Health, Social Care and Inclusion Scrutiny and Performance Panel	**Agenda Item No. 10**

DATE: 10 July, 2008

Social Care and Inclusion Performance Scorecard Out turn Outcomes 2007-2008

Ward(s)   **All**

Portfolios: Cllr Barbara McCracken, Social Care, Health And Housing

Summary of report:

At the July 27 2006 meeting of the Health, Social Care and Inclusion Scrutiny and Performance Panel, panel members agreed to receive quarterly information on a representative selection of performance indicators (PIs) in order to further scrutinise the robustness of the improvement measures across the directorate.

It was agreed to produce a balanced scorecard for an agreed set of indicators and any other exception indicator that was classified as "red" using the traffic lights system. This report covers the Social Care and Inclusion scorecard measures for the fourth quarter/ year end outturn for 2007-2008.

Background papers:

 "Towards a Scrutiny Performance Scorecard" Health, Social Care and Inclusion Scrutiny and Performance Panel presentation July 27 2006

Reason for scrutiny:

To enable scrutiny of key performance indicators in accordance with statutory guidance.

Scrutiny panels are responsible for holding cabinet to account for the delivery of the Council's strategic goals and individual portfolio targets.

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 including 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   ***PERFORMANCE DATA SUMMARY: SOCIAL CARE AND INCLUSION FOURTH QUARTER/YEAR END OUTCOMES FOR 2007-2008***

1.1   *On the 16 June 2007 Panel agreed to continue to receive quarterly reports on a representative list of 15 PIs across the Social Care and Inclusion Directorate. It was also agreed that any other headline indicator in the directorate that was identified as "red" - i.e. would not meet target with existing actions - should be added to the list as long as it remained red. A jargon free explanation of the various PIs is included with the full score card **see Appendix 2**.*

1.2   *This report covers the whole of 2007-08. Of the 15 PIs on the Panels score card: 6 are red; 6 green and 3 NA. In addition there are 15 PIs for "red" exception reporting. The overall Scorecard is available as **Appendix 1**. This "traffic light" rating is only one means of evaluating indicator performance. The Panel would be advised to take into consideration the performance of the indicator against the national standard (banding), benchmark or the performance of neighbouring councils or councils identified by the Audit Commission as having similar demographics as Walsall.*

1.3   *A new scorecard will be presented to scrutiny panel which will include existing indicators and the new National Indicator set. It is proposed that a total number of 15 indicators should be sufficient for reporting purposes.*

2   ***SUPPLEMENTARY: ADULT SOCIAL CARE INDICATORS 2008-09 OUTTURN***

2.1   *As previously reported Adult Social care PAF indicators are grouped into annually revised bandings as a guide to CSCI inspectors and managers in identifying areas of comparative strength and weakness. These bandings are set nationally by CSCI and are as follows: Band five = Very good; Band four = Good; Band three = Acceptable, but possible room for improvement; Band two = Ask questions about performance; and Band one = Investigate urgently.*

2.2   *It is clear that whilst the RAG system identifies a range of missed <u>local</u> targets in 2007-08 the high number of red indicators in Adult social care at year end (15) gives a misleading impression of performance in the year. Of these 15:*
   - *5 are in the top national band set or "very good";*
   - *3 are second highest in their band "good";*
   - *5 are band three "acceptable"; and*
   - *3 are worthy of closer scrutiny.*

2.3   *Lessons have been learnt from the target setting in 2007-08 and have been applied to the process used to determine 2008-09 targets. Reporting to Panel should assist members in identifying areas of genuine concern. It is therefore proposed that in 2008-09 Adult Social Care reports on red indicators that:*
   - *Have gone red <u>and</u> have dropped a band;*

- *Or are have gone red <u>and</u> are band two or below.*
This should help to distinguish good performance that narrowly misses its target from indicators that require genuine scrutiny.

2.4 *What follows is a short summary of the "red" social care indicators clarifying the existing performance in comparison to the national bands and comparable councils as appropriate.*

2.4.1 **BAND FIVE - VERY GOOD**

- *C30 Adults with learning disabilities helped to live at home: Slight fall from 4 to 3.6 per 1000 18-64 year olds, remains top band performance.*
- *C72 Admissions of supported residents aged 65+ to residential/ nursing care: Slight increase from 85 to 88 admissions per 10,000 population remains top band performance.*
- *D54 % Equipment delivered in 7 working days: An improvement from 85 to 90% within timescale remains top band performance.*
- *D56 Acceptable waiting time to care package A major improvement from 83 to 90.1% within timescale an increase of two bands to top band performance.*
- *D75 Practice learning placements: Despite a fall from 22 to 18.6 the year end prediction remains top band performance.*

2.4.2 **BAND FOUR - GOOD**

- *C28 Intensive Home care: An improvement from 13.9 per head of population to 14.5 remains band four.*
- *D37 Availability of Single Rooms: Slight fall from 96% to 94.6% and has dropped a band.*
- *D55 Acceptable waiting time to assessment: A major recovery and improvement from 70.9% within acceptable waiting time to 88.5% an increase of three bands to band four.*

2.4.3 **BAND THREE - ACCEPTABLE, BUT POSSIBLE ROOM FOR IMPROVEMENT**

- *B17 Average gross weekly expenditure on home care for adults and older people- Both Unit cost indicators (see B12 below) have risen as overall expenditure has increased but activity/placements decreased. This is a deliberate transitional result of directorate policy to reduce low cost high volume residential and nursing placements and expand support in the community. The upward pressure should ease in 2008-09.*
- *C51 Direct Payments: An improvement from 87 per head of population to 104.1 and an increase of one band to band three. Major project work is underway to improve Direct Payments as part of the Personalisation agenda which should significantly improve this indicator.*
- *C73 Admissions of supported residents aged 18-64 to residential/ nursing care: An improvement in the year with a fall from 3.3 to 2.9 admissions per 10,000 18-64 population, no change in band three status.*
- *D40 Clients receiving a review Significant improvement from 65% to 72.4%*

2.4.4 **BAND TWO - ASK QUESTIONS ABOUT PERFORMANCE**

- *B12 Unit cost of residential care, nursing care for all client groups plus intensive home care (see comment B17 above).*
- *C32 Older People helped to live at home: Significant improvement from 64 to 68.8 per 1000 older people in the population, still band two. Significant preventative activity can not be included in this indicator.*
- *E82 % of assessments leading to a service: The proportion of assessments leading to a service rose to 91.9% from 83%. This indicator penalising such an increase with the band rating falling from band five to band 2, which reflects the focussing of social care assessments on people with substantial and critical needs who invariably require a service. CSCI have recognised this national trend and have removed the banding for this indicator in 2008-09.*

APPENDIX ONE

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08		Target 2008/09	Performance compared to		RAG
					Qtr 3	Year End		2006-07 Outturn	Qtr 3	
ADULT SERVICES SOCIAL CARE PERFORMANCE ACTIVITY										
C28 BV53	Intensive home care	15.1 ????	13.9 ????	16 ?????	14.7 ????	14.6 ????	14.5 ????	⇧	⇩	R
C29	Adults with physical disabilities helped to live at home	2.6 ??	3.3 ??	4.3 ????	4.7 ????	4.5 ????	4.4 ????	⇧	⇩	G
C30	Adults with learning disabilities helped to live at home per 1,000 population aged 18-64	3.5 ?????	4.0 ?????	3.6 ?????	3.8 ?????	3.4 ?????	3.6 ?????	⇩	⇩	R
C31	Adults with mental health problems helped to live at home	2.6 ?????	4.0 ?????	4.2 ?????	5.8 ?????	5.6 ?????	4.5 ?????	⇧	⇩	G
C32 BV54	Older people helped to live at home per 1,000 population	68.5 ??	64.0 ??	80.0 ???	66.3 ??	68.8 ??	70 ??	⇧	⇧	R
C62	Carers' assessments leading to services	3.40% ??	6.3% ???	10.0% ????	5.4% ??	11.0% ????	14.00% ?????	⇧	⇧	G
C72	Admissions of supported residents aged 65+ to residential/ nursing care per 10,000 population	97.1 ????	85.00 ?????	75.00 ?????	76.12 ?????	88.0 ?????	85 ?????	⇧	⇩	R
C73	Admissions of supported residents aged 18-64 to residential/ nursing care per 10,000 population	4.2 ??	3.3 ???	2.3 ????	2.1 ????	2.9 ???	2.5 ????	⇧	⇩	R
D37	Availability of single rooms	94.20% ????	96.0% ?????	96.0% ?????	91.7% ????	94.6% ????	95.10% ?????	⇩	⇧	R
D39	Percentage of people receiving a statement of their needs and how they will be met	93.40% ???	89.0% ??	98.0% ????	93.4% ???	99.3% ????	99% ????	⇧	⇧	G
D40	Clients receiving a review	50.70%	65.0% ???	95.0% ????	67.1% ???	72.4% ???	75% ????	⇧	⇧	R
D41	Delayed transfer of care	25 ????	23 ????	N/A		26.0 ????	TBR	⇩		
D54 BV56	Percentage of items of equipment and adaptations delivered within 7 working days	78.10% ????	85.0% ?????	90.0% ?????	83.9% ????	86.1% ?????	90% ?????	⇧	⇧	R
D55 BV195	Acceptable waiting times for assessments	86.10% ????	70.9% ?	90% ?????	85.5% ????	88.5% ????	91% ?????	⇧	⇧	R
D56	Acceptable waiting times for care	87.00% ????	83.0% ???	95.0% ?????	88.5% ????	91.0% ?????	90.1% ?????	⇧	⇧	R

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08		Target 2008/09	Performance compared to		RAG
					Qtr 3	Year End		2006-07 Outturn	Qtr 3	
BV196	packages									R
C51 BV201	Direct payments	82 ???	87 ??	138.5 ????	90.1 ???	104.1 ???	120 ????	⇧	⇧	R
E47 LAA	Ethnicity of older people receiving assessment	0.82 ??	1.10 ???	1<2 ???	1.29 ???	1.26 ???	1.2 ???	⇔	⇔	G
E48 LAA	Ethnicity of older people receiving services following an assessment	1.08 ???	1.20 ??	0.9<1.1 ???	0.92 ???	1.00 ???	1.09 ???	⇔	⇔	G
E82	The percentage of assessments which lead to service being provided	78%	69.00% ?????	75.00% ?????	78.00% ????	91.90% ??	85% ???	⇩	⇩	R
SAS 5.3OP164	% assessed or reviewed with ethnicity not stated	0.70%	0.3%	0.3%	0.89%	0.0%	0.3%	⇧	⇧	G
SAS 5.3OP165	% receiving services where ethnicity not stated	2.50%	1.4%	1.0%	0.82%	0.5%	0.5%	⇧	⇧	G
D75	Practice learning	11.7 ????	22.2 ?????	23.0 ?????	18.6 ?????	19.7 ?????	18.6	⇩	⇧	R
CUSTOMER CARE (SOCIAL CARE)										
Local	The number of complaints received in the period (stages 1 and 2)	170	197	200	43	173(YE) 33(Q4)	175			
Local	% of complaints that were resolved in period within indicated timescale (stages 1 and 2)	40%	62%	70%	62%	69%(YE) 63%(Q4)	70%	⇧	⇧	G
Local	% of complaints progressing to the next stage of the procedures within the period	0	0.5%	<5%	0.0%	0.0%(for both)	<5%	⇧	⇔	G
Local	% of complaint issues that indicated the need for a revision of policy or procedure following the completion of stage 1 or 2 complaint investigations	0	9 (5%)	16 (8%)	6(14%)	10%(YE) 14%(Q4)	16%	⇧	⇔	G
FINANCE										
PAF B12	Unit cost of residential care, nursing care for all client groups plus intensive home care	£465 ????	£479 ???	£493 ???	£533 ??	£536 ??	£541 ??	⇩	⇔	R
PAF B17	Average gross weekly expenditure on home care for adults and older people	£14.40 ????	14.80 ???	£15.20 ???	£16.22 ??	£15.70 ???	£15.90 ???	⇔	⇧	R
Local	Unit cost of direct payments	N/A	£178	N/A	£155	£155	£155	⇧	⇔	G

| No. | Description | 2005/06 Outturn | 2006/07 Outturn | Target 2007/08 | 2007/08 | | Target 2008/09 | Performance compared to | | RAG |
					Qtr 3	Year End		2006-07 Outturn	Qtr 3	
	HUMAN RESOURCES (SOCIAL CARE)									
SAS 8.3GN250	Recruitment & Retention Indicator (Staff Turnover) Percentage of SSD directly employed staff that left during the year to 30 September.	6.66%	8.50%	7.00%	8.6%	8.3%	8.00%	⇧	⇧	R
SAS 8.3GN251	Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September.	11.20%	12.30%	11.00%	37.15%	24.1%	20.00%	⇩	⇩	R
SAS 8.3GN252	The percentage of Social Services working days/shifts lost to sickness absence during the financial year.	5.84%	8.89% (1.15% qtr 1)	6.00%		9.6%	7.50%	⇩		R
	HOUSING PERFORMANCE ACTIVITY									
KPI 1a	Percentage of service users who have been supported to establish independent living.	98.19%	98.10%	98.00%	98.68%	98.89%	TBR	⇧	⇧	G
KPI 2a	Percentage of service users who have moved on in a planned way	71.57%	76.91%	72.00%	90.45%	83.9%	TBR	⇧	⇩	G
BV 64	The number of empty properties returned to use or demolished as a result of LA action.	77	112	450	623 (cumulative total)	763	TBR	⇧	⇧	G
LPI 1	% social housing meeting the decent home standard	67%	84%	92%	Annual Return	97%	TBR	⇧	⇧	G
LPI 4	Number of non decent private sector homes occupied by vulnerable households made decent.	170	269	200	200 (cumulative total)	269 (cumulative total)	TBR	⇔	⇧	G
LPI 23 formerly BV 183a	Average length of stay in BB for families (weeks)	1.19	1.24	1.20	1.95	2.11	TBR	⇩	⇩	R
BV 202	Levels of rough sleeping	0 (actual)	0 (actual)	0	0	0	TBR	⇔	⇔	G
LP1 25 formerly BV203	% change in families accommodated in temporary accommodation	1.86%	23.78%	-0.50%	2.46%	-10.84%	TBR	⇧	⇧	G
BV213	Number of cases where homelessness has been prevented - total cases	119	285	355	131	103(Q4) 476(YE)	TBR	⇧	⇧	G

No.	Description	2005/06 Outturn	2006/07 Outturn	Target 2007/08	2007/08 Qtr 3	2007/08 Year End	Target 2008/09	Performance compared to 2006-07 Outturn	Performance compared to Qtr 3	RAG
		Cases	DCLG score 3	CLG score 4						
LPI 24 formerly BV214	Levels of repeat homelessness	3.32%	0.39%	2.75%	0.58%	1.02%	TBR	⇧	⇩	G
LP1 7	Average length of time for major adaptations from OT referral to work beginning (non waiting list)	42.1	39.66	40.00	41.57	62.70	TBR	⇩	⇩	R
Directorate Scorecard and Scrutiny Indicators										
LPI 17	No. of complaints received	N/A	25		42	41	TBR	⇩	⇩	R
	% responded to in 20 days	N/A	96%	100%	100%	98%	TBR			
LPI 18	RSL Void turnaround time	N/A	New Indicator		32.52	30.57	TBR	N/A	⇩	
LPI 19	Homeless households in TA who accepted an offer of accommodation	N/A	91		30	72(YE) 17(Q4)	TBR	⇩	⇩	
LPI 20	Homeless at home households who accepted an offer of accommodation	N/A	66		19	48(YE) 11(Q4)	TBR	⇩	⇩	
LPI 21	Homeless households in TA who refused an offer of accommodation		16		1	6(YE) 1(Q4)	TBR	⇧	⇔	
LPI 22	Homeless at home households who refused an offer of accommodation		21		6	16(YE) 0(Q4)	TBR	⇧	⇧	

APPENDIX 2

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
B12 : Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	Represents the average weekly cost for one weeks care in residential care, nursing care or via intensive home care. This is for In House and external provision covering all client groups (Older people, Learning Disability, Mental Health and Younger Adults)	The indicator consolidates all expenditure and activity together to produce an average weekly cost.	*In 06/07 the total expenditure in this indicator was £58.455m divided by resident weeks of 110,233 producing a weekly unit cost of £530*
B17 : Unit cost of home care for adults and older people	Represents the average gross hourly cost for home help/care in any specific year	The indicator consoldiates all expenditure for home care/home help for all adult client groups and older people during the year and activity (number of home help/care contact hours for all adult client groups and older people).	*The unit cost of homecare has increased following the establishment of specialist homecare provision. Independent provider costs vary. Specific initiatives to improve this indicator during 08/09 such as retendering domiciliary care. 06/07 outturn £14.80, 07/08 target £15.20.*
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. Therefore a target indicator figure of 16, would represent 688 households whereas 600 households gives an indicator of 13.9*
C30 : Adults with Learning Disabilities helped to live at	Adults with learning disabilities, aged 18 to 64, helped to live at home on a specific date – per	We help people to remain in their own homes by providing services such as homecare, day care, meals	*Based on a Walsall population (18-64) of 151,033 in order to achieve*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
home	1,000 population aged 18 to 64.	on meals, direct payments, short-term breaks and professional support	*2007/08 target on this indicator we were required to help 543 people with learning disabilities live at home. 2007/08 outturn position on 3.4 equated to 514 people supported to live independently*
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. Therefore a target indicator figure of 80 represents 3438 people and an indicator of 65 represents 2793*
C51 : Direct payments	Adults (aged 18-64) and older people (aged 65 & over) receiving direct payments, on a specific date, per 100,000 population aged 18 or over (age standardised)	If a person is assessed as eligible for a social care service from us, they have the option of taking the service as a 'direct payment' i.e. a sum of money which they choose to spend on the provider and package of care they want instead of what we would provide	*The calculation of the indicator is complicated because it depends on the numbers in different age groups. Therefore a target indicator figure of 104.5 represents approximately. 200 people whereas 150 people gives an indicator of approximately 80.*
C62 : Carers 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 review as a percentage of all clients getting	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 person. Often this is a break, perhaps to enable the	*In a year we help approximately 6,000 people with a community-based service so for a target indicator of 10% we need to provide a service for 600*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
	a community-based service	carer to take a holiday, or to attend a weekly leisure activity but it could also be training or emotional support	*carers.*
C72 : Admissions of supported residents aged 65 and over to residential or nursing care	Adults aged 65 and over admitted as a permanent supported resident to residential or nursing care during the year – per 10,000 population aged 65 and over.	We aim to help people to remain in their own homes as long as possible. Permanent admission to residential or nursing care should only be considered when other options are no longer viable.	*Based on a population of 42,969, target of 75 set for 2007-08, this equates to 323 admissions of supported residents. 2007/08 outturn was 88, equating to 379 admissions*
C73 : Admissions of supported residents aged 18 to 64 to residential or nursing care	Adults aged 18 to 64 admitted as a permanent supported resident to residential or nursing care during the year – per 10,000 population aged 18 to 64.	We aim to help people to remain in their own homes as long as possible. Permanent admission to residential or nursing care should only be considered when other options are no longer viable.	*Based on a Walsall population of 151,033 aged 18-64. Target of 2.3 set for 2007-08, equating to 35 admissions of supported residents. 2007-08 outturn position was 2.9, equating to 44 admissions, 9 over targe*
D37 : Availability of single rooms	The percentage of single adults, aged 18 and over, admitted to permanent residential or nursing care who were allocated single rooms.	It is important for people to retain their dignity and privacy when admitted to permanent care. We have a responsibility to ensure that where possible people are enabled to have their own space.	*This indicator is calculated based on a sample (as recommended in official guidance). End of year outturn 94.6% equating to 123 allocated single rooms, out of a 130 sample.*
D40 : Clients receiving a review	Percentage of adults aged 18 and over receiving a service who have had a review during the year.	Good care management should ensure that peoples needs are monitored and reviewed at least once a year.	*Based on 7978 people receiving a service throughout 2007/08. Outturn for 2007/08 was 72.4%, equating to 5774 people*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
			receiving a review during the year.
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.*
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).*
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.*
D75 : Practice Learning	Number of assessed social work practice learning days per whole time equivalent social worker	(i) Number of assessed social work days (those that are part of students' assessment for their social work degree or the Diploma in Social Work) *directly provided by the council.* PLUS (ii) Number	*The number of practice learning days provided by a council to student social worker to learn "on the job". A score in excess of 17 is the highest banding for this*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
		of social work assessed days *directly supported by the council* in the voluntary, private sectors or in other sectors such as health, education.	*indicator.*
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 ethnic groups	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 would represent 4.57% of those assessed coming from minority groups) but under 1.5 (which would represent 6.85% of those assessed)*
E82: Assessments of adults and older people leading to provision of service	The percentage of assessments undertaken, which lead to service being provided	Measurement of proportion of people aged 18+ assessed which in turn results in the delivery of a care package. Above 77.0% is considered is too high. Conversely, under 68.0% considered too low.	*06/07 outturn 69.0%; 07/08 target 68-77% which in turn equates to a 5 band range. As staff focus their assessment activity there is perverse tendency for those in receipt of a package to rise but the score of the indicator to fall.*
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.	The objective of short term accommodation based services, direct access accommodation, outreach services to rough sleepers	*Local target is 70% and measures the effectiveness of individual services against service provision as a whole.*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
	Planned moves include moving into supported housing, permanent accommodation or back to family. Unplanned moves include abandonment, eviction, custody and sleeping rough.	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.	
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, 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	The purpose of this indicator is to measure the effectiveness of housing advice in preventing homelessness or threat of homelessness. The provision of	*The aim of this indicator is to prevent the household presenting as homeless and homeless papers being taken. Also avoids the use of*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
	for whom housing advice casework intervention resolved their situation.	comprehensive advice will play an important part in delivering the housing authority's strategy for preventing homelessness in their district.	*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.*
LPI 18 Registered Social Landlord void turnaround time	Average time in calendar days to re-let Registered Social Landlord void properties.	The purpose of this indicator is to measure the amount of time taken from when a property becomes void (empty) to when the property is available to be re-let. The outcome of this indicator will play an important part in delivering the housing authority's strategy for reducing homelessness in the district. This is an RSL led indicator therefore Strategic Housing is	*This indicator looks at all void properties and measures the average number of days from void date to re-let date.*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
		unable to dictate a target for this indicator.	
LPI 19 Homeless households in temporary accommodation who accepted an offer of accommodation	Accepted homeless households with a housing duty leaving temporary accommodation secured under s.193 who have accepted a Part 6 offer of accommodation (s.193(6)(c)) – including LA nomination.	The council has a duty to households made homeless through no fault of their own (s193). This duty is to secure an offer of accommodation (part 6). The council does this by nominating homeless households to housing providers. This group of people are in temporary accommodation. The agreement with housing providers is that 25% of properties are offered to homeless households.	*The purpose of this indicator is to count the number of offers made and accepted by homeless households living in temporary accommodation. Low levels of accepted offers may lead to "silting up" of temporary accommodation*
LPI 20 Homeless at home households who accepted an offer of accommodation	Accepted homeless households with a housing duty but **NOT** requiring Local Authority temporary accommodation secured under s.193 who have accepted a Part 6 offer of accommodation (s.193(6)(c)) – including LA nomination.	The council has a duty to households made homeless through no fault of their own (s193). This duty is to secure an offer of accommodation (part 6). The council does this by nominating homeless households to housing providers. This group of people are temporarily staying with family or friends. The agreement with housing providers is that 25% of properties are offered to homeless households.	*The purpose of this indicator is to count the number of offers made and accepted by homeless households living in temporary accommodation. Low levels of accepted offers may lead to "silting up" of temporary accommodation*
LPI 23 Average length of stay in BB for families (weeks)	The average length of stay in bed and breakfast accommodation of households which include dependent	The council has a duty to secure interim accommodation to homeless families if they have reason to believe that the applicant	*The purpose of this indicator is to measure the length of time families are in bed and breakfast accommodation.*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
	children or a pregnant woman who are unintentionally homeless and in priority need.	may be homeless, eligible for assistance and has a priority need. (s188(1).	*The council should avoid using B&B accommodation wherever possible. Where B&B has been used in an emergency situation, applicants should be moved to more suitable accommodation as soon as possible. B&B accommodation is not suitable for families with children and households that include a pregnant woman unless there is no alternative accommodation available and then only for a maximum of six weeks.*
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*	*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*

INDICATOR	FULL DESCRIPTION	EXPLANATION	*MEANING*
		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.	*resolved within the timescales; this is a better indicator of quality than a target of reducing the number of complaints.*
AN INTRODUCTION TO HUMAN RESOURCES INDICATORS REFERRED TO IN THIS REPORT			
% of SSD directly employed staff that left employment	Recruitment & Retention Indicator (Staff Turnover) Percentage of SSD directly employed staff that left during the year to 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to high light any staffing difficulties.	*Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify areas of potential staff shortage.*
% of SSD directly employed posts vacant	Recruitment & Retention Indicator (Staff Vacancies): Percentage of SSD directly employed posts vacant on 30 September.	This indicator is normally produced in the autumn for the social care statutory return. IT is used to high light any staffing difficulties.	*Contrasting recruitment with vacancy levels annually over time (a snap shot held each September) or quarterly enables managers to identify areas of potential staff shortage.*
% of SSD working days/shifts lost to sickness absence during the financial year.	*Recruitment and retention indication (days/shifts lost). Percentage of SSD directly employed staff from April to March.*	*This indicator is normally produced quarterly throughout the year. With the outturn figure in the first month of Q1 next FY. IT is used for the calculation.*	*Contrasting sickness levels against outturn targets and other LA's enables managers to identify problem areas of long term and short term absences.*