DATE: 22 MARCH, 2007

Social Care and Inclusion Performance Scorecard
Third Quarter Outcomes October-December 2006

Ward(s)   **All**

Portfolios: Cllr Alan Paul, Social Care, Health And Housing

Summary of report:

This report contains the Social Care and Inclusion quarterly information on a representative selection of performance indicators (PIs) for the third quarter of 2006/7 i.e. October-December.

Background papers:

NA

Reason for scrutiny:

To enable robust scrutiny of performance and improvement measures across the directorate in accordance with statutory guidance.

Resource and legal considerations:

Any resource implications arising from improving performance will be found from within approved budgets. There are no legal considerations arising from this report.

Citizen impact:

Improvement in the performance of agreed performance measures and PIs will impact on better outcomes for vulnerable adults, those with housing needs and other service users.

Environmental impact:

There is no specific environmental impact from this report.

Performance management:

The scrutiny and performance panel's scorecard contains PIs that inform the overall assessment of Adult Social Care and Strategic Housing Services. These performance measures contribute towards the CPA process. All risks identified in relationship to progressing performance are found in the relevant service plans and the directorate risk register and are subject to regular review and management. PIs that have a red traffic light designation will be subject to corrective measures action plans.

Equality Implications:

The performance targets include actions that ensure delivery of equitable services.

Consultation:

There are no specific consultation requirements relating to this report.

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1   SUMMARY

1.1   On the July 27 Panel agreed to receive quarterly reports on a representative list of 12 PIs across the Social Care and Inclusion Directorate. These PIs were identified as below.

1.2   **ADULT SOCIAL CARE**
1. C 26 Admission to residential care under 65s
2. C 27 Residential admission over 65s
3. C 28 BV 53 Intensive home care
4. D 54 BV 56 % equipment 7 days
5. D 56 BV 196 Waiting times – care packages
6. E 47 Ethnicity – Assessments

1.3   **STRATEGIC HOUSING**
7. KPI 2a Percentage of service users who have moved on in a planned way
8. LPI 4 Number of non-decent private sector homes occupied by vulnerable house holds made decent
9. BV 213 Number of cases where homelessness has been prevented
10. LPI 7 Average length of time for major adaptations from OT referrals work beginning (non waiting list)

1.4   **CUSTOMER CARE**
11. No. complaints leading to a revision of policy or procedure
12. % of complaints resolved in indicated timescale

1.5   It was also agreed that any other headline indicator in the directorate that was identified as red should also be added to the list as long as it *remained red*. A request was made at your meeting on September 28 Panel for a jargon free explanation of the various PIs in the score card and this explanation has been included in this report (**Appendix 1**).

2   **THIRD QUARTER OCTOBER TO DECEMBER 2006.**

2.2   This report covers the third quarter of the reporting cycle October to December 2006. Of the 12 scorecard PI's 8 are green, one amber and 3 red. In addition there are 5 red PIs (3 Adults Social Care and 2 Strategic Housing) for exception reporting. The overall Scorecard outcomes are:

2006 Social Care and Inclusion Scrutiny Scorecard			
	Traffic Light Status		
Adult Social Care	**April-June**	**July-Sept**	**Oct-Dec**
1. C26 Admission to residential care under 65s	**Green**	**Green**	**Green**
2. C27 Residential admission over 65s	**Green**	**Amber**	**Green**
3. C28 BV 53 Intensive home care	**Amber**	**Red**	**Red**
4. D54 BV 56 % equipment 7 days	**Green**	**Green**	**Green**
5. D 56 BV 196 Waiting times – care packages	**Green**	**Red**	**Amber**
6. E 47 Ethnicity – Assessments	**Green**	**Green**	**Green**
EXCEPTIONS			
• C32 (BV54) Older people helped to live at home per 1,000 population	**Red**	**Red**	**Red**
• C62 Carer's assessments leading to services	**Green**	**Amber**	**Red**
• D55 Acceptable waiting times for assessments	**Amber**	**Red**	**Red**
STRATEGIC HOUSING			
7. KPI 2a Percentage of service users who have moved on in a planned way	**Green**	**Green**	**Green**
8. LPI 4 Number of non-decent private sector homes occupied by vulnerable house holds made decent	**Green**	**Green**	**Green**
9. BV213 Number of cases where homelessness has been prevented	**Green**	**Green**	**Green**
10. LPI 7 Average length of time for major adaptations from OT referrals work beginning (non waiting list)	**Green**	**Red**	**Amber**
EXCEPTIONS			
• BV 64 The number of empty properties returned to use or demolished as a result of LA action	**Amber**	**Red**	**Red**
• BV 203 % change in families accommodated in temporary accommodation	**Amber**	**Red**	**Red**
CUSTOMER CARE			
11. No. complaints leading to a revision of policy or procedure	**Green**	**Green**	**Green**
12. % of complaints resolved in indicated timescale	**Amber**	**Green**	**Amber**

2.3   The full detailed Scrutiny scorecard is distributed as an accompanying document and will be presented to your meeting on March 22nd.

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
AN INTRODUCTION TO SOCIAL CARE INDICATORS REFERRED TO IN THIS REPORT			
C26 : Admissions of supported residents aged 65 and over to residential/ nursing care	The number of older people, aged 65 & over, admitted on a permanent basis to supported residential and nursing care during the year - per 10,000 population aged 65 & over	A count of the number of service users, funded by the local authority, who go into long-stay residential or nursing care during the financial year, expressed as a proportion of the local population so it is comparable between authorities.	The current population of 65+ in the borough is 42,969 so 430 admissions in a full year would give an indicator figure of 100. Our target for 2006-7 is an indicator figure of 80, which represents 344 admissions
C27 : Admissions of supported residents aged 18-64 to residential/ nursing care	The number of adults, aged 18-64, admitted on a permanent basis to supported residential and nursing care during the year - per 10,000 population aged 18-64	As above but for the 18-64 age group	The current population of 18-64 in the borough is 149,868 so 75 admissions in a full year would give an indicator figure of 5. Our target for 2006-7 is an indicator figure of 3.2, which represents 48 admissions
C28 : Intensive home care	Number of households getting Intensive home care in a specific week - per 1,000 population aged 65 & over	Intensive homecare is more than 10 hours & 6 or more visits in a week. This is measured on a sample week in September, designated by Dept. of Health	With a population of 42,969, an indicator figure of 15 would represent 645 households. Our target for 2006-7 is 16, which is 688 households whereas 600 households gives an indicator of 13.9
C32 : Older people helped to live at home	Older people, aged 65 & over, helped to live at home on a specific date - per 1,000 population aged 65 & over	We help people to remain in their own homes by providing services such as homecare, day care, meals on meals, direct payments, short-term breaks and professional support	With a population of 42,969 we need to help 4297 people to score 100. Our target of 80 represents 3438 people and an indicator of 65 represents 2793
C62 : Carer's assessments leading to services	The number of people receiving a 'carer's break' or a specific carer's service during the period, following an assessment or	This differentiates services which we provide to enable a carer to continue in their role from the services which we might provide for the cared-for	In a year we help approximately 6,000 people with a community-based service so for our target

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
	review as a percentage of all clients getting a community-based service	person. Often this is a break, perhaps to enable the carer to take a holiday, or to attend a weekly leisure activity but it could also be training or emotional support	indicator of 10% we need to provide a service for 600 carers.
D54 : equipment and adaptations delivered within 7 working days	Percentage of items of equipment and adaptations delivered within 7 working days over the year	This covers all equipment and adaptations except those that require construction, structural work or more than just a simple fitting. The time measured is from the decision to supply to satisfactory installation.	Since the setting up of the Integrated Community Equipment Stores, all these deliveries are monitored through them. Our target is 87% delivered within 7 days
D55 : Acceptable waiting times for assessments	For new older (65 & over) clients, the average of (1) the percentage where the time from first contact to contact with the client is less than 2 days and (2) the percentage where the time from first contact to completion of assessment is less than 28 days.	A potential client might come to our notice in various ways: through their GP, from hospital, from a neighbour, from their own contact with us, etc. This (the referral) is the starting point and the aim is to firstly speak to them and secondly assess their needs as quickly as possible.	Although there are a number of legitimate reasons for a delay (e.g. difficulty getting hold of the client) the expectation is that we should meet the target times in over 90% of cases.
D56 : Acceptable waiting times for care packages	For new clients, aged 65 & over, the percentage for whom the waiting time from completion of assessment to receipt of all services is less than 28 days.	The time is measured from the end of the assessment process to the date that the last of the services we have agreed to provide is put in place.	An assessment will result in a care plan, identifying all the services we are to provide; these must all be put in place to complete the process. We aim to achieve this in 92% of cases.
E47 : Ethnicity of older people receiving assessment	The percentage of service users receiving an assessment that are from minority ethnic groups , divided by the percentage of older people in the local community that are from minority	Minority ethnic groups are all other than white and the count is of all those aged 65 & over receiving an assessment in the year	The proportion of ethnic minority groups in the borough population is 4.57 %. Our indicator score is bound to fluctuate a bit but we aim for something over 1.0 (which

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
	ethnic groups		would represent 4.57% of those assessed coming from minority groups) but under 1.5 (which would represent 6.85% of those assessed)
AN INTRODUCTION TO STRATEGIC HOUSING INDICATORS REFERRED TO IN THIS REPORT			
KPI 2a Percentage of service users who have moved on in a planned way	This indicator measures the number of service users who have moved on in a planned way as a percentage of service users who have left the service. Planned moves include moving into supported housing, permanent accommodation or back to family. Unplanned moves include abandonment, eviction, custody and sleeping rough.	The objective of short term accommodation based services, direct access accommodation, outreach services to rough sleepers and outreach services to service users in unstable accommodation is to move service users on to a more independent outcome agreed as part of the support planning process.	Local target is 70% and measures the effectiveness of individual services against service provision as a whole.
LPI 4 Number of non-decent private sector homes occupied by vulnerable house holds made decent	The number of non-decent private sector homes occupied by vulnerable household made decent	The Government target is for all local authorities to ensure 70% of private accommodation occupied by vulnerable households meets the Decent Homes standard by 2010	Vulnerable households have been defined as those in receipt of at least one of the principal means tested or disability related benefits. The governments Decent Homes Target Implementation Plan sets out a trajectory for delivery that includes targets for specific years up to 2020 expressed as the proportion of vulnerable households in the private sector living in Decent Homes. The relevant target percentages are 65% by 2006,

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
			70% by 2010, and 75% by 2020. There is also a target that this proportion will increase year on year.
BV213 Number of cases where homelessness has been prevented	Number of households who considered themselves as homeless, who approached the local housing authority's housing advice service(s), and for whom housing advice casework intervention resolved their situation.	The purpose of this indicator is to measure the effectiveness of housing advice in preventing homelessness or threat of homelessness. The provision of comprehensive advice will play an important part in delivering the housing authority's strategy for preventing homelessness in their district.	The aim of this indicator is to prevent the household presenting as homeless and homeless papers being taken. Also avoids the use of temporary accommodation. The indictor is calculated by recording the number of cases assisted through successful casework intervention and dividing this figure by the number of households in the local authority area to produce a figure per thousand households.
LPI 7 Average length of time for major adaptations from OT referrals work beginning (Non waiting list)	Average length of time waiting for major adaptations from assessment to work beginning on site	A major adaptation is defined as all work costing £500 or more. This indicator measures the time in week from the point that a disabled customer is referred to housing improvement to building work starting on site.	This indicator looks at all cases and measures the average number of weeks from referral to work starting.
BV 64 The number of empty properties returned to use or demolished as a result of LA action.	The number of private sector vacant dwellings that are returned into occupation or demolished during the financial year as a direct result of action by the local authority.	An empty property is a property that has been vacant for 6 months or more. This definition allows enough time for market forces to return an empty property in to use without intervention from an external agency.	The indicator has been set to gauge the number of private sector homes brought back in to use or demolished as a direct result of action by the LA and to enable benchmarking of

INDICATOR	FULL DESCRIPTION	EXPLANATION	MEANING
		This indicator is used to encourage the occupation or demolition of empty homes.	an authority's performance relative to other authorities with similar housing market conditions.
BV 203 % change in families accommodated in temporary accommodation	The percentage change in the average number of families placed in temporary accommodation.	To measure the authorities' success in achieving a better balance between housing availability and demand for hosing.	The authority has to use emergency accommodation when there is no other accommodation available to them. The governments aim is to reduce the number families in temporary accommodation by 50% by 2010.
AN INTRODUCTION TO CUSTOMER CARE INDICATORS REFERRED TO IN THIS REPORT			
No. complaints leading to a revision of policy or procedure	The number of times that complaints about Social Services functions, which have raised issues which tell the authority something we were not previously aware of, then lead to a change of policy or procedures.	Most complaints are resolved by providing the complainant with an explanation, and or an apology where mistakes have been made. In either event a small number may require a review of service delivery, and/or a reassertion or revision of a policy or procedure.	We receive compliments as well as complaints, and many complaints are unfounded, Any patterns or trends within complaints may expose a need for a change of policy or procedure.
% of complaints resolved in indicated timescale	The percentage of complaints that have been resolved-provided with a response that satisfies the complainant -within the indicated timescale.	There is a legal requirement that councils provide a specific Social Care complaints and representations procedure. Complainants have a *legal entitlement to progress* through a three stage escalating system culminating in a referral to the Local Government Ombudsman if unsatisfied at any of the stages.	Complaints that are not dealt with promptly are more likely to be carried on to the next stage. The target within the borough is that 75% are resolved within the timescales; this is a better indicator of quality than a target of reducing the number of complaints.

PERFORMANCE ACTION PLAN

PI INFORMATION AND ACCOUNTABILITY			
PI NUMBER & TITLE **Identify type of PI –** **BV,CPA,PAF,Local, etc.**		**PI Number ……BV 53………………** **Title** No. of households receiving intensive homecare per 1,000 population aged 65 or over	
SERVICE	Older People's Services	**DIRECTORATE**	SC & I
OFFICER	Andy Cross	**CABINET MEMBER**	Cllr Paul

PERFORMANCE DATA									
LAST YEAR			**THIS YEAR**						**NEXT YR**
Target	**Outturn**	**Quartile**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**Est'd outturn**	**Target**
13.6	**15.11**	**2nd**	**16**	**13.7**	**13.89**	**14.4**			**17**

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?
Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

1. **A structured review of care packages has been undertaken over the last quarter in line with departmental policy - adjusting care packages to those people whose needs have changed.**

2. **As a result of 1, a number of care packages have been reduced in line with reviewed current care needs, resulting in those packages no longer being eligible for this indicator (i.e. reduced to less than 10 hours a week or less than 6 visits).**

3. **As a result of the review of care packages a number of care packages have been identified that, were more appropriately meeting the Continuing Health Care criteria. This has had a short term impact on this performance indicator during quarter 3.**

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **A new action plan is to be developed and linked to the service plan for 07/08 to ensure that the performance against BV53 is improved, this includes**

    - ❖ **Encourage staff to explore Extra Care more fully with families.**

    - ❖ **To report the use of Extra Care consistently**

    - ❖ **Continue to work with Primary providers in difficult to cover Localities**

    - ❖ **Engage with commissioning on the re-tender of the Domiciliary Care contract**

    - ❖ **Promote publicise extra care model to raise public awareness and acceptance**

    - ❖ **Obtain regular update on Extra Care voids.**

WHAT ARE THE RISKS AND OPPORTUNITIES?

What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?

1. **Under use of Extra Care Housing**
2. **Poor recording of Extra Care Housing**
3. **Inconsistency in Domiciliary Care availability in certain Localities**

SIGN OFF

YOUR NAME	Andy Cross	YOUR ☎	
ED's SIGNATURE	Kathy McAteer	DATE	

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery

PERFORMANCE ACTION PLAN

PI INFORMATION AND ACCOUNTABILITY			
PI NUMBER & TITLE Identify type of PI – BV,CPA,PAF,Local, etc.		**PI Number BV54** **Title:** Older people helped to live at home per 1,000 population aged 65 or over	
SERVICE	Older Peoples Service	**DIRECTORATE**	**SC&I**
OFFICER	Andy Cross	**CABINET MEMBER**	**Cllr Paul**

PERFORMANCE DATA									
LAST YEAR			**THIS YEAR**						**NEXT YR**
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
80	68.97	3rd	80	63.6	62.25	70.1		72	85

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

- **Preventative care strategy is currently in the development phase; therefore not having fully developed our preventative care services; this limits what can be counted in this indicator.**

- **Currently not able to capture the full range of activity that could count towards this PI. Issues related to this include:**

  - **Lack of clarity about eligible services/service provision,**
  - **not having a single electronic system as a source for this data and**
  - **not having a mechanism to capture the simple, one-off services delivered against a contact assessment.**

- **Inconsistent capture of data on services provided through SLA's and block contracts for preventative services, extra care housing, and professional support.**

PLEASE COMPLETE PAGE 2

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **Implementation of Care Planning Module on PARIS to be rolled out over the coming months**

- **Work with the newly appointed Preventative Officer in developing a Preventative Strategy, access criteria for resultant services and data collection system**

- **Guidance notes on eligible services has been distributed and methods of data collection looked at pending these two developments above**

- **Q & PM Analyst is carrying out a short project to investigate what can be counted within indicator and seek benchmarking information from other authorities on how they report on it.**

- **Investigate how simple one-off services can be recorded and captured for this PI.**

- **Q&PM Analyst will be carrying out an audit of one Locality, to identify potential for improvements to this P.I. in particular around Interim and Intermediate Care, care services delivered under SLA/block contract, Extra Care Housing and professional support. The audit will also look as what has been historically put forward a s 'helped to live at home' services and whether the criteria for deciding this has been robust**

WHAT ARE THE RISKS AND OPPORTUNITIES?

What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?

1. **Delay in developing an appropriate Preventative Strategy and resultant services**

2. **Failure to improve capture of relevant data; through continued misunderstanding of criteria and how this is applied to services**

3. **delays in the Implementation of care planning module on PARIS will enable greater accuracy of data correction.**

SIGN OFF

YOUR NAME	Andy Cross	YOUR ☎	8389
ED's SIGNATURE	Kathy McAteer	DATE	

PERFORMANCE ACTION PLAN

<table>
<tr><td colspan="4">PI INFORMATION AND ACCOUNTABILITY</td></tr>
<tr><td colspan="2">PI NUMBER & TITLE
Identify type of PI –
BV,CPA,PAF,Local, etc.</td><td colspan="2">PI Number ……BV 195………………
Title Acceptable waiting times for assessments</td></tr>
<tr><td>SERVICE</td><td>Older People's Services</td><td>DIRECTORATE</td><td>SC & I</td></tr>
<tr><td>OFFICER</td><td>Andy Cross</td><td>CABINET MEMBER</td><td>Cllr Paul</td></tr>
</table>

PERFORMANCE DATA

LAST YEAR			THIS YEAR						NEXT YR
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
75%	86.1%	1	90%	85.5	74.4	67.6			90%

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

- **Poor inputting practices and collection methods are the main reason for the downturn in performance of this indicator for example;**

    o **Inputting accuracy and delays in putting on to the electronic systems**

    o **As PARIS has been rolled out to different Localities over a period of time, it has been identified that there are inconsistencies of inputting practice between different offices; this is partly due to the fact that training on this may not have been consistent across teams as the PARIS system has evolved .**

    o **A very clear example of this from operational feedback is; when assessment information is being inputted electronically, the date the assessment is being inputted to the system is being recorded and not the actual date the assessment took place.**

PLEASE COMPLETE PAGE 2

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **Data needs to be cleansed by admin staff in non electronic sites - liaison with the transformation team regarding sickness levels of admin staff and resultant cover for Locality teams.**

- **All staff need updated, consistent training on the inputting of this information on to the system - liaise with the PARIS team.**

- **Admin staff in electronic sites to help cleanse backlog and historical records - liaise with transformation team to ensure appropriate cover in Locality teams.**

- **Test audits of information will be carried out in specified teams leading to an action plan across the whole service to ensure consistent good practice is employed by all staff responsible for updating records. This will involve cross referencing paper records held on file with electronic records already inputted**

- **Approval has been given to recruit two staff vacancies which will improve performance**

WHAT ARE THE RISKS AND OPPORTUNITIES?

What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?

1. **Continued lack of admin staff in Localities**

2. **Electronic system not being embedded into Localities appropriately.**

3. *Approval has been given to recruit two staff vacancies which will improve performance* - the impact may not be felt until Q1of 07/08.

SIGN OFF

YOUR NAME	Andy Cross	YOUR ☎	
ED's SIGNATURE	Kathy McAteer	DATE	

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery

PERFORMANCE ACTION PLAN

<table>
<tr><td colspan="4">PI INFORMATION AND ACCOUNTABILITY</td></tr>
<tr><td colspan="2">PI NUMBER & TITLE
Identify type of PI –
BV,CPA,PAF,Local, etc.</td><td colspan="2">PI Number …C62…………………
Title ………..Carers Assessments
leading to services……….</td></tr>
<tr><td>SERVICE</td><td>YA&DS</td><td>DIRECTORATE</td><td>SC&I</td></tr>
<tr><td>OFFICER</td><td>Julie Metcalf</td><td>CABINET MEMBER</td><td>A.Paul</td></tr>
</table>

PERFORMANCE DATA

LAST YEAR			THIS YEAR						NEXT YR
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
3.6%	3.4%		10%	0.6%	2.6%	4.7%	n/a	6.3%	10%

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

- Staff capacity issues. Specifically the ending of agency staff contracts and delays in recruitment have led to a number of teams functioning with low staffing levels.

- As a result of this, there are competing priorities and other areas of work e.g. duty, have been given a higher priority for staff to focus on.

- Improved range of services offered to carers, including complimentary therapies, was initially piloted only in a small area to test take up etc.

- There are some data recording issues. There is a lack of clarity as to what exactly can be included in order to calculate this PI. In addition, the lack of full roll out of PARIS has led to inconsistent capture of data which creates difficulties in calculation.

PLEASE COMPLETE PAGE 2

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **Review of staffing levels in teams has led to a temporary increase in some areas, and consideration is being given to permanent recruitment wherever possible.**
- **Improvements in staffing levels will ensure that service priorities can be regularly reviewed and targeted appropriately.**

- **Information on the increased range of specific carers services has now been made more widely available and it is anticipated that this will lead to an increase in the number of carers accessing services following assessment.**

- **Working group in progress supported through Q&PM to look at electronic data recording issues and how these need to be addressed. In short term, common mechanism to ensure all relevant data is collected, will be agreed.**

WHAT ARE THE RISKS AND OPPORTUNITIES?

What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?

4. **Delays may occur in recruitment of permanent staff which would mean further delays in having a positive impact on performance, currently not expected until Q1 07/08.**

5. **Current projected overspend is likely to mean priority focus on reviews in the first instance.**

6. **Full PARIS roll out still not achieved, leading to continuing data collection difficulties.**

SIGN OFF

YOUR NAME	Julie Metcalf	**YOUR ☎**	658387
ED's SIGNATURE	Kathy McAteer	**DATE**	01/03/07

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery

PERFORMANCE ACTION PLAN

PI INFORMATION AND ACCOUNTABILITY

PI NUMBER & TITLE Identify type of PI – BV,CPA,PAF,Local, etc.		PI Number BV203 Title % change in number of families in TA	
SERVICE	Supported Housing	**DIRECTORATE**	SC&I
OFFICER	Andrea Potts	**CABINET MEMBER**	Cllr Alan Paul

PERFORMANCE DATA

LAST YEAR			THIS YEAR						NEXT YR
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
-1%	1.86%	?	-0.25%	36%	36%	25.4%		31%	-0.5%

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

- The number of families in TA as at the end of each quarter in 2006/7 has been significantly higher than 2005/6 despite reductions in presentations and acceptances.
- Q1 05/06= 38; Q2 05/06 = 39; Q3 05/06 = 45
- Total = 122; Overall average = 40.67
- Q1 06/07= 53; Q2 06/07 = 52; Q3 06/07 = 49
- Total = 154; Overall average = 51.3

BV203 calculates the % difference in the 2 average figures
The increased numbers in TA (and therefore decline in performance) can in part be attributed to a particular increase in the number of families in refuge accommodation, which in turn can be due to increased number of refuge spaces, the positive promotion of DV campaigns and the active encouragement for women not to tolerate DV.

The target of -0.25% was based on a average for the year of 39.75 (159 households) which will not be achievable in view of numbers in TA to date; if numbers / usage remain constant then likely average for 06/07 is 52.75 and year end is estimated at 31% variance.

PLEASE COMPLETE PAGE 2

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **Increased focus (in terms of structure of services and resources) on prevention activities**
- **Launch of a Sanctuary scheme as an alternative for families suffering domestic violence allowing them to remain in their own home avoiding admittance to refuge accommodation – take up limited / not a realistic option for all DV cases – target to fund 10 "sanctuary" prevention cases**
- **Continued reductions in homeless presentations and acceptances through a range of prevention initiatives**
- **Secondary "prevention" nomination category with RSL's to increase numbers being rehoused direct, avoiding temporary accommodation**
- **Increase in resources available for rent deposits – 20 households to be assisted financially to access private tenancies**

- **But opportunities in the private sector need to be maximised further so that households see this as a real alternative to social housing – perhaps by developing a scheme offering private tenancies as qualifying offers, allowing the LA to discharge duty owed to homeless families**

WHAT ARE THE RISKS AND OPPORTUNITIES?

What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?

Currently, BV203 is one of the CPA measures used for the housing services assessment score. Each of the CPA measures are scored against threshold positions (similar to upper and lower quartiles) and are combined with inspection scores, resulting in an overall score between 1 and 4, which feeds directly into the overall CPA rating for the authority. For 2006, the housing block looks set to achieve the maximum rating of 4 (to be confirmed by the Audit Commission in February 2007).

Outturns for the year 2006/07 will be used in the 2007 CPA assessment. The threshold positions for the 2007assessment have not yet been published and are likely to be more stringent than 2006 when upper threshold was -6.94% and the lower threshold was 28.31%.

Unless a significant reduction in this measure is achieved in the last quarter it is almost certain that next year housing will lose the service score of 4.

Performance continues to be adversely affected by a range of issues including

- o **The continued demand for temporary accommodation from homeless households, some cases which are more difficult to prevent / delay homelessness eg DV cases**
- o **A reduction in offers of social housing tenancies/ delays in commencement of tenancies**
- o **Inability to "tap" into and access private sector options**

SIGN OFF

YOUR NAME	Andrea Potts	YOUR ☎	01922 653460
ED's SIGNATURE		DATE	16/10/06

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery

PERFORMANCE ACTION PLAN

PI INFORMATION AND ACCOUNTABILITY			
PI NUMBER & TITLE **Identify type of PI –** **BV,CPA,PAF,Local, etc.**		PI Number BVPI 64 Title The number of non-local authority owned vacant dwellings returned to occupation or demolished during the financial year as a direct result of action by the LA	
SERVICE	Housing Standards & Improvement	**DIRECTORATE**	Social Care & Inclusion
OFFICER	Mark Wade	**CABINET MEMBER**	Cllr. A Paul

PERFORMANCE DATA									
LAST YEAR			**THIS YEAR**						**NEXT YR**
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
45	77		125	13	17	21 (cum total)		30	150

WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.

- **Walsall Housing Group (WHG) demolition programme for 2006/07 has been delayed meaning the demolitions that we expected to make a significant contribution to achieving this target are not now going to happen in this financial year.**

PLEASE COMPLETE PAGE 2

WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?

- **The Housing Standards Team is now fully staffed meaning capacity to deal with Empty Homes has increased.**

- **All partner Housing Associations have been contacted again to ensure all qualifying demolitions and properties brought back into use are notified to the council.**

- **We will be working with WHG in quarter 4 to ensure as many long term void properties as possible are put back into use to ensure the year target is met.**

WHAT ARE THE RISKS AND OPPORTUNITIES?
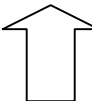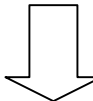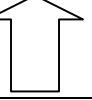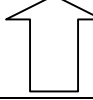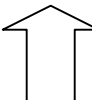
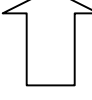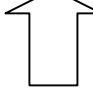*What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council policy? Why? When? By whom?*

7. **There remains a significant risk that the year target may not now be met. Bringing empty properties back into use is a long term process involving negotiations with owners meaning the lack of time to the year end is the main risk factor.**
8. **Efforts will be concentrated in quarter 4 as described above to maximise performance.**

SIGN OFF

YOUR NAME	Mark Wade	YOUR ☎	
ED's SIGNATURE		DATE	

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery

No.		Description	Lead Officer	2005/06 Outturn	Target 2006/07	2006/07 Quarter 2	2006/07 Quarter 3	Future Targets	Performance compared to		RAG
									Year End Outturn	Quarter 2 Outturn	
ADULTS SOCIAL CARE PERFORMANCE ACTIVITY											
1	Local Target (C26 LAA)	Admissions of supported residents aged 65 and over to residential/ nursing care per 10,000 population	AC	109.5 ? ? ? ?	110 ? ? ? ?	41.4	64.7 (Q4 est. 86.3 ? ? ? ? ?)	07-08 99	⬆	⬇	G
2	Local Target (C27)	Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000 population	JM JG MW	4.4 ? ? ?	3.2	1.8	1.9 (Q4 esti.2.6 ? ? ? ? ?)		⬆	⬆	G
3	C28 BV53	Intensive home care	HOS	15.1 ? ? ? ?	16 ? ? ? ? ?	13.9 ? ? ? ?	14.4 ? ? ? ?	07-08 17 08-09 18	⬇	⬆	RED
4	D54 BV56	Percentage of items of equipment and adaptations delivered within 7 working days	JM	78.1 % ? ? ? ?	87% ? ? ? ? ?	83.2 % ? ? ? ?	84.25 % ? ? ? ?	07-08 95% 08-09 95%	⬆	⬆	G
5	D56 BV196	Acceptable waiting times for care packages	HOS	87.0% ? ? ? ?	92% ? ? ? ? ?	83.4 % ? ? ? ?	85.4 % ? ? ? ?	07-08 95% 08-09 95%	⬇	⬆	A
6	E47 LAA	Ethnicity of older people receiving assessment	AC	0.82 ? ?	1.08 ? ? ?	1.37 ? ? ?	1.36 ? ? ?	07-08 1.08 08-09 1.08	⬆	⬆	G
Ex1	C32	Older people helped to live at home per 1,000 population	AC	68.5 ? ?	80 ? ? ?	62.25 ? ?	70.1 ? ?	07-08 85 08-09 90	⬆	⬆	RED
Ex2	C62	Carers' assessments leading to services	HOS	3.4% ? ?	10% ? ? ? ?	2.6 % ?	4.7 % ? ?	07-08 10% 08-09 12%	⬆	⬆	RED
Ex3	D55 BV195	Acceptable waiting times for assessments	HOS	86.1% ? ? ? ?	90% ? ? ? ? ?	74.36 % ? ? ?	67.6 % ? ? ?	07-08 90% 08-09 90%	⬇	⬇	RED
HOUSING PERFORMANCE ACTIVITY											

	No.	Description	Lead Officer	2005/06 Outturn	Target 2006/07	2006/07 Quarter 2	2006/07 Quarter 3	Future Targets	Performance compared to Year End Outturn	Quarter 2 Outturn	RAG
7	KPI 2a	Percentage of service users who have moved on in a planned way	Paul Thomas	71.57%	70.00%	77.30%	77.89%	70.86%	↔	↑	G
8	LPI 4	Number of non decent private sector homes occupied by vulnerable households made decent	Mark Wade	170	158	88	158	154	↑	↑	G
9	BV 213	Number of cases where homelessness has been prevented	Andrea Potts	119 cases	150 cases	72 (109 cumulative total)	93 (202 cumulative total)	150 cases	↑	↑	G
10	LPI 7	Average length of time for major adaptations from OT referral to work beginning (non waiting list)	Mark Wade	42.10 weeks	40	41.35	41.80	35 weeks	↓	↓	A
Ex4	BV 64	The number of empty properties returned to use or demolished as a result of LA action.	Mark Wade	77	125	17	21	150	↓	↔	RED
Ex5	BV 203	%change in families accommodated in temporary accommodation	Andrea Potts	1.86%	-0.25%	36%	25.40%	-0.25%	↓	↑	RED
CUSTOMER CARE PERFORMANCE ACTIVITY											
CC1	Local	The number of complaints received in the period (stages 1 and 2)	Sue Dalley	170	200	50	55	180 - 220	↑	↑	G
CC2	Local	% of complaints received that were resolved in indicated timescale (Stage 1 and 2) - aggregated	Sue Dalley	40%	75%	66%	62%	80%	↑	↓	A