

**Brighton & Hove  
City Council**

# **POLICY & RESOURCES COMMITTEE ADDENDUM**

**4.00PM, THURSDAY, 3 DECEMBER 2015**

**AUDITORIUM - THE BRIGHTELM CENTRE**



## ADDENDUM

ITEM		Page
<b>89</b>	<b>PERFORMANCE UPDATE REPORT Q2 2015/16</b>	<b>1 - 38</b>
	Report of the Interim Executive Director for Finance & Resources (copy attached).	
	<i>Contact Officer: Andy Edwards</i>	<i>Tel: 01273 296823</i>
	<i>Ward Affected: All Wards</i>	
<b>94</b>	<b>NEW ENGLAND HOUSE &amp; LONGLEY INDUSTRIAL ESTATE - EXEMPT CATEGORY 3</b>	<b>39 - 46</b>
	Additional Part Two information to the joint report of the Acting Executive Director for Environment, Development & Housing and the Interim Executive Director for Finance & Resources listed at Item 91 (circulated to Members only).	
	<i>Contact Officer: Alan Buck</i>	<i>Tel: 01273 292287</i>
	<i>Ward Affected: St Peter's &amp; North Laine</i>	



<b>Subject:</b>	<b>Performance Update Report Q2 2015/16</b>		
<b>Date of Meeting:</b>	<b>3 December 2015</b>		
<b>Report of:</b>	<b>Interim Executive Director for Finance and Resources</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Andy Edwards</b>	<b>Tel: 29-6823</b>
	<b>Email:</b>	<b>andy.edwards@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

1.1 To report Q2 2015/16 performance progress for the period 1st April 2015 to 30th September 2015 in relation to Corporate KPIs

**2. RECOMMENDATIONS:**

2.1 To review progress in relation to Corporate KPIs particularly corrective measures outlined for 'red' and 'amber' indicators and provide ongoing support and challenge to lead officers to bring performance back on track.

**3. CONTEXT/ BACKGROUND INFORMATION**

3.1 There are two overarching documents:-

§ **The City's Sustainable Community Strategy** – is owned by, and the responsibility of Brighton & Hove Strategic Partnership, known as Brighton & Hove Connected, and the City Management Board.

- **BHCC Corporate Plan (2015-2019)** – this sets out the councils Purpose, Principles and Priorities.

Note this is the first report of the 2015-19 Corporate Plan. Progress towards the plan outcomes is evidenced by delivery of the Corporate KPI set and supported through the successful delivery of the directorate plans.

3.2 The Performance Management Framework (PMF) for 2015/16 is now operating. There are eight component parts of the Performance Management Framework (PMF).



3.3 A summary of the 8 areas of the PMF is provided in the table below:

Component	Summary and Performance Management Approach
1 – Business planning and management	<ul style="list-style-type: none"> <li>• Plans are set at various levels               <ul style="list-style-type: none"> <li>○ the partnership plan “Brighton and Hove connected”</li> <li>○ the council’s corporate plan</li> <li>○ directorate plans</li> <li>○ service plans.</li> </ul> </li> <li>• ELT develop and agree a key indicator set mapped to these plans to track performance outcomes and receives quarterly performance update reports. Accountable Directors discuss corrective actions and ELT prioritises options.</li> <li>• Performance reports are reviewed at P&amp;R twice a year</li> </ul>
2 – Risk management	<ul style="list-style-type: none"> <li>• Through understanding risks, decision-makers will be better able to take actions to manage those risks and implement mitigating actions</li> <li>• Strategic Risks are reviewed 6 monthly at ELT and reported to the Audit and Standards Committee throughout the year</li> <li>• Citywide Risks are reviewed annually and managed by the relevant partnerships and feed into the Strategic Risk processes for council led risks</li> <li>• Progress monitoring and reporting is managed through links to</li> </ul>

Component	Summary and Performance Management Approach
	the directorate risk registers at DMT.
3 – Financial management	<ul style="list-style-type: none"> <li>• The efficient and effective management of council funds to accomplish the objectives of the council</li> <li>• Monthly reviews of actual income and expenditure and comparing this with the allocated budget for each budget holder throughout the year (months 2 to 11) enables variances to be identified and corrective action taken where required.</li> <li>• Corporate Critical budgets are identified and more detailed analysis and action planning is undertaken. Progress is reported to ELT monthly</li> </ul>
4 – Customer insight	<ul style="list-style-type: none"> <li>• Understanding how our customers and citizens see our services gives us useful information on ways we can improve our performance to deliver value.</li> <li>• The city tracker survey provides resident and user feedback on our services and analysis of our complaints, compliments and comments along with internal contact volumes contribute towards the annual customer health report that is reviewed by ELT.</li> </ul>
5 – Modernisation, programmes and projects	<ul style="list-style-type: none"> <li>• Modernisation is Council's Portfolio of change management programmes/projects which will support delivery of corporate purpose, principles and priorities. This in turn will help evidence achievement of outcomes in relation to Council's purpose.</li> <li>• Corporate Modernisation Delivery Board - Sponsoring Group initiates and leads programmes and projects that are intended to achieve outcomes including cross-cutting programmes and projects. Chaired by the Chief Executive and consists of directors and other key officers of the council.</li> <li>• Directorate Modernisation Boards report to the Corporate Modernisation Delivery Board, are set up to drive the programmes and projects forward and deliver outcomes and benefits.</li> <li>• Programme and Project Boards report to the Directorate Modernisation Boards, these are responsible for planning, set-up and management of programmes and projects.</li> <li>• All non-modernisation programmes/projects get led by and reported to the Directorate Management Teams (DMTs) and reported to the Executive Leadership Team (ELT) if/when appropriate</li> </ul>

Component	Summary and Performance Management Approach
6 – People management	<ul style="list-style-type: none"> <li>• People are our most important asset and resource, and good managers make best use of our people to deliver value to our customers</li> <li>• Elements of people management include               <ul style="list-style-type: none"> <li>○ Staff survey</li> <li>○ Our people data (workforce statistics)</li> <li>○ Workforce planning</li> <li>○ Organisational development</li> </ul> </li> <li>• Management across the council receive regular reports to enable them to effectively plan service delivery and identify and resolve skill gaps to enable delivery of the corporate plan</li> </ul>
7 – Health & safety management	<ul style="list-style-type: none"> <li>• Managing health and safety is about looking after our business, people and reputation</li> <li>• Health and Safety Committee chaired by the Chief Executive are responsible for the development of health and safety policy for the council, monitoring performance on health and safety issues and ensuring that changes to legislation or regulations are implemented effectively.</li> </ul>
8 – Quality assurance	<ul style="list-style-type: none"> <li>• Quality assurance includes safeguarding vulnerable people, by preventing mistakes and giving confidence that our processes are sound. Monitoring can be through safeguarding audits and quality assurance reports are reviewed quarterly by the relevant service at Service Management Team meetings. Local Safeguarding Children’s Broad and Adult’s Safeguarding Boards oversee quality assurance in relation to safeguarding.</li> <li>• Each directorate is responsible for the development and implementation of appropriate quality assurance monitoring and reporting for their directorate as appropriate.</li> </ul>

3.4 This report is concerned with component 1 – Business planning and management. The diagram below demonstrates the ‘Golden Thread’ that links the council’s purpose, principles and priorities through to services delivered at the frontline of the council, and how external factors influence these.





3.6 Key Performance Indicators are developed to evidence delivery of the Corporate Plan. The PDP process is intended to clarify individual staff contribution towards the achievement of the relevant Principles and Priorities within the Corporate Plan.

#### 4.0 Performance Indicator Set

4.1 The list of Corporate KPIs and their targets for 2015-16 were set in February/March 2015. This year a consistent approach has been adopted across the organisation in relation to target setting taking account of comparative information.

4.2 The overall performance achieved at Q2 against target is assigned a rating of Red, Amber or Green depending how far from target the performance is.

4.3 Targets were set using the following criteria:

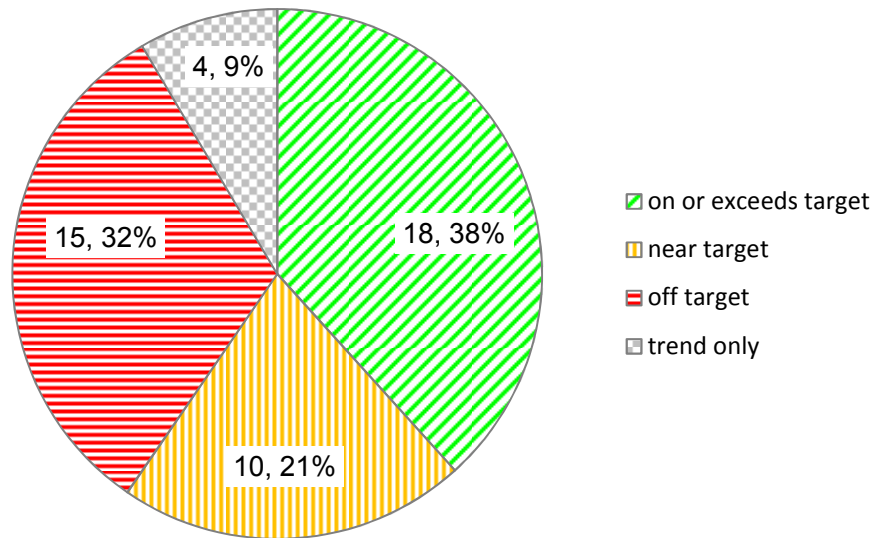
- To set the target (Green value), use the latest available benchmarking data e.g. statistical neighbour data, national data or any other comparable Local Authority data.
- Where performance is already better than benchmarking/comparable data, set an improvement target. Setting a target which is below the current performance level would go against the principle of continuous improvement
- Where no benchmarking data is available; if a national or a contractual target is available, that needs to be used. In the absence of this, a sound rationale needs to be explained for developing a target figure

4.4 Indicators that are annually measured are not listed.

4.5 The Corporate KPI set is made up of 106 indicators of which 59 are annually reported. Of the remaining 47 indicators 4 are trend indicators (these are shown in the chart

below as grey and black slices) the distribution of the remainder are shown in the chart below.

4.6 The chart below shows the proportion of indicators that were rated as Red, Amber and Green for Q2 2015/16. Overall the results show 59% of the indicators meeting or being within the agreed tolerance level (shown as green or amber below) at this point in the year. Persistent efforts will be necessary to improve upon this position by year end.



KPI table of RAG ratings by Directorate

Q2-2015	Red	Amber	Green	Not Available	Monitoring
<b>Children's services</b>	3	2	5	-	-
<b>Adult services</b>	6	-	1	-	1
<b>Public Health</b>	1	5	4	-	-
<b>EDH</b>	5	2	4	-	2
<b>F&amp;R</b>	-	1	4	-	-
<b>ACE</b>	-	-	-	-	-
<b>LDS</b>	-	-	-	-	1

4.7 Below are some highlights from directorates where there has been significant improvement and/or good performance against target for 2015-16. These are achieved through the combined effort of all staff throughout the organisation and from relevant partner organisations. Appendix 1 provides more information and context.

Number of children who are looked after

Percentage of children who have received a 2-2.5 year health visiting review

% of carers services provided, where the cared-for person is not in receipt of social care support

Prevalence of breast-feeding at 6-8 weeks from birth

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

The percentage of municipal waste landfilled  
Formal Complaints per 10,000 population

4.8 Below are some highlights from directorates where performance improvement is required. Appendix 1 provides more information on these including a summary of performance so far, the context for that service and a short summary of proposed actions to improve performance. Effective performance management ensures the right actions are taken at the right time so that the council can achieve its purpose through delivering the principles and priorities

- Children who were the subject of a child protection plan per 10,000
- Stronger Families Stronger Communities [SFSC] families 'turned around' (Phase 2)
- Delayed transfers of Care attributable to social care
- Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population
- Missed recycling collections per 100,000 population
- Nitrogen Dioxide levels in Brighton and Hove (North Street) Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence so far this year (not including schools)

## **6. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

6.1 Through consultation with ELT the Performance Management Framework currently in operation was deemed to be the most suitable model.

## **7. COMMUNITY ENGAGEMENT & CONSULTATION**

7.1 This is an internal performance reporting mechanism and as such no engagement or consultation has been undertaken in this regard

## **8. CONCLUSION**

8.1 The council must ensure that it uses a robust Performance Management Framework to meet the challenges of delivering services in the financial context that local authorities are now working in.

## **9. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

9.1 There are no direct financial implications arising from this report

*Finance Officer Consulted: Peter Francis*

*Date: 3/11/15*

### Legal Implications:

9.2 There are no legal implications arising from the report

*Lawyer Consulted: Elizabeth Culbert*

*Date: 5/11/15*

Equalities Implications:

- 9.3 An underlying principle of the Corporate Plan is that it focuses on the significant issues for the city, some of which are about tackling the inequality experienced by our residents.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Detailed Quarter 2 KPI report for 2015-16



***Appendix 1***  
***Corporate KPI Scorecard Report - Q2 2015/16***

*Period: Apr-15 - Sep-15*

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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### Children's Services

<b>Prevalence of breast-feeding at 6-8 weeks from birth [Corporate]</b>	%	<b>72.00</b>	<b>76.10</b>	 <b>GREEN</b> <b>Improving</b>
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**Position**

The figure is based on all children who were aged between 6-8 weeks at some point between July and September 2015; this typically represents between 700-800 children. Data published by NHS England shows that, for Q4 2014/15 (January, February and March 2015), Brighton and Hove had the highest rate of exclusive breastfeeding in England. And was number 4 in England for babies receiving any breast milk at 6-8 weeks – just behind 3 London boroughs.

The target of 72% is locally set by the area's breastfeeding co-ordinator. This was chosen in order to maintain the good performance of this KPI as it reflects the average prevalence over the last 3 years.

The figure of 76.1% is above the same quarter last year, which was 74.9%. The national prevalence rate is 42.9%. Brighton & Hove are well above the national rates.

The sample size for this submission was 796 babies aged 6-8 weeks. Since a big push to increase breastfeeding take-up in the 2011/12 financial year the prevalence rate has stabilised to a consistent 70%+, in line with the target.

Trend: (same quarter each year) 2013; 72.9%, 2014: 74.9%

**Commentary**

The data is collected locally by Health Visitors, who work as part of integrated children's centres. Performance (6-8 week breastfeeding prevalence) is good when compared with the national average of less than 50%.

Several factors have positively contributed to this performance. Brighton and Hove has a Breastfeeding Strategy and steering group for the city and all key partners work well together to promote breast feeding. This work is led by the community Breastfeeding Team. Public Health is currently funding additional, proactive breastfeeding support services in targeted areas of the city. These include a breastfeeding support worker and the peer support programme. Peer support has been running in the city for 6 years and the programme maintains a high level of active volunteers in the community and on the postnatal ward. Both these interventions have improved our breastfeeding performance.

There is a yearly updating/training schedule for all Children's Centre team staff with additional training for staff working in areas of the city where breastfeeding has been lower than the city average. Health Visitors consistently exceed the data coverage target of 95%. Having a city wide Breastfeeding Team maintains the high profile of breastfeeding in the city and its key role in public health. It will be a challenge to maintaining this level of service with funding cuts in public health and local authorities.

**Actions**

1. Concentrating resources on the areas of the city with the lowest rates of breastfeeding, in line with Breast Feeding Strategy. (Sure Start Manager, Mar 16)
2. To continue to performance manage data input to ensure 95% across the city. (Children's Centre Team Managers, ongoing)

<b>Percentage of children who have received a 2-2.5 year health visiting review [Corporate]</b>	%	<b>85.00</b>	<b>65.92</b>	 <b>RED</b> <b>Improving</b>
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**Position**

The definition of this performance indicator is taken from the national specification for Health Visiting and is part of the NHS England Health Visiting Dash Board. The national specification for Health Visiting explains that the full health visiting service should be in place from April 2015 once additional health visitors have been recruited. The full service includes universal ante natal contacts, new birth visits, and reviews at ages six - eight weeks, one and two years. Until September 2014 one and two year reviews consisted of a questionnaire sent by letter for universal families and face to face reviews for targeted families (around 20%). From September 2014 for two year reviews and January 2015 for one year reviews all parents have been invited to attend a face to face review.

Brighton and Hove had a trajectory to increase the number of Health Visitors (HV) in the city by 17 which was met by the end of March 2015. However, because of the change in the age profile, an increasing number of health visitors are taking maternity leave. Because of a national shortage of health visitors it is not possible to recruit health visitors to short term contracts to cover maternity leaves so this has an impact on capacity.

The 85% target has been set by the NHS Area Team and is the target for September 2015. NHS England redefined the indicator so that only face to face reviews can count towards the target, this was revised for Q3 2014/15. The Department of Health asked health visitors to use an evidence based tool called Ages and Stages to complete the reviews from April 2015 and this change has been implemented.

Quarter two shows a significant improvement with an almost 20 percentage point increase on the previous quarter. There has been a change in the timing of the review in order to increase this percentage. The definition of the indicator only counts children who have reached 2.5 years and have had a review. It does not include two year olds who have had a review but are not aged 2.5 by the end of the quarter. Until March 2015 children received a review at the age of 2. Children who received their review in this quarter but were younger than 2.5 years will not have been counted.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Sample size is a snapshot of all children turning 2 within the quarter and is based on the entire eligible population in Brighton & Hove (672 for Q2 2015). The data determining the performance is for quarter 2 of 2015 only.

**Commentary:**

The council manages health visitors as part of the integrated children's centre service under a Memorandum of Understanding with Sussex Community NHS Trust. The rate has increased by almost 20 percentage points since the last quarter but is still below the target of 85% (as at 2nd October 2015). This target is aspirational and a revised target is being discussed with Public Health for October to March 2016. The timing of the review was changed from April 2015 from 2 year to 2 years 3 months. Invitations to all parents are sent by post but some parents either do not respond or do not turn up for the review. We have instigated some actions to encourage parents to attend which has shown some positive impact this quarter, including improving publicity and following up parents who do not take up reviews. We have also improved performance management including monitoring the performance of each team against the targets. From April the reviews have used the Ages and Stages questionnaire, a national evidenced based tool specified in the health visitor specification. Meetings have been held with Public Health to agree realistic targets for the next two quarters.

**Actions**

1. To performance manage the different children's centre teams to improve performance across the city (Sure Start Service Managers - on going)
2. To continue to monitor of parents who do not take up reviews (Children's Centre Team Managers)
3. To agree achievable targets with Public Health ready for the transfer of commissioning in October 2015. (Head of Sure Start/SCT) By October 2015.

**Schools judged to be good or outstanding by OFSTED [Corporate]**

% **82.00** **83.30**



**Position**

At the end of each term we take a 'snapshot' of where schools are in regards to Ofsted judgements. As at the end of September 2015 83.3% of schools in Brighton and Hove were judged to be good or outstanding. This has changed from 83.5% in the previous quarter as two schools have merged and one school has been inspected for the first time. Below is a breakdown by school type:

- Nursery: 100% good or outstanding (England 97% as at March 2015)
- Primary: 82.7% good or outstanding (England 83% as at March 2015)
- Secondary: 70% good or outstanding (England 72% as at March 2015)
- Special: 100% good or outstanding (England 89% as at March 2015)
- Pupil Referral Units: 100% good or outstanding (England 86% as at March 2015)

For colleges 100% were judged good or outstanding for 2013/14 academic year. Please note this is not included in the overall figure.

In Brighton & Hove the percentage of pupils in good or outstanding schools is 88.2% in primary and 80.8% secondary schools. The percentage of pupils in good or outstanding schools median for 152 local authorities in England was 82% for primary and 75% for secondary schools based in the 2013/14 academic year. There are no school in the city judged to be inadequate.

The number of children in good or outstanding schools is:

- Nursery 173
- Primary schools 16,846
- Secondary schools 9743
- Special schools 431
- Pupil Referral Units 78

Therefore the total number of children in good or outstanding schools citywide is 27271 out of 31,840. (86%)

**Commentary**

The Standards and Achievement Team keeps an ongoing spreadsheet of the percentage of good and outstanding schools and meets regularly, with other teams in the LA, to review the progress schools are making and aims for early intervention. The next review of schools will be in December 2015. Any school that is identified as 'at risk' has a support plan put in place to address issues of concern. This depends on the level of need and can include additional time from a School Partnership Adviser, support from another school or cluster of schools. This varies from school to school and is always targeted at need.

The new Ofsted Inspection Framework, with a focus on in school progress, may affect the outcome for schools.

There are currently nine primary schools and three secondary schools that are not yet 'good' and these are receiving maximum support and challenge.

The new Ofsted Framework in September may affect outcomes of inspections.

**Actions:**

1. Keep schools updated of changes to the Ofsted Framework (Head of Standards and Improvement, September 2015)
2. Review the categorisation for all primary schools (Head of Standards and Improvement, December 2015)
3. Develop the School to School Support model which will support 'prevention' by sharing good practice and challenge and support from other school leaders and also provide a structure for schools that lose their judgement of 'good' (Head of Standards and Improvement, November 2015)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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<b>Overall absence in maintained &amp; academy primary schools [Corporate]</b>	%	<b>3.90</b>	<b>4.00</b>	 <b>Improving</b>
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#### Position

The end of year primary school absence figure for Brighton & Hove is 4.0% which is in line with figures for 13/14 and much better than figures for 12/13 at 4.8%. The figure is slightly above the national average at 3.8%

The target of 3.9% is the national result for overall primary absence for 2013/14. This is a placeholder until the 2014/15 result becomes available in September 2015/16.

End of year results comparisons for primary schools:

Brighton & Hove 12/13 - 4.8%, 13/14 - 4.0%, 14/15 - 4.0%

National 12/13 - 4.7%, 13/14 - 3.8%, 14/15 - figures to be released in March 2016

#### Commentary

The new code of conduct is now place and the Strategic Attendance Lead is meeting with all schools to ensure that this is being used consistently across the City. The cluster support and challenge groups are established and schools have access to appropriate advice and guidance in relation to addressing poor school attendance. The team continue to work with all schools to ensure that a similar approach is taken to addressing holiday during term for a consistent approach across the City.

All schools are part of a school attendance cluster group which is led by a key officer within the school attendance team. This approach seems to be proving positive with all school attendance leads and an excellent way of sharing good practice. The data analyst attends all cluster meeting to compare and contrast data to identify ways in which to improve school attendance.

All vulnerable schools are offered intensive support visits and an agreed attendance target is set with an action plan was agreed and put in place. This has been monitored on a half termly basis to ensure that absence is a key priority within the school.

An important part of our work includes the Education Investigation Service which includes Fixed Penalty Notices, Interviews under Caution and prosecutions. We are now fully compliant with the Police and Criminal Evidence Act 1984 and the guidance from the Department for Education. There has been a steady increase in the number of Fixed Penalty Notices from schools and the paper free referral process is proving to be efficient. We have conducted 20 Interviews under Caution since starting this process in May 2015, which seem to be acting as a deterrent. The Education Investigation Service is proving to be an important deterrent for parents/carers wishing to take their children out of school during term time.

The citywide campaign to raise awareness for those parents who do not secure their child's regular attendance at school is now in place.

#### Actions

1. Embedding the new code of conduct and ensure all schools are following the same process. (Strategic Attendance Lead)
2. Continue to work with clusters on good practice across the City to improve school attendance.. (Strategic Attendance Lead)
3. All vulnerable schools are offered intensive support and challenge from Attendance Officer. (Strategic Attendance Lead/Data Analyst)
4. For the coming year, we will undertake some analyses on school absence through sickness which will be reported in the forthcoming exceptions report. (Strategic Attendance Lead – October 2015)

<b>Overall absence in maintained &amp; academy secondary schools [Corporate]</b>	%	<b>5.20</b>	<b>5.67</b>	 <b>Improving</b>
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#### Position

The end of year secondary school absence figure for Brighton & Hove is 5.67% which is above the figures 13/14 at 5.5.% and much better than figures for 12/13 at 6.6%%. The figure is above the national average at 5.3%

The target of 5.3% is the national result for overall secondary absence for 2013/14.

End of year results comparison for secondary schools:

Brighton & Hove 12/13 - 6.6%, 13/14 - 5.5%, 14/15 - 5.7%

National 12/13 - 5.9%, 13/14 - 5.3%, 14/15 - figures to be released in March 2016

#### Commentary

The new code of conduct is now place and the Strategic Attendance Lead is meeting with all schools to ensure that this is being used consistently across the City. The cluster support and challenge groups are established and schools have access to appropriate advice and guidance in relation to addressing poor school attendance. The team continue to work with all schools to ensure that a similar approach is taken to addressing holiday during term for a consistent approach across the City.

All schools are part of a school attendance cluster group which is led by a key officer within the school attendance team. This approach seems to be proving positive with all school attendance leads and an excellent way of sharing good practice. The data analyst attends all cluster meeting to compare and contrast data to identify ways in which to improve school attendance.

All vulnerable schools are offered intensive support visits and an agreed attendance target is set with an action plan was agreed and put in place. This has been monitored on a half termly basis to ensure that absence is a key priority within the school.

An important part of our work includes the Education Investigation Service which includes Fixed Penalty Notices, Interviews under Caution and prosecutions. We are now fully compliant with the Police and Criminal Evidence Act 1984 and the guidance from the Department for Education. There has been a steady increase in the number of Fixed Penalty Notices from schools and the paper free referral process is proving to be efficient. From September 2013 to September 2014, there were 434 referrals for fixed penalty notices. From 2014 to September 2015 there were 952 referrals for fixed penalty notices. We have conducted 20



INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Interviews under Caution since starting this process in May 2015, which seem to be acting as a deterrent. The Education Investigation Service is proving to be an important deterrent for parents/carers wishing to take their children out of school during term time.

The citywide campaign to raise awareness for those parents who do not secure their child's regular attendance at school is now in place.

#### Actions

1. Embedding the new code of conduct and ensure all schools are following the same process. ( Strategic Attendance Lead)
2. Continue to work with clusters on good practice across the City to improve school attendance.. ( Strategic Attendance Lead)
3. All vulnerable schools are offered intensive support and challenge from Attendance Officer . (Strategic Attendance Lead/Data Analyst)
4. For the coming year, we will undertake some analyses on school absence through sickness which will be reported in the forthcoming exceptions report. (Strategic Attendance Lead – October 2015)

#### Young people participating in youth activities [Corporate]

No. 1,165.00 1,632.00



#### Position:

For Quarter 2 BHCC Youth Service has engaged with 751 young people, achieving 88% of the annual target of 850. The Youth Collective has engaged with 881 young people which is 59% of the annual target of 1480. Therefore both BHCC YS and Youth Collective have met Green target for Q2.

The annual target is based on performance monitoring and deployment of resources over past 3 years participation of 2330 is a realistic figure which contains service improvement.

During Q2 2014/15, the Youth Service achieved 481 participants and have increased this to 751 participants for Q2 2015/15. In the same quarter last year, the Youth Collective achieved 949 participants.

BH Youth Service: 751 participants by end of Q2 indicates that the annual green target will be met, should this level of engagement be maintained.

Youth Collective: 881 participants by end of Q2 indicates that the annual green target will be met. Youth Collective has exceeded the targets for the quarter on recorded outcomes for Community Contribution and Increased skill in Arts and Culture and Sport by 25%, 31% and 44% respectively. They are also above target for the number of young people involved in volunteering at 16%.

The number of young people achieving some accreditation is currently above target at 20%. Annual figures can be provided once we have the most recent quarters.

#### Commentary:

Overall there's good progress on key performance indicators for the Collective with positive figures for the numbers of participants and the overall number of young people achieving outcomes, both of these are on target for this point in the contract year. The collective are exceeding the targets expected for this point in the year on all recorded outcomes and the number of young people achieving some accreditation, the figure for total participation though is down. The summer is a time of year when there are a number of one off events and workshops which increase the numbers of young people attending but by their , one off may not lead to an increase in participation. The Participation figure is expected to increase to rise in quarter 3

There is a time lapse on the figures for C-Card scheme (a free condom scheme which ensures appropriate education and advices plus confidentiality) and Chlamydia testing activity both carried out by youth workers and sexual health workers across the city and we have not yet been provided with these figures which are compiled by the Sussex Community NHS Trust Screening Team.

#### Actions:

1. KPIs were not changed as planned. This will now be part of the youth services review outcome, expected with revised date of Nov 15 Service Manager Youth & Communities, Nov 15)
2. The outcome figure for total participation is lower than target, 42% against 60%, which we will focus on over quarters 3 and 4. BHYC Lead manager, Mar 16)
3. Data quality issue with the number of participants who are recorded to be remedied as a part of the Youth Review (Service Manager Youth & Communities, Mar 16)
4. Need to ensure data sources are synchronized for drawing data for quarter reports ( Service Manager Youth & Communities, Jan 16)

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

No. 10.00 11.00



#### Position

The first claim window for the Troubled Families Programme Phase 2 was open in September, and 11 successful cases were identified. This is the total of all successful cases identified to date since the inception of the programme in January 2015. The cases have been through the Internal Audit process, and the payment by results funding drawn down. This is the first year of Phase 2 of the programme, which is not comparable to Phase 1, and as such there is no trend information available.

The target is based on a graduated approach to meeting our final target of 2400 families 'turned around' by the end of March 2020. This year's target is 79 families turned around, most of which will be met in the latter half of the year. This year's target has been set in line with service changes required to deliver phase two of the programme and the available resources within the service.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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The five year target profile has been set as follows: Year 1 (current year): 79, Year 2: 449, Year 3: 568, Year 4: 602, Year 5: 702.

#### Commentary

The degree of new process and engagement with additional front line work is considerable in order to register a family as 'engaged' for the purposes of the Troubled Families Unit and then monitor, identify success and make a claim. The 11 successful claims for Q2 of the programme are all successful Integrated Team for Families (ITF) cases. The ITF team has the capacity to deal with less than one third of the total target number for each year of the programme given the level of complexity with which they work. The remaining two thirds successful cases need to be evidenced from existing services.

It was always anticipated that the majority of the annual target for families turned around would be met through quarters 3 and 4 however the current 15/16 annual target of 526 families turned around is not expected to be met, due to a fuller understanding now of what is involved in phase 2 of the programme. A revised 15/16 annual target is being considered and we anticipate 'catching up' on this target figure through years 2 and 3 of the 5 year programme. This is in line with the national picture which reflects the substantial change to process and operational work required by Phase 2 of the programme.

#### Actions

1. Work with Welfare Reform teams, CVS organisations, schools, Healthvisiting and Youth Service to establish the whole family assessment with SFSC eligibility and the distance travelled tool. (SFSC Programme Manager, Dec 15)
2. Complete the data management system procurement process and sign contracts for a November start. (SFSC Programme Manager, Nov 15)
3. Establish internal request routes to the SFSC Jobcentre Plus seconded advisors for a new range of teams working with SFSC eligible families including the CVS contracted teams, the Early Help Hub teams and the Children's Centre programme (SFSC Programme Manager, Mar 2016)
4. Engage with GP practices to establish the format for the Early Help Hub referral pilot (SFSC Programme Manager/Early Help Coordinator, Mar 2016)

<b>Percentage of re-referrals to Children's Social Care Multi-Agency Safeguarding Hub and Assessment Centre (MASH) (Corporate)</b>	%	<b>23.00</b>	<b>18.00</b>	 <b>No Change</b>
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#### Position

This indicator has been affected by the change in definition of a referral. The change in definition means that referrals that outcome to no further action or redirected to early help are no longer counted as referrals, this has more than halved the number of referrals recorded and significantly affected the re-referral indicator. In quarter 1 the percentage of referrals within 12 months of a previous referral using the old definition was 36% using the new definition this has dropped to 18% in the same period.

The rolling year (the last 12 months) re-referral rate (a referral within 12 months of a previous referral) was 28% For the Year ending September 2014 above the 2014/15 target of 25%

The 2014/15 re-referral target is based the national average. The statistical neighbour average for 2011/12 was 25.1%

There were a total of 5,138 referrals of which 1,461 were re-referrals in the year ending 30th of September 2014 compared to 3,933 referrals of which 1,336 were re-referrals or 34% in the year ending 30th of June 2014.

Of the 628 referrals received in September 2014 198 or 47% were re-referrals.

While the percentage of referrals re-referred has remained relatively stable the total number of referrals and re-referrals has increased sharply over the last 5 months. The average number of referrals for the first 7 months of the year (October 2013 to April 2014) was 393. The average for the last 5 months (May 2014 to September 2014) was 561.

#### Commentary:

We have changed the definition of a referral to bring our reporting in line with others and to avoid double counting. This was discussed at length at a recent Local Safeguarding Children's Board meeting and accepted as a new approach. Referral rates are high and are increasing. The high level of referrals should be considered in light of where the City lies in relation to deprivation. The city is relatively deprived, ranked 66th out of 324 local authorities (unitary or district local authorities) in England. There are marked differences in levels of deprivation between Brighton and Hove and the South East.

Over half of the residents of Brighton and Hove (56%) live in the 40% most deprived areas in England (2008 population).

Conversely, only 3% of the city's population live in the 20% least deprived areas in England, compared to 38% of the population of the South East with only 6% in the most deprived.

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

The increase in our referral rates has been affected by improvements in our referral pathways and a change in our recording practices regarding referrals in September 2014. Since the 1st September 2014, and the introduction of the Early Help Hub, as initial contacts that were requesting a service but then re-directed to Early Help were counted as a referral. Of the referrals received by the MASH, on average 30% of referrals per month are re-directed to the Early Help Hub for support and on average 30% move through to Social Work assessment. This indicates an apparent confusion for agencies in respect of threshold application and where to access service provision. The MASH and the Early Help Hub are working closely together to support those referring to gain clarity and seek to ensure that every child referred receives a service that is proportionate to their needs. The confusion for some agencies between the two referral points was evidenced via the increased referral rates to MASH, as a result this practice has been reviewed and referrals to Early Help will no longer be counted as a referral for a social care

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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intervention.

It is recognised that the overall increase in referrals to Children's Social Work is a picture that has been echoed nationally (for example, the CIN Census for 2013-14 highlights a 10.8% increase in referrals across the country compared to the previous year) and 13% locally. A number of factors are considered to be contributing to the increased demand upon the service, namely the impact of benefit reforms, the withdrawal of legal aid in respect of contact dispute and mediation, and increased awareness of Child Sexual Exploitation and potential radicalisation of young people for example.

The impact of the Early Help Hub on reducing re-referrals to the MASH in the longer term will be reviewed again in December.

Actions:

1. MASH and Early Help completed a joint review of their services and systems in January 2015. This included a number of recommendations regarding the future delivery of services to reduce the need for referral for Children's Social Work, including consideration of having 'one door' and a single assessment/referral pathway. A second review is planned to report findings a year on in December 2015 having given time for referral pathways to effectively bed in prior to decisions being made to amend. (Head of Service MASH and Assessment, Jan 16).
2. An action for priority is to promote and increase the number of Early Help Assessments being completed to prevent concerns reaching a threshold that requires statutory Children's Social Work intervention. (Manager Early Help Hub- Dec 15)
3. Step down to Early Help procedures and practices to be reviewed. (Head of Service MASH and Assessment Dec 15,).
4. The advent of MASH Protects has meant that we no longer automatically count a referral classed as Early Help as a referral to children's social work. (Head of Service MASH and Assessment, Oct 15).
5. As part of the development of a Model of Practice for Children's Social Work, our structures, IT system and assessment forms are under review. Comprehensive use of chronologies, complex case review, risk assessment tools and close management oversight is in the process of being embedded across social work practice, with the aim of improving assessments, responses to children and their families and making positive challenge to the 'start again syndrome'. (Assistant Director Children's Services- Restructure Oct 15)

**Children who were the subject of a child protection plan per 10,000 [Corporate]**

No.

325.00

412.00



RED

**Declining**

Position

- There are 412 children subject of a child protection plan as at 30th September 2015, down from 422 last month but up by a third from 309 in March 2015. There were 278 children subject of a child protection plan as at 30th September 2014.
- The green value of 325 is based the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health
- Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children has risen from 43.3 in Quarter 1 2014-15 to 49 in Quarter 1 2015/16.
- The rate of children subject of a child protection plan per 10,000 children is 81.6 as at 30th September 2015, compared to the 2014 national average of 42.1 and the statistical neighbour average of 44.4. Brighton and Hove's rate per 10,000 at 31st March 2014 was 57.1 and was ranked 33rd highest out of 152 local authorities in England.
- 253 children became subject of a child protection plan in the last six months, up from 202 in the previous six months and from 169 between 1st April and 30th September 2014.
- 150 children ceased to be subject of a child protection plan in the last six months, down from 171 in the previous six months and from 178 between 1st April and 30th September 2014.
- 28.9% of children subject of a child protection plan at 30th September were not White British, down from 32.2% in November 2014. 21% of children aged under 18 in Brighton and Hove were from a BME background at the time of the 2011 census.
- 48.3% of children subject of a child protection plan had a category of emotional abuse, up from 40.4% in January 2015 and above the national average 35.6%. The percentage of children with a category of neglect has fallen from 38.8% in January 2015 to 29.1% as at 30th September 2015, below the national average of 42.7%. The percentage of children with a category of sexual abuse has risen from 3.3% in January 2015 to 6.6%, above the national average of 4.4%.

Below is a comparison of the age profile of children subject of a child protection plan compared with the 2013/14 national average.

3.2% are unborn compared to 2.1% nationally.

11.9% are aged under 1 compared to 11% nationally.

25.5% are aged between 1 and 4 compared to 29.2% nationally.

29.6% are aged between 5 and 9 compared to 29.7% nationally.

26.9% are aged between 10 and 15 compared to 25.3% nationally.

2.9% are aged 16 and over compared to 2.8% nationally.

The number of children subject of a child protection plan aged 16 and over has risen from 2 in September 2014 to 12 in September 2015.

Commentary

The number of children subject to Child Protection Plans (CPP) has continued to rise during Q2, from 383 to 412, a 7.5% increase, although the rate of increase has slowed, down from a 24% increase during Q1. Whilst the overall rate of children subject to a CPP remains high, indications are that the direction of travel may be changing with less children being made subject to and more children being removed from a CPP during this quarter: the number of children made subject to a CPP dropped from 176 in Q1 to 126 in Q2, a 28% decrease; the number of children ceasing to be subject to a CPP rose from 53 in Q1 to 97 in Q2, a

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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83% increase.

While the overall rate of children subject to a child protection plan remains high, audit activity continues to evidence that this is not indicative of a failure to implement threshold appropriately. It is however a reflection of the characteristics of the city, and the associated risk factors, and demonstrates a robust response to these risks. Public health data suggests that Brighton and Hove has high rates of drug and alcohol misuse and adult mental health issues. For example: in 2012 the city had the 5th highest rate of drug-related deaths in the country; in the 2014 Public Health England Mental Health Profile for Brighton & Hove, across the five indicators of the level of mental health and illness, the city has significantly higher percentages of people with identified depression, anxiety and mental illness. When the reasons for a Single Assessment being completed are considered, Brighton and Hove has a significantly higher proportion of factors with Mental Health (46.5% compared to 24.9% nationally), and a higher proportion with alcohol misuse (22.3% compared to 15% nationally) and drug misuse (21.6% compared to 14.6% nationally). The rise in CPP numbers must also be placed in the national context of rising CPP numbers (12.1% national increase 2013/14) and the local context of a 13% increase in single assessments since Jan 15.

It is also noteworthy that the number of children subject to a CPP due to sexual abuse has increased from 10 (Jan 2015) to 27 (Sept 2015), a 170% increase. Additionally the number of older children (age 16 and over) subject to a CPP has increased by 500% (from 2 to 12 children) in the 12 months from Sept 2014. These increases are likely to be related to improved identification of and response to child sexual exploitation.

#### Actions

1. Continuation of regular audits of CPP decision-making (via CP Conference minutes) to take place (as defined by QAF) to ensure effective thresholds both in making CPPs and stepping down to ChIN plans – SARS Manager, Q2 15-16
2. In Q3 a Local Safeguarding Children's Board (LSCB) audit of MASH and Early Help will be undertaken, exploring the application of thresholds and best practice. The audit will use example data set of cases referred to MASH in May 2015 but were deemed below social work threshold. A findings paper to be published in Jan 16 that is likely to deliver key learning for a subsequent Early Help Hub Management of Change document. Lead: Early Help Coordinator and Head of Service MASH & Assessment. Deadline: Jan 2016
3. A new 'pod' model of working is being launched in October 2015 across social care teams which will support the management and containment of risk within families, with a focus on effecting change by building effective relationships. This new model will allow for reflective group supervision model and the shift to relationship based social work practice will ensure risks are addressed and reduced in a timely manner. Lead: Pod Managers. Deadline: November 2015 & on-going
4. Children's Services and the LSCB have called a multi-agency conference 'Early Help – our responsibility' as part of the Safeguarding the City fortnight in December 2015. This will review roles, responsibilities and thresholds. Lead: Assistant Director, Stronger Communities, Youth and Families. Deadline: December 2015.

#### Number of children who are looked after (LAC) [Corporate]

No.

436.00

462.00



AMBER  
Improving

#### Position

There are 462 children looked after (Children in Care) at 30th September 2015, down from 474 as at 30th June 2015 and from 483 in September 2014. The peak children in care number since 2010 was 515 in November 2011 and the lowest number was 444 in December 2013.

The aim is to reduce children in care to 436 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. This equates to a rate per 10,000 of 86.

The children in care rate per 10,000 is 91.5 as at 30th September 2015, above the England average of 60 and statistical neighbour average of 59.5. Brighton and Hove's children in care rate per 10,000 was 92 at 31st March 2015 and was ranked joint 19th highest out of 152 Local Authorities in England.

Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children has risen from 54.2 in Quarter 1 2014-15 to 57.5 in Quarter 1 2015/16.

205 children became looked after during the year ending 30th September 2015 compared to 222 during the previous 12 months.

- 24% of children becoming looked after during the year ending 30th September 2015 were aged under 1 compared to 22% in the previous 12 months.

- 15% were aged 1 to 4 compared to 18% in the previous 12 months.

- 13% were aged 5 to 9 compared to 17% in the previous 12 months.

- 31% were aged 10 to 15 compared to 27% in the previous 12 months.

- 17% were aged 16 and over compared to 16% in the previous months.

225 children ceased to be looked after during the year ending 30th September 2015 compared to 187 in the previous 12 months.

- 31.1% of children ceasing to be looked after in the year ending 30th September 2015 returned to live with parents or relatives compared to 33.2% in the previous 12 months.

- 20% were adopted compared to 25% in the previous 12 months.

- 16% were subject to a Special Guardianship Order compared to 8% in the previous 12 months.

- 17.8% ceased care for any other reason compared to 21.4% in the previous 12 months.

47% of LAC are on a Full Care Order as at 30th September 2015 compared to 46.4% in September 2014.

31% are section 20 compared to 28.8% in September 2014.

10.4% are on an Interim Care Order compared to 9.3% in September 2014.

11.7% are on a Placement Order compared to 15.5% in September 2014.

50% of children in care were male as at 30th September 2015 and 50% were female. 50.5% of children in care were male in

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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September 2014 and 49.5% were female. Nationally, 55% of children in care were male in March 15. 22.1% of children in care were BME as at 30th September 2015 compared to 21.5% in September 2014. 21% of children aged under 18 in Brighton and Hove at the time of the 2011 census were not White British.

#### Commentary

The numbers of children in care at 30th September 2015 show a decrease of 12 to 462 since the previous quarter, and a significant decrease of 21 from the previous year. It will be seen that the children in care numbers continue to remain both above the national average, and the average of our statistical neighbours. However, as noted South East Benchmarking reflects an increase in admissions from rates of 54.2 per 10,000 children to 57.7.

The age breakdown reflects an increase in the cohort aged 10 to 15 and over 16, reflecting national and local concerns about older children at risk of family breakdown down due to issues such as risk of Child sexual Exploitation, missing episodes, substance misuse and youth offending.

As noted above the aim is to reduce children in care to 436 - which is the average for our 10 nearest authorities. Children's Services Care Planning Panel chaired by the Assistant Director, continues to oversee any admissions of children/young people into the care system, providing vigorous challenge to ensure that all other alternatives have been including placement with family members with support packages have been explored before agreeing to a child/young person becoming looked after. In terms of children ceasing to be looked after, this has increased to 225 children compared to 187 in the previous 12 months.

#### Actions

1. To further consolidate and evaluate the effectiveness of the Children's Services Care Planning Panel around Admissions and Exit Planning for Children in Care to ensure that alternatives to care are vigorously explored where it is safe to do so. (September 2015, Assistant Director Children's Health Safeguarding & Care and Head of Safeguarding)
2. As part of the Model of Practice Developments in Children's Social Work, an Adolescents Service is being developed which will become operational from 26th October 2015. A clear focus of this service will be to use resources creatively within a multi-agency framework to ensure that there are robust intervention packages to prevent the need for children to become looked after. (October 2015, Assistant Director Children's Health Safeguarding & Care and Mgr of Youth Offending & Substance Misuse)

## Adult Services

<b>% of Carers Services provided, where the cared-for person is not in receipt of social care support [Corporate]</b>	<b>%</b>	<b>63.64</b>	<b>Trend</b>
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#### Position:

This indicator looks at the percentage of carers who receive carers services (e.g. carers direct payments, carers card, carers support work) where the cared-for person is not in receipt of long term community based services (e.g. homecare, day-care, client direct payments).

2015/16 Q2 position 63.64%

1235 carers received services between April and September 2015.

786 of their cared-for people received no social care services.

This is a brand new indicator for 2015/16 therefore there is no comparator information or historical data available at this point.

This is a baseline year so no target has been set; at present this will be reported as a 'trend' indicator.

#### Commentary:

This is a new indicator which replaces the previous measure '% of carers who receive an assessment and services or advice/information'. The new measure has been designed to evidence preventative work supporting carers' wellbeing. Supporting carers effectively maintains caring relationships and can prevent cared-for people requiring long term services.

It was recognised that the old indicator was not fit for purpose to measure effective working with carers. It looked at the number of carers who had both services and assessment/review within a given year as a percentage of all clients in receipt of long term services. It was originally part of the old National Indicator Set and the data sources were embedded within the old national RAP return (now replaced by the SALT return following the Zero Based review of Social Care).

We are currently developing a new system for carers to self-refer/assess and access a range of support options via the procurement of 'Open Objects' Carers Tool, an online gateway for assessment/signposting. However, agreement to contract this as a pilot is pending outcome of the Change Advisory Board and meetings with Information Architects, for their agreement. The success of the Open Objects tool is dependent on having accessible, up-to-date and relevant Information and Advice to signpost/support people to self-direct.

With Open Objects, carers can undertake a carers assessment anonymously to enable them to self-serve and to access support options without needing to be brought in to the social care system. However, there is also the option for carers to make a referral to Access Point at the end of the assessment should they need additional support; and names/personal data will only be captured at this point. This will potentially cause issues for reporting and it is likely that this indicator will be replaced in time by reporting directly from the Open Objects system which can provide intelligence on the number of carers signposted to services/information and advice, and those who refer themselves direct to Access Point.

The draft Carers Strategy 2015-2020 THINK CARER – supporting carers through an increasingly Carer Friendly City, has 5 priorities:

- Greater Carer Awareness – through the Carers Charter; Carers Register; and Carers Card.
- Increasingly integrated services through a stronger infrastructure for effectively and consistently supporting carers
- Support for Carers through a tiered approach– from preventative services, to Carers Register, to complex statutory

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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interventions.

- Embrace a Whole Family Approach to supporting carers.
  - Greater integrated working between ASC; the NHS; and the voluntary sector, building on the Carers Support Service within the Integrated Primary Care Teams.
  - Continued development of the Carers Card as a vehicle for supporting the key outcomes of the national carers strategy
- The Supporting Carers Programme will reflect the Strategy priorities, and support the implementation of the new legislative rights for carers.

Actions:

- 1) Develop systems for Carers to self-assess (via Open Objects) and access a range of information and signposting to different support options (subject to CAB/IA agreement). March 2016 Project Manager – Self-Assessment, and Project Manager – Information and Advice
- 2) Develop and implement the Supporting Carers Programme. There are a number of key drivers which reinforce the importance of supporting carers. These include the new legislative duties, from 2015, for adult carers ( Care and Support Act); young carers; and parent carers (Childrens Act), as well as key policies including the National Carers Strategy Action Plan , and the NHS England Commitment to Carers. Ongoing, Commissioning and Performance Manager
- 3) The draft Carers Strategy 2015-2020 THINK CARER – supporting carers through an increasingly Carer Friendly City, going to Health and Well Being Board November 2015. Carers Commissioning Manager, Head of Commissioning Contracts and Partnerships

**Permanent admissions of younger adults to residential and nursing care homes per 100,000 population [Corporate]**

No.

3.69

4.73



No Change

Position:

Data shown relates to Q1. The data is lagged. The PI involves considerable data quality scrutiny and performance will vary through year.

As at Q1 there were 9 younger adults admitted to long term residential care. For context, as of 30th September in total there were 258 people aged 18-64 placed by the council in long term residential or nursing accommodation.

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 annual target is 10 per 100,000 population, which was the result from last year. The target has been profiled based on results from previous years, for Q1 it is 3.69.

PI is expressed per 100,000 population. 18-64 Population 190,258

BHCC 2014/15 result was 10.0 which represents 19 younger adults permanently admitted to residential accommodation in the period. Overall there has been a small downward trend in the number of younger adults admitted to long term residential care, reducing from 20 people in 2013/14 to 19 people in 2014/15.

The comparative result for permanent admissions of younger adults in all England during 2014/15 was 14.0

Commentary:

The number of younger adults permanently admitted to residential accommodation continues to decrease. However those that are considered for permanent admission to residential and nursing care homes present cases that are increasingly complex and with more acute challenges.


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

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

We have had some technical issues in data collection highlighted through data quality cleansing . This has increased the number reported for the first quarter but should result in reduced admissions figures next quarter.

Actions

1. Joint working of the Integrated Primary Care Team through the Better Care Programme , and provision of Short Term Services to Maximise Independence. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017.  
Head of Adults Assessment
2. Further development of integrated working and continued focus on reabling people to their full potential will support this trend to continue. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017  
Head of Adults Assessment
3. Ensure that people receive timely reviews after discharge from hospital to ensure levels of support are appropriate. This is ongoing activity. Head of Adults Assessment

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
<b>Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate]</b>	<b>No.</b>	<b>151.20</b>	<b>228.54</b>	 RED <b>Declining</b>

Position:

Data shown relates to Q1. The data is lagged. The PI involves considerable data quality scrutiny and performance will vary through year as people may come out of the cohort based on changes to funding arrangements e.g. CHC funding.

The annual target is 545.9 and was set for Brighton & Hove as part of the Better Care programme. That target has been profiled for each quarter based on previous performance, for Q1 it is 151.2.

PI is expressed per 100,000 population. 65+ Population is 37,193

Q1 performance of 228.54 represents 85 older people admitted to long term care in the period. 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). For context, as of 30th September in total there were 906 people aged 65 and over placed by the council in long term residential or nursing accommodation.

BHCC 2014/15 performance was 803.91 which represents 299 residential admissions during 2014/15, up from 269 residential admissions during 2013/14. The Better Care target was for 237 admissions in year.

The provisional comparative result for permanent admissions of older adults in all England during 2014/15 was 696.4

Commentary:

The number of older adults permanently admitted to residential accommodation increased during 2014/15. Those that are considered for permanent admission to residential and nursing care homes present cases that are increasingly complex and with more acute challenges.

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

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

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

Actions:

1. Joint working of the Integrated Primary Care Team through the Better Care Programme, and provision of Short Term Services to Maximise Independence. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017.

Head of Adults Assessment

2. Further development of integrated working and continued focus on reabling people to their full potential will support this trend to continue. Commenced one cluster, to be rolled out to whole service over the next 18 months: March 2017. Head of Adults Assessment

3. Ensure that people receive timely reviews after discharge from hospital to ensure levels of support are appropriate. This is ongoing activity.

Head of Adults Assessment

<b>% Social care clients receiving Self Directed Support [Corporate]</b>	<b>%</b>	<b>90.00</b>	<b>67.19</b>	 RED <b>Improving</b>
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Position:

The figure shown relates to the percentage of clients who are in receipt of Direct Payments or have been through a Self Directed Support (SDS) process and had their personal budget calculated. Over 500 people receive support in a way that gives them more choice and control via a Direct Payment Surveys.

We have changed the way we are capturing this compared to last year, therefore direct comparison with previous results is not possible. As this SDS Process calculation happens during assessment/review the launch of new Care Act documents may have slowed down the rate of assessment (practitioners are adjusting to new tools) and therefore had an impact on performance. With the launch of new Care Act tools we are looking to ensure that a person has been through the Resource Allocation System (RAS) process (embedded within new assessment tools) as opposed to having had the SDS conversation as part of their support plan. Although the RAS scoring was embedded within some older tools it was not used for all who would have been through an SDS process therefore we historically included more assessment/support plan tools as evidence of SDS than we do now. We hope to see an improvement in the year as the tools become more familiar.

The offer of a personal budget to social care clients is mandatory in 2015/16. For the first year we are targeting 90%. 2014/15 comparator group top quartile 95.3%, national top quartile 95.8%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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**Commentary:**

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

The council has launched a pre-paid card option for people to have money put onto a card much like the cards most people now use for their purchasing. This avoids the need for customers to supply invoices and thus customers will experience a lighter touch from the council while improving governance of the process and thus building internal confidence. We have commenced the implementation of pre-paid cards after running a brief pilot with 2 service users. At present we are issuing cards to new service users and 7 have gone through in the past month. There have been some initial minor issues and matters of principle and policy but thus far they have been successful. Those people no longer have to send in their bank statements for monitoring as all transactions are available in a personal on-line account and the council is able to monitor expenditure with direct on-line access to the same information. The council also has more control of under and over spending on the account and can refer cases for review if there are difficulties.

**Actions:**

1. The council is working with the Fed, our local user lead organisation to both improve information about Self Directed Support as well as streamlining our internal and cross organisation interface. With the help of the local stakeholders group we aim to achieve a real desire to communicate to others and get local buy in. This work is underway and will be ongoing. Head of Adults Assessment
2. A comprehensive training programme in Care act implementation for social workers and care managers is underway; the Self Directed support offer is integral to this training. (March 2016) Head of Adults Assessment

**Delayed transfers of care [Corporate]**

**No. 11.40 14.51**



**Declining**

**Position**

This indicator shows the total number of delayed transfers of care for people in hospital in Brighton & Hove. It is included in this report to give the broader picture around delayed transfers since it includes delays that are the responsibility of the NHS as well as Brighton & Hove City Council. Delays that are attributable to the council's social care services are reported here in a separate indicator, but do make up part of this result.

Data showing relates to position at August 2015. There is a lag with data being published by NHS England.

The target shown here is the result for 2014/15.

Information regarding delayed transfers of care is collected for acute and non-acute (including community and mental health) patients. The focus is to identify patients who are in the wrong care setting for their current level of need and it includes patients in all NHS settings irrespective of who is responsible for the delay.

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

A patient is ready for transfer when:

- a. A clinical decision has been made that patient is ready for transfer AND
- b. A multi-disciplinary team decision has been made that patient is ready for transfer AND
- c. The patient is safe to discharge/transfer.

A multi-disciplinary team in this context includes nursing and other health and care and support professionals, caring for that patient.

165 patients delayed on snapshot days in April-August

PI figure is an average of monthly snapshot figures expressed per 100,000 population

18+ population figure is 227451

Brighton and Hove 2014/15 PI figure was 11.4

England 2014/15 PI figures was 11.2

South East England 2014/15 PI figure was 10.8

**Delayed transfers of care attributable to social care [Corporate]**

**No. 3.60 6.51**



**Declining**

**Position:**

Data shown relates to August 2015. There is a lag with data being published by NHS England relating to a given month at the end of the following month. The KPI figure is a monthly average of patients delayed from being discharged from hospital on snapshot days expressed per 100,000 population.

There were 74 delays on snapshot day in April-August

18+ population figure is 227451

BHCC 2014/15 result was 3.59 (98 delays on snapshot days between April-March) so the current trend is showing an increase in the numbers of delayed transfers of care.

The target is to maintain our current performance at 3.6 in line with comparators in the South East.

The comparative result for Delayed Transfers of Care from hospital (attributable to Social Care) during 2014/15 in all England was 3.7 and 3.6 in the South East.



INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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**Commentary:**

Performance in terms of delay from acute hospital is relatively good, but there are concerns about managing delays from Sussex Partnership Foundation Trust (SPFT) which relate to non -acute Mental Health settings. 64 of the 98 delays are from non-acute SPFT wards. The main issue cited by SPFT is lack of specialist Mental Health care home provision for older people requiring residential/nursing care in order to be discharged from Nevill dementia ward. Between April and August 2015, 55 of the 74 delays relate to non-acute Mental Health settings.

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

The Service has been commissioned to support patients who are due to be discharged from the Royal Sussex County Hospital and we are already seeing encouraging results since its introduction in the summer. Based within the Royal Sussex County Hospital, the service team is being led by homecare provider, Halifax Care, in partnership with Coastal Homecare and Alina Homecare. Together, this alliance is improving the way patient transfers from hospital to home are coordinated.

As winter approaches, the provision of rapid homecare, along with other initiatives that are supporting timely hospital discharges in the city, will be an essential part of keeping vulnerable people well and independent at home, while reducing avoidable pressure on our local hospital's inpatient wards.

**Actions:**

1) Increased capacity in community short term services:

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

2) Work on creating a diverse and sustainable market:

Brighton & Hove have seen significant changes in the care market over the last 2 years, with new providers coming into the market (at rates the local authority cannot afford to purchase) and with smaller providers exiting the market. A Care Home Market Action plan is being developed with the CCG to respond to market capacity issues and to the requirements of the Care Act. There is a shortage of care home provision for older people with mental health needs: Work is going on to establish how to incentivise mainstream care homes to accept people with dementia. An Expression of Interest has been sent out recently to establish if any provider in the city wants to provide beds for people with mental health needs with mental health needs. This could be through a range of purchasing options.

Providers are aware of the needs of the city through the Market Position Statement published by Adult Social Care, and through regular meetings with the care home sector. When people with dementia require a care home bed, every effort is made to offer a place in the city. If this is not possible due to market capacity, people are offered placements locally in East & West Sussex. Where relevant, Brighton & Hove pay above the set rate for a care home placement. This is underway and will be an ongoing process. Head of Commissioning Contracts and Partnerships

**Safeguarding audits that demonstrate they have met agreed practice standards [Corporate]**

%

75.00

100.00



GREEN  
**No Change**

**Position**

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

Data for this indicator is lagged as the audits take place after the quarter has finished. This is data for April – June 2015. Audits for July – September 2015 commenced in October.

Between April and June 15 audits were completed by the Professional Standards and Safeguarding Team. A new audit processes was trialled, Finalising Practice Standards. All 15 audits met the draft Practice Standard requirements, hence the 100% result.

New procedures for safeguarding enquiries, new documentation, and training for this are being rolled out to all staff early 2015/16. The audit process is also being revised to meet these changed expectations, so it is not clear yet what the results of any audit will be. The target of 75% was set based on the prediction that the first quarter may show some cases not meeting the requirement, but that as training and learning is disseminated to staff this will improve as the year progresses.

The target and amber value will be reviewed during the year, and will increase to 100% in the second year (2016/17).

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

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

**Commentary**

The practice standards inform and guide practice for Social Workers undertaking statutory safeguarding duties and they must be demonstrated retrospectively through case file audit. Where one or more standard is not demonstrated, the enquiry will be considered to have fallen below the threshold of acceptable practice. They are:

- Standard 1: The Social Worker promoted and acted upon a person centred and outcome led safeguarding process with the individual, their family and their representative
- Standard 2: The Social Worker assessed and documented a clear and proportionate narrative of risk, opportunity and resolution

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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- Standard 3: The Social Worker engaged with stakeholders and partner organisations appropriately to enable the individual to manage their safety and to prevent future harm
- Standard 4: The Social Worker engaged with stakeholders and partner organisations appropriately to enable others to manage their safety or to prevent future harm
- Standard 5: The Social Worker received and engaged in supervision

Learning from this process is being collated, for report to DMT and Assessment Team managers.

Staff who completed individual cases which have been audited have received direct feedback with the aim of building on the good results so far.

#### Actions

- 1) New Safeguarding Audit Framework is now in place, following Q1 pilot, and audits for Q2 onwards will be undertaken by the Professional Standards and Safeguarding Team, and by General Managers and Operations Managers within the Assessment Service. Ongoing. Head of Adult Safeguarding
- 2) Audits from Q2 to be discussed at Moderation Panel 17/11/15 to ensure consistency of auditing and agree learning and actions. Head of Adult Safeguarding
- 3) Outcome of audits to be reported to the Safeguarding Adults Board 7/12/15. Head of Adult Safeguarding

**Telecare - proportion of support plans that have Telecare as a component [Corporate]**

%

50.00

41.00



#### Position:

The indicator as to whether or not Telecare is in place is based on the following question in Social Care records :

'Is Telecare equipment or CareLink currently in place?'

Of the 3458 people with community based services between April 1st 2015 and September 30th 2015, 1419 have answered 'Yes' to the above Telecare/CareLink question in their most recent assessment/review or Care & Support plan.

This equates to 41% of people with Community Based services in the Qtr. 1-2 reporting period identified as having Telecare/CareLink in place by the practitioner responsible for their assessment/review.

This is a new local indicator; no comparator information is currently available but will be sought during 2015/16. The target of 50% represents continuous progress and allows continuous progress on the telecare agenda.

#### Commentary:

Telecare is an essential part of Adult Social Care's strategy to promote independence of service users and to reduce the need for directly funded care.

The year end result for 14-15 was 44% of people with a support plan had Telecare/CareLink in place. At the start of each reporting period we will expect to see a drop in performance as clients receiving community based services move into residential support, become deceased or no longer require social care services.

The better care funded initiative 'Telecare: Living Well' started 13 July 2015. This new initiative provides Telecare support and other personalised preventative services to help reduce, prevent or delay the need for care and support. We expect to see an increase in Performance in Qtr. 3-4 as a result of this initiative and the additional recording of Living Well Care Managers. We also expect to see an increase in performance in year as clients are reviewed and Telecare is offered as suitable alternative to meet needs.

In 2012 a dedicated project was initiated to raise the awareness of the benefits of Telecare and to embed Telecare as a support tool into social care and health practice.

Ongoing project work has included regular staff training sessions, delivery of an increased range of Telecare solutions and awareness raising of the benefits of Telecare to community groups through presentations, awareness talks and marketing.

Relationship building with the community and voluntary sector has also been an important aspect of the project.

The 2014/15 result demonstrated that Telecare has become an integral part of social care provision.

#### Actions:

- 1) Ensure the new 'better care' Telecare project (Telecare: living well) is delivered which provides early help to people who are struggling with aspects of daily living. This project aims to provide a preventative service and to support the wellbeing of local residents. Project Manager, Commissioning & Partnerships
- 2) Ensure on going promotion of Telecare is delivered to health and social care professionals and members of the community. Project Manager, Commissioning & Partnerships
- 3) Ensure Telecare is delivered to the highest standards by achieving on going accreditation from the Telecare services association. Project Manager, Commissioning & Partnerships (ongoing)
- 4) Ensure the latest technological solutions are used to support independent living and to minimise risks. Project Manager, Commissioning & Partnerships (ongoing)
- 5) Incorporate additional data collection for this PI from the new Scrutiny panel form which also collects information as to whether Telecare is in place, and if not, why not. Performance Improvement Manager, ASC.

**Public Health**

No.

33.00

23.00



**First time entrants (FTE) to the youth justice system**

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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#### Position

The target for first time entrants (FTE's) for 2015-16 has been set at 65, with 17 in the first quarter and 15 in the second quarter. This quarter's figure thus indicates the YOS is on track to achieving the annual target. Within the quarter (2), 11 were male, 4 were female and 2 were children in care. Of these, 10 went through the pre court system, 4 received a Referral Order at court and 1 young person received a Conditional Discharge.

Offences were as follows:

Criminal Damage: 2

Drugs Offences: 3

Motoring Offences: 2

Public Order Offences: 1

Theft and Handling: 2

Violence Against the Person: 5

Following a meeting with the YJB in September we have been informed that Brighton and Hove FTE rate is the 3rd lowest in the county, behind Surrey and Staffordshire.

#### Commentary

It is significant that the YOS has continued to improve on this already low FTE rate. This in part is down to the improved joint working between the police and the YOS over the last 2 years. The YOS now has a process whereby data is provided from the police in relation to FTE's. This information is vital to ensure that both police and YOS data is accurate. It will also enable the YOS to track current cohorts of first time entrants to monitor their rate of re-offending.

YOS Court Officers continue to identify potential pre-court diversion cases at the point of initial court hearing, with the view to divert potential cases back to the police for consideration of pre-court disposals. As per last quarter's action to review cases entering through the court system, this quarter, 4 young people entered the youth justice system via the court process. All of these had either refused to engage in pre-court diversion or had committed an offence deemed too serious to merit a pre-court disposal.

Violence against others continues to be the predominant offending type for first time entrants. The YOS plans to map the nature and severity of these offences during the next quarter to analyse patterns among this group.

At the end of quarter 2 the YOS Police Officer went on planned long term sick leave. While aspects of his role are being overseen, as yet no replacement is in post. This is likely to have considerable implications to the effectiveness of our pre-court diversion, given the YOS Police Officer role now deals with all young people referred via this route and is therefore integral to our ability to continue to keep FTE's low.

#### Actions

Analysis of those entering via the court system to ensure there is a clear rationale for escalation to conviction– Craig White, Information Officer

Maintain data flow between YOS and Police (Anna Gianfrancesco, Service Manager)

Analyse nature of violent offences for next quarter (Jessica Edwards, Practice Manager and Laura Campbell, Operations Manager)

Ensure the YOS Police Officer role is replaced (Laura Campbell, Operations Manager in liaison with Sussex Police)

#### Total Police recorded crimes [Corporate]

No. 11,292.00 11,649.00



Declining

#### Position:

In the first half of 2015/16 there were 11,649 police recorded crimes in Brighton & Hove, up 2.5% compared with the same period in 2014/15, although the increase is less than it was at the end of the first quarter when it was up by 3.6%.

The target for 2015/16 was set at the outturn level of crimes in 2014/15 on the grounds that there had been a long term decline in recorded crimes, and with pressure of public sector resources, maintaining current levels was felt to be a realistic and challenging target.

#### Commentary:

Total crime is, broadly speaking, broken down into acquisitive crime (43% of total in q2), violent crime (37% of total), criminal damage (11% of total) and other offences (9% of total). Acquisitive crimes and criminal damage crimes in the first half of 2015/16 are both down compared with the same months in 2014/15.

The increase in total crime is mainly accounted for by an increase in recorded violent crime. In the first half of 2015/16 violence against the person offences increased by 25%. Changes in recording practices by police have had a disproportionate effect on recorded violent crime, particularly domestic violence, sexual violence and hate crimes.

Hate crimes, domestic violence and sexual offences have all been affected by the increase as a result of improved recording practices, but at the same time the partnership has also been working to increase reporting of these types of crime. The impact of this is that more incidents are coming to the attention of services meaning that more victims can be supported and the behaviour of perpetrators can be addressed, although this is resulting in increased demand on services.

#### Action:

1) The Safe in the City Partnership Board received a report from key professional stakeholders that concluded that in general

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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terms changes in police recording practices were still impacting on crime figures (particularly violent crimes) with more being recorded than previously. The stakeholder group has agreed to re-convene in the future to again consider whether then effect of changes in recording practices is still having an effect.

Head of Community Safety

<b>Violent crimes with injury (proxy for alcohol related crime) [Corporate]</b>	<b>No.</b>	<b>1,196.00</b>	<b>1,268.00</b>	 <b>AMBER</b> <b>Declining</b>
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Position:

After the first half of 2015/16 there have been 1268 injury violence crimes recorded by the police. This is 5% more than the position half way through 2014/15, but the increase is much less than it was at the end of the first quarter when it was up by 14%, suggesting that the effect on the recorded numbers of improvements in recording which were initially observed early in 2014 may be stabilising, albeit at a higher level.

Professionals, including police, ASC, CSC and probation met to discuss the subject and were collectively satisfied that there is not at the present time an underlying increase in the prevalence of violent crime.

The target for 2015/16 was set at the outturn level of crimes in 2013/14 on the grounds that there had been a long term decline in recorded violent crimes, and with pressure of public sector resources, maintaining current levels was felt to be a realistic and challenging target.

Commentary:

There were 338 attendances at A&E related to assaults in the first three months of 2015/16 (awaiting further data). This is a 6.1% decline compared with the same months in 2014/15.

Areas of specialist investigation in relation to violent crime, which include domestic violence, sexual violence and child sexual exploitation, are seeing an increase in reporting and more accurate recording of crimes. This results in more victims having the trust and confidence to report and this means that offending can be addressed and further offences reduced. However, services supporting victims are finding they are increasingly stretched.

Actions:

1) The Safe in the City Partnership Board received a report from key professional stakeholders that concluded that in general terms changes in police recording practices were still impacting on crime figures with more being recorded than previously. The stakeholder group has agreed to re-convene in the future to again consider whether then effect of changes in recording practices is still having an effect. March 2016. Head of Community Safety

<b>Finalised prosecutions of hate crimes which resulted in a conviction [Corporate]</b>	<b>%</b>	<b>89.00</b>	<b>87.00</b>	 <b>AMBER</b> <b>Declining</b>
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Position:

In the first half of 2015/16 there have been 54 finalised prosecutions for hate crimes in B&H, of which 47 (87%) resulted in a conviction. This is a decline since the position at first quarter (88.5%; 23/26) although numbers are still relatively low for small shifts in the result to be reliable.

The target for this measure was set at 89%, which is a higher than the level achieved in 2011/12 (86.7%; 91/105), 2012/13 (83.3%; 90/108) or 2013/14 (86.4%; 89/103), although below the level achieved in 2014/15 (92.1%; 117/127). The overall hate crime target is higher than the national average for racist and religiously motivated crime convictions (85.2%; 2013/14) and for homophobic crime convictions (80.7%; 2013/14).

Commentary:

Of the 54 finalised hate crime cases in the first half of 2015/16, 34 related to racist crimes (31 convictions), 17 to homophobic crimes (13 convictions), 1 religiously motivated (1 conviction) and 2 disability-motivated (2 convictions).

The percentage of cases resulting in a conviction have been slightly higher over the past three financial years for racist crimes (88.5%) than for homophobic crimes (84.5%), mirroring the difference in national statistics (see above).

Action:

1) Finalised prosecutions will continue to be shared with relevant stakeholder groups who will call to account criminal justice partners as necessary. The Safe in the City Partnership Board and now the Neighbourhood, Communities and Equality Committee will receive performance information in relation to finalised prosecutions. Ongoing. Head of Community Safety

<b>Percentage of finalised Domestic Violence prosecutions resulting in a conviction [Corporate]</b>	<b>%</b>	<b>74.60</b>	<b>73.00</b>	 <b>AMBER</b> <b>Declining</b>
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Position:

In the first half of 2015/16 there were 189 finalised prosecutions for domestic violence, of which 138 resulted in a conviction (73.0%). This is a slight deterioration from the position at the end of q1 (73.9%), moving slightly further away from the target of 74.6%. The current position on this measure is also slightly below the outturn of 73.4% for 2014/15.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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In q1 there were 111 finalised cases with 82 resulting in convictions and in q2 numbers were lower at 78 finalised cases and 56 convictions. However, compared with the first half of 2014/15 the number of cases reaching court has increased (189 in first half of 2015/16 compared with 156 in the first half of 2014/15).

**Commentary:**

The rate of attrition (i.e. those finalised prosecutions that do not result in a conviction) remains a concern. Managing this concern requires a partnership response, as specialist services for victims, Police, Court Service and other partners are key plays in improving performance.

**Actions:**

1. Magistrates Training is being delivered across Sussex by the Court and Tribunal Service, with input from specialist services. Family Legal Team Manager for Sussex and Surrey HMCTS (March 2016)
2. The new specialist services will include a lead professional for criminal justice. The commissioner and the provider(s) are meeting with the Court and Tribunal Service, the Crown Prosecution Service and the Witness Care Unit to review joint working practices with revised procedures for supporting victims agreed as part of mobilisation. Strategic Commissioner VAWG Unit (March 2016)
3. The Pan Sussex Domestic Abuse Plan has been agreed, key updates in this quarter include a commitment by Sussex Police to deploy Body Warn Video to enhance evidential opportunities. There is further work being undertaken in relation to the Transforming Summary Justice Agenda, to look at how cases are managed in court, with elements of best practice being piloted as part of 'Operation Ribbon' over Christmas. This involves Sussex Police and specialist services, and planning is being conducted in this quarter. Strategic Commissioner VAWG Unit (ongoing)

**Percentage of finalised Sexual Violence prosecutions resulting in a conviction [Corporate]**

%

71.70

73.60



**Position:**

In the first half of 2015/16 there were 72 sexual offences finalised at court and 53 of these (73.6%) resulted in a conviction. In the second quarter the number of cases finalised increased to 43 from 29 in the first quarter, and the number convicted went up to 34 in q2 from 19 in q1. At this position in the year performance is ahead of the target, and also better than the outturn for 2014/15 which was 68.3%.

The target for 2015/16 has been set at a level which is a 5% improvement above the outturn of achieved in 2014/15. Although 2014/15 showed an increase on the year before, conviction rates have been higher in the past, so there remains pressure on increasing performance.

The number of finalised cases at court should be seen in the context of the number of sexual offences recorded by the police, and of those, the number resulting in a charge. The number of crimes recorded by the police in 2014/15 rose by 46% compared with the year before, and the number of charges rose by 26%. It is therefore to be expected that, with a time delay in cases reaching the court stage, there would be a rise in the number of cases being prosecuted in 2015/16.

**Commentary:**

There is a longer term pressure on the capacity of specialist services, with an underlying upward trend in reporting; this is likely to reflect national coverage which has led to an increase in reporting of both current/ recent and historical offences. This is placing considerable pressure on the criminal justice system although the number of sexual violence offences finalised at court remains low.

The number of prosecutions finalised at court for sexual violence crimes which result in a conviction remains an area of concern (attrition described the number of these cases that do not result in a conviction). As noted in the preceding quarter, this impacts on victim outcomes at court and more broadly on wider victim confidence to report and progress through the criminal justice system, and the capacity to hold alleged perpetrators to account.

Managing this concern requires a partnership response, as specialist services for victims, Police, Court Service and other partners are key plays in improving performance. There is a particular challenge in relation evidential issues, while attrition in those cases that are finalised most often due to jury acquittal, which may reflect jury attitudes in relation to sexual offences, particularly in the context of consent. Encouraging reporting and challenging myths / stereotypes around sexual offences is therefore a key area of work.

**Action:**

1. The Pan Sussex Sexual Violence Action Plan has been agreed, with drafting led by the Partnership Community Safety Team. This Plan includes actions in year at a Sussex Level for an options analysis to consider how best to manage sexual violence cases, with a further action to identify what 'helps and hinders' reporting locally in order to inform future service delivery. Violence Against Women & Girls Commissioner
2. A Paediatric Sexual Assault Referral (SARC) service was established from the 1st April, as part of an uplift in provision funded by NHS England. This is a new model to support a vulnerable client group i.e. children 13 and under. The Partnership Community

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
<p>Safety Team is the lead commissioner for partners in Sussex, piloting a component of this new service, specifically Independent Sexual Violence Advocacy (ISVA) for children and their families. This is being undertaken in parallel with work for young people, as similar activity being developed around domestic violence. This is funded by the Police &amp; Crime Commissioner, Violence Against Women &amp; Girls Commissioner, and Head of Health &amp; Justice Commission for Kent, Surrey and Sussex</p>				

<b>Under 18 conception rate per 1000 women as measured by reduction from baseline [Corporate]</b>	<b>No.</b>	<b>24.50</b>	<b>27.10</b>	 <b>AMBER</b> <b>Declining</b>
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**Position:**

Data is lagged and the latest data relates to Q1 2014/15. There were 28 conceptions in Q1 2014/15, compared with 20 conceptions in the same quarter for the previous year.

The latest local rate is 27.1 per 1,000 15-17 year olds calculated as a rolling average, which is above the 2015/16 target of 24.5.

The 2015/16 target has been set according to the under 18 conception rate for England and Wales in 2013.

This is a 7% increase locally compared to the same quarter in 2013 (25.4 per 1,000), compared with a decrease in England of 9% and a decrease in the South East of 13%.

The local quarterly rate remains above the England rate (23.4 per 1,000) and the South East rate (19.0 per 1,000).

The current rolling average indicates a 44% reduction from the 1998 baseline (December rate), slightly behind the reduction seen over this time period in the South East (51%) and England (50%).

**Commentary:**

Trend data suggests past reductions seen have plateaued and given service re-design on the integrated contraception and sexual health service, alongside commissioning changes with the prevention agenda to maintain current performance will be an achievement this year.

There is now a harder to reach group and this is also impacting upon the trend.

In addition, there have been vacancies and held posts for most of this year across three positions and one post has been frozen

**Action:**

1. The outcomes have been achieved in quarter 2 moving sexually active young people onto effective use of contraception; however the activity level is low. This is a pattern in previous years which is affected by the school holidays. Downlink YMCA to implement service improvements actions by December 2015. Strategic Commissioner Children's Services / PH Commissioning
2. The outcomes for the Youth Collective attached to delivering a Sex and relationship and Drugs & alcohol curriculum framework within the youth settings is on track. The drop-in data across each of the 6 schools continues to show a good level of engagement and the mentors' role will be informed by feedback from the JSNA. Strategic Commissioner Children's Services / PH Commissioning and Impact-Initiatives to agree the mentoring plan and Youth Curriculum focus areas (October 2015).

<b>The number of alcohol-related hospital admissions per 100,000 population [Corporate]</b>	<b>No.</b>	<b>592.10</b>	<b>515.60</b>	 <b>GREEN</b> <b>Improving</b>
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**Position:**

Data for this indicator is lagged. This is the result and target up to July 2015.

There is a positive trend showing a steady reduction in people being admitted to hospital in Brighton & Hove for alcohol related reasons, down from a high point of 2274.19 admissions in all of 2011/12. An 'admission' is a single occurrence of attendance at hospital. One individual could have a number of 'admissions'. Targets have not been set on this indicator with Substance Misuse treatment providers currently. Commissioners are instead working with providers to identify a number of measures linked to the contribution Substance misuse treatment providers can have in reducing alcohol related hospital admissions. The previous result from the same point last year has been used as a proxy target; the latest result continues the positive trend of reduced numbers of admissions.

The 2014/15 year-end result of 1639.3 also compares well with the most recent data from 2013/14 for all England average of 2,002, CIPFA nearest neighbour authorities 2,160, and all local authorities in the South East 1,702 (source LG Inform).

**Commentary:**

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

The work of the Alcohol Programme Board, and the associated domain groups, take forward the work streams that address alcohol related harm, including hospital admissions. The reduction in hospital related admissions should reflect the work that has been taken forward in the last two years. This has included a focus on supporting 'frequent returners' to hospital with an alcohol related issue, to address the underlying causes of their alcohol consumption. There has been work with off licences to reduce the amount of high strength beers and ciders available, which has meant that fewer of the 'street drinking' population are consuming high amounts of alcohol, which could result in a hospital admission.

Research into the impact Pride and Halloween have on alcohol related hospital admissions and assaults has been undertaken. Alcohol related hospital attendances did increase over the Pride weekend during 2015, but this could be due to better reporting at A&E. However, anecdotal feedback indicated that the initiatives put in place to support young people were very positive. These

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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will be expanded in 2016. The learning taken from Pride is being applied to Halloween for 2015.

A sea safety campaign was launched in July 2015, highlighting the risks of entering the water intoxicated. A range of innovative methods will be used to reach individuals e.g. short education videos, graffiti artists, glow in the dark signage on the seafront lower esplanade, etc. The video was seen 15,000.

**Actions:**

A number of initiatives have been commenced:

1. The new 'Pavilions' integrated drug and alcohol treatment and recovery service launched on the 1st April 2015. Support for people with problematic alcohol use will be a priority for the Pavilions service. Existing initiatives will continue e.g. alcohol liaison nurses at A&E, A&E frequent attender support programmes for hostel residents and support to street drinkers. As the new partnership beds in, a reinvigorated and renewed focus on preventing alcohol related hospital admissions will begin. The outreach team being created in Pavilions will help to focus on those people most needing support to service, but often not accessing the support they need. Lead - Commissioner for Substance Misuse. Timescale - ongoing across the year
2. Work continues on the development of Safe Space and related medical support. This includes providing first aid training to security staff from clubs and bars, and medical outreach teams along the lower esplanade. Joint work is ongoing with the CCG to identify additional funding to further develop Safe Space. Lead - Health Promotion/Pavilions/CCG. Timescale - ongoing.
3. Exploration work on the possible implementation of the Late Night Levy continues. Research is underway, looking at other areas that have already implemented the levy and have received a positive feedback. A research bid, via the National Institute for Health, will be submitted, focusing on the Late Night Levy. Lead - Licensing/Police/Substance Misuse Commissioner. Timescale - April 2016
4. Vulnerability training has been rolled out to Bar Staff to ensure that they are aware of the signs to look out for. Analysis of the training to be undertaken. Lead - Sussex Police. Timescale - Next Alcohol Programme Board meeting Jan 2016.
5. Community Alcohol Partnership to be taken forward and will focus on The Level. Lead - Licensing. Timescale - Ongoing.
6. 'Water Hero' campaign launched on 2nd October. Four nightclubs are participating and will be giving out water to customers. The scheme will run for six weeks and will be evaluated, with results coming to the next APB in Jan 2016. Lead - Health Promotion. Timescale - Jan 2016

<b>Nitrogen Dioxide levels in Brighton and Hove (µg/m3 - micrograms per cubic meter): Lewes Road (quarterly) [Corporate]</b>	<b>No.</b>	<b>40.00</b>	<b>29.00</b>	 <b>Improving</b>
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**Position:**

For July - September 2015 the monitor on Lewes Road indicates nitrogen dioxide was 29 micrograms per meter cubed (µg/m3) this compares to between 42 µg/m3 and 49 µg/m3 for same seasonal period over past three years 2012-2014.

36 µg/m3 is 90% of EU and UK annual mean legal limits (effective since 2010) for outdoor air where people are present. BHCC has two Air Quality Management Areas declared for none compliance with EU and UK standards for nitrogen dioxide. The Air Quality Action Plan sets out to improve nitrogen dioxide and achieve legally binding limit.

**Commentary:**

The results for July and August 2015 are low for concentrations of nitrogen dioxide, however September 2015 is more typical compared to what has been monitored before. This quarter shows an encouraging improvement in nitrogen dioxide compared to previous years.

**Actions:**

- 1) Buses have been retrofitted and a scheme to improve taxi emissions is ongoing. Senior Technical Officer, Environmental Protection
- 2) The air quality action plan was approved at Environment, Transport & Sustainability Committee in October 2015 and this includes a comprehensive set of measures to reduce nitrogen dioxide levels Senior Technical Officer, Environmental Protection

<b>Nitrogen Dioxide levels in Brighton and Hove (µg/m3 - micrograms per cubic meter): North Street (quarterly) [Corporate]</b>	<b>No.</b>	<b>40.00</b>	<b>51.00</b>	 <b>Improving</b>
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**Position:**

For July - September 2015 the analyser on North Street indicates nitrogen dioxide was 51 micrograms per meter cubed (µg/m3) this compares to 54 µg/m3 for the same period in 2014, 57 µg/m3 in 2013 and 65 µg/m3 in 2012.

36 µg/m3 is 90% of EU and UK annual mean legal limits (effective since 2010) for outdoor air where people are present. BHCC has two Air Quality Management Areas declared for none compliance with EU and UK standards for nitrogen dioxide. The Air Quality Action Plan sets out to improve nitrogen dioxide and achieve legally binding limit.

**Commentary:**

The analyser on North Street suggests an improving trend for July - September compared to previous years 2012-2014. That said further improvement is required to meet nitrogen dioxide targets at this location that it representative of the transport corridor and bus Low Emission Zone (LEZ).

A new BHCC air quality action plan has been approved by Transport, Environment and Sustainability Committee in October 2015.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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By mid-2015 the Brighton bus LEZ became operational. 55 older buses are retrofitted, 24 brand new buses have or are being introduced to compliment 13 diesel-electric hybrid buses. In total 87 buses are close to Euro 6 (2013 emission standard). This leaves the majority of buses frequenting the LEZ at euro 5 diesel (2008 emission standard). These euro 5 vehicles have considerably higher emission rates than the best vehicles now in circulation. Less frequent services entering the LEZ can be euro 3 or euro 2 (new standards in 1999 and 1996).

**Actions:**

- 1) Buses have been retrofitted and a scheme to improve taxi emissions is ongoing. Senior Technical Officer, Environmental Protection
- 2) The air quality action plan was approved at Environment, Transport & Sustainability Committee in October 2015 and this includes a comprehensive set of measures to reduce nitrogen dioxide levels. Senior Technical Officer, Environmental Protection

## Environment, Development and Housing

<b>The percentage of municipal waste landfilled (3 month lag) [Corporate]</b>	%	<b>11.00</b>	<b>2.66</b>	 <b>Improving</b>
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**Position:**

This is the provisional figure for Qtr 1 2015/16, which is the latest data available.

The outturn for this period is lower (better performance) than the equivalent period in the previous two years, 10.09% in 2014/15 and 19.74% in 2013/14.

The target for the year is 5%. This was set locally as part of the 2012 waste strategy update.

The latest statistical neighbour comparator information available is for the financial year 2013/14. Where no figure is showing, data is not yet available. The following authorities listed are the local authority neighbours as identified by the Association for Public Service Excellence (APSE). The group includes: Blackburn with Darwen Borough Council (59.7%), Blackpool Borough Council (30.9%), Gateshead Metropolitan Borough Council (23.4%), Knowsley MBC, London Borough of Havering, North Tyneside Council (8.0%), Rotherham MBC (33.9%), Stockton-on-Tees Borough Council (0.3%).

**Commentary:**

Disposal of waste to landfill is the least favourable treatment option in terms of environmental impact and cost. The councils integrated waste management contract has delivered the facilities to maximise recycling and composting rates, including the Hollingdean Materials Recycling Facility (MRF) and the In Vessel Composting (IVC) facility at Whitesmith in East Sussex. The contract encourages recycling and composting and any residual waste is processed through the Energy from Waste Facility (EfW) in Newhaven. This facility generates electricity which is sold to the national grid. The council receives a proportion of the income for materials sold for recycling as well as a proportion of the income from electricity generated. Recycling and composting are the most economic treatment options for the council.

Residual waste is generally only disposed to landfill if it cannot be processed by facilities higher up the waste hierarchy. This tends to be composite bulky waste. The EfW in Newhaven is shut down for a number of weeks annually for maintenance purposes. In the past some of the waste arising during this short period has been disposed to landfill but opportunities to divert waste to other facilities during this period are being progressed.

Overall the percentage of waste sent to landfill is expected to remain on target at or below 5% per year.

**Actions:**

1. To continue to monitor performance against this indicator
2. To explore any new opportunities to reduce the amount of residual waste sent to landfill further (Cityclean Management team)

<b>Residual waste per household (kg) (3 month lag) [Corporate]</b>	No.	<b>147.50</b>	<b>158.92</b>	 <b>Declining</b>
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**Position:**

This is the provisional figure for Qtr 1 2015/16, which is the latest data available. Residual waste is total household waste collected less total household waste sent for recycling, composting or reuse.

This result is higher (worse) than the same period in the previous two years which were 156.17kg/hh (2014/15) and 146.23kg/hh (2013/14).

The target for the year is 590kg/hh. This was set locally as part of the 2012 waste strategy update.

The latest statistical neighbour comparator information available is for the financial year 2013/14. The following authorities listed are the local authority neighbours as identified by the Association for Public Service Excellence (APSE). Where no figure is showing, data is not yet available. Blackburn with Darwen Borough Council (551.7kg/hh), Blackpool Borough Council (520.8kg/hh), Gateshead Metropolitan Borough Council (571.6kg/hh), Knowsley MBC (567.3kg/hh), London Borough of Havering (697.3kg/hh), North Tyneside Council (590kg/hh), Rotherham MBC (557.8kg/hh), Stockton-on-Tees Borough Council (698.6kg/hh).

The national average is significantly lower at just over 535kg/hh in 2013/14, a direct result of the recycling rate being significantly higher nationally.



INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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**Commentary:**

The amount of residual waste produced per household is related to the total amount of waste produced per household and how much of that is taken out of the waste stream (eg by home composting or reuse) and by recycling.

The indicator for Brighton & Hove does not compare favourably to cities like Cheltenham, Bournemouth and Bristol, and this is largely due to the differences in recycling services. These cities provide food waste collection linked to fortnightly refuse collection and some also provide a garden waste collection.

Realising a step change in recycling rates in Brighton & Hove and hence a reduction in the amount of residual waste produced requires a significant change in policy. Proposals for food waste collection and fortnightly refuse collection in suburban areas of the city have been worked up. This work identified that this would require an additional revenue cost in excess of £1m per year. In the current economic climate this has not been pursued.

Fortnightly refuse collection without food waste would result in an increase in the amount of recycling collected (and a reduction in residual waste) as residents would be encouraged to separate their waste. It is a model that has been adopted by a number of local authorities but is not one Brighton & Hove has pursued for its suburban areas.

More modest reductions in residual waste can be achieved by encouraging more residents to recycle materials for which we currently provide collection services and to encourage those that already recycle to recycle more. Waste minimisation can also be encouraged for example by promoting home composting and re-use schemes. Work on this type of engagement work, linked to incentive and communication campaigns had been on hold as a result of the service disruption. A detailed delivery plan is now being delivered.

In relation to food waste the Food Partnership is, as part of its program, is encouraging people to reduce the amount of food waste they produce and to compost any food waste they do have. The community composting scheme, focussed on more densely populated areas of the city, now has over 1,000 members who compost their food waste which all contribute to reducing the amount of residual waste produced in the city.

**Actions:**

1. A trial to introduce wheelie bins for recycling was approved in July 2015 and is expected to go live in November. (Cityclean Management Team)
2. A business plan for garden waste collections will be presented to ETS Committee in October 2015. These schemes are expected to increase recycling rates and reduce residual waste. (Cityclean Management team)
3. To review the waste strategy targets based on the service review and waste analysis (Head of Strategy and Projects). New targets and action plan to be agreed for 2016/17.
4. To deliver the communication and engagement campaign to inform residents about the recycling service and encourage them to recycle more. The campaign will be based on an incentive scheme where a proportion of the savings resulting from increased recycling rates are ring-fenced to a community fund. The scheme will launch by the end of 2015. (Cityclean Management Team & Corporate Communications Team)

**The percentage of household waste sent for reuse, recycling and composting (3 month lag) [Corporate]**

%

27.00

25.55



**Declining**

**Position:**

This is the provisional figure for Qtr 1 2015/16, which is the latest data available.

The outturn for this period is lower (worse performance) than the equivalent period in 2014/15, when the result was 27.18%. The same period in 2013/14 was 25.92%.

The target for the quarter is 27%. The target for the end of the financial year 2015/16 is 28%, and was set based an expected improvement in service reliability. The 2012 waste strategy target of 40% is due to be updated for 2016/17 to reflect changes in the service.

The latest statistical neighbour comparator information available is for the financial year 2013/14. The following authorities listed are the local authority neighbours as identified by the Association for Public Service Excellence (APSE). Where no figure is showing, data is not yet available. Blackburn with Darwen Borough Council (40.1%), Blackpool Borough Council (41.1%), Gateshead Metropolitan Borough Council (36.5%), Knowsley MBC (33.1%), London Borough of Havering (31.5%), North Tyneside Council (37.3%), Rotherham MBC (40.9%), Stockton-on-Tees Borough Council (28.0%).

**Commentary:**

This indicator for Brighton & Hove does not compare favourably to cities like Cheltenham, Bournemouth and Bristol, and this is largely due to the differences in recycling services. These cities provide food waste collection linked to fortnightly refuse collection and some also provide a garden waste collection.

Realising a step change in recycling rates in Brighton & Hove and hence a reduction in the amount of residual waste produced requires a significant change in policy. Proposals for food waste collection and fortnightly refuse collection in suburban areas of the city have been worked up. This work identified that this would require an additional revenue cost in excess of £1m per year. In the current economic climate this has not been pursued.

Fortnightly refuse collection without food waste would result in an increase in the amount of recycling collected (and a reduction in residual waste) as residents would be encouraged to separate their waste. It is a model that has been adopted by a number of

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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local authorities but is not one Brighton & Hove has pursued for its suburban areas. More modest increases in recycling can be achieved by encouraging more residents to recycle materials for which we currently provide collection services and to encourage those that already recycle to recycle more. Waste minimisation can also be encouraged for example by promoting home composting and re-use schemes. Work on this type of engagement, linked to incentive and communication campaigns had been on hold as a result of the service disruption. A detailed delivery plan is now being worked up. In relation to food waste the Food Partnership is, as part of its program, is encouraging people to reduce the amount of food waste they produce and to compost any food waste they do have. The community composting scheme, focussed on more densely populated areas of the city, now has over 1,000 members who compost their food waste which all contribute to reducing the amount of residual waste produced in the city.

**Actions:**

1. A trial to introduce wheelie bins for recycling was approved in July 2015 and is expected to go live in November 2015.
2. A business plan for garden waste collections will be presented to ETS Committee in October 2015. If approved the service will commence in Spring 2016. (Cityclean Management team)
3. To review the waste strategy targets based on the service review and waste analysis (Head of Strategy and Projects). New targets and action plan to be agreed for 2016/17. (Head of Projects & Strategy)
4. To deliver the communication and engagement campaign to inform residents about the recycling service and encourage them to recycle more. The campaign will be based on an incentive scheme where a proportion of the savings resulting from increased recycling rates are ring-fenced to a community fund. Work is underway with the Communications Team to deliver this by the end of 2015. (Cityclean Management team & Corporate Communications Team)

<b>Missed refuse collections per 100,000 population [Corporate]</b>	<b>No.</b>	<b>83.00</b>	<b>99.00</b>	 <b>AMBER</b> <b>Improving</b>
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**Position:**

This result is for Qtr 1 & 2 2015/16. The target was set using the APSE (Association for Public Service Excellence) authority family group average result for 2013/14. Previous annual results for this indicator are not available due to a change in how we measure this to align with the APSE family group method. The latest available comparator information is the APSE family group average for 2013/14 of 83 collections per 100,000.

**Commentary:**

The new indicator includes properties which did not receive a collection where this has not been reported to the service (for example if a whole road has been dropped). There has been an improvement in Q2 compared to Q1 and the percentage of properties that have had a missed refuse collection remains very low (<0.01%). Performance is only slightly below target and conversations with APSE suggest there are likely to be inconsistencies in reporting this indicator amongst the family group.

**Actions:**

1. This is the second quarter the new methodology has been used. The data is still being checked to ensure it accurately reflects performance. It is likely that Cityclean over reports on this indicator compared to other cities by being very proactive in identifying any missed work. (Head of Operations 08/15)
2. The number of missed bins will continue to be monitored and measures put in place to improve performance. (Head of Operations 08/15)
3. Performance reporting systems are being improved to monitor missed bins on a round by round basis to allow more effective performance management (Head of Projects & Strategy 12/15). Please note: This is a baseline year due to a change in calculating missed collections. In order to match the APSE calculation this figure now looks at the number of missed collections per 100,000. This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000)

<b>Missed recycling collections per 100,000 population [Corporate]</b>	<b>No.</b>	<b>43.00</b>	<b>131.00</b>	 <b>RED</b> <b>Improving</b>
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**Position:**

This result is for Qtr 1 & 2 2015/16. The target was set using the APSE (Association for Public Service Excellence) authority family group average result for 2013/14. Previous annual results for this indicator are not available due to a change in how we measure this to align with the APSE family group method. This is now calculated as: Total Missed Collections/(Total Number of Expected Collections/100000). Previously the total number of missed bins across the city was reported. The latest available comparator information is the APSE family group average result for 2013/14 of 43 collections per 100,000.

**Commentary:**

The new indicator includes properties which did not receive a collection where this has not been reported to the service (for example if a whole road has been dropped). There has been a significant improvement in Q2 compared to Q1 and the percentage of properties that have had a missed refuse collection remains very low (<0.01%).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Performance is below target and conversations with APSE suggest this is likely to be due to inconsistencies in reporting this indicator among the family group. We are working with APSE to get clarity on the family group average calculations. Our direction of travel is positive over the year to date.

**Actions:**

1. This is the second quarter the new methodology has been used. The data is still being checked to ensure it accurately reflects performance. It is likely that Cityclean over reports on this indicator compared to other cities by being very proactive in identifying any missed work. (Head of Operations 08/15)
2. The number of missed bins will continue to be monitored and measures put in place to improve performance. (Head of Operations 08/15)
3. Performance reporting systems are being improved to monitor missed bins on a round by round basis to allow more effective performance management (Head of Projects & Strategy 12/15).
4. Work with APSE to get clarity on the family group average calculations. (Head of Cityclean and Parks, ongoing)

**Housing Tenants: Rent collected as proportion of rent due [Corporate]**

%

98.30

98.66



**Improving**

The projected end-year rent collection rate as of September stands at of 98.66%

**Position:**

The target of 98.40% by end 2015/16 is locally set by the Housing Leadership Team. The target is set to maintain upon the improvement seen during the previous financial year, when the collection rate improved by 0.08% to reach 98.39%, whilst minimising the risk of increased arrears as a result of upcoming welfare reforms. In particular, the Government's decision to lower the Benefit Cap to £20k (for families outside London) and the first stage of the introduction of Universal Credit in the City, which is expected to take place between December 2015 and March 2016. The reduction in Housing Benefit for under-occupying households continues to impact rent collection, although the arrears of affected households have reduced: as of September 2015 these arrears stand at £85k, which is the lowest rate since March 2013.

We benchmark this indicator against data from the Rent Income Excellence Network (RIEN), and our end-year 2014/15 performance (98.39%) compares favourably with the average result for other participating local authorities (97.54%). The published analysis by RIEN does not break down by quartile. We also benchmark rent arrears and collection data using Housemark, and the results from their 2014/15 Priority Performance benchmarking indicate that we are in the top quartile for all of their rent arrears and collection indicators, when compared with all participating upper tier local authorities with stock of 10,000 units or more. The Housemark indicators do not include this exact indicator for rent collection, which is a former statutory one for local authorities (BVPI 66a), as theirs cover all range of social landlords and are therefore more generic. We continue to use this indicator because it is better-suited to rent collection performance by local authorities.

**Commentary:**

At 98.66%, performance against target is very good as of August 2015. Not only has the 98.40% target been exceeded, but the collection rate has continued to improve since the end of the previous financial year. The collection rate is the same as for the end of the 2012/13 financial year, prior to the introduction of welfare reforms such as reduction in Housing Benefit for under-occupying households.

A number of actions have been taken to reduce arrears, which are detailed below. Please note that these points were included in the commentary for the previous quarter.

1. Increasing analysis and profiling of tenants in arrears to help guide future actions e.g. communications to new tenants.
2. Reworking our arrears recovery letters to encourage action from our tenants.
3. Directly supporting tenants by providing benefits advice, advocacy and debt counselling services through our Housing Money Advice Worker.
4. Having in place our MAP contract which provides independent money, debt and benefits advice to council tenants.
5. Providing direct support to tenants through our Financial Inclusion officers in areas such as fuel switching advice /support.
6. Providing tenants with holistic support in order to overcome barriers to employment through our Housing Employment Support Project.
7. Reducing the overall number of under occupiers.
8. Supporting under occupiers and other tenants to apply for Discretionary Housing Payments.
9. Encouraging under-occupying tenants to move by holding mutual exchange events and providing practical and financial support for moves.

**Actions:**

In order to keep performance on target for the rest of the 2015/16 financial year, a number of actions are being considered, which are detailed below:

1. Identifying tenants who are paying in arrears so we can encourage them to pay in advance.
2. Introducing paperless direct debit with a wider choice of monthly dates for tenants.
3. Attending benchmarking type clubs e.g. officers are regular participants at RIEN meetings.
4. Carrying out further analysis to get a better understanding of the impact of wider welfare reforms (e.g. Employment and Support Allowance (ESA)/Job Seekers Allowance (JSA) benefits sanctions, delays in Disability Living Allowance (DLA)/Personal Independence Payment (PIP).
5. Meeting with social landlords in the city regarding preparations for the introduction of Universal Credit and sharing learning and/or relevant practices

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
6. Considering rent payment and direct debit incentives.				
7. Looking at behavioural science techniques that encourage responsible actions around rent payment and actions to minimise personal debt.				
8. Keeping under review the practices within the team to encourage innovation and improvement.				
9. Ensuring staff continue to receive comprehensive training on all aspects of Welfare Reform .				
10. Looking at how technology can support income collection and arrears minimisation e.g. Housing app, text message notifications/reminders, mobile working possibilities.				

<b>The number of households where homelessness was prevented due to casework by the council and funded partners [Corporate]</b>	<b>#</b>	<b>1,324.00</b>	<b>1,082.00</b>	 <b>RED</b> <b>Improving</b>
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#### Position

Q2 2015/16 – 565 households had their homelessness prevented or relieved

The target for homelessness prevention is 662 per quarter.

The direction of the target is to increase the number of homelessness prevention.

The reported figures show a downward trend

The figure for Q1 2015/16 was 517 households had their homelessness prevented or relieved

The figure for 2014/15 was 2,538 households had their homelessness prevented or relieved

The top performing statistical neighbour is Bristol with 22.90 homelessness preventions per 1,000 households in 2014/15 (latest published). In the same year, Brighton & Hove was 2nd with 20.34 preventions per 1,000 households.

The Brighton & Hove performance dropped in 2014/15 to 20.34 per 1,000 households from 25.29 per 1,000 households in 2013/14, a reduction of 20%. Some of this was due to a numerical reduction in prevention cases (a 15% decrease in preventions from 2,984 in 2013/14 to 2,538 households in 2014/15) and the remainder due to the number of households used in the base population calculation being increased by 6% from 118,000 to 125,000 between 2013/14 and 2014/15.

To exceed Bristol's 2014/15 performance, Brighton & Hove will need to achieve 715 preventions per quarter which is 22.92 per 1,000 households. This is a 33.9% increase on 2014/15's actual performance and considered extremely challenging in light of expected welfare reform and Universal Credit changes and the continuing ripple effect from reductions in Legal Aid support to advice agencies.

#### Commentary

There has been a substantial reduction in the figures and some of this relates to the reduced activity of BHT and cuts to legal aid . This is also in the context of a toughening climate to try and prevent homelessness, mainly due to welfare reform. There is ongoing good work taking place in preventing significant numbers of households becoming homeless, but this also demonstrates high levels of pressure in the city for households to maintain their housing. It is envisaged that the situation will worsen with further welfare benefit cuts and also the introduction of Universal Credit in this area later in the year.

#### Actions

1. Working jointly with partners in children's services and adult social care and health to identify people who may potentially become homeless at a much earlier stage with a view to prevention – Head of Temporary Accommodation & Allocation, December 2015

2. We are also exploring possibilities for obtaining affordable accommodation in other locations around the country as an option for people who may prefer to move - Head of Temporary Accommodation & Allocation, from September 2015

<b>Private sector vacant dwellings returned into occupation or demolished [Corporate]</b>	<b>No.</b>	<b>76.50</b>	<b>70.00</b>	 <b>AMBER</b> <b>Declining</b>
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#### Position

This is the initial figure for Q2 2015/16 for the number of private sector vacant dwelling returned into occupation or demolished. 29 dwellings were returned into occupation through advice, 3 through Private Sector Licensing (PSL) / management agreements and 1 through enforcement action. The number is likely to increase as further properties are verified back in use by the Council Tax Team. In addition the team are in constructive dialogue with the owners of 290 properties.

The target is 153 per year with an average of 38 per quarter. The direction of the target is to increase number of private sector vacant dwelling returned into occupation or demolished.

The direction of the target is to increase number of private sector vacant dwelling returned into occupation or demolished.

The figure for Q1 2015/16 has increased from the initial figure reported of 31 properties to an amended total of 37 private sector vacant dwelling returned into occupation or demolished as further properties have been verified back in use by the Council Tax Team.


#### Commentary

Empty property performance remains steady with around 150+ properties a year being returned to use on average. Although reported quarterly the figures should be looked at across the year as there can be seasonal fluctuations. A well-established and systematic approach has led to this sustained year on year performance. Figures are monitored monthly as part of standard processes. A refreshed enforcement protocol (in development) as a disincentive for owners will assist in improving performance. Lack of funding for incentive offers to owners is an ongoing challenge. Business case exploring cost benefits of this in development.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Actions

1. We are developing a new empty property database to support continual improvement around identification of and response to long term empty homes. (Empty Property Officer/s ongoing / January 2016)
2. We are refreshing our empty property enforcement protocol / funding options as part of continual improvement. Business case in preparation. (Empty Property Officer/s - ongoing / January 2016)
2. Ongoing monitoring and review, in particular with Council Tax to maximise the New Homes Bonus and to take forward further sub regional opportunities. (Empty Property Officer/s - Annual process: review January 2016 / Project from June 2016)
3. Explore further opportunities for sub-regional working following renewal of our partnership with Lewes District Council. (Empty Property Officer/s - ongoing)

<b>Number of affordable homes delivered by all providers across the city per year - projection of new build and conversions for the year end [Corporate]</b>	<b>No.</b>	<b>236.00</b>	<b>66.00</b>	 <b>RED</b> <b>Declining</b>
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Position

This is the number of affordable homes projected to be delivered in 2015/16. The Affordable Housing numbers projected to complete in 2015/16 have reduced to 66. This is due to an overall adjustment in the housing market, a lull in RP schemes following a period of high delivery and the way that RP schemes are funded / pre-funded (the programme was previously set over a three year period – now it is assessed year on year with schemes brought forward as available). The aim remains to increase the number of affordable homes delivered. The annual target of 236 per year uses the City Plan target of 30% of new supply being affordable over 2015-2030 projected supply. This is not 40%, as stated in the City Plan, as some sites are below threshold for affordable housing. In 2014/15, the target was exceeded with 244 affordable homes delivered. No national or neighbourhood comparable information is available.

Commentary

2 of these 66 units completed during Q2 2015/16. Further units are likely to come forward through the year via Continuous Market Engagement. Brooke Mead and Marine Outer harbour have now moved back, with the original development of 20 bedspaces under Empty Property funding no longer going ahead and an alternative scheme now being sought. The projected figure of 66 new home builds or conversions includes:  
Preston Road = 2 units (completed)  
One Manor Road = 18 units  
Norway Street = 8 units  
St James's Street = 29 units  
Robert Lodge = 9 units  
The three year pipeline programme currently has 446 new properties forecast and additional units may come forward through CME (Continuous Market Engagement)  
The Regular monitoring of Affordable Housing Development Programme is reviewed at the Affordable Housing Partnership (bi monthly) and monthly Homes and Communities Agency liaison meetings. The New Homes for Neighbourhoods programme and other Council programmes are subject to monitoring and review through the Estate Regeneration Board, which meets every 6 weeks.

Actions

1. In order to further increase the supply of new affordable homes additional funding options are being actively investigated with Savills & Trowers & Hamblins funded by DCLG, including buying new homes off plan and other Special Purpose Vehicle / Joint Venture options. (Head of Housing Strategy, December 2015)
2. Housing continues to work closely with Planning to maximise the amount of affordable homes delivered on new developments. (Head of Housing Strategy, ongoing)
3. Both Council and Registered Providers are currently reviewing implications of the budget on ability to borrow to build affordable rented homes, with significant risks arising to current means of delivery and new models of provision under review. (Head of Housing Strategy, March 2016)

<b>Percentage of new affordable housing that meets the wheelchair standard [Corporate] (projection for the year end)</b>	<b>%</b>	<b>10.00</b>	<b>11.00</b>	 <b>GREEN</b> <b>Improving</b>
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Position

This is the percentage of new affordable housing that meets the wheelchair standard projected to be delivered in 2015/16. The aim is to increase the number/percentage of new affordable housing that meets the wheelchair standard delivered. The annual target is 10% of all new affordable housing per year (new builds but not refurbishments) is a City Plan target of Affordable Housing Brief requirement for new development. Due to how affordable homes are delivered there are no quarterly targets but last year (2014/156) the target was met with 10% affordable homes delivered meeting the standard (25 of 239 – 11x 1-bed and 14x 2-bed). No national or neighbourhood comparator information is available.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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**Commentary**

At present, the projection is 11% which is 7 of the 66 new homes (for rent – 1x 1-bed, 1x 2-bed and 4x 3-bed and for shared ownership 1x 2-bed).

This figure could change as more developments come through planning.

We continue to work with RPs, HCA and in particular the Estate Regeneration Team to maximise commissioning of new build fully wheelchair adapted homes to meet rising demand as people with more complex needs are supported at home for longer. This includes new wheelchair adapted homes at Preston Road.

**Actions**

1. Ongoing monitoring and review via Affordable Housing Partnership, HCA monthly meetings and Estate Regeneration Board.

**The percentage of the council's homes that do not meet the government's Decent Homes Standard [Corporate]**

%

0.00

0.00



**Improving**

**Position**

At the end of September, 100% of HRA owned and managed dwellings met the governments Decent Home Standard. This has improved from 99.85% in June 2015.

In 2014/15, the annual result was 99.51%.

The target is to maintain 100% decency (or 0% non-decent) throughout the year.

**Commentary**

The decent homes 100% standard was first achieved in December 2013.. Currently 100% of our 11,683 Council Housing Stock maintains the Decent Homes Standard. Properties drop out of the Decent Homes Standard on the 1st of January each year.

**Action**

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

**The number of Planning applications registered - monitoring [Corporate]**

No.

2,060.00

Trend

**Position Statement:**

For the 2015/16 year to date (April to September) the total number of applications registered was 2052. The result for the same time last year was 1845. There is a difference of 207 applications, which is a 10% increase for this year.

For quarter 2 (July to September) the total number of applications registered was 1043. The result for the same time last year was 898. There is a difference of 145 applications, showing a 14% increase.

**Commentary:**

This indicator is a reflection of the level of economic development in the city rather than a performance indicator relating to the Development Management service.

The trend in registered planning applications is consistent year on year.

**The number of building commencements - monitoring [Corporate]**

No.

620.00

Trend

**Position:**

For the 2015/16 year to date (April to September) the total number of building commencements was 620. The year to date result for the same time last year was 745. There is a difference of 125 building commencements, a 20.16% decrease for this year.

In Quarter 2 only, the total number for Jul to Sept was 317. The result for the same time last year was 329. There is a difference of 12 building commencements, a 3.79% decrease.

**Commentary:**

Building Regulations commencements remain stable and tend to suggest that the construction industry is maintaining a fairly buoyant position. This is usually mirrored by low interest rates and work to domestic properties where home owners prefer to develop their existing properties rather than move. The number of commencements doesn't reflect that there are more medium to large projects underway as income streams continue to show a steady increase year on year.

**Finance and Resources**

**Percentage of invoices for commercial goods and services that were paid within 30 days [Corporate]**

%

95.00

95.00



**Improving**

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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Position:

This measure/target is in response to the government's drive to improve the speed of payments across the whole of the public sector. The principle is about ensuring that suppliers' cash flows and viability are not impacted by slow payment processes. The council receives thousands of invoices from over 7,000 suppliers through a wide range of routes and addresses and has set a target of 95% for 2015/16 to pay its invoices within 30 days. This target is considered achievable when compared to CIPFA comparative information which shows the 2014 performance for invoices paid within 30 days as an average of 94% for unitary authorities and 93% for the council's comparator authorities. Key to meeting the target of 95% is high compliance with the use of the purchase order system which makes processing invoices quick and efficient.

Performance from April to September 2015 is 94.98% which is 0.02% below the 95% target. During quarter 2 95.28% of invoices were paid within 30 days. This compares with 94.63% in quarter 1 and 94.66% for 2014/15

Commentary:

As at quarter 2 of 2015/16 48,294 of 50,688 invoices received (95.28%) were paid within 30 days which is above the target of 95%. Quarter 2 has seen a rise of 0.65% which is a very good result and demonstrates the ongoing excellent effort of the creditors team to ensure the previous actions highlighted continue to have a positive impact. The creditors team has also, in the quarter, introduced targeted communication with individual services where they are delays in the processing of invoices to raise awareness of the importance of efficient processing and discussing and agreeing resolutions to improving performance in these service areas. Importantly, the council was not charged any late payment interest by any of its creditors during this period. Over the year to date period (April to September 2015) 89,279 of 93,997 invoices were processed within 30 days equating to 94.98% which is 0.02% below the target of 95%.

The challenges facing the creditors service are two fold:

1. continuing to maintain the level of performance despite reducing staff resources due to the current financial controls in place across the council and future efficiency savings;
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.

Action:

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

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

All actions are the responsibility of the Principal Accountant (Income, VAT & Payments).

**Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence so far this year (not including schools) [Corporate]**

**No.**

**4.86**

**4.93**

  
AMBER  
**Declining**

Position:

From Q1 2015/16, the target was changed to benchmark it against the CIPFA HR Benchmarking Club. The target was reduced from 10 days to 9.7 days. The quarterly target is 2.43 days.

Based on the Q1 and Q2 result, the projected sickness outturn for 2015/16 is 10.49 days which is an improvement on last years outturn result of 10.91 days, but is above the council target of 9.7 days.

In Q2, the average days lost was above the quarterly target of 2.43 days at 2.57 days. This result is higher than in Q2 last year, where the result was 2.46 days.

The cumulative days lost during Q1 and Q2 is 4.93 days against a target of 4.86 days, which is an Amber RAG rating. Last quarter the RAG rating was Green.

The previous two quarters were showing a downward trend which could be attributable to the work undertaken in HR to improve absence reports and support managers. However, this quarter shows an upwards trend which could lead to a higher year end result than currently forecast. HR will be conducting further analysis to understand the cause of this, particularly around short term absence as this has increased since Q2 last year.

The Q2 figure of 2.57 days is made up of 1.08 days (42%) due to short term sickness and 1.49 days (58%) due to long term absence. When compared to Quarter 2 last year, this shows short term absence has increased by 12.5% and long term absence has decreased by 5%.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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#### Commentary

- The increase in number of days lost from Q2 2014/15 to Q2 2015/16 could be due to increased levels of absence, or it could be due to the recent effort from HR to increase reporting across all directorates. However, until more detailed data is made available, the reason for increased absence cannot be concluded. The data is not available at the time of writing this report, but will be available from end October 2015.
- Stress continues to be the biggest cause of days lost with 26% of the days lost in Q2 attributed to stress, this is the same as Q2 last year. Musculo-skeletal conditions (20%) and infections (10%) were also significant contributors to the number of days lost during this quarter.
- The HR Advisory Services team have designated lead officers for sickness related issues. These officers have continued to scrutinise sickness reports on a monthly basis to identify long term sickness cases and ensure that managers are actively managing these cases and if not, providing support to enable them to do so. The impact of this can be seen in the reduction of the percentage of long term cases from 62% in Q2 2014/15 to 56% in Q2 2015/16.
- In terms of actual days lost for long term sickness: In Q2 2014/15 1.57 days lost were due to long term sickness, compared to 1.49 days in Q2 2015/16. This is a reduction of 0.08 days (5%).
- In terms of actual days lost for short term sickness: In Q2 2014/15 0.96 days lost were due to short term sickness, compared to 1.08 days in Q2 2015/16. This is an increase of 0.12 days (12.5%).
- Sickness reports are distributed to Heads of Service to enable them to monitor performance around attendance management and to ensure there is a consistent application of the attendance management procedure and return to work interviews.
- Business Partners continue to present the quarterly Our People Data (OPD) reports to DMT's, highlighting areas of concern around absence levels. The reports contain information showing average referral times to Occupational Health and provide guidelines on when referrals should be made.
- Guidance has been issued to managers to inform objective setting regarding sickness as part of mid year reviews.

Actions for Improvement: -

1. Once the more detailed absence data for Q2 is made available (due end October 2105), HR will analyse the directorate reports to identify possible reasons for increased absence, in order to ensure case management is put in place. Action date: By 30th November. Action lead: Head of Business Partnering.
2. All Heads of Service will be having discussions with the sickness lead for their directorate in order to ensure they understand how to use these monthly absence reports that are produced, and are able to set performance objectives in relation to sickness absence management. Action date: By 2nd November. Action lead: Head of Business Partnering.

#### Formal Complaints per 10,000 population [Corporate]

No.

5.50

4.80



#### Position:

The average number of complaints per 10,000 head of population for Quarter 2, 2015-16 is 4.8.

This information was immediately available at the end of Q2 because complaints are recorded on the day received.

For trend comparison the quarterly results for 2014-15 were Q1=5.9, Q2=6.3, Q3=6.2, Q4=5.9. For 2015-16 the Q1 result was 5.5.

The target for the forthcoming year is based on achieving a 10% improvement the results over the preceding twelve months. At the end of 2014/15 the result was 5.9 complaints per 10,000 head of population.

The status will be green where a 10% reduction or greater is achieved in comparison to the average for the previous year. We are on track to achieve this target for 2015/16.

In comparison with neighbouring authorities who have provided annual complaints data BHCC has the fourth lowest result out of nine authorities where the annual results range from 1.0 to 26

#### Commentary

Overall the reduction in complaints compared to the previous year is encouraging and indicates that services are taking a far more proactive approach to the way they deal with customer dissatisfaction and feedback.

To improve performance the Customer Feedback Team aggregate information about complaint trends, issues of complaint and service improvements that have been identified and provide that information to key teams throughout the council on a quarterly basis.

A key challenge for the Customer Feedback Team is to ensure it receives accurate timely information about the issues of complaint, whether there has been a finding of fault and what service improvements have been identified.

To encourage and develop skills among managers carrying out and responding to Stage One complaints we regularly run a learning and development seminar "Complaint Investigation Skills and Identifying Service Improvement".



INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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#### Actions

We will continue to have a dialogue with key services to assist them in resolving matters before they become complaints and where there are complex issues we will continue to provide guidance and support.

1. The Customer Feedback Advisors will provide weekly information to all managers and Heads of Service, which informs them of the status of complaints about their service areas. (To 31/03/2016 Customer Feedback Advisors)
2. The Customer Feedback Team Advisors will actively promote the use of customer feedback templates so that we can gather and aggregate accurate information about the complaints customers raise. (To 31/03/2016 Customer Feedback Advisors)
3. The Customer Feedback Officers will continue to provide and develop our learning seminars. (To 31/03/2016 Customer Feedback Officers)

**% of Stage 1 Organisational Complaints upheld or partially upheld [Corporate]**

%

30.00

22.22



#### Position

The actual figure 22.2% is the proportion of Stage One complaints upheld or partially upheld for complaints received for the first half year of 2015.

There is some lag in reporting because we have to wait for complaints raised at the end of period to be concluded before we know the outcome.

We can however say that the previous quarterly results are as follow: 2014/15 Q1=36%, Q2=42%, Q3=42%, Q4=38%; 2015/16 Q1=36%. We will be able to accurately update Q2 at the next reporting time.

The annual target was determined by taking an average of the performance for the previous two years. At Q4 2014/15 the target was 33.2%.

For 2015/16 we have set the target at 30% which represents a 10% improvement in performance.

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

#### Commentary

The following comments are preliminary because there is a lag in receiving information about the outcome of complaints managers are dealing with.

We monitor the activity of a group of services. Teams that have had higher than target level of upheld or partially upheld complaints in quarter 2 (that is 30%) are as follow:

City Clean (Q1=72%, Q2=60%); where 39% of complaints in Q2 are about a failure to collect refuse. In such instances it is frequently the case that collections have been missed and therefore it will follow that complaints are upheld.

Housing Services (Q1=23%, Q2=36%); where 40% of complaints in Q2 appear to refer to issues about gardens, low level ASB, unmanaged car parks and a lack of action.

Repairs and Maintenance (Q1=50%. Q2=34%); where 28% of complaints are about delay in carrying out repairs.

The following services have had better than average results:

Housing Strategy (Q1=17%, Q2=25%), Revenues and Benefits (Q1=28%, Q2=23%), Transport & Network Management (Q1=28%, Q2=19%), Life Events (Q1=83%, Q2=17%), City Parks (Q1=17%, Q2=0%).

#### Actions:

1. The level of complaints in City Clean for Q2 have significantly reduced compared to a year ago from 191 to 86 and the proportion of upheld complaints is also reducing. To continue to improve City Clean are implementing a continuous review of missed bins and complaints generally and are tightening their processes to monitor performance and try and resolve issues quickly. This is working as shown by the significant reduction in number of complaints.

To improve Housing Services complaints performance they are developing complaints reports for their Housing Leadership Team on a regular basis. This will be coupled with quarterly information on comments and complaints for operational managers and assistance in helping them identify service improvement from the customer feedback received.

Additionally, over the course of the next half year the following specific actions will be taken.

1. Gardens - Neighbourhood Teams are inspecting gardens, talking to residents and advising them on what to do, supporting them and also applying sanctions, or referring some to the discretionary gardening scheme
2. Low level ASB - Housing are encouraging residents to report more instances of ASB and are encouraging neighbourliness. This is resulting in more Neighbourhood Team and Tenancy Enforcement Officer visits to ensuring people are aware of tenancy conditions and consequences of escalation. These officers are promoting the use of mediation.
3. Car parks - Area Panels and Housing Committee have agreed a programme of managing Housing car parks and we're working through a programme for this.
4. Lack of action - Housing are striving to improve response times; how this is perceived may depend on the issue, some things such as ASB can take a longer time than tenants' expectations of the service.
5. Delay in carrying out repairs - This appears to be linked to levels of expectation or perception because it does not correspond with Housing performance data.

With regard to Repairs and Maintenance the service has recognised from complaints over recent years that they need to improve their communications around what works are planned and when. To address this they have improved the information on their website about building programmes in the form of an interactive map that residents can use to see what works are planned in

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
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their area over the next three years. It is anticipated that this proactive communication will help reduce the volume of complaints in this area.

<b>% of Stage 2 Organisational Complaints upheld or partially upheld [Corporate]</b>	<b>%</b>	<b>15.00</b>	<b>5.26</b>	 <b>Declining</b>
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#### Position

The actual figure 5.26% is the percentage of Stage 2 complaints upheld or partially upheld for the first half of 2015/16.

There is a lag with this result because there are Stage Two complaints still under investigation from the period .

At the end of the first quarter Q1 of 2015/16 the result was 5.0%.

For 2014/15 the results were (Q1=31%, Q2=24%, Q3=20%, Q4=19%).

The annual target for 2014/15 was determined by taking an average of the performance for the previous two years. At Q4 2014/15 the target was 24%.

For 2015/16 we have set the target at 15% as a challenging target for improvement in performance.

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

#### Commentary

This result would seem to indicate that so far this year that in almost 95% of the complaint investigations service managers carrying out at Stage 1 a fair and reasonable decision is reached.

The statements received from Heads of Service would indicate that greater effort is being placed on resolving customer dissatisfaction before they become complaints.

The feedback received from delegates who have attended the 'Complaints Investigation and Identifying Service Improvement' facilitated by the City Services Manager (Customer Experience) and the Customer Feedback Officer is that it is very informative and useful. The success of these actions appears to had a significant effect on results .

The challenge for the future will be to improve the skills of all managers and their teams who investigate and respond to customer feedback so that people expressing dissatisfaction can recognise that their issue has been fairly and openly investigated and that they have been treated with empathy and respect.

To continue this level of achievement the Customer Feedback Officers and their manager will continue to provide training and support to enable managers to develop their skills in responding to Stage I complaints.

#### Actions:

1. The Customer Feedback Team will, over the remainder of the year, continue to provide support, advice and training to enable service managers to give high quality response to complaints which focus on either resolving matters or giving clear explanations why service have to be delivered as they are. (To 31/03/2016 Customer Feedback Officers)
2. The Customer Feedback Officers will continue to provide and develop our learning seminars . (To 31/03/2016 Customer Feedback Officers)
3. The Customer Feedback Team are offering the opportunity to managers to further develop their skills by carrying out Stage 2 investigations about a different service under the guidance and coaching of a customer Feedback Officer . (To 31/03/2016 Customer Feedback Officers)

## Legal and Democratic Services

<b>Whistleblowing Allegations received (trend) [Corporate]</b>	<b>No.</b>	<b>9.00</b>	<b>Trend</b>
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#### Position:

5 whistleblowing allegations were received between July - September, making a total of 9 since April this year. There is an increasing trend: during 2014/15, 7 whistleblowing allegations in total were received and investigated.

This indicator is set up to measure the trend of the numbers of whistleblowing allegations received and as such has no target set for the year. It is a local measure, there is no comparator information available.

#### Commentary:

All whistleblowing allegations received have been or are being investigated. A report was submitted to Audit & Standards Committee with proposals to improve operation of system. A publicity campaign was undertaken over May, June and July 2015 as part of an initiative led by Internal Audit. Measurement of whistleblowing in the council is now more robust and continues to be improved; we have more reliable data, better monitoring, better publicity and greater numbers of allegations received.

#### Actions:

- 1) Further publicity and monitoring of the new system will take place during the year; this will be an ongoing process through ELT briefing, messages on the website, payslips etc. (March 2016) Head of Law
- 2) Annual report to Audit & Standards Committee; the most recent was in July 2015, with the next in July 2016. Head of Law

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