




Brighton & Hove City Council

Appendix 1: 2019-20 Council Corporate KPIs - Quarter 2 results

Period: Apr-19 - Sep-19

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
2019-20 Economy Environment & Culture - Council (Corporate) Quarterly				
% of household waste sent for reuse, recycling and composting (3 month lag) [Corporate - council]	%	37.00	30.70	 Improving

Position:

Between April 19 and Jun 19 - 30.7% of the household waste in the city was sent by the Authority for reuse, recycling, composting or anaerobic digestion. This equates to 7,992 tonnes (source Waste Data Flow reports).

The trend of this result on a quarterly basis were:

2017/18: Q1 - 29.1%, Q2 - 28.7%, Q3 - 28.5% and Q4 - 28%

2018/19: Q1 - 30.4%, Q2 - 28.9%, Q3 - 28.1% and Q4 - 29.24%

2019/20: Q1 - 30.7%

The target for 2019/20 was set at 37% this was the comparator average in Dec 18.

The annual trend for the performance indicator is:

2010/11 = 27.7%

2011/12 = 28.1%

2012/13 = 26.8%

2013/14 = 25.8%

2014/15 = 25.2% (26,358 tonnes recycled out of 104,433 tonnes HH waste)

2015/16 = 24.6% (25,835 tonnes recycled out of 105,223 tonnes HH waste)

2016/17 = 27.0% (28,557 tonnes recycled out of 105,921 tonnes HH waste)

2017/18 = 28.6% (29,745 tonnes recycled out of 104,135 tonnes HH waste)

2018/19 = 29.2% (30,030 tonnes recycled out of 102,885 tonnes HH waste)

Commentary

The City Environment Modernisation Programme is developing a sustainable future for the service in the context of reducing council budgets, increases in customer demand and an expanding service offer.


Many projects within the Programme will have an impact on the percentage of waste sent for reuse, recycling and composting:

- The Increasing Recycling Project is improving how the council communicates with and educates the city on recycling. Through collaboration with stakeholders, activities and resources will be designed to improve the city's recycling rates.
- The rollout of more recycling wheelie bins will enable residents to recycle more
- The Round Restructure Project will ensure the service is reliable and resilient to ensure collections are made on the scheduled day, removing the need for recycling materials to be placed in refuse containers if the collection is missed

Recent actions delivered include:

- Educating students about what can and cannot be recycled. This included articles published in student magazines and flyers prepared for handing out to language schools and universities on what can and cannot be recycled. This literature also includes advice relating to littering and fly-tipping and the risk of receiving a Fixed Penalty Notice if someone commits an environmental offence.
- The rollout of on-the-go recycling litter bins has commenced, starting between Meeting House Café and Palace Pier as this area has the highest footfall.
- The rollout of recycling wheelie bins to some rounds following completion of the wheelie bin audit

Actions

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
1. Improve the collections of domestic recycling through the Round Restructure Project (Head of Operations, July 20)				
2. Deliver the Increasing Recycling Project (Head of Service Improvement & Modernisation, Mar 20)				
3. Continue rollout of recycling wheelie bins (Head of Service Improvement & Modernisation, Jan 20)				
4. Begin taking on new garden waste customers (Business Development Manager, ongoing)				
Missed refuse collections per 100,000 collections [Corporate - council]	No.	154.00	402.00	 Declining

Position:

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

The year to date performance trend is:

- Apr to Jun 2017 = 40 per 100,000
- Apr to Sep 2017 = 62 per 100,000
- Apr to Dec 2017 = 57 per 100,000
- Apr to Mar 2017 = 79 per 100,000
- Apr to Jun 2018 = 215 per 100,000
- Apr to Sep 2018 = 195 per 100,000
- Apr to Dec 2018 = 171 per 100,000
- Apr to Mar 2019 = 171 per 100,000
- Apr to Jun 2019 = 159 per 100,000
- Apr to Sep 2019 = 402 per 100,000

The target was set at 154 to represent a 10% improvement in the 2018/19 performance levels to reflect the impact of the changes being implemented. The changes have made reporting missed collections easier and more reliable than it has been as the trend shows.


Commentary

There has been a significant increase in the number of missed refuse collections. The recent fire at Veolia's Waste Transfer Station at Hollingdean on 25th August had a huge effect on Cityclean's ability to carry out a normal collection service. It meant drivers had to drive to Newhaven to drop off loads (a three hour round journey). Added to this there was also a higher than normal number of vehicle breakdowns, plus a high number of driver shortages caused by sudden and unexpected sickness, at a time when there have been vacancies and the summer break. These statistics do not exclude "lockouts". Lockouts relate to bins that have not been put out or cannot be collected because they are contaminated. Resources have been prioritised during the Q2 period to deal with service issues, rather than data input (the impact of lockouts on this performance level is not expected to be that large). The service is reviewing the process of capturing lockout information and are exploring a technical solution.

Next Steps:

1. A business case is going to the ETS Committee recommending a Fleet Replacement Programme and requesting investment (Head of Fleet, Nov 19).
2. As part of the Modernisation Programme a review of Cityclean services, in particular refuse and recycling rounds, will be undertaken. This is a major piece of work and will also include a review of how real-time information can be shared to improve efficiency relating to missed collections and lock outs. The first phase of the review which is stakeholder engagement is being undertaken (Cityclean Programme Manager, Dec 19)
3. Improve the collections of domestic refuse through the Round Restructure Project (Head of Operations, July 20)
4. Recruitment to vacant front line posts so that the service is less reliant on Agency workers. (Operations Manager, Nov 19)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
5. Two new Team Leaders are in post to help deliver changes to how the service understands and manages missed work (Operations Manager, ongoing - Jan 20)				
6. Review Access issues with Highways (Head of Operations, Dec 19)				

Missed recycling collections per 100,000 collections [Corporate - council]	No.	303.00	992.00	 RED
				Declining

Position

This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000)
 The target was set at 303 to represent a 10% improvement in the 2018/19 performance levels to reflect the impact of the changes being implemented. The changes have made reporting missed collections easier and more reliable than it has been as the trend shows.

Year to date performance trend:


- Apr to Jun 2017 = 53
- Apr to Sep 2017 = 131
- Apr to Dec 2017 = 136
- Apr to Mar 2018 = 175
- Apr to Jun 2018 = 319
- Apr to Sep 2018 = 452
- Apr to Dec 2018 = 370
- Apr to Mar 2019 = 337
- Apr to Jun 2019 = 444
- Apr to Sep 2019 = 992

Commentary

There has been a significant increase in the number of missed recycling collections. The recent fire at Veolia's Waste Transfer Station at Hollingdean on 25th August had a huge effect on Cityclean's ability to carry out a normal collection service. Initially glass recycling was taken to Hove Household Recycling Site and other recycling taken to the MRF in Hollingdean. Recycling vehicles had to travel to two different locations to tip and this additional travel time in addition to queues of up to 1.5 hours caused a backlog of work. Added to this there was also a higher than normal number of vehicle breakdowns, plus a high number of driver shortages caused by sudden and unexpected sickness, at a time when there have been vacancies and the summer break. These statistics do not include "lockouts". Lockouts relate to bins that have not been put out or cannot be collected because they are contaminated. Resources have been prioritised during the Q2 period to deal with service issues, rather than data input. The service is reviewing the process of capturing lockout information and are exploring a technical solution.

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INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of streets inspected which are found to have widespread or heavy levels of litter [Corporate - council]	%	3.20	3.30	 AMBER Improving

Position:

Between July and September 2019, 3.3% of the streets checked had litter levels which were below grade B using the national measure 'Street and environmental cleanliness: Litter'. This process grades streets and other areas of land on the following scale for litter:

- Grade A – no litter or refuse
- Grade B – predominantly free of litter and refuse except for some small items
- Grade C – widespread distribution of litter and refuse, with minor accumulations
- Grade D – heavily littered, with significant accumulations.

The target has been set at 3.2% to maintain 2018/19 outturn performance levels as there is no comparative information available.

The quarterly trend for this result is:

Apr to Jun 2017 = 4.1%

Jul to Sep 2017 = 4.2%

Oct to Dec 2017 = 4.1%

Jan to Mar 2018 = 4.3%

Apr to Jun 2018 = 6.5%

Jul to Sep 2018 = 3.8%

Oct to Dec 2018 = 3.2%

Jan to Mar 2019 – N/A

Apr to Jun 2019 – N/A

Jul to Sep 2019 = 3.3%

Commentary:

The City Environment Modernisation Programme is developing a sustainable future for the service in the context of reducing council budgets, increases in customer demand and an expanding service offer. Activities within the Programme will have an impact on the cleanliness of the city's streets. For example:

The Environmental Enforcement service has been brought in-house and resources have been targeted at particular hotspots across the City. A process is underway to procure CCTV cameras that will be strategically placed across the City, these devices are attached to street lampposts and will be moved according to need, ensuring good coverage across Brighton & Hove.

Improvements to the website content and Enforcement Officers educating the public about what constitutes environmental crimes means more people will understand the implications of littering.

Focussed on working with Language Schools to educate students on littering.

Improving litter bin provision focussed on the seafront will discourage people to leave litter on the beach or throw on the ground.

Recruitment to vacant Street Cleansing Operative roles has taken place ensuring the service is fully resourced with effect from 1st October 2019.

Actions:


1. Procurement of CCTV (Environmental Enforcement Manager, Jun 20)

Educating students through advertising in Freshers magazines. (Head of Business Support & Projects, Sep/Oct 20)

2. Working with the University of Sussex to undertake joint messaging around living responsibly in the city (Head of Business Support & Projects, Sep/Oct 20)

3. Complete roll out of new style litter bins along the seafront to reduce littering and improve recycling (Head of Operations, Cityclean, Dec 20)

4. Recruit Environmental Enforcement Officers to ensure good coverage of the city (Environmental Enforcement Manager, Dec 19)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The speed of determining applications for major development [Corporate - council]	%	88.50	91.03	 GREEN Declining

Position:

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

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

Sep 2017 = 92.54% (62 applications determined in time, 67 applications determined)

Dec 2017 = 95.77% (68 applications determined in time, 71 applications determined)

Mar 2018 = 96.83% (61 applications determined in time, 63 applications determined)

Jun 2018 = 96.61% (57 applications determined in time, 59 applications determined)

Sep 2018 = 93.44% (57 applications determined in time, 61 applications determined)

Dec 2018 = 93.44% (57 applications determined in time, 61 applications determined)

Mar 2019 = 92.19% (59 applications determined in time, 64 applications determined)

Jun 2019 = 90.00% (63 applications determined in time, 70 applications determined)

Sep 2019 = 91.03% (71 applications determined in time, 78 applications determined)

The target was set at 88.5% which is CIPFA comparator average.

The government minimum standard for the speed of determining applications for major development is 60%. Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:


The local target is set significantly higher than the national target to reflect CIPFA comparators. The recent dip in performance is attributed to the number of majors being small so one or two applications can have a greater impact on the performance outcome. Additionally this not considered to be a trend but a dip in performance. The Service is comfortably meeting nationally set KPI (60%) and has been consistently exceeding this target, both by determining applications within 13 weeks or by agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants.

Actions:

1) Continue current working practices and agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants (Planning Manager, ongoing)

2) Continue to monitor performance (Planning Managers, ongoing)

3) With assistance from the Business Development Manager appointed Jan 19, implement project management approach to dealing with major applications to assist with processing of applications and reflection on how to improve to ensure performance is maintained. (Planning Manager, Mar 20)

The speed of determining applications for non-major development [Corporate - council]	%	86.10	76.65	 AMBER Declining
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Position:

This indicator measures the 24 month rolling result for the percentage of Minor and Other application types being processed within 8 weeks, or agreed time limit via a planning performance agreement (PPA) or extension of time (EOT). Only applications for householder developments and change of use are included under Other applications.

The trend for the rolling 24 months is a positive one and is shown below:

Sep 2017 = 80.15% (3363 applications in time, 4196 applications determined)

Dec 2017 = 85.28% (3546 applications in time, 4158 applications determined)

Mar 2018 = 85.63% (3431 applications in time, 4007 applications determined)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Jun 2018 = 81.32% (3152 applications in time, 3876 applications determined)
 Sep 2018 = 77.01% (2800 applications in time, 3636 applications determined)
 Dec 2018 = 74.85% (2803 applications in time, 3745 applications determined)
 Mar 2019 = 74.24% (2795 applications in time, 3765 applications determined)
 Jun 2019 = 74.24% (2743 applications in time, 3695 applications determined)
 Sep 2019 = 76.65% (2810 applications in time, 3666 applications determined)
 The target of 86.1% has been set using the average of our CIPFA nearest neighbours.
 The government minimum standard for the speed of determining applications for non-major development is 70%.
 Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:

Work continues to implement the actions of the Business Process Improvement plan and enhancements and reviews of how to use Uniform in the most efficient way. All of these initiatives are intended to make the process of determining applications more efficient and assist case officers to achieve a decision in 8 weeks.


In November 2018, the service introduced a Performance Action Plan, which is aimed to improving performance. This was revised and updated in April 2019. In January, the team introduced a monthly target which has set achievable targets per month to achieve 75% by the end of September. Principal Planning Officers are working with case officers on an individual basis to improve performance. This has continued throughout the last quarter and assisted in achieving 76%.

To assist with reducing the on hand figure of applications, which will aid improving performance, the service is sourcing an intervention, where 160 applications will be allocated to an external consultancy to process. This will commence in Oct 19. The DM Management team have worked on framework guidance to identify those applications that will be processed and how they should be dealt with. To coincide with this, the Principal Planning Officers have continued to conduct full caseload interventions with individual case officers to assist with clearing applications.

The reliance on EOTs does need to reduce overall moving into the final quarters of 2019-2020, however these will need to continue as an interim measure to ensure performance targets are met. The average length of time to determine applications also needs to improve.

Actions:

1. Revise and update the Performance Action Plan which aims to introduce a more streamlined and efficient service that is more customer focused. (Planning Managers & Principal Planning Officers, monthly)
2. Work on measures to assist recruitment to vacant posts – service re-design (Head of Planning, Mar 20)
3. Continue work to implement electronic working and introduce electronic work flow - Enterprise (Information Manager and Planning Managers, Dec 19)
4. Complete review of planning decisions and implement recommendations (Planning Managers, Mar 20)
5. Agreement has been given by ELT to seek an external resource to assist with the processing of approximately 160 applications. Implement from Oct 19 – Jan 20. (Business Development Manager, Jan 20)
7. Ensure staff are working towards quantitative and qualitative measures identified in Performance Development Plans (PDPs) 2019, continual review in 121s, which will support staff to increase throughput of applications (Planning Managers/Principal Planning Officers, on-going)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% major planning application decisions that are overturned at appeal [Corporate - council]	%	2.30	1.28	 GREEN Improving

Position:

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

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

The trend of the 24 month result is:

Sep 2017 = 7.25% (Overturned at appeal = 5, Total decisions = 67)

Dec 2017 = 6.85% (Overturned at appeal = 5, Total decisions = 71)

Mar 2018 = 4.62% (Overturned at appeal = 3, Total decisions = 63)

Jun 2018 = 3.28% (Overturned at appeal = 2, Total decisions = 59)

Sep 2018 = 4.76% (Overturned at appeal = 3, Total decisions = 61)

Dec 2018 = 4.92% (Overturned at appeal = 3, Total decisions = 60)

Mar 2019 = 4.69% (Overturned at appeal = 3, Total decisions = 63)

Jun 2019 = 2.86% (Overturned at appeal = 2, Total decisions = 69)

Sep 2019 = 1.28% (Overturned at appeal = 1, Total decisions = 77)

Target set at at average for England of 2.3% to reflect growth in major applications and therefore likely increase in appeal rate.

The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:

Performance on this indicator continues to exceed the Government minimum standard and shows a reduction in the percentage in the last quarter, although this performance level continues to be higher than the average of our CIPFA comparator group.


The service introduced customer service standards in October 2017, which includes feedback and offering the opportunity to amend applications. This coupled with continuing to improve and promote pre-application discussions, the use of Planning Performance Agreements (PPAs) and operating a positive planning service will reduce the number of appeals in the future.

There is a project underway to review the level of refusals (currently twice the level of national comparators) and this will make recommendations for actions. This project is due for completion early next year and will address the number of appeals and the proportion overturned at appeal.

In addition, increased efficiencies introduced through improved uniform packages and continuing to implement measures identified in the BPI review will improve the service offer and allow greater opportunities to maximise negotiation during the course of the application and enhance the pre-application advice service with timely and quality responses.

Actions:

- 1) Continue to invest in pre-application discussions and Planning Performance Agreements (PPAs) to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of refusals and appeals (Planning Managers, Mar 20);
- 2) Timeliness and quality of pre-application advice to be improved through a working group reviewing the process and how officers manage this work alongside applications (Planning Managers & Principal Planning Officers, Feb 20)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
3) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Managers, ongoing)				
4) Review appeal decisions collectively at joint team meetings to enable reflection and learning of appeal decisions (Principal Planning Officers, Nov 19).				
5) Review of decisions project (Planning Managers, March 20)				
% non-major planning application decisions that are overturned at appeal [Corporate - council]	%	1.20	2.56	 Improving

Position:

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

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

The trend of the 24 month result is:

Sep 2017 = 2.99% (Overturned at appeal = 126, Total decisions = 4196)

Dec 2017 = 2.75% (Overturned at appeal = 115, Total decisions = 4158)

Mar 2018 = 2.70% (Overturned at appeal = 109, Total decisions = 4007)

Jun 2018 = 2.69% (Overturned at appeal = 105, Total decisions = 3876)

Sep 2018 = 2.79% (Overturned at appeal = 102, Total decisions = 3635)

Dec 2018 = 2.65% (Overturned at appeal = 100, Total decisions = 3746)

Mar 2019 = 2.52% (Overturned at appeal = 96, Total decisions = 3766)

Jun 2019 = 2.38% (Overturned at appeal = 89, Total decisions = 3697)

Sep 2019 = 2.56% (Overturned at appeal = 95, Total decisions = 3668)

The target is set at the average for our CIPFA comparator group at 1.20%

The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:

Performance on this indicator continues to exceed the Government minimum standard, although this performance level continues to be higher than the average of our CIPFA comparator group.

The service introduced customer service standards in October 2017, which includes feedback and offering the opportunity to amend applications. This coupled with continuing to improve and promote pre-application discussions and moving towards a positive planning service will reduce the number of appeals in the future. Some of this work has been constrained by the continuing backlog of cases that the service holds, in the Autumn 2019, the service is engaging the services of a third party to process approximately 160 applications which will allow some of the other initiatives to be embedded into the process of an application and focus more on timely and quality pre-application discussions.

There is a project underway to review the level of refusals (currently twice the level of national comparators) and make recommendations for actions. This project is due for completion early next year and will address the number of appeals and the proportion overturned at appeal.

Increased efficiencies introduced through improved uniform packages and continuing to implement measures identified in the BPI review will improve the service offer and allow greater opportunities to maximise negotiation during the course of the application and enhance the


INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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pre-application advice service with timely and quality responses.

Actions:

- 1) Continue to invest in pre-application discussions to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of refusals and appeals (Planning Managers, Mar 20);
- 2) Timeliness and quality of pre-application advice to be improved through a working group reviewing the process and how officers manage this work alongside applications (Planning Managers & Principal Planning Officers, Feb 20)
- 3) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Managers, ongoing)
- 4) Review appeal decisions collectively at joint team meetings to enable reflection and learning of appeal decisions (Principal Planning Officers, Nov 19).
- 5) Review of decisions project (Planning Managers, Mar 20)

2019-20 Families Children & Learning - Council (Corporate) Quarterly

% of schools that are judged good or outstanding by Ofsted [Corporate - council]	%	88.80	91.30	 GREEN
				Declining

Position:

As at the end of July 2019, 91.3% of schools in Brighton and Hove were judged to be good or outstanding. No schools were inspected in July and Ofsted do not inspect schools in August.

Trend is as follows:

Mar 2017 - 93.2%

Mar 2018 - 93.1%

Mar 2019 - 92.8%

July 2019 - 91.3%

86.0% is the current national average judged to be good or outstanding (currently July 2019).

These figures do not include new schools awaiting their first ever inspection, independent settings and non-maintained special schools, which Ofsted has a duty to inspect. When there is a conversion to an academy Ofsted now uses the judgement of the predecessor school.

Below is a breakdown of the percentage of schools judged good or outstanding by phase and comparison figures for England as at the end of July 2019:

All schools: 91.3% (England 86.0%, statistical neighbours 83.9%)

Nursery Schools: 100% (England 98.2%)

Primary: 90.4% (England 87.5%)

Secondary: 100% (England 75.9%)

Special: 66.7% (England 91.6%)

Pupil Referral Units: 100% (England 83.0%)

Colleges: 100% (Please note this is not included in the overall figure.)

Non-maintained special schools 100% (Please note this is not included in the overall figure.)

Below is a breakdown of the percentage of pupils in good or outstanding schools as at the end of July 2019. Data on the number of pupils in schools has been updated which has changed the percentage of pupils in a good or outstanding schools.

All schools: 93.9% (England 84.6%, statistical neighbours 84.3%)

Nursery Schools: 100% (England 98.5%)

Primary: 89.9% (England 87.7%)

Secondary: 100% (England 79.7%)

Special: 88.5% (England 93.4%)

Pupil Referral Units: 100% (England 77.6%)

Commentary:


INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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The high number of good and outstanding schools in the city is a reflection of the strong partnership working between the schools and between schools and the LA. Each school is categorised according to historic performance and a programme of intervention is devised to improve outcomes in each school. A further revised categorisation process established for primary schools to enables identification and interventions needed to address issues in a decisive and timely manner.

The Standards and Achievement Team are focusing on all inadequate and RI schools and 4 schools which are vulnerable to downgrading.

Actions:

1. Support all Requires Improvement schools and ensure they have robust improvement plans and support. These are monitored through School Improvement Boards. (Head of Education, Standards and Achievement, August 2020)
2. All schools will be monitored carefully and any schools that become vulnerable to RI will be supported and challenged through a School Improvement Board. (Head of Education, Standards and Achievement, August 2020)
3. Implement new revisions too categorisation process so that schools in most need are prioritised for support and challenge effectively (Head of Education, Standards and Achievement, April 2020)
4. Implement newly designed "Know Your School Well" visit process to ensure process can be further improved. (Head of Education, Standards and Achievement August 2020)

Number of children in care [Corporate - council]	No.	385.00	385.00	 GREEN
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Improving

Position:

There are 385 children in care (CIC) at 30th September 2019.

The quarter by quarter trend is:

- Sep 2019 - 385
- Jun 2019 - 382
- Mar 2019 - 393
- Dec 2018 – 380
- Sep 2018 - 394
- Jun 2018 - 400
- Mar 2018 - 418
- Dec 2017 - 414

Since 2010, the highest number of CiC was 515 in November 2011 and the lowest number was 377 at 31st January 2019.

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

The CIC rate per 10,000 is 76.6 at March 2019, down from 81.7 per 10,000 at March 2018.

This is below the March 2018 contextual neighbour average (89.6), and above the national average (64) and statistical neighbour average (65). The South East average rate per 10,000 children rose from 61.3 in Quarter 3 2017/18 to 62.8 Quarter 3 2018/19.

There are 42 Unaccompanied Asylum Seeking Children (UASC) in care (10.2% of the total), up from 30 (7.4%) at June 2018. The number of CIC excluding UASC is down from 354 at September 2018 to 343 at September 2019 – a decrease of 11 children.

216 (56.1%) of CiC are male, up from 54.2% at September 2018 and in-line with the national average of 56%. 169 (43.9%) of CiC are female.

122 (31.7%) of CiC are not White British. If UASC are excluded, the percentage of CiC that are not White British is 23.3%. 21% of children aged under 18 in Brighton and Hove were not White British at the time of the 2011 census.

157 children became looked after during the year ending 30th September 2019, up from 146

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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during the previous 12 months. Of the children becoming looked after during the year ending 30th September 2019, 17% were aged under 1, 15% were aged 1 to 4, 17% were aged 5 to 9, 29% were aged 10 to 15 and 22% were aged 16 and over.

156 children ceased to be in care during the year ending 30th September 2019, down from 185 during the previous 12 months. Of these children, 28.2% returned to live with parents or relatives (up from 23.2% in the previous 12 months), 12.8% were adopted (down from 16.8%), 15.4% were subject to a Special Guardianship Order (up from 15.1%), 16.7% ceased care for any other reason – the majority of which is the young person reaching 18 and becoming a care leaver (up from 6.5%).

Commentary:

Performance is above target, noting a small increase of 3 children since the end of June 2019. It is thought that this is a reflection of the success of the model of social work practice, as it is embedded in day to day social work practice with children and families to keep children safe within their families. It may also reflect some of the changing demography of the city and the impact of changes in the benefits system eg Universal Credit and housing benefit, resulting in families being placed / moving out of the city .

Whilst acknowledging the trajectory is currently reducing, challenges remain in sustaining this progress , particularly in relation to our UASC admissions to care as there has been a significant increase in spontaneous UASC arrival activity up from 30 at June 18 to 42 at September 19 . It is also noted that 51% of entrants to care are on older age bracket of 10 years plus, and that numbers ceasing to be looked after is 29 less in the last year.


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

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

Actions:

1. Children’s Services Entry to Care Panel to continue to review admissions for children into care to ensure that alternatives to care are vigorously explored where it is safe to do so. (Assistant Director Children’s Health Safeguarding & Care, Review – Jan 2020)
2. Progress the development of reunification work stream (Head of Service -CIC Practice lead, Children’s Health Safeguarding & Care, Review Jan 2020)

2019-20 Finance & Resources - Council (Corporate) - quarterly

% of high priority audit actions recommended by Internal Audit that have reached their due date for completion and have been implemented by services.	%	100.00	88.00	
				Improving
[Corporate - council]				

Position:

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

The cumulative trend for the percentage of high priority audit actions that have reached their due date and have been implemented is as follows::

- Qtr 1 18/19 = 92.6%
- Qtr 2 18/19 = 85.7%
- Qtr 3 18/19 = 100%
- Qtr 4 19/20 = 100%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Qtr 1 19/20 = 100%

Qtr 2 19/20 = 88%


As at the end of quarter 2 2019/20, 88% of high priority audit actions (that have passed their agreed implementation deadline) have been implemented. This is below target but an increased performance on Qtr 2 18/19 where performance stood at 85.7%.

Commentary:

At the end of quarter 2 there are five high priority actions that are overdue. They are in Adult Social Care and in Housing. The actions are being tracked and an update will be provided to the next audit and Standards Committee (January 2020) if the actions have not been implemented by that point. The indicator provides contributory evidence about the extent to which the council is maintaining a strong control environment.

Actions:

- 1) For 2019/20 internal audit only monitors high priority actions. Internal Audit will send reminders to action owners at the end of each quarter and collate information about high priority action progress. (Audit Manager/ Quarterly)
- 2) Any overdue high priority actions will continue to be reported to the Audit and Standards Committee. Directorate officers may be required to attend the Audit and Standards Committee to provide additional information where actions have not been implemented in agreed timescales. (Audit Manager, Quarterly).

% of invoices for commercial goods and services that were paid within 30 days [Corporate - council]	%	95.00	94.94	 AMBER Improving
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Position:

Between April and Sept 2019, 94.94% of invoices for commercial goods and services were paid within 30 days. This compares with 92.61% for the same period last year.

The quarter by quarter trend is:

- Apr 2018 to Sep 2018 = 92.61%
- Apr 2018 to Dec 2018 = 93.01%
- Apr 2018 to Mar 2019 = 93.44%
- Apr 2019 to Jun 2019 = 95.16%
- Apr 2019 to Sep 2019 = 94.94%

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%, although this is being reviewed. 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.

Commentary:

A high volume of invoices already overdue have been received by Accounts Payable during the period which continues to affect performance as does the continuing non-compliance with the purchase to pay policy by some services. July – September is also a popular holiday period and therefore teams are often operating on minimum capacity at this time.

The challenges facing the creditors service are:


1. Continuing to maintain the level of performance with reducing staff resources.
2. Invoices are initially received and processed by individual services therefore the invoice processing performance is not wholly in the control of the creditors service.
3. A high volume of invoices are already overdue at the point they are received by the creditors

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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service.

Actions:

1. Reporting is being carried out to enable targeted communication and guidance to service areas struggling most to comply with the Purchase to Pay process. Meetings have taken place with some service areas and will continue, targeting areas that are struggling the most. This should also have a positive impact on the number of late invoices being sent to Corporate Payments from service areas (Accounts Payable Team, ongoing).
2. To continue to review processes across the whole team to develop automation in processing as much as possible to reduce processing time, freeing staff time to enforce non-compliance of purchasing processes (Accounts Payable Team, ongoing).
3. Continue to work with suppliers to ensure they do not invoice the council without a valid Purchase Order number (Accounts Payable Team, ongoing).
4. We are continuing to explore alternative payment solutions with Lloyds Bank, our finance system supplier and our Orbis partners (e.g. e-invoicing, e-pay virtual, lodged cards) with the aim of providing services with the most effective purchasing and payment options and this is being prioritised by Business Operations. (P2P, Banking & Income Operations Lead, ongoing).
5. We are exploring the option of supplier invoices coming in centrally to Accounts Payable, rather than being sent to services. As part of e-invoicing Brighton & Hove Buses are emailing their invoices directly to Corporate Accounts Payable, with a view of contacting other large suppliers once this process is working well. (Accounts Payable Team, ongoing).

% of Purchase Orders raised on ordering rather than when invoiced [Corporate - council]	%	80.00	57.39	 RED
				Improving

Position:

Between April and Sept 2019 57.39% of purchase orders were raised on ordering rather than when invoiced. This shows a slight improvement from 52.97% for the same period last year, which indicates the targeted approach with services is having an impact, but there is clearly more work in this area to do.

The quarter by quarter trend is:

Apr to Sep 18 = 52.97%

Apr to Dec 18 = 54.16%

Apr to Mar 19 = 54.8%

Apr to Jun 19 = 53.15%

Apr to Sep 19 = 57.39%

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

- a) it improves commitment accounting and therefore the quality of financial forecasts across the council;
- b) it helps to speed up the process of paying invoices by being able to automatically match invoices to purchase orders - this helps to meet government Prompt Payment guidelines and avoid late payment penalties;
- c) it provides qualitative and quantitative management information concerning purchasing activity and enables monitoring of compliance with Contract Standing Orders and purchasing behaviours (e.g. on or off contract activity).

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

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Commentary:

Of the 6,573 orders raised in Qtr2, 4,066 were raised in compliance, detailing a 61.86% for the quarter compared to the target of 80% and bringing the cumulative total to 57.39%. ELT and DMTs wish to see significant improvement in compliance for the reasons stated above . Improving compliance will take time and effort as the wide range of procurement practices deployed across the council require different responses and solutions ranging from training financial administrators with under-developed skills to finding solutions for complex call-off purchasing arrangements without creating an inefficient and onerous administrative burden . Primary focus is on the integration of a new Contract Management Module with financial system data as this has the best prospect of improving compliance. Once implemented, purchasing that is 'off contract' will be highlighted to managers and Corporate Procurement. These purchases can be examined to determine if any action is required, e.g. whether a procurement project is required. Consideration needs to be shown that one service has been given sanction by our section 151 officer to raise retrospective orders due to working practices and therefore this will impact our figures.

Actions:

1. RAG rated reporting to ELT members to raise the profile of non-compliance. This information is presented alongside TBM (with more detailed being sent to budget holders) and the intention is to include the RAG rating information in monthly reports (Deputy Chief Finance Officer, monthly).
2. Critically, implementation of the Civica Contract Module (business case approved by CMDDB) which enables non-compliance to be detected easily and provides effective MI and exception reporting. The Contracts module is in use on the live Purchasing system, with more contracts being added all the time as more teams are involved around the council or newly awarded contracts are added. (Head of Procurement, ongoing as contracts are created).
3. Continuing to identify high volume non-compliant areas from available data. (Head of Procurement/Accounts Payable Team, ongoing);
4. Report presented to Orbis Customer Board with areas with low compliance highlighted. (Accounts Payable Team, ongoing)
5. Continuing to work on a daily basis with suppliers and visiting service areas to promote purchasing compliance. (Accounts Payable Team, ongoing)

Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence (not including schools) [Corporate - council]

No.

4.86

5.19



Declining

Position:

The target of 9.7 days is set to benchmark against the CIPFA HR Benchmarking Club. The quarterly target is 2.43 days. The target has remained unchanged for 2019/20 in order to monitor progress. This data is based on absences due to sickness from 1st July 2019 to 31st September 2019. This high level data became available on October 15th 2019. The average days lost due to sickness absence in Quarter 2 was 2.55 days, which is above the quarterly target of 2.43 days and is therefore an AMBER RAG rating. It should be noted that this is lower than Quarter 1 which was 2.64 days but higher than the same period last year.

The quarter by quarter trend is:

- Apr to Jun 17 = 2.41
- Jul to Sep 17 = 2.63
- Oct to Dec 17 = 2.59
- Jan to Mar 18 = 2.94
- Apr to Mar 18 = 10.57
- Apr to Jun 18 = 2.33
- Jul to Sep 18 = 2.42

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Oct to Dec 18 = 2.60				
Jan to Mar 19 = 2.74				
Apr 18 to Mar 19 = 10.09				
Apr to Jun 19 = 2.64				
Jul to Sep 19 = 2.55				
The projected outcome for 19/20 as at quarter 2 is 10.75 days.				

Commentary:

- This quarter the highest specified reason for absence was stress and mental health conditions which account for 31.8% of all absences (this is slightly lower than Q1 which was 31.99%).
- The attendance management system and sickness reporting process, FirstCare was launched across the Council (except in schools) on the 1st December 2017. All absence recording is done by FirstCare rather than line managers.
- One of the benefits of FirstCare has been the access to immediate medical advice from a nurse and a number of staff have reported back to HR on the advice they have received and how useful they found this aspect of the service.
- The completion of return to work interviews (RTWI's) across the council has reduced in Q2 to 69% from 72.4% in Q1. The key reason given in Q2 is conflicting work patterns. A new return to work video has recently been launched and will be used to encourage more managers to complete them.
- A new Attendance & Wellbeing team has been set up as part of the HR advisory team. This is a very positive development as it means the council now has a dedicated team to support managers with managing attendance, sickness and wellbeing.
- The new Attendance & Wellbeing team have recently formed but are already working with managers to raise the impact and profile of the new team in a number of ways.

The team:

- Have strong internal links with the Our People Promise Wellbeing agenda. The manager of the new attendance and wellbeing team sits on the Wellbeing Steering group and on the mental health sub group. This will ensure all interventions are joined up, meaningful, relevant and directly feed into the BHCC agenda and priorities.
- Are building stronger relationships with the Disabled Workers and Carers Network (DWCN) forum, attending disability pride and other forum events such as the neuro – diversity event.
- Are using FirstCare data and a new reporting approach to manage and monitor casework and apply a consistent approach to managing sickness and attendance.
- Are using FirstCare data to drill down into sickness trends and offer targeted support to managers and service areas and provide HR Business partners with clear data and narrative for their Directorate Management Teams.
- Are producing quarterly stress reports to drill down into stress across BHCC and target support as required.
- Are supporting high priority services with dedicated support - such as weekly surgeries at Cityclean and attending a manager event in Families, Children and Learning.
- Have plans communications and launch materials in BHCC to mark National Mental Health Awareness day on October 10th .
- Have attended key training sessions including Neurodiversity and Mental Health Awareness .
- Are developing new resources for the team to use with managers such as checklists and consistent emails.
- Have reviewed and updated the current group and online attendance training for BHCC managers.
- Are building links with the BHCC health and safety team and the ESCC Orbis attendance and wellbeing team to ensure best practise is followed at all times.

Actions for Improvement:

1. The implementation of FirstCare for the council (which came in on 1st December 2017), will continue to be monitored and regular review meetings are set up with FirstCare to manage this

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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contract. The extension to the contract will be going to the procurement board in October 2019 (Lead HR Consultant Action, October 14th 2019).


2. Return to Work – BHCC needs to improve on the return to work rate. The new team will be promoting the new video on the Intranet (Wave) with managers and promoting return to works in all areas. We aim to encourage managers to take full responsibility for conducting their return to works (Lead HR Consultant, Ongoing).

3. The Attendance Management Procedure has been reviewed and a new Attendance Policy, Process & Procedure and Toolkit is going to P&R Committee on October 10th 2019 (HR Our People Promise Business Partner, October 10th 2019).

4. All of the above feed into the work on the Our People Promise Well-being agenda (including the establishment of the Well-being Steering Group) for our staff, which is being driven through the Executive Director of Finance & Resources and health and safety colleagues.

Some of the activity taking place includes:

- Planning for World Mental Health Awareness Day – October 10th. Range of internal and national resources will be promoted across the organisation, including the Staff Support pages on the Wave and Wellness Action Plans
- Continued delivery of Pensions Awareness Sessions.
- Delivery of the Menopause sessions which have been incredibly popular.
- Delivery of Mental Health Practical skills for managers training with further sessions planned this year.
- Rebrand and refocus of Resilience training and additional sessions added.
- Physical Activities are being promoted by our Healthy Lifestyles team e.g. pilates sessions have been run at the Royal Pavilion and yoga at Hove Town Hall.
- Targeted NHS Health checks in City Clean /City Parks and in Knoll House. Funding for wider roll-out of NHS health checks has been agreed.
(Head of Health & Safety, ongoing).

High priority Health & Safety audit recommendations progressed within agreed timescales. [Corporate - council]	%	100.00	95.00	 Declining
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Position:

Between July – September 2019 audit and assurance activity has continued to focus on Working at Heights arrangements, reviewing Event Management Plans, Team Safety audits, Independent Care Home audits and Fire Risk Assessments. A key focus of assurance has been Working at Heights arrangements across the organisation a summary of this activity is included below:

Working at heights update:

The corporate assurance group continues to oversee this work. The group met on 2 October 2019. The update since the last quarter: A total of 88 teams have been contacted by Health & Safety to follow up on risk assessment reviews. The Lead H&S consultant undertaking this work is reporting to the assurance group including an overview of those services who have not responded to agree follow-up action. In addition to the desktop reviews, full inspection / reviews have also commenced. A programme of 2 visits per week is underway which will cover the 23 teams assessed as requiring full inspections. This will also be tracked by the assurance group. Significant issues, control gaps, themes and areas of best practice are being escalated by the inspection team to the relevant Executive Director and members of the assurance group. An approach to developing an organisational risk profile has been developed and was approved by the assurance group this work will be lead by the Compliance and Transformation Manager and will have input from the Leadership Network. The output from this will inform the development of new key performance indicators which will be recommended for inclusion in the corporate performance framework for the new performance reporting year.

The Head of Health & Safety has identified that the councils assurance framework lacks any

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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independent scrutiny to provide oversight. Scoping is underway to build this into the councils governance arrangements.

In addition to the working at height assurance work, a total of 3 x Team Safety health & safety audits, 3 x Independent Care Home audits and 23 x fire risk assessments (FRA's) have been undertaken, covering a number of directorates and assurance subjects. These included:

Audit update:

- 2 x Team Safety audits (schools) and 1 x (Corporate Service, 1 x Families, Children & Learning Services, 3 x Independent Care Home Audits on behalf of Professional Standards, Safeguarding and Quality

Fire safety assurance update

- 6 x FRA's Schools, 13 x Corporate & Operational buildings (Parks & Recreational Buildings, Children's Centres, Libraries), 2 x Hostels & 2 In-house Residential Care Homes

Commentary:

An assurance group, chaired by the Executive Director, Finance and Resources has been established. This continues to meet at least 6 weekly to progress identified actions.

Other assurance activity – work on Control of Vibration continues to provide managers a 'walk through' process to assist with their local safety management arrangements. The Health & Safety team have developed the proposed process with a view to piloting in City Parks.

Managers in this service report they do not have capacity or resource to trial any new approach at this time. The lack of progress in this service has been escalated to the Head of Service and Assistant Director.

All audits have agreed management action plans, with defined timescales for action which have been agreed by the service manager.

There are no high priority actions outstanding from this period that are not being followed up by relevant service managers, however not all services have submitted their working at heights responses for review. Oversight is being provided by the Corporate Assurance Group.

Actions for improvement:

1. Working at height assurance to be a standing item on the Assurance Group agenda (Executive Director, Finance & Resources, Ongoing).
2. Prepare and present health & safety assurance reports to the Assurance Group (Compliance & Transformation Manager, Ongoing).
3. Follow up all non-returns for working at height assurance checks (Executive Directors all Directorates, October 2019).
4. Ensure responsibility and resource is assigned for working at height reviews and targeted audits according to a risk based approach (Head of Health & Safety, Ongoing).
5. Confirm a date for Control of Vibration process to be tested in City Parks, (Head of City Parks, October 2019).
6. Arrange organisational risk profile workshops with Leadership Network and managers (Compliance and Transformation Manager, November 2019).
7. Use outcome of organisational risk profile to inform future health, safety and wellbeing service resource allocation & assurance approach (Head of Health & Safety, January 2020).
8. Commission a provider to undertake independent assurance of the councils Safety Management Framework and governance (Head of Health & Safety, November 2019).

2019-20 Health & Adult Social Care - Council (Corporate) - quarterly reporting

% of carers assessments completed [Corporate - council]	%	75.00	78.41	
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Improving

Position:

2019/20 Q2 Figure: 78.41%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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1395 of 1779 people in receipt of Carer Support provided during the year have received a completed assessment.

Gender: 924 Female (66.24%), 451 Male (32.33%), 20 Indeterminate/Unknown (1.43%)
 Age Bands: 10 clients under 18 (0.72%), 33 clients between 18 and 25 (2.37%), 767 clients between 26–64 (54.98%), 399 clients between 65-84 (28.6%) and 186 clients 85+ (13.33%).

2019/20 Target: 75%

This is a local indicator therefore comparator information is not available.

Commentary:

Q2 performance represents a significant increase on Q1 performance (76.8%), which reflects the continued development work to engage and assess more unpaid carers within the City. Currently in the process of restructuring the Adult Social Care response for carers, ensuring that the Carers Assessment Workers are within the 'first response' of the ASC. Developing carers assessment process into a Carers Well Being Plan, with more of a focus on future planning to build resilience.

This quarter we have focused on the development of the Mental Health Carers Assessment Workers, and evaluating the impact of their roles, in order to make decisions on future provision (they have been in place since 5.11.18). The roles have been very positively received by our partners within Sussex Partnership Foundation Trust, and the increase in assessment for carers of people with mental health needs reflect the dedicated work they have been providing, regarding both raising awareness and assessments.

Continuing to develop support for unpaid carers employed by BHCC, to ensure they are supported and aware of the services available – this will be a focus for Carers Rights Day. A report of the issues and potential resources for unpaid carers, was presented to Human Resources, with continued discussions.

Increased working with Primary Care to ensure that the new Primary Care Networks are 'carer focused', and continue to promote the electronic primary care carers referral process. Additionally, involved in the Frailty Programme to ensure that the needs of carers are central to the development of local health care services.

Young Adult Carers Drop in Sessions began October 19, providing a range of support for young carers aged between 16 years and 25years old.

The draft refresh of the Carers Strategy was presented to the Carers Strategy Group in June 19 and is currently being developed to incorporate key strategic documents, in preparation final presentation to the Health and Wellbeing Board in Jan 20.


Completion of a Sussex wide application for the Carers Innovation Fund (Department of Health and Social Care), the bid is for a range of resources across East Sussex; West Sussex; and Brighton and Hove. We will find out if we are through to round 2 on the 21.10.19.

Actions:

1. Continue to refresh the local Carers Strategy, with a final report due to be presented to the Health and Wellbeing Board in Jan 20. With a clear element of the strategy to focus on the continued identification of carers, and to ensure that Brighton and Hove is a Carer Friendly City, and to ensure it reflects the finding of the Carers UK State of Caring report 2019. (Carers Commissioning Manager, Dec 19)
2. Development of the cross agency Young Adult Carers Group, to take forward issues related

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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- to the needs of carers aged 16 to 25 years old (Carers Commissioning Manager, Nov 19).
3. Development of a Carers dashboard to include analysis of placements following carer breakdown, holistic look at carers/clients support, comparison of average package costs for those with/without carers. Performance Lead, General Manager and Peopletoo scheduled to meet Nov 19.
 4. Development of the 'offer' of support for unpaid carers employed by BHCC. (Carers Commissioning Manager, Nov 19).
 5. Planning for national Carers Rights Day, on the 30.11.19, launching and promoting a range of support for carers employed by BHCC, as well as the wider population. The events will be jointly held by the Council and the Carers Hub. (Carers Commissioning Manager, Nov 19).
 6. Planning for the Young Carers Awareness Day, 30.1.20, planning in partnership with the Young Carers Project to have an evening event, with speakers and awards, building on the success of last years event. (Carers Commissioning Manager, Jan 2020).

Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate - council]	No.	326.60	393.90	 Declining
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Position:
 Between Mar 19 and Aug 19 there were 151 admissions of older adults (65+) to residential care homes.
 The monthly numbers of admissions is:
 Mar 19: 24
 Apr 19: 22
 May 19: 26
 Jun 19: 30
 Jul 19: 36
 Aug 19: 13

Total: 151

Figures can be subject to some fluctuation during the year due to retrospective adding of service agreements (causing figures to increase) and retrospective awarding of continuing health funding (causing figures to decrease).
 The Performance Indicator (PI) is expressed per 100,000 population.
 Latest 65+ Population estimate based on mid-2017 figures is 38330
 2019/20 Q2 PI Value (Mar 19 – Aug 19): 393.9 (151 admissions)
 2018/19 Q2 PI Value: 388.7 (149 new admissions for over 65s)

2016/17 PI Value: 717.01 (273 new admissions for over 65s)
 2015/16 PI Value: 793.16 (295 new admissions for over 65s)
 Comparative Data:
 2014/15 National PI Value: 658.5
 2015/16 National PI Value: 628.2
 2016/17 National PI Value: 610.7
 2017/18 National PI Value: 585.63
 2016/17 Comparator Group PI Value: 701.8
 2017/18 Comparator Group PI Value: 653.16

Demographic breakdown of admissions:
 Age Groups: 22 admissions 65-74 year olds (14.57%), 46 admissions 75-84 year olds (30.46%), 83 admissions for 85+ year olds (54.97%).
 Genders: 97 Females (64.24%), 54 Males (35.76%)
 Primary Support Reasons: 8 Mental Health Support (5.30%), 100 Physical Support (66.23%), 43 Support with Memory & Cognition (28.48%).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Commentary:

Reducing levels of long term admission to residential and nursing care for older adults remains a key priority for the directorate. Mar-Aug 19 data shows a deteriorating picture against the equivalent period last year and levels of admission remain above the latest reported comparator average.


Improved performance on Delayed Transfer of Care out of acute hospital settings has resulted in an increased pace of admissions to long term care particularly within nursing home settings. Approximately 1/3 of new long term care admissions in 2018 followed on from a spell in acute hospital settings (with 60% of these in to nursing home placements). Of the 43 residential care admissions that followed an acute hospital spell 21 were placed directly from hospital settings, however, our aim is that no one should be admitted directly to residential settings from hospital. A number of joint initiatives are already in place e.g. Homefirst scheme to enable more effective discharge from inpatient care and ensure that people are assessed in their home environment and given the optimum opportunity to rehabilitate and stabilise. We are also working with Health partners to undertake system demand and capacity modelling to identify opportunities for development of alternative step down models to residential care.

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

We have been successful in bidding for a Darzi fellow to work on our project exploring opportunities to reduce levels of long term care admission through use of linked data. This work commenced in April and will support the health and care system to think about how we can intervene earlier to delay or prevent long term care admission.

Actions:

1. Darzi fellow seconded to HASC Performance and Business Improvement team for one year (funded by Darzi scheme) looking at how we can use data to intervene earlier to reduce levels of admission to long term care (Darzi fellow Project completion April 2020)
2. Clarity needed on placement policy from hospital. Clear guidance needed for staff on circumstances in which placements should be deemed as 'short term' or 'long term' (Assistant Director Ongoing)
3. Targeted reviewed for those who have recently been placed in care from hospital settings (Targeted Review team Ongoing)
4. Further refinement and development of Discharge to Assess pathways - home and bedded settings (Assistant Director and Head of Performance, Head of Commissioning Ongoing)

% of social care clients receiving Direct Payments [Corporate - council]	%	25.80	24.86	 Improving
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Position:

As of the end of Sep 19 the percentage of people using social care in receipt of Direct Payments was 24.86%

Clients receiving Direct Payments: 565

Clients in receipt of long term community based services: 2273

2018/19 Target is 25.80%

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

2018/19 24.46% (551 Direct Payment recipients)

2017/18 24.23% (565 Direct Payment recipients)

2016/17 25.09% (589 Direct Payment recipients)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
2015/16 21.41% (529 Direct Payments recipients)				
2014/15 19.62% (504 Direct Payments recipients)				
2017/18 comparator group average is 25.76%				
2017/18 National (All England) PI figure is 28.47%				

Demographic breakdown

Gender: 343 of clients are female (60.71%), 220 of clients are male (38.94), 2 Indeterminate (0.35%).

Age Bands: 450 clients are 18-64 (79.65%) and 115 clients are 65 and over (20.35%).

Ethnicity: 480 clients are White (84.96%), 14 clients are Asian or Asian British (2.48%), 12 clients are Black or Black British (2.12%), 23 clients are Mixed (4.07%), 22 clients are from Other Ethnic Groups (3.89%), 14 clients are Not Stated (2.48%).

Commentary:

Performance in this indicator has plateaued in line with national/comparator group performance. However improving uptake of Direct Payments, and experience for those receiving direct payments, remains a priority.

Direct payments can offer increased flexibility for those wishing to make their own care arrangements whilst representing a lower cost way to meet statutory duties under the Care Act than care commissioned by the Local Authority.


In April 2018 the council awarded a new contract to People Plus to provide advice, information and support to potential and current direct payment recipients. Clear information on Direct payments is critical for uptake and the new provider is expecting to improve and simplify information to help more people make the initial first steps and reduce anxiety at becoming an employer and offering an empowering approach.

The first review of the new contract in January 2019 was positive but it is important that we better understand barriers to take up of direct payments so we can drive improvement in this indicator.

We include an overview of direct payments as part of our 3 day Assessment Pathway training programme, which is mandatory for staff carrying out Care Act assessments. As part of this training staff identified it would be helpful to relaunch the Direct Payment offer with a focused task and finish group to increase staff awareness and develop communication on the Direct Payment for staff and citizens.

Actions

1. Development of new Tableau Direct Payments KPI dashboard. Engaging with Operational Managers to ensure metrics in place to track performance and identify any future requirements (Performance & Business Improvement Team, Dec 19)
2. Direct Payment training to be targeted at areas of lowest performance (Social Work Professional educator, Ongoing)
3. Meet with Direct Payment Support Provider to define and agree actions to improve take up of Direct Payments and strengthen Direct Payment personal assistant market (Head of Commissioning, Sep 20)
4. Further financial modelling on the impact of increasing Direct Payment uptake with potential commissioning options (Accountant, Mar 20)

Number of delayed transfers of care attributable to social care per 100,000 population [Corporate - council]	No.	4.70	5.16	 RED
				Declining

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Position:

Published data is lagged by one month.

DToCs Attributable to Social Care per 100,000 Q2 figure for 2019-20 (Apr 19 – Jul 19) is 5.16

For comparison Q2 DToC figure for 2018-19 was 3.28 (Apr 18 –Sep 18)

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

2019/20 whole year target of 4.70 has been set as a Maintenance Target based on 17/18 result.

There have been 1,493 total delayed days attributed to social care in the Q2 period (Apr 19 – Jul 19), of which 523(35.03%) were in acute care and 970 (64.97%) in non-acute care.

2017/18 Brighton & Hove PI Figure: 3.41

2017/18 National average PI: 4.34

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

2016/17 National average PI: 4.91(recalculated)

Commentary:

DToCs are a composite of hospital and mental health discharges attributable to Health , Social Care or both. Hospital DToC performance for social Care has seen consistent improvement and now operates within the agreed 3.5% national target. Collective performance is not to the same level for a range of health and social care reasons which continue to be identified and addressed. The greater challenge in the city relates to mental health DToC and it is performance in this area which presents the challenge behind this RAG rating.

The challenge relates specifically to identifying appropriate move-on accommodation for mental health clients from acute hospital settings and commissioning options are being developed to address this gap.

As of the end of Jul 19, performance against this indicator is 5.16, which is above the proposed Quarter 2 target of 4.70.

Locally, the proportion of delays attributable to Social Care is 42.6%, which is above the Jul 19 national average of 29.8%

Nationally, 60.6% of all delays in Jul 19 were attributable to the NHS, 29.8% were attributable to Social Care and the remaining 9.6% were attributable to both NHS and Social Care.

Locally, as of the end of Jul 19, 41.0% of delayed days were attributable to the NHS, 42.6% were attributable to Social Care and the remaining 16.4% were attributable to both NHS and Social Care.

During this period (Apr 19 – Jul 19), non-acute delays from mental health settings at Sussex Partnership Foundation Trust (SPFT) accounted for 57.13% of delays.

The main issue cited by SPFT is lack of capacity in the community for mental health housing , temporary accommodation and residential/care home capacity and the complexity of need for some patients which has resulted in providers declining patients following assessment. BHCC Commissioning colleagues are supporting providers to diversify so that they can better meet the needs of people with mental health issues. This work to improve flow from hospital for patients with mental health needs is being funded using money from the Improved Better Care Fund. Recent position – increase in demand for 24Hour care and support (placements), likely linked to increased level of acuity/complexity of needs. This is combined with an increased challenge on accessing provision.

The Council is working closely with CCG commissioners to ensure that mental health supported accommodation pathways meet the needs of those being discharged from hospital and where gaps in provision are identified relevant services are commissioned.

In order to support the management of DTOCs it is essential that all providers work collaboratively.

BHCC and SCFT have aligned staff resources so that social workers are based within the community SCFT team. This allows improved multidisciplinary case management and ensures that people can be discharged home earlier and supported more effectively in the community . The Council continues to work with providers across the city to identify areas for market diversification to ensure supply is in line with current demand trends. When people require a care home bed, every effort is made to offer a place in the city. If this is not possible due to

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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market capacity, people are offered placements locally in East & West Sussex.

Health and Social care provider capacity and responsiveness of services continue to be identified and addressed. Further development of the Care Matching function including improved systems and reporting will support this work.

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

Restructure of Social Work assessment capacity completed in December 2018 enabling an increase of social work staff aligned to community (HomeFirst) and admission avoidance. This different way of working has enabled us to have a duty cluster so we can respond more effectively to escalation and surge in demand.

Actions:

1. Participate in a regular MADE (Multi Agency Accelerated Discharge Event) meetings - involving colleagues in BSUH / CCG each week to support flow in the system. These are held once a week and are attended by senior staff in Hospital Social Work services. These MADE events are designed to support patient discharge, improve flow and enable timely escalation. A MADE team consists of senior managers and clinicians that review every ward patient to identify reasons for delays that can be resolved 'on the spot' and any barriers to patients achieving their future target date for discharge.

(Senior managers, Ongoing) – These weekly events have been reviewing every patient while the Hospital is reporting OPEL 3 or 4. When less than this the review is of those patients who are 'stranded' (been in Hospital for 7 days or more)

In addition to BSUH - weekly MADE events are also held across Community Services (e.g. Craven Vale, Knoll House). (Assistant Director of HASC, Ongoing).

2. Maintain representation on the A&E Delivery Board where strategic and operational action plans are developed / monitored to address the local issues and create collaborative solutions. We dial into a system call on key weekends; bank holidays and on weekends where big events are held (i.e. PRIDE) (Director/Assistant Directors of HASC, Ongoing).

3. Participate in the daily BSUH DTOC and complex discharge calls (with colleagues from BHCC, CCG, SCFT AND BSUH) This enables all partners to participate in solution focused discussions to maximise flow and prevent avoidable delays. (Assistant Director of HASC, Ongoing).

4. Participate in the fortnightly SPFT/Local Authority DTOC call regarding mental health delays (Assistant Director of HASC, Ongoing).

5. Management attendance on Conference Call (3 times per week) with Coastal Homecare (Homefirst) and system partners to discuss the flow of patients from Coastal

The Discharge to Assess (Homefirst) approach is to be further developed and utilised within all wards of the hospital (BSUH). The aim is to enable the discharge home of patients at the earliest opportunity once medically fit to do so.

Telecare - % of telecare recipients with no community care funded support package [Corporate - Council] - baseline year	%		N/A	Trend
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This new indicator replaces the previous telecare indicator which measured the proportion of care and support plans which had telecare as a component. The rationale for the change is to evidence the preventative value of assistive technology in delaying or reducing the need for formal social care. This indicator will be based on data from the 'Jontek' Telecare system.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Under the Eclipse Digital programme we are working with the system supplier to improve access to data and reporting. Once this work is complete we will be able to access the data required to report on this new indicator.


Update Oct 19:

Eclipse Digital Business Analyst appointed Oct 19

Eclipse Digital programme requirements and product scoping taking place in Oct – Nov 19 with access to Jontek/Telecare data as a priority workstream.

Technical and configuration Issues identified with Jontek migration and implementation of upgraded system into the ORBIS Data Centre – awaiting resolution with IT&D.

2019-20 Housing Neighbourhoods & Communities - Council (Corporate) - quarterly

Housing Tenants: Rent collected as % of rent due [Corporate - council]	%	97.20	97.19	 Declining
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Position:

The 2019/20 rent collection rate forecast for council housing tenants is 97.19%.

This would amount to £50,062,753 collected by the end of the financial year.

The quarter by quarter trend is:

Sep 2019 = 97.19% (annual forecast)

Jun 2019 = 97.51% (annual forecast)

Mar 2019 = 97.81% (actual)

Dec 2018 = 98.10% (annual forecast)

Sep 2018 = 98.31% (annual forecast)

Jun 2018 = 98.56% (annual forecast)

Mar 2018 = 98.66% (actual)

Performance has decreased by 0.32% points between June and September 2019.

The target of 97.20% was set based on a projected small drop in performance due to the impact of Universal Credit (UC).

Provisional benchmarking data from Housemark for 2018/19 indicates that top quartile performance was around this level (97.5%) before accounting for the further impact of UC since then. Based on arrears data from HouseMark members for 2018/19, the comparator median was 96.4% for local authorities. The Quarter 1 2019/20 median is 95.6% so has decreased. At the end of September 2019, 62% of total tenants' rent arrears belong to households known by Housing to be claiming UC. By contrast, these households are 15% of total households (1,759 of 11,443).

Of the UC households who are in rent arrears, 39% (445 of 1,153) have an Alternative Payment Arrangement (APA) in place. Tenants placed on an APA have their housing costs paid directly to the council, instead of to their personal accounts.

Tenants aged under 55 tend to have the highest arrears levels, as they comprise 51% of tenants but 82% of arrears. Furthermore, 78% of tenants on UC are within this age group.

Commentary:

Performance is holding up well in light of the increasing challenges posed by UC which is the most serious threat to the collection of Housing Revenue Account (HRA) income for decades. 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 HRA.

Tenants claiming UC are much more likely to have rent arrears and it is vital that they receive the right information and support as soon as possible after they claim the new benefit.


The council's Housing Income Management Team has procedures in place to formalise the way they help tenants affected by UC, but with an average of 17 new UC cases each week, managing UC arrears cases and non-UC arrears cases is putting great pressure on the service. The Housing Management System Replacement Project Team has a provisional plan to pilot and rollout the use of mobile working devices during the second half of the 2020/21 financial

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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year, although more specific dates are still to be confirmed with the supplier.

Actions:

1. Carry out a recruitment drive to recruit to all existing team vacancies by January 2020 (Housing Income Manager, Jan 20)
2. Review all accounts in arrears and make sure tenants on UC who are eligible for an APA have one in place. (Housing Income Manager, Oct 19)
3. Look into how technology can support income collection and arrears minimisation e.g. Housing app, text message notifications/reminders, mobile working possibilities (Housing Systems Implementation Programme Manager, Mar 21)

% of the council's homes that meet the government's Decent Homes Standard [Corporate - council]	%	100.00	100.00	 No change
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Position:

The target is to ensure that all Council homes meet the Decent Homes Standard (100% decency or 0% non-decent) throughout the year. At the end of September 2019 all 11,585 Council owned dwellings met the Decent Homes Standard. This level of performance was first achieved in December 2013 and has been maintained since September 2015. Progress against planned programmes of work and meeting the Decent Homes Standard are monitored on a quarterly basis.

Commentary:

The council holds asset information for each property on its Asset Management System (Apex) including the age and condition of the individual elements such as kitchens, bathrooms and windows. This information is used to determine if a property meets the Decent Homes Standard and to prioritise improvement works. Properties can potentially become non-decent on the 1st of January each year when the age of each asset element is updated.

Information from the Apex system is used to identify homes that will require planned works in the forthcoming year to ensure they continue to meet the Decent Homes Standard. The budget for decent homes work is set in accordance with the Council's Housing Asset Management Strategy priority of "investing in homes and neighbourhoods".

The following planned works and gas boiler installations have been completed from July to September 2019 to help maintain the Decent Homes Standard in Council owned homes:

- 95 new kitchens
- 26 new bathrooms
- 2 new doors fitted
- 100 new window installations
- 80 properties rewired
- 8 new roofs installed
- 181 new gas boilers installed.

In addition the Council's contractors carried out a total of 95 (42 normal and 53 major) repairs to empty properties during the same period before they were re-let. New kitchens and bathrooms will be installed in empty properties where required to meet the Decent Homes standard.

The Property and Investment Team are currently undertaking the following work to ensure that the Council is able to maintain 100% decency going forward:

- A sample stock condition survey (20% of homes) to ensure that Housing has up-to-date and accurate information about its stock. The survey will be used to validate existing data and

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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provide a sound basis to inform investment decisions, including future planned and capital works. It will also identify any immediate remedial works that need to be completed to comply with health and safety requirements and the need for further survey works.

- Procurement of Housing's planned and capital works from April 2020 following the end of the current Partnership with Mears Group. Planned works will be let in seven Lots for kitchens, bathrooms, windows, doors, external decorations, internal decorations and electrical works. Contract documentation is due for completion by the end of October.

Actions

1. Complete sample stock condition survey (Head of Housing Repairs & Improvement, due for completion by end of December 2019)
2. Finalise specifications and carry out procurement process for Housing planned and capital works (Head of Housing Repairs & Improvement, for contract start date of 1st April 2020).

2019-20 Strategy Governance & Law - Council (Corporate) - quarterly reporting

Number of Stage 1 Complaints received by corporate Customer Feedback Team [Corporate - council]	No.	820.00	Trend
			Decreasing trend

Position:

In this financial year for Q1 and Q2 (March 19 to August 19), the total number of complaints = 820

In the same period last year, the figure was 1012

This represents a reducing trend and a reduction of 19%. There is no target set for this indicator as we don't want to inadvertently discourage customers from complaining. Feedback from customers gives valuable insight into potential service improvements needed.

The council has a three stage process for formal complaints, Stage 1 is the first stage of the formal process these complaints are investigated and responded to by the service concerned. We aim to respond to Stage 1 complaints within 10 working days as through research we know that an early and effective resolution of complaint positively impacts on customer satisfaction .

Year to date 2019/20	63% responded to within 10 working days, 92% within 20 days.
Full year 2018/19	63% responded to within 10 working days, 81% within 20 days.

Equalities monitoring data has been provided by a limited number of customers so should not be considered representative of all complaints received. The Customer Feedback Team continue to increase promotion submitting complaints through web-form, as this is the most discreet and efficient way of collecting equalities data.

- 110 (13%) of customers gave information about their gender
- 103 (13%) gave information about their age
- 101 (12%) gave information about their ethnicity
- 75 (9%) gave information about their religious beliefs
- 78 (10%) gave information about their sexual orientation
- 43 (5%) gave information about whether they had a disability or long-term health condition

From the limited data, the representation of demographic groups is broadly aligned with the city demographic profile from the Census in 2011, with the exception of age, where 45% (46 customers) of complaints (from those who provided information about their age) were from those aged 45 -64 compared to the make-up of the city where 27% of the population are aged 45-64.

Commentary:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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The services with most complaints so far in 2019/20 are:

CityClean – 242, Housing – 209 (Property & Investment, Repairs and Tenancy teams), Parking - 75, Revenues & Benefits – 62

Compared to same time last year, the services with most significant changes in the volume of Stage 1 complaints received are:

CityClean - 35% reduction (from 374 to 242 complaints)

Parking – 20% reduction (from 94 to 75 complaints)

Transport (not including Parking) – 43% reduction (from 35 to 20 complaints)

There are no services that have seen a significant increase compared to last year.


The Customer Experience Steering Group consisting of all key services across the council has been set up to improve consistency, resilience, efficiency and improvements in a way customer services are delivered across the council. A group of Customer Experience Ambassadors (currently 79) are now in place who will improve the way that services are delivered across the organisation by embedding key messages in their team/service which includes learnings from customer feedback.

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

Services recognise that there is a need to try to reduce complaints by resolving issues of concern early and that dealing with complaints is costly (stage 1 complaint on average costs £100 and stage 2 £450). The key barrier continues to be capacity issues to develop and drive service improvements.

Actions:

- 1) Finalising the Customer Experience Strategy and implementing it to deliver our vision of 'Getting things right first time, every time' which will improve customer experience and reduce the number of complaints (Customer Experience Lead, development Dec 19, implementation ongoing)
- 2) Transport – Half of stage 1 complaints were about the lack of response to service requests, so the teams will put greater focus on their communication with customers, including giving responses to web-form or direct emails to let customers know their request has been dealt with or when the request will be dealt with and actively ask for feedback in those responses. (Head of Transport Projects & Engineering, Dec 19)
- 3) CityClean continue to work on a programme of modernisation projects to improve the quality of services delivered, including improvements to the information about missed collections provided to customers and contact centre staff through an improved online tool and operations process (Operations Manager and Digital Customer Product Manager, City Environment, December 19). Officers answering complaints to the Cityclean service will spend time based with the Customer Feedback team whilst working on complaint responses, to give them additional focussed support in resolving issues at the initial stage. (Customer Feedback Manager and CityClean officers, December 19)
- 4) Council Tax have put in place additional resources to reduce the time it takes to process billing changes, as there is currently a high amount of outstanding work, which leads to incorrect bills, increased contact from customers, therefore increased complaints. Aim to reduce time to respond to digital service requests from 25+ days to 10 days (Revenues & Benefits Manager, by end December 19).
- 5) Housing Management service will begin sharing the 'actions and learnings' identified through complaints with all service managers to ensure cross team learning as well as identification and embedding of best practice. Housing Service Operations Manager, November 2019)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of all complaints received by the council that are not resolved at Stage 1 and are escalated to Stage 2 and investigated. [Corporate - council]	%	10.00	9.60	 Improving

Position:

The council has a three stage process for formal complaints, Stage 1 is the first stage of the formal process these complaints are investigated and responded to by the service concerned. If customer remains unsatisfied, their complaint is investigated by the corporate Customer Feedback team independent of the service concerned.

This indicator measures the number of complaints which are taken to the second stage of the complaints process and then investigated. This does not include the Adult Social Care functions as there is no Stage 2 in the Adult Social Care statutory complaints process. This indicator has a set target of 9.8% or fewer complaints to be escalated from the initial stage, as this can indicate inadequate responses at Stage 1. The target was set to maintain 2018/19 year end performance.

In Q1&2 of 2019/20, out of 820 complaints, 79 were escalated to stage 2 (9.6%) which means that we are achieving our target of 9.8%.

Commentary:

Services where this escalation target was not achieved are:

City Development & Regeneration 29% (7/24 complaints – 4 of which related to a single Planning Committee decision),

Transport (not including Parking) 20% (3/15 complaints),

Tenancy Services and Income, Involvement & Improvement services 15% (10/67 complaints),

Housing Needs 13% (7/55 complaints).

The financial costs and reputational damage caused by a failure to resolve complaints at S1 are significant. For Stage 1 complaints the cost of processing, investigating and responding is about £100 (including Customer Feedback Team and service manager), for Stage 2 that cost is about £450 (including contribution from service manager).

Customer Feedback Managers deliver training courses in 'Complaint Investigation Skills and Service Improvement' along with individually tailored training and coaching as needed.

Customer Feedback Managers analyse Stage 1 responses that are upheld at Stage 2 to understand the reason the case was escalated and provide advice on how to improve the Stage 1 response so that escalation is avoided in future.


10% of complaint responses are being quality assured against the agreed standard developed by the Customer Experience Steering Group. Feedback will be given to individual managers on how responses could be improved. A sentence library has been created as a resource for improving responses and will continue to be updated.

Actions:

- 1) Housing Needs service stage 2 complaints are spread across the teams, managers will encourage their staff to attend 'Customer Experience Skills' training sessions, as well as ensuring that all new staff attend the Customer Experience mandatory induction sessions. Refresher training on complaints handling will also be recommended to all officers responding to customer complaints. (Head of Housing Needs and Head of Tenancy Services, December 19)
- 2) Tenancy Services & III will share the Quality Assurance (QA) guidance with all staff to improve Stage 1 responses. Customer Feedback Manager will work with service managers on the QA, so the services can QA a higher % of Stage 1 complaints themselves. (Customer Feedback Manager and Housing Service Operations Manager, December 2019)
- 3) Transport services have identified that complaints can be reduced by improving the process by

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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which enquiries are handled – currently many initial enquiries for Transport and Highway services are handled by the City Environment contact centre then passed over to Transport. Establishing an improved process for these enquiries will mean better responses to initial queries. (Head of Transport Projects & Engineering, December 19)

Number of compliments received from public and external partners [Corporate - council]	No.	687.50	778.00	 Improving
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Position:

We are reporting on positive feedback received from members of the public and businesses who receive services from the council and from other agencies who work in collaboration with us. Compliments received from colleagues are included in the information given in quarterly reports to services but are not included in these figures. There is no published benchmarking figure currently available for this indicator.

778 compliments have been received in Q1&2 2019/20, this continues the trend for increased positive feedback, compared to 700 compliments received in the same period in 2018/19, an increase of 11%.

The results by Directorate are:

- Economy, Environment & Culture = 242 (26% increase since 2018/19)
- Families, Children & Learning = 178 (84% increase)
- Finance & Resources = 15 (21% reduction)
- Health & Adult Social Care = 79 (16% increase)
- Neighbourhoods, Communities & Housing = 160 (33% reduction)
- Strategy Governance & Law = 103 (39% increase)

Commentary:

“A compliment is where a person praises a member of staff or a service for the work they have done.”

There is value in recording the compliments received, it helps to provide a balanced perspective alongside the complaints received and shows that very many customers are pleased with the services they receive. Additionally, compliments are very useful for motivating teams; it helps remind them that their work is appreciated; receiving positive feedback also reinforces the value of excellent customer service. We look for the common reasons that people send compliments and share this with services; this is a valuable source of learning.

The value of Compliments is promoted in the Complaints Investigation and Service Improvement workshops.

Compliments have been categorised against themes from our Customer Promise:

Clear: 4%

Easy to contact and responsive: 8%

Get things done: 62%

Helpful and supportive: 21%


Respectful: 5%

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. (Customer Experience Lead, Ongoing.)
- 2) Compliments received are discussed with services leads in quarterly meetings to inform service improvements and for service leads to share with their teams. (Customer Feedback Managers and Service Lead, next discussions taking place by December 2019)
- 3) A Wave story featuring compliments is published monthly (Customer Feedback Managers, Ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
4) Quarterly customer feedback reports are now being produced in a format which can be published on the wave and shared with staff, focusing on improved performance and individuals receiving compliments (Customer Experience Lead & Customer Feedback Managers, November 2019 and then ongoing)				

LATE ANNUAL RESULT (Corporate)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% Local Government and Social Care Ombudsman (LGSCO) complaints upheld or partially upheld [Corporate - council]	%	59.00	57.00	 Improving

2017/18 annual result

Position:

The Ombudsman's published figure for complaints upheld for the council in 2018/19 (April to March) is 54%.

This is the latest available information.

We use the benchmarking information provided by the Ombudsman comparing 'similar authorities'.

The target for this indicator is set at the 'similar authorities' average result for 2018/19 which is 55%, so the target has been achieved.

The percentage upheld reduced from 57% in 2017/18 to 54% in 2018/19.

The Ombudsman also provides benchmarking information about whether, in complaints that they uphold, the council had provided a satisfactory remedy before the complaint reached the Ombudsman.

For Brighton & Hove City Council in 2018/19, this result was 35%, compared to an average of 11% in similar authorities.

Commentary

The Ombudsman states in his report that high volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems, and that low complaint volumes can be an indication that an organisation is not open to user feedback. The Ombudsman is placing more emphasis on identifying and sharing learning from the investigations they carry out. To ensure that learning takes place within the council the recommendations are referred to Heads of Service and the case managers. The Director and Assistant Director have oversight of all cases where there is a finding of fault. The Ombudsman requires that we provide evidence their recommendations have been carried out and may consider issuing a public report if they are not.

We recognise there is a cost involved in administering and responding to the enquiries the Ombudsman makes, this varies considerably, depending on the specific case, but as a minimum would be similar to a Stage 2 investigation at £450 per complaint. To gain value from investigations we ensure any learning is taken on board.

Action

1. Bringing individual service decisions and learnings from the LGSCO together and sharing with the whole organisation. (Customer Feedback Managers & Customer Experience Lead, ongoing).
2. Encouraging service managers, when upholding complaints, to consider whether an ex gratia payment may be appropriate redress for any injustice caused. Detailed information is available from the LGSCO about their suggested amounts and circumstances in which this should be considered, this is a valuable and easy to access online tool. (Customer Feedback Managers, Dec 19).
3. Services are to be encouraged, once they have exhausted options for resolution, to route dissatisfied customers to the formal complaints process. This helps manage and structure the customer contact, as well as providing a clear escalation route to the LGSCO. (Customer Feedback Managers, ongoing)