APPENDIX 2

Detailed KPI report for Q2 2022/23 – Corporate KPIs linked to Corporate Plan outcomes



Brighton & Hove City Council

DRAFT Q2 2022-23 Corporate Plan - all outcomes by KPI (quarterly monitoring)

Period: Apr-22 - Sep-22

Scorecard Name 2022-23 Corporate Plan - all outcomes by KPI (quarterly monitoring)		Date From 01-Apr-2022	Date To 30-Sep-2		
INDICATOR	UNIT	TAR	GET	ACTUAL	STATUS
2022-23 Corporate Plan - A city to call home (Housing Repairs and Maintenance - % routine repairs completed on time (within 28 calendar days) [Corporate - council]	quarterl %	y monitoring) 70.	.00	51.77	RED Declining

Between April and September 2022, 51.77% of 8,029 routine repairs were completed on time (within 28 calendar days). This figure is impacted in the short term and will worsen as backlog jobs including very old non-urgent jobs from the pandemic period are completed. However, the service is operating well and dealing with a larger number of repairs month on month, which include current and backlog jobs. Standalone performance for Quarter 2 2022/23 was 58.47%, which is an improvement on the result of 44.86% during the previous quarter. Routine repairs completed between April and September 2022 took an average of 63 calendar days, and satisfaction with the standard of repair work was 98% (based on 1,140 telephone surveys for completed emergency and routine repairs).

There are currently two systems being used to compile this data as a new Housing Management system is incorporated. Therefore, this data should be treated as the best available approximation at this time.

Trend:

Jul to Sep 2022 – 58.47% of 4,077 repairs Apr to Jun 2022 – 44.86% of 3,952 repairs Jan to Mar 2022 – 53.77% of 3,861 repairs Oct to Dec 2022 – 63.65% of 3,810 repairs July to Sep 2021 – 66.58% of 3,950 repairs Apr to Jun 2021 - 69.70% of 4,081 repairs Jan to Mar 2021 - 65.90% of 3,902 repairs Oct to Dec 2020 – 77.00% of 2,874 repairs Jul to Sep 2020 – 71.40% of 2,636 repairs

Previous year's results: 2021/22: 63.53% 2020/21: 70.81% 2019/20: 85.71% 2018/19: 90.88% 2017/18: 91.01% The target of 70% has been set to improve upon performance during 2021/22.

Commentary:

Performance will continue to be impacted as the back log from the pandemic and service transition is reduced and old jobs are counted, particularly routine repairs completed on time. However, customer satisfaction for completed repairs remains high.

Sub-contractors have been mobilised to increase capacity. Additional resources are currently being recruited to in the repairs to address a backlog of repairs that built-up over the pandemic, although this is now reducing. The additional resource will aim to get the service back to the pre-pandemic position with works in progress.

The service has managed to operate well despite these challenges and continues to deal with approximately 3,000 repairs and 8,000 telephone calls a month.

Actions:

1. Complete remaining recruitment (Head of Repairs Service, Nov 22)

2. Assess further procurement options for the appointment of further sub-contractor resource (Head of

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Repairs Service, Dec 22)				
The number of affordable homes delivered per year - new build and conversions [Corporate - city]	No.	887.00	774.00	AMBER Improving

At the end of September 2022, 774 affordable homes are projected to delivered during the 2022/23 financial year. Of these, 164 (21%) are council homes and 610 (79%) are registered provider (RP) / other provider homes, with 372 homes (48%) for rent and 402 homes (52%) for shared ownership.

The annual trend is as follows: 2022/23 – 774 (annual projection) 2021/22 – 183 (delivery) 2020/21 – 192 (delivery) 2019/20 – 164 (delivery) 2018/19 – 142 (delivery)

The latest 2022/23 annual projection of 774 would be an improvement upon the 2021/22 result of 183. However, the actual result may be lower given that completion of some developments could be pushed into the next financial year.

The target for 2022/23 has been set at 887 in line with an earlier projection at the start of the year. Current projected performance is 113 homes below the target.

The overall aim is to increase the number of affordable homes delivered towards the Corporate Plan objectives to deliver 800 additional council homes and 700 other additional affordable homes over four years between 2020 and 2023 (375 total new affordable homes per year).

Commentary:

The council has a housing supply programme which covers a range of initiatives to deliver new affordable homes and meet the commitments in the work plan. The supply programmes include: • New Homes for Neighbourhoods - 42 homes are due to be completed in 2022/23 with 7 homes due to start on site in 2022/23. A planning application is due to be considered this autumn for our largest scheme to date at Moulsecoomb which will deliver over 200 homes

• Hidden Homes and council owned temporary accommodation – 3 homes are due for completion in 2022/23. A 5 year programme for future hidden homes is in development

• Home Purchase Policy – through the buy back of former council homes 107 homes are due to be brought in 2022/23.

• Purchasing 12 homes through the MHCLG Rough Sleepers Accommodation Programme for former rough sleepers in 2022/23

• Delivering new homes in the city through 'Homes for Brighton & Hove' the partnership with Hyde to deliver 1,000 new lower cost homes for rental and sale. Two schemes are now on site which will deliver 242 new homes in Coldean Lane and 104 homes at the former Belgrave Centre, Portslade. Homes will be completed in phases from 2023 with the final phase due in May 2024.

In addition, the council continues to promote the delivery of new affordable homes through:
Monitoring and reviewing the Affordable Housing Development Programme through the Affordable Housing Delivery Partnership with partner registered providers and Homes England liaison meetings.

• Working with Planning through the planning process to maximise delivery of affordable housing homes within developments in the city.

• Agreeing a new Affordable Housing Brief in January 2022 which sets out the development requirements for new housing sites. This update takes account of national planning changes including the introduction of First Homes and City Plan Part 2.

• Working with the Brighton & Hove Community Land Trust to identify sites and develop schemes for community led housing in the city. Housing Committee approval has been received for schemes at Dunster Close, Hinton Close and Natal Road. Discussions on further sites are in progress.

A Strategic Housing Needs Market Assessment was commissioned in September 2022

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Actions: Review outcomes from Strategic Housing Ma Team, January 2023)	arket Assessmer	nt (Strategic Housing	& Developmer	nt
% of HMOs where all special conditions have been met (for licences issued over 12 months ago) [Corporate - council]	%	58.00	62.92 I	GREEN mproving

As of end June 2022, 62.92% of houses in multiple occupation (HMOs) have met all special conditions after 12 months of their licence being issued (1,205 of 1,915 applicable HMOs).

There are 3,527 fully licenced HMOs citywide, including those which were issued licenses without special conditions and/or less than 12 months ago. An additional 560 are at application and draft licence stage.

Performance is up on the previous quarter, when it was 59.59%. The target of 58% is a graduated reduction of approximately 1 percentage point per quarter working towards the 2022/23 annual target of 60%. The annual target was set to improve upon 2021/22 performance.

Trend:

Mar 2020 - 49.79% Mar 2021 - 46.86% Jun 2021 - 52.38% Sep 2021 - 53.05% Dec 2021 - 52.97% Mar 2022 - 56.50% Jun 2022 - 59.59% Sep 2022 - 62.92%

Commentary:

Resource has been dedicated to prioritise this work, leading to the continuing percentage rise. Further resource has now been allocated to increase this further, with a view to having achieved compliance with all HMOs in the Additional Licensing Scheme by its end date of Mar 23.

Actions:

1. Monitor progress with Additional Licences in particular adding sufficient resource to complete work in the Additional Scheme by the end date (Private Sector Housing Manager, ongoing)

2. Monitor progress with compliance with HMOs in the Mandatory HMO licensing Scheme to continue to increase percentage compliance. (Private Sector Housing Manager, ongoing)

The number of households where homelessness was prevented due to	No.	424.00	419.00 AMBER
casework by the council and partner agencies [Corporate - city]			Improving

Position:

Between April and June 2022, 419 households had their homelessness prevented through casework by the council (105) or partner agencies (314). Of the 105 council cases, 42 were at the prevention duty stage, 46 were at the relief duty stage and 17 were at the early intervention stage. Quarter 1 2022/23 (April and June 2022) is the latest full quarter available.

Annual trend (full year): 2017/18 result – 1,893 2018/19 result – 1,695 2019/20 result – 1,727

INDICATOR

2020/21 result – 1,676 2021/22 result – 1,680

Stand-alone quarter trend:

Apr-Jun 2020 – 522 (163 council and 359 partners) Jul-Sep 2020 – 313 (163 council and 150 partners) Oct-Dec 2020 – 447 (158 council and 289 partners) Jan-Mar 2021 – 394 (114 council and 280 partners) Apr-Jun 2021 – 404 (116 council and 288 partners) Jul-Sep 2021 – 459 (143 council and 316 partners) Oct-Dec 2021 – 401 (93 council and 308 partners) Jan-Mar 2022 – 416 (115 council and 301 partners) Apr-Jun 2022 – 419 (105 council and 314 partners)

The year-to-date target of 424 is a graduated increase of approximately 424 per quarter working towards the 2022/23 annual target of 1,695. Latest performance of 419 is therefore near target. The annual target of 1,695 has been set for 2022/23 with the aim of returning to 2018/19 levels in the face of Covid and non-Covid related uncertainties and challenges currently faced in service funding, housing and welfare sector (eg universal credit). This is expected to be a significant challenge. Comparator data is unavailable because the Government 'Live tables on homelessness' datasets from the Ministry of Housing, Communities & Local Government include only council cases at the prevention and relief duty stages, and do not include council early intervention or partner agency cases.

UNIT

Commentary:

Due to the period of Covid-19, pandemic statutory prevention outcomes have not yet recovered to pre pandemic rates, although we have seen a reduction in overall numbers in the last period. The lifting of the moratorium on evictions and the emerging cost of living crisis, as well as on-going affordability challenges, will continue to put pressure on households in the city and may lead to an increase in demand on housing services. The proposed reforms to ending Section 21 (no fault evictions) should also provide another key route of engaging with the private sector to prevent evictions which then drive presentations to homeless services.

Going forwards the council is working with private landlords to be notified ahead of evictions to focus on prevention and also to expand the number of households that can move into this sector and avoid homelessness.

The service meets regularly with landlords and letting agents in the city and the Greater Brighton area. Developing closer working with landlords and letting agents in the city is core to the Housing Options service offer.

Our homeless transformation programme continues to look at all aspects of our service including how we best prevent homelessness and enable move on. It is also essential we continue to work with our internal partners, commissioned services, third sector and voluntary agencies to identify need and improve prevention outcomes for vulnerable households.

Actions:

1. Continue to transform and develop the service, building on the opportunities and positives provided by the pandemic response. This will encompass a review of the service structure. (Head of Homelessness & Housing Options, March 2023)

 Continue to work with internal and external partners to reset services following the pandemic to focus on prevention and early intervention. (Head of Homelessness & Housing Options, March 2023)
 Continue to meet with landlords and letting agents in the city to develop closer working. (Head of Temporary Accommodation & Allocations March 2023)

Housing Tenants: Rent collected as % of rent due [Corporate - council]	%	96.65	94.58 RED
			Declining

ACTUAL

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
As of September 2022, the rent collect 2022/23 financial year. This would and September 2022 = 94.58% (annual for June 2022 = 95.32% (annual forecast) Mar 2022 = 95.66% (actual) Sep 2021 = 96.16% (provisional annua Jun 2021 = 96.38% (annual forecast) Performance has decreased by 1.08 p 2.07 percentage points below the targe	ount to £55,488,221 colle recast) al forecast) ercentage points compar	ected during the fir	nancial year.	
Commentary: As of September 2022, the rent collect 2022/23 financial year. This would and target collection rate is 96.65%. The in challenge. At the end of September 20 Universal Credit based on a mixture of (APAs) from the Department for Work a accounts are 59% of total arrears, althe Actions arising from the income busine restructure delivered as below. The new IT system is being embedded Income Management Team are being n which automatically impacts arrears. Collection rates should improve followi structure, a Housing Income Manager now in a position to start serving NOSF rent collected.	ount to £55,488,221 colle npact of Universal Credit 022, 30% of tenancies are self-reporting and data of and Pensions (DWP). Th ough UC is just one facto ess review include the IT d to track and manage are recruited to, and there is ing the implementation of was recruited and in pos	ected during the fir (UC) on tenants' i e thought have sor on Alternative Pay le combined arrea or behind arrears le system and Housi rears, seven vaca increasing uptake the new Housing t in September 20	nancial year. Th ncomes remain meone claiming ment Arrangem rs on their rent evels. ing Managemer ncies in the Hou in Universal Cr Management 22. The service	e is a ents nt using redit, is also

Deliver the actions arising from the income business review (Head of Tenancy Services, Mar 23)
 2.

% of the council's homes that meet the government's Decent Homes	%	100.00	96.20 000 RED
Standard [Corporate - council]			Improving

Position:

As of end September 2022, 96.2 % of council housing stock passes the decent homes standard.

Trend June 2022 – 95.9% March 2022 - 95.6% December 2021 – 96.9 % September 2021 – 92.9% June 2021 – 91.88%

Previously to this the result had been 100% since September 2015. The target is to ensure that all Council homes meet the Decent Homes Standard (100% decency or 0% non-decent) throughout the year. The 2019/20 median for local authorities with at least 10,000 units was 98%.

Commentary:

The nature of the current market where there is lots of demand for trade services and not enough capacity in the market, compounded by difficulties resourcing materials has contributed to the downturn in performance of maintaining decent homes. This is a combination of demand that has built up post pandemic as well as labour and resource pressures linked with post pandemic and Brexit, as well as

other market factors. The service redesi	gn, which was delayed	l by the pandemic,	has also impact	ed the
ability to resource up to the additional as	sset surveyors required	to undertake sto	ck conditions surv	/eys.
These challenges are likely to continue i	in to the next financial	year. The service	is continuously	
exploring all options available to manage	e these challenges, pa	rticularly regarding	g recruitment and	
resourcing.				

UNIT

However, performance is improved from 12 months previously. Delivery of planned works is now ongoing following delays due to the impact of COVID-19 restrictions. Decent Homes was specifically impacted as works such as kitchens/bathrooms replacements are disruptive and involve multiple visits over a number of days, which were not always possible to undertake.

The council holds asset information for each property on its Asset Management System (Apex) including the age and condition of the individual elements such as kitchens, bathrooms and windows. This information is used to determine if a property meets the Decent Homes Standard and to help delivery teams prioritise planned improvement works. Properties can potentially become non-decent on the 1st of January each year when the age of each asset element is updated, as reflected in the guarterly figures. The budget for decent homes work is set in accordance with the Council's Housing Asset Management Strategy priority of "investing in homes and neighbourhoods". The council undertook a stock condition survey of 20% of homes in 2019/20. This data, along with additional sources such as other surveys and works completed, has then been utilised in the Asset Management software to test dwellings against the standard.

All procurement and award contracts for Housing planned works are now in place, and ongoing works are underway, as reflected in the improvement to the figures over the last year.

Actions:

INDICATOR

1. Implement a delivery programme including quarterly property completion targets to continue to address properties outside of decency (Head of Housing Investment and Asset Management, Sep 22) 2. Produce an updated property decency failure list, taking into account new failures as at January 2023 (Head of Housing Investment and Asset Management, Jan 2023)

The number of verified rough sleepers now in sustainable accommodation as a percentage of number of verified rough sleepers [Corporate - City]

%

22.00 Trend

ACTUAL

STATUS

TARGET

Decreasing trend

Position:

Between April 2022 and September 2022, 22% (46 of 208 individuals) rough sleepers identified with a move on outcome have been supported to a sustainable accommodation outcome. Performance has improved this quarter, although there have been significantly less rough sleepers identified with a move on outcome to the previous quarter.

Trend

Jul to Sep 22 – 29% (42/148) Apr to Jul 22 – 14% (16/111) Jan to March 22 - 24% (22/92) Oct to Dec 21 – 16% (21/130) Jul to Sep 21 – 31% (14/45) Apr to Jun 21 – 13.3% (10/75) Jan to March 21 – 46.9% (105/224) Oct to Dec 20 - 46.3% (63/136)

This is a baseline year for this KPI. Therefore no target is set. It is also an exceptional year because of the impact and measures put in place as a result of the pandemic and therefore would be difficult to set a target for.

No comparator data is available.

YTD outcomes for 208 rough sleepers identified with a move on outcome :

46 (22%): Positive – Sustainable accommodation

77 (37%): Positive - Temporary accommodation (mainly COVID hotels, emergency placement, and NSNO)

22 (11%): Negative – the large majority of which disengaged/lost contact, 5 arrested/prison, 8 unknown, returned to rough sleeping, moved from area (not confirmed).

63 (30%): Neutral – majority went to hospital

Commentary:

INDICATOR

Rough sleepers identified over the last two quarters is high, which is line with the seasonal trend for Brighton and Hove and it is positive to see that almost a third of those identified have been placed in sustainable accommodation.

There are pathways in place that enable rough sleepers to recover and to achieve independent living. These include:

- to move from supported accommodation into private rented accommodation thereby freeing up supported accommodation for those who need to move in.

- Increase in Housing First and Housing Led (programmes) which provide independent living with floating support.

- A further 30 units of Housing Led support will be delivered across 21/22 and 22/23 (18 funded via Housing Revenue Budget and 12 via RSAP)

- 30 units acquired under 10-year leases for a Rapid Rehousing Scheme for rough sleepers who have a lower support need. All units now being utilised and lived in.

- Private Rented Sector accommodation (PRS) access will been increased across this year via a DLUHC grant to increase opportunities for people to move into the private sector.

There is currently an unprecedented level of demand for higher needs supported accommodation, which is still increasing post pandemic. This is impacting flow both in and out of the pathway, resulting in delays in move on into sustainable accommodation. In order to address this demand in the interim, the council will increase the supply of high needs supported accommodation through the Rough Sleeper Initiative 2022-2025 (RSI5) funding proposal prior to the planned evaluation and recommissioning of supported accommodation in 2023-24, which was successfully applied for. This will provide an additional 45 units of higher needs supported accommodation.

Additional accommodation units in Rough Sleeping Initiative and Rough Sleeper Accommodation Programmes (RSI5) are mobilising currently.

Performance on move on into sustainable accommodation is monitored regularly, particularly is response to the effectiveness of the Housing Led programme.

Actions:

 Continue to mobilise the additional accommodation units in Rough Sleeping Initiative 22-25 Programme (RSI5) (Head of TA and Supported Accommodation, Mar 23)
 Monitor performance on move on into sustainable accommodation (Head of TA & Supported Accommodation, ongoing)

Total number of households in Temporary Accommodation on last	No.	1,800.00	1,809.00	AMBER
day of the period [Corporate - council]				Improving

Total number of households in Temporary Accommodation on last day of the period [Corporate - council]

Position:

There were 1,809 households in temporary accommodation (TA) at the end of September 2022. This is a reduction of 81 households since the end of March 2022.

Please note the data reported after March 2020 has been revised to include the additional people accommodated resulting from the Everyone In government directive, which is aimed to house all rough sleepers and those in congregate accommodation to reduce the spread and risk of spread of

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
COVID-19.				
Trand				
Trend: Sen 2022 – 1 809				

Sep 2022 - 1,809Jun 2022 - 1,806Mar 2022 - 1,890Dec 2021 - 1,965Sep 2021 - 2,012June 2021 - 2,113Mar 2021 - 2,111Mar 2020 - 1,505Mar 2019 - 1,495Mar 2018 - 1,703

The target of 1,800 is a graduated reduction of approximately 50 households per quarter towards the annual target of 1,700. The annual target set is halfway between 2018/19 figures and the 2021/22 annual result. This is to take account of the current position and housing market; potential demand and move on options available.

Commentary:

There has been a significant reduction in the number of households in temporary accommodation over the past 12 months, from 1,999 in October 2021, to 1,809 at the end of September 2022. Most importantly, this reduction has largely been driven by a reduction in Emergency Accommodation, from 730 to 524, over the same period. Emergency Accommodation is the less secure component of temporary accommodation, and also the most expensive.

Although, at Q2 we are slightly above the TA target figure (1,809 compared to a target of 1.800), it is the reduction in Emergency Accommodation numbers that has the biggest impact. It should also be noted that during Q2 the service had to response to several emergencies, and typically the number of households experiencing homelessness tend to increase over the summer months.

A new pilot, focussing on prevention, is being trialled, starting in September 2022.

During Q2, 110 homeless households have moved from temporary accommodation into secure social housing.

During Q2, 57 households have been supported to secure settled accommodation in the private rented sector.

Actions:

1. Complete transformation of the service, focusing on prevention and based on customer journeys (AD Housing Needs & Supply, April 2023)

2022-23 Corporate Plan - A city working for all (quarterly monitoring)

The speed of determining	%	88.80	91.04	
applications for major development				GREEN
[Corporate - council]				Declining

Position:

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

The trend of the 24-month rolling result is a positive one as shown below: Sep 2020 = 91.57% (76 applications determined in time; 83 applications determined) Dec 2020 = 90.70% (78 applications determined in time; 86 applications determined)

Mar 2021 = 90.80% (79 applications determined in time; 87 applications determined)

Jun 2021 = 92.22% (83 applications determined in time; 90 applications determined)

Sep 2021 = 93.98% (78 applications determined in time; 83 applications determined)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Mar 2022 = 92.50% (74 applications determ	nined in time; 80 a	pplications determin	ed)	
Jun 2022 = 93.83% (76 applications determ	nined in time: 81 ar	oplications determin	ed)	

Sep 2022 = 91.04% (61 applications determined in time; 67 applications determined)

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

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

Commentary:

The local target for determining major applications within 13 weeks (88.5%) is set significantly higher than the national target (60%), to reflect CIPFA comparators. This has been met consistently since at least September 2019, despite application numbers increasing. The recent quarter has continued this trend, with 91.04% of the previous 24 months' major applications determined on time. While a slight drop on the previous month, it is a significant achievement, and a reflection of case officers improving communication with applicants, and using a more rigorous 'project management approach' to identify key milestones/dates and what is needed to achieve them.

Actions:

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

2) Work on streamlining PPAs and the pre-app process to encourage developers to use the process. This will mean applications are more likely to be right first time before the formal process of the application commences and to avoid delays in the application through negotiation and amendments as much as possible. (Planning Managers, Service Development Manager & Major Apps Team Leaders, Ongoing)

3) Continue to monitor performance (Planning Managers & Major Apps Team Leaders, ongoing)
4) With assistance from the Service Development Manager, implement project management approach to dealing with major applications to assist with processing of applications and reflection on how to improve to ensure performance is maintained. (Planning Managers, ongoing from June 2020).

The speed of determining applications for non-major	%	86.90	91.05	GREEN
development [Corporate - council]			h	mproving

Position:

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

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

Sep 2020 = 86.91% (3252 applications in time; 3742 applications determined)

Dec 2020 = 88.91% (3271 applications in time; 3679 applications determined)

Mar 2021 = 89.56% (3304 applications in time; 3689 applications determined)

Jun 2021 = 90.17% (3431 applications in time; 3805 applications determined)

Sep 2021 = 90.04% (3480 applications in time; 3865 applications determined)

Dec 2021 = 89.76% (3420 applications in time; 3810 applications determined)

Mar 2022 = 90.31% (3421 applications in time; 3788 applications determined)

Jun 2022 = 90.48% (3451 applications in time; 3814 applications determined) Sep 2022 = 91.05% (3471 applications in time; 3812 applications determined)

The target of 86.1% has been set using the average of our CIPFA nearest neighbours.

The government minimum standard for the speed of determining applications for non-major development is 70%.

Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State. Commentary:

The performance at the end of September continues to exceed the average of our CIPFA comparators of 86.1%, achieving 91.05% - an improvement on 90.48%, which we achieved at the end of quarter 1.

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

UNIT

In January 2019, the team introduced a monthly target which set achievable targets per month to achieve 75% by the end of September 2019. This has been reviewed every September to ensure performance improved and now maintained. Team Leaders are working with case officers on an individual basis and producing action plans to improve performance and to ensure their individual monthly target is met, which ensures the monthly team target is met.

In November 2019, the service engaged a third party to process 160 of the oldest applications from the service to enable officers to focus on working on the applications as they are submitted to avoid further delays and an increase in the number of applications that are out of time. Over the last year, the on hand number of applications has remained stable at around 700 which enables case officers to negotiate, identify straight forward applications and ensure decisions are issued in a timely manner. The reduction in the on-hand figure of applications has meant case officers can add value to the service provided, seek amendments to schemes, which reduces the refusal rate and appeal rates of the service.

In February 2020, the service introduced key tasks within the process that case officers need to carry out, such as initial checks on receipt of an application and a 5 or 8 week proactive update. Both of these tasks are intended to assist with issuing more timely decisions and enable officers to manage their work more effectively as well as improving customer care. Monitoring reports were developed and introduced in September 2020, which helps to identify those case officers that may need additional support in meeting these tasks.

Actions:

1. Continue to work with case officers to implement key tasks to the process to ensure timely decisions (Team Leaders, ongoing)

2. Continue work to implement electronic working and improve the electronic work flow system -Enterprise (Information Manager, Planning Managers & Team Leaders, ongoing)

3. Refusal project part 3 and implement action plan (Planning Managers & Team Leaders, January 2023)

4. Ensure staff are working towards quantitative and qualitative measures identified in Performance Development Plans (PDPs), continual review in 121s, which will support staff to increase throughput of applications (Planning Managers/Team Leaders, on-going)

5. Monitor the indicators which have been introduced to capture success of initial checks and 5 week updates to applicants/agents (Planning Managers, on-going)

% major planning application	%	1.90	0.00	
decisions that are overturned at				GREEN
appeal [Corporate - council]				No change

Position:

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

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

The trend of the 24-month result is:

Jun 2020 = 1.33% (Overturned at appeal = 1, Total decisions = 75)
Sep 2020 = 1.22% (Overturned at appeal = 1, Total decisions = 82)
Dec 2020 = 2.35% (Overturned at appeal = 2, Total decisions = 85)
Mar 2021 = 1.15% (Overturned at appeal = 1, Total decisions = 87)
Jun 2021 = 1.11% (Overturned at appeal = 1, Total decisions = 89)
Sep 2021 = 0.00% (Overturned at appeal = 0, Total decisions = 82)
Dec 2021 = 0.00% (Overturned at appeal = 0, Total decisions = 78)
Mar 2022 = 0.00% (Overturned at appeal = 0, Total decisions = 80)
Jun 2022 = 0.00% (Overturned at appeal = 0, Total decisions = 81)

INDICATOR UNIT TARGET ACTUAL STATU	ับร
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Sep 2022 = 0.00% (Overturned at appeal = 0, Total decisions = 67)

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

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

Commentary:

The latest figure continues to show that since September 2019, no major applications have been overturned on appeal. This is a significant achievement for the service which prior to the previous quarter, had not been achieved since the government began to use this indicator in 2018, at which point the figure was 5.24%. The overturn rate has declined steadily since 2018, despite the increase in application numbers. A number of measures have fed into this, including an improved pre-application service, increased negotiation and officer communication, and the wider work on providing a positive, engaged planning service. In addition, increased efficiencies introduced through improved use of Uniform (planning database) packages and continuing to implement measures identified in the BPI review will improve the service. The new pre-application service has been relaunched (January 2022), with revised procedures and templates for advice given, with the feedback from agents and officers, to date, being uniformly positive, but this will be monitored in the coming year.

Actions:

 Continuing to invest officer time in pre-application discussions and Planning Performance Agreements (PPAs) to ensure schemes are submitted which are likely to result in a favourable recommendation, to reduce the number of refusals and appeals (Planning Managers, ongoing);
 Implement and monitor the new the pre-application process (Planning Managers & Team Leaders (ongoing);

3) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Managers, ongoing);

4) Review appeal decisions collectively at joint team meetings to enable reflection and learning of appeal decisions (Principal Planning Officers and Team Leaders, ongoing);

5) Bespoke, in-house appeal training (Team Leaders, delayed due to Covid – January 2023);

6) Review of refusals project (Planning Managers – Stages 1 and 2 completed, measures being implemented, third stage to be carried out).

% non-major planning application	%	0.90	1.10
decisions that are overturned at			AMBER
appeal [Corporate - council]			Improving

Position:

This indicator measures the 24 month rolling result for the percentage of the total number of decisions made by the authority on applications for non-major development that are then subsequently overturned at appeal, once nine months have elapsed following the end of the assessment period. The nine months specified in the measure enables appeals to pass through the system and be decided for most decisions on planning applications made during the assessment period. The trend of the 24-month result is:

Jun 2020 = 2.60% (Overturned at appeal = 98, Total decisions = 3771) Sep 2020 = 2.62% (Overturned at appeal = 99, Total decisions = 3778) Dec 2020 = 2.56% (Overturned at appeal = 95, Total decisions = 3707) Mar 2021 = 2.18% (Overturned at appeal = 81, Total decisions = 3697) Jun 2021 = 2.12% (Overturned at appeal = 81, Total decisions = 3815) Sep 2021 = 1.78% (Overturned at appeal = 69, Total decisions = 3865) Dec 2021 = 1.55% (Overturned at appeal = 59, Total decisions = 3810) Mar 2022 = 1.42% (Overturned at appeal = 54, Total decisions = 3788) Jun 2022 = 1.18% (Overturned at appeal = 45, Total decisions = 3814) Sep 2022 = 1.10% (Overturned at appeal = 42, Total decisions = 3812)

INDICATOR	UNIT	TARGET	ACTUAL

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

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

Commentary:

Reducing the on-hand number of applications, the introduction of customer service standards in October 2017, which included proactive feedback and offering increased opportunities to amend applications has meant officers have had more time to negotiate on applications and result in a positive decision. This coupled with the re-introduction of a new, improved pre-application service in January 2022 to ensure the responses provided are more meaningful and helpful has meant applications are more likely to be acceptable on submission, therefore reducing the refusal rate and number of appeals. During the last quarter of 2020 – 2021, individual performance targets of case officers have been updated to include the completion of pre-app. This has meant that pre-apps are prioritised in the same way as applications, therefore improving the timeliness of the pre-app responses. An improved pre-app service, will encourage increased participation and increased use of the service will improve the quality of schemes submitted, ensure schemes are right first time, which will reduce the number of refusals and appeals.

A review of decisions, to reduce the refusal rate and improve appeal performance commenced in the spring of 2021. This included a review of all refusals of planning applications that were determined between 1 April 2021 and mid June 2021. The findings of the Phase 1 review identified a number of actions, which included a phase 2 and a close look at individual officers that had a higher refusal rate than the average refusal rate for 2020 – 2021. The Planning Managers completed phase 2 in March 2022 and have now implemented the findings.

Actions:

1) Monitor the effectiveness of the pre-app service, continual monitoring of officer performance and review the effectiveness of the re-launched service by seeking feedback from customers (Planning Managers, December 2022);

2) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making and provide feedback to case officers at Planning Committee De-briefing (Planning Managers & Team Leaders, ongoing);

2022-23 Corporate Plan - A growing and learning city (quarterly monitoring)

Number of children in care	No.	385.00	Trend
[Corporate - council]		Decrea	sing trend

Position:

There are 385 children in care (CIC) in Brighton and Hove as at 30th September 2022. Quarter-by-quarter trend Sep 2022 - 385 Jun 2022 - 401 Mar 2022 - 401 Dec 2021 - 405 Sep 2021 - 398 Jun 2021 - 385 Mar 2021 - 374 Dec 2020 - 382 Sep 2020 - 389 Jun 2020 - 371 Annual trend Mar 2022 - 401 Mar 2021 - 374 **STATUS**

INDICATOR

Mar 2020 - 379 Mar 2019 - 393 Mar 2018 - 418

At the start of the Covid-19 pandemic at March 2020, there were 372 379? Children in Care - 340 excluding Unaccompanied Asylum-Seeking Children (UASC).

UNIT

ACTUAL

STATUS

TARGET

The CIC rate per 10,000 is 76.6 at September 2022, down from 80 per 10,000 at June 2022. This is above the March 2021 contextual neighbour average (72.4), the national average (67), Southeast average (53) and statistical neighbour average (66.6).

There are 42 UASC in care (10.9% of the total), up from 38 (9.4%) at June 2022. The number of CiC excluding UASC is 343, down from 364 at June 22

Commentary:

The number of children in care has reduced by 16 children from the last quarter, which is positive but this is in the context of a rise in numbers since the beginning of the pandemic.

Overall, as numbers of CIC are stabilising below the 400 mark , performance continues to be a reflection to a degree, of the ongoing success of the model of social work practice, as it is embedded in day-to-day social work practice with children and families to keep children safe within their families, and a high number of young people have successfully been supported to remain in the family home, despite the above pressures. In addition there has been some movement with care proceedings concluding . It is also likely to reflect the current placement sufficiency crisis where there simply are no placements available and hence children are remaining in their family networks with safety and support plans in place to try and mitigate the risks.

The overall increase in CIC numbers is reflected nationally and is as a result of different factors that are part of impact of the pandemic on families. Local authorities across the country like us are seeking a slowdown in the number of children leaving care, due to delays in the court systems, pressure on families and a reduction in reunification home, alongside this increased mental health, both parental and young people, which is leading to increased pressure on families and children coming into care. An ongoing impact has been the growth of EHCP plans and the impact of the increased prevalence of children with diagnosis of autism and SEN , which are factors resulting in increased pressure on families. The increase in adolescent mental health has also led to an increased number needing hospital admission, with requests upon discharge to move them into the care of the local authority due to their level of need.

Part of the increase is also in the context that our UASC numbers are now at 42 UASC in our care- but this will reduce again in the coming months as 5 care leavers reach their 18th birthday. In addition a decision has to be reached about the implementation of National Transfer Scheme target changing from 0.07% target of 35, to 0.1% which is 50 children. It is also noted that the previous slowdown in the presentation of spontaneous arrivals in the city has changed again with 3 spontaneous arrivals in the last month.

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

Actions:

1. Children's Services Entry to Care Panel to continue to review admissions for children into care to ensure that alternatives to care are vigorously explored where it is safe to do so. (Assistant Director Children's Health Safeguarding & Care, Review, December 2022)

2. Continued monitoring of data relating to UASC numbers and decisions re NTS targets (Assistant Director, Safeguarding and Care, December 2022)

Strengthening Family Assessments - % completed within 45 days	%	87.60	81.00 RED
[Corporate - council]			Declining

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Desition:				

81% of Strengthening Family Assessments (previously Single Assessments) completed were completed within the maximum duration of 45 working days in the year ending September 2022 a decreased from 83.5% in June 2022 (rolling year figure).

The target has been set at 87.6% which is the 2020/21 national average.

The majority of SFAs (79.3%) are still being completed within 35 days, indicating many assessments are still occurring in a timely manner and children needs are being assessed promptly.

Trend

Jul to Sep - 2022 - 77.8% Apr To Jun – 2022 – 79.2% Jan to Mar 2022 - 83.5% Oct to Dec 2021 - not available due to system data migration July to Sep 2021 – 85.5% Apr to Jun 2021 – 92.3% Jan to Mar 2021 - 89.7% Oct to Dec 2020 - 92.4% Jul to Sep 2020 - 92.4% Apr to Jun 2020 – 90.2% Jan to Mar 2020 - 87.4% Oct to Dec 2019 - 89.6% Jul to Sep 2019 – 92.5% Apr to Jun 2019 - 90.4%

Commentary:

The rolling year performance remains below the overall target of 87.6% and below our statistical neighbour averages of 82.6%. Assessments completed in time remains on a downward trajectory which is concerning. The injection of ASYE Social Workers to understaffed Pods has not had an impact yet as they start in October. The Senior Leadership Team continue to focus on ensuring Pod managers are completing initial assessments in timescales and are addressing timeliness issues in specific Pods.

Actions:

1. Pod managers to continue to ensure that SFAs are completed within timescales (Head of Service FDFF & SW Pods 2-5, on-going) 2. Continued monitoring of Pod performance and feedback to be maintained (Head of Service FDFF & SW Pods 2-5, on-going) 3. Recruitment of ASYE Social Workers (Head of Service FDFF & SW Pods 2-5, Oct 22) 66.00 46.83 % % of Education, Health & Care Plans (EHCPs) issued within 20 weeks

including exceptions [Corporate council]

Declining

Position:

96 of 205 (46.83%) EHC Plans issued between April 2022 and September 2022 met the 20-week timescale when including exceptions. Exceptions are when EHC plan production timescales overlap with school holiday periods, causing delays outside of control within the service.

Trend July to Sept 2022 - 72 of 123 (58.5%) Apr to Jun 2022 - 24 of 82 (29.3%) Jan to Mar 2022 – 35 of 51 (68.6%) Oct to Dec 2021 - 29 of 45 (64.4%) July to Sept 2021 - 57 of 90 (63.3%)

2021/22 performance was 192 on time out of 272 (70.6%).

UNIT

2020/21 performance was 159 on time out of 255 (62.4%).

The 2021 calendar year statistical neighbour average was 69.92%. The equivalent national rate result was 59.90%.

96 of 192 (50%) EHC Plans issued between April and September 2022 met the 20-week timescale when excluding exceptions. This shows slightly better performance than including exceptions and this gives a truer indication of performance as exceptions are outside of the council's control.

Progress to date:

There has been an unprecedented increase in the number of EHC needs assessments requested and this has come at a time when there has been reduced capacity in the SEN support services such as BHISS and Speech and Language Therapy. The SEN team has also had reduced staffing capacity. Other contributing factors included lack of specialist placements available in the city.

The increased demand is due to a backlog of cases resulting from the pandemic. The lack of capacity across support services and within the service is due to a recruitment crisis across the board, including educational psychologists, speech and language therapists, and teaching assistants. The lack of early help and intervention support and SEN support services has meant that cases have been escalated to a statutory level, which is compounding the demand on the SEN services.

There is limited scope to influence changes with the current situation within the service. However, all action that can be taken by the SEN team to drive performance is underway, including increasing the capacity of the SEN service, undertaking a service redesign, which is currently under a 30-day consultation. Priority 6 of the SEND strategy - SEND sufficiency - is underway which aims to increase the sufficiency of SEND services and provision, which includes opening new facilities and increasing SEND provision in schools.

Actions:

1. Undertake consultation with staff for service redesign (Head of SEN Statutory Service, Nov 22)

2. Implement service redesign and recruit to all required posts (Head of SEN Statutory Service, Feb 22)

2022-23 Corporate Plan - A sustainable city (quarterly monitoring)

% of household waste sent for	%	36.20	29.50	
reuse, recycling and composting (3				AMBER
month lag) [Corporate - council]				Declining

Position:

Please note, there is a three-month lag time in reporting this data. Therefore, the 29.5% represents April 2022 to June 2022. Please note, below are YTD cumulative totals after each quarter: 2019/20: Q4 - 29.4% 2020/21: Q1 - 29.5%, Q2 - 29.8%, Q3 - 29.3% and Q4 - 29.2% 2021/22: Q1 - 30.5%, Q2 - 30.7%, Q3 - 30.1% and Q4 - 30.1% 2022/23: Q1 - 29.5%

The 2021/22 outturn has been published by Defra. BHCC's recycling rate was 30.1% - this is an increase from 29.2% in 2020/21.

The target of 36.2% is set at the average recycling rate of our 16 CIPFA nearest neighbour council comparators for the calendar year 2021.

The 2021/22 landfill rate was 0.75%. This continues the trend of reducing the volume of waste which is sent to landfill: 2020/21 = 1.2%; 2021/22 = 0.8%

Commentary:

Recycling rates are dependent on a number of factors, including that there are currently no large-scale 'end markets' to collect low grade plastics. This means comparison with other local authorities can sometimes be misleading. While some do collect more materials and state a higher rate of recycling than BHCC, these materials can be exported abroad and some of it has been shown to go to landfill in

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
these countries.				

Our waste and recycling processes are as follows:

All recycling (including recyclable plastics like bottles) is generally around 30%

Ordinary waste that cannot be recycled, including Polytrimethylene terephthalate (PTT) plastics amounts to around 68%. These items are taken to our Energy Recovery Facility and transformed into energy which powers 25,000 Sussex homes

Landfill - (strictly only things that cannot be recycled or turned into energy) around 2%, which is one of the lowest in the UK

The council working hard to improve the number of items collected for recycling overall and is working with partners across our city to create positive change and reduce waste, particularly single use plastic. In addition, many projects within the Improvement Programme will have an impact on the percentage of waste sent for reuse, recycling and composting:

• The Managing Waste Responsibly Project is improving how the council communicates with and educates the city on recycling. Through collaboration with stakeholders, activities and resources will be designed to improve the city's recycling rates.

· Improvements to the communal bin system will enable residents to recycle more

Recent actions delivered include:

- Launched BLUEPRINT circular economy champions
- Held two community pop events with a focus on textiles and food waste
- Planning two further community pop up events to focus on electronics and household recycling
- Developing a digital app to encourage users to waste less, reuse, repair and recycle more
- Joint work with communications team to highlight and educate around specific issues resulting in contamination of waste streams

Keep Britain Tidy Student Waste research project – delivery of research and recommendations for BHCC.

Developing a trial to standardise the communal bin system in Brunswick & Adelaide and Regency wards, placing refuse, recycling and glass containers at each site

Supporting the introduction of new community composting schemes at Lynchet Close, Princes

Terrace, Adelaide Crescent, Wish Park, Hollingdean Community Centre, as well as additional bins at existing sites.

Awaiting outcomes of government consultations on the Environment Bill.

Received draft feasibility study of the material recovery facility to inform options for accepting new materials

- Identifying transfer station for food waste
- Drafted business case for CMDB on project support to take this work forward

Actions:

1. Improve the collections of domestic recycling through the Keeping the City Clean Review (Head of Operations and Head of Strategy & Service Improvement, December 2022)

2. Deliver Managing Waste Responsibly Project (Head of Strategy & Service Improvement, March 2022)

3. Deliver Digital Cityclean Project (Head of Operations and Head of Strategy & Service Improvement, September 2023)

% of municipal waste landfilled (3	%	0.90	1.20	
month lag) [Corporate - council]				AMBER

Position:

Between April 2022 and June 2022 - 1.12% of municipal waste went to landfill. Average for 2021/22 was 0.8%.

The trend of this result on a quarterly basis to allow comparison of like periods year on year is presented below. Please note - below are YTD cumulative totals after each quarter:

Improving

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
2019/20 Q1 2.2%, Q2 2.6%, Q3 2.6%, Q4 2.7%				
2020/21 Q1 2.5%, Q2 3.0%, Q3 0.5%, Q4 0.8%				
2021/22 Q1 1.3%, Q2 0.5%, Q3 0.7%, Q4 0.8%				
2022/22 Q1 1.2%				

The annual trend for this KPI is: 2017/18 = 5.3% 2018/19 = 4.0% 2019/20 = 2.5% 2020/21 = 1.2% 2021/22 = 0.75%

The target was set at 0.9% to maintain our performance in 2021/22 (based on Apr-Dec data). Brighton & Hove performs better than our comparator group councils average performance for 12 months to September 2020 of 10.4%.

Commentary

Please note, there is a three-month lag time in reporting this data. Therefore, the 1.2% represents April to June 2022.

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

Activities within the Programme will have an impact on the percentage of waste landfilled. For example, the Managing Waste Responsibly Project will encourage residents to reduce, reuse or recycle before disposing of waste. This will reduce the waste sent to landfill.

Since April 2020, the disposal of bulky waste has changed, with more of the waste shredded and sent to energy recovery. Since January 2021, the bulky waste service has been directly delivered by BHCC, having previously been contracted out. This has further contributed to the reduction in waste sent to landfill.

Actions:

1. Ongoing delivery of the City Environment Improvement Programme (Assistant Director, City Environment, ongoing)

Missed refuse collections per 100,000 collections [Corporate -	No.	362.00	537.00 RED
council]			Improving

Position:

This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000). This data relates to the period April 2022 to June 2022 - 536.93 per 100,000 missed collections (equating to 99.46% collected on time)

Target is based on achieving 2020/21 performance levels. No comparator information is available.

The year to date performance trend is:

Apr to Jun 2019 = 159 per 100,000 (equivalent to 99.841% collected on time) Apr to Sep 2019 = 402 per 100,000 (equivalent to 99.598% collected on time) Apr to Dec 2019 = 354 per 100,000 (equivalent to 99.646% collected on time) Apr to Mar 2020 = 395 per 100,000 (equivalent to 99.605% collected on time) Apr to Jun 2020 = 532 per 100,000 (equivalent to 99.468% collected on time) Apr to Sep 2020 = 401 per 100,000 (equivalent to 99.599% collected on time) Apr to Dec 2020 = 367 per 100,000 (equivalent to 99.633% collected on time) Apr to Mar 2021 = 362 per 100,000 (equivalent to 99.638% collected on time) Apr to Jun 2021 = 259 per 100,000 (equivalent to 99.741% collected on time) Apr to Sep 2021 = 781 per 100,000 (equivalent to 99.219% collected on time)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Apr to Dec 2021 = 729 per 100,000 (equivaler	nt to 99.271% o	collected on time)		
Apr to Mar 2022 = 651 per 100,000 (equivaler	nt to 99.349% o	collected on time)		
Apr to Jun 2022 = 467 per 100,000 (equivalen	nt to 99.53% cc	llected on time)		
Apr to Sep 2022 = 537 per 100,000 (equivaler	nt to 99.46% co	ollected on time)		

Commentary:

There has been a decline in the number of missed collections from Q4 2021/22 to Q1 2022/23. This is likely a result of:

• The implementation of a service redesign in January 2022 which included a new management structure. Whilst it continues to bed in, it has already led to improved performance management and service grip which has resulted in more reliable collections. Additional driver and collection operative posts have also been created in order to ensure greater service resilience.

• Cityclean is investigating the root cause for addresses that are frequently missed and identifying solutions to resolve them. Resolutions include applying for a Traffic Regulation Order for double yellow lines to improve access to a road, a dropped kerb to enable a communal bin to be moved or changes to parking bays. Some roads will be moved onto the smaller waste collection vehicle where access proves a problem and some roads will be moved to a different collection round. As these changes are implemented, residents experiencing persistent problems will see improvements.

• Expansion of the fleet n January 2022 to provide a greater pool of spare of vehicles while we continue to procure and upgrade the fleet in line with the Fleet Strategy.

• A new Assisted Collection procedure to reduce the number of missed assisted collections.

The missed collection statistics do not take account of "lockouts". Lockouts relate to bins that have not been put out or cannot be collected because they are contaminated. Resources are prioritised to deal with service issues, rather than data input (the impact of lockouts on this performance level is not expected to be that large).

Next Steps:

1. Improve the collections of domestic recycling through the Keeping the City Clean Review. This involves round audits, changes, reducing sickness absence, ongoing improvement of management grip on the service (Head of Operations, December 2022)

2. Review and find solutions for persistent missed collections. This is done on an ongoing basis – repeated missed collections and logged and analysed in order to find long term solutions (Head of Operations, ongoing)

3. Implement the Fleet Strategy to ensure the efficiency of vehicles and minimise the time that vehicles are off the road (Head of Fleet, ongoing)

4. Deliver Digital Cityclean Project. This will enable better communication with the crews and better information for residents. It will improve data quality and reliability and back office efficiency. It will enable better management grip on the service and lead into fuller round restructures. The better data will allow us to set more ambitious improvement targets in future years (Head of Operations and Head of Strategy & Service Improvement, September 2023)

Missed recycling collections per 100,000 collections [Corporate -	No.	754.00	591.00 GREEN
council]			Improving

Position:

This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000) This data relates to the period April 2022 to Sept 2022 - 590.54 per 100,000 missed collections (equating to 99.41% collected on time).

The target was set at 754 to achieve the 2020/21 performance levels. No comparator information is available.

Year to date performance trend: Apr to Jun 2019 = 444 per 100,000 (equivalent to 99.556% collected on time) Apr to Sep 2019 = 992 per 100,000 (equivalent to 99.008% collected on time)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Apr to Dec 2019 = 852 per 100,000 (equiv	alent to 99.148% col	lected on time)		
Apr to Mar 2020 = 1089 per 100,000 (equ	ivalent to 98.911% co	ollected on time)		
Apr to Jun 2020 = 1155 per 100,000 (equi	valent to 98.845% co	llected on time)		
Apr to Sep 2020 = 962 per 100,000 (equiv	alent to 99.038% col	lected on time)		
Apr to Dec 2020 = 742 per 100,000 (equiv	alent to 99.258% col	lected on time)		
Apr to Mar 2021 = 754 per 100,000 (equiv	alent to 99.246% coll	lected on time)		
Apr to Jun 2021 = 659 per 100,000 (equiv	alent to 99.341% coll	ected on time)		
Apr to Sep 2021 = 1367 per 100,000 (equ	ivalent to 98.633% co	ollected on time)		
Apr to Dec 2021 = 1188 per 100,000 (equ	ivalent to 98.812% co	ollected on time)		
Apr to Mar 2022 = 1008 per 100,000 (equ	ivalent to 98.992% co	ollected on time)		
Apr to Jun 2022 = 400 per 100,000 (equiv	alent to 99.60% colle	cted on time)		
Apr to Sep 2022 = 591 per 100,000 (equiv	alent to 99.41% colle	ected on time)		

Commentary:

There has been a considerable decrease in the number of missed collections from Q4 2021/22 to Q1 2022/23. This is likely a result of:

• The implementation of a service redesign in January 2022 which included a new management structure. Whilst it continues to bed in, it has already led to improved performance management and service grip which has resulted in more reliable collections. Additional driver and collection operative posts have also been created in order to ensure greater service resilience.

• Cityclean is investigating the root cause for addresses that are frequently missed and identifying solutions to resolve them. Resolutions include applying for a Traffic Regulation Order for double yellow lines to improve access to a road, a dropped kerb to enable a communal bin to be moved or changes to parking bays. Some roads will be moved onto the smaller waste collection vehicle where access proves a problem and some roads will be moved to a different collection round. As these changes are implemented, residents experiencing persistent problems will see improvements.

• Expansion of the fleet in January 2022 to provide a greater pool of spare of vehicles while we continue to procure and upgrade the fleet in line with the Fleet Strategy.

• A new Assisted Collection procedure to reduce the number of missed assisted collections.

The missed collection statistics do not take account of "lockouts". Lockouts relate to bins that have not been put out or cannot be collected because they are contaminated. Resources are prioritised to deal with service issues, rather than data input (the impact of lockouts on this performance level is not expected to be that large).

Next Steps:

1. Improve the collections of domestic recycling through the Keeping the City Clean Review. This involves round audits, changes, reducing sickness absence, ongoing improvement of management grip on the service (Head of Operations, December 2023)

2. Review and find solutions for persistent missed collections. This is done on an ongoing basis – repeated missed collections and logged and analysed in order to find long term solutions (Head of Operations, ongoing)

3. Implement the Fleet Strategy to ensure the efficiency of vehicles and minimise the time that vehicles are off the road (Head of Fleet, ongoing)

4. Deliver Digital CityClean Project. This will enable better communication with the crews and better information for residents. It will improve data quality and reliability and back office efficiency. It will enable better management grip on the service and lead into fuller round restructures. The better data will allow us to set more ambitious improvement targets in future years (Head of Operations and Head of Strategy & Service Improvement, September 2023)

% of streets inspected which are found to have widespread or heavy	%	4.40	0.92 OREEN
levels of litter [Corporate - council]			Improving

INDICATOR

TARGET ACTUAL STATUS

This year, Cityclean changed the focus to 20 key sections of streets (transects), chosen by the Street Cleaning Team with the dual purpose of producing meaningful KPIs which can be tested and monitored over time, whilst at the same time, providing key data for internal departmental consumption and service improvement.

UNIT

In the first Quarter we measured the 20 key transects at roughly 5am, 12pm and 6pm. However, this Quarter we changed to first assessment from 5am to 8am, to better reflect the work of the team.

The transects were therefore measured at three times: 8am, 12pm, 6pm (not on the same day) in the normal fashion, using: A, B, C, D - leading to a total of 60 visits. We found that 1 out of 60 visits produced scores below B - this equates to 1.67%.

Additionally a further 48 transects were visited around other areas of the city (one visit per transect, not three) and we found that zero transects in these, mainly suburban, areas were below B. When combined with the key transects this gives an overall result of 0.92%.

These grades were turned into points (A=4, B=3, C=2, D=1) in order to create an average score for the 20 transects at each time of day. This saw that at 8am the average score was 3.95, at 12pm it was 3.75, at 6pm it was 3.35. This information demonstrates the effect of our cleaning services throughout the day and we shall be monitoring these key areas throughout the year.

This new methodology is not directly comparable with previous quarters. The target of 4.4% is based on the 2019/20 year-end result and the amber value of 6.3% is set at the 2020/21 result. No comparator information is available.

Commentary:

Below are the key 20 transects which Cityclean will keep monitoring throughout this year at the three different times of the day, along with the rationale for choosing them.

1. Queens Road – Budgens to Ibis Hotel. The area outside Brighton train station gives visitors their first impressions of Brighton. It has a very high footfall, has generated lots of complaints and is an area we focus on

2. West Street – Pop World to Steak House. A main thoroughfare from the station to the seafront, containing many clubs and bars (in addition to offices) - as a consequence needs constant cleaning and high focus

3. North Street – Poundland to Greggs. High footfall, a number of homeless people in the area - gets messy very quickly

4. Kings Road – Burger King to Fish and Chips. Lots of tourists, high footfall - gets messy very quickly

5. Lower Promenade – Coalition to Shelter Hall. Lots of small businesses in this area generating high footfall with lots of tourists in the summer months.

6. Western Road - Taj to Taco Bell. A busy bus stop with high footfall and groceries shops

7. Preston Street – Café Nero to Mooboo. Lots of small/medium sized restaurants/bars - can get very busy in evenings

8. St James Street – Morrisons to Karma Foods. Very busy entrance to Kemp Town with lots of shops. Homeless and street drinking in the area generates mess. Lots of tourists in summer, requires focus and regular cleansing

9. Pool Valley – Albion Hotel through Pool Valley to Chapter XIII. Another area where visitors get their first impressions of the city (coach station).

10.Bond Street – Café Nero to Collectif. Busy town centre street full of small shops with some bars and coffee shops. Very high footfall

11. Jubilee Street – Tesco Express to Iguanas. Jubilee Library is important resource for local residents in town centre. High footfall, restaurants and bars and a number of homeless people

12. New Road – Dolphin House Clinic to Wahaca. Theatre district with lots of bars and restaurants. Very high footfall, especially in spring/summer throughout day and evening. Area has a number of homeless people.

13. South Street – Brighton Beach Inn to Seaside Hotel. Not high footfall rather this is an example of a street in central Brighton which mainly contains the rear entrances to a number of businesses. As a result it can get quite messy.

UNIT

14. Middle Street – Seaside Hotel to Sushimania. Quieter street in the town centre which contains a number of businesses and can get messy

15. East Street – Lush to Pressleys. Very high footfall throughout the day and night all year round - contains a number of high end shops as well as an important taxi rank.

16. Goldstone Villas – The Station pub to Chiropractic Clinic. Area directly outside Hove train station is another area where visitors get their first impressions of the city. High footfall especially in rush hours, with a number of small businesses and restaurants/bars

17. Goldstone Street – The Exchange pub to no 6 (Shirley Street Junction). Close to Hove train station, this is a main thoroughfare to the local shops, residential areas and seafront

18. George Street – British Heart Foundation to Wine me up. Very busy semi pedestrianised shopping street with lots of coffeeshops and bars. A focus for the local community. There are a number of homeless people around this vicinity

19. Blatchington Road – Co-op to Iceland. Next to George Street (transect 18) with a lots of shops and cafes/takeaways.

20. Church Road – Co-op (opposite Hove town hall) to Lloyds bank. Area around Hove Town Hall is another important area for the local community which is visited regularly by residents, workers as well as visitors and tourists. High footfall and lots of shops/cafés/bars etc.

Actions:

Actions:

1. Continue communications and social media coverage to remind the public not to litter and of potential fines for littering (Communications Officer, ongoing)

2. Deliver Bin Infrastructure and Litter Reduction Strategy – this will result in more bins including on the go recycling being rolled out in 2022/23 (Head of Operations, ongoing)

3. Complete consultation on managing residents bins and boxes (Head of Strategy & Service Improvement, March 2023)

4. Complete consultation on introducing new enforcement measures to tackle flyposting and stickering (Head of Strategy and Service Improvement, March 2023)

5. Deliver Digital Cityclean project to improve reporting and subsequent actions required (Head of Cityclean and Head of Strategy & Service Improvement, December 2023)

6. Establish Targeted Action Zones to remove graffiti from hotspots (Head of Cityclean 2022)

Nitrogen Dioxide levels in Brighton No. 36.00 27.00 GREEN and Hove (µg/m3 - micrograms per cubic meter): North Street (quarterly Improving lagged by one quarter) [Corporate city]

Position:

The average level of Nitrogen Dioxide (NO2) monitored adjacent with North Street (near Ship Street) for the twelve months ending June 2022 was 27.0 µg/m3 (micrograms per cubic metre of air). This compares to: 31.5 µg/m3 over twelve months to the end of June 2021. Reports are currently twice a year. Data is calibrated and ratified by the contractor before KPI publication and is one quarter behind. For NO2 the BH10 automatic analyser near Ship Street is the third most polluted of six monitoring positions on or close to the bus-ULEZ. Of these other sites, the kerbside diffusion tube monitor east of the Clock Tower consistently gives the highest results; Western Road shows recent evidence of meeting the standards; and the kilometre from Castle Square towards Temple Street requires further improvement in order to ensure sustained compliance.

The target: 36 µg/m3 NO2 is 90% of 40µg/m3 that is the UK standard and also the World Health Organisation Guideline for protection of human health. Consistent attainment of 35 µg/m3 NO2 (over a number of years) would mean beyond all reasonable doubt UK standards and WHO guidelines are met. To be able to revoke part of an Air Quality Management Area NO2 levels need to be less than 36

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
			T I ()	~

μg/ m3 at relevant receptors for three years or less than 32 μg/ m3 for two years. The next review of the AQMA is due in 2025. Monitoring along North Street is relevant for health protection because footfall is high and many people spend time in the area throughout the year day and night. 180 buses an hour use this street to deliver thousands of people to the city centre.

Commentary

The BH10 automatic analyser (reported here) is consistently the third or fourth most polluted monitoring position out of six in the Ultralow Emission Zone (ULEZ). The ULEZ is over 1800 metres long from Castle Square in the east to Holland Road in the west. All six monitors (automatic analyser, kerbside and roadside diffusion tubes) in the ULEZ will need to show a sustained improvement.

For the NO2 Automatic Analysers on North Street NO2 a concentration of 36 μ g/m3 is equivalent to 90% of the standard and in Defra's Technical Guidance is regarded as potentially exceeding the target, amber on the list below.

The targeting thresholds for this performance indicator are set out below:

GREEN performance under 36µg/m3 is compliant with the legally binding Air Quality Assessment Level (AQAL)

AMBER performance between $36\mu g/m3$ and $< 40\mu g/m3$ this is considered a near miss RED performance exceeding $40\mu g/m3$ this is in excess of the legal limit for NO2.

Brighton and Hove Buses are working with partners to progress with low and no emission options for its fleet. This investment will deliver step changes in the reduction of emissions as batches of the bus fleet are replaced or exhausts retrofitted. Big Lemon Bus Company aims to have a fully electric bus fleet. The council is exploring funding streams and opportunities to work with partners to deliver a local bus fleet that meets or surpasses the euro-VI emission standard as soon as possible. A further 25 bus exhaust conversions have been delivered since the last performance report with funding successfully secured from the Council's Carbon Neutral Fund, the Government and the bus operator. Since 2013 the BH10 monitoring station has recorded a 54% improvement in outdoor NO2 concentrations, reducing down from 64 μ g/m3. Further improvements in road traffic emissions including buses, taxis and deliveries are required to surpass the standards set out in the national air quality strategy and achieve the target for this performance indicator. The following could also help work towards the target:

- A limitation of diesel lorries, vans and cars
- A reduction in non-ULEZ compliant vehicles
- An increase in the proportion of zero exhaust capable vehicles
- A shift from vehicles to active travel for some journeys.

Factors impacting the NO2 concentrations in this area include:

• Cleaner buses: The bus fleet is cleaner with a higher proportion of ULEZ compliant (euro-6) emission standard vehicles passing the same point many times daily. 54 extended range hybrid buses are set to run with zero-emissions every time they enter the city's ULEZ.

• Vehicle emissions: The car and taxi fleet has a smaller proportion of older diesels. Petrol vehicles contribute <3% to roadside NO2

• Weather: Mild winters contribute to the improvement because vehicle exhausts are more likely to retain temperature (resulting in less NOx emissions)

• Domestic: A shorter heating season has the consequence of fewer operating hours for gas boilers

Actions:

1. Complete DEFRA funded exhaust retrofit for buses (Air Quality Officer and BHB buses, March 2023)

2. AQ Officer working with Public Transport Team on any required updates to BSIP [Bus Service Improvement Plan], scheduled March 2023 (Air Quality Officer, March 2023)

3. Carry out statutory duties to assess local air quality and submit the Annual Status Report to DEFRA (Air Quality Officer, July 2023)

4. To help with modelling collect data on vehicle fleet ULEZ compliance, aim for before the end of 2023

INDICATOR	UNIT	TARGET	ACTUAL	STATUS	
 (Air Quality Officer, December 2023) 5. Deliver funded projects to support monitoring, modelling and awareness raising, AQ Officer and Sussex Partners scheduled spend completion March 2024 6. Working with taxi trade for cleaner vehicles, parking, licencing, and Sussex Partners scheduled spend (Air Quality Officer, March 2024) 7. Deliver measures set out under Priority 1 to 5 of the AQAP for the period 2022 to 2027 (Air Quality Officer) 8. Provide consultee comments on major planning applications in accordance with guidance for 					
 Provide consultee comments on major planning applications in accordance with guidance for assessing contributions on the AQMAs and seek mitigation in order to deliver accelerated improvements in air quality (Air Quality Officer, ongoing) 2022-22 Corporate Plan - A healthy and caring city (quarterly monitoring) 					
% of social care clients receiving Direct Payments [Corporate - council]	%	24.00	24.70 Ir	GREEN	
Position: In the rolling year ending 30th September Direct Payments was 24.70%. A total of 5 community-based services. Previous Performance	• •	· · •	ocial care in red		

2021/22 YTD Q1: 24.28% 2021/22 YTD Q4: 24.07% 2021/22 YTD Q3: 24.93% 2021/22 YTD Q2: 23.86% 2022/23 YTD Q1: 23.60% Annual 2021/22: 24.07% Annual 2020/21: 24.54%

PI target of 24.07% has been agreed as a maintenance target to maintain 2021/22 performance (this was taken from live data and so may differ slightly in official publication).

Latest comparative figures are 21.6% for the CIPFA comparator average and 26.6% for the national average.

The result contains the following age, gender and ethnic groups

327 Females (58%), 228 Males (41%), 4 Other gender (1%), 1 unknown (<1%)

458 White (82%); 38 Unknown Ethnicity (7%); 8 Black (1%); 15 Asian (3%), 16 Mixed (3%), 25 Other ethnic group (4%).

449 aged 18-64 (80%), 52 aged 65-74 (9%), 26 aged 75-84 (5%), 33 aged 85 and over (6%).

Commentary:

HASC authorisation panel is in place and authorisation of care and support plans includes scrutiny of consideration of direct payments as a suitable option to meet assessed needs.

Assessment and support planning tools were redesigned as part of the implementation of the new social care case management system (Eclipse, which went live in November 2021) and support a greater emphasise on exploring direct payments as an option for meeting needs.

A workstream regarding development of the direct payments offer is included under the HASC modernisation programme but this has been delayed due to staff sickness. This workstream has a focus on ensuring an improved offer around Direct Payments, including development of the Personal Assistant (PA) market.

Actions:

Complete end to end review of current Direct Payment offer and recommendations for improving Direct Payments options (Commissioning Manager, December 2022)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate - council]	No.	646.30	611.30	GREEN Declining
Position: In the rolling year ending 30th August 20 admissions of older adults (65+) to reside 100,000 population. The latest available rolling year and will be lagged by one m Previous performance 2022/23 Q1: 218 admissions (557.54 ra 2021/22 Q4: 206 admissions (530.39 ra 2021/22 Q3: 192 admissions (548.40 ra 2021/22 Q2: 104 admissions (648.40 ra 2021/22 Q1: 51 admissions (605.10 rate Annual 2021/22 Q4 (April – Mar): 206 ad Annual 2020/21 Q4 (April – Mar): 206 ad Mar:32, Apr:28, May:22, Jun:26, Jul:21, Figures are subject to fluctuation during (causing figures to increase) and retrosp decrease). A PI target of 646.3 admissions per 100 group performance. This would currently the accuracy of this target it will be adjus Latest comparative figures show the nat and the statistical neighbour rate at 646 Results include the following demograph 166 Females (69%), 73 Males (31%) 155 White (65%); 80 Unknown Ethnicity 35 aged 65-74 (15%), 81 aged 75-84: (3 Primary Support Reasons: 125 Physica LD Support (1%), 12 Mental Health (5%)	lential care homes. This is 65+ population estimate i onth except at year-end w te) te) te) te) dmissions (530.39 rate) dmissions (620.51 rate) ed rolling year: Sep:8, Oct: Aug:20. the year due to retrospect pective awarding of continu ,000 population has been y equate to 253 admission sted when updated popula tional rate at 498.2 per 100 .3 per 100,000 population nic groups (33%); 3 Asian (1%) 84%), 123 aged 85+: (51% al Support (52%); 52 Memo	a rate of 611.3 is 39,100. Quarte then the full year as, Nov:14, Dec: tive adding of se uing health fundi agreed based of s in Brighton and ation numbers ar 0,000 population (253 admissions	admissions p erly reporting is reported. 16, Jan:24, Fe ervice agreem ing (causing f n the latest Cl d Hove (to ma re available). n (195 admissi s).	er is for a eb:20, ents igures to IPFA aintain ions)
Commentary: There remains to be a steady increase of continue to rise over the past 18 months There is currently 50 short term Nursing areas and previous conversion rates had In relation to acute discharges, if 24 hou 1. If there is a possibility of home in the 2. If not, then it will be a ST placement of Accommodation options meeting remain alternative accommodation options avail Actions:	s however this remains to b Placements and 51 Resid ve reflected 50% of case a ir care is required the follow near future then D2A bed inless long term needs are in in place across HASC to	be lower than ou dential Placemer are moved from wing will apply: e clear and then support staff wit	ur PI target. hts across all Short to Long we will place th understand	service Term. LT.
 Extra-care panel and council interest accommodations are being explored. (G Review of both short-and long-term M identify future commissioning needs. The 	General Manager – HASC I Iental Health Residential C	Mental Health, N Care is being car	/lar 23) rried out to he	lp

inappropriately due to lack of resource within other accommodation options. (General Manager – HASC Mental Health, Dec 22)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of carers assessments completed	%	58.00	86.35	
[Corporate - council]				GREEN

Improving

Progress to date:

As of 30th September 2022, 86.35% of people in receipt of carer support provided during the year have received a completed assessment. A total of 917 people from 1,062 in receipt of carer support .

Previous performance 2022/23 Q1 – 86.32% 2021/22 Q4 – 49.28% 2021/22 Q3 – 48.04% 2021/22 Q2 – 50.75% 2021/22 Q1 – 53.95% Annual 2021/22: 49.28%

Annual 2020/21: 57.84%

The PI target of 58% (2020/21 result) was set with the longer-term target of reaching 63% to return to 2019/20 levels.

Since there is a very large variation in the number of carers across each of the LAs constituting our CIPFA comparison group, these comparator figures are of limited use .

This result contains the following demographic groups.

24 under 18 (3%); 42 aged 18-25 (5%); 446 aged 26–64 (49%); 291 aged 65-84 (32%); 104 aged 85+ (11%); 10 age unknown (1%).

316 Male (33%); 515 Female (54%); 117 Unknown gender (12%); 1 Other gender (<1%).

576 White (61%); 15 Black (2%); 19 Asian (2%); 8 Mixed (1%); 21 Other Ethnic Groups (2%); 310 Unknown Ethnicity (32%) .

Commentary:

The assessment process has been redesigned as part of the implementation of our new social care database (Eclipse) which went live at the end of November 2021. The functionality in Eclipse supports better identification of unpaid carers throughout all stages of the assessment process.

There have been a number of vacant Carers Assessment Worker posts over the last year but there has been successful recruitment to some of the posts and further recruitment is in progress to bring the team back to full complement.

HASC continue to work closely with the Carers Hub which has been commissioned as a single point of contact for carers in the city and have included guidance in our assessment forms to ensure staff regularly signpost or refer to the Carers Hub.

We have started redesigning our internal referral processes to support earlier identification of carers, to ensure carers assessments are offered as early as possible when

Actions:

1. Complete recruitment to vacant Carers Assessment Worker posts (General Manager, December 2022)

2. Develop updated carer awareness training for assessment staff (Principal Social Worker, February 2023)

3. Complete redesign of internal referral pathway for requests for assessments/reviews (General Manager, January 2023)

Safeguarding Adults: Percentage of
those able to express desired
outcomes who Fully or Partially
Achieved their desired outcomes
[Corporate - council]%

91.30

80.65



Declining

Position:

Between April and September 2022, the percentage of people with concluded safeguarding enquiries (S42 and non-S42) able to express desired outcomes who Fully or Partially Achieved their desired

INDICATOR

UNIT TARGET ACTUAL **STATUS** outcome was 81.12%. Year to date a total of 275 people from 339 people with concluded safeguarding enquiries where Making Safeguarding Personal (MSP) guestions have been asked and outcomes were expressed.

April to June 2022= 81.70% (125/153 people);

July to September 2022 = 80.65% (150/186 people).

The percentage of closed enquiries with expressed outcomes where these were not met: Q2 (July to September 2022) = 19.35% (36/186 people); Q1 (April to June 2022) = 18.30% (28/153 people).

Previous Performance (Fully/Partially Met) 2022/23 Q1: 81.70% (125/153 people) 2021/22 Q4: 83.85% (135/161 people) 2021/22 Q3: 93.20% (192/206 people) 2021/22 Q2: 94.04% (142/151 people) 2021/22 Q1: 94.62% (123/130 people)

Annual 2021/22: 91.34%

Annual 2020/21: 94.7%

PI target of 91.3% has been agreed as a maintenance target to maintain 2021/22 performance, as this result was higher than the CIPFA average of 89.4%.

Latest comparator data from our statistical neighbour group (CIPFA) has an average of 89.44 % for 20/21 for Fully and Partly Achieved.

Commentary

There continues to be a downward trend since Q1 quarter last year in the proportion of closed enquiries with outcomes that have been met. There is fluctuation in the number of enquiries closed each month and a downward trend over the last 3 quarters. A number of measures are being actively undertaken in order to understand more on this specific area given this is a new KPI; namely a quarterly audit of cases where outcomes were not met (scoping further Eclipse data), this has shown that in the majority of cases where people's outcomes were not met this has been due to the person not wishing or able to engage in the enquiry with the Local Authority or sadly having passed away during the course of the enquiry (not related to the safeguarding concern). This additional audit measure is providing us with a high level of oversight of cases where outcomes were not met in order to enhance our understanding of the reasons why. It is acknowledged that there will always be a percentage of people who are unable to engage with safeguarding enguiries, and it is felt that the current targets may not reflect this, there is further work to do adjusting the way we record our outcomes and this associated data as the quarters continue. It is acknowledged that performance of safeguarding outcomes met/partially met is consistently high and this is a strength.

Oversight and governance of this area continues through the Performance Board (quarterly). In addition, educational work is taking place with operational teams to raise awareness of the performance indicator and further work on the outcomes area of our eclipse database recording, in order to strengthen the detail of this area which will in turn should stabilise the KPI data and provide further insight of the target setting as further improvements are made to our recording tool.

Actions:

1. Enhance the eclipse recording area regarding outcomes so that more detailed reporting becomes possible (Safeguarding Adults Lead Dec 22)

2. Continue to monitor target setting and performance with the Performance Board (Safeguarding

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Adults Lead, ongoing)				
3. Issue communication to safeguarding o	perational teams the	rough the Professio	nal Practice tea	am to
increase engagement and ownership (Safe	eguarding Adults Le	ad, Dec 22)		
4. Review target at Q3 Performance Board	U U	nts to detail of the o	outcome area ir	ר
eclipse recording area (Safeguarding Adult	ts Lead, Dec 22)			
Under 18 conception rate per 1,000	No.	11.50	9.70	
women aged 15-17 [Corporate - city]	110.	11.00	5.70	GREEN
				Improving

The latest rate available for under 18 conceptions per 1,000 women aged 15 17 expressed as an average rate over the latest 12 months is 9.7 (calculated as a 12 month rolling average for June 2021). This is a 7.6% reduction compared with the previous year. These quarterly under 18 conception rates include pandemic lockdown periods and are therefore likely to reflect much reduced sexual activity during this time. It should be noted that data for the last four quarters are also marked as having 'low reliability' due to the small number of conceptions.

The quarter by quarter trend is:

April - June - 9.7

Jan - Mar 2021 - 8.6

Oct - Dec 2020 - 8.7

Jul - Sept 2020 - 10.0

The target for 2022/23 of 11.5 conceptions per 1,000 women aged 15 17 was set using the 3 year Brighton and Hove average as the 2021/22 result was already significantly lower than the CIPFA average and England average.

The June 2021 12 month rolling average rate per 1,000 women aged 15 - 17 for England is 12.9 and for the South East is 10.3.

The local reduction of 7.6% compared to the previous 12 months is greater than the 7.2% reduction seen in both the South East and England, in the same time period. There has been a 80% reduction locally in the under 18 conception rate since 1998, compared with a 73% reduction in the South East, and 72% reduction in England.

There were 40 conceptions to under 18s in Brighton and Hove in the past 12 months (Q3 2020 - Q2 2021), compared with 42 in the previous 12 months.

Commentary:

Under 18 conception continues to show a rate of reduction greater than that of the south east and England and rates remain below the Brighton and Hove 3 year average target.

Public Health provides ongoing funding and support to the Council's PSHE advisor team for schools The Ru-OK? service Drug Alcohol & Sexual Health (DASH) team continues to provide information and support in schools.

Actions:

1. Continue to work with the Partnership Advisors for Health and Wellbeing within Families, Children & Learning to ensure all schools are supported to deliver in line with the statutory Relationships and Sex Education Guidance. (Starting Well Programme Manager March 2023)

2. Public Health Schools team to continue to work with School Nursing and the Ru-OK? service to promote and provide information and support around sexual health for children and young people. Starting Well Programme Manager March 2023)

2022-23 Corporate Plan - A well run council (quarterly monitoring)

Average number of working days /	No.	5.46	6.15 🕥 🔵 🥥
shifts lost per Full Time Equivalent			RED
(FTE) due to sickness absence (not			Declining
including schools) [Corporate -			
council]			

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Position: The annual sickness indicator target is 10 The quarterly target is 2.73. The target continues to benchmark with t This data is based on absences due to si data became available on 11th October 2 The average days lost due to sickness at This is higher than Q1 which was 2.62 ar	he CIPFA benchmark ckness from 1st July t 2022. osence in Q2 was 3.53	to 30th September		n-level
The quarter-by-quarter trend is: April 21 to June 21 = 2.15 July- Sept 21 = 2.85 Oct – Dec 21 = 3.35 January – March 2022 = 3.33 April 21 - March 22 = 11.67 April – June 2022 = 2.62 July – Sept = 3.53 The projected outturn for 22/23 as at quarcompared with the same period last year		n quarter 1 it was 1	1.38 days and	when
Commentary BHCC use GoodShape data.				

It is important to note that the increase in sickness absence is being increased by Covid.

Q2: 25.8% of absences were covid related. 475 staff had covid with an average of 8.7 FTE days off Q1: Only 19% was covid. 459 staff had covid but with only an average of 4.2 FTE days. So comparable amount of people but they are being absent for twice as long.

Staff are coming back into work which will impact transmission.

Previous measures such as furloughing, social distancing, shielding and increased homeworking appear to have helped reduce other causes of absence and these measures are now no longer in place.

Three directorates are now red with the following average days lost data. Please see below for the Q1 data and new Q2 data.

HASC Q1 3.56 Q2 4.97 HNC Q1 3.12 Q2 4.55 EEC Q1 2.94 Q2 3.69

This quarter the top 3 specified reasons for absence are COVID 19, followed by STRESS AND MENTAL HEALTH CONDITIONS, then ALL OTHER REASONS. This would correlate with the national picture which indicates the detrimental impact people are reporting that the ongoing COVID-19 pandemic and all associated issues is having on their mental health and wellbeing. Covid increased in Brighton and Hove to 1 in 35 as published on the 21st October (dated 10th October) and BHCC update staff regularly on rates and also continue to encourage vaccination to all staff who

and BHCC update staff regularly on rates and also continue to encourage vaccination to all staff who are eligible. Mental health related absence is the most common cause of long-term sickness absence in UK workplaces. Stress-related absence in particular has increased, with 37% of respondents to the CIPD and Simply Health and wellbeing survey saying that stress-related absence had increased in the last year. It should be noted that in the last quarter Stress and Mental Health Conditions has reduced at BHCC from 30.3 in Q1 to 22.79 in Q2 which is marked decrease due to the ongoing work on wellbeing. The attendance management system and sickness reporting process, FirstCare was launched across

the Council (except in schools) on the 1st December 2017. All absence recording was done by FirstCare rather than line managers. On October 31st 2021 FirstCare rebranded and changed their

INDICATOR

TARGET ACTUAL STATUS

name to GoodShape. There are no changes to the services they offer apart from the name change. One of the benefits of GoodShape has been the access to immediate medical advice from a nurse and a number of staff have reported back to HR on the advice they have received and how useful they found this aspect of the service. Staff can also call the service for medical information and advice from a nurse at any point if even if they are not off sick.

UNIT

The Return to work data from GoodShape for September 2022 shows that return to work interviews being carried out within the 5 days compliance range is 55.54% which is marginally higher than the previously available data in May 2022 of 54.84%. The RTW compliance target is 90%.

The attendance and wellbeing team has now devolved back to the directorates that they support which took effect on the 1st October 2022 so we will be able to see the impact of this in Q3. This enables the team to work directly with the HR Managers on sickness as absence within the directorates.

The Attendance & Wellbeing team now work more closely with managers to raise the impact and profile of managing attendance in several ways. The team:

have strong internal links with the Our People Promise Wellbeing agenda. This ensures all interventions are joined up, meaningful, relevant, and directly feed into the BHCC agenda and priorities.
are using GoodShape data to manage and monitor casework and apply a consistent approach to managing sickness and attendance during the COVID-19 pandemic.

- are using GoodShape data to send key target emails to managers. The team send emails to managers when consent withheld is given as a reason (to establish if the reason is COVID-19) The team have developed a set of template signposting emails to support managers with key issues including: COVID 19, long COVID, stress and mental health and alcohol use, suicide and terminal illness

- hold regular 121 and team case review meetings to review and manage all sickness with a focus on the complex and top long-term attendance cases.

- have supported with the implementation of the new membership of the Business Disability Forum and are working closely with the DWCN and L&D HR team to ensure membership accessed across the organisation.

Actions for Improvement:

• The performance of the GoodShape contract for the council (which came in on 1st December

2017), will continue to be monitored and regular quarterly review meetings are held with their contract manager.

• Improving the return to work rate. The Attendance and Wellbeing team will continue to promote the short guidance video on the Wave with managers and promote return to works in all areas. Data on return to work interviews will continue to be provided as part of data insight on performance. The team encourage managers to take full responsibility for conducting their return to works even though many managers cannot currently do them face to face but can hold them over the telephone or as a virtual meeting.

- Develop planning for future attendance and wellbeing improvement activities including:
- Promoting the use of the Nurse led service under GoodShape
- Increasing the Return to Work compliance rate.
- Continuing to develop relevant template emails for managers.
- Promoting Wellbeing across the organisation during Covid-19, including promoting the Wellbeing Zone on the Council website.
- Promoting Wellness Action Plans for all staff
- Working under the FIAP to:

Build relationships with the DWCN.

Promote BDF membership benefits

Support with setting up a 6 month pilot with Micro Link to support staff with Assistive technology solutions. (HR Manager, ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% of high priority audit actions recommended by Internal Audit that have reached their due date for completion and have been implemented by services. [Corporate - council]	%	95.00	100.00 I	GREEN
Position: The percentage of high priority audit ad implemented is as follows: Qtr. $3 20/21 = 84\%$ Qtr. $4 20/21 = 93\%$ Qtr. $1 21/22 = 93\%$ Qtr. $2 21/22 = 97\%$ Qtr. $3 21/22 = 97\%$ Qtr. $3 21/22 = 95\%$ Qtr. $4 21/22 = 100\%$ Qtr. $1 22/23 = 94.7\%$ Qtr. $2 22/23 = 100\%$ At the end of the Quarter 2 reporting per actions that were recorded as overdue actions overdue in Q1 have now been	eriod (July to September 2 . We have received confiri	2022) there were	no high priority	
% of Freedom of Information and Environmental Information Regulations (FOI) requests responded to within 20 working days [Corporate Council]	%	90.00	82.90 II	AMBER mproving
Position: The result for April to Sept 22 is 82.9% compliance established by the Informa Amber value was set at 75.6% which w Quarter by quarter trend for 21/22 : Q1 – 61.5% Q2 – 68.3% Q3 - 87.7% Q4 – 86.4% 21/22 75.6% Quarter by quarter trend for 22/23 : Q1 – 82.9% Q2 – 83.0% For 21/22 we had 1707 requests so 42 requests/quarter.	tion Commissioner's Offic /as 2021/22 result. This m	e (ICO). akes the quarter	[.] 2 result as 'ar	
Commentary:	on norformance monitorir	a and additional		nablad

Over the last 4 quarters, improved grip on performance monitoring and additional capacity has enabled the team to improve the response rate. The Information Rights team restructure has been completed with effect from January 2022 which has improved the resilience of the team. The team now has generic job descriptions with overall accountability for requests in relation to FOI, Subject Access Requests and data protection. This allows officers to be deployed in the functional areas as per demand. A telephone line for customers has been set up to make the team more accessible for customers who are unable to contact the team digitally. There is still a significant backlog of FOI requests (95 cases). Sickness levels in the team have affected the pace at which the backlog is getting cleared. Additional short term capacity has been deployed to deal with this backlog. Additional case officers have been recruited to, the only outstanding vacancy is that of the Information Rights lead role which is expected to be in post in November 2022. Support is being provided to services with higher

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
levels of requests.				
 Action: 1. Clear the backlog of stage 1 FOI cases 2. Implement the training plan for the teat 3. Set up regular surgeries with key office (Information Rights Lead, from January 23 4. Set up a systematic process for learning (Information Rights Lead, from January 23 5. Set up a systematic process for learning January 23). 6. Set up regular network meetings with 0 Lead, from January 23). 7. Complete review of team processes are (Information Rights Lead, March 23). 	m ((Information Right ers across the organis). ng from cases which). ng from ICO publicati Drbis partners to lear	ts Lead, December sation to improve c resulted in custome on (Information Rig n from best practic	2022) compliance rate er dissatisfactio ghts Lead, from e (Information	on n Rights
% of invoices from SME (Small or Medium Enterprises) and individuals that are paid within 10 working days of receipt [Corporate - council]	%	87.00	83.56 I	RED RED
This is a new Corporate Indicator focusing on invoice payments to SMEs and individuals rather than for commercial goods and services. SME 10 day supplier terms Position: Between April 2022 and Sep 22, 83.56% of invoices for SMEs were paid within 10 days. This compares with 84.93% for the same period last year and 83.97% in the last quarter.				

Quarter by Quarter Trend:

April 20 – Mar 21	90.20%
April 21 - June 21	81.22%
April 21 - Sept 21	84.93%
April 21 - Dec 21	83.58%
April 21 - Mar 22	83.78%
April 22 - Jun 22	83.97%
April 22 - Sept 22	83.56%

30 day Supplier terms

Position:

Between April 2022 – September 22, 92.23% of invoices for commercial goods and services were paid within 30 days. This compares with 92.08% for the same period last year and 91.45% in the last quarter.

Commentary:

Due to the COVID pandemic it was agreed that all supplier payment terms have been set to prompt payment, which is still continuing until further notice. However, with the continuing of non-compliance with the purchase to pay policy by some services and the team continuing to work remotely all have an impact of processes and efficiency.

The challenges facing the Accounts Payable service are:

1) A high volume of invoices are already overdue at the point they are received by the service

2) Invoices are initially received and processed by individual services therefore the invoice processing performance is not wholly in the service's control

3) Changes and additional steps in respect of supplier details and payment requests have been put in place to protect the authority and this in turn has added further processes for the AP team to complete within the payment process.

council that are not resolved at Stage 1 and are escalated to Stage 2	NDICATOR	UNIT	TARGET	ACTUAL	STATUS
 Reporting is being carried out to enable targeted communication and guisstruggling most to comply with the Purchase to Pay process. Meetings have service areas and will continue, targeting areas that are struggling the most positive impact on the number of late invoices being sent to Corporate Payr (Accounts Payable Team, ongoing). To continue to review processes across the whole team to develop autom much as possible to reduce processing time, freeing staff time to enforce no processes (Corporate Accounts Payable Lead, ongoing). We have been loc systems/forms to assist with the processing and authorisation of payments Request for Payments forms as a top priority as part of this work. Annual reminder and guidance to be sent out to services advising of the invoices to the supplier payments team in a timely manner. Continue to work with suppliers to ensure they do not invoice the council Order number (Accounts Payable Team, ongoing). We are continuing to explore alternative payment solutions with Lloyds B supplier and our Orbis partners (e.g. e-invoicing, e-pay virtual, lodged cards services with the most effective purchasing and payment options and this is Business Operations. We are currently holding a series of meetings with Llo regarding alternative payable Team, ongoing). We are exploring the option of supplier invoices coming in centrally to Accounts Payable, with a view of contacting other large suppli working well. (Accounts Payable Team, ongoing). We are currently investigating the calculation of our KPIS to ensure they reflection of the amount time it takes AP to pay an invoice. This has been in the process since the transition to home working. % of all complaints received by the % 7.60 council that are not resolved at Stage 1 and are escalated to Stage 2 	ctions:				
council that are not resolved at Stage 1 and are escalated to Stage 2	. Reporting is being carried out to ena truggling most to comply with the Pur ervice areas and will continue, target ositive impact on the number of late if Accounts Payable Team, ongoing). . To continue to review processes act nuch as possible to reduce processing rocesses (Corporate Accounts Payable ystems/forms to assist with the proce tequest for Payments forms as a top . Annual reminder and guidance to be nvoices to the supplier payments tear . Continue to work with suppliers to e order number (Accounts Payable Tea . We are continuing to explore alterna upplier and our Orbis partners (e.g. e ervices with the most effective purcha- usiness Operations. We are currently egarding alternative payment method . We are exploring the option of supp eing sent to services. As part of e-inv of Corporate Accounts Payable Tear working well. (Accounts Payable, with a porking well. (Accounts Payable Tear . We are currently investigating the car effection of the amount time it takes A	able targeted communicat rchase to Pay process. Me ing areas that are strugglin invoices being sent to Cor ross the whole team to de g time, freeing staff time to ble Lead, ongoing). We have essing and authorisation of priority as part of this work e sent out to services adv m in a timely manner. ensure they do not invoice m, ongoing). ative payment solutions wite e-invoicing, e-pay virtual, lo asing and payment options y holding a series of meeting ls. (P2P, Banking & Incom- polier invoices coming in cen- voicing Brighton & Hove Bi a view of contacting other I n, ongoing). alculation of our KPIS to en AP to pay an invoice. This	tion and guidance eetings have take ing the most. This porate Payments velop automation o enforce non-cor ave been looking a f payments and ha k. vising of the impor the council without ith Lloyds Bank, of odged cards) with s and this is being ings with Lloyds b ings with loyds b ings wings with loyds b ings with loyds b ing	to service area n place with so should also ha from service a in processing a mpliance of pur at demos of ave prioritised to tance of sendin ut a valid Purch our finance syst the aim of pro- prioritised by pank and Payte d, ongoing). s Payable, rath their invoices ace this process le an accurate	as me ve a reas as chasing chase ng nase tem viding ch er than directly s is
and investigated. [Corporate - council]	ouncil that are not resolved at tage 1 and are escalated to Stage 2 nd investigated. [Corporate -		7.60	7.60	GREEN

Between March 2022 and August 2022, 7.6% of complaints (84 complaints out of a total of 1103) were escalated to Stage 2 and investigated against the target of 7.6%.

Comparator information for this measure is not available. Same period last year (March 2021 to August 2021) = 8%.

Previous results Q1 20/21 - 8% Q2 20/21 - 8.4% Q3 20/21 - 8.2% Q4 20/21 - 7.4% Q1 21/22 - 8% Q2 21/22 - 8% Q3 21/22 - 7% Q4 21/22 - 6% Q1 22/23 - 6.8% Q2 22/23 - 7.6%

The council has a three-stage process for formal complaints, Stage 1 is the initial stage of the formal process when a complaint is received - these complaints are investigated and responded to by the service concerned. If a customer remains unsatisfied with the response form the service, their complaint is escalated to Stage 2 and investigated by the corporate Customer Feedback team

INDICATORUNITTARGETACTUALSTATUSindependent of the service concerned. Please note that according to the statutory process in place for
managing Adult Social Care complaints these complaints are escalated to the Local Government and
Social Care Ombudsman (LGSCO) directly and are not included in the Stage 2 process.Status

Services where this escalation target was not achieved are:

• Housing Tenancy services – 24% (9/38 complaints)- Main theme of Stage 2 complaints – Anti-social behaviour cases and delays in Mutual Exchange process

- Health, SEN & Disability services – 17% (2/13) – Main theme of stage 2 complaints – delays to EHCPs

During the period March 2022 – August 2022, the council has received 1103 Stage 1 complaints. This compares to 837 for the same period in 2021/22.

75.8% of Stage 1 complaints have been responded to within 10 working days, this does not meet the target of 80%. This compares to 72.8% of Stage 1 complaints responded to within 10 working days for the same period in 2020/21 and a decrease in performance from Q1 22/23 when 82.2% of Stage 1 complaints were responded to within target.

Equalities monitoring information:

In order to ensure that the complaints process is as accessible as possible, we gather equalities monitoring information from customers.

Of the 1103 Stage 1 complaints received between March 2022 and August 2022 approximately 301 (27%) people answered the equalities monitoring questions (including those who chose 'prefer not to say' as an answer to the questions').

The information provided about the protected characteristics of those making a complaint have been compared to the 2011 Census figures (2011) and for gender, ethnicity, religious belief, disability, and sexual orientation the figures are all broadly similar to the demographic information provided by the census. However 12% of people making a complaint told us that they were a carer for someone with a long term health condition or disability, this compares to 9% of the city's population in the 2011 census.

Commentary:

The financial costs and reputational damage caused by a failure to resolve complaints at the initial stage (Stage 1) can be significant. In terms of cost alone, managing an initial complaint (Stage 1) including processing and investigating it and responding to it can cost up to £100 in officer time. For an escalated complaint (Stage 2) the cost can be up to £450. The costs are absorbed between the customer feedback team and the council services responding to the complaint.

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

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

1) 10% of complaint responses will be quality assured against the agreed standard developed by the Customer Experience Steering Group. Feedback will be given to individual managers on how responses could be improved. A sentence library will continue to be updated for improving responses. (Customer Experience Lead – quarterly from October 2022 onwards)

2) Improvement in response times across all services will reduce the number of complaints which escalate to Stage 2, as delayed responses to Stage 1 complaints can exacerbate customer frustration, resulting in escalation that may not have happened if the Stage 1 had been completed in a timely and efficient manner. All Customer Feedback Managers to work with their services to improve response times (Customer Experience Lead – ongoing)

Scorecard Name CMPI ELT 2022/23 Late Annual Indicators		Date From 01-Apr-2021	Date To 31-Mar-2022	2	
INDICATOR	UNIT	TARC	GET AC	TUAL	STATUS
% Local Government and Social Care Ombudsman (LGSCO) complaints upheld or partially upheld [Corporate - council]	%	64	l.00	75.00	AMBER No Change

The Ombudsman's published figure for complaints upheld for the council in 2021/22 (April to March) is 75% (21 cases upheld out of 28 complaints investigated). This is the latest available information. The target of 64% is set to meet the average for statistically 'similar authorities' (Provided by the LGSCO).

Local Government and Social Care Ombudsman (LGSCO) complaints upheld or partially upheld is the same for Brighton and Hove as in the same period last year (75% in 2020/21).

The council had provided a satisfactory remedy before the complaint reached the Ombudsman in 19% of cases compared to an average of 12% for similar authorities. For Brighton & Hove City Council in 2018/19, this result was 8%, which compared to an average of 10% for similar authorities.

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

It is vital that the council manages services and complaints effectively as there are significant costs involved in administering and responding to the enquiries the Ombudsman makes, which varies considerably depending on the specific case, but as a minimum would cost the same as an average Stage 2 investigation at £450 per complaint. To gain value from investigations and to minimise additional investigations in the future the council ensures that as much key learning is as possible is taken from these investigations and shared with services.

Actions:

 Bringing individual service decisions and learnings from the LGSCO together and sharing with the whole organisation. (Customer Feedback Managers & Customer Experience Lead, ongoing).
 Encouraging service managers, when upholding complaints, to consider whether an ex gratia payment may be appropriate redress for any injustice caused. Detailed information is available from the LGSCO about their suggested amounts and circumstances in which this should be considered, this is a valuable and easy to access online tool. (Customer Feedback Managers, ongoing).

3. Services are to be encouraged, once they have exhausted options for resolution, to route dissatisfied customers to the formal complaints process. This helps manage and structure the customer contact, as well as providing a clear escalation route to the LGSCO. (Customer Feedback Managers, ongoing).