

Appendix F

Rachael Wardell / Tandra Forster		Adult Social Care				Q1 2017/18		AMBER	
Indicator Ref: PS1asc2		% of adult social care safeguarding concerns responded to within 24 hours					Type: Snapshot		
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	★	★	◆				=>92%	Higher is better	
Qrtly outturn	135/143 94.4%	151/157 96.2%	120/139						
YTD outturn	718/768 93.5%	573/614 93.3%	86.3%						
REASON FOR AMBER:									
YTD 19 out of 139 (86.3%) concerns were not responded to within 24 hours, however we expect that the overall target can be met by year end.									
As a result of SMR4, there have been significant changes in structure, of where Adult Safeguarding is located and staffing changes (Service Manager currently vacant, new members of staff within the team).									
Recording practices have impacted on this measure. ASC staff are opening up concern documents and not closing them when the decision is made that a S42 is required. In order to follow the appropriate procedure the concern document should be closed as soon as a decision is made that further enquiries are required (within 24 hours), and where relevant a S42 document opened.									
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:									
New staff within the Safeguarding team are being supported to understand how data is collated and the requirement to be rigorous in monitoring Concerns and ensuring that they are actively being responded to.									
STRATEGIC ACTIONS REQUIRED: None									

Rachael Wardell / Mac Heath			Children and Family Service				Q1 2017	AMBER
Indicator Ref: CBaCFS11		Number of weeks taken to conclude care proceedings (children social care)					Type: nsnapshot	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★	■	■				<=26	Lower is better
Qrtly outturn								
YTD outturn	23	28	35					

REASON FOR AMBER:

This indicator measures the average number of weeks taken to conclude care proceedings for those concluded ytd. The target of 26 weeks is a national one. The National Average is some way adrift from this at 30 weeks (2013-2016).

We are in discussion with the judiciary and the Local Family Justice Board about these delays. It is accepted that Court capacity has contributed to our proceeding timescales and it is not attributable to delays within Local Authority planning.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:

As above- continued discussion with the judiciary and Local Family Justice Board.

STRATEGIC ACTIONS REQUIRED:

None

Nick Carter / Andy Walker			Finance & Property (Benefits)				Q1 2017	AMBER
CBdF&P8		Average number of days taken to make a full decision on new Benefit claims					Type: Snapshot	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	■	◆				=<20	Lower is better
Qrtly outturn	-	-	-					
YTD outturn	19.04 days	22.75 days	21.13					
REASON FOR AMBER: Staffing issues in that we had 1 member of staff still on probation and 1 on a phased return. Volume of incoming post tends to increase at change of financial year. Average processing times tend to be more volatile in the first quarter due to being comprised by fewer transactions. Trajectory going through the year would be for average outrun to reduce. Some software issues in terms of increased times taken to process claims. 60% of new claims are processed within the current targets. The remaining 40% are pending whilst the claimant provides further information. REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN: Software issues have been alleviated by the installation of a new server. Remaining issues being monitored and we will be liaising with software suppliers in order to minimise response times. In relation to staffing issues the member of staff on a phased return this arrangement has come to an end and the other member of staff on probation has decided to leave the council. Once a new member of staff has been employed further training will be required. In the meantime a temporary member of staff has been employed to alleviate some of the issues. There is a continual need to review and monitor the target in terms of amount of post being received, especially in respect to information and demands requested by DWP, and the availability of fully trained staff. Full roll out of Universal Credit (UC) will impact in December 2017. Despite the possible loss of new claimants the authority will be required to support new claimants in making and maintaining application for UC as well as assisting DWP UC Assessment Centre in the assessment of new claims. This will result in an increase in activity which attracts additional funding but is not subject to performance indicator measurement STRATEGIC ACTIONS REQUIRED: Not applicable at this stage.								

staff on probation has decided to leave the council. Once a new member of staff has been employed further training may be required.

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STRATEGIC ACTIONS REQUIRED:

Not applicable at this stage.

Rachael Wardell / Tandra Forster		Adult Social Care				Q1 2017/18	AMBER	
Indicator Ref: CBfasc5		% of clients with Long Term Service (LTS) receiving a review in the past 12 months					Type: snapshot	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★	■	◆				>=75%	Higher is better
Qrtly outturn	1129/1187	826/1240 66.6%	806/1239 65.1%					
YTD outturn	95.1%	66.6%	65.1%					
REASON FOR AMBER:								
Additional capacity was put in place at the end of 2015/16 to ensure reviews were completed for all long term clients under the new Care Act eligibility framework by 31 March 2016. Additional capacity resulted in an increased pace at the end of 2015 /16 which meant that for Q4 2016-17 the number of reviews due was significantly inflated ; the teams were unable to maintain the completion of reviews required and at year end 2016 / 17 over due reviews at year end were at 66%.								
Performance has remained static for Q1.								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
Weekly report provides detail of reviews required and is being actively used to focus work.								
During Q1, review of the data and skill set within the team has taken place to understand support needed to meet year end targets Increased team FTE temporarily to focus on overdue reviews where the primary support reason is Learning Disability and Mental Health (the main proportion of overdue reviews) which will allow us to meet target								
Care Director supports a proportional approach to reviews and minimises paperwork to be completed; looking to fully apply this approach where appropriate and safe to do so.								
STRATEGIC ACTIONS REQUIRED: None								

John Ashworth / Gary Lugg		Development and Planning				Q1 2017/18		RED
Indicator Ref: CBO6dp14		% of people presenting as homeless where the homelessness has been relieved or prevented					Type: %+	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★	★	■				75%	Higher is better
Qrtly outturn	-	-	22/44 50%					
YTD outturn	79%	269/349 77%	22/44 50%					

REASON FOR RED:

The Preventing Homelessness Grant, which was used for prevention activities, has been moved into the RSG. This has resulted in reduced funding and accordingly prevention activities have been reduced. In addition, there has been long-term sickness within the Housing Options team which has impacted upon capacity to undertake preventative work.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

The Housing Service is working to its full capacity with the resources available to it.

FINANCIAL IMPLICATIONS:

Prevention is usually a cheaper alternative to taking a homelessness application. Failure to prevent will lead to pressure on Bed & Breakfast budgets.

SERVICE PLAN UPDATES REQUIRED:

No service Plan updates are required.

STRATEGIC ACTIONS REQUIRED:

It should be noted that a new Prevention Duty is due to be implemented under the Homelessness Reduction Act. This will require the Council to take all reasonable prevention actions and a separate paper is being prepared as this will have significant resource and financial implications.