



▶ Key areas of good performance

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 BCC claimant count rate as % of national claimant count rate (contextual indicator)	50%	41%	GREEN	Claimant Count Rates: Hertfordshire 1.3% Oxfordshire 1.0% TV Berkshire 1.1% Buckinghamshire 0.9% Aylesbury Vale 0.8% Chiltern 0.7% South Bucks 0.6% Wycombe 1.2%	At 0.9% of working age residents, Buckinghamshire's claimant count rate remains at a historic low (Q1 2018.19 = 41%, Q1 2017.18 = 47%) and less than half the national rate. The claimant count has fallen for each of the last three months, with Buckinghamshire now the only LEP to have had a falling claimant count over the last year.
2 Rank of number of New Business Registrations as defined by Companies House (contextual indicator)	Rank in Top 10/38 LEPs	10	GREEN	Local Enterprise Partnerships Ranking out of /38	There were 1,287 businesses registered in Buckinghamshire in this quarter (April to June 2018), according to Companies House. Company registrations in Buckinghamshire were almost unchanged compared to the 1,288 registrations in the same period last year, but fell 4.9 per cent compared to the previous quarter. Only six of the 38 Local Enterprise Partnerships bettered England's rate of new company registrations in the last quarter, with Buckinghamshire ranking 10th with 30.2 registrations for every 10,000 residents aged 16 or over. Buckinghamshire ranked 4th among county council areas behind Warwickshire (45.4), Hertfordshire (41.0) and Northamptonshire (35.7).
3 To improve availability of fixed fibre to residential and business premises (contextual indicator)	Graduated Target: Q1: 94.49% Q2: 94.57% Q3: 94.66% Q4: 94.74%	94.70%	GREEN	Local Enterprise Partnerships Ranking out of /38	As at 31 March 2018 our coverage was at 94.4% (>24mbps) and is now (end June) at 94.7%, which is slightly above our quarterly target of 94.66% and suggests we are on track to hit the Connected Counties programme target (95% coverage by December 2019). 8 new structural units to provide fixed fibre broadband have gone live in and around Amersham, Aylesbury, Beaconsfield, Denham, Hampden Row, Iver, Marlow and Princes Risborough. Additionally, 3 new live structures are providing fibre to the premises in and around Bourne End, High Wycombe and Holmer Green.

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

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 There are no indicators with either a Red or Amber status this Quarter.					

Community Engagement & Public Health Portfolio - Cllr. Noel Brown

Key areas of good performance					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 Number of downloads per annum in Libraries	102,000 annually Graduated target Q1: 25,500 Q2: 51,000 Q3: 76,500 Q4: 102,000	3137200%	GREEN	Local Measure (No benchmark available)	Indicator value of 31,372 in Q1 exceeded the local target of 25,500. New Bolinda e-audio books and e-mags continue to be popular. Benchmarking data is not available.
2 % of births that receive a face-to-face New Birth Visit within 14 days by a health visitor	90.0%	95.4% (1,397/1,464) This result is for Q4 2017/18 because the data runs a quarter in arrears.	GREEN	85.6% (Q3 2017/18 South East) 88.4% (Q3 2017/18 England) 88.1% (Q3 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 95.4% (1,397/1,464) against a local target of 90%. Most recent benchmarking data is for Q3 2017/18: 85.6%, South East; 88.4%, England; and 88.1%, mean of CIPFA peers. For 2017/18, the year-end position was green at 95.4% (5,600/5,873). This is a mandated service. Coverage for this mandated contact is good and is better than, or similar to, national and regional average up to Q3 2017/18.
3 % receiving an NHS Health Check of those who were offered an NHS Health Check	48.0%	64.3% (3,859/6,003) This result is for Q4 2017/18 because the data runs a quarter in arrears.	GREEN	46.2% (Q4 2017/18 South East) 51.3% (Q4 2017/18 England) 53.4% (Q4 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 64.3% (3,859/6,003) against a local target of 48%. Benchmarking in Q4: 46.2%, South East; 51.3%, England; and 53.4%, mean of CIPFA peers. For 2017/18, the year-end position was GREEN at 53.0% (14,820/27,965). This is a mandated service. 64.3% of people invited for an NHS Health Check received a check. This is an improvement on previous quarters.

All areas of lower than expected performance (Red or Amber)					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of the eligible population invited to an NHS Health Check	100%	74.8% (6,003/8,023) This result is for Q4 2017/18 because the data runs a quarter in arrears.	RED	88.7% (Q4 2017/18 South East) 91.7% (Q4 2017/18 England) 87.4% (Q4 2017/18 CIPFA peers)	<p>Although we are on target for the related measure regarding the percentage of people who receive a check from those who accepted an invitation, performance relating to the number of people who were initially invited is lower than target.</p> <p>This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 74.8% (6,003/8,023). The target of 100% is to invite all those eligible for an NHS Health Check in the quarter. Achieving 100% requires every practice to invite all their eligible population. Benchmarking in Q4: 88.7%, South East; 91.7%, England; and 87.4%, mean of CIPFA peers.</p> <p>Performance at Q4 has been impacted by lower invites from 10 practices who had achieved, or nearly achieved, 100% invites in previous quarters. These practices therefore sent out less invites in Q4, as a large proportion of those patients that were eligible in the year had already been invited and attended. A new list of eligible patients becomes available in the new financial year. Capacity issues have affected performance in another 6 practices.</p> <p>Note that for the whole of 2017/18, the year-end position was RED at 87.1% (27,965/32,092). Benchmarks for 2017/18 are: 86.9%, South East; 86.4%, England; and 85.9%, mean of CIPFA peers. Despite the reduction in Q4, for the whole of 2017/18 Buckinghamshire has performed better than CIPFA Peers, South East and England. This is a mandated service.</p> <p>Improvement Actions:</p> <ol style="list-style-type: none"> 1. Work is being undertaken to provide support and improve performance in practices which are inviting less than 100%. After considering the Q4 reports, we will review the payment options for invitations to see if they can be structured to create an incentive to hit the target (a previous incentive payment was withdrawn). 2. The NHS Health Check team are exploring ways to work more closely with the Clinical Commissioning Group to influence practices with lower performance.

2 % of successful alcohol treatment completions of those in treatment	40%	35.4% (108/305) This result is for Q4 2017/18 because the data runs a quarter in arrears.	RED	38.8% (Q4 2017/18 South East) 40.1% (Q4 2017/18 England) 39.4% (Q4 2017/18 CIPFA peers)	<p>This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 35.4% (108/305) against a local target of 40%. Performance is slightly lower than the South East (38.3%) and around 5% lower than national and CIPFA peer averages (40.1% and 39.4% respectively). The year-end position is the same as at Q4 because this indicator is a 12-month moving average.</p> <p>The new adult substance service started in October 2017, however, the recommissioning process started 10 months prior to this, so the whole of 17/18 data has been affected by the recommissioning. It is normal to see successful completion performance drop during recommissioning and the transition to a new service. During transition it is vital for services like this to focus on stabilising existing service users through the change and minimising the risks of service users dropping out of treatment.</p> <p>Improvement Action: A robust Action plan has been implemented to improve successful completions. This is being monitored and reviewed by commissioners on a monthly basis to ensure that all aspects are developing as expected, and includes:</p> <ul style="list-style-type: none"> - A clinical and data audit to ensure that all successful completions are identified and reported. Further work is being undertaken to analyse the complexity of individual clients so that treatment and support options are appropriately targeted. -A new case management tool to enable workers and managers to have a better oversight of caseloads and the expected process to successful completion, which will deliver better quality assurance.
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3 % of successful drug treatment completions of those in treatment	15%	12.3% (99/804) This result is for Q4 2017/18 because the data runs a quarter in arrears.	RED	16.4% (Q4 2017/18 South East) 14.8% (Q4 2017/18 England) 16.4% (Q4 2017/18 CIPFA peers)	<p>This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 12.3% (99/804) against a local target of 15%. Performance is slightly lower than the South East (16.4%), national (14.8% and CIPFA peer averages (16.4%). Benchmarking in Q4: 16.4%, South East; 14.8%, England; and 16.4%, mean of CIPFA peers. The year-end position is the same as at Q4 because this indicator is a 12-month moving average.</p> <p>The new adult substance service started in October 2017, however, the recommissioning process started 10 months prior to this, so the whole of 17/18 data has been affected by the recommissioning. It is normal to see successful completion performance drop during recommissioning and the transition to a new service. During transition it is vital for services like this to focus on stabilising existing service users through the change and minimising the risks of service users dropping out of treatment.</p> <p>Improvement Action: A robust Action plan has been implemented to improve successful completions. This is being monitored and reviewed by commissioners on a monthly basis to ensure that all aspects are developing as expected, and includes: - A clinical and data audit to ensure that all successful completions are identified and reported. Further work is being undertaken to analyse the complexity of individual clients so that treatment and support options are appropriately targeted. -A new case management tool to enable workers and managers to have a better oversight of caseloads and the expected process to successful completion, which will deliver better quality assurance.</p>
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Health and Wellbeing Portfolio - Cllr. Lin Hazell

Key areas of good performance					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of clients using social care who receive direct payments	37.0%	42.6%	GREEN	2016/17 national average of 28.3% and the 2016/17 comparator average of 31.8%.	<p>This indicator measures the proportion of people who receive a direct payment to arrange and purchase their own care.</p> <p>Performance for quarter 1 was 42.6%, which is above the target of 37% and above national (28%) and comparator performance (32%). This shows an increase of 0.9% from the previous quarter.</p>
2 Admissions of older people (65+) into residential and nursing care. Rate per 100,000 of population	Graduated target Q1: 100.2 Q2: 200.4 Q3: 300.6 Q4: 400.8	98.9	GREEN	2016/17 national average of 610.7 and the 2016/17 comparator average of 560.4.	<p>This indicator measures the number of older people admitted to long term residential or nursing care, expressed as a rate per 100,000 population and is good to be low.</p> <p>Performance for quarter 1 is 98.9, which is below target (100.2) for this quarter. The national and comparator group averages are based on the year end performance for this measure so cannot be compared until Q4.</p>
3 % of adults in contact with secondary mental health services who live independently	84.5%	89.0%	GREEN	No benchmarking due to national data quality issues.	<p>This indicator measures the proportion of people in contact with secondary mental health services who live independently.</p> <p>Performance for quarter 1 is 89.0% which is above target (84.5%). There is no benchmarking data available for 2016/17 due to national issues with data accuracy.</p>

▶ All areas of lower than expected performance (Red or Amber)					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % Adult Social Care clients receiving an annual review	Graduated Target: Q1: 20% Q2: 40% Q3: 70% Q4: 100% (9% points tolerance at year end)	19.6%	AMBER	Benchmarking not yet available.	<p>This indicator measures the proportion of people receiving a review of their care package at least once during the year.</p> <p>Performance for quarter 1 is 19.6%, which is slightly below the quarterly target (20.0%). As this is a local measure there is no national or comparator benchmarking.</p> <p>Improvement Action: 1. We are identifying additional capacity to support the completion of the reviews in the form of Business Managers and Business Support alongside managing the quality of the reviews and embedding Strength-Based practice.</p> <p>Note: The Strengths-Based Approach is a move away from 'fixing' someone's symptoms or problems towards supporting people by enabling them to recognise and use their strengths, talents, knowledge, skills and experience.</p>
2 % of people re-abled with an outcome of Independence	45.0%	35.1%	RED	Benchmarking not currently available.	<p>This indicator measures the % of service users who were independent following a period of re-ablement.</p> <p>Performance does fluctuate across the reporting year historically between c.35% - c.40% dependent upon complexity of referrals received and is influenced by seasonal factors. Our target is to raise the proportion of those who are independent when they exit (during 2018-19), to an average 45% (our current average is 38% (2017-18)). An improvement in % independence at exit must be viewed in conjunction with improved sustainability measures post exit and the number of referrals received into the service.</p> <p>Improvement Action: 1. We are embedding the strength based approach, assessment and ALT training and the alignment of the BCC and Rapid Response and Intermediate Care (RRIC) services. These are expected to drive improvements in the quality and efficiency of the service delivered and will drive an increase in the amount and acceptance of referrals received.</p>

3 Admissions of adults (under 65 yrs.) into residential and nursing care. Rate per 100,000 of population	Graduated target Q1: 2.3 Q2: 4.6 Q3: 6.9 Q4: 9.2	2.5	AMBER	2016/17 national average of 12.8 and the 2016/17 comparator average of 11.4.	<p>This indicator measures the number of younger adults admitted to long term residential or nursing care, expressed as a rate per 100,000 population and is good to be low.</p> <p>Performance for quarter 1 is 2.5, which is above target (2.3) for this quarter. The national and comparator group averages are based on the year end performance for this measure so cannot be compared until Q4.</p> <p>Improvement Action: 1. We will continue to review requests for placements to ensure that this is the last resort and in the best interests of service users. Further opportunities to help service users to remain at home where possible are also being explored.</p>
4 % of adults with learning disabilities who live in their own home or with their family	69.8%	69.0%	AMBER	2016/17 national average of 76.2% and the 2016/17 comparator average of 75.1%	<p>This indicator measures the proportion of adults with learning disabilities who live independently or with their family.</p> <p>Performance for quarter 1 is 69.0%, which is slightly below target (69.8%) and below national (76.2%) and comparator performance (75.1%).</p> <p>Improvement Action: 1. We will continue to review requests for placements to ensure that where possible LD service users can retain independence. A Market Position Statement on housing and accommodation has been developed with partners to support these service users and performance in this area.</p>

5 % of adults with a Learning Disability in paid employment	7.0%	6.3%	AMBER	Comparators: 5.3%, National: 5.7%	<p>This indicator measures the proportion of adults with a learning disability who are in paid employment. Supported Employment services are provided by our in house Direct Care Services who support these adults to prepare for work, find work and will continue to support them ongoing.</p> <p>Performance for quarter 1 is 6.3% which is slightly below target (7%), however above national (6%) and comparator (5%) performance.</p> <p>Improvement Actions:</p> <ol style="list-style-type: none"> 1. Options for enabling more users to readily access employment opportunities are being explored as part of the review of the Direct Care and Support services. 2. We are working with the Supported Employment Service to increase referrals; work with adults earlier in the path to employment and move supported clients positively over to open employment where eligible.
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▶ Key areas of good performance						
Measure	Target	Current position	RAG	Benchmarking	Commentary	
1 % ICPC (Initial Child Protection Conference) held within 15 working days of the strategy discussion	80%	89%	GREEN	SN 82%, SE 75%, National 77.2%	<p>This indicator measures the proportion of Initial Child Protection Conferences (ICPC's) that are held within 15 working days from the Strategy Discussion.</p> <p>At the end of June 2018, 89% of ICPC's were held within required timescales. This performance is currently above the 80% target and above the England, South East and statistical neighbour averages.</p> <p>Requests for ICPC's are monitored weekly to ensure compliance with practice standards.</p>	
2 % of Children who became the subject of a Child Protection Plan for a second or subsequent time	19%	18.7%	GREEN	SN 22.8%, SE 22.2%, National 18.7%	<p>This indicator measures the proportion of children who have become subject to a child protection plan for a second or subsequent time.</p> <p>Of the children who became subject to a child protection plan between 1 April 2018 and 30 June 2018, 18.7% were subject to a second or subsequent child protection plan. Buckinghamshire's performance is lower than England, South East and statistical neighbour averages.</p> <p>We are conducting auditing, practice forums and peer challenge sessions to ensure that child protection plans achieve sustainable and positive change.</p>	

3 % of care leavers in employment, education, or training (EET)	60%	61%	GREEN	SN 51.7%, SE 50.0%, National 50%	<p>This indicator measures the proportion of care leavers who are in employment, education and/or training (EET).</p> <p>At the end of June 2018, 61% of care leavers were in EET. Buckinghamshire's performance is higher than the England, South East and statistical neighbour averages.</p> <p>We are working to develop our offer to care leavers regarding training and employment opportunities.</p>
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► All areas of lower than expected performance (Red or Amber)

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % assessments completed in 45 working days	82%	80%	AMBER	SN 81.3%, SE 83.8%, National 82.9%	<p>This indicator measures the proportion of assessments that are completed within 45 working days.</p> <p>At the end of June 2018, 80% of assessments had been completed within the 45 working day timescale, which is slightly below England, South East and statistical neighbour averages.</p> <p>Performance has been improving month on month since April and all Team Managers now check in at 10, 20 and 30 days into the assessment timeline to identify and resolve issues, so that assessments can be completed on time.</p>
2 % repeat referrals within 12 months	28%	33%	RED	SN 20.6%, SE 25.7%, National 21.9%	<p>This indicator measures the proportion of repeat referrals we receive within 12 months.</p> <p>At the end of June 2018 we had received 853 repeat referrals, which equates to 33%. This is above England, South East and statistical neighbour averages.</p> <p>We have strengthened processes to ensure there is improved management oversight of referrals and are conducting multi-agency reviews to identify opportunities for service improvement.</p>

3 % Children Looked After (CLA) seen in the last 6 weeks	91%	87%	RED	Benchmarking information not currently available.	<p>This indicator measures the proportion of children looked after who are seen at least once every 6 weeks.</p> <p>At the end of June 2018, 87% of children looked after had been seen within required timescales. No benchmarking information is available for this indicator.</p> <p>To improve performance we are developing a targeted action plan to ensure visit patterns are consistent and timely.</p>
4 % of CLA living more than 20 miles from home	47%	56%	RED	SN 23.5%, SE 16%, National 14%	<p>This indicator measures the proportion of children looked after who are placed more than 20 miles from their home.</p> <p>At the end of June 2018, 56% of children looked after were placed more than 20 miles from their home. This performance is higher than England, South East and statistical neighbour averages.</p> <p>Improvement actions to increase local in-house placement provision include opening Buckinghamshire County Council's first new children's home and implementing our Fostering Recruitment and Retention Strategy to increase in-house foster carers.</p> <p>It is important to note that placements within the geographical boundary of Buckinghamshire may exceed 20 miles in some cases. However, this is still accessible compared to other areas of the country where placements are within 20 miles but less accessible.</p>

5 % of children waiting less than 14 months between entering care and moving in with their adoptive family	75%	38%	RED	SN 43%, SE 46%, National 47%	<p>This indicator measures the proportion of children who wait for less than 14 months between entering care and moving in with their adoptive family.</p> <p>At the end of June 2018, 38% of children had moved in with their adoptive family within required timescales. This performance is lower than the England, South East and statistical neighbour averages.</p> <p>The adoption team continues to work with a significant number of children with complex needs who will often take longer to place. We have increased presence on social media, with dedicated Facebook and Twitter pages for adoption recruitment, to encourage interest from prospective adopters in sibling groups and children with complex needs.</p>
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▶ Key areas of good performance					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of pupils attending schools rated good and outstanding by Ofsted	88.0%	89.0%	GREEN	England 31/8/2017 = 88% South East 31/8/2017 = 88%	At the end of Q1 89% of pupils attended a school judged to be good or outstanding - this is above national average. 9 schools are classed as inadequate based on Ofsted's new reporting methodology. Of these 6 have since closed and reopened as sponsored academies which have not yet been inspected. 9 schools have been judged as Requires Improvement. Support through our "Side by Side" partnership model is in place for all schools judged to be "not yet good" or of concern to the LA.

▶ All areas of lower than expected performance (Red or Amber)					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % new Education, Health & Care plans issued within 20 weeks (excluding exceptions)	32.0%	30.7% (Calendar year to date)	AMBER	2016 calendar year Buckinghamshire = 50.9 South East = 43.1 England = 58.6 2017 calendar year data is due to be published in July 2018.	This indicator measures the number of young people with Special Educational Needs and/or Disability who receive a support plan in a timely manner. Figures reported are cumulative for the calendar year to date. For the period 1/1/2018 - 30/6/2018, a total of 292 EHCPs were issued, and 30.7% of these were issued within the 20 week timescale. Timescales for EHCPs issued in the last 2 months have improved significantly, with 50% of the plans issued in May and 60% of the plans issued in June being issued within 20 weeks. This process is now being managed robustly with weekly monitoring meetings.



▶ Key areas of good performance					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % total capital spend across BCC (forecast) compared to Budget	100% (to remain between 90-110% of capital budget)	96.1% (forecast EOY underspend)	GREEN	Benchmark not currently available	<p>As reported in the Q1 2018/19 Finance Monitoring Report July 2018, the council is forecasting an underspend of 3.9% (£4.6m) for the financial year 2018/19. The target for this indicator is for capital spending (forecast) to remain between 90% and 110% of the capital budget.</p> <p>Note that this indicator measures progress on delivering the capital programme for property and assets.</p> <p>Improvement Actions: The main reasons for the capital variance and the associated actions are:</p> <ol style="list-style-type: none"> 1. Health & Wellbeing (respite service) with a -£2,800k variance - a review of capital requirements is being undertaken. 2. Growth & Strategy schemes funded by the Local Enterprise Partnership, which experienced a £701k slippage on gross expenditure. 3. There is a £331k slippage within the freight strategy capital budget, due to delays in implementation. 4. Within Education, there is a forecast 2018/19 slippage of £444k on primary schools, £22k on secondary schools and £109k on SEN.
2 % of empty properties across the County Council estate that are void (excluding schools)	5% (less than)	1.8%	GREEN	Benchmark not currently available	<p>This indicator measures the number of empty properties that are part of the councils property estate. Across the whole of the councils property estate (excluding schools) 1.8% of properties are empty, which is meeting the 5% target (its good to be low).</p> <p>There were a total of 11 vacant properties at the end of Q1, where plans are either being developed to change how the properties are being used or for the properties to be sold where they are no longer needed.</p>

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

Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of BCC Website pages that meet accessibility standards	Graduated Target Q1: 68% Q2: 69% Q3: 70% Q4: 75%	65%	AMBER	BCC: 65% Local Authority Average: 68%	<p>This indicator measures the percentage of pages on the BCC Website that meet equal access standards, which enables everyone to be equally able to use and access information on the BCC Website. Existing websites need to be 100% accessible by September 2020.</p> <p>At the end of Quarter 1, 65% of pages on the BCC Website met accessibility standards, which is below the 74% target for this quarter. Although below target, accessibility is part of the SOCITIM rating for the BCC Website, which has recently improved from a Two Star rating to a Three Star rating. We also commissioned a report on accessibility from SOCITM to show areas where improvement is required.</p> <p>Improvement Action:</p> <p>1. The changes that need to be made to the BCC Website to improve accessibility standards have been identified. A plan is in place to re-design the website to meet accessibility standards including specific improvements highlighted by SOCITM. The percentage of BCC Website pages meeting accessibility standards will therefore improve at Q3 and throughout the year.</p>

2 Value of all unsecured debt that is over 90 days	£3.5m (to be below)	£3.6m	AMBER	Benchmark not currently available	<p>This indicator measures outstanding debt that is not secured against a property or other asset that is over 90 days old. In quarter one, £3.6m of the council's total unsecured debt was over 90 days old.</p> <p>We have introduced new process to improve how debt is collected, which has reduced the amount of outstanding debt overall, but older debt still remains more difficult to collect.</p> <p>The overall level of unsecured debt has reduced by £3.2m (23% to £8.8m) in the last 12 months, with the unsecured debt that is over 90 days old reducing by £0.9m (14% to £3.6m).</p> <p>Improvement Actions</p> <ol style="list-style-type: none"> 1. All outstanding unsecured debt is being reviewed, focusing on the largest and oldest debts within each Business Unit. 2. We are tackling 'high risk' unsecured debt in Adult Social Care (totalling £1.4m), through a Task and Finish Group that is focusing on improving processes to recover unsecured debt and improving the reporting of unsecured debt to the Business Units Budget Board. 3. New processes are being introduced to address unsecured debt between services and the debt management teams, including improved reporting of debt across the council.
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3 % Overall revenue (forecast) variance across the council	£0 overspend (0%)	0.38% (forecast EOY overspend)	AMBER	Benchmark not currently available	<p>As reported in the Q1 2018/19 Finance Monitoring Report July 2018, the council is forecasting a 0.38% (£1.2m) overspend of its revenue budget for the end of 2018/19. This includes a £1.95m overspend in Children's Services, £1.34m overspend in Education, with smaller overspends forecast in Community Engagement, Health and Wellbeing and Resources. These forecast overspends are partially offset by a forecasted underspend of £2.76m in Corporate Costs.</p> <p>Improvement Actions:</p> <ol style="list-style-type: none"> 1. The spending position will be monitored on a monthly basis. 2. All Portfolios forecasting an overspend are drawing up action plans to mitigate these pressures. 3. All Portfolios are carrying out a detailed review of their budgets in order to identify actions to bring the overall Council spend to within the approved budget.
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4	Number of Sickness days lost per Full Time Equivalent employees	8.5	9.3	<p>AMBER</p> <p>Mean for all single tier or county councils in England 9.3 days 2016/17.</p>	<p>This indicator measures the average number of day's lost due to sickness absence per full time equivalent (FTE) employee. Over the last year, the average sickness was 9.3 days per FTE, which is above the 8.5 day target, but in line with the average for County Councils. A significant amount of detailed reporting is being undertaken in this area to give Business Unit Senior management teams the best possible data to act on, noting employees will inevitably be unwell from time to time.</p> <p>Improvement Actions:</p> <ol style="list-style-type: none"> 1. Promotion of a new Workplace Wellbeing Programme targeted at both employees and line managers and covering: <ul style="list-style-type: none"> - proactive self-management of employees' own health and wellbeing - effective line management – by encouraging absence management conversations and interventions at the earliest possible point. - supporting employees' mental wellbeing - healthier lifestyles 2. Managers are supported through the Health and Attendance process by HR to minimise length of absence and to reach a conclusion that is in the best interests of the business and employee (where appropriate) 3. The Health and Attendance policy is currently under revision to streamline processes where possible. 4. High risk cases are reported to Senior Managers on a monthly basis with facilitated discussions by the Corporate Management Team.
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▶	Key areas of good performance	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	<p>% of Sustainable Drainage planning applications responded to within 21 days or agreed timeframes (performance measure)</p>	<p>100% (>85% locally) (15% points tolerance every quarter)</p>	<p>93%</p>	<p>GREEN</p>	<p>No benchmark currently available.</p>	<p>BCC is a Lead Local Flood Authorities (LLFA). LLFA's have a statutory duty to respond to planning applications for sustainable drainage schemes for all major developments (>10 houses or >1 hectare). It is our responsibility to determine whether the proposed drainage scheme and ongoing maintenance for a major development complies with the relevant technical standards and policies.</p> <p>The current position is 93%, which is in keeping with the same period last year (92%) (around 100-130 applications). Discussions and negotiations are ongoing with Districts to help manage the number of applications. Following support from Cabinet Members, we have recruited additional resource to help screen the applications as they come in, to manage the workload.</p>	
2	<p>Country Parks: Visitor Numbers (performance measure)</p>	<p>Graduated Target:</p> <p>Q1: 293,000 Q2: 596,000 Q3: 798,000 Q4: 1,010,000</p>	<p>297,169</p>	<p>GREEN</p>	<p>Local Target (No benchmark available)</p>	<p>The annual target for this measure is 1,010,386 visitors by year end. In Q1 we had 297,169, which is 5% lower than the same quarter last year (315,846 visitors). The reason for this drop is attributed to the record high numbers of visitors in April last year owing to the unseasonably dry weather. Visitor numbers in both May and June of this year were higher than last year: 4.9% higher in May and 7.8% higher in June. If the good weather continues we expect the increases in visitor numbers to continue as well. There is work underway to improve the cafe at Denham Park.</p>	

All areas of lower than expected performance (Red or Amber)					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 NI192: % of waste collected for recycling, reuse, composting or anaerobic digestion from HH Sources (household collection and HRCs) (contextual indicator)	60%	50.8% This result is for Q4 2017/18 because the data runs a quarter in arrears	RED	2016.17 Ranked 33/350 for the total household waste recycling, composting and reuse rate for English local authorities.	<p>This result is for Q4 2017/18 because the data runs a quarter in arrears.</p> <p>This indicator is based on waste collected at the County Councils Household Recycling Centres and District Council kerbside collections. Note that recycling, reuse and composting rates are generally lower for kerbside collected waste.</p> <p>In Q4, 50.8% of waste was collected for recycling, reuse, composting or anaerobic digestion, which is below the aspirational target of 60%. This Q4 2017/18 result, of 50.8%, is in keeping with the same period in Q4 in 2016/17 of 50.7%. Note that the performance at Q4 is always a low figure in the year, reflecting the winter period and low levels of green waste</p> <p>In contrast to the Q4 result, the total for the whole of 2017/18 was 56.6%, which is an improvement on last year's (2016/17) final figure of 55.4%.</p>

▶ Key areas of good performance					
Measure	Target	Current position	RAG	Benchmarking	Commentary
1 % of overall Capital Carriageway Maintenance Programme delivered by year end (performance measure)	90.0%	100.0%	GREEN	Local Target (No benchmark available)	Despite periods of unseasonal weather, performance during Q1 has been very good (100% for April, May and June), with all activities planned during this period delivered to programme. This trend is consistent with the performance during 2017/18. Delivery during Q1 has centred around the delivery of the conventional surfacing programme with 8 schemes delivered to date. Other work completed during this period includes the successful delivery of the joint sealing programme with 9 schemes delivered, as well as the ongoing delivery of preparatory work associated with both the surface dressing & micro-surfacing programmes of work.
2 % of individual Capital schemes (Network Safety, Safety Fencing and Drainage) completed by year end (performance measure)	90.0%	100.0%	GREEN	Local Target (No benchmark available)	Performance during Q1 has been very good with all activities planned during this period delivered to programme. Delivery of schemes during this period have centred around the delivery of the drainage programme with 11 schemes delivered to date. Other work completed during this period includes the successful delivery of two network safety schemes together with a scheme from the safety barrier programme.

<p>3 % of Highways Development Management planning applications responded to within 21 days or agreed timeframes (performance measure)</p>	<p>100% (>72% Locally) (28% points tolerance every quarter)</p>	<p>81.0%</p>	<p>GREEN</p>	<p>No benchmark currently available.</p>	<p>The role of Highways Development Management (HDM) is to ensure that new developments do not have a material impact on the safety, capacity or sustainability of the road network or transport systems (e.g. buses). As such developers submit applications for major (>10 houses) and minor (<10 houses) schemes and the HDM team have a statutory responsibility to respond to these applications within 21 days or agreed timeframes, otherwise the developer can go ahead with their scheme and the safety, capacity or sustainability of the road network and transport systems might not be taken into account.</p> <p>Performance at 1 2018/19 is 81% (467/577), which is markedly improved on the same period last year Q1-2017/18 = 67% (414/621), however there were considerably more applications received in Q1 last year (621) compared to this year (577).</p> <p>As the number of planning applications have started to stabilise below 600 per quarter, the performance has also started to stabilise (around 80% Q2-2017/18 = 82% (480/587), Q3-2017/18 = 76% (360/474), Q4-2017/18 = 80% (239/505)).</p> <p>The next quarter is likely to be impacted by local plan examinations and submission of EWR Transport Works Act Order, which means resources will have to be realigned across the team. This could impact on performance in this area.</p>
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► **All areas of lower than expected performance (Red or Amber)**

1	% of Category 1 defects repaired in 2 working days (as per current Highways Safety Inspection Policy) (performance measure)	93%	43%	RED	Local Target (No benchmark available)	<p>This indicator measures how many revenue defects (non-emergency) e.g. potholes, gullies, are repaired within 2 working days.</p> <p>The current position is 43% which is lower than the 93% target and which is markedly lower than 85% for Q1 in 2017-18. The decrease in performance seen this year is a consequence of the deterioration of the carriageway following the severe weather conditions experienced during the winter. Q1 2017-18 we recorded 986 CAT1 defects, whereas Q1 2018-19 we recorded 2527 - which is a 156% increase (300% increase for all defects). It is worth noting that although the two day deadline was not achieved, all potholes were addressed using a risk based approach i.e. most severe defects first, with 95% completed within 4 working days.</p> <p>Improvement Points:</p> <ol style="list-style-type: none"> 1. Since Q1, normal levels of performance have now been resumed.
2	% of overall Capital Footway Programme delivered by year end (performance measure)	90%	0% (Zero)	RED	Benchmark data not currently available.	<p>To enable resources to focus on the delivery of the capital carriageway surfacing programme during Q1 and into Q2, the construction phase of the footway structural repair programme has been planned to commence between September and February 2019.</p> <p>Improvement Action:</p> <ol style="list-style-type: none"> 1. Eighteen schemes have been identified for delivery with design/pre-construction activities commencing in August.