

Cabinet Quarterly Summary Performance Report



Total number of measures with a RAG (shown in chart above):

4

Measures where data currently unavailable:

0

► **Key areas of good performance**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 BCC claimant count rate as % of national claimant count rate	50%	47%	Green	Buckinghamshire: 2,970 claimants, which accounts for 0.9% of working age residents. Great Britain: 777,185 claimants, which accounts for 1.9% of working age residents.	The Q1 outturn is below the target (low is good). The rate remains close to record lows, however Buckinghamshire's claimant count has grown faster than the national level for each of the last nine months (to June 2017). Skills work (e.g. schools outreach and promotion of apprenticeships) is being conducted via Buckinghamshire Thames Valley Local Enterprise Partnerships (BTVLEP) Skills Hub.
2 % of new floorspace developed in Enterprise Zones (Silverstone)	100.0%	105.7%	Green	Benchmark information is not available as this is a local measure.	The floorspace target figure for the full year was achieved through the completion of 12,164m2 of development at Silverstone Park Enterprise Zone.

► **All areas of lower than expected performance (Red or Amber)**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 To improve access to super-fast broadband (>30mbps) for Buckinghamshire Commercial Premises (business parks).	93%	90%	Amber	Benchmark information is not available.	We have delivered fibre networks to enable over 90% of all premises types across the county to access superfast broadband against an end of year target of 93% . The number of business premises accessing fixed fibre is currently unknown.
2 To improve availability of fixed fibre to residential and business premises.	91.0%	90.3%	Amber	Buckinghamshire 90.3% Central Bedfordshire 93.2% Hertfordshire 94.1% Milton Keynes 97.3% Northamptonshire 95.5% Oxfordshire 93.8% Windsor and Maidenhead 93.5%	Despite being slightly below the target for the end of the year (91%), we are enroute to hitting the ultimate 2019 target of 94%. The Bucks contract extension was signed-off in May 2017 and will have a timeline from 2016 to 2019. First structures to go live is expected in August and September 2017. Lower values relative to benchmark neighbours is attributed to the delays in signing off the second contract. Furthermore, the extent of rurality in North Buckinghamshire means we do not have the established infrastructure as would be seen in more urban regions.

Total number of measures with a RAG (shown in chart above):

11

Measures where data currently unavailable:

3

► **Key areas of good performance**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 Improvement in risk category for those clients working with an Independent Domestic Violence Advocate (IDVA)	65%	77% (provisional)	Green	In this quarter 73 people were supported by the programme, giving a 77.0% provisional rate against the target of 65.0%.	<p>Of the clients who made witness statements none were withdrawn, and 50% of the clients were supported when taking their perpetrators to court.</p> <p>BCC measures are based on completion of the Domestic Abuse Stalking and Harassment (DASH) risk assessment at the start and end of engagement. 83% of the clients have now completed the outcome monitoring forms.</p> <p>With regard to national benchmarking, limited benchmarking is available from 2014/15 on high risk only, and it showed a 75% reduction in risk. BCC outcomes are measured on both high and medium risk, with the latter being more challenging to achieve risk reduction.</p> <p>Note: The result shown for Q1 is based on provisional data. Complete data for Q1 will not be ready until Q2 as the official results run behind by one quarter.</p>
2 % of customers who rate the registration service as good or excellent	95%	99%	Green	Our Q1 outturn of 99.0% has matched the year end outturn of 99.0%. As this is a local measure there is no national or comparator benchmarking.	The Registration Service has been rated as Excellent or Good by 99% of our customers in the first quarter of this year. This figure is the same as last year's rating which was collated in February 2017. In order to maintain this level of customer satisfaction, the service will continue to offer staff refresher training where needed and advice and assistance when necessary. Technical Assessments will be introduced towards the end of the year and all Registrars, Deputy Registrars and Deputy Superintendent Registrars will be assessed against these.
3 % of appointments offered within 48 hours to clients attending a sexual and reproductive health service	98.0% This target is for 2016/17 as the results run one quarter behind. The new target for 2017/18 will remain at 98.0%.	100.0% This result is for Q4 as the data runs one quarter behind.	Green	No national data comparison available	Data reported in Q1 contains the results for Q4 2016/17 as the data runs one quarter behind. The RAG for data in Q4 2016/17 and the year-end position for the whole year is GREEN. Quick access to testing and treatment for sexually transmitted infections is important for both the individual and to prevent further spread of infection. This target applies to community and specialist sexual health services. The services have worked together to introduce a new single point of access telephone system making it easier for residents to access the right service first time.
4 % of successful drug treatment completions of those in treatment	15.0% This target is for 2016/17 as the results run one quarter behind. The new target for 2017/18 will remain at 15.0%	17.0% (136/802) This result is for Q4 as the data runs one quarter behind.	Green	15.3% (England 2016/17) 16.8% (South East 2016/17)	Data reported in Q1 contains the results for Q4 2016/17 as the data runs one quarter behind. Data for Q4 2016/17 and the year-end position for the whole year are GREEN. In 2016/17, Bucks exceeded local targets for successful treatment completions for drugs and was in the top quartile compared to local comparator areas. This is a particular achievement as the adult service was being recommissioned during this time which can sometimes result in a decline in performance.
5 % of births that receive a face-to-face New Birth Visit within 14 days by a health visitor in the quarter	90.0% This target is for 2016/17 as the results run one quarter behind. The new target for 2017/18 will remain at 90.0%.	93.2% (1,267/1,361) This result is for Q4 as the data runs one quarter behind.	Green	88.7% (England Q3 2016/17) 84.8% (South East Q3 2016/17)	Data reported in Q1 contains the results for Q4 2016/17 as the data runs one quarter behind. Data for Q4 2016/17 is GREEN. However the year-end position is AMBER (for the whole year April to March), only just missing the target. Available benchmarked data (up to Q3 2016/17) shows that Buckinghamshire has performed well.

► All areas of lower than expected performance (Red or Amber)

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 Total number of visitors to Bucks County Museum	Graduated target Q1: 23,733 Q2: 50,915 Q3: 68,048 Q4: 90,000	21,636	Red	The Q1 outturn of 21,636 is below Q1 target of 23,733. The target is graduated through the year to cumulate up to the final year end target of 90,000. As this is a local measure there is no national or comparator benchmarking.	The overall attendance in the first quarter is approximately 8% down on last year – mainly due to a lower number of school visits in April because of a late Easter. Good weather over the Easter holidays had a negative impact on overall visitor numbers. A new Museum Director is starting in early August and visitor numbers will be a priority area of work.
2 Number of downloads per annum in Libraries	Graduated target Q1: 24,500 Q2: 49,000 Q3: 73,500 Q4: 98,000	23,470	Amber	The Q1 outturn of 23,470 is lower than the target of 24,500, we are looking to make up the shortfall in Q2 to get us back on track to meet our year end target of 98,000. As this is a local measure there is no national or comparator benchmarking.	Performance for library downloads falls slightly short of target (by 1,030 downloads). This is due to disruption caused by a change in supplier. Performance is expected to rise during Q2 because of the launch of the new combined e.audio / e.magazine app and also because of increased demand from holiday makers.
3 Number of current smokers achieving a 4 week quit	Annual target: 1,520, Q4ly target: 380 This target is for 2016/17 as the results run one quarter behind. The new annual target for 2017/18 will be 1,088; quarterly target 272	262 This result is for Q4 as the data runs one quarter behind.	Red	Benchmarking information is not available as although the number of current smokers achieving a 4 week quit is available for other authorities, local targets are not known or publicly available. Therefore we are unable to benchmark progress on our target.	Data reported in Q1 contains the results for Q4 2016/17 as the data runs one quarter behind. The RAG for data in Q4 2016/17 is Red as the Q4 outturn (262) did not meet the quarterly target of 380 people. The RAG for the whole year position is also RED. However the percentage of people who access the services and achieve a quit is higher than the England average (56.4% vs 49%). Hence, the performance is due to the numbers of people accessing the service, and not the quality of the service. Local performance reflects a national trend of reducing numbers of smoking quitters. The number of smokers opting to use e-cigarettes as an alternative to quitting is a significant contributor to this trend. Also, locally in order to achieve the savings target on the Public Health Grant received by the Council, there was a 40% reduction in the number of quits commissioned through our outreach service. Over recent years, the percentage of local residents who smoke has been falling and for 2017/18 the target for the number of quitters will be reduced to reflect the reduced number of smokers. Work is ongoing to increase the number of people trying to quit. The 2016/17 smoking cessation target was based on historical Department of Health targets. However NICE recommends that 5% of the smoking population are supported to quit, and 35% of these achieve a 4-week-quit. Due to the reduction in the prevalence of people smoking in Bucks, applying the NICE recommendation would mean approx. 1,088 quits per year.
4 % of successful alcohol treatment completions of those in treatment	45.0% This target is for 2016/17 as the results run one quarter behind. The new target for 2017/18 will be 40.0%	37.5% (100/267) This result is for Q4 as the data runs one quarter behind.	Red	40.1% (England 2016/17) 41.1% (South East 2016/17)	Data reported in Q1 contains the results for Q4 2016/17 as the data runs one quarter behind. Data for Q4 2016/17 (12-month average) and year-end position are RED. The target was met for Q1-Q3, and the year end position was as a result of poor performance in Q4. A recommissioning process for this service commenced in Dec 2016. Recommissioning often results in a dip in performance and in addition one of the providers was unsuccessful in the tender.



Total number of measures with a RAG (shown in chart above):

8

Measures where data currently unavailable:

2

► Key areas of good performance

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of clients using social care who receive direct payments	37.0%	40.6%	Green	For Q1 this year as we are above target of 37.0% and performing better than we were this time last year where the outturn was 38.9%. We are also performing better than the 2015/16 national average of 28.1% and our 2015/16 comparator average of 29.8%.	We continue to exceed the target set for the proportion of Adult Social Care service users who receive a direct payment to fund their care. A direct payment enables our service users to have more choice and control over their care and evidences our approach to personalisation. Performance has improved year-on-year and is significantly above national and comparator group outturns, we will be monitoring this closely in the coming year.
2 Admissions of adults (under 65 yrs) into residential and nursing care. Rate per 100,000 of population.	Graduated target Q1: 2.8 Q2: 5.6 Q3: 8.4 Q4: 11.2	1.0	Green	Our Q1 outturn of 1.0 is well below the Q1 target of 2.8 for this measure. It is good to be below the target. This puts us on track to be below target for year end of 11.2. We are also performing better than we were at Q1 last year where the outturn was 1.6. The national and comparator group averages are based on the year end performance for this measure so can not be compared until Q4. Our performance remains consistently better than national benchmarks (at end of year) as we continue to deliver on our commitment to support people to remain living in their homes for as long as they choose and are safe to do so.	There are increasing pressures on the care market which supports people at home and there is increasing pressure on budgets and capacity to sustain this level of support.
3 Admissions of older people (65+) into residential and nursing care. Rate per 100,000 of population.	Graduated target Q1: 130.0 Q2: 260.0 Q3: 390.0 Q4: 520.0	63.5	Green	Our Q1 outturn of 63.5 is well below the Q1 target of 130.0 for this measure. It is good to be below the target. This puts us on track to be below target for year end of 520.0. We are also performing better than we were at Q1 last year where the outturn was 79.5. The national and comparator group averages are based on the year end performance for this measure so can not be compared until Q4. Our performance remains consistently better than national benchmarks (at end of year) as we continue to deliver on our commitment to support people to remain living in their homes for as long as they choose and are safe to do so.	There are increasing pressures on the care market which supports people at home and there is increasing pressure on budgets and capacity to sustain this level of support.

► All areas of lower than expected performance (Red or Amber)

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of CBS clients receiving an annual review (community based services)	Graduated target Q1: 25.0% Q2: 50.0% Q3: 75.0% Q4: 100.0% (20% target tolerance at end of year)	17.6%	Red	Our outturn of 17.6% at the end of Q1 falls short of the Q1 target of 25.0%. However it is an improvement on our position at Q1 last year (16.2%). The target is graduated through the year to cumulate up to the final year end target of 100.0%. As this is a local measure there is no national or comparator benchmarking. We know that nationally Local Authorities are identifying increasing pressure on their ability to provide timely annual reviews for all of their service users and carers and that this is reflected locally within our region. Note: There is a 20% target tolerance against the target of 100%.	A number of staff vacancies in 2017/18 has impacted significantly on progress against this indicator. Recruitment to vacant posts has begun which will enable the service to increase progress against this indicator through the remainder of the year. In addition the service has been re-evaluating the review process and has implemented actions to support improvement, including developing robust methods for prioritising reviews, improved linkages between operational, commissioning and contract teams and applying the principles of the new operating framework. The actions taken are already beginning to show progress.
2 % of placement clients receiving an annual review	Graduated target Q1: 25.0% Q2: 50.0% Q3: 75.0% Q4: 100.0% (20% target tolerance at end of year)	15.7%	Red	Our outturn of 15.7% at the end of Q1 falls short of the Q1 target of 25.0%. However it is an improvement on our position at Q1 last year (13.2%). The target is graduated through the year to cumulate up to the final year end target of 100.0%. As this is a local measure there is no national or comparator benchmarking. We know that nationally Local Authorities are identifying increasing pressure on their ability to provide timely annual reviews for all of their service users and carers and that this is reflected locally within our region. Note: There is a 20% target tolerance against the target of 100%.	As above.
3 % timely CYP transitions (children and young people)	Graduated target Q1: 12.5% Q2: 25.0% Q3: 37.5% Q4: 50.0%	0.0%	Red	The outturn for Q1 is 0.0% and falls significantly short of the Q1 target of 12.5%. The Q4 position at the end of 2016/17 also fell short of target. The target is graduated through the year to cumulate up to the final year end target of 50.0%. As this is a local measure there is no national or comparator benchmarking.	We recognise that this indicator is falling short of acceptable performance and needs a clearer focus. It is therefore the focus of both the children's and adults transformation boards and through their workstreams there will be an improved focus on this indicator for the rest of the year. In addition the team has experienced significant staffing challenges; new staff started in June and will contribute to achieving the performance target over the next three quarters.
4 % of adults in contact with secondary mental health services who live independently	84.5%	82.8%	Amber	The outturn for Q1 is 82.8% this falls short of the year end target of 84.5%, however we are performing better than we were at Q1 last year where the outturn was 74.5%. We also perform better than the National average for 2015/16 of 58.6% and our comparator group average for 2015/16 of 51.5%.	We will continue to focus on improving this indicator through the work that is taking place on the reviews of Mental Health service users and the roll out of the new operating framework across adult social care. Alongside this there is an increased focus on Mental Health through the Accountable Care System (ACS) and the NHS 5 year view for Mental Health.
5 % of adults with learning disabilities who live in their own home or with their family	67.3%	67.2%	Amber	The Q1 outturn for this measure of 67.2% is only slightly below the target of 67.3% and is an improvement on last year's Q1 outturn of 65.0%. The national average for 2015/16 for this measure is 75.4% and our comparator group average for 2015/16 is 72.3%. The South East average however is 70.2%; below the England average to recognise that housing costs are higher in the South East.	We are slightly below the target set and to support further improvement we are commissioning less traditional forms of care – evaluating and decommissioning, where appropriate, residential units in favour of more mainstream accommodation options. Through this we're looking to support needs-led rather than resources-led support planning. We are improving data quality as we have found that dips in performance can be associated with specific data quality issues. We continue to focus on helping individuals achieve what they want from life, and being enabling to help people to help themselves.

Total number of measures with a RAG (shown in chart above):

17

Measures where data currently unavailable:

0

► Key areas of good performance

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of Children in Need (CIN) reviewed in time (not including Child Protection, Children Looked After)	100% (15% tolerance)	86%	Green	The % of children in need reviewed in timescale is above the tolerance target of 85%. Benchmarking information is not currently available. Note: There is a 15% tolerance against the target of 100% to allow for exceptions (85-100% = Green, less than 85% = Amber, less than 76.5% = Red).	<ol style="list-style-type: none"> 1. Team Managers are quality assuring all CIN plans in supervision and prior to all CIN reviews 2. New CIN structure is allowing Social Workers time to spend with families to ensure interventions are meaningful 3. The restructure has enabled the SWs in teams to focus on CIN plans – reduction of children on CLA and CP plans have supported this. 4. Reviews of children on plans over six months is being embedded – Team Manager’s review and send to Performance Improvement Manager. 5. The teams are consciously aware of the importance of SMART timescales and managers QA and review all plans. 6. Plans that need improvement are sent back and SWs supported in supervision. 7. ASYEs – CIN practice standards are met as a part of their ongoing development. 8. Continued focus on the CIN improvement plan is revisited by managers in team meetings. 9. Ongoing focus and improvements made in the teams in response to ongoing Ofsted monitoring visits.
2 % of children who became the subject of a child protection plan for a second or subsequent time	18%	17%	Green	The % of children starting on a second or subsequent CP plan is within target and is lower than our Statistical Neighbours (18%), the South East (21%) and England (18%).	Performance remains consistently good in this area evidencing the sustained improvements in SMART child protection plans, and children remaining on a plan for the right amount of time. The Child Protection Conference Service has been a stable team for the last year which has assisted in maintaining good performance.
3 % of care leavers in suitable accommodation	78%	93%	Green	The % of care leavers in suitable accommodation is above target and is higher than our Statistical Neighbours (78%), the South East (77%) and England (83%).	We sustain a high percentage of our care leavers in suitable accommodation because there is a Housing Protocol which was developed by the Aftercare Manager with the District Councils which allows Care Leavers’ status to be escalated to give them some priority on the housing register. We have developed 4 studios in Aylesbury which is a step down accommodation for 18 year olds waiting to bid for their own tenancy. This facility is cost neutral as is paid for by the young people’s Housing Benefit. There is a reasonable range of supporting living e.g. YMCA, Stonham and Padstones in Buckinghamshire which supports semi-independent living. We only use B&B as a last resort – currently only 7 out of a cohort of 205 are using B&B . We do help young people to source privately rented accommodation if they are living away from Buckinghamshire and have no local connection allowing them to bid for housing.

► All areas of lower than expected performance (Red or Amber)

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % repeat referrals	20%	30%	Red	The % of repeat referrals is over target (good to be low) and is higher than our Statistical Neighbours (20%), the South East (24%) and England (22%).	The Business Intelligence unit are currently undertaking extensive research into this area. Auditing of children's assessments that have 'No Further Action' status is being undertaken by the First Response Head of Service and Early Help Head of Service. Domestic violence has been identified as a theme for repeat audits – specialist training in this area (DASH) was commissioned for the majority of the social workers in the assessment teams and was completed in June 2017.
2 % assessments completed in 45 working days	100% (14% tolerance)	81%	Amber	The % of assessments completed within the 45 day statutory timescale is 5% below the tolerance target of 86% and is performing similarly to our Statistical Neighbours (86%), the South East (83%) and England (83%). Note: There is a 14% tolerance against the target of 100% to align with Statistical Neighbour performance (86%-100% = Green, less than 86% = Amber, less than 77.4% = Red).	Between April 2016 and February 2017 this has consistently been above 90%, but has dropped to 81% for the last 3 months due to higher than average caseloads. To address this we have recruited to two additional permanent posts and three temporary posts, and have embedded a more rigorous process of monitoring, review and audit. In addition Early Help Services are being strengthened to meet families' needs at the right time which will reduce pressure on social care service services and the subsequent volume of assessments.
3 % ICPC (Initial Child Protection Conference) held within 15 working days of the strategy discussion	100% (18% tolerance)	57%	Red	The % of ICPCs held within the 15 day statutory timescale from the Strategy Discussion is 25% below the tolerance target of 82% and is also performing below our Statistical Neighbours (82%), the South East (72%) and England (77%). Note: There is a 18% tolerance against the target of 100% to align with Statistical Neighbour performance (82%-100% = Green, less than 82% = Amber, less than 73.8% = Red).	Performance improved significantly in June following a review of processes to enable timely submission of requests for ICPCs. This trend in improvement is set to continue through July with close monitoring and swift escalation to reduce the risk of conferences not being held in time.
4 % of Children in Need (not including CP, CLA) seen in the last 6 weeks	100% (5% tolerance)	90%	Amber	The % of Children in Need seen in the last 6 weeks is 5% below the tolerance target of 95%. Benchmarking information is not available. Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator where a child cannot be seen for legitimate reasons (95-100% = Green, less than 95% = Amber, less than 85.5% = Red).	Since the new Children In Need service was launched in Feb 2017 we have seen a marked improvement in Children in Need being seen on a regular basis. Most children are visited on a more regular basis which will continue in the future.
5 % of Child Protection Plans reviewed in timescales	100% (5% tolerance)	88%	Amber	The % of children on CP plans reviewed in timescale is 7% below the tolerance target of 95%. Benchmarking information is not currently available. Note: There is a 5% tolerance against the target of 100% to allow for exceptions (95-100% = Green, less than 95% = Amber, less than 85.5% = Red).	Performance has fluctuated slightly over the past 3 months: April (87%), May (93%), June (88%). Child Protection/Court service has seen a number of Social Worker changes which has led to some Plans being reviewed outside timescale . Plan: 1. Recruit to Social Worker vacancies in Child Protection/Court 2. Review performance with Team Managers to ascertain if there are any common themes besides vacancy issues

6	% Children Looked After (CLA) seen in the last 6 weeks	100% (5% tolerance)	93%	Amber	The % of looked after children seen in the last 6 weeks is 2% below the tolerance target of 95%. Benchmarking information is not available. Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator where a child cannot be seen for legitimate reasons (95-100% = Green, less than 95% = Amber, less than 85.5% = Red).	There has been a restructure of the service during June which may have had an impact on performance. The Care Service are monitoring visits to children closely and to review against the twice weekly Caseload Reports to ensure children are seen within timescales.
7	% of CLA (Children Looked After) have their reviews completed on time	100% (5% tolerance)	88%	Amber	The % of looked after children reviewed in timescale is 7% below the tolerance target of 95%. Benchmarking information is not currently available. Note: There is a 5% tolerance against the target of 100% to allow for exceptions (95-100% = Green, less than 95% = Amber, less than 85.5% = Red).	5 reviews were out of timescale because of staff absence due to illness. Reviews were rescheduled and picked up by other Independent Reviewing Officers (IROs) but prior commitments meant 5 reviews were 2-5 days out of timescale.
8	% of CLA living within 20 miles of home	56%	36%	Red	The % of children placed within 20 miles from their home address is 20% below target. Our performance around this is significantly below our Statistical Neighbours (62%), the South East (63%) and England (74%), however there are a number of children's records within LCS which are not reflecting their distance from home correctly. These children's records have now been amended since the end of the quarter and the performance as at 19th July was 53%.	There is better accuracy in the recording into LCS which has corrected blank entries to actual distances. Of the 45 children who entered care (and still remain in care) since April, 73% were placed within 20 miles from home. Stronger relationships have been built with local providers leading to better utilisation of in-house placements.
9	% of children in care placed with own provision (non-kinship)	24%	16%	Red	The % of looked after children placed with an in-house foster carer is 8% below target and 28% below our comparative CIPFA neighbours (44%) - Source: CLA CIPFA report 2016	The growth in internal fostering will occur during the second, third and fourth quarters, with 14 additional fostering families becoming approved by panel. There is ongoing scrutiny and analysis of utilisation of internal foster placements. The placement team has moved to be situated alongside the fostering teams in order to improve utilisation and communication.
10	% of children waiting <14 months between entering care and moving in with their adoptive family	100%	67%	Red	The % of children waiting under 14 months between entering care and moving in with their adoptive family is 33% below target. Benchmarking information is not currently available - awaiting publication of the latest National Adoption Scorecard. The measure has changed nationally from 16 to 14 months, therefore once benchmarking data is available there is potential to align the target with our Statistical Neighbours.	The timescale from becoming looked after to being placed for adoption can be delayed for 3 reasons: a) there is a delay in starting care proceedings b) care proceedings take longer than 26 weeks usually due to the complexity of the case c) where a child with a Placement Order takes longer to place due to their particular needs, i.e., age, disability, health or because they are part of a larger sibling group making them 'hard to place' . There were just 3 children placed April – June 2017 with one child outside the 14 month timescale. This child was placed immediately after the Placement Order was granted; however there had been protracted care proceedings which included periods of residential assessment. In the past year the authority has been addressing all 3 areas primarily through a more robust monitoring and oversight of plans and timescales and through a closer working relationship between the family finders and the children's teams. However, given there are fewer children we are likely to see fluctuations over the year, it is also notable that we currently have several harder to place children and sibling groups that will be more difficult to place quickly.

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3

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17

► Key areas of good performance

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 No indicators to report this quarter					

► All areas of lower than expected performance (Red or Amber)

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % new EHC plans issued within 20 weeks (including exceptions)	100.0%	16.4%	Red	Data for this measure is reported as an accumulation for the calendar year, in line with national reporting. National results for 2016 = 56%, South East = 43%.	Continued staffing pressures in SEND / EPS services as well as increasing demand on the service is limiting resource to complete assessments and issue plans (4% increase in plan and statements maintained (142) between Jun 16 –Jun 17). Key challenges include: <ul style="list-style-type: none"> Educational Psychology: Statutory Assessments for Educational Psychology – Appendix Ds (Part of EHCP process) completed within 6 weeks 13% (June). 1,565 statements of SEN remain for which we have a statutory responsibility to convert to EHC Plans by the end of March 2018. To address this the SEN Reforms Grant has been used to increase staffing levels to help manage demand and the SEND Improvement Plan is being implemented. This focuses on the following areas: <ul style="list-style-type: none"> Sufficiency of Educational Placements for CYP and HNB funding. Early SEN Support - the roll out of the 'Graduated Approach' to all educational providers, with support from officers and Educational Psychologists to embed this as well as support with cases which need an application for an EHC Plan. Improvement and Integration of Services - the process is reviewed by professionals and families to restructure/integrate services to improve the experience for families and outcomes achieved. A Quality Assurance framework has been developed.
2 % new EHC plans issued within 20 weeks (excluding exceptions)	100.0%	16.4%	Red	Data for this measure is reported as an accumulation for the calendar year, in line with national reporting. National results for 2016 = 59%, South East = 43%.	As above
3 % of pupils attending schools rated good and outstanding by Ofsted	90.0%	88.6%	Amber	National (31/12/2016) = 87%	Buckinghamshire results have risen slightly since last quarter and continue to be above the national average. There are currently 17 schools judged to be less than good: 11 'Requires Improvement (RI)' and 6 'Inadequate'. The LA monitors the performance of all its schools through dedicated 'Team around the School' meetings. The meetings are used to proactively identify schools causing concern, including those at risk of slipping into an Ofsted category. Intervention and support are put in place for those schools causing concern. Our main School Improvement provider is commissioned to provide targeted support for schools in Special Measures and RI schools. The LA also commissions targeted projects designed to support specific schools to improve outcomes for underperforming groups and works closely with the Regional Schools Commissioner (RSC) to support any schools graded inadequate by Ofsted, as well as other schools causing concern. As part of the Education Strategy a new Head Teacher reference group has been established with 15 HTs from across the different types of schools to drive a sustainable schools led model for school improvement.

Total number of measures with a RAG (shown in chart above):

4

Measures where data currently unavailable:

0

► **Key areas of good performance**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 Revenue expenditure keeps to budget	Breakeven	£2.857m underspend	Green	Local measure, benchmarking not available	The only significant overspend is in Health & Wellbeing. This is more than offset by Contingency budgets forecast as not required, leading to an overall underspend. Note that the figures shown here are different to those shown in the Scorecard. Figures given here are for the whole Council. Scorecard figures relate to Portfolio finance only.
2 Released capital expenditure keeps to budget	Breakeven	£4.233m slippage	Green	Local measure, benchmarking not available	Slippage of £4m is reported on major schemes within the Education & Skills portfolio. Note that the figures shown here are different to those shown in the Scorecard. Figures given here are for the whole Council. Scorecard figures relate to Portfolio finance only.
3 Reduce revenue expenditure through service efficiencies	£16.532m	£16.532m	Green	Local measure, benchmarking not available	At present all savings are on course for delivery.
4 Increase revenue through additional income	£6.613m	£6.613m	Green	Local measure, benchmarking not available	At present all income increases are on course for delivery.

► **All areas of lower than expected performance (Red or Amber)**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 No indicators to report this quarter					



Total number of measures with a RAG (shown in chart above):
 Measures where data currently unavailable:

2
0

▶ **Key areas of good performance**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of re-use, recycling, composting and diversion from landfill for waste delivered at our Household Waste Recycling Centres (HWRCs) across Buckinghamshire	70%	76%	Green	No benchmarks available.	Household Recycling Centre year to date performance on track to meet or exceed target - YTD figures, allowing for seasonal variation.

▶ **All areas of lower than expected performance (Red or Amber)**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 No indicators to report this quarter					



Total number of measures with a RAG (shown in chart above):
 Measures where data currently unavailable:

1
3

▶ **Key areas of good performance**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 No indicators to report this quarter					

▶ **All areas of lower than expected performance (Red or Amber)**

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 Deliver congestion management for major infrastructure schemes.	Green	Amber	Amber	No benchmark data as this is a local indicator	2 out of 5 projects are currently on track (A4 Sustainable Travel Scheme - Taplow and South-East Aylesbury Link Road) , the 3 that are Amber are due to costs (which are being addressed - A355 Improvement Project and Eastern Link Road - South), and snagging issues which are being dealt with (Stocklake Link Road).