




Brighton & Hove City Council

2016-17 Corporate KPIs - Quarter 2

Period: Apr-16 - Sep-16

Report date: 10 November 2016

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
2016-17 Economy Environment & Culture - Quarterly (Corporate)				
The percentage of household waste sent for reuse, recycling and composting (3 month lag) [Corporate]	%	35.65	26.93	 Improving

Position:

The indicator measures percentage of household waste arisings which have been sent by the Authority for reuse, recycling, composting or anaerobic digestion.

The target is was set using the 2014/15 Association of Public Service Excellence (APSE) neighbour average of 7 authorities.

26.9% is the provisional figure for Qtr 1 2016/17.

The result for the financial year 2015/16 was 24.6%. The annual trend for the result 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%

The result has gradually decreased over the last 3 years from 26.8% in 2012/13, however this is the first quarter to show an increase.

The result for the same time last year (Q1 2015/16) is 25.5%.

The latest statistical neighbour comparator information available is for the financial year 2015/16. The following authorities listed are local authority neighbours as identified by the Association for Public Service Excellence (APSE). Blackburn with Darwen Borough Council (36.4%), Blackpool Borough Council (45.1%), Gateshead Metropolitan Borough Council (33.2%), Knowsley MBC (35.9%), London Borough of Havering (31.8%), North Tyneside Council (36.6%), Rotherham MBC (40.9%), Stockton-on-Tees Borough Council (25.7%).

BHCC (24.6%) are currently ranked 9th out of 9.

Commentary:


The garden waste scheme was launched in Q1 16/17 providing a citywide garden waste collection scheme at zero cost to the council. At Q2, approximately 4,200 households have signed up to the scheme diverting waste away from residual waste streams and into recycling. The full year effect of the garden waste scheme is estimated in increase recycling between 1% to 2%.

The street cleansing service redesign has enabled fly-tipped waste to be recorded and differentiated from residual waste streams. The effect of this is to reduce recorded residual waste streams and to properly record fly-tipped waste. In accordance with Environment, Transport & Sustainability (ETS) committee recommendations both Textile recycling and Enforcement commenced in Q1 16/17.

The Wheel bin for recycling trial produced a 3% increase in recycling rates within the trial area.

Actions:

1. With effect Q3 16/17, recycling of mechanical sweeper waste will commence with a full year effect 0.5% and 1% increase in recycling. (Head of Cityclean and Parks, December 2016)
2. Citywide wheel bin recycling business case to increase full year effect recycling rates upward of 3% to be presented to PR&G committee. (Head of Cityclean and Parks, December 2016)
3. During Q4 16/17 further marketing and comms for the Garden Waste service to take place in readiness for the 17/18 growing season. (Head of Cityclean and Parks, March 2017)
4. During Q4 16/17, a number of additional textile recycling banks to be rolled out to primary and secondary schools. (Head of Cityclean and Parks, March 2017)
5. Following ETS committee approval, mobile CCTV cameras are to be purchased during Q3 and used in flytipping hotspot areas. (Head of Cityclean and Parks, March 2017)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Missed refuse collections per 100,000 population [Corporate]	No.	75.00	75.00	 GREEN Improving

Position:

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

The target was set using the APSE (Association for Public Service Excellence) authority family group average result for 2014/15.

The result is the total for April to September (Q1 and Q2) 2016/17. The quarterly trend for this result is:

April to June 2015 = 96 per 100,000

April to Sept 2015 = 91

April to Dec 2015 = 82

April 2015 to Mar 2016 = 79

April to Jun 2016 = 90

April to Sept 2016 = 75

Results before April 2015 are not available due to a change in how we measure this indicator.

The latest available comparator information is the APSE family group average for 2014/15 of 75 missed collections per 100,000.

Commentary:

Work with the Business Process improvement team and Customer First in a Digital Age programme was completed. This will enable our reporting process and procedures to improve the speed of non-collections being reported to the operational team.

Non collections may also include boxes not collected due to contamination.

Actions:

1. The number of missed bins will continue to be monitored and measures put in place to improve performance. One of the thirteen crews are responsible for nearly a quarter of all non-collections. Remedial action is underway and monitored weekly to improve these performance levels. (Head of Operations, weekly)

2. Performance reporting systems are being improved to monitor missed bins on a round by round basis to allow more effective performance management (Head of Cityclean and Parks, weekly).

3. ICT requirements to be discussed with the Customer First in a Digital Age (CFDA) team for operational missed collections. (Head of Cityclean and Parks, December 2016)

Missed recycling collections per 100,000 population [Corporate]	No.	65.00	111.00	 AMBER Improving
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Position:

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

The target was set using the APSE (Association for Public Service Excellence) authority family group average result for 2014/15.

The result is the total for April to September (Q1 and Q2) 2016/17.

The quarter by quarter trend for this result is:

April to June 2015 = 115 per 100,000

April to Sept 2015 = 105

April to Dec 2015 = 104

April 2015 to Mar 2016 = 105

April to June 2016 = 128

April to Sept 2016 = 111

Results before April 2015 are not available due to a change in how we measure this indicator.

The latest available comparator information is the APSE family group average for 2014/15 of 65 missed collections per 100,000.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Commentary:


Work with the Business Process improvement team and Customer First in a Digital Age programme was completed. This will enable our reporting process and procedures to improve the speed of non-collections being reported to the operational team.

Non collections may also include boxes not collected due to contamination.

Current ICT (Acheive) does not enable correct reporting of non-justified missed collections beyond 24 hours.

Actions:

1. A business case on the rollout of wheelie bin recycling where a second bin can be accommodated to be taken to the October Environment Transport & Sustainability (ETS) committee. (Head of Cityclean and Parks, October 2016).
2. The number of missed bins will continue to be monitored and measures put in place to improve performance. Two of the eleven crews are responsible for nearly half of non-collections. Remedial action is underway and monitored weekly to improve these performance levels. (Head of Operations, weekly)
3. Performance reporting systems are being improved to monitor missed bins on a round by round basis to allow more effective performance management (Head of Cityclean and Parks, weekly).
4. ICT requirements to be discussed with the Customer First in a Digital Age (CFDA) team for operational missed collections. (Head of Cityclean and Parks, December 2016)

Street and environmental cleanliness: Litter (Corporate)	%	4.14	4.83	 Declining
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Position:

The indicator grades streets on the following scale for litter, detritus, graffiti and fly posting:

- 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 indicator measures the percentage of streets which fall below Grade B. The lower the score the better the performance.

The target was set using a 10% improvement target on the 2015/16 outturn. This is due to the 2014/15 comparator result not currently being available.

This result is for April to September (Q1 and Q2) 2016/17.

The result for Q2 was 5%, a significant improvement from the same time last year. The quarterly trend for this result is:

April to June 2015 = 8.1%

July to Sept 2015 = 7.1%

Oct to Dec 2015 = 5.6%

Jan to Mar 2016 = 4.6%

Apr to Jun 2016 = 4.1%

July to Sept 2016 = 5%

The latest comparator result used for the indicator is the APSE family group average for 2013/14 of 5.7%.

Commentary

The Q2 result of 5% demonstrates continuous improvement in the service following 2015 service redesign.


The new enforcement service was introduced in April and will bring about long term behavioral change on littering fly-tipping and fly posting.

The service redesign from 2015 which was implemented in Q1 16/17 has contributed to the improving level of performance through 4 new additional mechanical sweepers and 100 big belly bins becoming operational which has freed up resources to be used elsewhere within the street cleansing service.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Actions

1. Levels of litter will continue to be monitored (Head of Operations Cityclean- ongoing)
2. Four new mechanical street cleansing vehicles are have now been brought in to the service this year as part of the Street Cleansing service redesign by November 2016. (Fleet Manager)
3. We are also procuring a new pavement cleaning machine by November 2016. (Fleet Manager)

Government minimum standard for Planning Authorities not meeting national targets (Corporate)	%	65.00	61.01	 Improving
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Position:

This indicator measures the 24 month rolling average 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 target of 65% is 5% above the government minimum standard of 60%.

If the result goes below 60%, the authority is at risk of intervention from the planning inspectorate.

The 61% result is the average time to process the application types from October 2014 (month 1) to September 2016 (month 24). This represents a baseline figure, and the future trend of this result will be outlined here.

Please note that following the national return of the September 2016 figure at month 24, this 65% target will be revised to use the average result of the Chartered Institute of Public Finance and Accountancy (CIPFA) nearest statistical neighbours.

Commentary:

At month 24 we are at 61.01% for Minor and Other Applications of a 24 month rolling target of 60% at the end of September. This has been achieved by agreeing Extensions of Times on all applications that have gone beyond the statutory 8 week target and prioritising the applications that count towards the figures. Agreeing EOTs was one of the recommendations of the Planning Advisory PEER Report March 2016. However, this has been achieved by using a number of agency staff, overtime, working extra hours and prioritising work. The longer term sustainability of this must be questioned, together with the need to improve the customer experience, to implement income generating processes. The service has recently migrated its planning database, which has involved a number of staff in the department, a BPI review is scheduled for later in the year/early 2017, which will take staff away from the day to day job of processing planning applications but will provide greater efficiencies .

Actions:

- 1) Continue to monitor and implement action plan following the outcome of the PEER Review. (Head of Planning, December 2016)
- 2) Recruitment to address the backlog and meet the target of 65% by the end of December. (Planning Manager Applications, December 2016)

Percentage of Major planning applications determined within 13 weeks or within agreed time limit (Corporate)	%	60.00	100.00	 No Change
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Position:

The target of 60% is set nationally by DCLG (Department for Communities and Local Government).

The result for Apr 2016 to Sep 2016 was 100%, over-achieving the target by 40%. The year to date result for the same time last year was 72.73%, a 27.27% increase this year.

The result for Q2 (Jul to Sep) was 100.00%. The result for the same time last year was 33.33%. The result for this quarter is 40% over the 60% quarterly target.

The quarter by quarter trend for this result is:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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April to June 2015 = 87.5%
 July to Sept 2015 = 33.3%
 Oct to Dec 2015 = 84.6%
 Jan to Mar 2016 = 86.7%
 Apr to Jun 2016 = 100%
 July to Sept 2016 = 100%

The latest comparator result used for the indicator is the 2015/16 CIPFA nearest neighbour average result of 80.6%. At the year end Brighton & Hove (77%) ranked 12 of 16 authorities.

Commentary:

In addition to determining applications within statutory timescales, the service is continuing to make use of agreements on extensions of time and Planning Performance Agreements (PPAs) with applicants to significantly over achieve this target. The service is reviewing the charging model for PPA's to reduce the level of officer input into agreeing charges with applicants.

Managing the major applications continues to be a resource intensive activity and training on negotiating PPAs has been identified.

Actions:

1. Continue to monitor the service level weekly and manage performance. (Planning Manager Applications, December 2016)
2. Review the funding model for PPA's by December for approval in Fees and Charges at ETS committee. (Planning Manager Applications, March 2017)

Percentage of Minor planning applications determined within 8 weeks or within agreed time limit (Corporate)	%	65.00	96.90	 Improving
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Position:

The target of 65% is set nationally by DCLG (Department for Communities and Local Government). The result for Apr to Sept was 96.9%, over achieving the target by 31.9%. The April to Sept result for the same time last year was 29%, a 67.8% increase this year.

The result for July to Sept was 97.6%. The result for the same time last year was 29%, a 68.6% increase. The result for this quarter is 32.6% over the 65% quarterly target.

The quarter by quarter trend for this result is:

April to June 2015 = 38.7%
 July to Sept 2015 = 19.8%
 Oct to Dec 2015 = 28.6%
 Jan to Mar 2016 = 60.5%
 Apr to Jun 2016 = 79%
 July to Sept 2016 = 97.6%

The latest comparator result used for the indicator is the 2015/16 financial year CIPFA nearest neighbour average result of 77.6%. At the year end Brighton & Hove (34%) ranked 16 of 16 authorities. 2016/17 performance to date shows significant improvement ahead of target.

Commentary:

There continues to be an improvement in the quarterly figures when compared to the previous quarter and a significant improvement when compared to the same quarter last year (29.00%). This reflects the success of negotiating Extensions of Time on applications prior to and following the Planning Advisory Service review in March 2016. The team have benefited from additional resource through temporary agency staff and from existing staff working extra hours and working overtime. During the quarter the on hand figure has gone up due to continued vacancies at the Principal Planning Officer level and the juggling of complex major applications and taking on board line management responsibilities as well as delegating decisions. Current risks include the viability of maintaining the current operating model, retention of temporary agency staff, the long term sustainability of staff working extra hours and overtime from both a staff/duty of care and a financial strain for the service.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Actions:

- 1) Continue to monitor and implement action plan following the outcome of the PEER Review. (Head of Planning, December 2016)
- 2) Recruitment to address the backlog and continue to meet the target of 65% by the end of December. (Planning Manager Applications, December 2016)

Percentage of Other planning applications determined within 8 weeks or within agreed time limit (Corporate)	%	80.00	94.70	 GREEN Declining
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Position:

The target of 80% is set nationally by DCLG (Department for Communities and Local Government). The result for the year to date (Apr to Sept) was 94.7% over achieving the target by 15%. The year end result for the same time last year was 31.4%, a 63.6% increase this year.

The result for Q2 (Jul to Sept) was 94.3%. The result for the same time last year was 20.2%, a 74.2% increase. The result for this quarter is 14.3% over the 80% quarterly target.

The quarter by quarter trend for this result is:

April to June 2015 = 44.3%

July to Sept 2015 = 20.2%

Oct to Dec 2015 = 22.2%

Jan to Mar 2016 = 58.9%

Apr to Jun 2016 = 99.8%

July to Sept 2016 = 94.3%

The latest comparator result used for the indicator is the 2015/16 financial year CIPFA nearest neighbour average result of 84.5%. At the year end Brighton & Hove (42%) ranked 16 of 16 authorities. 2016/17 performance to date shows significant improvement ahead of target.

Commentary:

There continues to be an improvement in the quarterly figures when compared to the previous quarter and a significant improvement when compared to the same quarter last year (20.17%). This reflects the success of negotiating Extensions of Time on applications prior to and following the Planning Advisory Service review in March 2016. The team have benefited from additional resource at the Assistant Planning Officer level and temporary agency staff. During the quarter the on hand figure has gone up due to continued vacancies at the Principal Planning Officer level and the juggling of complex major applications, taking on board line management responsibilities as well as delegating decisions. Current risks include the viability of maintaining the current operating model, retention temporary agency staff, the long term sustainability of staff working extra hours and overtime from both a staff/duty of care and a financial strain for the service.

Actions:

- 1) Continue to monitor and implement action plan following the outcome of the PEER Review. (Head of Planning, December 2016)
- 2) Recruitment to address the backlog and meet the target of 80%. (Planning Manager Applications, December 2016)

2016-17 Families Children & Learning - Quarterly (Corporate)

Schools judged to be good or outstanding by OFSTED [Corporate]	%	86.00	86.10	 GREEN No Change
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Position:

As at the end of September 2016 86.1% of schools in Brighton and Hove were judged to be good or outstanding. There has been a change from the previous quarter. One school was inspected and has

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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moved up to 'good'. Below is a breakdown by school type and comparison figures for England from Ofsted as at the end of March 2016.

All schools: 86.1% good or outstanding (England 86%)

Nursery: 100% good or outstanding (England 99%)

Primary: 88.5% good or outstanding (England 87%)

Secondary: 60% good or outstanding (England 76%)

Special: 100% good or outstanding (England 93%)

Pupil Referral Units: 100% good or outstanding (England 85%)

Colleges: 100% good or outstanding. Please note this is not included in the overall figure.

In Brighton & Hove the percentage of pupils in good or outstanding schools is 92.2% in primary and 62.6% secondary schools. The percentage of pupils in good or outstanding schools median for 152 local authorities in England was 86% for primary and 79% for secondary schools as at the end of August 2015 from Ofsted. There are no schools in the city judged to be inadequate.

The number of children in good or outstanding schools is:

Nursery 175

Primary schools 17,933

Secondary schools 7,552

Special schools 429

Pupil Referral Units 81

Therefore the total number of children in good or outstanding schools citywide is 26,170 out of 32,190 (81.3%).

Commentary

The current figure given inspections in the last week is that 91% of primary schools in Brighton and Hove are good or outstanding. The figure of the number of overall children is effected by the RI judgement for Cardinal Newman which is by far the largest secondary school in the city. There are no schools that are judged as inadequate in the city although 2 schools would be highlighted as being vulnerable for this judgement at their next inspection.

At this point the city has the highest number of pupils it has ever had in good or outstanding schools. The challenge is that the new Ofsted September 2016 inspection Framework has changed the criteria against which the schools are judged. Given the focus on three key groups: Disadvantaged, high prior attainment and high prior attainment disadvantaged, a desk top exercise by the Standards and Achievement Team has identified 2 schools at risk of becoming 'Inadequate' and schools at risk of moving from 'good' to 'requires Improvement'. Intervention work is being undertaken to address this.

The performance 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.

The challenges faced by the Standards and Achievement service are: the DfE white paper which has explicitly stated that it does not see an LA role in school improvement; the impact of cuts in funding both in the LA and in schools; the academy agenda which means schools are potentially considering forming or joining Multi Academy Trusts.

Actions

1. A new 'schools at a glance proforma has been created by the standards and Achievement Team to enable schools, governors and professionals to easily access information on pupil outcomes to inform interventions, measure impact and to prepare narratives for inspection. (Standards and Achievement Team, Autumn 2016);

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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2. A categorisation meeting is being held with the new Ofsted September 2016 Inspection Framework in mind. Desk top analysis has enable the team to identify vulnerable schools and to intervene with appropriate support and challenge in each to improve and maintain standards. (Standards and Achievement Team, Autumn Term 2016)

Overall absence in maintained & academy primary & secondary schools (Corporate)	%	4.60	5.00	 RED Declining
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Position

As of the end of Summer Term 2016 Brighton and Hove overall absence rate was 5%. Pupils absent during the 2015-16 academic year missed on average 18 sessions or 9 days of school. This is slightly above the 2014/15 Brighton and Hove absence rate of 4.9%. It is higher than both the national absence and that of our statistical neighbours 2014/15 rate of 4.6%, the current target.

For the 5 half terms up until summer half term then the overall absence rate was 4.8%. The year-end rate of 5% is a direct result of schools allowing students to have study leave.

As of the end of summer Term 2016 Brighton and Hove persistent absence rate was 11.56%. 3179 students during this period were persistently absent, missing more than 38 of available sessions or 19 days. This is better than the 2014/15 Brighton and Hove persistent absence rate of 11.8%. It is slightly above both the national rate and that of our statistical neighbours 2014/15 rate, both 11%.

Overall absence: 2015/16 trend

Primary - Q1 4.03%, Q2 4.13%

Secondary - Q1 5.67%, Q2 6.5%

Special Schools - Q1 11.8%, Q2 11.8%

Pupil referral Unit - Q1 31.9%, Q2 32.2%

Overall absence: 2014/15 annuals

Primary - BHCC 4.1%, National 4.0%

Secondary - BHCC 5.8%, National 5.3%

Special Schools - BHCC 11.4%, National 9.4%

Pupil referral Unit BHCC 29.4%, National 31.5%

Persistent absence: 2015/16 trend

Primary - Q1 8.5%, Q2 8.3%

Secondary - Q1 13.3%, Q2 16.3%

Special Schools - Q1 35.4%, Q2 31.2%

Pupil referral Unit - Q1 65.3%, Q2 69%

Persistent absence: 2014/15 annuals

Primary - BHCC 8.6%, National 8.4%

Secondary - BHCC 15.7%, National 13.8%

Special Schools - BHCC 31.1%, National 27.5%

Pupil referral Unit - BHCC 66.7%, National 70.6%

Commentary:

The Access to Education team has looked into possible reasons for the increase in absence over the summer term, but it seems likely this is due to the use of absence codes by secondary schools with reference to year 11 (Y11) pupils who are taking GCSEs. This matter will be addressed for future Y11s.

Schools continue to use the School Attendance Toolkit and Code of Conduct to improve their practice. There have been in excess of 250 interviews under caution (IUC) where fines have not been paid in accordance with DfE guidance; the majority of these have led to payment being agreed, unless

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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financial hardship was identified. This is an important part of work to signal an early warning to parents before proceeding to prosecution.

The team have worked consistently hard to reduce persistent absence with the added challenge of the PA threshold changing from 15% to 10% threshold. This is done through targeted work with schools with Persistent Absence (PA) 95% and under to offer up to 12 week consultative work from team members. Reports have also been developed to include disadvantaged pupils such as those with SEN and FSM eligibility. An initiative has also been introduced targeting vulnerable pupils; Every School Day Matters – ‘Missing School, Missing Out!’ This will be reviewed in the spring term.

The majority of schools attend the cluster meetings on attendance supported by the LA to share and develop good practice and analyse data information. All the schools RAG rated as Red (95% or below) do attend as well as receiving intensive support. We will continue to encourage the few schools that do not participate to become involved to share good practice, although this number is reducing each term.

Intensive support is also offered to special schools. This has led to improved practice and Special schools are now using the fixed penalty process to improve school attendance.

The fixed penalty notices (FPN) guidance for term time holidays and for low attendance continues to be used by schools and issued by the Access to Education team. If there is a change in government guidance following a recent case, which is a possibility, then schools will be unable to use this in the same way, which would lead to a lowering of FPNs issued.

The access to education team will continue to offer:

- Teacher training/governor training on adopting a whole school approach to school attendance.
- Regular updates on data relating to schools providing a 3-5 year trend data to support Ofsted visits and meetings.
- Data presentation at both the Behaviour and Attendance Partnership and to the Standards and Achievement team.

Actions

1. Target work to primary, secondary and special schools that are below 95% persistent absence levels, assessing specific issues and developing action plans to address specific school needs. (Access to Education manager- ongoing)
2. Continue to develop reports to monitor vulnerable pupil group attendance. (Performance analyst- ongoing)
3. Every School Day Matters – Missing School, Missing Out! Follow up Conference Spring 2017- date tbc with ITF. (Access to Education Manager- February 2017)

Eligible two year olds taking up early education places (Corporate)	%	84.00	88.10	 GREEN Improving
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Position

At the end of August 2016, 721 two year old children had taken up their Early Years Free Entitlement (EYFE) in Brighton & Hove, i.e. 88.1% of the Department for Education (DfE) eligible number (including those eligible who were LAC/adopted/disabled). The DfE estimated that the number of eligible two year olds living in the city for the summer term 2015 was 818*. (*Note that this number includes 12 mobile travellers using Friends and Families’ address in Brighton for benefit claims but who are not necessarily living in the city).

The DfE’s most recently published data is from the January 2016 census. In Brighton & Hove 88% of eligible two year olds take up a free childcare place which put us seventh out of 152 local authorities. The national average was 68% and the south east average was 69%. Children have also been able to access provision at high quality settings. At August 2016 98.6%* of funded two year olds attended a

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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setting which was rated good or outstanding by Ofsted, compared with 75 per cent nationally. (*Excluding children attending a setting not yet inspected by Ofsted).

The Council's children's centre nurseries have been particularly successful in providing EYFE for two year olds; at August 2016 they provided for 108 children. In addition there were 61 children at other maintained settings.

The target for 2016/17 has been set at 84% which is an increase from 2015/16 but less than the performance last year which was exceptional. The new target is significantly above the national average 68% and south east average of 69%. A higher target would not be appropriate because there are significant legislative changes in the childcare market planned over the next year including the introduction of a new national funding model from April 2017 and the introduction of 30 hours of free childcare for three and four year olds with working parents which may lead to fragility in the sector over the next year and beyond. The DfE's aspiration is for 73% to 77% take-up.

The current position of 88.1% is higher than 87.9% achieved in the equivalent quarter last year.

Commentary

The Early Years and Childcare team and the Family Information Service continue to review and improve data collection to find out early in the term whether and where a child is taking up their Early Years Free Entitlement (EYFE). The team use housing benefit data with its enhanced contact details to match with the Department for Work and Pensions list; this makes working with parents more effective. As with previous terms there is no evidence to suggest that there is a shortage of places in any area and places seem to be available throughout the city. However sometimes parents prefer to wait for a place at their preferred provider to become available, rather than to have their child attend a different provider.

The Early Years and Childcare team has worked extensively with childcare providers and now have more than 90% of setting-based childcare providers offering EYFE which means that parents can attend a setting of their choice. In addition 40 child-minders are able to offer places under the scheme. The team continue to promote the scheme through new publicity materials. There is a new database for managing parent applications which should help monitoring take-up in particular areas of the city. The process for ensuring that Children in Care are taking up their entitlement has been streamlined.

Actions

1. Continue to monitor take-up and support parents to access childcare where not yet taking up a place, using the new Synergy database. (Childcare Strategy Manager - Free Entitlement, Dec 16)
2. Continue to embed process for ensuring that Children in Care take up their entitlement (Childcare Strategy Manager - Free Entitlement, Dec 16)
3. Develop strategy for additional 15 hours free childcare for three and four year olds of working parents which does not impact upon the availability of places for two year olds (Childcare Strategy Manager – Free Entitlement, Mar 17)

Stronger Families Stronger Communities
[SFSC] families 'turned around' (Phase 2)
[Corporate]

No.

80.00

77.00



Improving

Position:

77 families have been successfully identified as turned around up until September 2016. 45 of these families were successfully identified as turned around between July and September. The identification of these all of these families has been verified by the Internal Audit process and the payment by results claim has been submitted.

The target of 80 families works toward an annual target of 390 families (the maximum payment by results number that Brighton & Hove can claim from the Troubled Families Programme in 2016/17) 21 of the claims came from Integrated Team for Families led cases, 6 from other BHCC teams and 18

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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from Community and Voluntary Service partners. 2 of the claims were for Continuous Employment, and 43 were for "sustained and significant progress" in other areas. No national benchmarking data has been released so there is no comparative information as yet.

Commentary:

The programme is close to the target for Q2 of this year. The remaining two quarters have high target numbers for claims and it is unlikely these will be reached with a projected turned around rate of 32% of the total engaged number of 390 for 2016/17. At a recent Troubled Families south east regional meeting it was suggested by LA partners that a realistic average success rate in Phase 2 of the programme was 30-40%. The Troubled Families programme has not agreed to release statistics on LA claim rates so this remains anecdotal.

The Stronger Families Stronger Communities (SFSC) programme will continue to explore and expand as wide a range of interventions as possible in order to maximise the claim income for the final claim period in March 2017.

Action:

1. Work with the health visiting provider on access to the families accessing the two more targeted intervention levels in order to make claims for successful outcomes. (31/12/16, SFSC Programme Manager)
2. Go live with the early help data system to provide more streamline data and support the identification and monitoring of eligible cases. (30/11/16, SFSC Programme Manager)

Young people aged 16 – 18 who are Not in Education, Employment or Training [Quarterly YTD excluding September and October] (Corporate)	%	4.50	4.90	 Declining
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Position:

An average of 4.9% of young people aged between 16 and 19 were not in education, employment or training (NEET) up until September 2016 (Note: September and October are excluded from the year to date figure because they are not statistically accurate). Performance is below the annual target for 16 to 19 year olds, which is 4.5%. 4.5% was set as a slight improvement target on 2015/16 performance. However this figure is roughly in line with position at the same point last year which was 5%.

The figure above for 16 – 19 NEET is approximate, but is thought to be quite accurate. The DfE have changed how NEET is reported (Please see below), therefore some information used to calculate 16 - 19 NEET is based on statistical modeling. It is proposed this KPI is revised before Q3 to bring it in line with the new definition. The target will be revised in line with the newly defined measure for NEET.

DfE changes to NEET recording

- From September 2016 LAs will no longer be required to report on young people academic age 18 year olds. The DfE will continue to publish quarterly LA participation statistics, annual LA NEET statistics and an annual LA NEET Scorecard for academic age 16 and 17 year olds.
- Alongside this change, the DfE have introduced (with effect from September) a new combined performance measure to focus on reducing the proportion of young people whose activity is recorded as 'not known' as well as those who are NEET. The new measure will be calculated by adding the proportion of young people NEET in each area to the proportion whose activity is recorded as not known.
- This new measure will replace the previous 'adjusted' NEET figure and indicate how well an LA is performing at both tracking young people and managing the proportion who are NEET. In future LAs will be held to account based on their comparative performance on this new measure and the participation figure for academic age 16 and 17 year olds. It will give a more accurate picture of LA performance in tracking and support for young people and would mean that low NEET figures could not

be masked by high levels of 'not knowns'.

Using the new measure, 4.1% of young people aged 16 and 17, were not in education, employment or training up until September 2016. This is a 0.1% improvement on the same period 2015/16 (4.2%) and a substantial improvement on this period 2014/15 (5.7%). Using the same methodology as the 16 – 19 NEET figure, the target for 16 – 17 NEET would be 3.5%. As with 16 – 19 NEET this is better than current performance, but better than the same point last year. BHCC NEET % is higher than the South East, England and our statistical neighbours however a very low number of unknowns in Brighton & Hove impacts on this figure – this can be seen when comparing as a combined NEET & Not Known %, B&H perform very well against their statistical neighbours.

BHCC NEET (academic age 16-17 yo) - historical data (ytd)

2014/15:	Q1 (5.5%)	Q2 (5.7%)
2015/16:	Q1 (3.8%)	Q2 (4.2%)
2016/17:	Q1 (3.9%)	Q2 (4.1%)

NEET comparative data Q2 (ytd)

BHCC:	4.1%
Stat Neighbour:	3.6%
South East:	2.6%
England :	3.1%

The number of young people whose situation is 'not known' to the local authority has remained the same as Q1 but has improved on the same period 2015/16. We perform substantially better than our statistical neighbours and nationally.

BHCC Not Known (academic age 16-17 yo) - historical data (ytd)

2014/15:	Q1 (1.8%)	Q2 (1.7%)
2015/16:	Q1 (1.1%)	Q2 (1.7%)
2016/17:	Q1 (1.3%)	Q2 (1.3%)

Not Known (academic age 16-17 yo) - comparative data Q2 (ytd)

BHCC:	1.3%
Stat Neighbour:	5.2%
South East:	4.8%
England :	4.9%

Between July and September 2016 the NEET & Not Known combined figure (academic age 16&17 yo) is 5.4% (ytd), 1% higher than the same period 2015/16 (5.3%). To compare BHCC NEET & NK to the South East and England as a ytd average, data is taken from the published LA Tables. BHCC compare very favourably to South East and England and continue to perform better than our statistical neighbours.

BHCC NEET & Not Known (academic age 16&17yo) combined historical data (ytd)

2014/15:	Q1: (7.3%)	Q2: (7.4%)
2015/16:	Q1: (4.7%)	Q2: (5.3%)
2016/17:	Q1: (5.3%)	Q2: (5.4%)

NEET & Not Known (academic age 16&17 yo) combined comparative data Q2 (ytd)

BHCC:	5.4%
Stat Neighbour:	9.0%
South East:	7.4%
England:	8.0%

July and August official NEET data looked at academic age Yr12-14 (16-18 yo), official data for

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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September 2016 reports only on academic age 16 & 17 yo. The data for Q2 has been manually calculated in order to provide comparable data.

Note: Q2 & Q3 data is statistically unreliable. The current activity of all young people in education becomes 'unknown' at the end of the academic year. Local authorities are tasked with tracking and confirming the destination of all young people academic age 16-17. Sep & Oct figure is excluded from the ytd calculations.

In real number terms at the end of Q2 there are an average of 178 NEET young people academic age 16-17, of which 67 are academic age 16; 111 academic age 17. 42 (23.6%) are not available to the labour market (ie young carers, teenage parent, pregnancy, illness); at the end of Q2 30 (16.8%) of the 16-17 year old NEET cohort are vulnerable young people (looked after children, care leaver, supervised by YOS). 25 (14.0%) of the NEET cohort (academic age 16-17) are currently SEND.

A total of 145 (academic age 16-18 yo) NEET referrals were received July to September, of which 64% (93) are academic age 16-17 yo; 48 self-referred or parent/carer referral, or attendance at YES drop-ins; 46 Year 11 & Year 12 transition (at risk of NEET); YES tracking of unknowns identified 30 as NEET; Early Help/ITF/YOS/SEN referred a total of 21.

Of the 16-18 (academic age Year 12-14) NEET cohort, 140 young people left NEET into EET in Q2; 68 were placed into an opportunity with learning; 5 placed into an apprenticeship and 22 were placed into traineeships and re-engagement activities by YES. 43 of this group left the NEET cohort into employment without training.

Commentary

YES offer early intervention to prevent NEET and to support NEET young people into education, employment or training. Local authorities are no longer required to track or report on young people academic age 18 however in B&H the decision has been made to continue to track this cohort in order to identify vulnerable young people and to offer support. However the new priority focus for YES will be to support 16 & 17 year old NEET who are not meeting the duty to participate (under RPA) and to encourage them into education, employment or training. YES is a voluntary service and young people can decline support, they are encouraged to take up this offer however there are a number of young people who choose not to access help until they are ready, if at all. This cohort are followed up monthly to confirm any changes in their situation.

There was a rise in the number identified as NEET between July and September as a result of year 11 and year 12 leavers who chose not to continue in learning or where there was no appropriate provision, for example seeking an apprenticeship but unable to find a suitable employer. YES advisers follow up all young people who have not enrolled in learning to offer support.

The co-location of YES within Regency Road and adolescent services has resulted in a steady increase in referrals from YOS, RUOK and Adolescent Service. This co-location is working very well for both young people and professionals. A strengthening of links with the Virtual School and Leaving Care has resulted in an improved offer of support for looked after children and care leavers who are NEET, at risk of NEET or not meeting the duty to participate under RPA (16&17 yo). It has been agreed that YES will continue to offer IAG support to care leavers (resident in Brighton & Hove) up to the age of 21 (25 if SEND).

SEN/LDD advisers are no longer recording interventions on the Aspire database and this is creating a gap in information about young people with SEND and NEET referrals are not being made in sufficient time for early intervention. This is being addressed.

In Brighton & Hove YES fulfil the DfE requirement to track young people resident in the City whose current situation is unknown. In addition to tracking the unknowns, between July and September advisers follow up 16 & 17 year olds who have not received an offer of learning under the September

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Guarantee. This activity is key to NEET prevention. Early intervention by YES has reduced the numbers who might otherwise have been NEET in September.

Actions:

1. Continue to develop and improve relations with other services to support NEET young people (Virtual School, Leaving Care, Adolescent Service, SEND). (YES Practice Manager, ongoing)
2. Develop Brighton & Hove response to the new changes in the DfE requirements from September 2016. (YES Practice Manager, YES Performance Analyst, Head of Skills & Employment, ongoing)
3. Maintain team performance. (YES Practice Manager, Performance Analyst, ongoing)
4. Continue to support the local authority to meet DfE statutory requirements (tracking, Year 11 Intended Destinations, Year 11 & 12 September Guarantee, Year 11 Annual Activity Survey, early leaver follow up) (Performance Analyst, Practice Manager, ongoing)

First time entrants (FTE) to the youth justice system (Corporate)	No.	25.00	20.00	 GREEN No change
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Position

There have been 20 first time entrants (FTE) to the Youth Justice System between April 2016 and September 2016. There were 10 FTE between 1st July and 30th September 2016; 6 via court and 4 out of court disposals. This in line with 10 FTE recorded over the the previous quarter and down from 15 recorded in July to Sept 2015-16. Of the 10 young people, nine were male and one was female and none were looked after. This data became available on 6th October 2016.

The target of 25 up until September 2016 works towards the annual target of 50. Given that the 2015/16 figure (51) is similar to the 2014/15 figure (49), and the fact that it is significantly better than the national and regional average, there is an assumption that the figure has flat lined and the aim is to maintain this low figure for 2016/17.

There were 48 FTEs during the year ending 30th September 2016, down from 56 from the previous 12 months and below the 2016/17 target of 50.

Brighton and Hove's FTE rate for the year ending 31st March 2016 is 250 per 100,000, below the national rate of 357 per 100,000 and the regional rate of 297 per 100,000. Brighton and Hove are among one of the high performing YOTs nationally in terms of low FTE rate, and is ranked 16th lowest out of 138 YOTs for the year ending 31st March 2016.


Commentary

It is significant that the YOS has continued to improve on this already low FTE rate. This continues to be as a result of the good joint working between the YOS and the police.

YOS prevention and Court Officers continue to identify potential pre-court diversion cases at the point of initial court hearing, with the view to divert potential cases back to the police for consideration of pre-court disposals. However, we continue to see a significant number have entered the criminal justice system through the court process rather than the pre court. In looking at the cases it seems to be in circumstance where young people have denied the charge and therefore pre-court disposal is not possible. We are continuing to monitor in court and consider with any change of plea if a pre court disposal could be offered. However in this quarter 6 of the FTE's came via court, indicating that further work needs to be undertaken in court by the court officer if a young person changes their plea.

Work is continuing with the police to develop a pre charge panel, it is anticipated that this might address some of these issues as work will be undertake with defence solicitors and CPS.

Brighton and Hove YOS continues to have one of the lowest FTE rates in the county.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Actions				
1. Maintain data flow between YOS and Police (Service Manager, on-going)				
2. Develop youth caution panels with Sussex police. (Operations Manager, on-going)				
Percentage of re-referrals to Children's Social Care Multi-Agency Safeguarding Hub and Assessment Centre (MASH) (Corporate)	%	21.00	24.00	 Declining

Position

This indicator has been affected by the change in definition of a referral. The change in definition, made as of August 2015, means that referrals that outcome to no further action or redirected to Early Help are no longer counted as referrals, this has more than halved the number of referrals recorded and had a significant impact upon the re-referral indicator. In quarter 1 2015 the percentage of referrals within 12 months of a previous referral using the old definition was 36% using the new definition this has dropped to 18% in the same period. The changed definition of a referral brings results in line with other Local Authorities who have MASH's and to avoid double counting.

The rolling year (the last 12 months) re-referral rate (a referral within 12 months of a previous referral) was 24% for the year ending September 2016, above the 2016/17 target of 21%

The 2016/17 re-referral target is based the national average. The statistical neighbour average for 2014/15 was 24%.

There has been a small but steady increase in the percentage and total number of re-referrals over the year from 19% or 630 of the 3362 referrals received in the year ending October 2015, to 24% or 755 of the 3176 referrals received in the year ending September 2016.

Of the 276 referrals received in June 2016 60 or 22% were re-referrals.

Commentary:

Deprivation is a key factor to the level of referrals. The City is relatively deprived, ranked 66th out of 324 local authorities (unitary or district local authorities) in England. There are marked differences in levels of deprivation between Brighton and Hove and the South East. Over half of the residents of Brighton and Hove (56%) live in the 40% most deprived areas in England (2008 population). Conversely, only 3% of the city's population live in the 20% least deprived areas in England, compared to 38% of the population of the South East with only 6% in the most deprived.

Deprivation and inequality impact on the children in our city and, in 2012, 17.4% of the total population of children and young people under the age of twenty in the city were living in families on less than 60% of median national income. This is lower than the England average (18.6%) but significantly greater than the South East regional average of 13.5% and is ranked 90th out of 152 Local Authorities (county or unitary authorities).

Re-referral rates have been affected by improvements in referral pathways and a change in recording practices regarding referrals. Additionally the agency partners within the MASH have been working within their respective services to promote active and informed use of the threshold document and positively challenging poor quality referrals. Audit activity reveals that the quality of referrals is improving but this is a matter that requires vigilance and constant attention.

There exists an acknowledged default for some agencies to refer to the MASH as opposed to the Early Help Hub and a number of factors have been found to influence this decision, work with these partners remains in progress. The impact of the Early Help Hub on reducing re-referrals to the MASH in the longer term has been the subject of a multi-agency (Local Safeguarding Children Board) LSCB audit and Business Performance Improvement exercise. Additionally under the new leads for the service an Early Help scoping exercise is currently underway to audit and quality assure progress for Early Help to demonstrate that it is reducing demand through to social work.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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A policy has been implemented that all re-referrals will return to the social work pod from where they were previously closed (within the last previous 12 months). This enables the review of pods that have the highest re-referral rates for quality of practice and decision making.

Actions:

1. The joint MASH and Early Help Hub LSCB Audit regarding interface and service delivery to vulnerable families was publicised in June 2016. Actions to be reviewed by new service leads for Early Help and strategy to be formulated (Head of Service, Nov 16).
2. Step down to Early Help procedures and practices is currently being reviewed alongside corresponding changes being made to the Early Help Hub – this is to be informed by the findings of Early Help scoping exercise. (Head of Service, Jan 17,).
3. The advent of MASH Protects has meant that we no longer automatically count a referral classed as Early Help as a referral to children’s social work will continue to be monitored and regular audit is reviewing as to whether threshold is correctly being applied. (Head of Service – ongoing review via monthly audit).
4. Heads of Service for the Hubs are reviewing the re-referral rates to the individual pods with Pod Managers to assess as to whether further learning and development is required at a more local level to address issues that arise in families to prevent further referral to the service. (HoS – Jan 2017).

Children who were the subject of a child protection plan [Corporate]	No.	295.00	387.00	 RED
				Declining

Position:

There are 387 children subject of a child protection plan as at 30th September 2016. This data became available on 6th October 2016. The number is up from 382 at 30th June 2016 but down from 410 at 30th September 2015. The target of 295 is based the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health. Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children has fallen slightly from 47.2 in Q1 2015-16 to 46.7 in Q1 2016-17.

The rate of children subject of a child protection plan per 10,000 children is 75.9 at 30th September 2016, above the 2014/15 national average of 42.9, the statistical neighbour average of 42.1 and contextual neighbour average of 57.9. Brighton and Hove’s rate per 10,000 at 31st March 2015 was 60.6 and was ranked 25th highest out of 152 local authorities in England.

95 children became subject of a child protection plan in the last three months, down from 104 in the previous three months and from 126 in quarter 2 2015/16. 90 children ceased to be subject of a child protection plan in the last three months, down from 114 in the previous three months and from 97 in quarter 2 2015/16.

23% of children subject of a child protection plan at 30th September 2016 were not White British, down from 23.6% at June 2016 and from 28.5% at September 2015. 21% of children aged under 18 in Brighton and Hove were from a BME background at the time of the 2011 census.

53.7% of children subject of a child protection plan had a category of emotional abuse, up from 48.5% at September 2015 and above the national average of 36.3%. 28.4% had a category of neglect, down from 29.8% at September 2015 but below the national average of 44.5%. The percentage of children with multiple categories has fallen slightly from 12.4% at September 2015 to 11.4% at September 2016, but remains above the national average of 7.4%.

Below is a comparison of the age profile of children subject of a child protection plan compared with the 2014/15 national average:

- 2.1% are unborn compared to 2.1% nationally.
- 12.1% are aged under 1 compared to 10.5% nationally.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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- 24.3% are aged between 1 and 4 compared to 28.5% nationally.
- 29.7% are aged between 5 and 9 compared to 29.7% nationally.
- 28.4% are aged between 10 and 15 compared to 26.1% nationally.
- 3.4% are aged 16 and over compared to 3.1% nationally.

Commentary:

Whilst the overall rate of children subject to a child protection plan remains higher than the target based on contextual nearest authorities, the number remains lower than the high of 424 in August 2015.

It is of note that a lesser number of children were made subject to a child protection plan, than the previous 3 months and fewer child protection plans ended than in the previous quarter. This does coincide with the school holiday period, when review conferences with school aged children are not held, due to teaching staff not being available, so this may explain, why fewer numbers have come off child protection plans.

In the recent peer review of our services, the inspection team did not identify, either through their audit, or enquiries, that our threshold for placing children on child protection plans, was overly risk adverse. The inspection team did consider that there are unique aspects to Brighton, that lead to the higher than national average numbers of children on child protection plan.

There are currently 15 children who have been on a child protection plan for 2 years or more, representing 6 families. Two families of sibling groups of 3 have a child with a disability and are in pre-proceedings. One sibling group of 4 has been in previous proceedings and is back in PLO. Another family are in care proceedings and another is on the point of issuing care proceedings.

Emotional abuse remains a predominant category, which can include a range of parental difficulties related to domestic abuse, substance/drug use and mental health.

It is a hypothesis that as our number of looked after children decreases, an increase may be expected in those on child protection plans, as risk is being managed, within a family context.

Actions:

1. Heads of Service to continue to review this current cohort of children on plans over 2 years and to look at those between 18 month to 2 years. (Interim Head of Service - Social Care, 31st Dec 2016)

Children in Care (Looked After Children/LAC) [Corporate]	No.	421.00	449.00	 RED
				Declining

Position:

There are 449 children looked after (CLA) at 30th September 2016. This data became available on 10th October 2016. The aim and target shown is to reduce LAC to 421 which is the average for our 10 nearest authorities at 31st March 2015 in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health. This equates to a rate per 10,000 of 82.5. The number of children looked after is up from 439 at 30th June 2016 but down from 460 at September 2015. The peak CLA number since 2010 was 515 in November 2011 and the lowest number was 435 at January 2016.

The CLA rate per 10,000 is 88 at 30th September 2016, above the England and statistical neighbour average of 60 and contextual neighbour average of 81. Brighton and Hove's CLA rate per 10,000 was 85 at 31st March 2016 and was ranked joint 32nd highest out of 152 Local Authorities in England, down from 19th highest last year. Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children has risen from 56.6 in Quarter 1 2015/16 to 57.6 in Quarter 1 2016/17. Nationally, the number of CLA at 31st March 2016 saw an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. However, if unaccompanied

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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asylum seeking children (UASC) are removed from the count of looked after children, there has been a decrease in the looked after children population of 500 (1%) since 2015.

205 children became looked after during the year ending 30th September 2016 compared to 212 during the previous 12 months. The number of Unaccompanied Asylum Seeking Children (UASC) is up from 15 at September 2015 to 37 at September 2016, and the percentage of CLA that are UASC is up from 3.3% at September 2015 to 8.2% at September 2016. The number of CLA excluding those that are UASC has fallen from 445 at September 2015 to 412 at September 2016 – a 7.4% decrease.

- 23% of children becoming looked after during the year ending 30th September 2016 were aged under 1 compared to 24% in the previous 12 months.
- 12% were aged 1 to 4 compared to 15% in the previous 12 months.
- 16% were aged 5 to 9 compared to 12% in the previous 12 months.
- 30% were aged 10 to 15 compared to 31% in the previous 12 months.
- 20% were aged 16 and over compared to 19% in the previous months.

216 children ceased to be looked after during the year ending 30th September 2016 compared to 234 in the previous 12 months.

- 35.6% of children ceasing to be looked after in the year ending 30th September 2016 returned to live with parents or relatives compared to 31.2% in the previous 12 months.
- 14% were adopted compared to 19% in the previous 12 months.
- 11% were subject to a Special Guardianship Order compared to 16.2% in the previous 12 months.
- 23.1% ceased care for any other reason compared to 17.9% in the previous 12 months.

46.8% of CLA are on a Full Care Order as at 30th September 2016 compared to 47.4% at September 2015

27.2% are section 20 compared to 31.3% at September 2015

12.9% are on an Interim Care Order compared to 8.9% at September 2015.

13.1% are on a Placement Order compared to 12.2% at September 2015.

52.3% of CLA were male as at 30th September 2016 and 47.7% were female. 52.2% of CLA were male and 47.8% were female at September 2015. Nationally, 55% of CLA were male at March 16.

24.5% of CLA were not White British as at 30th September 2016, up from 22.8% at September 2015. If UASC are excluded, the percentage of CLA that are not White British is 18%. 21% of children aged under 18 in Brighton and Hove at the time of the 2011 census were not White British.

Commentary:

The numbers of children in care at 30th September 2016 are 449, show a decrease of 11 from September 2015 figure of 460, but an increase of 10 from June 2016 when the figure was 439. However, it is noted that our numbers of LAC numbers excluding UASC (see details below) has fallen from 445 at September 15 to 412 at September 16, a significant decrease of 33 children or 7.4% decrease over this period. It is noted the roll out of the Home Office Dispersal Scheme for UASC and ongoing political situation in Africa and the Middle East, that the number of UASC is likely to continue to rise.

The aim is to decrease to 421 children- a further 28 children- over the next 3 year period to be in line our contextual neighbours. The challenges we face in achieving this goal are:

- the context that South East Benchmarking reflects an increase in average rates of looked after children to 57.6 per 10,000 children from 56.6.
- Nationally, the number of CLA at 31st March 2016 saw an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012, therefore the projected trajectory nationally is of increasing CLA rates rather than decreasing.
- The number of children ceasing to be looked after has decreased in the last year – 216 ceased to be looked after during the year ending 30th September 2016 – 18 less than the figure of 234 in the previous 12 months.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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- in terms of Care Proceedings being issued, our legal team have advised that nationally in September 2016 there is a 23 per cent increase from September 2015, and an increase of 33% from Sept 14. Nationally the projected figure for 206-17 is for approx. 15,000 sets of care proceedings – this figure was 12,700 last year and only 11,100 the year before. In line with this national increase our legal team advise that in Brighton and Hove this Q2 (July, Aug, Sept 16) we issued 34 sets of care proceedings compared to 14 in Q1. In Q2 2014-15 the number of care proceedings issued was 20 and this is a 70% increase from this time last year.

- the age breakdown reflects an increase in the 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.


A further pressure is the ongoing increase in Unaccompanied Asylum Seeking children (UASC) to 37 - amounting to an increase from 3.3% at September 2015 to 8.2% at September 2016. This is the highest number of UASC's that have been the responsibility of Brighton & Hove since 2008 reflecting the growing number fleeing war and persecution. It is likely in the current political climate the numbers of UASC are likely to continue to grow.

Children's Services Care Planning Panel is chaired by the Assistant Director and continues to oversee 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.

The development of this Adolescent Service is being progressed –the focus of this service is to use resources creatively within a multi-agency framework to ensure that there are robust intervention packages to prevent the need for children to become looked after.

Actions:

1. Children's Services Care Planning Panel to continue to review Admissions and Exit Planning for Children in Care to ensure that alternatives to care are vigorously explored where it is safe to do so. (Assistant Director Children's Health Safeguarding & Care and Heads of Service, Review - January 2017)
2. Progress the development of the Adolescent Service (Assistant Director Children's Health Safeguarding & Care and Service Manager, Review - January 2017)

Percentage of former relevant young people (care leavers) aged 19, 20 and 21 who were in education, employment or training [Corporate]	%	59.00	59.00	 No Change
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Position

59% of care leavers in the year ending 31st March 2015 were in education, employment or training. The DfE published the figures in March 2016. The cohort is defined as children who have turned 19, 20 or 21 in the year ending 31st March 2015 who were previously looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday. The target of 59% for 2016/17 is based on the 2014/15 outturn figure.

Performance for 2014/15 is better than the 2014/15 national average of 48% and statistical neighbour average of 51.1%, but is down from 65% in 2013/14. Brighton and Hove's performance is ranked 20th highest out of 152 Local Authorities. Brighton and Hove has a higher percentage of care leavers in education, employment or training at ages 19, 20 and 21 compared to the national average.

- 67% of care leavers aged 19 were in education, employment or training compared to 53% nationally. 46% were in education other than higher education (26% nationally) and 19% were in training or employment (22% nationally).
- 50% of care leavers aged 20 were in education, employment or training compared to 48% nationally. 21% were in education other than higher education (17% nationally) and 25% were in

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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training or employment (24% nationally).

- 61% of care leavers aged 21 were in education, employment or training compared to 42% nationally. 36% were in education other than higher education (12% nationally) and 23% were in training or employment (23% nationally).

In 2015/16, the cohort of young people for whom care leaver information should be returned was expanded to include 17 and 18 year olds as well as 19 to 21 year olds. Provisional figures from the 2015/16 SSSA903 Children Looked After Return show that 169 (70.7%) of the 239 Care Leavers in 2015/16 aged 17 to 21 inclusive were in in Education, Employment and Training (EET). Of the Care Leavers aged 19 to 21 inclusive, 68.3% were in EET.

16 (9.9%) of Care Leavers aged 19 to 21 were in Higher Education, better than 2.3% last year and above the 2014/15 national average of 6%. It should be noted that these are provisional figures and may differ to those published by DfE in Autumn 2016.

Commentary

B&H's performance for 19 to 21 year old care leavers for the year ending March 2015 at 59 % (published by DfE in March 2016) is significantly better than the national average in all areas of Education, Employment and Training (EET). As detailed above this includes Brighton and Hove's performance is ranked 20th highest out of 152 Local Authorities.

Provisional figures from the 2015/16 SSSA903 Children Looked After Return show that 169 (70.7%) of the 239 Care Leavers in 2015/16 aged 17 to 21 inclusive were in in Education, Employment and Training (EET). Of the Care Leavers aged 19 to 21 inclusive, 68.3% were in EET.

16 (9.9%) of Care Leavers aged 19 to 21 were in Higher Education, better than 2.3% last year and above the 2014/15 national average of 6%.

This has been achieved by a number of successful strategies including:

- Ensuring each care leaver who is either NEET, unsure of their career path or thinking about a change of direction completes a Personal Opportunities Plan (POP) with their Personal Advisor (PA). This enables the young person to identify what and how they should do to achieve their goals.
- The Personal Adviser providing advice assistance and support to each NEET care leaver involving help with CV's and job applications, interview preparation and practice, identifying future choices and building confidence and motivation.
- The Care Leaver Partnership with Brighton and Hove Job Centres provides additional support for care leavers in job preparation and job seeking. In addition regular meetings are now being held with the Youth Employability Service Practice Manager, Leaving Care Team Personal Advisor and POD manager. These meetings ensure that there is an action plan to help every Care Leaver into employment, education or training who isn't currently.
- A range of work experience, work placement and apprenticeship opportunities are available for care leavers.
- The number of care leavers "Staying Put" (remaining with their foster carers beyond the age of 18) has increased over the period to now stand at 27. These arrangements provide valuable encouragement, continuity and stability for young people in EET. For those not "Staying Put", the number of care leavers living in supported housing and receiving similar support has also increased.
- Comprehensive financial support is available for care leavers to encourage take up and sustainment of EET.
- Identifying young people with the ability and ambition for HE at Year 10 and providing appropriate support and encouragement as a good parent would do.
- Comprehensive financial support is available for care leavers to encourage take up and sustain HE

Actions

1. Ongoing meetings to be held with the Youth Employability Service to ensure that there is an action

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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plan to help every Care Leaver into employment, education or training who isn't currently. (Leaving Care POD Manager, ongoing - review January 2017)

2. Work continues to support the Care Leaver Partnership with Brighton and Hove Job Centres which provides additional support in job preparation and job seeking. Achieved by close liaison with Job Centre care leaver coaches and ensuring 100% of care leavers claiming JSA at Brighton and Hove Job Centres are identified as such on DWP database. (Leaving Care POD Manager, ongoing - review January 2017)

3. The Corporate parenting Strategy 2016-19 sets out an increased range of work experience, work placement, trainee and apprenticeship opportunities are available for care leavers (particularly through our Housing team). Continued working in partnership with the Apprenticeship Co-ordinator for Brighton & Sussex Universities & Hospitals Trust tasked with recruiting and supporting a number of apprenticeships into roles within the NHS. (Assistant Director: Review Jan 2017)

Percentage of children placed in foster care that are placed in-house (Corporate)	%	60.00	54.40	 Improving
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Position

Of the 296 children placed in foster care as at 30th September 2016, 161 (54.4%) were placed with in-house carers. This data became available on 10th October 2016.

The target in the Service Plan is for 65% of fostering placements to be provided in house by 2018. The target for 2015/16 was 55% so the target for 16/17 of 60% is halfway between the March 16 and March 18 targets.

122 IFA (Independent Fostering Agency) foster placements started during the year ending 30th September 2016, down from 177 during the previous 12 months.

The percentage of children placed in foster care that are placed with in-house foster carers is up from 48.6% at September 2015 and from 51.8% at June 2016. 200 in-house foster placements starting during the year ending 30th September 2016, down from 211 during the previous 12 months.

Nationally, 61.8% of children placed in foster care as at 31st March 2014 were placed with in-house foster carers, down from 67% as at 31st March 2010.

The percentage of LAC aged under 10 placed in in-house foster placements, as a percentage of all LAC aged under 10 placed, is down slightly from 43.4% for the year ending 30th September 2015 to 43.2% for the year ending 30th September 2016. The percentage of LAC aged under 10 placed with agency foster carers has fallen from 20.8% to 14.7% during the same period.

There were 6 foster carer approvals during the year ending 30th September 2016, down from 22 during the previous 12 months.

Commentary

The increase in children in both actual numbers as well as percentage terms has continued from Q1 to Q2. The co location of the Children's Placement Team alongside the Fostering Team has continued to reap benefits. The increase in numbers of children placed has been achieved through more efficient use of in-house carers rather than a significant increase in fostering households. There are a greater number of active fostering households as well as work being done to encourage carers to be more flexible and look after different children such as teenagers which otherwise would rather than moving to I.F.A. e.g. teenagers.

There continues to be a significant amount of recruitment activity and enquiry generation along the lines of the iMPower recommendations using new marketing materials, increased use of social media, involvement of foster carers and word and mouth. All key indicators in the fostering recruitment activity

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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are positive and have an upward trajectory above predications from previous years. Currently 14 assessments in progress of which will lead to an estimated increase capacity of 21 placements by January 2017. There have been a total of 8 new approvals (2 further approvals since collation of data) which is down from previous years however the work of the new recruitment team with new approvals estimated to impact November 2016 – January 2017. There remains high interest from carers wishing to transfer from I.F.A.s to Brighton and Hove.

The Fostering Service has continued to work on the support and retention of foster carers (workstream 3). Following a restructure the fostering support officer role has been created and operational from 1.9.16 and work has started to embed this and will have impact both on fostering recruitment , foster carer involvement and support and retention including offering more practical support to carers .

Actions:

1. To continue with Phase 2 of the Fostering Recruitment Project following iMPower recommendations. Project to last 24 months with a top target of increasing in-house placements to 75% of all placements. (Fostering Team Manager).
2. To implement restructure to support 4 workstreams – foster carer recruitment, support and retention of foster carer, complex placements to maximise number of children placed with in-house foster carers. (Fostering Team Manager)
3. To embed and develop role of Fostering Support Officers and to recruit additional FSOs in line with recommendations. (Fostering Team Manager, November 2016)
4. Ongoing development of word and mouth campaign using foster carers directly and their networks to recruit foster carers. October 2016 (Fostering Team Manager, ongoing)
5. Ongoing development of 3rd workstream of Fostering Recruitment Project – Support and Retention of foster carers and developing a range of supports for foster carers. (Fostering Team Manager, ongoing)
6. To produce work plan for 4th Workstream – complex placements. (Head of Service, December 2016.)

2016-17 Finance & Resources - Quarterly (Corporate)

Internal Audit: All council - % of high and medium priority recommendations (that have passed their agreed implementation deadline) that have been implemented [Corporate]	%	90.00	77.00	 RED
				Improving

Position:

Quarter 1 = 75%

This indicator shows the percentage of medium and high priority audit recommendations for the council 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 evidence about the extent to which the council is maintaining a strong control environment. Based on previous performance and comparison to other councils, achieving the target of 90% would demonstrate strong performance. The actual implementation rate currently stands at 77%.

Commentary:

This indicator currently records that there are 63 out of 272 recommendations that have not been implemented by the agreed date.

- action has not been recorded in 46 cases
- in 17 cases actions have not been implemented or only partly implemented.

Actions:

1. Recommendation owners, heads of services and executive directors to be reminded to review and update their recommendations on the internal audit Sharepoint site. (Head of IA, end August 2016)
2. Directorate level performance information is to be compiled and distributed to each DMT from quarter

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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2 2016/17 (Audit Manager, ongoing from September 2016)

3. Where particular managers have a high number of recommendations that are not implemented the responsible manager may be invited to attend the Audit & Standards Committee. (Head of IA, when required/ quarterly)

Percentage of invoices for commercial goods and services that were paid within 30 days [Corporate]	%	95.00	95.09	 GREEN Declining
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Position:

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%. This target is considered achievable when compared to CIPFA comparative information which shows the 2015 performance for invoices paid within 30 days as an average of 93% for benchmarking authorities. 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.

Performance for July to September 2016 was 95.06%, a little down on performance for April to June 2016 which was 95.12%, but the overall performance from April to September 2016 was 95.09%, still above the 95% target.

Commentary:

A reduced staffing resource within the team has impacted the team's ability to work with services to further improve invoice processing performance.

The performance for this quarter reflects the team's focus on processing invoices promptly. The challenges facing the creditors service are:

1. continuing to maintain the level of performance with reducing staff resources through future efficiency savings wherever possible.
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. Ensuring that changes to Social Care Payments (new provider contracts and changes in systems with the implementation of Adam and then the fact that Adam has been put on hold for the next 3 or 4 months) do not adversely impact payments to providers.

Action:

Further improvement at this high level of compliance would be costly for only a marginal improvement and no financial gain to the authority. However, the creditors' team continue to work on improvements through:

1. Continually working with individual services to increase compliance with the Purchase Ordering process which is steadily improving year-on-year and introduce regular reporting to service management and CMT on compliance / non-compliance;
2. Continuing to develop automation in processing through for example the extension of intelligent scanning and emailing transactions;
3. Continuing to work with suppliers to ensure they do not invoice the council without a valid Purchase Order number;
4. Dealing proactively with any supplier who contacts us and alerts us that the council is causing them a cash flow problem through slow or non-payment.

All actions are the responsibility of the Head of Central Financial Services.

Purchase to Pay Compliance [Corporate]	%	80.00	45.77	 RED Declining
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Position:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Purchase to pay compliance is important for a wide range of reasons including:

- a) it improves commitment accounting and therefore the quality of financial forecasts;
- 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 (on or off contract).

Commentary:

Of the 7,357 orders raised in Q2, 3,384 were raised in compliance i.e. 44.90% compared to the target of 80% and 48.32% in Q1 (1,287 of the 2,589 orders raised were compliant). The overall position for Q1 & Q2 is 45.77% compliant (4,635 out of 10,126 orders). This PI contains a significant 'stretch' compared with current performance because 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 to complex call-off purchasing arrangements without creating an inefficient and onerous administrative burden. The position for Q1 & Q2 last year was 40.35% of orders were raised in compliance i.e. 6,867 out of 17,019 orders, this shows an improvement of 5.42% which is positive.

Actions:

1. Developing reporting for ELT/CMT members to raise the profile of non-compliance.
2. Critically, implementation of the Civica Contract Module (business case approved by CMDDB) which enables non-compliance to be detected easily and provides effective MI and exception reporting. This is now in train.
3. Continuing to identify high volume non-compliant areas from available data (ongoing);
4. Developing a communication and guidance campaign for a wider audience to continue to promote increased compliance
5. Continuing to work on a daily basis with suppliers to ensure they do not invoice the council without a valid Purchase Order number

Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence so far this year (not including schools) [Corporate]	No.	4.86	5.27	 AMBER Improving
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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 2016/17 in order to monitor progress.

This data is based on absences due to sickness from 1st July 2016 to 30th September 2016. This high level data became available on 11th October 2016, more detailed data enabling analysis will be available in early November.

The days lost due to sickness absence in Q2 was 2.60 days which is above the quarterly target of 2.43 days, which is an Amber RAG rating. This result is higher than Q2 last year where the days lost was 2.57 days.

The projected year end outturn is currently 11.22 days which would be a Red RAG rating.

The Q2 figure of 2.60 days is made up of 0.94 days (36.1%) due to short term sickness and 1.66 days (63.9%) due to long term absence – which shows a shift towards more days lost being due to long term

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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sickness compared to the last 3 quarters data. HR will continue to monitor this trend and investigate possible causes.

When compared to Quarter 2 last year, this shows short term absence has decreased by 5.4% and long term absence has increased by 6.21%. This is a continuation of the pattern found in quarter 4 - 15/16 and in quarter 1 - 16/17.

Commentary

- Stress/mental health conditions continue to be the biggest cause of days lost with 34.56% of the days lost in Q2 attributed to stress, this is higher than in Q4 (15/16) – 27.36% and in Q1 (16/17) – 30.46%. Musculo-skeletal conditions (17.63%) and Stomach conditions (8.51%) were also significant contributors to the number of days lost during this quarter.
- In terms of actual days lost for short term sickness: In Q2 2015/16 1.08 days lost were due to short term sickness, compared to 0.94 days in Q2 2016/17. This is a reduction of 0.14 days.
- In terms of actual days lost for long term sickness: In Q2 2015/16 1.48 days lost were due to long term sickness, compared to 1.66 days in Q2 2016/17. This is an increase of 0.18 days.
- There is a financial impact of absence for example using agency workers to cover work and there is an impact on the remaining members of staff in terms of maintaining morale within teams.
- The organisation is going through a high level of change and is currently in Year 2 of the 4 year budget planning process. This high level of change could be contributing to increased levels of absence, particularly the increase in stress related absence.
- HROD have rolled out a team resilience checklist to help manage stress within teams.
- Guidance has been reviewed to help managers spot potential stress related absences and to support managers manage absence due to stress / mental health. Managers are encouraged to undertake OH referrals in these cases as early as possible.
- The automated emails managers receive from PIER once employees have been absent for more than 7 days have been reviewed to ensure they contain as much signposting information and guidance for managers as possible.
- HR conducted an analysis of Q4 absence data and identified services with high levels of absence that would benefit from increased support. The sickness project group will agree a planned approach to this, e.g. offering sickness surgeries in certain areas, this approach has proved to be successful in reducing absence rates when held regularly.
- HROD, alongside Finance and the Performance Team developed and produced a data set focussing on performance management and presented this to ELT in June. This data set (Data Insight) included absence data which will further raise the profile of the importance of managing absence and enable managers to be accountable for improving sickness rates in their teams. ELT agreed that this data set should be produced twice yearly in order to support performance management. The next report (for September) has been circulated to DMT's.

Actions for Improvement: -

1. The latest Data Insight report has been circulated to DMT's to consider and report action. Action Lead: Head of HR Business Partnering. Action date: September/October 2016.
2. HR have been undertaking research across the region to understand our upward trend in sickness absence. Research has commenced and a report will be produced for ELT on the findings in the Autumn of 2016. Action Lead: HR Business Partner for Neighbourhoods, Communities & Housing. Action date: November 2016.
3. The sickness project has reviewed the role of sickness leads to ensure consistent support is received across the organisation in terms of managing absence and practice is reviewed at sickness project group meetings. Action Lead: HR Business Partner for Neighbourhoods, Communities & Housing. Action date: Ongoing

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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4. Areas across the council that would most benefit from sickness surgeries will be identified and a roll-out will be progressed as part of the sickness action plan for 16/17. Action Lead: HR Business Partner. Action date: December 2016

2016-17 Health & Adult Social Care - Quarterly (Corporate)

Permanent admissions of younger adults to residential and nursing care homes per 100,000 population [Corporate]	No.	3.69	3.06	 Improving
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Position:

This Performance Indicator (PI) measures the number of younger adults (18-64) permanently admitted to residential or nursing accommodation expressed as a rate per 100,000 population.

The data is lagged with Q1 (Apr-Jun) figures being reported in Q2.

2016/17 Q1 PI figure 3.06 (6 younger adults admitted to long term residential care)

2016/17 projected year end figure 12.61 (if admissions continued at same rate)

2015/16 PI figure 16.29 (31 younger adults admitted to long term residential care)

2014/15 PI figure 10.00 (19 younger adults admitted to long term residential care)

2013/14 PI figure 10.58 (20 younger adults admitted to long term residential care)

PI is expressed per 100,000 population. 18-64 Population 195,952

For context, as of 31st March 2016 in total there were 273 people aged 18-64 placed by the council in long term residential or nursing accommodation.

2016/17 Target is 10 per 100,000 population (19 admissions) which was the result from 2014/15.

The comparative result for permanent admissions of younger adults in all England during 2016/17 was 13.3 per 100,000 population

Commentary:

The number of younger adults permanently admitted to residential accommodation increased from 19 in 2014/15 to 31 in 2015/16. There were 6 younger adults admitted within Q1 2016/17. This is a slight decrease on the 8 admitted within the same period last year.

Those that are considered for permanent admission to residential and nursing care homes present cases that are increasingly complex and with more acute challenges.

To help to address this challenge we are providing more support in the community for people with complex needs through integrated working and reablement activity.

Data provided is based on social care funded admissions to residential care, as it has been historically. The data sources for Adult Social Care Outcome Framework (ASCOF) indicator 2A 'Permanent admission to residential and nursing residential homes' have been updated to reflect sequels recorded by practitioners regarding intention to admit an individual to long term care, rather than service agreements which count funded contracts. As ASCOF data sources are relatively new there are considerable data quality issues. In order to support real terms comparison of performance over time we are continuing to provide data on funded admissions.

Actions

1. Joint working of the Integrated Primary Care Team through the Better Care Programme, and provision of Short Term Services to maximise independence. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017. We continue to prioritise this development as part of our Assessment Service Redesign programme which will become linked to the development of the Brighton & Hove Caring Together initiative as this moves forward. The continued collaboration of health and social care services will enable us to create more effective preventative services 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. (Assistant Director Health & Social Care, Mar 17)

2. The development of the new reviewing framework will enable staff to respond to service reviews in a more proportionate way and triage those who require prioritisation. The aim of this is to create a more manageable way of carrying out reviews, enables us to harness the activity carried out by partners,

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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providers and clients, and will reduce the likelihood of emergency reviews which may lead to increased care / emergency placements. This is being piloted in October 2016 and will be reviewed in November 2016 when timescales for a wider roll out will be confirmed. (Assistant Director Health & Social Care, Mar 17)

3. The Move On project in mental health services focuses on supporting clients to step out of high support accommodation or residential care. This scheme has been operating as a pilot scheme over the last few years but has been awarded funding on a permanent basis and will continue to run in partnership with BHT. This project has successfully moved several people out of permanent residential care placements and into independent living. (Assistant Director Health & Social Care, Mar 17)

Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate]	No.	187.13	186.47	 Improving
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Position:

This Performance Indicator (PI) measures the number of older adults (65+) permanently admitted to long term residential or nursing accommodation expressed as a rate per 100,000 population.

The data is lagged with Q1 (Apr-Jun) figures being reported in Q2.

Q1 2016/17 PI Value 186.47 (71 new admissions of older adults (65+) in Q1)

2015/16 PI Value 793.16 (295 new admissions of older adults (65+) to residential/nursing care settings within the year)

2014/15 PI Value 803.91 (299 new admissions)

2013/14 PI Value 734.89 (269 new admissions)

PI is expressed per 100,000 population. 65+ Population currently 38,075

The annual target is 748.52 and was agreed for Brighton & Hove as part of the Better Care programme. This equates to 285 admissions.

For context, as of 31st March 2016 in total there were 906 people aged 65+ placed by the council in long term residential or nursing accommodation.

The Better Care target was for 237 admissions in year.

The comparative result for permanent admissions of older adults in all England during 2014/15 was 696.4 per 100,000 population aged 65+

Commentary:

The number of older adults permanently admitted to residential accommodation remained fairly static from 2014/15 (299 admissions) to 2015/16 (295 admissions) but remained well above the challenging target set through the Better Care Programme. There were 71 older adults admitted within Q1 2016/17. This is a decrease on the 95 admitted within the same period last year.

Those that are considered for permanent admission to residential and nursing care homes present cases that are increasingly complex and with more acute challenges.

To help to address this challenge we are providing more support in the community for people with complex needs through integrated working and reablement activity; this is helping to reduce the need to admit people to long term residential care.

Data provided is based on social care funded admissions to residential care, as it has been historically. The data sources for Adult Social Care Outcome Framework (ASCOF) indicator 2A 'Permanent admission to residential and nursing residential homes' have been updated to reflect sequels recorded by practitioners regarding intention to admit an individual to long term care, rather than service agreements which count funded contracts. As ASCOF data sources are relatively new there are considerable data quality issues. In order to support real terms comparison of performance over time we are continuing to provide data on funded admissions.

Due to increasing complexity of need, the costs of enabling people to live in the community can now sometimes exceed the costs of meeting needs in a residential setting. Each case is individually scrutinised to ensure value for money.

Actions:

1. Joint working of the Integrated Primary Care Team through the Better Care Programme, and

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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provision of Short Term Services to maximise independence. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017. We continue to prioritise this development as part of our Assessment Service Redesign programme which will become linked to the development of the Brighton & Hove Caring Together initiative as this moves forward. The continued collaboration of health and social care services will enable us to create more effective preventative services 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. (Assistant Director Health & Social Care, Mar 17)

2. The roll out of the Discharge to Assess programme will enable more effective discharge from inpatient care and ensure that people are given the optimum opportunity to rehabilitate and stabilise – essentially reducing the need for intensive care services / residential or nursing care. (Assistant Director Health & Social Care, Mar 17)

3. Increased capacity in extra care housing – the new development of Brookmead will provide extra care housing support to people with dementia, providing a potential alternative / delayed admission to residential care.(Assistant Director Health & Social Care, Mar 17)

4. The development of the new reviewing framework will enable staff to respond to service reviews in a more proportionate way and triage those who require prioritisation. The aim of this is to create a more manageable way of carrying out reviews, enables us to harness the activity carried out by partners, providers and clients, and will reduce the likelihood of emergency reviews which may lead to increased care / emergency placements. (Assistant Director Health & Social Care, Mar 17)

% Social care clients receiving Self Directed Support [Corporate]	%	95.00	93.86	 Improving
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Position:

The Performance Indicator (PI) relates to the percentage of clients who are in receipt of Direct Payments or have been through a Self Directed Support (SDS) process and had their personal budget calculated.

2016/17 Q2 Self Directed Support result is 93.86% and the target is 95%

2015/16 BHCC figure was 87.33% compares to the England average of 86.90%

2014/15 BHCC figure was 86.81%

2013/14 BHCC figure was 78.00%

Over 550 people receive support in a way that gives them more choice and control via a Direct Payment.

We have changed the way we are capturing this compared to last year, therefore direct comparison with previous results is not possible. As this SDS Process calculation happens during assessment/review the launch of new Care Act documents may have slowed down the rate of assessment (practitioners are adjusting to new tools) and therefore had an impact on performance. With the launch of new Care Act tools we are looking to ensure that a person has been through the Resource Allocation System (RAS) process (embedded within new assessment tools) as opposed to having had the SDS conversation as part of their support plan.

Commentary:

Surveys show that for the majority of these people receiving Direct Payments it is a good experience and the Care Act asks the council to strengthen its offer to both our established customers and new ones. The council is expected to speak to our existing customers at every opportunity to give them the real chance to try out this way of receiving and planning their support. Staff will be trained and supported to have a better knowledge and confidence to show to service users how this can be achieved.

The council has launched a pre-paid card option for people to have money put onto a card much like the cards most people now use for their purchasing. This avoids the need for customers to supply invoices and experience a lighter touch from the council whilst improving governance of the process and building user confidence. People using pre-paid cards no longer have to send in their bank statements for monitoring as all transactions are available in a personal on-line account and the council

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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is able to monitor expenditure with direct on-line access to the same information. The council also has more control of under and over spending on the account and can refer cases for review if there are difficulties. Presently 80 people have taken up the offer of pre-paid cards and every newcomer is automatically asked to consider this as the way to manage their support.

Actions:

1. The council is working with Possibility People, our local user led organisation to both improve information about Self Directed Support as well as streamlining our internal and cross organisation interface. With the help of the local stakeholders group we aim to achieve a real desire to communicate to others and get local buy in, therefore increasing the uptake of direct payments. This work is underway and will remain ongoing.
 2. A comprehensive training programme in Care act implementation for social workers and care managers is underway and will be delivered early 2017; the Self Directed support offer is integral to this training. Currently this features in our 3 day Assessment Pathway training that is essential for all staff who are completing social care assessments.
 3. We are still in the process of ensuring that all clients in receipt of ongoing formal care have had an updated social care assessment that includes a personal budget. Whilst this is standard practice for all new assessments undertaken following the launch of the Care Act, we are still working through a process of review for those who were assessed prior to April 2015 to ensure these are updated and include details of the personal budget. This work is allocated and is being undertaken currently. Once this work is completed then we should be closer to our target of 95%, or will have exceeded this.
- Assistant Director Health & Adult Social Care

Delayed transfers of care attributable to social care [Corporate]	No.	3.60	3.52	
				Improving

Position:

This Performance Indicator (PI) measures the monthly average number of patients delayed from being discharged from hospital on snapshot days that are attributable to social care, expressed as a rate per 100,000 population (using 18+ population). 18+ population figure is 227451
The latest available data for 2016/17 is July at 3.52 (32 patients delays on snapshot days April-July 2016, the lag with NHS England data reporting)
2015/16 PI Figure 5.02 (137 patients delayed on snapshot days in April 2015-March 2016)
2014/15 PI Figure 3.59 (98 patients delayed)
2013/14 PI Figure 3.10
2015/16 England average figure was 4.7
Nationally the proportion of delays attributable to Social Care increased over 2015/16 - 32.2% in March 2016, compared to 26.9% in March 2015.

Commentary:

There were 32 patients delayed between April-July 2016 compared to 60 in the equivalent period last year so the current trend is showing a decrease. The proportion of delays from acute settings has increased. Between April and July 2015 just under 12% of delays were from Brighton & Sussex University Hospitals (BSUH) acute wards. Between April and July 2016 40% of the 32 patients delayed on snapshot days were from acute BSUH wards.
There are also concerns about managing delays from Sussex Partnership Foundation Trust (SPFT) which relate to non -acute Mental Health settings. These account for 44% of patients delayed between April and July 2016. 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 Nevill dementia ward. Between April 2015 and March 2016, 92 of the 137 delays relate to non-acute Mental Health settings. Work is underway to secure capacity for nursing care for older people with mental health needs through a block contract arrangement.
Brighton & Hove have seen significant changes in the care market over the last 2 years, with new providers coming into the market (at rates the local authority cannot afford to purchase) and with

smaller providers exiting the market.

We are seeing increased complexity of services users being discharges from hospital – there is a need for whole systems solution to solve issues and to actively work to support care providers Clinical Commissioning Group (CCG) and Adult Social Care (ASC) are working on a ‘care home programme’ and a ‘home care programme’ where all the issues are brought together in specific action plans.

Care providers requesting more support from clinicians due to the increasing complexity of service users. More integrated commissioning is required across health & social care.

There is more demand from the NHS on the care market at a time when the market as a whole is fragile (in particular home care.)

Short terms beds

This is designed to increase the availability of community short term services care beds in nursing homes. In addition to the commissioned intermediate care beds at Craven Vale, Knoll House and the Victoria group of homes the CCG commission short term additional capacity as needed. The Craven Vale and Knoll House beds are jointly commissioned by BHCC and the CCG and supported by Sussex Community NHS Trust (SCT), the Victoria beds are commissioned by the CCG and supported by SCT. This has been implemented and will be reviewed monthly.

Home Care

The Rapid Home Care Service is now in place supporting people home from hospital as soon as they are medically fit for discharge. It is a key part of delivering Better Care in Brighton and Hove.

Private home care providers have been exiting the market over the last year, with other providers taking over contracts – this has caused considerable disruption in the care sector.

Some home care providers handing back some individual more challenging services users

There will be a new contract for home care providers in place in late 2016 also increased fees paid (to include living wage foundation) in the hope that this will stabilise the market.

Workforce is the biggest issues affecting all providers, and the need for good registered managers. We continue to hold regular forums with providers and will address topics such as recruitment / retention of staff. There is some concern about the quality of some home care providers at a time of significant changes for them but we continue to work with providers and support where we are able to.

The Home Care/ Hospital Discharge Partnership meeting is starting to address some discharge issues.

Care Homes

We have introduced an increased fee paid from April 16 in the hope that this will stabilise the market.

Further increase took place in Sept & another one proposed for April 17.

Funded nursing care has increased for payments to nursing homes.

No providers have exited the market in the last year – one home persuaded to stay in business when they were informed about the new fee rate from Apr 16.

Recruitment issues (including nurses) are a major issue across the sector and we are continuing to work closely with providers to support where we can.

Actions:

1. A Care Home Market Action plan is being 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 is going on to establish how to incentivise mainstream care homes to accept people with dementia. (On-going, Assistant Director of Health & Social Care)
2. An Expression of Interest has been sent out recently to establish if any provider in the city wants to provide beds for people with mental health needs. This could be through a range of purchasing options. Final paper being written (October 2016, Assistant Director of Health & Social Care)
3. Providers are aware of the needs of the city through the Market Position Statement published by Adult Social Care, and through regular meetings with the care home sector. 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,

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Brighton & Hove pay above the set rate for a care home placement. This is underway and will be an ongoing process. (On-going, Assistant Director of Health & Social Care)				
4. We are participating in a Senior Delayed Transfers of Care review (top 20 clients) involving colleagues in Sussex Community NHS Foundation Trust / Brighton & Sussex University Hospitals / Clinical Commissioning Group which is attended by the General Manager for Hospital Social Work services. We regularly participate in Safer events, MADE and ward 'trawls' to enable discharge and problem solve when Brighton & Sussex University Hospitals is under pressure. We are represented on the Accident & Emergency delivery board where strategic and operational action plans are developed / monitored to address the local issues and create collaborative solutions. (Ongoing from October 2016, Assistant Director of Health & Social Care)				
5. We continue to work on roll out plans for the 'Discharge to assess' programme - the data from the pilot that was held on Jowers ward demonstrates that adopting this approach reduced LOS by 5 days. Roll out dependent on securing additional funding Business Case submitted. Decision due October 2016				
6. Introduction of a new Dynamic Purchasing System will help the price of more complex packages, and will be able to source packages in a more timely way. (March 2017, Head of Commissioning Contracts and Partnerships)				

Safeguarding audits that demonstrate they have met agreed practice standards (Adult Safeguarding) [Corporate]	%	95.00	86.60	 RED
				Declining

Position:

This indicator measures delivery of the broad expectations for Social Workers undertaking statutory safeguarding duties (on behalf of Brighton & Hove City Council's Adults Assessment Service) against five practice standards. The 5 standards provide a benchmark for social workers who undertake statutory enquiries under Section 42 of the Care Act 2014.

Data for this indicator is lagged as the audits take place after the quarter has finished.

During 2015/16 60 audits were completed (15 per quarter). During the period of April 15 to end March 16 4 cases did not meet Practice Standards. Therefore 93% of cases audited throughout the year met Practice Standards.

The data shown here is for April 16 - June 16. 15 audits were completed, as per requirements. 2 of these did not meet Practice Standards. Therefore as at Q1 86.6% of cases met practice standards. This currently shows a declining picture. During the whole period of 2015/16 there were 4 cases which failed to meet Practice Standards, yet during Q1 of this period there have been 2 cases which have not met Practice Standards. We would not expect this trend to be continuing, but at this stage it is difficult to predict. If this trend continues into Q2, some further analysis will be required as to what may be causing this drop in standards being met.

The outcome of all audits is discussed at Audit Moderation Panel, attended by General Managers from the assessment service and the Principal Social Worker, and is chaired by the Head of Safeguarding. This group ensures the consistency of audit, and agrees the actions to be taken following the audit outcomes.

In April 2015 the Care Act came into force. This changed the statutory Duties for adult safeguarding, and required new procedures, new documentation, and training to be rolled out to all staff early 2015/16. The audit has also been revised to meet these changed expectations. Last year the target was 75%, based on the prediction that the first quarters may show some cases not meeting the requirement, but that as training and learning is disseminated to staff this will improve as the year progresses. For 16/17 the target has been increased to 95%.

The numbers of cases that are audited will be 15 per quarter (60 for full year) so small numbers not meeting expectations will cause the % achieved to drop significantly.

This is a local indicator and no comparator data is available.

Commentary:

The practice standards inform and guide practice for Social Workers undertaking statutory safeguarding duties and they must be demonstrated retrospectively through case file audit. Where one or more

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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standard is not demonstrated, the enquiry will be considered to have fallen below the threshold of acceptable practice. They are:

- Standard 1: The Social Worker promoted and acted upon a person centred and outcome led safeguarding process with the individual, their family and their representative
 - Standard 2: The Social Worker assessed and documented a clear and proportionate narrative of risk, opportunity and resolution
 - Standard 3: The Social Worker engaged with stakeholders and partner organisations appropriately to enable the individual to manage their safety and to prevent future harm
 - Standard 4: The Social Worker engaged with stakeholders and partner organisations appropriately to enable others to manage their safety or to prevent future harm
 - Standard 5: The Social Worker received and engaged in supervision Learning from this process is being collated, for report to the Directorate Manage Team and Assessment Team managers.
- Staff who completed individual cases which have been audited have received direct feedback with the aim of building on the good results so far.

Actions:

1. Report from Q1 audit to be completed and reported to the Quality Assurance sub Group of the Safeguarding Adults Board, October 31st 2016. (Practice Manager, PSS Team).

Telecare - proportion of support plans that have Telecare as a component [Corporate]	%	60.00	54.95	 AMBER
				Improving

Position:

The Performance Indicator (PI) measures whether or not Telecare is in place is based on various questions in Social Care records and activities completed by the Living Well team and is reported as a rolling 12 month result.

- Year End 15-16 Qtrs. 1-4 53%
- Quarter 1 16-17: 49%
- Rolling year: July 15-June16: 52%
- Quarter 2 16-17: 54%
- Rolling year October 15-September 16: 54.9%

In July 2016 we introduced a new classification which is immediately visible on the persons social care record and is added as part of the assessment/review process.

Of the 3345 people with community based services & care plans in the period October 15-September 16, 1837 have had the provision of Telecare captured on their record.

This equates to 54.9% of people with current Community Based services identified as having Telecare/Carelink in place by the practitioner involved in their case management.

Demographic Profile:

Of the 1837 people who have had provision of telecare captured in their record the following demographic profile applies:

Gender: 1175 are female and 662 are male.

Ageband: 444 people are aged 18-64, 253 are aged 65-74, 402 are 75-84 and 738 are aged over 85.

Ethnicity: Asian/Asian British: 18, Black / African / Caribbean / Black British: 12, Information Not Yet Obtained: 35, Mixed / multiple ethnic groups: 22, Other ethnic group: 22, White British: 1662, White Irish: 29, White Other: 37.

Commentary:

The year end result for 15-16 was 53% of people with a support plan had Telecare/Carelink in place. Quarter 1 16-17 reported 49%-traditionally we see a dip in performance in quarter 1 each year as we introduce required changes to process and paperwork in the first quarter. In addition people with community services in the previous period may now be living in residential care or no longer receiving

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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services. The slight dip at Quarter 1 rolling year performance also reflects 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.

Qtr. 2 results indicate that recording has improved with the introduction of the new classification. There is also currently a high number of referrals to the Living Well telecare project. Qtr. 2 actual performance for Quarter 1 + 2 has improved to 54%, rolling year at the end of quarter 2 is 54.9%.

The better care funded initiative 'Telecare: Living Well' started 13 July 2015. This new initiative provides Telecare support and other personalised preventative services to help reduce, prevent or delay the need for care and support. Throughout 15-16 we saw 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.

Performance demonstrates that Telecare has become an integral part of social care provision.

We passed our audit and received accreditation in September, there were no improvement notices.

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. (March 17, Project Manager Assessment Unit).
- 2) Ensure on going promotion (and learning & development) of Telecare is delivered to health and social care professionals and members of the community. (March 17, Project Manager Assessment Unit).
- 3) Ensure Telecare is delivered to the highest standards by achieving on going accreditation from the Telecare services association. (Audit Sept 16. Project Manager Assessment Unit).
- 4) Ensure the latest technological solutions are used to support independent living and to minimise risks. (March 17, Project Manager Assessment Unit).
- 5) Continue to ensure that Telecare is considered, and evidenced, at all stages of the assessment process. (Ongoing, Performance Improvement Managers Assessment Unit).

The number of alcohol-related hospital admissions per 100,000 population [Corporate]

No. 707.87 611.28



Position:

This Performance Indicator (PI) measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics. An 'admission' is a single occurrence of attendance at hospital. One individual could have a number of 'admissions'.

The latest available data is up to August. There have been 611 alcohol related admissions per 100,000 Brighton and Hove residents between April and August this year. This is against the proxy target of 707, which is to maintain the previous year's performance. This figure is likely to be revised upwards a little as admissions totals tend not to be complete for the most recent month. For complete months, April to July, there were 510 admissions against 558 last year.

There is a positive trend showing a steady reduction in people being admitted to hospital in Brighton &

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Hove for alcohol related reasons, down from a high point of an average quarterly figure of 569 admissions per 100,000 in 2011/12.

The previous result from the same point last year has been used as a proxy target; the latest result continues the positive trend of reduced numbers of admissions.

Complex methodology is used to create an alcohol attributable fraction that can be applied to each hospital admission. An in-house model uses this figure to create the rates shown above. The fractions have been changed recently at a national level, but it's not possible to incorporate them into the in-house model. However, comparator data is published nationally that takes into account these changes, these are given below.

The latest published comparator data is for Q3, 2015/16. The rate for Brighton and Hove is 436, which compares favourably against England, 529, and the South East, 457 (source LG Inform). It is planned to have a new in-house system in place within a few months that will enable monthly data to be produced on a similar basis.

Commentary:

A number of different factors and organisations contribute to the reduction in alcohol related hospital admission rates. Providers of substance misuse treatment services have a role in this, as do Police (with regard to managing the night time economy), Higher Education organisations, local entertainment establishments, retail operators and other health and social care support organisations.

The work of the Alcohol Programme Board, and the associated domain groups, take forward the work streams that address alcohol related harm, including hospital admissions. The reduction in hospital related admissions should reflect the work that has been taken forward in the last two years. This has included a focus on supporting 'frequent returners' to hospital with an alcohol related issue, to address the underlying causes of their alcohol consumption. There has been work with off licences to reduce the amount of high strength beers and ciders available, which has meant that fewer of the 'street drinking' population are consuming high amounts of alcohol, which could result in a hospital admission. In the first six months of 2016/17 there has been an upturn in the alcohol related performance in treatment services. A greater number of individuals are now successfully completing treatment.

Actions:

A number of initiatives have been commenced and continue to be rolled out:

1. A number of services exist to help divert inappropriate patients from A&E. These include Safe Space, Taxi Marshalls, and a beach patrol. How these services will be funded going forward is not yet agreed. The impact the absence of any of these services may have is not really understood, but it is likely that more people will present to A&E and require police services. Funding options will be explored throughout 2016/17. (Lead – Alcohol Programme Board, Timescale – ongoing across 2016/17).
2. To look at broader issues around alcohol, the Local Authority and partners will participate in the Alcohol 'CLear', a self-assessment tool supported by Public Health England. This will help the partnership to identify areas to focus on for future development. (Lead – Alcohol Programme Board members led by Commissioner, Timescale – commencing Q2 of 2016/17).
3. Collaborative development work is underway between the mental health services, substance misuse services and the local hospital trust. The aim is to improve communication between the various teams, and ensure that the needs of individuals presenting at the hospital are appropriately met by support agencies. (Lead – CCG commissioners and PH commissioners, Timescale – next meeting 7th November 2016)
4. Public Health England are running a Sector Led Learning event on Alcohol on 14th November 2016. The invitation has been extended to a range of local stakeholders. The aim is to share information and learn from other areas. (Lead – Commissioners, Timescales – 14th Nov 2016).

Under 18 conception rate per 1,000 women aged 15-17 [Corporate]	No.	26.10	27.90	 Declining
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Position:

Data for under 18 conceptions is lagged and the latest data available relates to Q2 2015

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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The latest local rate is 27.9 per 1,000 15-17 year olds calculated as a rolling average, which is above the 2016/17 target of 26.10. This is a 3% increase locally compared to the same quarter in 14 (27.1 per 1,000). The local quarterly rate remains above the England rate (21.9 per 1,000) and the South East rate (18.3 per 1,000).

- The local quarterly rate remains above the England rate (21.9 per 1,000) and the South East rate (18.3 per 1,000).
- The current rolling average indicates a 42% reduction from the 1998 baseline (December rate) which is below the reduction seen over this time period in the South East (52%) and England (53%).
- Compared to the same quarter in the previous year, the current rolling average indicates a 3% increase compared with decreases of 4% and 6% respectively for the South East and England.

Commentary:

Whilst the under 18 conception rate locally shows a long-term downward trend, each quarter from 2014 there has been a slow increased.

The Safe and Well at School Survey 2015 shows that the majority of students aged 14-16 years in Brighton & Hove have not had sex (81%) which has steadily increased from 77% in 2010. Those who have generally know how to access free contraception and know about Emergency Hormonal Contraception.

Public Health has completed the initial stages of the review into the effectiveness of the delivery model for substance misuse (drugs and alcohol), smoking and teenage pregnancy/ sexual health and confirmed that the performance remains below expectations across the separate agreements and change is required. To maximise opportunities within existing resources, the creation of an Integration of young people’s services has been agreed by the Public Health DMT. This is increasingly being considered by councils around Child and Adult Mental Health Services (CAMHs), sexual health and substance misuse and is within keeping with national direction of travel as per "2015 the Department of Health and Public Health England published a framework for improving the health of young people’, which highlights the importance of ensuring that young people have both integrated services but also specialist support.

Actions:

1. To negotiate agreement, align contracts with all delivery partners and agree a project plan to develop an integrated young people’s service to improve the PH outcomes areas of alcohol, drugs, smoking and teenage pregnancy and co-produce a specification. (Public Health Children, Young People and Schools Commissioner and Children Services lead to be agreed, October to March 2017).
2. To facilitate two or three stakeholder workshops to examine evidence based interventions across the health themes and identify any staff skills requirements. (Public Health Children, Young People and Schools Commissioner and Children Services lead to be confirmed, November to March 2017).
3. To review the financial implications as part of developing an integrated services. (Public Health Children, Young People and Schools Commissioner and Children Services lead to be confirmed, October to January 2017).

2016-17 Neighbourhoods Communities & Housing - Quarterly (Corporate)

Violent crimes with injury [Corporate]	No.	1,116.00	1,427.00	 RED
				Declining

In the first six months of 2016/17 there were 1427 crimes of violence with injury, an increase of 11.0% on the same months in 2015/16.

The target for 2016/17 has been set at the average per 1,000 residents for the 'most similar Community Safety Partnership' group of 15 partnerships. This equates to a decrease of 12.0% compared with the outturn for 2015/16. The amber target has been set at a 7.3% increase which was determined by a straight line projection from a 12 month rolling average over the last six months of 2015/16.

Compared with our benchmarked group of 15 Community Safety Partnerships, Brighton & Hove's

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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performance ranks below average with a rate of 4.2 injury violence crimes per 1,000 compared with 3.8 for the group.

According to A&E statistics, there were 861 attendances at A&E related to assaults in the first half of 2016/17, compared with 717 in the same period last year, a 20% increase.

Commentary:

Looking forward it is expected that the data recording issues, which have made the interpretation of police recorded violent crime data difficult, will no longer be affecting the statistics. The increase in the prevalence of violent crime will feature as part of the strategic assessment of community safety in the Autumn. This will inform what action is needed to address the rise.

Further analysis of violent crime by the police reveal where the increases are. From an operational perspective officers are reporting increases in DVSV and public place violent crime .

Actions:

1. The Safe in the City Board will consider an analysis of violent crime that will be presented by the police to the Board at the Dec2017 meeting. Violent crime will also be explored in depth as part of a wider strategic assessment in the autumn of 2016 that will inform a revised community safety strategy (Dec2017 Head of Community Safety)
2. Plans are already in place to revise working in relation to DV and SV (Mar2017 Head of Community Safety)

Nitrogen Dioxide levels in Brighton and Hove (µg/m3 - micrograms per cubic meter): Lewes Road (quarterly) [Corporate]	No.	36.00	42.00	 RED
				Declining

Position:

The average level Nitrogen Dioxide (NO2) measured at Lewes Road as a 12 month rolling mean up to 30th June 2016 is 42.0 µg/m3 (micrograms per cubic metre). This is the latest data available. There is always a time lag obtaining these results from contractor, TRL. This quarterly data is calibrated and ratified by the contractors before publication. We anticipate that the Q2 data will be available November 2016.

The target of 36 µg/m3 is 90% of the 40µg/m3 is the EU and UK standard, which would mean Brighton and Hove are statistically assured that the EU and UK standard are met. The EU and UK standard (effective since 2010) relates to outdoor air where people are present. To be able to revoke an Air Quality Management Area nitrogen dioxide levels must be less than 40µg/m3 for over a year.

The level of 42.0 µg/m3 demonstrates a slight increase compared to the last reporting period where it was 40.6 µg/m3. In comparison higher concentrations of nitrogen dioxide were recorded during 2014.

Commentary:

Continuous automatic monitoring of nitrogen dioxide continues in North Street and Lewes Road Brighton. Between 2009 and 2016 monitoring results suggested that Nitrogen Dioxide levels exceeded the EU and UK standard (annual average). The council therefore has a statutory duty to declare an Air Quality Management Area for Nitrogen Dioxide. This was last declared in 2013. This declaration must be followed by an Air Quality Action Plan that sets out how that council will work towards compliance with Nitrogen Dioxide at the facade of permanent residential dwellings.

Nitrogen Dioxide and particulate in diesel fumes is the second highest risk to overall health after smoking. Carcinogenic emissions influence lung cancer, lung and brain development, lifelong lung capacity, Chronic Obstructive Pulmonary Disease, bronchitis, pneumonia and stroke.

The European Commission can fine member states including the UK for none compliance of air quality legislation most especially the 40 µg/m3 limit for nitrogen dioxide which became legally binding some years ago. The process for enforcement of this provision and whether the fine will be passed to individual local authorities has not been clarified by central government. The BREXIT decision could

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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also result in a review of the air quality objectives. Third parties such as Community Groups or Client Earth can choose to take independent legal action if the limits for the protection of human health are not met.

Proactive measures are being taken to improve emissions of buses, taxis. Modal shift has reduced the number of journeys by private car. Numbers of cars, vans and lorries have also reduced on Lewes Road (by 15%). After works on the Vogue gyratory were completed this may have helped with 12-month average nitrogen dioxide levels despite an increase in journey times during peak periods.


As a result of a successful bid with the Department for Transport, in 2014/15, fifty buses have been retrofitted. A scheme to improve minibus taxi emissions is ongoing and due to be completed by the end of March 2017. To extend this work a further Department for Transport was awarded to Brighton and Hove City Council in 2015/16 for 500k. This funding stream was the Clean Bus Transport Fund which targets reductions of emissions of oxides of nitrogen. This work will include retrofit of a further 35 buses for 2016/17 targeting lower emissions of oxides of nitrogen. The 35 buses are from 2 Sussex based Bus Companies, Brighton and Hove Buses and Sussex Buses (Heritage). These bus providers both operate in the low emission zone in North Street. The retrofits for the Brighton and Hove bus fleet are now underway. In addition Brighton and Hove Buses are procuring of 48 brand new buses during 2016/17. Sussex Bus (Heritage) advised the Council on the 30th September that they are withdrawing from the project before signing the contract. Work has now started in consultation with defra and the Council's Legal Services Team on how to reallocate the remaining £170k. Despite this set back it is anticipated that this project will be completed by March 2017.

The investment in lower emission buses is appearing to have more benefits in the North Street area than the Lewes Road area. This is an expected trend as the North Street low emission zone is dominated by buses.

The air quality action plan was approved at Environment, Transport & Sustainability Committee in October 2015 and this includes a comprehensive set of measures to reduce nitrogen dioxide levels. The Council is required to provide annual status air quality reports to defra and the latest report was submitted in June 2016 in accordance with the statutory timetable. Since then the report has been appraised by the Council's Director of Finance, and is now on the Council's website

Actions:

1. In consultation with defra contract another bus partner, operating in the low emission zone, to retrofit their bus fleet using the remaining £170k of funding (Clean Bus Transport Fund by March 2017 (Acting Head of Regulatory Services, March 2017)
2. To ensure that the taxi fleet project funded by the Clean Vehicle Transport Fund is delivered by March 2017 and all retrofits are undertaken (Acting Head of Regulatory Services, March 2017)
3. Continue to monitor and manage the NO2 continuous analyser at Lewes Road (Acting Head of Regulatory Services, Mar 2017)

Nitrogen Dioxide levels in Brighton and Hove (µg/m3 - micrograms per cubic meter): North Street (quarterly) [Corporate]	No.	36.00	47.30	 RED
				Improving

Position:

The average level Nitrogen Dioxide (NO2) measured at North Street as a 12 month rolling mean up to 30th June 2016 is 47.3 µg/m3 (micrograms per cubic metre). This is the latest data available. There is always a time lag obtaining these results from contractor, TRL. This quarterly data is calibrated and ratified by the contractors before publication. We anticipate that the Q2 data will be available November 2016.

The target of 36 µg/m3 is 90% of the 40µg/m3 is the EU and UK standard, which would mean Brighton

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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and Hove are statistically assured that the EU and UK standard are met. The EU and UK standard (effective since 2010) relates to outdoor air where people are present. To be able to revoke an Air Quality Management Area nitrogen dioxide levels must be less than 40µg/m3 for over a year.

The level of 47.3 µg/m3 demonstrates a slight improvement compared to the last reporting period where it was 50.3 µg/m3. In comparison higher concentrations of nitrogen dioxide were recorded during 2014. Each quarter has shown a similar reduction since June 2015 where levels were at 63 µg/m3.

Commentary:

Continuous automatic monitoring of nitrogen dioxide continues in North Street and Lewes Road Brighton. Between 2009 and 2016 monitoring results suggested that Nitrogen Dioxide levels exceeded the EU and UK standard (annual average). The council therefore has a statutory duty to declare an Air Quality Management Area for Nitrogen Dioxide. This was last declared in 2013. This declaration must be followed by an Air Quality Action Plan that sets out how that council will work towards compliance with Nitrogen Dioxide at the facade of permanent residential dwellings.

Nitrogen Dioxide and particulate in diesel fumes is the second highest risk to overall health after smoking. Carcinogenic emissions influence lung cancer, lung and brain development, lifelong lung capacity, Chronic Obstructive Pulmonary Disease, bronchitis, pneumonia and stroke. The European Commission can fine member states including the UK for none compliance of air quality legislation most especially the 40 µg/m3 limit for nitrogen dioxide which became legally binding some years ago. The process for enforcement of this provision and whether the fine will be passed to individual local authorities has not been clarified by central government. The BREXIT decision could also result in a review of the air quality objectives. Third parties such as Community Groups or Client Earth can choose to take independent legal action if the limits for the protection of human health are not met.

Proactive measures are being taken to improve emissions of buses, taxis. Modal shift has reduced the number of journeys by private car. Numbers of cars, vans and lorries have also reduced on Lewes Road (by 15%). After works on the Vogue gyratory were completed this may have helped with 12-month average nitrogen dioxide levels despite an increase in journey times during peak periods.

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INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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2. To ensure that the taxi fleet project funded by the Clean Vehicle Transport Fund is delivered by March 2017 and all retrofits are undertaken (Acting Head of Regulatory Services, March 2017)
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Number of affordable homes delivered per year - new build and conversions (Corporate)	No.	236.00	60.00	 Improving
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Position

This indicator measures the number of new affordable homes that are projected to be delivered by the end of the 2016/17 financial year. As of Q2 2016/17, the current end year projection stands at 60. Of these, 50 were delivered in Q2, made up of 13 HRA regeneration properties; 5 HRA Hidden Homes units; 12 traveller pitches and 20 shared ownership flats through one of our Registered Provider partners. Further properties may become available through the year if schemes come forward.

A target of 236 has been set for the 2016/17 financial year. This annual target uses the City Plan target of 30% of new supply being affordable over 2015-2030 projected supply. Although this target will not be met based on the current projection, the aim remains to increase the number of affordable homes delivered.

The projected result represents a decrease compared to the 2015/16 result, when 71 affordable homes were delivered.

Results for the four preceding financial years were 58 in 2011/12, 46 in 2012/13, 164 in 2013/14 and 244 in 2014/15.

No national or neighbourhood comparable information is available.

Commentary

Performance is poor compared to the target annual target, as the number of units of affordable housing delivered has been low since 2015/16. Performance slipped in 2015/16 due to an overall adjustment in the housing market, a lull in development of Register Provider schemes following a period of high delivery and the way that Registered Provider schemes are funded / pre-funded (the programme was previously set over a three year period – now it is assessed year on year with schemes brought forward as available) as well of slippage of schemes totalling 80 homes.

The three year programme (2015-18) currently lists an increased total delivery of 282 homes (71 in 2015-16; 60 in 2016-17 and 151 in 2017-18) with a further pipeline forecast of 137 properties with or close to achieving planning approval – including 53 with projected completion in 2018/19. Some of these pipeline properties will move forward within the three years programme and additional units will come forward through CME (Continuous Market Engagement). The regular monitoring of Affordable Housing Development Programme is reviewed at the Affordable Housing Partnership (bi monthly) and monthly Homes and Communities Agency liaison meetings. The New Homes for Neighbourhoods programme and other Council programmes are subject to monitoring and review through the Estate Regeneration Board, which meets every 6 weeks.

City Plan Part 1 adopted March 2016 outlines projects 655 new units per year until 2019 with an average 30% share as affordable. This equates to 196 affordable housing units per year. We await Housing & Planning Act regulations and impact upon delivery of new affordable homes, in particular in relation to the Government focus on supporting low cost home ownership through alignment of funding and planning policy toward delivery of Starter Homes.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Actions

1. In order to further increase the supply of new affordable homes additional funding options are being actively investigated including buying new homes off plan and other Special Purpose Vehicle / Joint Venture options. (Head of Housing Strategy, March 2017).
2. Housing continues to work closely with Planning to maximise the amount of affordable homes delivered on new developments, including involvement in CPP2 (City Plan Part 2) consultation taking place 2016/17. (Head of Housing Strategy, March 2017).
3. Affordable Housing Brief to be updated in line with adopted City Plan Part 1 and any relevant legislation agreed through Housing & Planning Act, and then published on the council's website. (Head of Housing Strategy, March 2017).
4. We continue our work in the City and through our Greater Brighton Housing and Growth Working Group on seeking to overcoming barriers to delivering existing housing targets, accelerating delivery of additional housing numbers as well as making best use of available land / identification of new sites. We continue to review innovative housing delivery options, in particular use of housing company / joint venture models to deliver more affordable housing and improve overall supply. This includes proposals to deliver new homes on a living wage rent and ownership basis both to meet housing need and in support of the local economy. Specialist legal advisors have been procured and an update paper is being presented to Strategic Delivery Board on 28 July with a view to recommendations to proceed with agreed housing delivery options to early autumn Committees. (Head of Housing Strategy, March 2017).

Private sector vacant dwellings returned into occupation or demolished [Corporate]

No.

79.00

81.00



Declining

Position

This indicator measures the number of private sector vacant dwellings returned into occupation or demolished. The result during Q2 2016/17 was 34, with 31 dwellings returned into occupation through advice and 3 through Private Sector Leasing (PSL) / management agreements.. The outturn number is likely to increase as further properties are verified as back in use by the Council Tax Team. The empty property team are in constructive dialogue with the owners of 219 properties.

The target is 157 per year which is an average of 38 per quarter. However performance is rarely equal across the quarters. The direction of the target is to increase the number of private sector vacant dwelling returned into occupation or demolished. The combined total of the first two quarters of 2016/17 is 81, which suggests year to date performance is on track. This is equal to the performance result at Q2 2015/16. Please note that the Q1 2016/17 result was reported as 42 at the time, but has since increased to 47 following further 'back in use' confirmation from Council Tax.

Although the target has not been met for the quarter, performance is good because it is on track to meet the target for the year. At present 81 properties have been returned against a target of 157 which is 51% of the total.

Commentary

The number of private sector vacant dwellings returned into occupation or demolished remains steady with around 150+ properties a year being returned to use on average. Although reported quarterly the figures should be looked at across the year as there can be seasonal fluctuations. A well-established and systematic approach by the Empty Property Officers has led to this sustained year on year performance. Figures are monitored monthly as part of standard processes. A refreshed enforcement protocol (in development) as a disincentive for owners will assist in improving performance. Lack of funding for incentive offers to owners is an ongoing challenge. Business case considering cost benefits of both enforcement and incentives being explored. Successful New Homes Bonus campaign with council tax colleagues lowering number of empties significantly at time of count impacting positively on eventual overall reward.

Since 2010 the numbers of empty homes returned to use each year has been included in New Homes

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Bonus calculation. The Empty Property Team carries out an annual joint initiative with Council Tax to ensure that the figure recorded on count day (October each year) is correct. A decrease in the number of empty homes is rewarded by payment per unit reduction equivalent to council tax payable for 6 years as with any new built properties. The payment terms are due to change to five years and then 4 years from 2017 count. Similarly any increase in empty homes numbers are counted against the overall new homes figure – so maintaining a consistent number / reduction is essential.

Income secured through NHB relating to empty properties returned to use since 2010 currently stands at £2.4m, and records an underlying reduction in long term empties of over 200 properties / 22% from 908 to 702 as at October 2015. The most recent count as of October 2016 is believed to have achieved a further reduction in empty property numbers (602) but this will be confirmed in December 2016 with associated income confirmed February 2017. This relates to long term empty properties which are those empty for over six months, and is recorded as a snapshot of a specific day, so does not interfere with the ongoing return to use of empty properties throughout the year.

Progress has been made against action no. 1, with a scoping exercise undertaken in September 2016 for a business case exploring a recyclable funding pot for enforcement action. Action no. 2 has had its expected completion date moved from September 2016 to November 2016.

Actions

1. Business case exploring recyclable funding pot for enforcement action (Empty Property Officers, initial report to HLT planned for November 2016).
2. Empty Property Enforcement Group re-launch in line with revised Empty Property Strategy (Empty Property Officers, December 2016).
3. Business case exploring cost benefits of funding for owners (Empty Property Officers, January 2017).

The number of households where homelessness was prevented due to casework by the council and funded partners [Corporate]

No. 1,104.00 1,062.00



Position

The aim is to increase the number of homelessness prevention cases completed by the council and our funded partners. The target for homelessness prevention is 552 per quarter, 2,208 by the 2016/17 year end. This is because the data has to be gathered from other agencies across the City. During Q2 2016/17 a total of 500 households had their homelessness prevented or relieved as a result of prevention casework completed by the council and our partner agencies. 439 households had their homelessness prevented and 61 had their homelessness relieved. 225 households sustained their current accommodation and 275 households were assisted to secure alternative accommodation. 29% (80 of 275) of those households helped to find alternative accommodation were rehoused in the private rented sector and 27% (74 of 275) were rehoused in supported housing. This figure of 500 is below the quarterly target of 552.

In Q1 2016/17 a total of 562 households had their homelessness prevented or relieved. 466 households had their homelessness prevented and 96 had their homelessness relieved. 184 of the 562 households sustained their current accommodation and 378 were assisted to find alternative accommodation. 38% of those households helped to find alternative accommodation were rehoused in the private rented sector and 29% were rehoused in supported housing.

During 2015/16 a total of 2,213 households had their homelessness prevented (averaging 553.25 households per quarter). The total is made up of 1,902 households where their homelessness was prevented and 311 households where their homelessness was relieved. Of 2,213 households 925 were assisted to sustain their current accommodation and 1,288 were assisted into alternative accommodation. 31% of those households helped to find alternative accommodation were rehoused in the private rented sector and 18% were rehoused in supported housing.

The total of 2,213 households who had their homelessness prevented or relieved as a result of prevention casework completed by the council and our partner agencies during 2015/16 shows a declining trend when compared to the figure of 2,538 during 2014/15.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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The top performing statistical neighbour is Bristol with 22.90 homelessness preventions per 1,000 households (latest published released in June 2016). Brighton & Hove was 2nd with 17.56 preventions per 1,000 households, a 17% reduction on the Brighton & Hove 2014/15 result. Some of this was due to a numerical reduction in prevention and relieved cases (13% decrease in prevention and relief from 2,538 in 2014/15 to 2,213 households in 2015/16) and the remainder due to the number of households used in the base population calculation being increased by 0.8% from 125,000 to 126,000 between 2014/15 and 2015/16. To be the top performing statistical neighbour and exceed Bristol's 2015/16 performance, Brighton & Hove will need to achieve 722 preventions per quarter which is 22.92 per 1,000 households. This is a 30% increase on the 2015/16 actual performance and not considered achievable in light of welfare reforms; the continuing high cost of housing in the south east and the continuing ripple effect from reductions in Legal Aid support to advice agencies. To remain in the top quartile of our statistical neighbours, performance has to exceed 10.31 preventions and reliefs per 1,000 households which represents 325 households per quarter. This target is considered too low and not challenging. An additional consideration that preventions are dependent on the number of people approaching the council and partners for support and it could be argued that a reducing target is more appropriate as this would signify fewer households in need. The agreed target for 2016/17 therefore has been set at 552 per quarter which will maintain the 2015/16 performance

Commentary

There has been a substantial reduction in the figures and some of this relates to the reduced activity of Brighton Housing Trust (BHT) and cuts to legal aid. This is also in the context of a toughening climate mainly due to welfare reform in an area of high housing costs which renders prevention much more challenging. There is ongoing good work taking place in preventing significant numbers of households becoming homeless, but this also demonstrates high levels of pressure in the city for households to maintain their housing. It is envisaged that the situation will worsen with further welfare benefit cuts and also the introduction of Universal Credit in this area later in the year. The financial implications are that statutory homeless households will likely require temporary accommodation and will likely remain there for longer as there are fewer options to access the private rented sector. There will therefore be an upward pressure on the temporary accommodation budget.

Actions

1. Work jointly with partners in children's services and adult social care and health to identify people who may potentially become homeless at a much earlier stage with a view to prevention (Head of Temporary Accommodation & Allocation, March 2017).
2. Explore possibilities for obtaining affordable accommodation in other locations around the country as an option for people who may prefer to move. We have now subscribed to Homefinder UK which will facilitate people moving to other areas. Staff training completed and system is now up and running. Take up will be monitored within the performance indicators - (Head of Temporary Accommodation & Allocations April 2017).

Housing Tenants: Rent collected as proportion of rent due [Corporate]	%	98.50	98.85	 GREEN
				Declining

Position

As of Quarter 2, the rent collection rate for the 2016/17 financial year is forecast at 98.85%. The forecast is calculated based on the expected rent due from Housing Revenue Account (HRA) dwellings over the financial year and on the level of current tenant arrears as of the end of September, which stand at £586k.

The target of 98.50% by end 2016/17 is set locally by the Housing Leadership Team. The target is an increase on the 2015/16 target of 98.40%. Although performance during 2015/16 was higher than this, at 98.77%, the target has not been set as such because it is unlikely to be achievable in the face of the roll-out of Universal Credit (UC), although this is currently delayed.

The forecast end year rent collection rate has decreased slightly between Q1 2016/17 and Q2 2016/17,

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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from 98.91% to 98.85%, but is nonetheless in excess of the target and in line with seasonal trends.

The current result is also an improvement upon the 2015/16 result of 98.77%.

Performance around rent collection and arrears is benchmarked using data from Housemark for the 2015/16 financial year, which indicates that Brighton & Hove ranks among the top quartile (top 25%) of highest performing social housing providers (both local authorities and housing associations). The 98.50% target has been set to maintain this position.

Council tenants aged 65 and over are much less likely to be in arrears (8%) than tenants aged under 65 (27%). Older tenants are more likely to receive full Housing Benefit and are generally not directly affected by recent welfare reforms.

Commentary

Performance is good and is in excess of the target. This is because of a successful drive to reduce rent arrears. 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).

The principal challenges facing the service are the rollout of Universal Credit and changes that may be introduced from the Housing & Planning Act (eg the sale of higher value council homes and "Pay to Stay"). Although the rollout of Universal Credit has been delayed, the number of cases and their related arrears are likely to grow during the current financial year. The new, lower benefit cap comes into effect from November 2016, which may also impact on collections rates.

Since Q1 2016/17, data analysis has been carried out to identify tenants who are paying in arrears.

This will be used by the Income Management team to contact them in order to encourage them to pay in advance.

Actions

1. Use data analysis of tenants who are paying in arrears to encourage them to pay in advance (Income Services Managers, Dec 2016).
2. Continue to attend benchmarking type clubs e.g. Housemark and Rent Income Excellence Network meetings (Housing Income Manager, Income Services Managers, Performance & Improvement Officer, Mar 2017).
3. Carrying out further analysis to get a better understanding of the impact of wider welfare reforms (e.g. Employment and Support Allowance (ESA)/Job Seekers Allowance (JSA) benefits sanctions, delays in Disability Living Allowance (DLA)/Personal Independence Payment (PIP) (Performance & Improvement Officer, Performance & Data Analyst, Dec 2016).
4. Meeting with social landlords in the city regarding preparations for the introduction of Universal Credit and sharing learning and/or relevant practices (Head of Income, Involvement & Improvement, Mar 2017).
5. Considering incentives for paying rent and more making regular payments (Income Services Managers, Mar 2017).
6. Looking at behavioural science techniques that encourage responsible actions around rent payment and actions to minimise personal debt (Head of Income, Involvement & Improvement, Dec 2016).
7. Keeping under review the practices within the team to encourage innovation and improvement (Income Services Managers, Mar 2017).
8. Ensuring staff continue to receive comprehensive training on all aspects of Welfare Reform and efficient processes for Income Management (Housing Income Manager, Mar 2017).
9. Looking at how technology can support income collection and arrears minimisation e.g. Housing app, text message notifications/reminders, mobile working possibilities (Performance & Improvement Manager, Mar 2017).
10. Formalise the Housing's response to new Universal Credit claims in advance of wider rollout, to ensure the quickest, most efficient and consistent service is offered to those who are affected. (Performance & Improvement Officer, March 2017)
11. Undertake an intensive visiting project to all of those likely to be affected by the benefit cap to explore possible exemptions and to minimise any impact (Income Service Managers, Dec 2016)
12. A door knocking campaign to reach all general needs tenants is starting in November (Performance

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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& Improvement Officer, Dec 2016).

13. Develop a pre-tenancy online 'Better Start' guide to help prospective tenants get into the best financial position before their tenancy begins (Performance & Improvement Officer, Dec 2016).

14. Once the outcome of the current service redesign formal consultation is known, as part of the proposed changes we will be reviewing Housing Income Management Team processes and procedures to ensure they support tenancy sustainment, that we have good linkages and robust information exchange with the Department for Work & Pensions, and that we are working as effectively as possible to deliver effective value for money services to tenants that maximises rental income to the Housing Revenue Account. (Income Service Managers, Dec 2016).

15. Look into the feasibility of further modernising our payment systems to make them both more cost effective for the council and easy for tenants to use (Performance & Improvement Officer, Dec 2016).

The percentage of the council's homes that do not meet the government's Decent Homes Standard [Corporate]	%	0.00	0.00	 No change
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Position

At the end of September 2016, 0% of HRA owned and managed dwellings did not meet the governments Decent Homes Standard. This has been maintained at 100% since September 2015. The target is to maintain 100% decency (or 0% non-decent) throughout the year.

Commentary

The decent homes 100% standard was first achieved in December 2013. Currently 100% of our Council Housing Stock maintains the Decent Homes Standard. Properties drop out of the Decent Homes Standard on the 1st of January each year.

Action

1. Ongoing monitoring of properties that meet the decent homes standard. Properties drop out of the Decent Homes Standard on the 1st of January each year. (Head of Housing Property & Investment)

2016-17 Strategy Governance & Law - Quarterly (Corporate)

Whistleblowing Allegations received (trend) [Corporate]	No.		7.00	Trend
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Position:

4 whistleblowing allegations were received between July & September (7 year to date) there were 6 for the same period in 2015/16 (10 year to date).

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:

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 during 2015/16 to review progress on whistle blowing cases and to identify any common themes or issues that might require wider consideration.

Progress on whistle blowing was reported to the June 2016 Audit & Standards Committee as part of the Annual Governance Statement.

The whistle blowing policy has been publicised as part of the refreshed approach to Fraud & Corruption awareness including:

- 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)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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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. For 2016/17 whistleblowing will inform the council's Corporate Risk Assurance Framework (to be reported to Audit & Standards Committee January 2017).

Actions:

- 1) Further publicity and monitoring of the system will take place during the year as part of publicising the council's approach to counter-fraud; this will be an ongoing process through ELT briefing, messages on the website, payslips etc. (March 2017 Head of Law)
- 2) The whistle blowing policy will be reviewed and an update report submitted to Audit & Standards Committee (March 2017, Head of Law).

Number of Stage 1 Complaints received by corporate Customer Feedback Team (Organisational result) [Corporate]	No.	744.24	877.00	 RED
				Declining

Number of all Stage One complaints

Position:

This information relates to complaints from members of the public about all services delivered by the Council including statutory Adult Social Care, Children Social Care and Corporate Complaints.

The target for 2016/17 is to drive continued improvement with a 5% reduction on the result of the preceding twelve months. The annual result for 2015/16 was 1567, the green target is 1488, which is 372 per quarter. The result for Q1 (March to May) was 460 which was Red, and for Q2 (June to Aug) there were 407 complaints and remains a Red rating. The direction of travel is improving.

For key services in Q2 the number of complaints, direction of travel compared to Q1 and main issues of complaint were:

- City Parks = 21 (Red/Worsening); Grass Verges, Weeding
- Sport & Leisure = 10 (Red/Worsening); Disagree with decision
- Cityclean = 108 (Red/Improving); Recycling missed, Refuse collection missed, Failure to provide bins, Street cleaning not done
- Parking = 27 (Green/Improving); PCN, Parking Permits, Pay & Display
- Highways = 13 (Green/Improving); Road Safety, Road Repairs, Streetlighting
- Development Management = 4 (Green/Improving); Disagree with decision
- Tourism & Venues = 0 (Green / Level)
- Revenues & Benefits = 29 (Green/Improving); Legal Action, Incorrect Assessment,
- Childrens Social Care = 17 (Green/Worsening) Unhappy with SW, Not supporting parent
- Health & Disability = 2 (Green/Level); Delay, Unhappy with decision
- Education & Skills = 1 (Green/Improving); Unhappy with decision
- ASC = 12 (Green/Improving); Quality of services
- Repairs & Maintenance = 72 (Red/Level) Delay completing repair, Communication
- Regulatory Services = 8 (Red/Level); Failure to take action, disagree with decision
- Housing Services = 31 (Red/Improving); Low level ASB, Lack of action
- Housing Needs = 23 (Green/Improving); Banding, Disagree with decision

- Life Events = 5 (Green/Improving); Poor delivery of service

Few other local authorities provide their annual complaints data and where they do the corporate complaints processes used often differ so that direct comparisons are not easily made.

For 2015/16 67% of replies were sent within 10 working days, 12% took longer than 20 working days. In Quarter 1 2016/17 61% of replies were sent within 10 working days, 18% took longer than 20 working days. In Q2 61% were replied to within 10 working days, 17% have taken longer than 20 working days but at the time of writing 24 complaints had not been replied to and the final figure will be adjusted

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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when the results are available. Response times are clearly taking longer than in 2015/16.

The Customer Feedback Team issues weekly reminders to all members of CMT which show what complaints have not been replied to. The teams that are having the greatest difficulty responding in a timely manner are City Clean, Housing Options and Development Management.

Commentary:


The Customer Feedback Team review Customer Feedback results with all major teams. There are six teams where the number of complaints received have been classified as Red (City Clean, City Parks, Sports & Leisure, Repairs & Maintenance, Housing Services and Regulatory Services) and of this group there are three teams (City Parks, Sports & Leisure, and Children's Social Care) where the number of complaints have increased compared to Q1. In all other services the complaint numbers are either level or reducing.

Comments from the services where there are increased complaints were:

- City Parks acknowledge there have been increased complaints with regard to the upkeep of allotments, parks and sports pitches. City Parks are working with sports clubs, governing bodies and other interested parties to identify how grounds maintenance can be funded in different ways.
- Sports & Leisure, the Head of Service considered the increased complaint numbers was understandable in the context of the increased numbers of visitors during the summer season. There are a whole range of improvements being made to the seafront and one of the latest improvements will be to the Volks Railway following the securing of external funding. As reported in Q1 much work is done by event organisers to minimise the impact of events on local people and visitors who do not wish to take part in the events.
- Children's Social Care saw a significant decrease in complaints in Q1 as a result of their new delivery model, there has been a very small increase in Q2 but this may be considered a minor fluctuation in complaint level and is not indicative of an increasing trend. This service are now communicating recommendations arising from customer feedback to all their practitioners.

Actions:

1. Analyse and learn from best practice within the council and share with all services. (Mar 17, Action Lead: Head of Performance Improvement & Programmes)
2. City Clean. Priority has been given to the introduction income generating commercial work. This may impact on previously planned work to improve in cab communications using mobile technology for which there is no longer a target date. (Action Date: Ongoing Action Lead: Waste Contracts & Projects Manager)
3. City Clean. Online ordering process and assessment of qualification for larger refuse bins being reviewed. (Action Date: Ongoing. Action Lead: Waste Contracts & Projects Manager)
4. In City Clean greater emphasis has been placed on Enforcement and dealing with Fly Tipping, 800 fines have been issued in the city since April compared to 80 in the whole of last year. This has had a positive impact on littering and street waste in the city and will enable investment in moveable cctv to be located at fly tipping hotspots, improving the environment for residents. (Action Date: Ongoing. Action Lead: Waste Contracts & Projects Manager.)
5. Housing Repairs & Maintenance: There is a new text service for responsive repairs. A text is automatically sent out when a job order is closed asking for feedback. The resident can respond by text and if they raise any outstanding issues or concerns, they will receive a call within 24 hours and a resolution will be found. (Action Date: September 2016. Action Lead: Head of Housing Strategy Property & Investment)
6. Implementation of system to create better understanding of repair requirements to housing stock to be implemented. Action Date: March 2017. Action Lead: Business & Performance Manager.
7. Revised tenant repairs handbook. (Action Date: March 2017. Action Lead: Customer Service Manager.)
8. Housing Services: The re-organisation of the service with a more efficient structure and improved focus on vulnerable people and the need for residents to contact fewer people. It is anticipated this will lead to fewer complaints. (Action Date: October 2016. Action Lead: Assistant Director – Housing)
9. Benefits & Revenues: A set of measures with a digital focus appear to have had an impact on reducing the number of complaints received. These include student discounts, exemptions, direct

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
debits, an online benefit form, and online questions. A text service now reminds people when they are late in making payments. People are being encouraged to make use of online services and E Billing will be introduced for next financial year. (Action date: April 2017, Action lead: Head of Benefits & Revenues.)				
10. Parking: A “self serve” system is being introduced where customers can access information online when they are issued with a PCN . It will enable people to fully understand why a Penalty Charge Notice (PCN) has been issued and help them understand if they are likely to be successful in an appeal. (Action date: November 2016. Action Lead: Parking Strategy.)				
11. All overdue complaints are made known to senior managers in a weekly publicised list. (Action Date: Ongoing. Action Lead: Customer Experience Lead)				
12. Quarterly meetings with heads of service to review complaints performance. (Action Date: Ongoing. Action Lead: Customer Feedback Managers)				
% of Stage 1 Complaints upheld or partially upheld including Adults and Children’s Social Care (Organisational Result) [Corporate]	%	28.00	36.15	 Improving

Position:

This Performance Indicator (PI) measures the number of complaints in the first stage of our complaints process which were wholly or partially upheld expressed as a percentage of the total number of stage one complaints that have been completed.

The time period reported for Q1 is March to May and for Q2 it is June to August. This is to allow time for stage 2 requests received at the end of the period to be concluded.

Teams should endeavour to avoid issues of dissatisfaction becoming formal complaints by resolving the matter with their customers. This is good customer service and avoids the cost of engaging the complaint process. If a team identifies there has been a mistake team members should have the skills, the knowledge and be empowered to resolve the issue.

The average percentage of complaints upheld or partially upheld over the two year period 2013/14 and 2014/15 was 39% across all services. Result for the year 2015/16 was 31.0% (468/1567). For 2016/17 a target of 28% will continue that trend by setting a 10% improvement.

In the reporting period 2016/17 Q1 there were 460 Stage One complaints of which 155 were upheld or partially upheld. This gives a figure of 34%, and had a Red rating. The direction of travel was worsening. For the period 2016/17 Q2 there were 407 complaints of which 168 were upheld or partially upheld. This gives a figure of 41% and continues to have a Red rating and a direction of travel which is worsening.

There is no comparator information available from other authorities.

Commentary:

We have complaints data about all service teams but more closely monitor and report on the activity of a group of services who have a high profile or significant levels of complaint. Services with higher than the target level of upheld or partially upheld complaints and where the trend was not improving in Q2 were:

- City Clean: In Q2 there were 108 complaints of which 74 were upheld (=68%) compared to 38% in Q1. The issues driving complaints are Missed recycling collection, Missed refuse collection, and Failure to provide bins. Problems with call handling have impacted on dealing with missed collections, the Service Level Agreement for missed collections is 24hrs, but many email reports were not being picked up within that time. Difficulties with staffing levels are contributing to the increased percentage of valid complaints. Permanent recruitment is now taking place and this should help resolve the underlying issues.
- City Parks: In Q2 there were 21 complaints of which 8 were upheld (=38%) compared to 20% in Q1. The key issues have been growth of weeds and lack of verge cutting. City Parks accept this has been an issue for them and there are greater issues they face regarding the upkeep of, allotments, parks and sports pitches. City Parks are working with sports clubs, governing bodies and other interested parties to identify how grounds maintenance can be funded.
- Children’s Social Care: In Q2 there were 17 complaints of which 7 were upheld (=40%) compared to

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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33% in Q1. Complaints about Children’s Social Care are often complex and multi-stranded and the issues are highly emotional. It frequently follows that in the course of resolving a complaint Managers will identify areas of the service which could have been better delivered. Children’s Social Care have developed and are using a system for communicating service improvements to all practitioners on a quarterly basis.

- ASC: In Q2 there were 21 complaints of which 9 were upheld (=42%) compared to 43% in Q1. Similarly to Children’s Social Care the complaints are often complex and multi-stranded and it is often found that a part of the overall complaint is upheld. ASC are about to introduce Electronic Self Assessment which will minimise the double handling of data, freeing staff to focus on other tasks and reducing waiting times.
- Repairs & Maintenance: In Q2 there were 72 complaints of which 41 were upheld (=57%) compared to 53% in Q1. A new text service for responsive repairs seeking feedback on all closed works. If any outstanding issues or concerns are raised the tenant will be called within 24 hours and a resolution arranged. This should reduce complaints and the percentage of upheld issues.
- Life Events: In Q2 there were 5 complaints of which 3 were upheld (=60%) compared to 38% in Q1. There is going to be a trial on different method to trace next of kin in Public Health referrals, to assess improved success rate. There will be changes to how Woodland Walk memorials are offered, to increase options available to families.

Actions:

1. City Clean: Permanent recruitment of staff for the contact centre will bring improvements in the communication and reporting of missed collections. (November 2016, Action Lead: Head of Business Support and Projects).
2. City Parks: Discussions are taking place to identify alternative ways in which grounds can be maintained. (Ongoing, Action Lead Policy and Major Projects Manager).
3. Adults Social Care: Introduction of Electronic Self Assessment will stream line process. (December 2016, Action Lead: General Manager).
4. Repairs & Maintenance: A new text service to check if there are outstanding issues following repairs work has gone live. (October 2016, Action Lead: Head of Housing Strategy Property & Investment).
5. Life Events: New methods for tracing next of kin and changes to woodland walk memorials. (November 2016, Action Lead: City Services Manager).

% of Stage 2 Complaints upheld or partially upheld including Children's Social Care (Organisational Result) [Corporate]	%	15.00	12.99	 GREEN
				Improving

Position

Stage 2 complaints are investigated by the Customer Feedback Managers who are independent of services. A low percentage of upheld or partially upheld results at Stage 2 can indicate that service managers carrying out Stage 1 investigations have reached a fair and reasonable decision. The target result for 2016/17 Stage 2 complaints upheld or partially upheld is 15%. Using the same reporting period for each quarter as for Stage 1 complaints the Q1 (March – May) result was been 21% which was Amber where there was a slight improvement on the 2015/16 figure. The result for Q2 (June – August) is 13% and is Green. The direction of travel is improving.

There is no comparator information available from other authorities about the percentage of Stage 2 complaints upheld.

Commentary

Heads of Service tell us that greater effort is being placed on resolving customer dissatisfaction by their managers. To assist in this Customer Feedback Managers hold quarterly meetings with Heads of Services and Senior Managers where there is discussion about the quality of responses. Additionally, the Customer Feedback Team offer training in developing investigations skills and identifying service improvement as part of the Council wide learning programme and on an ad-hoc basis where a learning need is identified. Feedback received from delegates who have attended is that the workshops are very informative and useful. This appears to be having a positive effect on the quality of Stage 1 complaints

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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and is reducing the cases upheld at Stage 2.

The challenge for the future will be to continue to improve the skills of all managers and their teams so that people who have raised complaints at Stage 1 can recognise that their issue has been fairly investigated and that they have been treated with empathy and respect. Recognising when something has gone wrong, giving an explanation and a meaningful apology in a timely manner is really important for improving overall customer satisfaction.

Progress has been good in Q2 and only a few teams have higher than the target level of upheld or partially upheld complaints at Stage 2 and a trend which was not improving. However it should be noted that as there are only a small number of Stage 2 cases for each team an increase of 1 upheld case can cause a big percentage change.

- City Clean: In Q2 there were 108 Stage 1 complaints which have resulted in 5 Stage 2 complaints (Escalation rate=4.6%). Of those 5 complaints 2 were upheld (40%). In Q1 there were 5 Stage 2 and 1 was upheld (20%).
- Parking: In Q2 there were 25 Stage 1 complaints which have resulted in 4 Stage 2 complaints (Escalation rate=16%). Of those 4 complaints 1 was upheld (25%). In Q1 there were 3 Stage 2 and 0 were upheld (0%).
- Housing Needs: In Q2 there were 23 Stage 1 complaints which have resulted in 4 Stage 2 complaints (Escalation rate=17.3%). Of those 4 complaints 1 was upheld (25%). In Q1 there were 8 Stage 2 and 2 were upheld (25%).
- Revenues & Benefits: In Q2 there were 29 Stage 1 complaints which have resulted in 4 Stage 2 complaints (Escalation rate=13.7%). Of those 4 complaints 1 was upheld (25%). In Q1 there were 4 Stage 2 and 0 were upheld (0%).

Actions:

1. The Customer Feedback Team will continue to provide support, advice and training to enable service managers to give high quality response to complaints which focus on either resolving matters or giving clear explanations why service have to be delivered as they are. (Ongoing, Action Lead: Customer Experience Lead)
2. The Customer Feedback Managers will continue to meet with service managers to identify service improvements and to improve the quality of Stage One replies. (Ongoing, Action Lead: Customer Experience Lead)

Number of compliments received	No.	430.00	430.00	
[Corporate]				GREEN
				Improving

Position

For 2015/16 the total number of compliments recorded was 781, a 10% improvement for the year is 860 (215 per quarter). For 2016/17 Q1 there were 214 compliments, this is an Amber rating. In Q2 there were there were 216 which is a Green rating and a slight increase.

In Q1 88% of compliments received were from members of the public and 12% from professionals.

In Q2 91% (196) of compliments received were from members of the public and 9% (20) from professionals.

By professionals we mean colleagues from other departments and people working in other agencies or partner organisations. In Q2 we have started to separate the external and internal professionals' compliments.

The reasons for compliments from members of the public were:

Customer Focus	Q2= 83(42%)	Q1=89(47%)	15/16=21(33%)
Personal Qualities	Q2= 27(13%)	Q1=40(21%)	15/16=132(20%)
Good Processes	Q2= 65(33%)	Q1=33(18%)	15/16=112(17%)
Quality of Outcome	Q2=11(6%)	Q1=17(9%)	15/16=107(16%)
Quality of Input	Q2=10 (6%)	Q1=9(5%)	15/16=79(12%)

The reasons for compliments from professionals were:

Customer Focus	Q2=10(50%)	Q1=10(40%)	15/16=18(14%)
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INDICATOR			UNIT	TARGET	ACTUAL	STATUS
Quality of Input	Q2=5(25%)	Q1=6(24%)	15/16=36(29%)			
Personal Qualities	Q2=1(5%)	Q1=4(16%)	15/16=30(24%)			
Quality of Outcome	Q2=3(15%)	Q1=3(12%)	15/16=10(8%)			
Good Process	Q2=1(5%)	Q1=2(8%)	15/16=31(25%)			

In Q2 the results by Directorate were:

- Economy, Environment & Culture Q2=80 Q1=59
- Families, Children & Learning Q2=23 Q1=34
- Finance & Resources Q2=10 Q1=20
- Health & Adult Social Care Q2=56 Q1=47
- Neighbourhoods, Communities & Housing Q2=38 Q1=46
- Strategy Governance & Law Q2=9 Q1=8

There is no comparator information available from other authorities.

Commentary

The guidance we are giving to help people understand what we mean by compliments is:

“A compliment is when someone makes a proactive attempt to congratulate a service provider and explains why they appreciated the service provided.”

During Customer Service week we published a selection of compliment on the wave to encourage services to tell us about the compliments they receive so we can review them and identify and share the good things customers comment on. Compliments are included in the quarterly discussions between service leads and Customer Feedback Managers to inform service improvements.

Some service areas have reported a significant increase in the compliments they receive.

Actions:

1. The Customer Feedback Team will continue to encourage and remind teams to send their compliments to Customer Feedback using the generic email address as this will enable us to build a picture of what customers find valuable. (Action Date: Ongoing. Action Lead: Customer Experience Lead)
2. The value of Compliments is promoted in the Complaints Investigation and Service Improvement workshops. (Action Date: Ongoing. Action Lead: Customer Experience Lead)
3. Analyse compliments received and discuss with services leads in quarterly meetings to inform service improvements (Action Date: Ongoing, Action Lead: Customer Feedback Managers)

