

PERFORMANCE DIGEST

VITAL SIGNS

2006/07 Quarter One

Report PRU 06/07 3

POLICY & REGENERATION UNIT
LONDON BOROUGH OF BRENT

Tel: (020) 8937 1030 Fax: (020) 8937 1050

	Page:
Foreword	5
Section One Table of performance	7
Section Two: High and medium risk monitoring	
Central Units	17
Children & Families	18
Finance & Corporate Resources	22
Environment & Culture	24
Housing & Community Care	27
Partners	32

Foreword

The Vital Signs Performance Digest is part of the high level performance monitoring carried out by Members and senior management of Brent Council.




The digest is published quarterly and aims to provide useful information on how well Brent is performing against key indicators. The indicators reflect areas critical for Comprehensive performance Assessment (CPA), all of the targets negotiated as part of the council's Local Area Agreement (LAA) which attract a Performance Reward Grant at the end of the LAA, and any others that are high risk to the council.

Section One: Table of performance

The table shows the following for each indicator:

1. Current quarter performance
2. Direction of travel against previous quarter's performance (from quarter two onwards)
3. Year-to-date performance against year-to-date target
4. Annual target

The table also shows an alert to highlight whether or not performance is reaching target. The following explains what each alert means:

	Low risk' performance indicators – this means the target is either being met or exceeded
	'Medium risk' performance indicators this means performance is not being met but is within 10-15% of the target
	High risk' performance indicators this means targets are not being met and are not within 10-15% of the target



The performance alert refers to year-to-date performance and target

Section Two: High and medium risk monitoring








For each performance indicator that has been identified as high or medium risk (that is not reaching target), more information is provided. This section includes a graph tracking performance over time against target, comments from the Lead Member and Service Director/Manager, and plans for improvement with actions and timeframes.


Section One: Table of performance









Central Units						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
BV011a.02 D Women in top 5% earners	Implications for equality standard	43.05	43.05		Bigger is Better	44
BV011b.02 D Black/ethnic in top 5%	Corporate Priority Implications for equality standard	19.21	19.21		Bigger is Better	20
BV012 D Days lost to sickness	Corporate Priority Key efficiency indicator	1.54	1.54		Smaller is Better	8
LAA WSP32 D % Domestic Violence Related Arrests	LAA stretch target	71.00	Target set from quarter 2 onwards		Bigger is Better	
LAA WSP33 D % Domestic Violence incidents resulting in Sanctioned Detection	LAA stretch target	28.60	Target set from quarter 2 onwards		Bigger is Better	
BV174 D Racial incidents per 1000 pop	Reserved last year	Data not available until Q2	Data not available until Q2		Smaller is Better	Data not available until Q2
BV175 D Racial incidents - further action	Reserved last year Implications for Housing CPA score	Data not available until Q2	Data not available until Q2		Bigger is Better	Data not available until Q2
LAA LE6 Number of people from black minority ethnic (BME) group helped into work	LAA stretch target	54.00	88.00		Bigger is Better	141
LAA LE7 Number of people from Non-BME group helped into work Employment in LA	LAA stretch target	Data not available until Q2	51.00		Bigger is Better	81

Children & Families						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
CC CMP1 D % of complaints escalated from stage 1 to stage 2	Corporate priority	18.60	10.00		Smaller is Better	10
CC CMP2 D % of stage 1 complaints responses within 15 working days	Corporate priority	39.53	100.00		Bigger is Better	100
LAA LHL18 December 2005 National Health Schools Standard	LAA stretch target	27.00	30.00		Bigger is Better	42
CF LI1 BV44 The number of pupils excluded from Brent maintained schools	Children & young people plan priority	0.41	0.41		Smaller is Better	1.3
BV197 D Percentage change in teenage pregnancies	Children & young people plan priority	Data not available until Q2	Data not available until Q2		Smaller is Better	
CYP3.08.2 D % of primary school aged children seeking a school place	LAA stretch target	100.00	100.00		Bigger is Better	100
BV163 D Adoptions of children looked after	Current Vital Sign where previous performance has not always met target	0.69	1.73		Bigger is Better	7








Children & Families						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
BV049.04 D % of children in care with 3 or more placements in a year	Current Vital Sign where previous performance has not always met target	2.11	2.11	★	Smaller is Better	11
CF/C68 D Timeliness of reviews of Looked After Children (LAC) cases	Children & young people plan priority	75.34	75.34	★	Bigger is Better	80
2065SC D % U16 LAC in the same place for 2.5yrs or more or adopted	Children & young people plan priority	68.00	68.00	★	Bigger is Better	68
CF/C69 D % children looked after children placed outside the borough	Children & young people plan priority	4.44	4.44	★	Smaller is Better	6





Environment & Culture						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
CC CMP1 D % of complaints escalated from stage 1 to stage 2	Corporate priority	15.79	10.00		Smaller is Better	10
CC CMP2 D % of stage 1 complaints responses within 15 working days	Corporate priority	72.84	85.00		Bigger is Better	85
CYP1.12 No. visits by young people for sport at council owned facilities	LAA stretch target	11656.00	8450.00		Bigger is Better	33800
BV199a.05 D Env. Cleanliness - Litter	LAA stretch target	Data not available until Q2	Data not available until Q2		Smaller is Better	26
EC PLSS6 D Number of library visits per 1,000 population	Implication for culture CPA score	1954.24	1950		Bigger is Better	7800
EC C4 D Active borrowers as a percentage of population	Implication for culture CPA score	8.70	6.25		Bigger is Better	25
BV091a.05 D % of residents receiving kerbside collections of recyclables	Current Vital Sign where previous performance has not always met target	91.00	91.00		Bigger is Better	93
EC BV082 D % of household waste arising which has been sent to authority for recycling and composting	Current Vital Sign where previous performance has not always met target	22.43	22.00		Bigger is Better	22




Environment & Culture						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
BV084a.05 Household Waste Collection in kilograms per head	Current Vital Sign where previous performance has not always met target	118.55	102.75		Smaller is Better	411

Finance & Corporate Resources						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
CC CMP1 D % of complaints escalated from stage 1 to stage 2	Corporate priority	6.52	10.00		Smaller is Better	10.00
CC CMP2 D % of stage 1 complaints responses within 15 working days	Corporate priority	55.22	90.00		Bigger is Better	90.00
BV078a D Average time taken for new benefit claims in days	LAA stretch target	32.40	36.00		Smaller is Better	36.00
FCR PM5 D Average processing time taken for change of circumstances affecting benefit claims in days	Implications for Revenue and Benefits CPA score	14.87	20.00		Smaller is Better	20.00
FCR PM18 D Percentage of cases (benefit claims) referred to tribunal service within 4 weeks	Scores go towards User Focus section of CPA assessment – our weakest area for 2 years running	78.57	65.00		Bigger is Better	65.00
FCR PM19 D Percentage of cases (benefit claims) referred to tribunal service within 3 months	Scores go towards User Focus section of CPA assessment – our weakest area for 2 years running	90.28	95.00		Smaller is Better	95.00
BV009 D Council Tax collected due within the quarter	Implications for Revenue and Benefits CPA score	29.52	30.11		Bigger is Better	94.00
BV010 D NNDR collected due within the quarter	Implications for Revenue and Benefits CPA score	30.69	28.99		Bigger is Better	98.30

Finance & Corporate Resources						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
FCR PM7 D Over payments recovered in the quarter	Implications for Revenue and Benefits CPA score	Data not available until Q2	Data not available until Q2		Bigger is Better	

Housing & Community Care						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
CC CMP1 D % of complaints escalated from stage 1 to stage 2	Corporate priority	19.08	10.00		Smaller is Better	10
CC CMP2 D % of stage 1 complaints responses within 15 working days	Corporate priority	76.34	85.00		Bigger is Better	85
LAA HCC SH3 The number of families in temporary accommodation	LAA stretch target	4270.00	4270.00		Smaller is Better	3923
BV183a Length of stay in B&B accommodation in weeks	Implications for Housing CPA score	4.87	6.00		Smaller is Better	6
BV183b Length of stay in hostel accommodation in weeks	Implications for Housing CPA score	0.00	15.00		Smaller is Better	15
BV064.02 Number of private sector dwellings returned into occupation	Implications for Housing CPA score	200.00	168.00		Bigger is Better	669
BV066b.05 D % tenants with rent arrears of 7 weeks or more	Implications for Housing CPA score and Housing Investment Programme	13.33	5.00		Smaller is Better	5
BV212.05 Average Time to re-let council property in days	Implications for Housing CPA score and Housing Investment Programme	27.00	30.00		Smaller is Better	30

Housing & Community Care						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
BV201 Number of adults receiving direct payments for purchase of care	Current Vital Sign where previous performance has not always met target	58.37	60.00		Bigger is Better	90
BV056.03 D % of occupational health equipment delivered within 7 days	Current Vital Sign where previous performance has not always met target	88.22	85.02		Bigger is Better	85
BV195 D % of people who had acceptable waiting times for needs assessment (within 28 days)	Current Vital Sign where previous performance has not always met target	65	75		Bigger is Better	75
BV196 % of people who had an acceptable wait for care packages (within 28 days)	Current Vital Sign where previous performance has not always met target	89.32	90.06		Bigger is Better	90

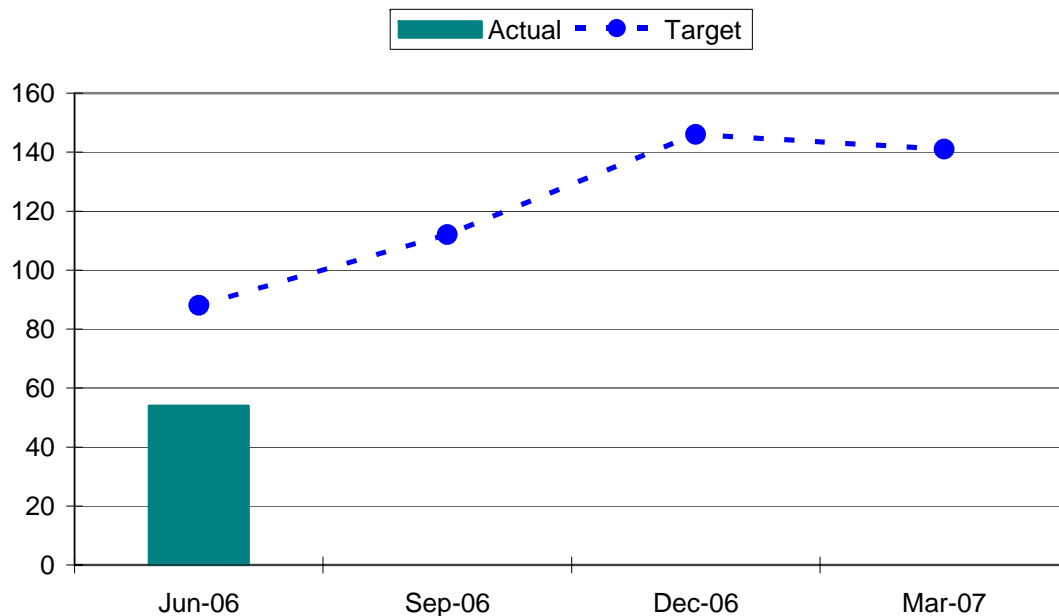
Partners						
Details	Reason for Inclusion	Performance this Quarter	Target this Quarter	Performance	Good Performance is?	Yearly Target 06/07
BV142iii Number of accidental fires in residential properties	LAA stretch target	69.00	69.00		Smaller is Better	276
LAA LHL26 The number of people who stop smoking using the NHS programme for 13 weeks	LAA stretch target	0.00	34.00		Bigger is Better	95
LAA LHL27 The number of people who stop smoking using the NHS programme - 4 week quit in NRF areas	LAA stretch target	85.00	70.00		Bigger is Better	204

Section Two: High and medium risk monitoring

CENTRAL

LAA LE6 BME Employment

Number of people from a BME group helped into work for a sustained period of at least 16 hours a week for 13 consecutive weeks or more



COMMENTS

Director	Phil Newby
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The provider (Brent in2 Work) is currently implementing a new single tracking database. These figures will be amended in quarter 2

Executive Member	Councillor O'Sullivan
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Note
Lead member comments on LAA will be introduced from quarter two

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Implementing new single tracking database	September 2006	Andy Donald	

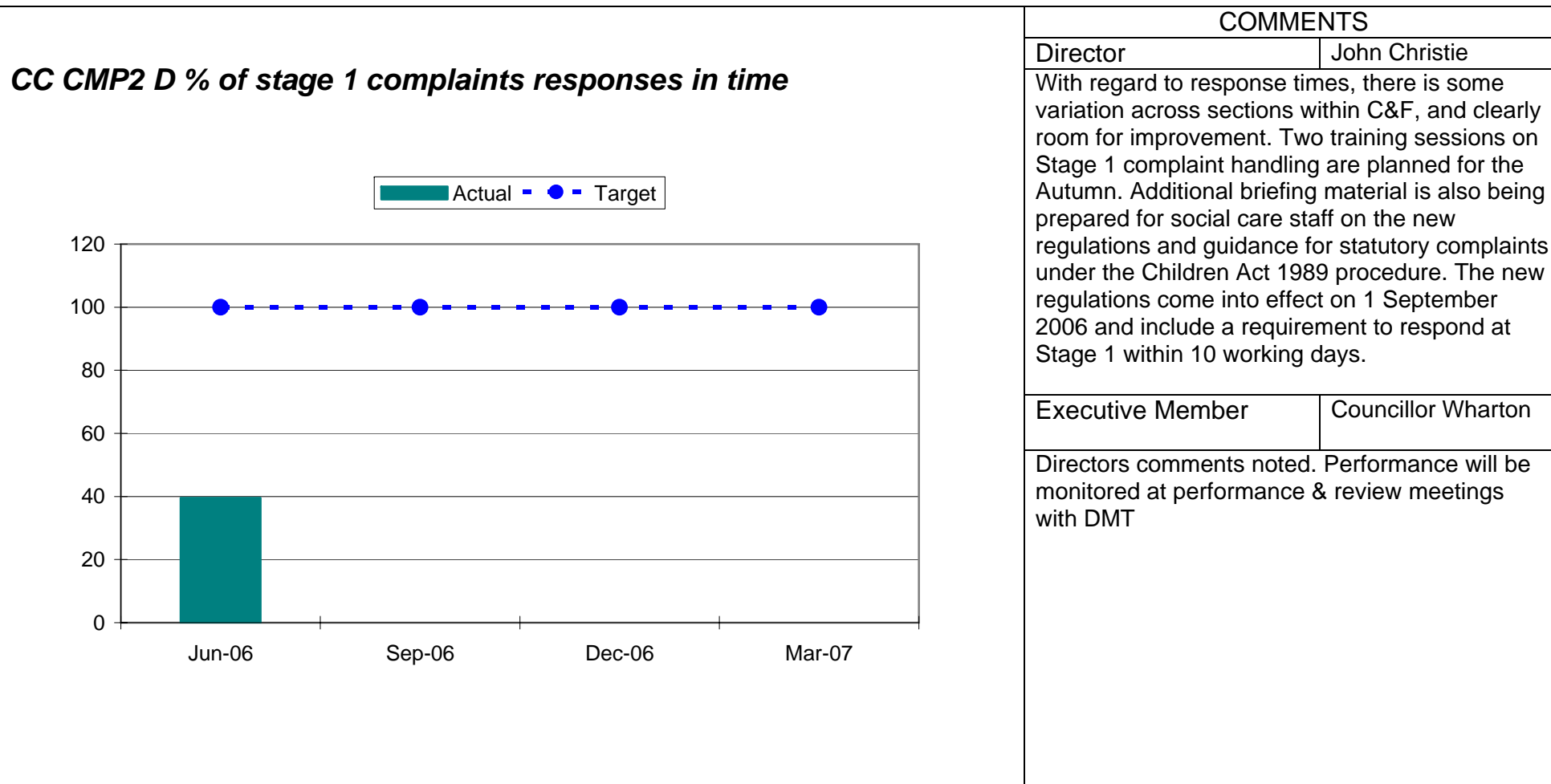
Section Two: High and medium risk monitoring

CHILDREN & FAMILIES

CC CMP1 D % of complaints escalated from stage 1 to stage 2		COMMENTS																
<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Date</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>18.5</td> <td>10</td> </tr> <tr> <td>Sep-06</td> <td>-</td> <td>10</td> </tr> <tr> <td>Dec-06</td> <td>-</td> <td>10</td> </tr> <tr> <td>Mar-07</td> <td>-</td> <td>10</td> </tr> </tbody> </table>		Date	Actual (%)	Target (%)	Jun-06	18.5	10	Sep-06	-	10	Dec-06	-	10	Mar-07	-	10	Director	John Christie
		Date	Actual (%)	Target (%)														
		Jun-06	18.5	10														
		Sep-06	-	10														
Dec-06	-	10																
Mar-07	-	10																
There are some variations across the service and clearly there is room for improvement. Training on complaints handling is planned and it is expected that responses will improve over the next few months																		
		Executive Member	Councillor Wharton															
		Comments not available																
IMPROVEMENT ACTION PLAN																		
Key improvement actions	Timescale for completion	Responsible Officer	Date completed															
Implement complaints training	October 2006	Gillian Burrowes																

Section Two: High and medium risk monitoring

CHILDREN & FAMILIES



COMMENTS	
Director	John Christie
With regard to response times, there is some variation across sections within C&F, and clearly room for improvement. Two training sessions on Stage 1 complaint handling are planned for the Autumn. Additional briefing material is also being prepared for social care staff on the new regulations and guidance for statutory complaints under the Children Act 1989 procedure. The new regulations come into effect on 1 September 2006 and include a requirement to respond at Stage 1 within 10 working days.	
Executive Member	Councillor Wharton
Directors comments noted. Performance will be monitored at performance & review meetings with DMT	

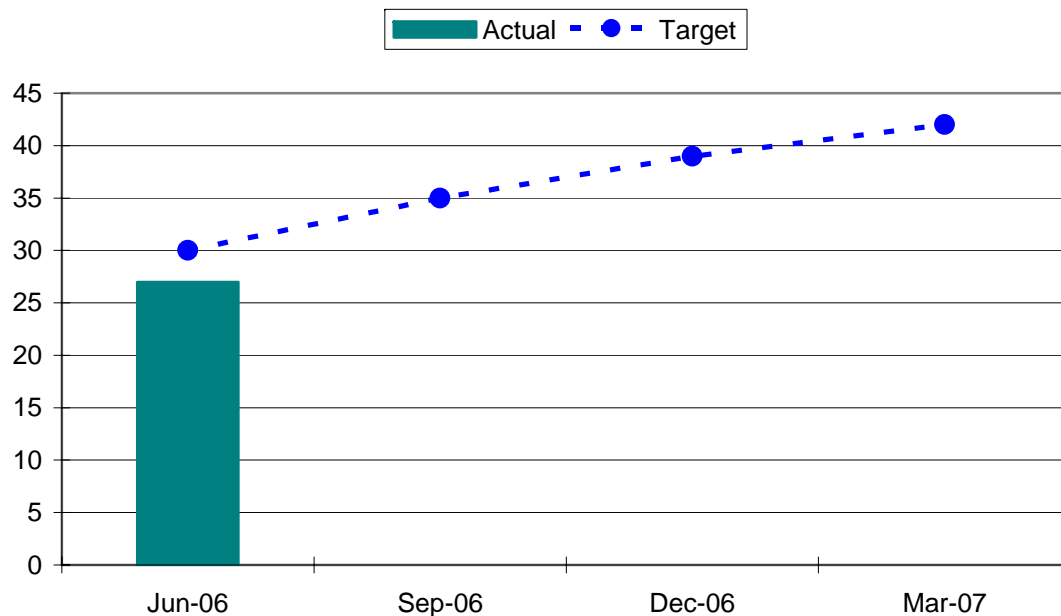
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Implement complaints handling training	November 2006		
Preparation of briefing material on new regulations and guidance	September 2006		

Section Two: High and medium risk monitoring

CHILDREN & FAMILIES

LAA LHL18 December 2005 National Health Schools Standard

December 2005 National Health Schools Standard. The number of schools and children's centres achieving Healthy Schools status



COMMENTS

Director	John Christie
The service fell just short of the target for quarter one but expects to achieve the overall annual target by the end of year	

Executive Member	Councillor Wharton
Directors comments noted. Performance will be monitored at performance & review meetings with DMT	

IMPROVEMENT ACTION PLAN

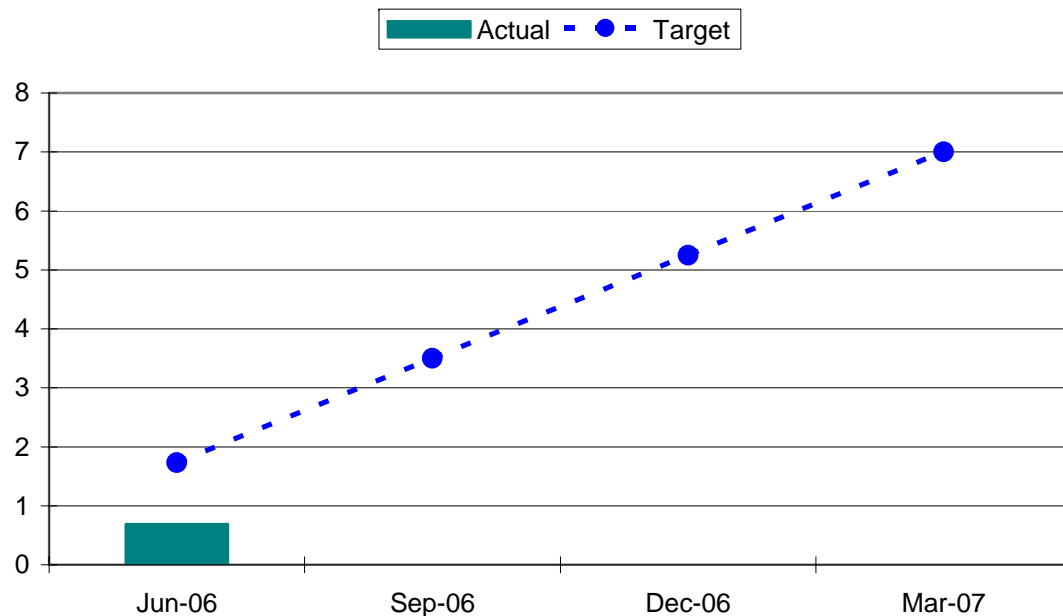
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Awaiting action plan			

Section Two: High and medium risk monitoring

CHILDREN & FAMILIES

BV163 D Adoptions of children looked after

The number of looked after children adopted during the year as a percentage of the number of children looked after at 31 March who had been looked after for 6 months or more at that date. (PAF C23 – revised definition)



COMMENTS

Director	John Christie
Following the introduction of a second adoption team and a new adoption protocol in April, we are expecting to see improvement in this area in the next quarter	

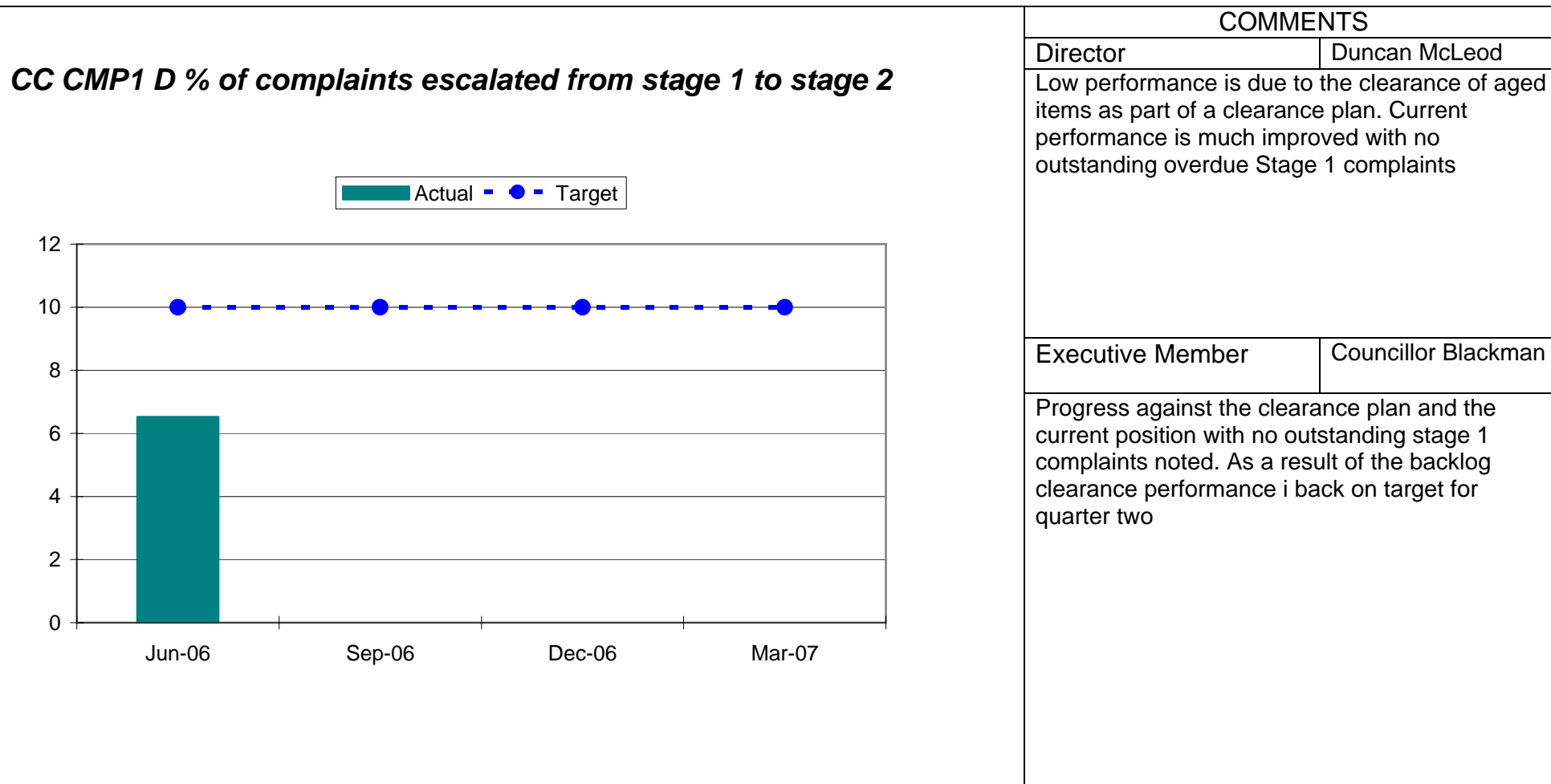
Executive Member	Councillor Wharton
Directors comments noted. Performance will be monitored at performance & review meetings with DMT	

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Second adoption team now in operation	June/July 2006	Jan Fishwick	
New adoption protocol implemented which will speed up the process of children being adopted nationally	April 2006	Jan Fishwick	

Section Two: High and medium risk monitoring

FINANCE & CORPORATE RESOURCES



COMMENTS	
Director	Duncan McLeod
Low performance is due to the clearance of aged items as part of a clearance plan. Current performance is much improved with no outstanding overdue Stage 1 complaints	
Executive Member	Councillor Blackman
Progress against the clearance plan and the current position with no outstanding stage 1 complaints noted. As a result of the backlog clearance performance is back on target for quarter two	

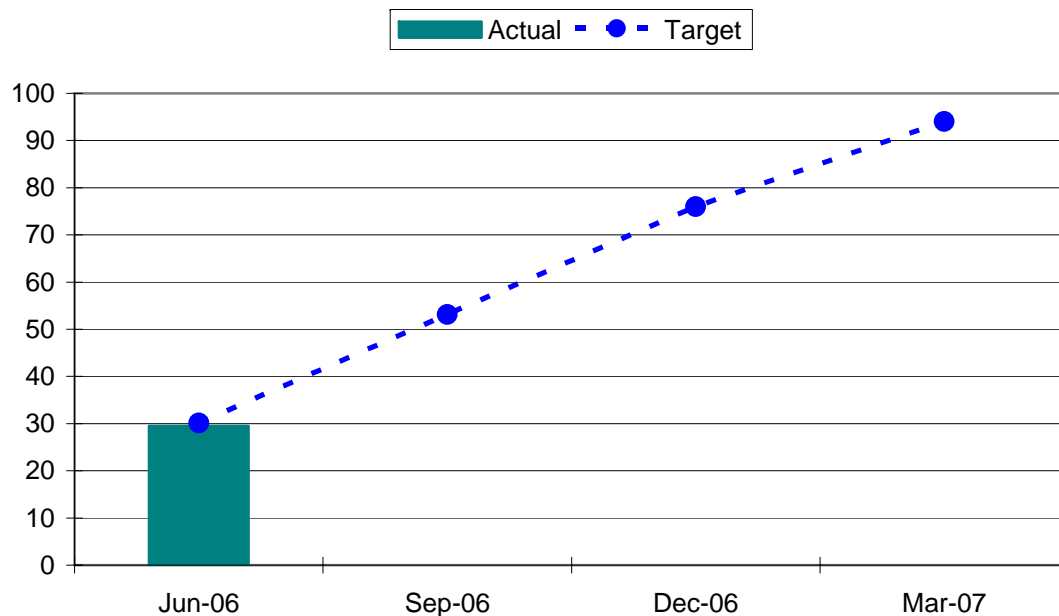
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Clearance of aged items as part of clearance plan	September 2006	Sev Zachariah	

Section Two: High and medium risk monitoring

FINANCE & CORPORATE RESOURCES

BV009 D Council Tax collected

Percentage of Council Tax collected.



COMMENTS

Director	Duncan McLeod
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There has been an increase in the number of charge payers paying by Direct Debit. This means that payments will be spread out over 12 months of the year and hence as the year progresses the gap against profile should be eliminated

Executive Member	Councillor Blackman
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There has been an increase of 2,342 direct debit payers on last year (6.9% increase). In addition, reassurances have been provided by Capita that performance will be back on target by end of quarter two

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Awaiting action plan			

Section Two: High and medium risk monitoring

ENVIRONMENT & CULTURE

CC CMP1 D % of complaints escalated from stage 1 to stage 2		COMMENTS																				
<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Date</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>16</td> <td>10</td> </tr> <tr> <td>Sep-06</td> <td>-</td> <td>10</td> </tr> <tr> <td>Dec-06</td> <td>-</td> <td>10</td> </tr> <tr> <td>Mar-07</td> <td>-</td> <td>10</td> </tr> </tbody> </table>		Date	Actual (%)	Target (%)	Jun-06	16	10	Sep-06	-	10	Dec-06	-	10	Mar-07	-	10	<table border="1"> <tr> <td data-bbox="1393 272 1762 316">Director</td> <td data-bbox="1762 272 2065 316">Richard Saunders</td> </tr> <tr> <td colspan="2" data-bbox="1393 316 2065 647">Managers are working with staff to improve the quality of Stage 1 replies to prevent unnecessary escalation to stage 2.</td> </tr> </table>		Director	Richard Saunders	Managers are working with staff to improve the quality of Stage 1 replies to prevent unnecessary escalation to stage 2.	
Date	Actual (%)	Target (%)																				
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Director	Richard Saunders																					
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		<table border="1"> <tr> <td data-bbox="1393 647 1762 719">Executive Member</td> <td data-bbox="1762 647 2065 719">Councillor Van Colle</td> </tr> <tr> <td colspan="2" data-bbox="1393 719 2065 1142">The target is challenging but the department wants to meet it</td> </tr> </table>		Executive Member	Councillor Van Colle	The target is challenging but the department wants to meet it																
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IMPROVEMENT ACTION PLAN																						
Key improvement actions	Timescale for completion	Responsible Officer	Date completed																			
Units are being regularly reminded about outstanding complaints	Ongoing	Ros Carson																				

Section Two: High and medium risk monitoring

ENVIRONMENT & CULTURE

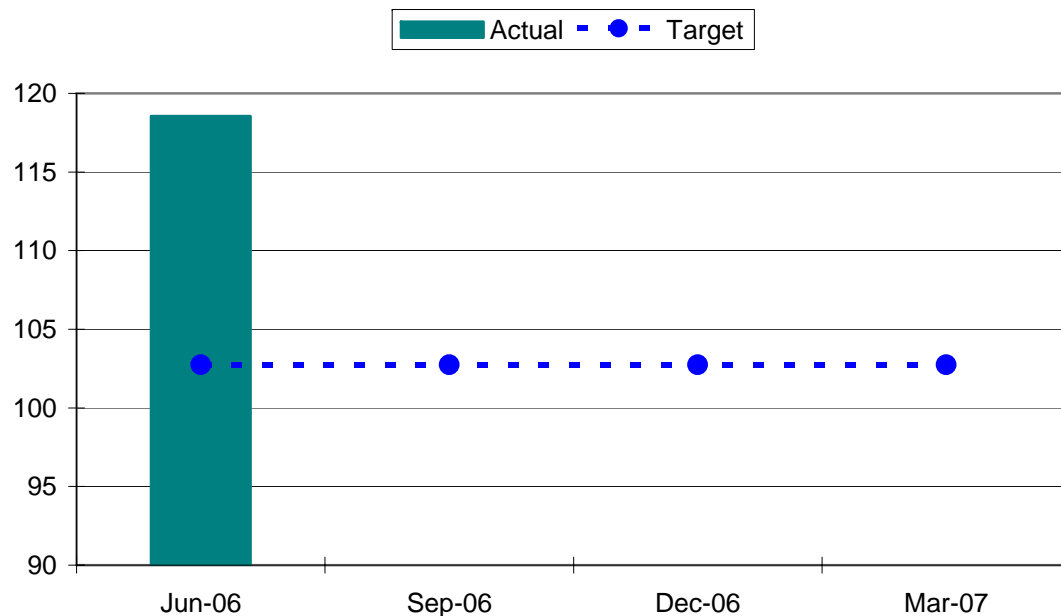
CC CMP2 D % of stage 1 complaints responses in time (15 working days)		COMMENTS																
<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>73</td> <td>85</td> </tr> <tr> <td>Sep-06</td> <td>-</td> <td>85</td> </tr> <tr> <td>Dec-06</td> <td>-</td> <td>85</td> </tr> <tr> <td>Mar-07</td> <td>-</td> <td>85</td> </tr> </tbody> </table>		Month	Actual (%)	Target (%)	Jun-06	73	85	Sep-06	-	85	Dec-06	-	85	Mar-07	-	85	<p>Director: Richard Saunders</p> <p>Improvement in response time performance but more effort is needed to achieve 85%.</p>	
Month	Actual (%)	Target (%)																
Jun-06	73	85																
Sep-06	-	85																
Dec-06	-	85																
Mar-07	-	85																
		<p>Executive Member: Councillor Van Colle</p> <p>The target is challenging but the department wants to meet it</p>																
IMPROVEMENT ACTION PLAN																		
Key improvement actions	Timescale for completion	Responsible Officer	Date completed															
Units are being regularly reminded about outstanding complaints	Ongoing	Ros Carson																

Section Two: High and medium risk monitoring

ENVIRONMENT & CULTURE

BV084a.05 Household Waste Collection

No. of kilograms of household waste collected per head of the population.



COMMENTS

Director	Richard Saunders
The Organic Waste Service has had an effect of attracting new waste into the system, rather than solely diverting existing waste. Waste reduction continues to be a key theme in our waste publicity generally.	

Executive Member	Councillor Van Colle
Garden waste is now going to the green bin collection for composting and we must see if we can encourage more home composting of that waste stream	

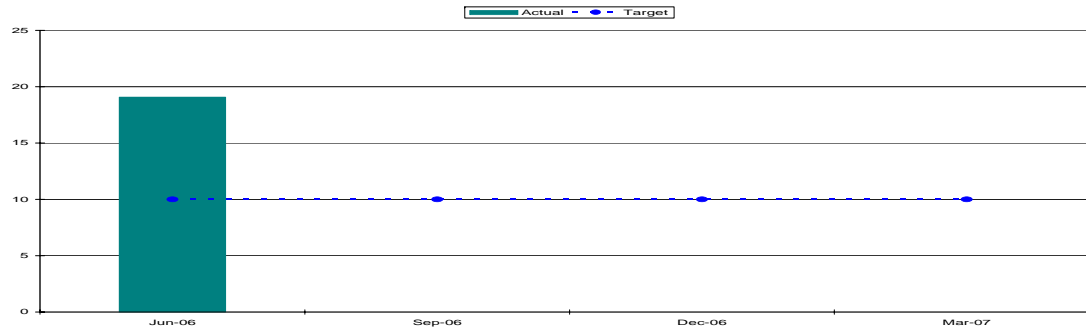
IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Continue to promote waste reduction in our publicity	Ongoing	Nicola Percival	
Continue to monitor tonnages in all streams and identify trends for action	Ongoing	Tony Talman	

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

CC CMP1 D % of complaints escalated from stage 1 to stage 2



COMMENTS

Director	Martin Cheeseman
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Performance has improved compared to same period last year

Executive Member	Councillor Allie
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No comment for quarter one

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Action plan to follow			

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

CC CMP2 D % of stage 1 complaints responses in time		COMMENTS																
<table border="1" data-bbox="201 399 1254 686"> <caption>Chart Data</caption> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>76</td> <td>85</td> </tr> <tr> <td>Sep-06</td> <td>-</td> <td>85</td> </tr> <tr> <td>Dec-06</td> <td>-</td> <td>85</td> </tr> <tr> <td>Mar-07</td> <td>-</td> <td>85</td> </tr> </tbody> </table>		Quarter	Actual (%)	Target (%)	Jun-06	76	85	Sep-06	-	85	Dec-06	-	85	Mar-07	-	85	<p>Director: Martin Cheeseman</p> <p>The percentage of responses sent within timescale is not an acceptable figure. However, overall performance has been particularly affected by the poor performance of one service unit. The complaints manager will be discussing this further with the relevant head of service with a view to speedier responses being sent in the future.</p>	
Quarter	Actual (%)	Target (%)																
Jun-06	76	85																
Sep-06	-	85																
Dec-06	-	85																
Mar-07	-	85																
		<p>Executive Member: Councillor Allie</p> <p>No comment for quarter one</p>																

IMPROVEMENT ACTION PLAN

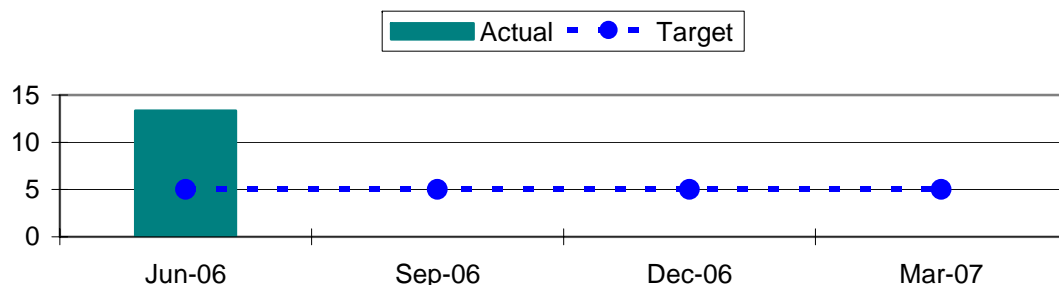
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Complaints team to improve monitoring and provision of regular information on complaints handling to the Heads of Service.	by end of August 2006	All heads of service	
Complaints Manager to meet with Service Unit Management Groups to discuss complaints procedure requirements	by end of August 2006		
Establish a local complaints monitoring system within the PDSU to improve performance in handling stage 1 complaints	- by end of August 2006		

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

BV066b.05 D % Tenants > 7wks Gross Arrears

The number of local authority tenants with more than seven weeks of (gross) rent arrears as a percentage of the total number of council tenants.



COMMENTS

Director	Martin Cheeseman
This figure includes service charge collections and is a slight improvement on the indicator outcome this time last year (13.37%). The end of year reconciliation (i.e. separation of service charge and rent arrears) will bring the end of year performance down to between 5 & 6%	
Councillor Allie	Councillor Allie
No comment for quarter one	

IMPROVEMENT ACTION PLAN

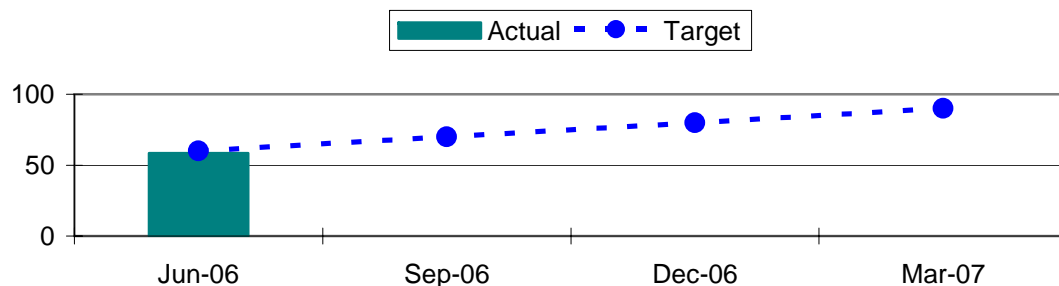
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Awaiting action plan			

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

BV201 Adults receiving direct payments

Age standardised by age groups. Weighted average of four age bands: 18-64, 65-74, 74-84, and 85 or over. Weightings are according to the percentage of the population of England that falls into the relevant age band.



COMMENTS

Director	Martin Cheeseman
We are 10 people below our quarterly target. By the end of June 2006 we were providing direct payments to 97 clients aged 18 and over with a further 20 people referred and pending. This grand total of 117 breaks down to 90 adults aged 18-64 and 27 people aged 65 and over. Clients referred but not yet receiving direct payments have been included since September 2005. At present we are 73 clients below our target for 2006-07.	

Executive Member	Councillor Colwill
It is encouraging to note that the number of people receiving Direct Payments continues to rise steadily. This will need to be maintained to meet the target for the full year.	

IMPROVEMENT ACTION PLAN

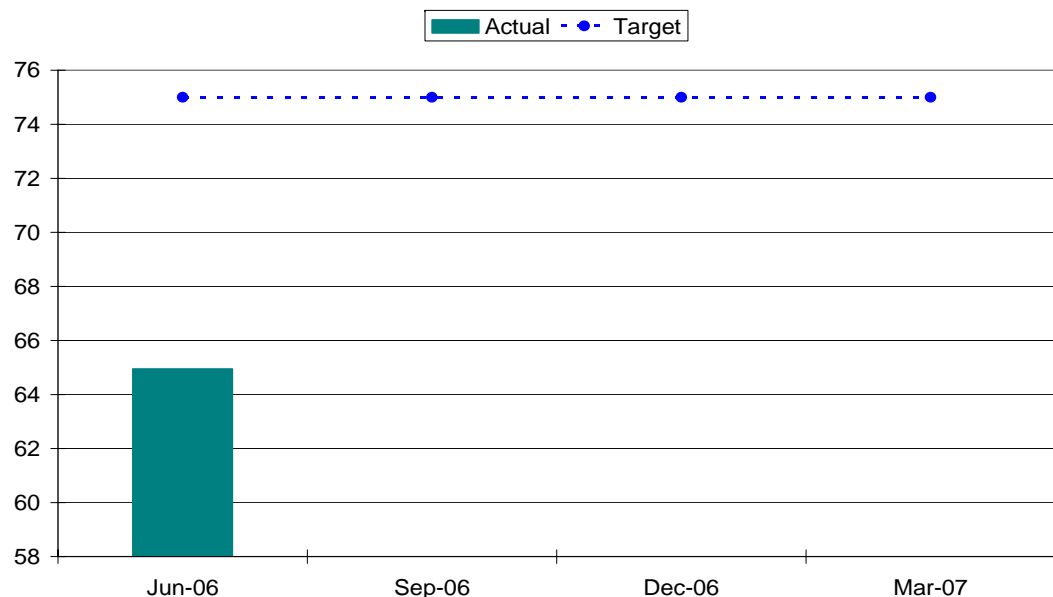
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Project group meets quarterly to monitor performance & identify improvement actions	From April 06	Christabel Shawcross	
Training in Direct Payments for staff in all service areas	February 07	Christabel Shawcross	
Increased publicity for service users	December 06	Christabel Shawcross	

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

BV195 D Acceptable waiting times for asst

For new older clients the average of % where time from contact to start of assessment is less than 48 hours, and % where time from first contact to completion of assessment = 28 days



COMMENTS

Director | Martin Cheeseman

This is a 'key threshold indicator' as defined by Commission for Social Care Inspection. The target for 2006-07 for this indicator is 75 %, significantly above the threshold. Figures for quarter 1 are estimated due to recording difficulties on the Framework-i database. Estimated performance this quarter shows a slight improvement on figures for 05/06. A project group has been established to address recording issues and to take forward measures to further improve performance

Executive Member | Councillor Colwill

Performance needs to improve in order to meet the annual target, and I am confident officers will take all reasonable steps to achieve this target in the coming months

IMPROVEMENT ACTION PLAN

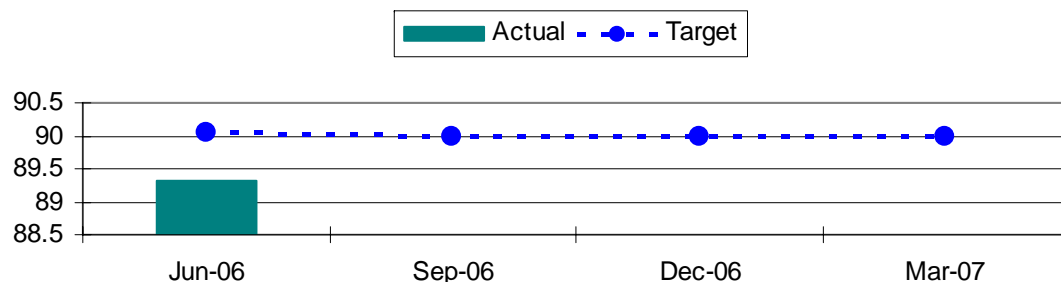
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Project group to oversee improvements meets monthly	From August 2006		
Recording systems reviewed	September 2006		
Database reporting tools reviewed	October 2006		
Staff trained in new systems	October 2006		

Section Two: High and medium risk monitoring

HOUSING & COMMUNITY CARE

BV196 Acceptable wait for care packages

For new older clients, % where time from completion assessment to provision all services in care package = 28 days



COMMENTS

Director	Martin Cheeseman
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The target for 2006-07 for this indicator is 90%. In June we are just below our target and have exceeded the outer London average for this PI. This PI is now calculated from a Framework i report dated from 1st July 2005 to 30th June 2006, in order to display consistent cumulative development of the indicator over a 12 month period.

Executive Member	Councillor Colwill
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Performance is only very slightly below the annual target. This positive figure is encouraging and represents very good performance

IMPROVEMENT ACTION PLAN

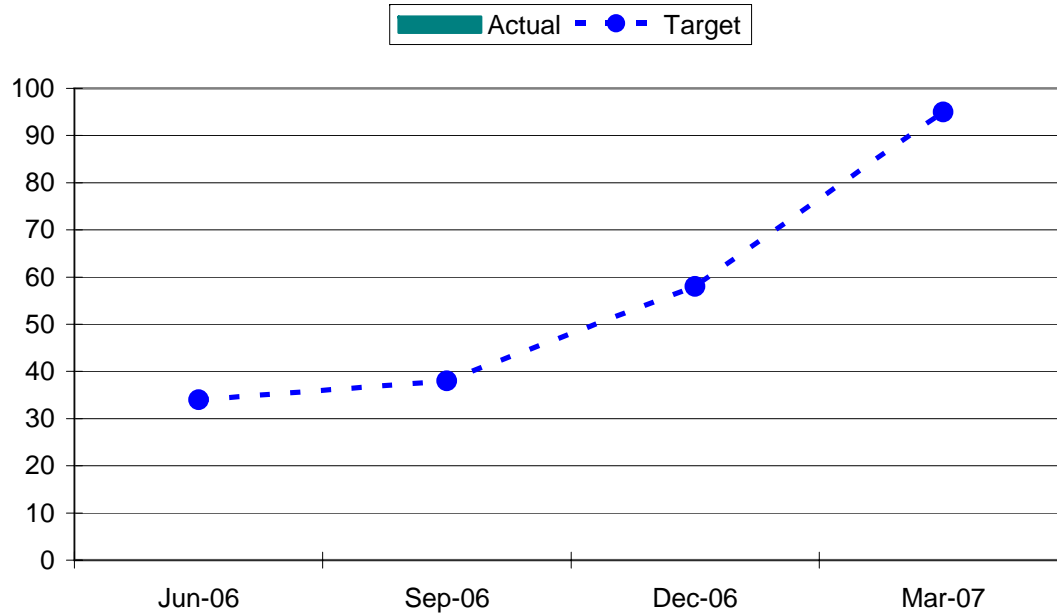
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitor performance on monthly basis	From April 06	Ros Howard	
Review systems to ensure consistent high performance	October 06	Ros Howard	

Section Two: High and medium risk monitoring

PARTNERS

LAA LHL26 13 week smoking quit

Increase the number of people who stop smoking (1) 13 week quit Borough-wide



COMMENTS

Director

As this is a partnership indicator we are still sorting out where comments will be sourced from. This will be resolved by quarter 2

Executive Member

As above

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed