key actions that are overdue in NCH (Housing). These three actions relate to an audit of the Housing Local Delivery Vehicle (Brighton & Hove Seaside Community Homes).

Actions:

1) For 2018/19 internal audit only monitors high priority actions. Internal Audit sends reminders to action owners at the end of each quarter and collate information about high priority action progress. (Audit Manager, Quarterly)
2) Any overdue high priority actions are reported to the Audit and Standards Committee . (Audit Manager, Quarterly).
3) The overdue actions in F&R and NCH have been escalated to the corresponding Executive Directors. (Audit Manager, Ongoing).
4) Directorate officers are required to attend the Audit and Standards Committee to provide additional information and scrutiny by Committee Members where high priority actions have not been implemented in agreed timescales. (Audit Manager, Quarterly)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of invoices for commercial goods and services that were paid within 30 days [Corporate - council]	%	95.00	92.61	RED **Improving**

Position:
The quarter by quarter trend is:
Apr to Jun 17 = 94.59%
Apr to Sep 17 = 94.35%
Apr to Dec 17 = 94.02%
Apr 17 to Mar 18 = 93.76%
Apr to Jun 18 = 93.24%
Apr to Sep 18 = 92.61%
Between July and September 2018, 91.97% of invoices for commercial goods and services were paid within 30 days. This compares with 93.24% for the previous quarter (April to June) and 94.11% for the same period last year. This measure/target is in response to the government's drive to improve the speed of payments across the whole of the public sector. The principle is about ensuring that suppliers' cash flows and viability are not impacted by slow payment processes. We aim to pay suppliers within 30 days of receiving the invoice, and have a target of 95%. Key to meeting the target of 95% is high compliance with the use of the purchase order system which makes processing invoices quick and efficient.

Commentary:
A high volume of invoices already overdue have been received by Accounts Payable during the period which continues to affect performance as does the continuing non compliance with the purchase to pay policy by some services.
The challenges facing the creditors service are:
1. Continuing to maintain the level of performance with reducing staff resources.
2. Invoices are initially received and processed by individual services therefore the invoice processing performance is not wholly in the control of the creditors service.
3. A high volume of invoices are already overdue at the point they are received by the creditors service.

Actions:
1. Reporting is being carried out to enable targeted communication and guidance to service areas struggling most to comply with the Purchase to Pay process. Meetings have taken place with some service areas and will continue, targeting areas that are struggling the most. This should also have a positive impact on the number of late invoices being sent to Corporate Payments from service areas (Accounts Payable Lead, ongoing).
2. To continue to review processes across the whole team to develop automation in processing as much as possible to reduce processing time, freeing staff time to enforce non-compliance of purchasing processes (Accounts Payable Lead, ongoing).
3. Continue to work with suppliers to ensure they do not invoice the council without a valid Purchase Order number (Accounts Payable Lead, ongoing).
4. We are continuing to explore alternative payment solutions with Lloyds Bank, our finance system supplier and our Orbis partners (e.g. e-invoicing, e-pay virtual) with the aim of providing services with the most effective purchasing and payment options and this is being prioritised by Business Operations. (Head of Business Operations BHCC, implementation commences Dec 18)
5. We are exploring the option of supplier invoices coming in centrally to Accounts Payable, rather than being sent to services (Accounts Payable Lead, implementation commences Dec 18).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of Purchase Orders raised on ordering rather than when invoiced [Corporate - council]	%	80.00	54.33	RED **Declining**

Position:
Between April and September 2018 54.33% of purchase orders were raised on ordering rather than when

invoiced. This compares favourably with 46.42% for the same period last year, which indicates the targeted approach with services is having an impact, but there is clearly more work in this area to do.

The quarter by quarter trend is:

Apr to Jun 17 = 46.31%

Apr to Sept 17 = 46.42%

Apr to Dec 17 = 46.99%

Apr 17 to Mar 18 = 47.94%

Apr to Jun 18 = 51.64%

Apr to Sep 18 = 54.33%

There is no benchmark for this indicator but the challenging and necessary 80% target was set to improve compliance with the process known as Purchase to Pay. Purchase to Pay means raising an electronic purchase order and sending this to the supplier who then quotes this order when they eventually send their invoice for the goods or services. Compliance is important for a wide range of reasons including:

a) it improves commitment accounting and therefore the quality of financial forecasts across the council;

b) it helps to speed up the process of paying invoices by being able to automatically match invoices to purchase orders - this helps to meet government Prompt Payment guidelines and avoid late payment penalties;

c) it provides qualitative and quantitative management information concerning purchasing activity and enables monitoring of compliance with Contract Standing Orders and purchasing behaviours (e.g. on or off contract activity).

All budget managers are provided with monthly reports highlighting non-compliant purchases (invoices) known as 'retrospective orders'.

Commentary:

Of the 6,308 orders raised in Qtr 2, 3,427 were raised in compliance i.e. 54.33% which compares favourably to the last quarter's performance of 51.64% and to 46.42% for the same quarter last year. ELT and DMTs wish to see significant improvement in compliance for the reasons stated above . Improving compliance will take time and effort as the wide range of procurement practices deployed across the council require different responses and solutions ranging from training financial administrators with under-developed skills to finding solutions for complex call-off purchasing arrangements without creating an inefficient and onerous administrative burden .

Primary focus is on the integration of a new Contract Management Module with financial system data as this has the best prospect of improving compliance. Once implemented, managers will effectively be required to authorise (as an additional step compared to current processes) purchasing that is ' off contract'. This will therefore alert managers at the requisitioning stage not only of poor procurement practice but will also indicate that the requisition has only been processed on receipt of an invoice i.e. an attempt to reject the request (which should have been raised at the point of ordering not invoicing) will require a discussion with the requisitioner as to why it can't be rejected. Over time, it will therefore improve compliance.

Actions:

1. RAG rated reporting to ELT members to raise the profile of non-compliance. This information is presented alongside TBM (with more detailed being sent to budget holders) and the intention is to include the RAG rating information in monthly reports (Deputy Chief Finance Officer, monthly).

2. Critically, implementation of the Civica Contract Module (business case approved by CMDB) which enables non-compliance to be detected easily and provides effective MI and exception reporting . The Contracts module is in use on the live Purchasing system, with more contracts being added all the time as more teams are involved around the council or newly awarded contracts are added. (Procurement Strategy Manager, July 18 but delayed).

3. Continuing to identify high volume non-compliant areas from available data. (Procurement Strategy Manager, ongoing);

4. Developing a communication and guidance campaign for a wider audience to continue to promote increased compliance, information on the Wave for Civica Purchasing users, Budget Holders and Contract Managers is being updated. This is being done in partnership with Data Operations building guides into the existing Purchasing Guide within the Finance section of Supporting You. (Procurement Category

Mgr/Accounts Payments Lead, July 18 but delayed).

5. Continuing to work on a daily basis with suppliers and visiting service areas to promote purchasing compliance. (Accounts Payable Lead, ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence (not including schools) [Corporate - council]	**No.**	**4.86**	**4.75**	GREEN Improving

Position:

From Q1 2015/16, the target was changed to benchmark it against the CIPFA HR Benchmarking Club. The target was reduced from 10 days to 9.7 days. The quarterly target is 2.43 days. The target has remained unchanged for 2018/19 in order to monitor progress.

This data is based on absences due to sickness from 1st July 2018 to 30th September 2018. This high level data became available on 15th October 2018.

The average days lost due to sickness absence in Q2 was 2.42 days, which is below the quarterly target of 2.43 days, which is a Green RAG rating.

The quarter by quarter trend (days) is:

Apr to Jun 16 = 2.67

Jul to Sep 16 = 2.6

Oct to Dec 16 = 2.72

Jan to Mar 17 = 2.6

Apr to Mar 17 = 10.59

Apr to Jun 17 = 2.41

Jul to Sep 17 = 2.63

Oct to Dec 17 = 2.59

Jan to Mar 18 = 2.94

Apr to Mar 18 = 10.57

Apr to Jun 18 = 2.33

Jul to Sep 18 = 2.42

The projected year end outturn is currently 10.09 days, which would be an Amber RAG rating, however, this is slightly lower than the Q1 projected outturn.

Commentary

• This month the highest specified reason for absence was stress/mental health conditions which account for 19.76% of all absences. The next highest reason for absence was Musculo-skeletal absences which account for 15.27% of all absences this quarter.

• A new attendance management system and sickness reporting process, FirstCare was launched across the Council (except in schools) on the 1st December 2017. All absence recording is done by FirstCare rather than line managers which we are hoping will improve the accuracy of our absence data.

• One of the benefits of FirstCare has been the access to immediate medical advice and a number of staff have reported back to HR on the advice they have received and how useful they found this aspect of the service.

• Automated emails are now sent direct from FirstCare to managers regarding the following alerts, which include: a Day 1 alert on stress/mental health conditions, Day 14 alert on musculo-skeletal conditions, Day 28 alert on long-term conditions, Alert when staff have reached 3 periods of absence in 6 months and an alert when staff have reached 10 days absence in 6 months.

• Managers also receive automated e-mails (from the new system) regarding the need to complete return-to-work interviews and have access to a suite of management information reports on the FirstCare attendance management database.

• There is still a significant increase in the completion of RTWI's across the council with 86% being completed during this quarter. Prior to FirstCare for the same quarter last year the RTWI completion rate was 64% across the council.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS

Actions for Improvement: -

1. The implementation of FirstCare for the council (which came in on 1st December 2017, will continue to be monitored (a report went to CDMB in June on the implementation of FirstCare) and regular review meetings are set up with FirstCare to manage this contract. (Lead HR Consultant, Ongoing)

2. The Attendance Management Procedure is being reviewed and a new Attendance Support Policy and Toolkit is being drafted in consultation with the trade unions. HR&OD are aiming for the new policy and toolkit to be ready for implementation in 2019. The new policy and procedure are scheduled to go to PR&G Committee on 6th December. (HR Business Partner for Health & Adult Social Care, April 2019)

3. All of the above feed into the work that has started on the Well-being agenda (including the establishment of the Well-being Steering Group) for our staff, which is being driven through the Executive Director of Finance & Resources and health and safety colleagues. Some of the activity taking place includes:

•   Continued delivery of Pensions Awareness Sessions – all 4 sessions delivered so far were fully booked and 3 additional sessions planned are also fully booked.

•   Delivery of the Menopause sessions started with more planned.

•   Delivery of Mental Health Practical skills for managers training started with further sessions planned into next year.

•   Rebrand and refocus of Resilience training and additional sessions added

•   Additional funding agreed and scoping started for promoting Physical Activities.

•   Targeted NHS Health checks in City Clean / City Parks commenced with further sessions planned. Funding for wider roll-out of NHS health checks agreed .

(Head of Health & Safety, ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
H&S Audit and Assurance - High priority audit recommendations progressed within agreed timescales [Corporate - council]	%	100.00	N/A	◯◯◯

This indicator is being reviewed aligned to the ongoing Health & Safety team, HSE investigations and Coroners inquest into the fatal accident at Blatchington Mill to enable time to review the audit process and what changes to reporting may be required for the future.

2018-19 Health & Adult Social Care - Council (Corporate) - quarterly reporting

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate - council]	No.	349.50	388.73	🟢🟠🔴 **AMBER** **Declining**

Position:

The quarterly reporting of this PI is lagged by one month.

Between Mar 2018 and Aug 2018 there have been 149 admissions of older adults (65+) to residential care homes.

The monthly numbers of admissions is:

Mar 18: 29

Apr 18: 32

May 18: 26

Jun 18: 27

Jul 18: 17

Aug 18: 19

Total: 149

(These figures can be subject to change as the year progresses – due to the way admissions are recorded we can see inputs retrospectively put in to previous periods).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS

The Performance Indicator (PI) is expressed per 100,000 population.

Latest 65+ Population estimate based on mid-2017 figures is 38330

Mar 2018 – Aug 2018 PI Value: 388.73 (149 admissions)

Q1 2018 Target: 349.50 (134 admissions)

2017/18 PI Value: 809.90 (311 new admissions for over 65s)

2016/17 PI Value: 717.01 (273 new admissions for over 65s)

2015/16 PI Value: 793.16 (295 new admissions for over 65s)

Comparative Data:

2014/15 National PI Value: 658.5

2015/16 National PI Value: 628.2

2016/17 National PI Value: 610.7

2016/17 Comparator Group PI Value: 701.8

Demographic breakdown of admissions:

Age Groups: 18 admissions 65-74 year olds (12.08%), 60 admissions 75-84 year olds (40.27%), 71 admissions for 85+ year olds (47.65%).

Genders: 101 Females (67.79%), 48 Males (32.21%).

Primary Support Reasons: 47 Memory and Cognition Support (31.54%), 7 Mental Health Support (4.70%), 7 Physical Support Access & mobility only (4.70%), 83 Physical Support for Personal care (55.70%), 1 Social Support to Carer (0.67%), 1 Social Support - social isolation/other (0.67%), 2 Sensory Support for Visual Impairment (1.34%), 1 Other (0.67%).

Commentary:

There are a number of initiatives and developments to maintain older adults in the community:

•   Joint working of the Integrated Primary Care Teams

•   Aligning social work staff with GP Clusters

•   Provision of Short Term Services to maximise independence and reduce number of admissions to residential care.

•   The continued collaboration of health and social care services will enable us to create more effective preventative services, early intervention and sources of support that seek to challenge the reliance on formal social care services and promote an asset based approach drawing in resources from wider communities and partner organisations.

•   Development of Homefirst scheme to enable more effective discharge from inpatient care and ensure that people are assessed in their home environment and given the optimum opportunity to rehabilitate and stabilise – essentially reducing the need for intensive care services / residential or nursing care.

•   Increased capacity in extra care housing – the new development of Brookmead is providing extra care housing support to people with dementia, providing a potential alternative / delayed admission to residential care. Opened January 2018 so remains still in its early stages.

There is an impact on older adult admission figures from people who have been receiving Continuing Health Care funding being deemed no longer eligible and therefore becoming the responsibility of Adult Social Care. There is also a significant impact on funded admission figures from people who have previously self-funded their own placement whose funds have depleted below the capital limits for social care funding.

Improved performance on Delayed Transfer of Care has resulted in an increased pace of admissions to particularly nursing home care

Actions:

1. Continue to rollout Homefirst approach for Brighton and Hove patients across BSUH- linked to work on simplification of discharge pathways (Assistant Director- Integrated Services Nov 18)

2. Early discussions with the CCG on integrating Continuing Health Care processes with a view to pooling resources and budget. (Assistant Director – Adult Social Care, Ongoing)

3. New Housing Allocation policy now in place providing increased priority for Adult Social Care clients .

This will enable more housing options to be available to those with care needs as an alternative to residential care. Process to monitor effectiveness of policy and take up to be developed . (Assistant Director – Adult Social Care. Ongoing)

4. A new approach to self- funders in development report to H&WB (Assistant Director – Adult Social Care, Jan 19)

% of social care clients receiving Direct Payments [Corporate - council]	**%**	**25.20**	**24.84**	AMBER **Improving**

Position:

Between April 2018 and September 2018 the percentage of people using social care in receipt of Direct Payments is 24.84%

The Q2 figure represents a slight increase from the previous quarter:

2018/19 Q1: 24.82%

2018/19 Q2: 24.84%

Clients receiving Direct Payments: 544

Clients in receipt of long term community based services: 2190

2018/19 Target is 25.20%

The Q2 figure represents a slight increase from the previous year (at year-end):

2017/18 24.23% (565 Direct Payment recipients)

2016/17 25.09% (589 Direct Payment recipients)

2015/16 21.41% (529 Direct Payments recipients)

2014/15 19.62% (504 Direct Payments recipients)

2016/17 comparator group average is 25.20%

2016/17 National (All England) PI figure is 28.30%

Demographic breakdown

Gender: 327 of clients are female (60.11%), 217 of clients are male (39.89%).

Age Bands: 430 clients are between 18-64 (79.04%) and 114 clients are 65 and over (20.96%).

Ethnicity: 1,781 clients are White (88.7%), 35 clients are Asian or Asian British (1.74%), 21 clients are Black or Black British (1.05%), 43 clients are Mixed (2.14%), 40 clients are from Other Ethnic Groups (1.99%), 88 clients are Not Stated (4.38%).

Commentary:

The council has awarded a new contract to People Plus for advice and information who will commence work in April 2018. A transition period presently exists as the incumbent provider works with us and the new provider to secure a smooth transition for our customers. The new contract is expected to secure a more robust monitoring mechanism and an increased uptake of direct payments and in particular more PAs and supporting with recruitment. Information about Direct payments is critical for uptake and the new provider is expecting to improve and simplify information to help more people make the initial first steps and reduce anxiety at becoming an employer and offering an empowering approach .

 "In house" we have provided training for front line managers and staff specifically around Self -Directed support and direct payments and will now be available for new staff and in time to our student base . This is as a result of the Care Act 2014 and feedback from other training associated with the Act that staff have participated in. We include an overview of direct payments as part of our 3 day Assessment Pathway training programme, which is mandatory for staff who are carrying out Care Act assessments .

 The Pre-paid card option for those choosing direct payments is now the norm, and enables people to use this in the same way as other pre-paid cards which are available for a variety of uses e.g travel/currency cards. We presently have 148 people using pre-paid cards and every new person wishing to use direct payments are given the opportunity of using this easy and straight forward way.

The contract for payroll and supported bank accounts is also going to be retendered in due course.

Action:

 1. Reviews with the new provider to monitor performance and uptake to be set up (Assistant Director –

Adult Social Care, Dec 18)

2. Encourage People Plus's attendance at team meetings to develop relationships, grow confidence and improve take up of Direct payments – review to be undertaken (Assistant Director – Adult Social Care, Mar 19)

3. Establish Task and Finish group involving front-line practitioners to refresh the DP offer (Assistant Director – Adult Social Care, Oct-Dec18)

Number of delayed transfers of care attributable to social care per 100,000 population [Corporate - council]	**No.**	**3.40**	**3.91**	AMBER **Declining**

Position:

Q2 reporting is only available for Jul 18 – Aug 18 as the data is reported nationally by NHS Digital and is currently lagged by one month.

DToCs Attributable to Social Care per 100,000 Q2 figure for 2018-19 (Jul 18-Aug 18) is 3.91

For comparison Q2 DToC figure for 2017-18 was 2.61 (Jul 17 to Aug 17)

The updated population estimate based on mid-2017 figures is 237170.

2018/19 Target of 3.41 has been set as a Maintenance Target based on 17/18 result.

There were 577 total delayed days in the Q2 period (Jul 18 – Aug 18), of which 194 (33.62%) were in acute care and 383 (66.38%) in non-acute care.

2017/18 Brighton & Hove PI Figure: 3.41

2017/18 National average PI: not yet published

2016/17 Brighton & Hove PI Figure: 3.53 (recalculated)

2016/17 National average PI: 4.91(recalculated)

Commentary:

As of the end of Aug 18, performance against this indicator is 3.91 which is above the proposed Quarter 2 target of 3.40.

Locally, during Jul 18 – Aug 18 the proportion of delays attributable to Social Care is 34.00%, which is above the Jul 18-Aug 18 national average of 30.92%.

Nationally, during Jul 18 - Aug 18, 61.39% of delayed days were attributable to the NHS, 30.92% were attributable to Social Care and the remaining 7.68% were attributable to both NHS and Social Care.

Locally, during Jul 18 - Aug 18, 50.65% of delayed days were attributable to the NHS, 34.00% were attributable to Social Care and the remaining 15.35% were attributable to both NHS and Social Care.

Concerns remain about managing delays from Sussex Partnership Foundation Trust (SPFT) which relate to non -acute Mental Health settings. These accounted for 41.7% of delays attributable to Social Care between Apr 18 – May 18. The main issue cited by SPFT is lack of specialist Mental Health care home provision for older people requiring residential/nursing care in order to be discharged from the Nevill Dementia Ward. BHCC Commissioning colleagues are supporting providers to diversify so that they can better meet the needs of people with mental health issues. This work to improve flow from hospital for patients with mental health needs is being funded using money from the Improved Better Care Fund.

Recent position – increase in demand for 24Hour care and support (placements), likely linked to increased level of acuity/complexity of needs. This is combined with an increased challenge on accessing provision. In order to support the management of DTOCs it is essential that all providers work collaboratively . BHCC and SCFT have aligned staff resources so that social workers are based within the community SCFT team. This allows improved multidisciplinary case management and ensures that people can be discharged home earlier and supported more effectively in the community .

A Care Home Market Action plan has been developed with the CCG to respond to market capacity issues and to the requirements of the Care Act. There is a shortage of care home provision for older people with mental health needs. Work continues to support care homes to care for people with dementia and nursing

needs and to facilitate market diversification where possible.

Providers are aware of the needs of the city through the Market Position Statement published by Adult Social Care. The Council continues to work with providers across the city to identify areas for market diversification to ensure supply is in line with current demand trends. When people with dementia require a care home bed, every effort is made to offer a place in the city. If this is not possible due to market capacity, people are offered placements locally in East & West Sussex. Where relevant, Brighton & Hove pay above the set rate for a care home placement.

ASC has worked closely with other partners in Health and the 3rd sector in developing a Discharge to Assess approach (Home First). It is a flexible model which allows staff to identify patients on the wards who can be taken home with support. The aim of Home First is to enable the safe discharge to home of frail and elderly patients as soon as they are medically fit to leave hospital. The care provided at home is centred round the needs of the patient. This model is person-centred and flexible as it enables patients to set and achieve their goals in their own home. For HASC this has meant comprehensive (Care Act) assessments are completed with the person, in their home, rather than on a ward.

Actions:
1.   Participate in a regular MADE (Multi Agency Accelerated Discharge Event) meetings - involving colleagues in BSUH / CCG each week to support flow in the system. These are held once a week and are attended by senior staff in Hospital Social Work services. These MADE events are designed to support patient discharge, improve flow and enable timely escalation. A MADE team consists of senior managers and clinicians that review every ward patient to identify reasons for delays that can be resolved 'on the spot' and any barriers to patients achieving their future target date for discharge.
(Senior managers, Ongoing) – these weekly events have been reviewing every patient while the Hospital is reporting OPEL 3 or 4. When less than this the review is of those patients who are 'stranded'(been in Hospital for 7 days or more)
2.   Maintain representation on the A&E Delivery Board where strategic and operational action plans are developed / monitored to address the local issues and create collaborative solutions.   We dial into a system call on key weekends; bank holidays and on weekends where big events are held (i.e PRIDE) (Director/Assistant Directors of HASC, Ongoing).
3.   Participate in the daily BSUH DTOC and complex discharge calls (with colleagues from BHCC, CCG, SCFT AND BSUH) This enables all partners to participate in solution focused discussions to maximise flow and prevent avoidable delays. (Assistant Director of HASC, Ongoing).
4.   Work closely with SPFT /LA colleagues to identify service and process improvements relating to mental health delays as part of a DToC Task and Finish Working Group. (Assistant Director of HASC, Summer 2018).
5.   Participate in the fortnightly SPFT/Local Authority DToC call regarding mental health delays (Assistant Director of HASC, Ongoing).
6.   Management attendance on daily Conference Call with Coastal Homecare (Homefirst) and system partners to discuss the flow of patients from Coastal

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of people receiving continuous services over 12 months who receive a review [Corporate - council]	**%**	**40.00**	**34.86**	AMBER **Improving**

Position:
2018/19 Q2 Figure: 34.86%
2017/18 EoY: 32.39%.
891 of 2556 people who have been in receipt of services for 12 months or more have had a review within the last 12 months.
Gender: 523 Female (58.70%) and 368 Male (41.30%)
Age Bands: 380 clients are between 18-64 (42.65%) and 511 clients are 65 and over (57.35%).

PI target set at 60%.

It is not part of a national set so no comparator information is available.

Commentary:

Our workforce is beginning to reflect our aspirations in our Vision statement which points to a more professional and social worker offer and enabling "others" to assist with our reviewing function as well as people being able to review themselves, and for this to be verified by our teams.

We are therefore beginning to work in a more efficient way in terms of our reviews and as part of this will develop systems that enable us to harvest the wealth of information held by our partner agencies to inform our reviewing activity. Currently this is not reflected in the performance data. Data quality is being reviewed following the appointment of Information Officers to ensure performance is accurately reflected in the data . A new reviewing framework has been developed as part of our Assessment Redesign programme which will incorporate the above principles.

The continued development of our IT offer and Carefirst replacement will enable more people to access support and advice without the need to be referred into the service, or for our partnership colleagues to have more direct access to speed up the process of review this will also enhance the level of control people have in terms of being able to access and develop their own support. As a result this will reduce the number of people being assessed or being referred to the Access Point .

To this end we are embarking on a trusted assessor model of work both in the community and in the discharge from hospital. This puts into practice the ideas outlined above and gives more governance authority to social workers to work with providers to undertake proportionate and timely reviews with all of the benefits associated with this approach.

An asset based approach is inherent in all of our redesign principles and ongoing training with the expectation that all of our conversation with those seeking help begins with what they have at their disposal themselves , their families and their communities before seeking more formal support. This should reduce reliance on formal care and thus reduce the denominator for reporting purposes.

In terms of self-review we are currently reviewing the social care pages of the website with Digital First and aim to have an improved 'self-help' functionality to support users and their family/friends with completing or initiating their own assessments and reviews. Although these will not currently be integrated with Carefirst, this process should increase efficiencies in the assessment/review process as well as enable users to better navigate the range of local support services through links to the MyLife directory, and reduce the need for formal services.

Actions:

1. Roll out the trusted assessor model and evaluate successes (Oct-December - General Manager, HASC)
2. Review Social Care Online content (e.g. Self-Help functions, MyLife pages) (Ongoing – General Manager, HASC)
3. Pilot using DoL's Assessments to feed into review performance under way evaluation (General Manager, Dec 18)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Telecare - % of support plans that have Telecare as a component [Corporate - council]	%	60.00	60.30	GREEN Declining

This Performance Indicator (PI) measures whether or not Telecare is in place and is based on historical information on Social Care records, activities completed by the Living Well team and new information provided by the Carelink service. This is reported as a rolling 12 month result.

In the last reporting year we introduced a new Telecare classification which is immediately visible on the persons social care record and is added as part of the assessment/review process. We have also explored more efficient methods to cross reference data captured on the 2 separate data bases, Carefirst (Adult Social Care) and Jontek (Carelink). A process to match and update records has been implemented with support from both service areas, the resulting improved data matching between both systems delivers a more robust result. In the assessment service we have recruited Information Officers who are now supporting the ongoing data capture and improvements to data quality on Carefirst to ensure this PI will be

captured accurately.

Of the 3035 people with community based services & care plans in the period October 2017-September 2018, 1,832 have had the provision of Telecare captured on their record.
This equates to 60.3% of people with current Community Based services identified as having Telecare/Carelink in place.
The target was set at 60%, as this is a local indicator there is no comparator information available.

Demographic Profile:

Of the 1832 people who have had provision of telecare captured in their record the following demographic profile applies:
Gender: 1146 are female and 686 are male.
Age band: 521 people are aged 18-64, 245 are aged 65-74, 392 are 75-84 and 674 are aged over 85.
Ethnicity: Asian/Asian British: 22, Black / African / Caribbean / Black British: 15, Information Not Yet Obtained: 92, Mixed / multiple ethnic groups: 26, Other ethnic group: 26, White British: 1592, White Irish:22, White Other : 37.

Primary Support reasons: Physical Support: 1454, Sensory Support: 32, Social Support 11, Memory and Cognition Support 127, Mental Health Support 62, Learning Disabilities Support: 146
Commentary:
Performance for this indicator is affected by a number of key pressures locally such as issues in the hospital affecting number of referrals to the Living Well service from the acute sector. The Living Well service has devised a number of actions to strengthen links with the hospital and promote the service. The continued improvement in performance reflects the continued recognition of telecare as a key part of care and support. Living Well referrals are at a high level with positive links now embedded with Access point and the Home first (Discharge 2 Assess) process.
The better care funded initiative 'Telecare: Living Well' started 13 July 2015. This initiative provides Telecare support and other personalised preventative services to help reduce, prevent or delay the need for care and support. We have continued to see an increase in performance as a result of this initiative and the additional recording of Living Well Care Managers.
We continue to ensure that we are capturing telecare provision at all stages of the assessment process including authorisation of funding. Our data sources have increased and this in turn has improved the robustness of the indicator. We have also revised the denominator cohort to ensure it accurately represents people receiving services in the community who would be eligible for Telecare and have a care plan.
In 2012 a dedicated project was initiated to raise the awareness of the benefits of Telecare and to embed Telecare as a support tool into social care and health practice. Ongoing project work has included regular staff training sessions, delivery of an increased range of Telecare solutions and awareness raising of the benefits of Telecare to community groups through presentations, awareness talks and marketing. Relationship building with the community and voluntary sector has also been an important aspect of the project. Over the recent months the resource has been effectively used in developing excellent working relationship with the Access Point; the number of successful outcomes has increased and this is a contributing factor to the overall performance in this area.

Overall Performance demonstrates that Telecare has become an integral part of social care provision. Ensuring Telecare is delivered to the highest standards by achieving on going accreditation from the Telecare services association has been completed- we passed our audit and received accreditation in September 2017, there were no improvement notices. (Project Manager, Assessment Unit).

Actions:
1) Ensure the Telecare project (Telecare:Living Well) continues to deliver against its commissioned outcomes. This provides early help to people who are struggling with aspects of daily living. This project supports both Value for Money and Better Care Fund programmes and provides a preventative service and wellbeing support to local residents. Project Manager, Assessment Unit-ongoing.

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2) Ensure on going promotion (and learning & development) of Telecare is delivered to health and social care professionals and members of the community. Project Manager, Assessment Unit-ongoing.

3) Ensure the latest technological solutions are used to support independent living and to minimise risks. Project Manager, Assessment Unit-ongoing

4) Continue to ensure that Telecare is considered, and evidenced, at all stages of the assessment process. Performance Improvement Managers, Assessment Unit-ongoing.

5) Liaise with system providers at Carelink to establish process to ensure the cohort of service users is accurately reflected on the separate Adult Social care database. Performance Improvement Managers, Assessment Unit-commence January 2017, ongoing.

6) Continue to develop seamless data quality checking into the work programme for the Information Officers who commenced in November 2017. Performance Improvement Managers, Assessment Service.

% of carers assessments completed [Corporate - council]	**%**		**60.83**	**Trend**
				Increasing trend

Position:

2018/19 Q2 Figure: 60.83%

This is a slight increase against the 2018/19 Q1 figure of 59.76%

1404 of 2308 people in receipt of Carer Support provided during the year have received a completed assessment.

Gender: 889 Female (38.52%) and 504 Male (21.84%)

Age Bands: 14 clients under 18 (0.61%), 47 clients between 18 and 25 (2.04%), 733 clients between 26–64 (31.76%), 423 clients between 65-84 (18.33%) and 187 clients 85+ (8.10%).

This was a new indicator for 2017/18, which is being treated as a baseline year, no target has been set. It is not part of a national set so comparator information is not available.

Commentary:

This indicator reflects the percentage of carers receiving support during the year who were received wither joint or separate carers assessment.

Supporting unpaid carers is a key priority at both a national and local level. We are currently working with NHS England to develop a toolkit to improve the experience for carers within secondary care. We are working with BSUH Acute Hospital Trust to raise awareness of carers within secondary care through development of effective pathways to essential information, assessment and support services via the Carers Hub. Additionally, BHCC and the CCG are currently involved in raising the profile of carers, and support available locally, across the Sustainability and Transformation Partnership, to ensure a consistent approach.

We continue to commission dedicated carers services and support, at both an organisational level and individually via Carers Personal Budgets. The Carers Hub, our key partnership for the provision of information, assessment and support, has been up and running for nearly 12 months (end of Nov'18).

There has been continued development of effective pathways between key services across the City, including:

•   Implementation of a new Carers Hub electronic referral system allowing Primary Care providers to make a simple referral to the Carers Hub, which will lead to a carers assessment.

•   Engaging with services commissioned by the Council to ensure they are 'carer aware, and carer friendly' in partnership with Employers for Carers – for example, attending the Homecare Forum to promote the benefits of supporting staff who are in an unpaid caring role. The full report will be presented to the Health and Adult Social Care Departmental Managers Team in December 2018.

The Think Carer Programme is continuing to progress to both raise awareness of carers, and ensure effective support for carers, current initiatives include:

• Carer Assessment Workers now have a lead role to raise awareness and increase support to 'at risk' carers – older older carers; working carers; carers of people with mental health needs; young adult carers; carers within health care services; and carers of people with dementia. Additionally 2 Carer Assessment Workers are being seconded to SPFT for a 1 year pilot to increase support and assessment of carers of people with mental health needs (their assessments will be jointly logged on performance systems for both BHCC and SPFT).

• Planning for national Carers Rights Day (30/11/18) and Young Carers Awareness Day (31/1/19) – key stakeholder events for carers, their families, schools, and other key organisations to raise awareness and offer support via the Carers Hub and Front Door for Families.

Actions:

1) Complete 6 monthly evaluations of the Think Carer Programme (see above), and amend activities to reflect areas for improvement. (Commissioning Manager, Nov 18)

2) Evaluation of the Carers Hub, one year on, to be presented to HASC DMT (Commissioning Manager, Dec 18)

3) Implement the use of CareFirst across the Carers Hub, to enable greater communication, and effective recording of activities related to the above indicator. (Commissioning Manager, Jan 19)

4) Complete 6 monthly reviews of the Carer Assessment Workers lead roles, to evaluate the impact and effectiveness of the action plans under the Think Carer Programme. (Commissioning Manager, May 19)

5) Roll out training support for BHCC employees regarding the support available to unpaid carers within the workforce, and to further promote the Carers Employment Passport pilot, as part of the People Promise. (Commissioning Manager, Nov 19)

6) Continue to raise awareness within Primary Care to ensure they both identify carers, and refer them to the Carers Hub – this work is part of the Think Carer Programme. Progress of the electronic referral system will be evaluated within 6 months of implementation (Commissioning Manager, Jan 19)

7) Revise the Carers Strategy to reflect both the national agenda – National Carers Action Plan (Jun 18), and the local outcomes of the BHCC ASC Carers Survey, results are due April 2019. (Commissioning Manager, May 19).

2018-19 Neighbourhoods Communities & Housing - Council (Corporate) - quarterly

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The number of private sector vacant dwellings returned into occupation or demolished [Corporate - council]	**No.**	**79.50**	**90.00**	GREEN
				Improving

Position:

Between April and September 2018, 90 private sector vacant dwellings have been returned into occupation or demolished after direct involvement / intervention of the Empty Property Team. This represents a performance of 113% against a target of 79.5 properties for this period. This result will increase as further properties which were brought back into use during Quarter 2 are identified by the Empty Property Team. The number which were brought back into use during Quarter 1 has retrospectively increased and now stands at 44 (up from 33 when last reported). The standalone result for Quarter 2 is 46, so the year to date figure currently stands at 90.

Annual trend

2017/18 – 161 dwellings

2016/17 – 159 dwellings

2015/16 – 158 dwellings

2014/15 – 158 dwellings

The 2018/19 annual target is set at 159 (39.75 per quarter) and aims to maintain performance achieved during 2016/17, as the 2017/18 result was likely to be an outlier.

Comparator information is not available.

Commentary:

A well established and systematic approach by the Empty Property Team has led to sustained year on year performance. Threatened and actual enforcement measures act as a disincentive for owners to leave dwellings empty and assist in improving performance.

The EPEG re-boot has led to the team issuing 5 CPN (Community Protection Notice) warning letters which has forced engagement from previously disengaged owners of long term empty properties. This engagement has subsequently led to the sale of two of those properties with works underway to bring them back into beneficial use as homes.

Discussion is also underway with Planning and Private Sector Housing teams regarding issuing notices against their relevant legislation.

A pilot project is underway investigating use of a recyclable funding pot to resource enforcement action with suitable properties / legislation being identified through EPEG.

A lack of funding for incentive offers to owners is an ongoing challenge and this continues to be explored .

Funding options from external partners: YMCA and CLHP (Community Led Housing Partnership) are incorporated in to the Empty Property Team offer to owners.

It is necessary to maintain a net reduction in the number of empty dwellings in order to achieve any financial gain from the New Homes Bonus (NHB), which is a grant paid by central government to local councils to reflect and incentivise housing growth in their areas through new build homes, conversions and long term empty homes brought back into use. A threshold was introduced into this equation from 2016 meaning that the council would have to achieve a certain number of new homes before units would be counted towards the bonus payment. This threshold was not reached for year 2016/17 (count date October 2017) meaning that empty property figures did not affect gain/loss of New Homes Bonus this year. Income secured through the NHB relating to empty properties returned to use since 2010 currently stands at £1.38m total income.

The target completion dates have changed for Action 1 (from September 2018 to March 2019, because no suitable pilot cases have arisen yet) and Action 2 (from September to December 2018, to prioritise the New Homes Bonus project).

Actions:

1. EPEG identifying properties for Works in default / Enforced Sale Pilot as approved by HNHC March 2017. (Empty Property Officers, Mar 19)

2. Review and update Empty Property Service Plan to be included in Empty Property web page (Empty Property Officers, Dec 18)

3. New Homes Bonus annual project working closely with Council Tax will start in July 2018. Count to be undertaken in October. (Empty Property Officers, Oct 18)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The number of households where homelessness was prevented due to casework by the council [Corporate - Council]	**No.**	**395.00**	**404.00**	GREEN **Improving**

Position:

Between April and September we have prevented 404 households from becoming homeless. Some of these are by interventions from services we are funding under the Trailblazer project but most of them are by our service. We are on track to achieve preventions in excess of 800 by year end which is very positive in the context of the high cost housing market and universal credit.

Quarterly trend
Apr to Sep 2018 – 404
Jan to Mar 2018 – 285
Oct to Dec 2017 – 186
Jul to Sep 2017 – 162
Apr to Jun 2017 – 158
Jan to Mar 2017 – 219
Oct to Dec 2016 – 171

Jul to Sep 2016 – 176

The 2017/18 target shown is to maintain performance achieved during 2017/18.
The number of preventions achieved increased by 5% in 2017/18 compared to the previous financial year (from 751 to 791).
There is no comparative data for homelessness prevented solely by council services. However, during 2017/18, the rate for Brighton and Hove (14.13 preventions per 1,000 households) was 52% higher than for England (9.32) and 87% higher than for the South East region (7.56) for preventions by both the local authority and partner agencies.

Commentary:
Preventions are achieved through assisting households to obtain alternative accommodation (homelessness relief) or enabling them to remain in their existing home. Although a high rate of prevention reflects positive work to help people at risk of homelessness, the large number of people facing such a risk also indicates high levels of pressure in the city for people to access secure housing.
It is very challenging to prevent homelessness in the city because of a toughening climate in which lower income households find it difficult to access the private rented sector and are at risk of losing accommodation in this sector. This is related to factors such as increasing rents, reductions in Local Housing Allowance payments and welfare reforms (such as the Benefit Cap and the full rollout of Universal Credit, which began in October 2017). The key financial implication is that statutory homeless households will be likelier to require temporary accommodation (TA) including expensive nightly booked/spot purchase TA.
The Council's Housing Needs service is working to mitigate these pressures by increasing prevention work through the use of Trailblazer funding awarded by the Ministry of Housing, Communities and Local Government (MHCLG). From April 2018, in conjunction with the introduction of the Homelessness Reduction Act, the Trailblazer approach has been rolled out across the service and all officers are now working in this way and with a wider range of people.
The Homelessness Reduction Act itself places greater duties on the council to prevent homelessness and as a result the service will now be working with households threatened with homelessness at an earlier stage (56 days before rather than 28). All existing staff have been trained in the Act.
The service continues to work to reduce the number of households in TA, including through the new social housing allocations policy (which prioritises 40% of social housing allocations for homeless households in TA).
Two actions from the previous quarter have been completed ('Meet with operational managers to establish whether it is possible to analyse the data manually and reconcile this with the data held on the current IT system' and 'Establish interim procedures if possible using the current IT system to accurately record and track the levels of homelessness prevention for the full year'). The service is obtaining data weekly to analyse performance pending the new IT Home Connections system and has established interim procedures to track prevention.

Actions:
1. Replace the current IT system for Housing Needs ('Locata') with the new 'Home Connections' system. (Head of Temporary Accommodation and Allocations, Jan 19)
2. User testing and research in support of the Local Government Association's 'Smarter Digital Services'. (Head of Temporary Accommodation and Allocations, Mar 19)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Housing Tenants: Rent collected as % of rent due [Corporate - council]	%	98.00	98.31	GREEN **Declining**

Position:
The projected 2018/19 rent collection rate for council housing tenants is 98.31%.

Trend:

Sep 2018: = 98.31% (annual forecast)
Jun 2018: = 98.56% (annual forecast)
Mar 2018 = 98.66% (actual)
Dec 2017 = 98.79% (annual forecast)
Sep 2017 = 98.97% (annual forecast)
Jun 2017 = 98.99% (annual forecast)
Mar 2017 = 98.96% (actual)
Dec 2016 = 98.8% (annual forecast)
Sept 2016 = 98.85% (annual forecast)
Jun 2016 = 98.91% (annual forecast)
Mar 2016 = 98.96% (actual)

The target of 98% is based on projections of increased arrears due to Universal Credit by April 2019, which are anticipated to result in a small drop in performance. This equates to 0.66 percentage point reduction on 2017/18 performance.

Comparator data from Housemark indicates that 2017/18 performance ranked within the top quartile (best 25%) when compared to both local authorities and housing associations, although this could change as results for more comparators are submitted to their benchmarking database.

Commentary:
Despite a small drop since the previous quarter, performance is good and especially so given the full rollout of Universal Credit (UC) which began in October 2017. This is the most serious challenge when it comes to rent collection.

This is already having a negative impact on rent collection as although only 7% of council tenants are affected by UC their rent arrears account for 39% of the overall total.

Although the evidence base is limited, drops in performance have also occurred for comparator authorities that have seen similar implementation of Universal Credit.

The Council's Housing Income Management team have a procedure in place to formalise the way they help affected tenants with their claims. The ability to collect rents from tenants has a significant financial impact because it determines the resources available to spend on the management and maintenance of tenants' properties through the Housing Revenue Account (HRA).

An action from the previous quarter has been completed ('Launch a pre tenancy online 'Better Start' guide to help prospective tenants get into the best financial position before their tenancy begins') as the guide has been developed and will be promoted online in October.

Actions:
1. Repeat research into timeline of arrears trends to evaluate whether different emphasis needs to be given to targeted support and tenant actions at an earlier period in their claim journey prior to the current peak in order to speed up adoption of the payment culture once UC claims have been settled. (Head of Income Involvement & Improvement, March 2019)
2. Look into how technology can support income collection and arrears minimisation e.g. Housing app, text message notifications/reminders, mobile working possibilities (Business Change Manager, July 2019).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of the council's homes that meet the government's Decent Homes Standard [Corporate - council]	%	100.00	100.00	🟢🟠🔴 GREEN **No change**

Position:
At the end of September 2018, 100% of Housing owned dwellings met the governments Decent Homes Standard.
This has been maintained since September 2015.
The target is to maintain 100% decency (or 0% non-decent) throughout the year. The decent homes 100% standard was first achieved in December 2013. Properties drop out of the Decent Homes Standard on the 1st of January each year as this is the point where the age of each individual asset element (kitchen,

bathroom, door, boiler) changes.

Commentary:
The council holds asset information for each element of each property. This includes age and condition. This is used on an annual basis to identify the properties that will require planned works in the forthcoming year in order to ensure they remain decent. Capital budgets for decent homes work are set on the basis in line with the Housing Revenue Account (HRA) Asset Management Strategy priority of "investing in homes and neighbourhoods". Progress against the programmes and decency are monitored on a quarterly basis and reported to Housing & New Homes Committee.

The following work has been completed from July to September 2018 which has a direct impact on properties remaining decent under this measure:
•Windows – 131 units
•Bathrooms – 24 units
•Kitchens – 81 units
•Rewires – 73 units
•Doors – 22 units
•Roofs – 56 units
•Gas boilers – 222 units

Action:
1. Continue to update the asset information with completed works and implement improvements identified within the capital programme. (Partnership Manager (Housing), ongoing)

2018-19 Strategy Governance & Law - Council (Corporate) - quarterly reporting

Number of Whistleblowing Allegations received [Corporate - council]	**No.**		**2.00**	**Trend**
				No change

Position:
This Performance Indicator (PI) measures the number of whistleblowing allegations which were received within the reporting period.
Apr - Jun Q1 2017/18: 0
Jul - Sep Q2 2017/18: 2
Oct - Dec Q3 2017/18: 5
Jan - Mar Q4 2017/8: 4
Apr – Jun Q1 2018/19: 1
Jul - Sep Q2 2018/19: 1
This indicator is set up to measure the trend of the numbers of whistleblowing allegations received and as such has no target set for the year. It is a local measure; there is no comparator information available.
Commentary:
Between July and September there has been 1 reported case, 2 for the year to date. There were 0 for the same period last year, 11 for the year 2017/18.
All whistleblowing allegations received have been or are being investigated. The Monitoring Officer, Head of Human Resources and Organisational Development and the Head of Internal Audit have met regularly up to March 2018 to review progress on whistle blowing cases and to identify any common themes or issues that might require wider consideration. The new Heads of HR and Audit have been briefed on Whistleblowing.
Progress on whistleblowing is reported to the Audit & Standards Committee as part of the Annual Governance Statement. The whistleblowing policy has been publicised as part of the refreshed approach to Fraud & Corruption awareness including:
- review of school's whistleblowing policy (December 2017)
- raising awareness to staff via message on payslips (December 2017)
- fraud e-learning awareness programme (completed by more than 800 members of staff)
- updated the counter-fraud strategy and framework (approved by Audit & Standards Committee in June

2016)

Monitoring of whistleblowing in the council is now more robust and continues to be improved; we have more reliable data, better monitoring, better publicity and greater numbers of allegations received.

Actions:

1. Continue to monitor the returns. (Executive Lead Officer, SGL. March 2019)

2. Improved communications to staff via the Corporate Management Team and the Wave (Executive Lead Officer, SGL. March 2019)

3. Take report to January 2019 Audit & Standards Committee (Executive Lead Officer, SGL. October 2018)

4. Raise any significant issues through BIG and ELT (Executive Lead Officer, SGL. March 2019)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Organisational result: Number of Stage 1 Complaints received by corporate Customer Feedback Team [Corporate - council]	**No.**		**1,012.00**	**Trend** **Increasing trend**

Position:

There is no target set for this indicator because setting a target with a view to reduce the number of complaints may inadvertently result in a behaviour which discourages this feedback from customers. The Quarter 2 (Q2) referred to in this report is for the time period 01 June 2018 to 31 August 2018, this is to allow time for Stage One (S1) complaints received at the end of August to be completed before compiling the KPI reports.

For 2018/19 there were 474 S1 complaints in Q2, and 538 in Q1 totalling 1012. This is a 43% increase on the Q1 & Q2 2017/18 result where there were 397 S1 complaints in Q2, and 313 in Q1, totalling 710 . If this trend continues there will be 2024 S1 complaints in 2018/19 compared to 1560 S1 for 2017/18 which was broadly similar to the 2016/17 figure. There is no published benchmarking figure currently available for this indicator.

Of 1012 S1 complaints in Q1 & 2 of 2018/19, 254 (24%) were received online compared to 27% for all 2017/18. The online form gives customers the opportunity to provide information about themselves. 135 customers (53%) provided equalities information; this is a significant increase from 2017/18 where 31% gave equalities information. The data received when compared to city demographic information shows that in this quarter we received 30% fewer complaints from people in the age ranges 18-24, 22% fewer complaints from people between 25-34, and 63% more complaints from people in the age range 55-64 than we would expect based on the demographic of the city's population. There were 15% more complaints from men and 15% fewer from women than would be expected; this was in reverse to the figure for 2017/18.

The percentage of gay and lesbian men and women who raised complaints was lower than the city demographic at 9% compared to the expected 11.5%, however the proportion of those identifying as heterosexual was also lower than the city demographic due to a high proportion of people (19%) who selected 'prefer not to say'. We have been unable to retrieve data for people limited by health but expect to be able in Q3 (software supplier has given a date of December 2018). For ethnicity, there were no particular observations to be made, the proportions were broadly similar to the demographic of the city.

In Q1 and Q2 51% of the 1012 complaints were replied to within 10 days and 72% within 20 days. In comparison, for the whole year 2017/18 72% of replies were sent within 10 days and 96% within 20 days with none left unanswered.

The services with the greatest increase in S1 complaints for Q1 and Q2 2018/19 compared to Q1 and Q2 in 2017/18 are:

City Clean increased by 219 cases (59%) to 374; the most common issues are recycling collection missed 113 (90 upheld), and refuse collection missed 99 (82 upheld).

Highways increased by 23 cases (68%) to 34; the most common issues are Highway condition 14 (6 upheld).

Sport & Leisure increased by 20 cases (67%) to 30; the most common issues are poor delivery of service 9 (8 upheld).

Revenues & Benefits increased by 21 cases (30%) to 71; the most common issues are poor communication in Billing 19 (11 upheld).

Other services have seen modest decreases in complaint received, these include:

Development Management reduced by 3 (-13%) to 23; the most common issues are Disagree with Decision 7 (0 upheld), Poor Delivery of Service 7 (5).

Parking reduced by 4 (-6%) to 63; the most common issues are Resident/traders/business permits 37 (9 upheld), Penalty charge maladministration 24 (12 upheld).

Commentary:

Customer Experience Steering Group consisting of all key services across the council has been set up to improve consistency, resilience, efficiency and improvements in a way customer services are delivered across the council.

At quarterly Customer Feedback Review meetings with service leads and at Departmental Management meetings emphasis is placed on learning from customer feedback to inform service improvement and the need to provide timely responses.

Services recognise that there is a need to try to reduce complaints by resolving issues of concern early and that dealing with complaints is costly but it does provide valuable feedback about the expectations of customers. It has been said that "the public's expectation on Local Authority services has not caught up with the reality of the situation and this is partly due to the information and a clear message not being given out corporately and in the media over the last 6 years; we continue to see the impact of this reflected in the dissatisfaction of our customers."

Actions being taken to reduce the level of complaints are:

Highways have found that the promotion of use of the online form for reporting highway defects gives highway officers much more detail than members of the public generally leave if calling or emailing in. This allows officers to be more efficient, carry out a site visit more quickly and ultimately arrange repairs more quickly.

Half (10/20) of the complaints received by Sport & Leisure were about the Pride event. Residents' feedback will lead to improved street cleansing in the future and negotiations with the organisers to reduce the time public areas are closed off and better communication with neighbours.

Council Tax will be starting an appointments only basis. This will enable staff to look into the case before meeting with the customer, leading to more effective advice being given. Customers will be able to use the successful self service area at other times.

Actions:

1. Highways are promoting the use of online forms for reporting highway defects. (Highway Asset and Maintenance Manager, November 2018.)

2. Events Team will begin early negotiations with Pride organisers to improve street cleansing and reduce closure times of public spaces. (Events Manager, November 2018.)

3. Council Tax appointment system will be introduced. (Revenues & Benefits Manager, January 2019.)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Organisational result: % of all complaints received by the council that are not resolved at Stage 1 and are escalated to Stage 2 and investigated. [Corporate - council]	%	10.00	10.30	AMBER Improving

Position:

For Quarters 1 and 2 (Q1&Q2) 2018/19 there have been 107 requests for Stage 2 (S2) investigations compared to 87 for the same period in 2017/18, which is an increase of 20 (23%). 4 cases were considered to have been thoroughly investigated at Stage 1 and further investigation at S2 was not carried out as it could have achieved nothing more for the customer; for Q1 & Q2 2017/18 there were 3 cases

thoroughly investigated at S1.
There were 1012 Stage 1 (S1) complaints in Q1 & Q2 2018/19 compared to 710 in Q1 & Q2 2017/18.

The Q1 & Q2 2018/19 result for S1 cases escalated to S2 and investigated is 10.3% (104/1012) which is Amber, the target is 10%. For Q1 & Q2 2017/18 the figure was 11.8% (84/710), also Amber.

Services that did not meet the target for the percentage of complaints escalated to Stage 2 and investigated were:

City Development 35% (8/23)
Highways 18% (6/34)
Parking 27% (16/63)
Children's Safeguarding and Care 13% (3/24)
Housing Maintenance and Repairs 13% (19/143)
Regulatory Services 21% (3/14)

Commentary:
The financial costs and reputational damage caused by a failure to resolve complaints at S1 and to give reason for the customer to escalate their complaint to S2 are significant; services should be seeking to avoid these costs by resolving complaints either by providing a suitable remedy where there has been fault or by helping the member of the public to understand the reason for decisions and actions .

The biggest impact on the increased number of S2 complaints has been from:

City Clean, in Q1 & Q2 2018/19 there were 25 cases, in Q1 & Q2 2017/18 there were 2. Customers are often escalating complaints to Stage 2 because there is either an unacceptable delay in replying at Stage 1 or the remedy proposed at Stage 1 is not put into place and further frustrates the customer. City Clean are reviewing their administrative arrangements for managing the exceptionally high level of complaints they are dealing with. They have also taken on board advice that they should give realistic responses rather than what they think the customer might like to hear.

Highways, in Q1 & Q2 2018/19 there were 7 cases, in Q1 & Q2 2017/18 there were 3.
The service has commented that spending on maintenance of the highway system has been greatly reduced and the impact of this over time is becoming more obvious and this is leading to greater dissatisfaction. Two Highways managers will be attending training delivered by the Ombudsman to improve the effectiveness of their complaint handling.

Parking, in Q1 & Q2 2018/19 there were 17 cases, in Q1 & Q2 2017/18 there were 9.
We have found that some issues are being registered as complaints which may not need to be , such as policy decisions, Traffic Regulation Orders and matters that should go to Bailiffs. Some staff are not aware that certain issues should be dealt with through alternative routes to the complaints process. All staff dealing with complaints will receive complaints training by the end of this year.

Housing Repairs, in Q1 & Q2 2018/19 there were 19 cases, in Q1 & Q2 2017/18 there were 9.
This service recognised there was deterioration in the quality of Stage 1 responses, there has been a change in personnel who handle Stage 1 complaints and training in effective complaint handling will take place before the end of this year.

Stage 2 complaints are investigated by the Customer Feedback Managers (CFM) who are independent of services. A low percentage of upheld results at S2 can indicate that service managers carrying out S1 investigations have reached a fair and reasonable decision. However, as well as reaching the correct decision is it is important that we communicate well with the customer and can explain clearly and with empathy why we have reached our decision. About 4% of complaints that come to S2 are considered to have been thoroughly investigated at S1.

To improve the skills of managers responding to S1 complaints we have commissioned the Ombudsman to deliver their Effective Complaint Handling training for Service Managers. This will be in addition to the training provided by the Customer Feedback Team. The Customer Experience Steering Group have requested that Customer Feedback Team begin Quality Assurance of 10% of complaints. The response from managers who have received QA feedback has been positive. The learning gained from this process is being shared so that all services can improve the quality of their S1 replies.

Additionally, the closing paragraph for S1 complaints has been changed so that customers who are dissatisfied with the response to their complaint are in the first instance invited to contact the manager to try to resolve any remaining issues. If they are unable to reach agreement the manager will confirm the best way to escalate their complaint and depending on the nature of the complaint this may be by appeal, review, or in some cases tribunal.

Actions:
1. Organise complaints investigation training for managers to be delivered by the Local Government and Social Care Ombudsman to commence in November 2018 (Customer Experience Lead, November 2018)
2. Customer Feedback Team to introduce Quality Assurance of Stage 1 replies from August 2018. (Customer Experience Lead, March 2019)
3. Customer Experience Lead to change closing paragraph of S1 replies October 2018.

Organisational result: Number of compliments received [Corporate - council]	No.	461.00	676.00	GREEN Improving

Position:
We are reporting on compliments received from members of the public and businesses who receive services from the council and from other agencies who work in collaboration with us. For Quarter 1 and Quarter 2 (Q1 & Q2) there were a total of 676 compliments against a target of 461 and this is Green.
Q1 & Q2 referred to in this report is for the time period 01 March to 31 August, this is to give consistency with the time period used for Stage One complaints.
Compliments received from colleagues are included in the information given in quarterly reports to services but are not included in these figures.
The trend is:
2017/18: A total of 922 for the year.
2016/17: A total of 730 for the year.
2015/16: A total of 503 for the year.

There is no published benchmarking figure currently available for this indicator.
The results by Directorate were:
• Economy, Environment & Culture   Q1 & Q2=175 (75+100) against the target of 144
• Families, Children & Learning   Q1 & Q2=86 (47+39) against the target of 50
• Finance & Resources   Q1 & Q2=18 (9+9) against the target of 14
• Health & Adult Social Care   Q1 & Q2=89 (36+53) against the target of 70
• N'hoods, Communities & Housing   Q1 & Q2=235 (104+131) against the target of 136
• Strategy Governance & Law   Q1 & Q2=73 (34+39) against the target of 46

Services with the greatest increase in compliments comparing Q1 & Q2 2017/18 to 2018/19.
• City Clean: 23 to 40 = 17
• Registrars Birth Death Marriage: 10 to 29 = 19
• Bereavement: 1 to 24 = 23
• Repairs & Maintenance: 123 to 169 = 46
• Highways: 12 to 34 = 22
• Seafront: 6 to 25 = 19

Commentary:

A compliment is when someone "A compliment is where a person praises a member of staff or a service for the work they have done."

There is value in recording the compliments received, it helps to provide a balanced perspective alongside the complaints received and shows that very many customers are pleased with the services they receive. Additionally, compliments are very useful for motivating teams; it helps remind them that their work is appreciated. Teams that are highly motivated perform well ; there is less sick absence and they work with greater efficiency. We look for the common reasons that people send compliments and share this with services; this is a valuable source of learning.

Actions:

1.   The Customer Feedback Team will continue to encourage and remind teams to send their compliments to CustomerFeedback using the generic email address as this will enable us to build a picture of what customers find valuable. (Customer Experience Lead, November 2018).

2.   The value of Compliments is promoted in the Complaints Investigation and Service Improvement workshops. (Customer Experience Lead, January 2108.)

3.   Compliments received are discussed with services leads in quarterly meetings to inform service improvements and for service leads to share with their teams. (Customer Feedback Managers & Service Lead, December 2018.)