Community Leadership and Engagement – Key Performance Indicators 2016/17

COMMUNITY LEADERSHIP AND ENGAGEMENT KPI 1 – The number of active volunteers			Quarter 4 2016/17
Definition	People who have actively volunteered their time in the previous 3 months within any area of Culture and Recreation or been deployed to volunteer by the volunteer coordinator Culture and Recreation.	**How this indicator works**	This indicator measures the average monthly number of active volunteers that support Culture and Recreation, Healthy Lifestyle and Adult Social Care activities.
What good looks like	We are working towards a continuous increase in the number of active volunteers within the borough.	**Why this indicator is important**	Volunteering not only benefits the individual volunteer by increasing their skills and experience, it also has a significant impact on the health and wellbeing on the community as a whole.
History with this indicator	Historically the number of active volunteers has been increasing. This is a result of increased awareness of volunteering opportunities, the diversity of roles on offer and the corporate shift to deliver some of the library offer to the community and volunteers at 2 sites.	**Any issues to consider**	Volunteering can be more frequent during Summer months particular in support of outdoor events programmes such as Summer of Festivals.

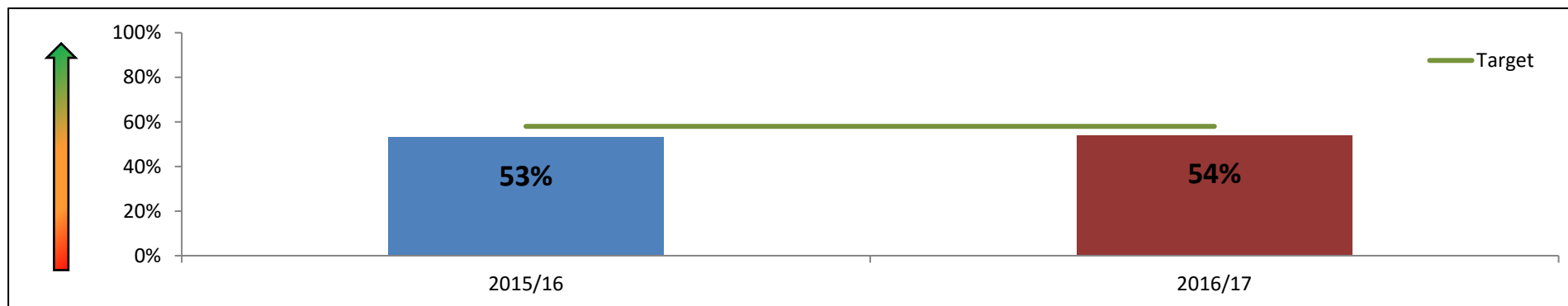| Monthly average	Quarter 1	Quarter 2	Quarter 3	2016/17	2015/16
2016/17	243	201	262	311	
Target	150	150	150	150	↑
2015/16	192	218	247	252	

| Performance Overview

G | Across the 3 months of Quarter 4 (January to March) there was an average of 311 active volunteers. This exceeds the monthly target figure of 150 by 161 people and is 207.33% of the target. In addition, the figure is 18.70% (49 volunteers) higher than the end of Quarter 3 when the average was 262. Some of the increase can be attributed to the implementation of Better Impact software to monitor volunteer activity more accurately. The software also allows volunteers to look at a wider of range of activities to participate in around the whole Culture and Recreation portfolio. Going forward the target figure will be revised.
The figure is also 23.41 % higher than the corresponding period in 2015 -2016 when the average was 252 active volunteers. The regular volunteering recruitment programme is working well and the variety of opportunities offered are seeing improved retention figures for volunteers. Volunteer work placements are also continuing in a number of areas and regular numbers continue to give their time often after work placements have ended. | **Actions to sustain or improve performance** | The success in achieving and maintaining these figures is due to the wide range of volunteer opportunities across the whole Culture and Recreation portfolio. There has been an increase in venues with volunteer opportunities around the borough and this includes options to be involved in the summer events programme. There are also a number of public health funded projects running including Healthy Lifestyles, Change for Life programme and Volunteer Drivers Scheme which are attracting regular volunteer numbers. In addition, 2 Libraries are also now community run providing regular volunteer opportunities and there are also options for volunteering across the other 4 libraries. |
| **Benchmarking** | No benchmarking data available – local measure only | | |

Definition	Residents Survey question: 'To what extent does the statement "Listens to the concerns of local residents' apply to your local Council?" The percentage of respondents who responded with either 'A great deal' or 'To some extent'.	**How this indicator works**	Results via a telephone survey conducted by ORS, an independent social research company. For this survey, mobile sample was purchased by ORS, enabling them to get in contact with harder to reach populations. Interviews conducted with 1,101 residents (adults, 18+).
What good looks like	Good performance would see higher percentages of residents believing that the Council listens to their concerns.	**Why this indicator is important**	Results give an indication of how responsive the Council is, according to local residents.
History with this indicator	New performance indicator	**Any issues to consider**	Results were weighted to correct any discrepancies in the sample to better reflect the population of Barking & Dagenham, based on a representative quota sample. Quotas set on age, gender, ethnicity and tenure.

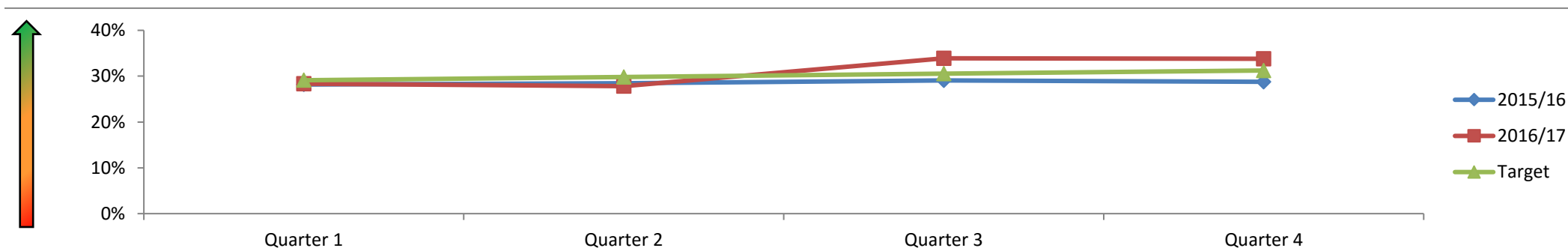|	Annual Result	DOT from 2015/16
2016/17	54%	↑
Target	58%	
2015/16	53%	

Performance Overview	Performance for this indicator has improved slightly this year although it is still below the target of 58%. The Council has carried out a number of major consultations this year with residents and has made an effort to encourage residents to get involved. This may have contributed to helping ensure performance did not deteriorate over the last year. However, in order to see real improvements on this indicator the Council needs to be better at responding to the concerns of residents through dealing effectively with service requests. A key part of this is also about setting clear expectations and service standards so that residents know what to expect.	**Actions to sustain or improve performance**	- Ensure the Council is doing the basics right through business as usual, ensuring the services delivered are relentlessly reliable - Continue work to improve consultation and engagement - Develop campaign plans with key messages for priority areas
A			
Benchmarking	London Average 2015/16: 64% (Benchmarking data for 2016/17 not available)		

Definition	Survey of people attending the events to find out: • **Visitor profile:** Where people came from, Who they were, How they heard about the event • **The experience:** asking people what they thought of the event and how it could be improved. • **Cultural behaviour:** when they last experienced an arts activity; and where this took place.	**How this indicator works**	Impact / success is measured by engaging with attendees at the various cultural events running over the Summer. Results are presented in a written evaluation report.
History with this indicator	This is a new events evaluation for 2016.	**Any issues to consider**	The outdoor cultural events programme runs from June to September.
2016/17 Performance Results	We undertook a survey of people (409 responses) who attended three of the Summer of Festivals events (One Borough Community Day, Steam and Cider Fair, and the Roundhouse Music Festival) to develop a visitor profile, evaluate the quality of the experience and gain an understanding of cultural behaviour. The headline findings are as follows: • **100%** of respondents agreed that these events are worth doing every year and that they are a good way for people of different ages and backgrounds to come together. • **66%** of respondents live in the Borough • **43%** were first time attenders at the event • **56%** had attended an arts event in the previous 12 months • Roughly **25%** of respondents heard about the event from LBBD social media activity with a similar percentage for word of mouth or saw a poster, leaflet or banner.		
Additional information	When we asked people what they particularly liked about the events and how they think they could be improved, a number of recurring themes were identified: positive comments – free entry, atmosphere, good day out, family friendly; areas for improvement – more seating, cost of rides, more variety of food on sale and more arts and crafts stalls.		

Equalities and Cohesion – Key Performance Indicators 2016/17

Definition	The overall number of employees that are from BME communities.	**How this indicator works**	This is based on the information that employees provide when they join the Council. They are not required to disclose the information and many chose not to, but they can update their personal records at any time they wish.
What good looks like	That the workforce at levels is more representative of the local community (of working age).	**Why this indicator is important**	This indicator helps to measure and address under-representation and equality issues within the workforce and the underlying reasons.
History with this indicator	The overall percentage of Council employees from BME Communities has been on an upward trend for a number of years but the rate of increase does not match that of the local population and the Borough profile.	**Any issues to consider**	A number of employees are "not-disclosed", and the actual percentage from BME communities is likely to be higher. Completion of the equalities monitoring information is discretionary and we are looking at how to encourage new starters to complete this on joining the Council and employees to update personal information on Oracle.

| Monthly average	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	28.36%	27.82%	33.9%	33.8%	↑
Target	29.11%	29.82%	30.53%	31.24%	
2015/16	28.17%	28.47%	29.07%	28.79%	

|			
Performance Overview **G**	The latest employee's figures show a stable position in relation to the figures reported in the previous quarter of employees from BME communities. As previously advised there will be variations from quarter to quarter and the data is telling us that the actions outlined in the previous action plan having a positive impact. There has been a change in the overall numbers of the workforce since the last quarter.	**Actions to sustain or improve performance**	We continue to work with Business in the Community (BiC) to identify how other organisations have addressed under-representation within the workforce and non-disclosure. We should be able to report on the BiC benchmark for ethnicity, age and gender shortly. Temperature Check results have been analysed. We continue to target where there are lower levels of self-reporting. The implementation of the training plan for managers and staff (including Recruitment and Selection, Unconscious Bias and Dignity at Work) is continuing.
Benchmarking	Not applicable		

KPI 4 – The percentage of employees from BME Communities

Breakdown by Directors (numbers)

	BME	Non-BME	Not Provided	Prefer not to say
CD - Adults' Care & Support	7	20		
CD - Children's Care & Support	300	464	7	8
CD - Culture and Recreation	22	51	1	
CD - Education	104	213	1	1
Chief Executives, SDI, Transformation	2	4		
Chief Operating Officer	5	19		4
Commissioning Programme Manager	83	265	5	2
Deputy Chief Executive and Strategic Director	1	3		
Director of Law and Governance	44	95	1	16
Director of Public Heath		1		
Director Public Health	23	26		
Finance Director	22	31		
Head of Planning & Regen (Planning)		12		
Head of Planning & Regen (Regeneration)	6	4		
OD - Adults' Care Support	110	134	5	
OD - Children's Care & Support	93	97	3	
OD - Enforcement	50	86		1
OD - Homelessness	24	42		
OD - Housing Management	157	183	3	2
OD - Public Realm	31	241	2	1
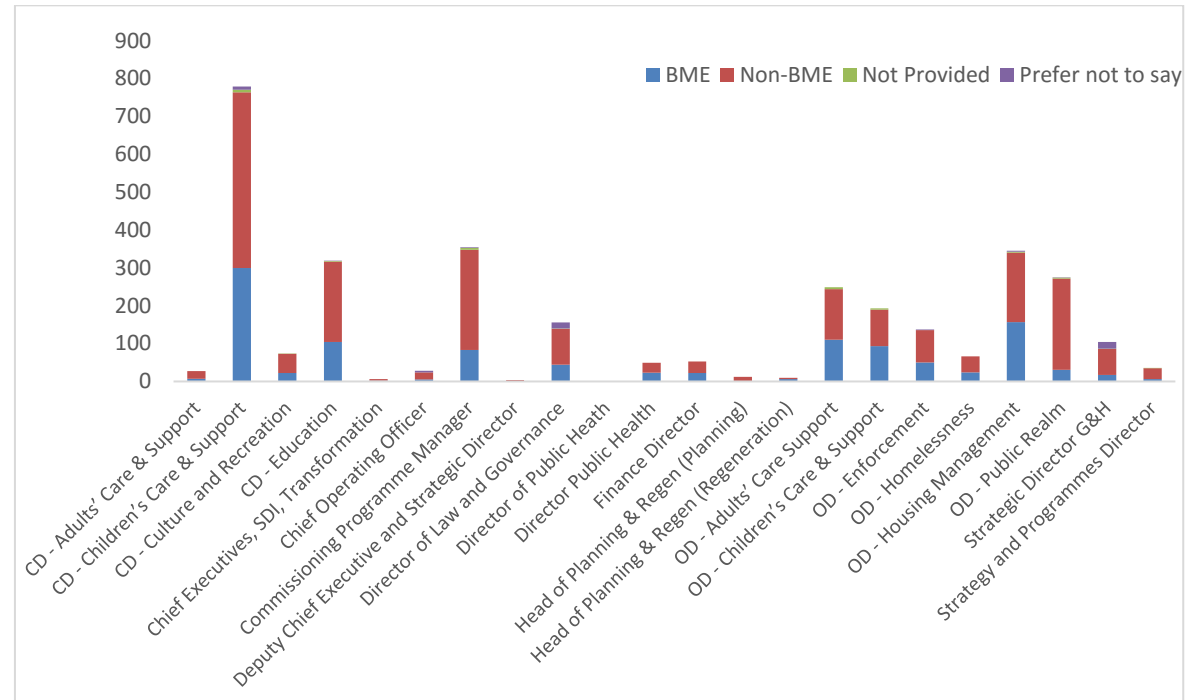
BME	Non-BME	Not Provided	Prefer not to say
1107	2090	30	52
34%	64%	1%	2%
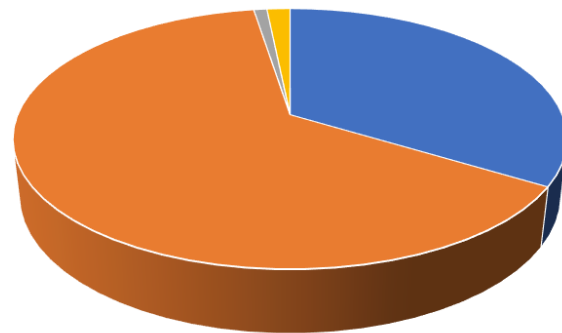
KPI 5 – The percentage of residents who believe that the local area is a place where people from different backgrounds get on well together

Definition	Residents Survey question: 'To what extent do you agree that this local area is a place where people from different backgrounds get on well together" The percentage of respondents who responded with either 'Definitely agree' or 'Tend to agree'.	**How this indicator works**	Results via a telephone survey conducted by ORS, an independent social research company. For this survey, mobile sample was purchased by ORS, enabling them to get in contact with harder to reach populations. Interviews conducted with 1000 residents (adults, 18+).
What good looks like	An improvement in performance would see a greater percentage of residents believing that the local area is a place where people from different backgrounds get on well together.	**Why this indicator is important**	Community cohesion is often a difficult area to measure. However, this perception indicator gives some indication as to how our residents perceive community relationships to be within the borough.
History with this indicator	Although this question was included in the historical Place Survey, due to the survey methodology, results are not comparable.	**Any issues to consider**	Results were weighted to correct any discrepancies in the sample to better reflect the population of Barking & Dagenham, based on a representative quota sample. Quotas set on age, gender, ethnicity and tenure.

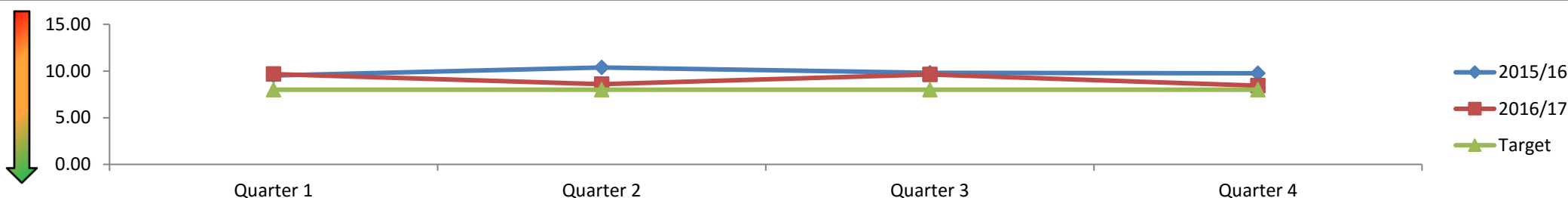|	Annual Result	DOT from 2015/16
2016/17	73%	
Target	80%	↓
2015/16	74%	

|			
Performance Overview	Results for this indicator have decreased slightly dropping from 74% to 73%. Given the circumstances, nationally as a result of Brexit and the reported rise in hate crime in places across the country it is positive to note that performance for this indicator is holding steady. The borough has not seen a huge increase a hate crime post Brexit. However, the performance for this indicator is still below the target of 80% and therefore RAG rated Amber.	**Actions to sustain or improve performance**	Work is underway to develop a cohesion strategy which will respond to issues and provide a plan to improve performance for this indicator.
A			
Benchmarking	National Average 2015/16: 86% (Benchmarking data for 2016/17 not available)		

Definition	The average number of days sickness across the Council, (excluding staff employed directly by schools). This is calculated over a 12-month rolling year, and includes leavers.	**How this indicator works**	The sickness absence data is monitored closely by the Workforce Board and a HR Project Group meets weekly to review this and identify "hot spots", to ensure that appropriate action is being taken. Managers also have a "dash board" on Oracle to monitor sickness in their areas.
What good looks like	That the target of 8 days by 31 December 2016 is achieved and maintained.	**Why this indicator is important**	This indicator is important because of the cost to the Organisation of sickness absence and for the well-being of its employees, which is why the emphasis is on early intervention wherever possible.
History with this indicator	Sickness absence rates have gone up and own, which may be for various reasons and changes to the workforce with groups of employees transferring in or out makes comparison difficult.	**Any issues to consider**	Mandatory briefings sessions are being held for managers, similar to when the Managing Attendance (Sickness Absence) Procedure was introduced in 2013, to ensure that they understand their responsibilities, and take appropriate action when employees hit the "trigger points".

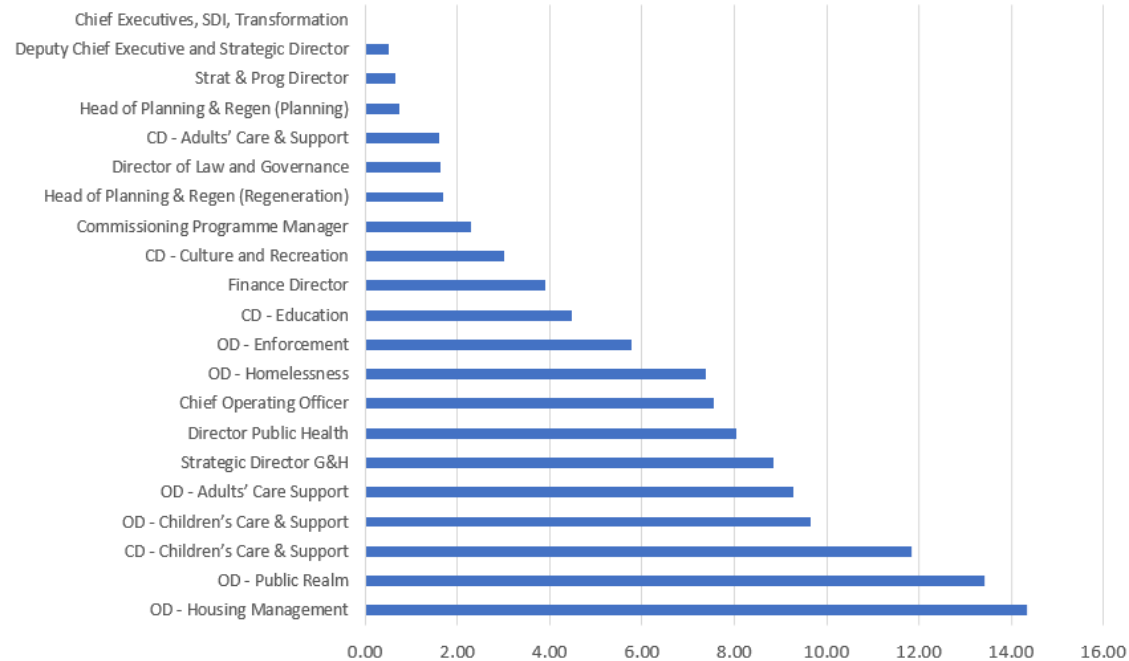| Monthly average	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	9.67	8.58	9.63	8.43	
Target	8	8	8	8	↑
2015/16	9.52	10.38	9.80	9.75	

Performance Overview **A**	There has been a decrease in the average sickness absence for Quarter 4 to just above the council's target. Detailed analysis has identified a gradual downward trend since October 2016 as opposed to a sudden decrease which evidences that the impact of the sustained efforts over the past 12 months in managing absence are now beginning to have an impact upon the yearly BVPI figure.

Although we are now seeing greater compliance with policy and more rigorous management of sickness absence, which is resulting in a sustained reduction in absence levels, it will be up to 12 months before this is reflected in their sickness record under the Best Value Performance Indicator calculation | **Actions to sustain or improve performance** | |
		A new round of sickness briefing sessions have been scheduled over the next couple of months to support new managers that have not previously attended as well as provide additional support to service areas where high levels of sickness are still present. These sessions will run in a similar format to the previous sessions held in 2016 which have proved to be well received and successful.	
		In Q4, we have begun issuing the bi-monthly compliance reports which have been well received and have helped highlight areas non-compliance with the sickness management procedure and policy. The next edition will be published in early May and we will work with managers to develop action plans to identify any areas of concern.	
		We are relaunching mandatory health checks where employees exceed the council sickness standards.	
		Analysis shows that a significant number of staff – just under 2000 have had no absence over the last 12 and our scrutiny of the data will continue to ensure that we target resources on the areas where interventions are required. New hotspots have been agreed and action plans are being developed in these areas.	
		A workplace flu immunisation programme has been completed and higher levels than in 2015/16 were achieved. The Council has been accredited with the Mayor of London Healthy Work Place award at commitment level. We are working on actions which should help us to reach achievement and excellence level. These actions will all continue to promote good health and wellbeing within the workplace	
Benchmarking	The average performance in London is 7.9 days, (across 27 authorities which collect data through the London Authority Performance System (LAPS). This includes some Councils with small numbers of 'blue collar' staff and sickness levels tend to be lower in these authorities, which will influence the overall average.		

KPI 32 – The average number of days lost due to sickness absence (Additional Information)

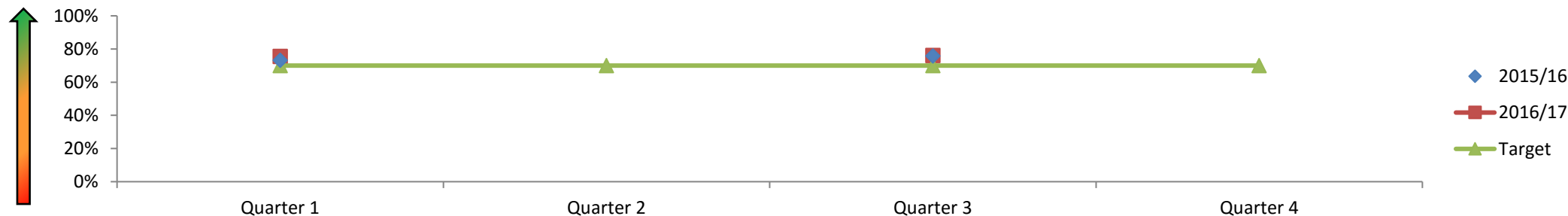| Director	Short Term	Long Term	Total days
CD - Adults' Care & Support	43	0	43
CD - Children's Care & Support	2324	7099	9423
CD - Culture and Recreation	130.5	93	223.5
CD - Education	545.5	903	1448.5
Chief Executives, SDI, Transformation	0	0	0
Commissioning Programme Manager	390	435	825
Director of Law and Governance	145	109	254
Director Public Health	129	264.5	393.5
Finance Director	43.5	160	203.5
OD - Adults' Care Support	701.5	1665	2366.5
OD - Children's Care & Support	381.5	1451	1832.5
OD - Enforcement	365	512.75	877.75
OD - Homelessness	201.5	286	487.5
OD - Housing Management	1143	3889	5032
OD - Public Realm	1057.5	2674	3731.5
Strat & Prog Director	21	0	21
Strategic Director G&H	203	717	920
Chief Operating Officer	21	183	204
Deputy Chief Executive and Strategic Director	2.5	0	2.5
Head of Planning & Regen (Planning)	9	0	9
Head of Planning & Regen (Regeneration)	17	0	17
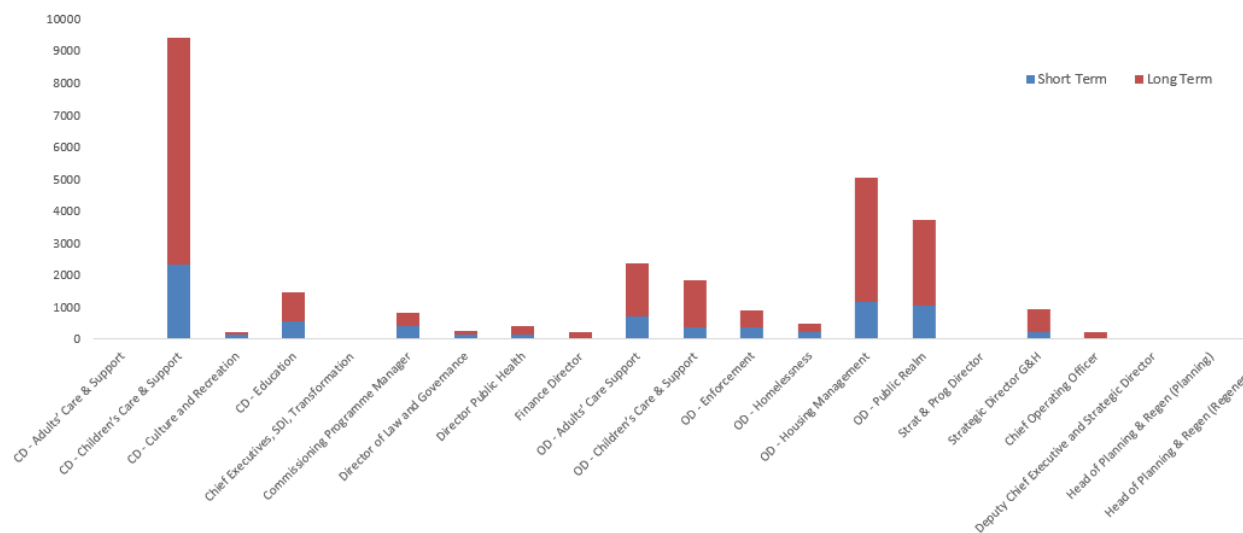
Director	Average Days Per Headcount
OD - Housing Management	14.34
OD - Public Realm	13.42
CD - Children's Care & Support	11.84
OD - Children's Care & Support	9.64
OD - Adults' Care Support	9.28
Strategic Director G&H	8.85
Director Public Health	8.03
Chief Operating Officer	7.56
OD - Homelessness	7.39
OD - Enforcement	5.77
CD - Education	4.48
Finance Director	3.91
CD - Culture and Recreation	3.02
Commissioning Programme Manager	2.30
Head of Planning & Regen (Regeneration)	1.70
Director of Law and Governance	1.63
CD - Adults' Care & Support	1.59
Head of Planning & Regen (Planning)	0.75
Strat & Prog Director	0.66
Deputy Chief Executive and Strategic Director	0.50

KPI 33 – The percentage of staff who are satisfied working for the Council
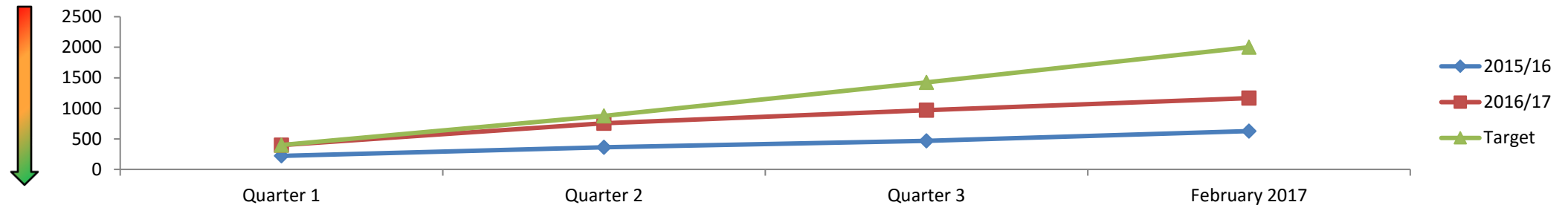
Definition	The responses to questions in the Staff Temperature Check Survey on working for the Council.	How this indicator works	This is a survey of a representative cross section of the workforce and is followed by focus groups to explore the results. The results are reported to the Workforce Board, Members at the Employee Joint Consultative Committee, Trade Unions and Staff Networks and published on Intranet
What good looks like	That the positive response rate is maintained and continues to improve.	Why this indicator is important	Staff temperature checks are "statistically valid" and this indicator provides an important measure of how staff are engaged when going through major change; it gives them an opportunity to say how this is impacting on them.
History with this indicator	The Staff Temperature Check Survey is run two or three times a year and the questions are linked to those in the all Staff Survey to enable benchmarking with previous years back to 2006.	Any issues to consider	Depends on how changes and restructures continue to be managed locally and / or the impact on the individuals in those areas.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT 2015/16
2016/17	75.52%	Survey not conducted	76%	Survey not conducted	↑
Target	70%	70%	70%	70%	
2015/16	73.20%	Survey not conducted	75.80%	Survey not conducted	

| Performance Overview | The temperature check was circulated to all employees through an online survey, and a paper copy to those without regular access to PCs. The response rate for this survey has increased overall, and there were more paper copies returned than the previous quarter.

The percentage of staff satisfied with working for the Council continues to be above target and has remained at the same level as Quarter 1. This is a positive measure, as the number of staff taking part in the survey increased, making the results more reliable. Maintaining high levels of satisfaction with working with the Council during a period of significant change is a very encouraging engagement measure. | Actions to sustain or improve performance | The temperature check was circulated to all employees through an online survey, and a paper copy to those without regular access to PCs. The response rate for this survey has increased overall, and there were more paper copies returned than the previous quarter.

The percentage of staff satisfied with working for the Council continues to be above target and has remained at the same level as Quarter 1. This is a positive measure, as the number of staff taking part in the survey increased, making the results more reliable. Maintaining high levels of satisfaction with working with the Council during a period of significant change is a very encouraging engagement measure. |
|---|---|---|---|
| **G** | | | |
| Benchmarking | No benchmarking data available – Local measure only | | |

Environment and Street Scene – Key Performance Indicators 2016/17

Definition	Fly tipping refers to dumping waste illegally instead of using an authorised method.	**How this indicator works**	(1) Fly-tip waste disposed at Material Recycling Facility and provided with weighbridge tonnage ticket to show net weight. The weights for all vehicles are collated monthly by East London Waste Authority (ELWA) and sent to boroughs for verification. (2) Following verification of tonnage data, ELWA sends the data to the boroughs and this is the source information for reporting the KPI.
What good looks like	In an ideal scenario fly tipping trends should decrease year on year and below the corporate target if accompanied by a robust enforcement regime.	**Why this indicator is important**	To show a standard level of cleanliness in the local authority, fly tipping needs to be monitored. This reflects civic pride and the understanding the residents have towards our service and their own responsibilities.
History with this indicator	2015/16 – 627 tonnes collected per annum 2014/15 – 709 tonnes collected per annum	**Any issues to consider**	During Christmas and New Year, fly-tipped waste tends to increase. Performance also fluctuates year on year depending on collection services on offer e.g. ceasing free green garden waste collections from April 2017, could potentially increase fly-tipped materials. We need to monitor this indicator and take proactive action when necessary.

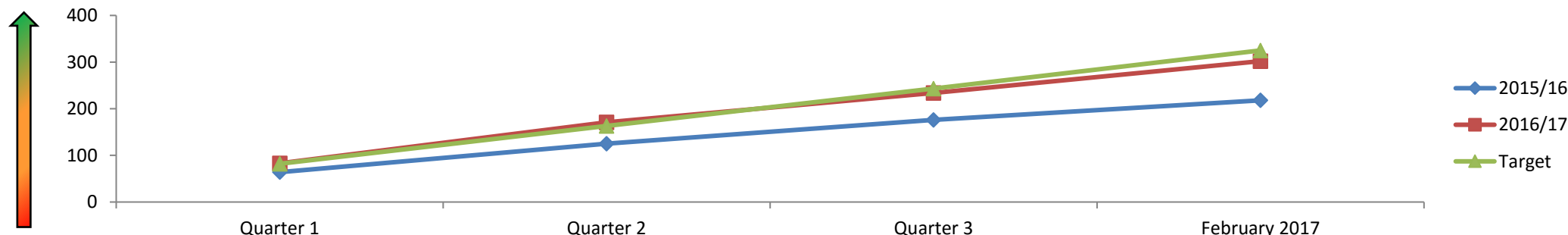|	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	397 tonnes	755 tonnes	971 tonnes	1,167 tonnes	
Target	399 tonnes	874 tonnes	1,424 tonnes	2,000 tonnes	↓
2015/16	221 tonnes	363 tonnes	469 tonnes	627 tonnes	

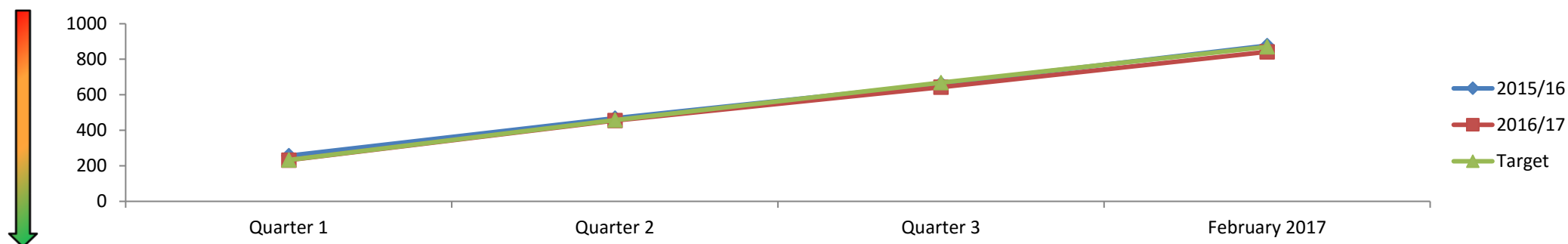|			
Performance Overview			Work has also been carried out to monitor our waste tonnage data monthly to be more accurate and have found that there were some discrepancies where waste had been allocated to the wrong waste type. We are now confident that we measure fly-tipped waste separately from household bulky waste which has resulted in higher fly tipped waste when compared to last quarter. Fly-tipped waste correctly removed from the domestic waste stream also improves our recycling rates and residual waste per household indicators respectively. Further work includes:
G	The quarter 4 cumulative results of 1,167 tonnes is 41.65% (833 tonnes) lower than the target for the year-end of 2000 tonnes, which is good for this indicator.	**Actions to sustain or improve performance**	• The continuing work of the area managers and enforcement team to pursue and prosecute fly-tippers. • Quick response to fly-tips stops them from building up and increasing the tonnage and may deter those who would add to existing fly-tips.
Benchmarking	We benchmark our fly tipping waste monthly with other ELWA partners. However, figures do not necessarily compare due to individual borough characteristics (population, housing stock etc.).		

Definition	Recycling is any recovery operation by which waste materials are reprocessed into products, materials or substances whether for the original or other purposes.	**How this indicator works**	This indicator is the result of all recyclate collected through our brown bin recycling service, brink banks, RRC (Reuse & Recycling Centre) and 'back-end' recycling from the Mechanical and Biological Treatment (MBT) Plant. The total recycled materials weight in kilograms is divided by the total number of households in the borough (74,344 households 2016/17).
What good looks like	An increase in the amount of waste recycled per household.	**Why this indicator is important**	It helps us understand public participation. It is also important to evaluate this indicator to assess operational issues and look for improvements in the collection service.
History with this indicator	2015/16 – 218kg per household 2014/15 – 291kg per household	**Any issues to consider**	August recycling low due to summer holidays and from October to March due to lack of green waste recycling tonnages/rates are also low.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	83 kg	171 kg	234 kg	302 kg	↑
Target	82 kg	163 kg	243 kg	325kg	
2015/16	64 kg	125 kg	176 kg	218kg	

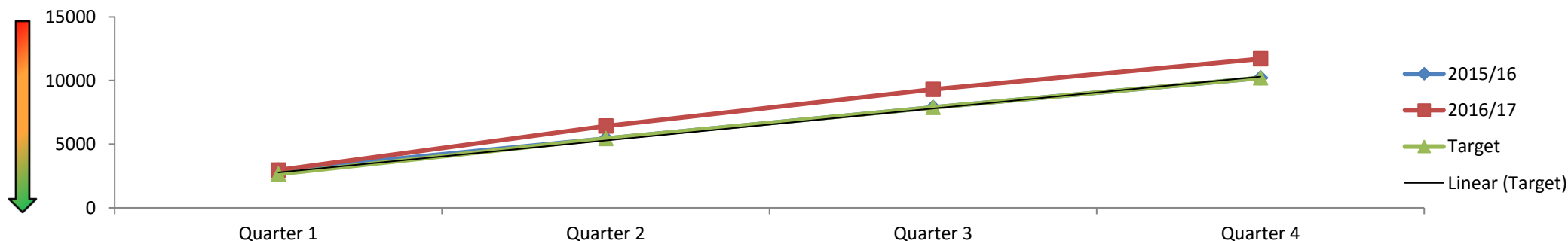|			
Performance Overview **A**	The direction of travel in quarter 4 is higher by 84 kg when compared to 2015/16 year-end figures of 218 kg. However, the year-end figure of 302 kg is lower than the target figure of 325 kg, thus missing the target by 23 kg or 7.08% per cent. The main reasons for missing the target are: • The cessation of the green garden waste early last year in September 2016, contributed to the lower performance for this indicator. • And recycling contamination (averaging 30%) is a major issue affecting performance.	**Actions to sustain or improve performance**	The Waste Minimisation Team continue to tackle the issue of contamination as part of the kerbside collection. Addressing this issue will be crucial to maintain LBBD's recycling rate. The Waste Minimisation Team secured grant funding last year from Resource London, for a substantial review of contamination and door-stepping in LBBD's recycling collection to better target the issue. The team also responds to direct reports of contamination from crews and supervisors and directly engaging the residents, instructing, and educating to resolve contamination from households.
Benchmarking	We benchmark our recycling waste on a monthly basis with other ELWA partners. LBBD is ranked third out of the four ELWA boroughs (1st Havering; 2nd Redbridge; 3rd LBBD and 4th Newham). However, figures do not necessarily compare due to individual borough characteristics (population, housing stock etc.)		

Definition	Waste is any substance or object which the holder discards or intends or is required to discard and that cannot be recycled or composted.	**How this indicator works**	This indicator is a result of total waste collected through kerbside waste collections, Frizlands RRC, bulky waste and street cleansing minus recycling and garden waste collection tonnages. The residual waste in kilograms is divided by the number of households in the borough (74,344 households 2016/17).
What good looks like	A reduction in the amount of waste collected per household.	**Why this indicator is important**	It reflects the council's waste generation intensities which are accounted monthly. It derives from the material flow collected through our grey bin collection, Frizlands RRC residual waste, bulk waste and street cleansing collections services.
History with this indicator	2015/16 – 877kg 2014/15 – 952kg	**Any issues to consider**	Residual waste generally low in month of August due to summer holidays and high during Christmas/New Year and Easter breaks.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	232 kg	455 kg	642 kg	842 kg	
Target	233 kg	457 kg	669 kg	870 kg	⬆
2015/16	257 kg	469 kg	662 kg	877 kg	

Performance Overview	The year-end residual waste per household of 842 kg is below the target of 870 kg, which is good for this indicator. This good performance is due in part to the increased levels of recycling last financial year when compared to the previous year. Among other things, the more we recycle, the lower the residual waste per household. Communications activities such as 'slim your bin' campaign also contributed to this success.	**Actions to sustain or improve performance**	Work is being continued to police the number of large bins being delivered. Increased communications campaigns such as the one tonne tour and the slim your bin campaign are also ramping up through the winter and early spring. Corrections to waste reporting have started to have some impact on high household waste levels with waste being correctly categorised and removed from the household waste stream.
G			
Benchmarking	We benchmark our fly tipping waste on a monthly basis with other ELWA partners. However, figures do not necessarily compare due to individual borough characteristics (population, housing stock etc.).		

Enforcement and Community Safety – Key Performance Indicators 2016/17

ENFORCEMENT AND COMMUNITY SAFETY	Quarter 4 2016/17
KPI 9 – The number of ASB incidents reported in the Borough (ASB Team, Housing, Environmental and Enforcement and Police)	

Definition	Anti-social behaviour (ASB) includes Abandoned Vehicles, Vehicle Nuisance, Rowdy/Inconsiderate Behaviour, Rowdy /Nuisance Neighbours, Malicious/Nuisance Communications, Street Drinking, Prostitution Related Behaviour, Noise and Begging.	**How this indicator works**	Simple count of ASB incidents reported to the following ASB services: The Council ASB Team, Environmental and Enforcement Services, Housing Services, Police
What good looks like	Ideally, we would see a year on year reduction in ASB calls reported to the Police and Council.	**Why this indicator is important**	ASB is a Community Safety Partnership priority.
History with this indicator	2015/16: 10,208 calls 2014/15: 11,828 calls	**Any issues to consider**	Corporate reporting measures the combined number of ASB incidents reported to the Police and Council. Police only figures are also reported separately within the organisation.

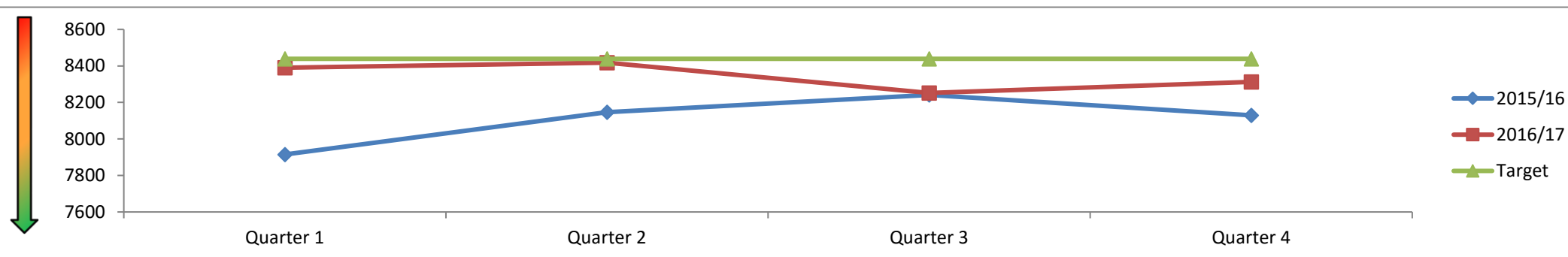|	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	2,962	6,436	9,297	11,709	
Target	2,651	5,442	7,883	10,207	↓
2015/16	2,652	5,443	7,884	10,208	

Performance Overview	Overall combined reports to ASB services is up 8.2% (+896 incidents) YTD at March 2017 compared to the previous year. ASB calls to the Police are up by 758 incidents (+13.2%). Overall there has been a 12% increase (up 536 incidents) in ASB reported to both the Council's ASB team and Environmental and Enforcement services. ASB incidents reported to Housing was down by 56% compared to the same point last year although this is mainly due to recording issues.	**Actions to sustain or improve performance**	There is a plan in place to address ASB in the main hotspot areas of Abbey / Gascoigne and Academy Way. This plan includes: 1.Operation Avarice targeting antisocial behaviour and disorder in Barking Town Centre. 2.Action is being taken against key individuals who are believed to be involved in antisocial behaviour to manage their behaviour in the longer term. 3.The ASB team have reviewed their repeat and vulnerable callers meeting and extended the remit to look at all issues which are generating demand. The first meeting will take place on the 20th April 2017. High volume crimes and ASB data will be used to jointly task our resources and problem solve around these issues. As part of the BCU model neighbourhood policing has been restructured which has led to more neighbourhood officers with an increased capacity to focus on local issues. The meeting will be an opportunity to work on these issues collaboratively.
R			
Benchmarking	There is currently no mechanism to benchmark ASB incidents across London Councils.		

Definition	The number of the 7 neighbourhood crimes (burglary, criminal damage, robbery, theft from a motor vehicle, theft from a person, theft of a motor vehicle and violence with injury) that occur in the borough	**How this indicator works**	The Mayor's Office for Policing and Crime (MOPAC) introduced London's first Police and Crime Plan which set out what the Mayor wanted to achieve by 2016 – reducing the 7 priority neighbourhood crimes.
What good looks like	The Police and Crime Plan set out MOPAC's challenge to the Metropolitan Police Service to cut 7 neighbourhood crimes by 20% on the 2011/12 baseline to the end of 2015/16.	**Why this indicator is important**	The MOPAC 7 have been identified as priority neighbourhood crime.
History with this indicator	Barking and Dagenham met the MOPAC challenge to reduce priority crimes by 20% by March 2016 from the 2011/12 baseline (10549), so performance was good. The London average during this period was 18.9% which means the target for London was not met but we achieved our contribution.	**Any issues to consider**	There will be seasonal variations for the individual crime types.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	8,390	8,418	8,252	8,313	
Target	8,439	8,439	8,439	8,439	↓
2015/16	7,915	8,147	8,241	8,129	

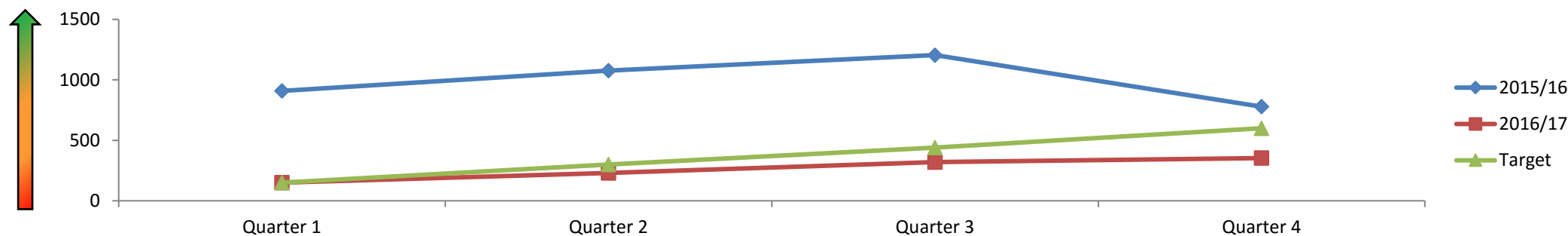
Performance Overview **G**	Using rolling 12 month figures to the end of March 2017 (8,313) the average across the year is -21.2% against the 2011/12 baseline (10,549). The partnership continues to achieve the 20% reduction against the 2011/12 baseline.	**Actions to sustain or improve performance**	Burglary - Target hardening through the work of the Community Safety Team in crime prevention road shows. Robbery - Robust targeting of offenders and visible policing in areas identified through crime mapping. Criminal Damage - The Police's proactive response to criminal damage has increased, leading to an increase in the number of arrests for going equipped to commit criminal damage Theft from person: In order to continue to tackle theft from person, the police are currently working on an initiative with the Safer Transport Command aimed at identifying and targeting known 'dippers'.
Benchmarking	The average across the Metropolitan Police is -13%.		

Definition	The number of non-compliant properties brought to compliant standard.	**How this indicator works**	This indicates the number of properties that do not meet the standard and through informal and formal action have now had the issues addressed.
What good looks like	Having a very low number of non-compliant properties therefore reflecting good quality private rented properties in the borough.	**Why this indicator is important**	There are approximately 15,000 privately rented properties in the borough and as a licensing service we need to ensure that all those properties are compliant and have a licence.
History with this indicator	The scheme has been live since September 2014 and compliance visits have taken place on 85% of all properties that have applied for a licence.	**Any issues to consider**	1.5% of properties that have been visited remain non-compliant, enforcement officers need to ensure those properties are brought into compliance through enforcement licensing intervention. Officers need to ensure that all properties are inspected as it is a concern that those landlords who avoid having the inspection visit are doing so as the property is non-compliant.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	150	231	319	353	
Target	150	300	440	600	↓
2015/16	909	1,985	3,190	909	

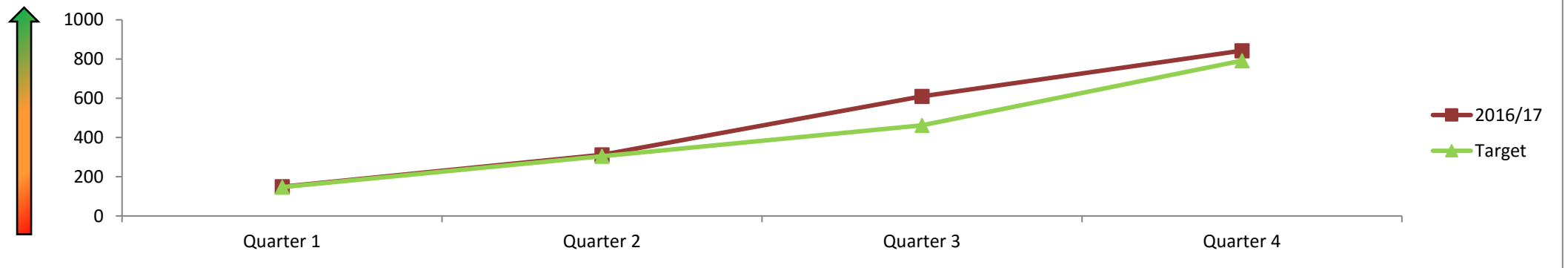|			
Performance Overview **G**	Approximately 16,000 properties licensable properties where identified at the beginning of the PRL scheme on 2014. To date around 12,700 have applied for a licence. A further 2,000 are not eligible for a licence. As a result, the focus of the service is to target the outstanding 1,400 properties who have failed to register. As a result, the target for the number of properties brought to compliance is low when compared to the previous quarter. Officers have been set a target of visiting 100 unlicensed properties per month, and through enforcement intervention aims to bring to licence 50 unlicensed properties. All landlords that fail to licence will be prosecuted.	**Actions to sustain or improve performance**	There is a balance between tracking the unlicensed premises and compliance checks of those applied. We will continue with our commitment to inspect all properties that have applied for a licence. Pre-booked appointments dependent upon landlords turning up or contacting them. Monthly reviews on the number of applications made, compliance visits required will still be monitored. We shall also record the number of unlicensed inspections and those properties that have been brought to licence through enforcement activities. To date we have instigated 8 prosecution case.
Benchmarking	There is no national comparison but provisional benchmarking indicates that 6 visits a day per compliance officer would be reasonable. LBBD is the only borough that requires an inspection prior to licensing. Other Boroughs do not have direct targets for compliance visits. However, a working group for the LB of Waltham Forest and the LB of Enfield is now on-going and this is expected to show some constituency and comparison between boroughs.		

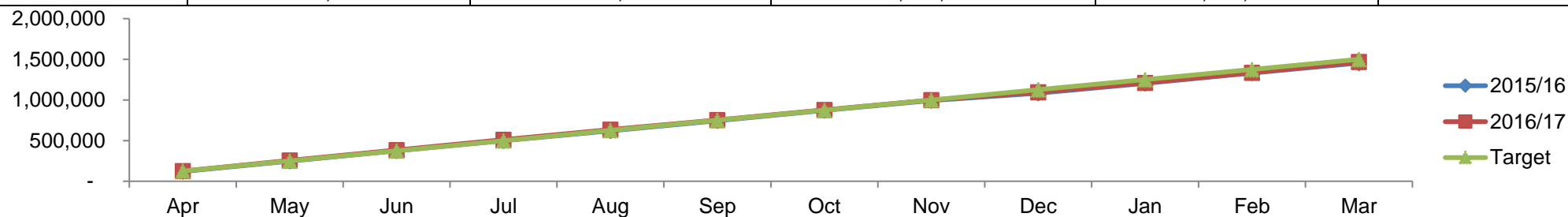|			
Definition	There is a target to issue 1,056 FPNs within the financial year. Of those issued a target collection rate of 75% has been set.	**Why this indicator is important**	This indicator shows how many FPNs are issued by the team monthly. This indicator allows Management to see if team outputs are reaching their minimum levels of activity which allows managers to forecast trends. It also allows the management team to track the % of FPNs that are recovered within the month.
What good looks like	This is a new indicator with no historical data for comparison. The direction of travel for this indicator could only be compared from quarter to quarter in this financial year 2016/17.	**Any issues to consider**	Enforcement activities are generally low during Christmas and year end due to staff taking holidays. This information has been obtained from Paye.net and we are aware that some FPN's have been paid and the payment has gone through to the incorrect cost code. These payments have not been included but will be when they appear in the correct cost code.
History with this indicator	There is a target to issue 1,056 FPNs within the financial year. Of those issued a target collection rate of 75% has been set.	**Why this indicator is important**	This indicator shows how many FPNs are issued by the team monthly. This indicator allows Management to see if team outputs are reaching their minimum levels of activity which allows managers to forecast trends. It also allows the management team to track the % of FPNs that are recovered within the month.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	149	312	610	843	**n/a**
Target	147	305	462	792	
2015/16	New performance measure for 2016/17				

Performance Overview	A new service target of 1,056 FPN's per year has been set for 2016/17. This equates to 88 FPN's per month. The target for the percentage of fixed penalty notice paid/collected is set at 75%. Being a new indicator, this will be reviewed quarterly and the in-year adjustments made accordingly.	**Actions to sustain or improve performance**	The service is completing the implementation of its restructure. Agency staff have been replaced with permanent officers. Team members are now concentrating on FPNs that are not paid in line with the services Service level agreements The percentage of FPNs paid is rising steadily.
G			
Benchmarking	It is difficult to benchmark at present as the Team is developing its skills and working practices. Also, the service is currently going through a restructure. Due to hit the overall performance of the team is low due to this transitional period.		

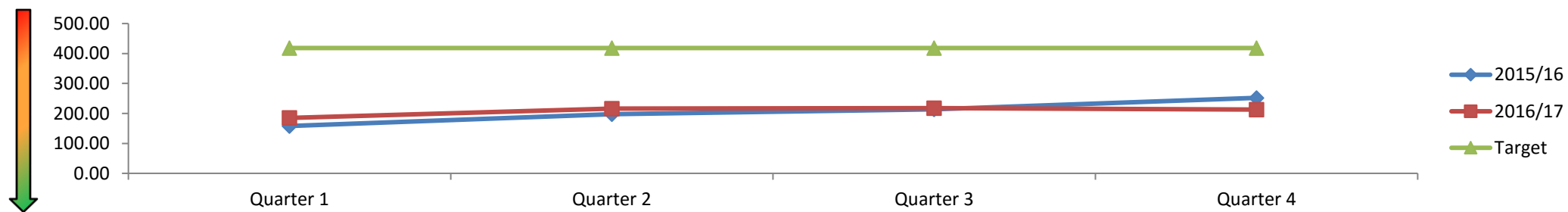# Social Care and Health Integration – Key Performance Indicators 2016/17

SOCIAL CARE AND HEALTH INTEGRATION KPI 13 – The number of leisure centre visits			Quarter 4 2016/17
Definition	The number of visits to Abbey and Becontree leisure centres.	**How this indicator works**	The indicator shows the number of visits to Becontree and Abbey leisure centres.
What good looks like	The target for Leisure Centre Visits is 1,490,000	**Why this indicator is important**	Low levels of physical activity are a risk factor for ill health and contribute to health inequality. This indicator supports the council in successfully delivering the physical activity strand of the Health and Well Being Strategy. Meeting the target also supports the financial performance of the leisure centres.
History with this indicator	**Total Leisure Centre Visits:** 2013/14 = 1,244,668, 2014/15 = 1,282,430, 2015/16 = 1,453,925	**Any issues to consider**	Performance for July and August 2016 only. Performance for all the entire Quarter 2 period will be available at Quarter 3.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	383,895	754,935	1,095,042	1,335,295	↑
Target	367,500	735,000	1,117,500	1,490,000	
2015/16	375,388	744,287	1,084,465	1,453,925	

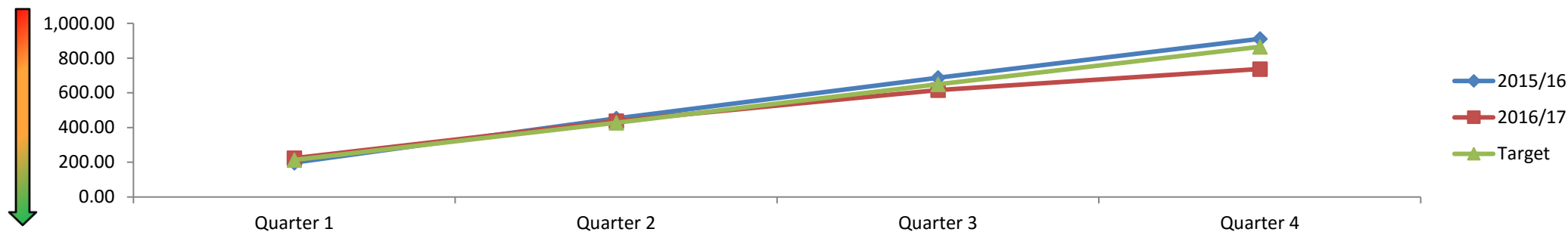| **Performance Overview**

G | • There was a total of 131,469 visits across both leisure centres in March 2016/17: a **6.56%** increase against the figure for March 2015/16.
• To date there have been a total of 1,466,746 visits to both centres for the 12 months since April. This figure compares to 1,453,952 for the 12 months from April 2015 to March 2016. This is an annual increase of 12,794 visits: an increase of **0.88%.**
• Becontree Heath has seen an increase in numbers attending compared to the previous year for March, with a **5.8%** increase. The overall attendances YTD have seen a **1.15%** reduction.
• Abbey has seen an increase in attendance for March compared with the previous year (**1.6%**) and there has been an overall increase of **3.2%** in the YTD compared with the previous year. | **Further Performance comments** | • An additional 23,254 attendances were required in order to meet the annual target for leisure centre attendances.
• Performance remains RAG rated Amber at the end of 2016/17, this is likely to be due to a drop-in attendances in January, with a seasonal drop in December, despite more attendances relative to December 2015/16.
• This agreement is a percentage membership income split over a certain threshold. This will help drive membership sales and save up front costs compared to the standard service level agreement.
• The Health and Fitness teams launched a 'Join for £10.00' membership promotion. This promotion ran from 1st – 15th February.
• The Abbey Spa is currently advertising on third party companies Groupon and Online Vouchers. The Idol Soft Play centre is also advertising party bookings offers on Groupon.
• The Abbey Spa held a number of day spa and retail product promotions which helped to generate some business. Social media was utilised heavily to promote and advertised this promotions. |
| **Benchmarking** | No benchmarking data available - local measure only | | |

Definition	Delayed transfers of care (delayed days) per 100,000 population aged 18 and over (attributable to either NHS, social care or both) per month. A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is declared medically optimised and ready to transfer by the clinician(s) involved in their care. The hospital setting can be acute, mental health or non-acute.	**How this indicator works**	This indicator measures the total number of delayed days recorded in the month regardless of the responsible organisation (social care/ NHS). The figures shown below are per 100,000 18+ residents. Lower is better, in terms of performance, as it indicator that people are transferred as soon as they are able to do so.
What good looks like	Good performance would be under the Better Care Fund (BCF) target of 418.32 delayed days per month (per 100,000 pop).	**Why this indicator is important**	This indicator is important to measure as the average number of delayed days per month (per 100,000 pop) is included in the Better Care Fund performance monitoring.
History with this indicator	During 2015-16 there was an average of 205.25 delayed days per 100,000.	**Any issues to consider**	Please note that these figures are taken from the Department of Health website and have **not** been verified by Barking and Dagenham Adult Social Care.

DTOC per 100,000	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	185.02	216.09	217.74	212.56	
Target	418.32	418.32	418.32	418.32	↑
2015/16	158.03	197.53	213.66	252	

Performance Overview **G**	This indicator measures the average number of delayed days recorded each quarter regardless of the responsible organisation. Delayed days are reported two months in arrears so the only available data for Q4 is for the month of January. For each completed quarter in the year to date our number and rate of delayed days has been higher than the same period last year, but the bulk of the delayed days are due to the NHS. Monthly data has shown that the number of social care and joint delayed days have increased since last year, due to length of stay in hospital, rather than volume of people. Despite this we are well within our overall target and remain one of the better performing authorities in terms of delayed transfers attributable to social care. The average number of delayed days reported in Q2 and Q3 have been revised to reflect data resubmitted to NHS England due to the overreporting of delayed days.	**Actions to sustain or improve performance**	There is currently a Delayed Transfers of Care Plan in place to reduce the number of delayed days. This is being monitored by the Joint Executive Management Committee who oversee the Better Care Fund.

Benchmarking	Redbridge		Havering		England	
	Total = 495	Per 100,000 = 223.36	Average = 479	Per 100,00 = 245.79	Average = 200,008	Per 100,00 = 463.96

KPI 15 - The number of permanent admissions to residential and nursing care homes (per 100,000)
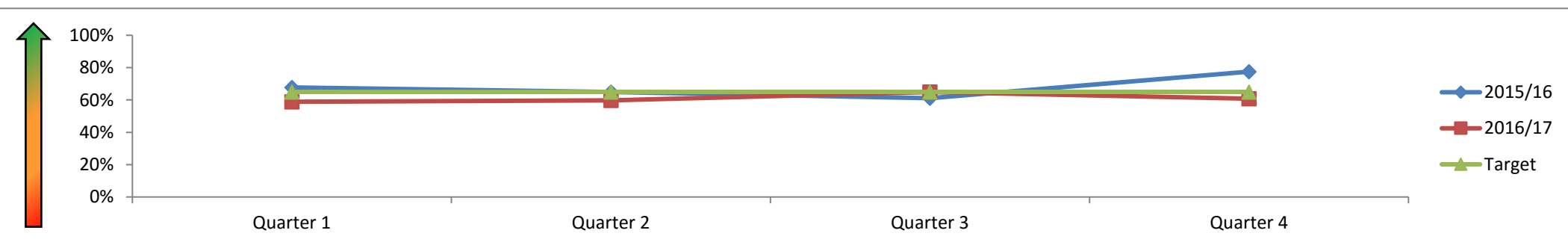
Definition	The number of permanent admissions to residential and nursing care homes, per 100,000 population (65+)	How this indicator works	This indicator looks at the number of admissions into residential and nursing placements throughout the financial year, using a population figure for older people. A lower score is better as it indicates that people are being supported at home or in their community instead.
What good looks like	The Better Care Fund annual target has been revised to 170 admissions. This equates to 864.88 per 100,000 population	Why this indicator is important	The rate of permanent admissions to residential and nursing care homes is a good indication that people are supported in their own homes or in the community rather than being placed into long term residential care.
History with this indicator	2014-15 - 177 admissions, 905.9 per 100,000 2015-16 - 179 admissions, 910.0 per 100,000.	Any issues to consider	A review of a sample of admissions during 2015-16 was undertaken to identify some of the triggers of admission in LBBD. The findings suggested that despite our relatively high proportion of admissions compared with other authorities, there were no issues around the decision making that led to admissions, and the relatively low cost of residential and nursing placements compared with community based packages did not appear to be a driver in admitting people to care homes.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	223.7	437.24	615.18	737.16	↑
Target	213.67	427.34	648.66	864.88	
2015/16	198.28	452.49	686.36	910.7	

Performance Overview **G**	During 2016-17 there have been 145 admissions to care homes, equivalent to 737.16 per 100,000 people. There has been a significant improvement in the performance of this indicator and we are well within our annual target of 170 admissions (approx. 864.88 per 100,000). Despite this considerable improvement our current outturn is higher than the ASCOF comparator group average reported for 2015-16.	Actions to sustain or improve performance	Integrated Care Group Managers monitor admissions to ensure that they are appropriate and no alternative provision is available in the community. Admissions are also monitored on a monthly basis through Activity and Budget meetings led by the Operational Director for Adult Care and Support.
Benchmarking	2015-16 Adult Social Care Outcomes Framework (ASCOF) comparator group average - 600.10 per 100,000	National average - 628.20 per 100,000	

KPI 16 – The percentage of people who received a short-term service that went on to receive a lower level of support or no further service

Definition	The proportion of new clients who received a short-term service during the year where the sequel to service was either no on-going support or support of a lower level.	**How this indicator works**	It includes the number of new clients who had short-term support to maximise their independence (known locally as Crisis Intervention) and then went on to receive low level support or no further support. A higher score is better as it indicates the success of Crisis Intervention
What good looks like	A higher proportion of clients with no ongoing care needs indicates the success of Crisis Intervention in supporting people who have a crisis and helping them to remain living independently.	**Why this indicator is important**	The aim of short-term services is to re-able people and promote their independence. This measure provides evidence of a good outcome in delaying dependency or supporting recovery - short-term support that results in no further need for services.
History with this indicator	It is being reported in year for the first time in 2016-17. The previous annual values were: 2014-15 - 55% 2015-16 – 78.5%	**Any issues to consider**	The indicator is being reported in year for the first time in 2016-17. In year data for 2015-16 has been calculated retrospectively and is included below.

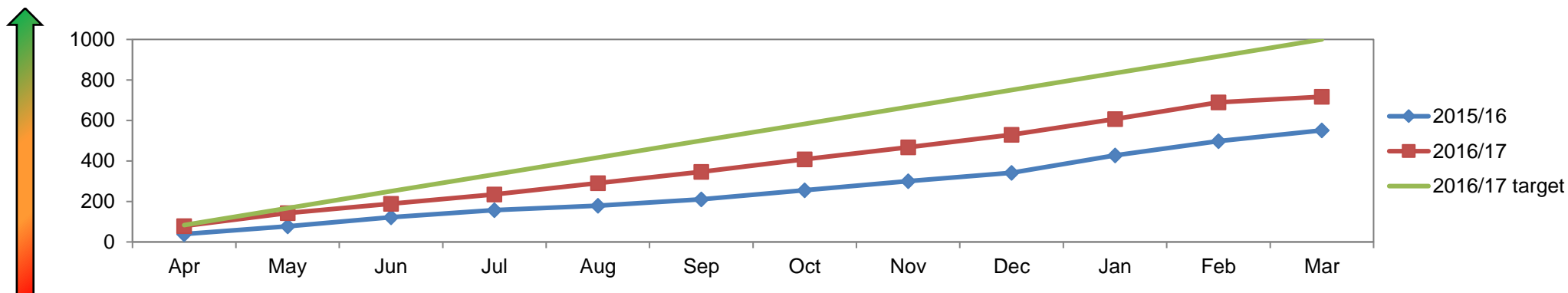|	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	58.9%	59.8%	64.9%	60.8%	
Target	65%	65%	65%	65%	↓
2015/16	67.7%	65.0%	61.1%	77.5%	

Performance Overview **A**	During Q4, 60.8% of people receiving Crisis Intervention left the service with no ongoing support needs from Adult Social Care. Performance in this measure has been below target throughout the year and slightly worse than last year. The majority of referrals to the Crisis Intervention service are from hospital as the service has been used to reduce delayed discharges by supporting people who are able to go home. This year, during summer and winter, high volumes of people presented to local hospitals, resulting in an increased level of activity and complexity of cases for the service. In many cases service users were not able to end Crisis Intervention with no ongoing support, and therefore could not meet the outcomes measured by the indicator.	**Actions to sustain or improve performance**	Adult Social Care Group Managers closely monitor service length and the outcomes for people using the service. This indicator also monitored through Adult Social Care Performance Callover.
Benchmarking	ASCOF comparator group average – 70.8%		National average – 75.8%

KPI 17 – The number of successful smoking quitters aged 16 and over through cessation service
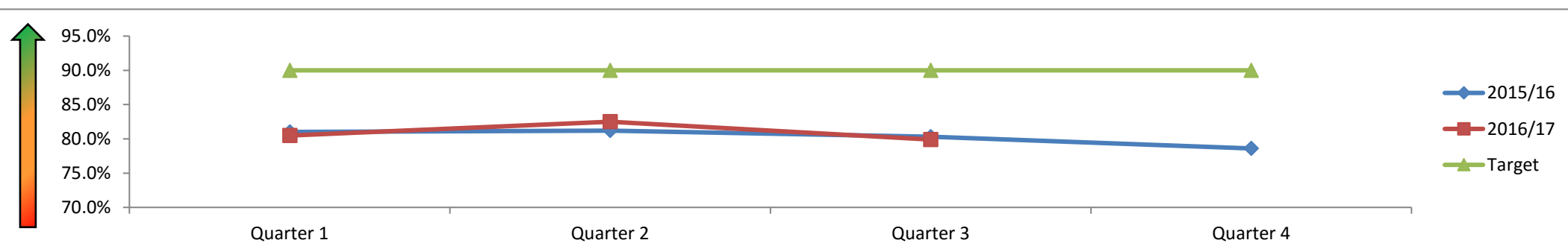
Definition	The number of smokers setting an agreed quit date and, when assessed at four weeks, self-reporting as not having smoked in the previous two weeks.	**How this indicator works**	A client is counted as a 'self-reported 4-week quitter' when assessed 4 weeks after the designated quit date, if they declare that they have not smoked, even a single puff of a cigarette, in the past two weeks.
What good looks like	For the number of quitters to be as high as possible and to be above the target line.	**Why this indicator is important**	The data allows us to make performance comparisons with other areas and provides a broad overview of how well the borough is performing in terms of four week smoking quitters.
History with this indicator	2012/13: 1,480 quitters 2013/14: 1,174 quitters 2014/15: 635 quitters 2015/16: 559 quitters	**Any issues to consider**	Due to the nature of the indicator, the quit must be confirmed 4-6 weeks after the quit date. Data for quitters in the third month of the quarter will therefore not be available before the month after the quarter ends. This means that the data for the most recent quarter will increase upon refresh in the next report.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4*	DOT from 2015/16
2016/17	189	346	468	717* (Feb/Mar incomplete)	↑
Target	250	500	750	1,000	
2015/16	122	210	341	551	

Performance Overview **R**	There has been significant improvement in the number of quitters in the borough compared to 2016; from April to March there were 717 quitters. This is 71.7% of the year-to-date target. Although the indicator is still RAG rated as Red, the figures continue to show an improvement in performance on the previous year; the number of quitters is 158 higher than March 15/16.	**Actions to sustain or improve performance**	Pharmacy continues to have the highest number of quits (287 quits), followed by Tier 3 (281) and then General Practice (148). There is variation in the number of quitters across general practice and this needs to improve further. The portfolio holder and corporate director are meeting with the CCG lead officer to review current progress and to address next steps. Though the figures show a modest increase in quits since previous figures, recent data shows a greater increase in numbers setting a quit date. Tier 3 continue to support GP practices. In consultation with public health this support for practices is being addressed in 3 waves and prioritised per practice prevalence and paucity of activity.
Benchmarking	Between April and June 2016/17 there were 186 quitters, during the same period the following boroughs within the North-East London Region achieved the following number of quitters: Redbridge (44), Havering (2), Newham (20), Hackney (183), City of London (283), Waltham Forest (60) and Tower Hamlets (95).		

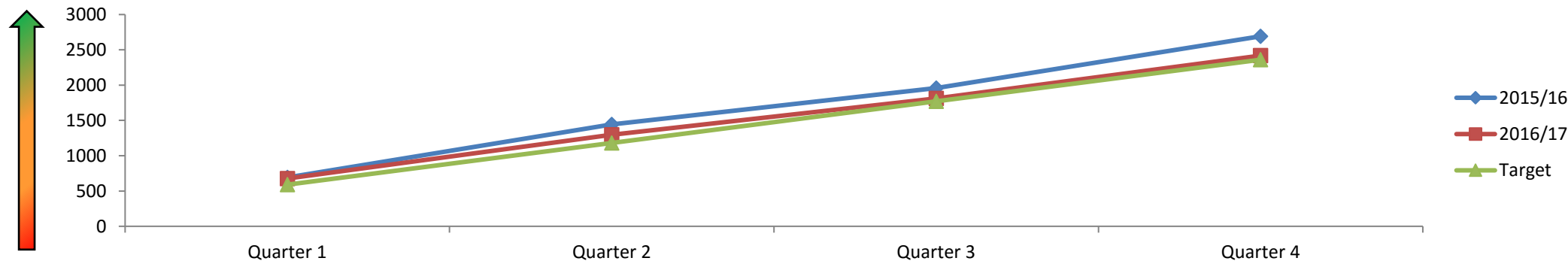## KPI 18 – The percentage uptake of MMR (Measles, Mumps and Rubella) vaccination (2 doses) at 5 years old

Definition	Percentage of children given two doses of MMR vaccination by their fifth birthday.	How this indicator works	MMR 2 vaccination is given at 3 years and 4 months to 5 years. This is reported by COVER based on RIO/Child Health Record.
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.	Why this indicator is important	Measles, mumps and rubella are highly infectious, common conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.
History with this indicator	2011/12: 82.8%, 2012/13: 85.5%, 2013/14: 82.3%, 2014/15: 82.7%, 2015/16: 80.3%	Any issues to consider	Quarter 4 data 2016/17 is expected to be available 30 June 2017.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	80.5%	82.5%	79.9%	Data available June 2017	↓
Target	90%	90%	90%	90%	
2015/16	81.0%	81.2%	80.3%	78.6%	

Performance Overview R	Poor performance is seen across the whole of London with this indicator, and the borough's performance is similar to the London average but is below the national average for England. Low immunisation coverage is a risk to unimmunised children who are at risk of infection from the vaccine-preventable diseases against which they are not protected.	Actions to sustain or improve performance	There is variation between performance across GP practices, NHS England has agreed to share practice level data with the LBBD and the CCG to address this. The Health Protection Committee, including CCG partners, will act manage performance and to assure that the variation between practices is addressed. In April 2017, the new Child Information System, CHIS, was launched this has removed ghost patients and will provide more responsive data.
Benchmarking	In 2016/17 Q3, Barking and Dagenham's MMR2 coverage at 5 years was 79.9%, this is marginally above London rate 79.1% and below England coverage levels at 87.8%.		

KPI 19 – The number of children and adult referrals to healthy lifestyle programmes
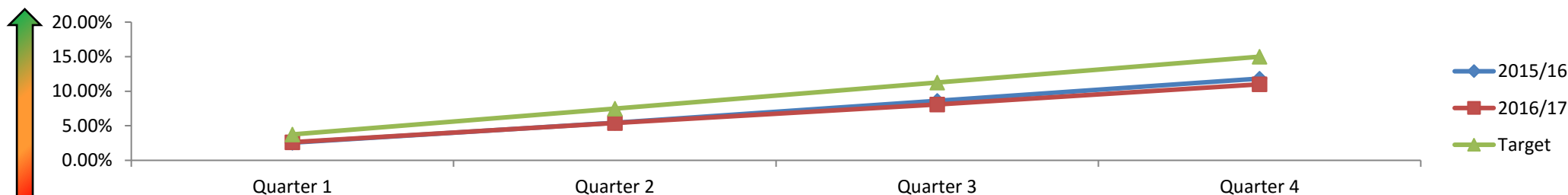
Definition	The number of children and adult referrals to healthy lifestyle programmes	How this indicator works	The number of referrals to the Child Weight Management scheme.
What good looks like	Achieving the 2016/17 target of 2,360 referrals.	Why this indicator is important	The Child Weight Management programme allows the borough's GPs and health professionals to refer individuals who they feel would benefit from physical activity and nutrition advice to help them improve their health and weight conditions.
History with this indicator	2015/16: 2,692 referrals against a target of 3,301	Any issues to consider	

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	677	1,298	1,813	2,418	
Target	590	1,180	1,770	2,360	↓
2015/16	692	1,445	1,957	2,692	

Performance Overview	As of March 2017, the service has achieved 2,418 referrals - exceeding our set target of 2,360 for the year by 2%.	Actions to sustain or improve performance	Child Weight Management – 308 referrals have been received to the programme since April. To date 182 children have started the programme which is 60% of the target for this year. Several measures have been put in place to increase referrals. The Healthy Lifestyles Team have been attending the Healthy weight behavioural campaign meeting to develop new initiatives to improve the reach of the programme. Adult Weight Management – 889 people have been booked onto the programme. To date 733 people have started the programme which is 90% of the target for this year. Exercise on Referral – 1,198 referrals have been made to the programme. The target from this year was 1,000. An electronic referral form has been developed and presented to LMC, feedback was received and amendments were fed back to the group with input of the Public Health Team. It has been decided that from April 2017 the Exercise on Referral and Adult Weight Management programmes will be combined.
G			
Benchmarking	No benchmarking data available – local measure only.		

KPI 20 –Those aged 40-74 who receive Health Check

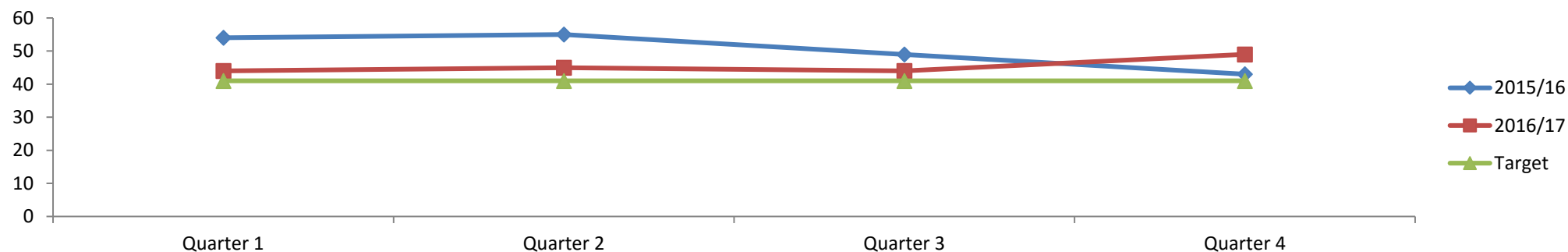|			
Definition	The NHS Health Check is a 5-year programme offered to people between the ages of 40 – 74yrs who have not previously been diagnosed with long term conditions, particularly - **heart disease, stroke, diabetes, chronic kidney disease** and certain types of **dementia** (eligibility criteria). Depending on the results of the risk score following the assessment, some patients may need to be referred to the relevant lifestyle programme or potentially included on a disease register. **Data reporting**: Performance as a percentage of the 5-year programme. **Time period**: April 2016 to March 2017.	**How this indicator works**	The programme is a 5-year rolling programme that intends to invite 100% of its eligible population to receive a Health Check. Evidence suggests that for the programme to be truly cost effective nationally, 75%of those offered should receive a NHS Health Check. Number offered Health Check- maximum 20% of the population annually Number received Health Check – aspirational* 75% of those offered *PHE requests that this figure should at least be better than the previous year data.*
What good looks like	• Improvement on the previous year's performance. • Increased numbers of patients diagnosed with long term conditions. • Increased numbers of referrals made to existing lifestyle programmes.	**Why this indicator is important**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. It is a key approach for new patients to be identified and clinically managed with long term conditions to prevent premature deaths; also to influence lifestyle choices of patients to improve their overall health and wellbeing.
History with this indicator	2012/13*: 10.0%, 2013/14*: 11.4% received 2014/15*: 16.3%, 2015/16*: 11.7% received *Please note this is a fraction of the 5-year programme*	**Any issues to consider**	There is sometimes a delay between the intervention and data capture- this means that the data is likely to increase upon refresh next month.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	2.63%	5.4%	8.1%	11%	
Target	3.75%	7.50%	11.25%	15.0%	↓
2015/16	2.56%	5.45%	8.63%	11.83%	

Performance Overview **R**	• 5,177 health checks have been delivered in 2016/17. • 9,339 people have been invited for a health check in the same period.	**Actions to sustain or improve performance**	• Public Health has successfully submitted revised denominator figures for use in 2017/18 to Public Health England. These changes will lead to improved performance figures and will likely improve the RAG rating from 'Red' should current delivery be maintained. • For March Health Check performance is RAG rated amber, with the highest performance to date for 2016/17 (555 Health checks). However, the overall 2016/17-year performance remains RAG rated red. • An additional 1,881 Health checks were required to achieve the annual target, with 1,730 health checks required for an amber RAG rating. • 19 practices have now achieved their 75% target for completed HCs (50% of practices).
Benchmarking	In 2015/16 LBBD completed eligible health checks on 11.8% of the eligible population. This is above the England and London rates of 9% and 10.7% respectively.		

KPI 21 – The number and rate per 10,000 of children subject to child protection plans
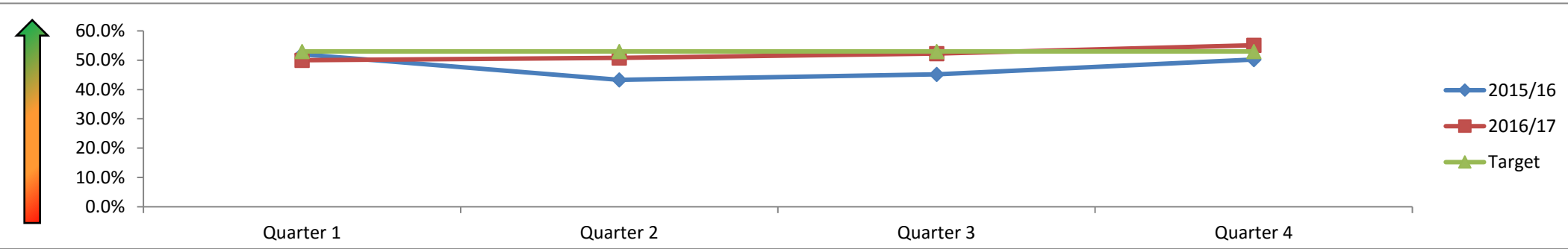
Definition	The number and rate of children subject to Child Protection Plans per 10,000 of the under 18 population (60,324).	How this indicator works	This indicator counts all those children who are currently subject to a Child Protection plan, and this is divided by the number of children in the borough aged 0-17 to provide a rate per 10,000.
What good looks like	To be in line with population change and rate per 10,000 to be in line with benchmark data and in particular in line with London rate.	Why this indicator is important	This is monitored to ensure that children who are at significant risk are identified and monitored in accordance to law and threshold of the borough.
History with this indicator	Child Protection numbers and rates have fluctuated over the last few years – Rate per 10,000 was 55 in 2011, before falling to 36 in 2013. The rate rose to 60 in 2015, but has since fallen back to 45 per 10,000 as at Q2 2016/17.	Any issues to consider	No current issues to consider.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17 Number	259	271	266	294	
2016/17 Rate	44	45	44	49	
Target Rate	41	41	41	41	↓
2015/16 Number	320	323	292	253	
2015/16 Rate	54	55	49	43	

Performance Overview	As at year end 2016/17, Barking and Dagenham had 294 children subject to child protection plans, representing a rate of 49 per 10,000 children aged 0-17. This is higher than the 15/16 end of year figure of 253 (43). The rate per 10,000 is 49 is in line with Local Authority's statistical neighbours, but above the national (43), and London rates (38).	Actions to sustain or improve performance	Child Protection numbers have fluctuated this year, increasing to 294 provisionally as at end of 16/17. RAG rated Red based on more than 10% away from target - see additional commentary.
R			
Benchmarking	National, London and SN rate per 10,000 is 43, 38 and 49 respectively (based on latest published data for 2015/16).		

KPI 22– The percentage of Care Leavers in employment, education, or training (EET)
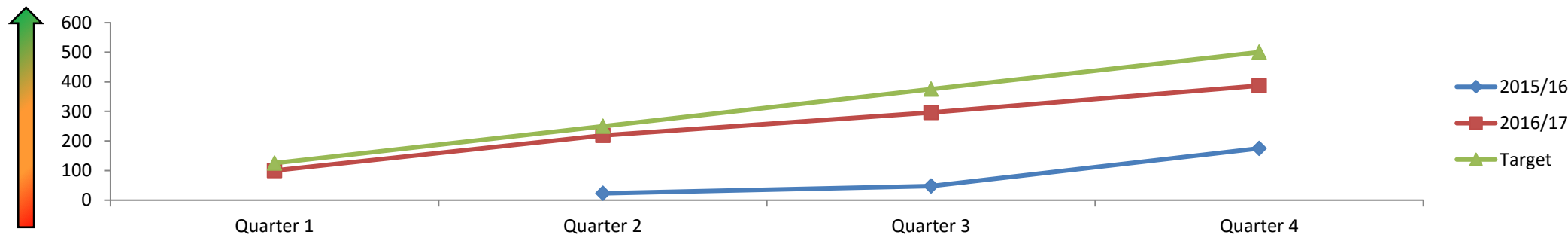
Definition	The number of children who were looked after for a total of 13 weeks after their 14th birthday, including at least some time after their 16th birthday and whose 17th, 18th, 19th, 20th or 21st birthday falls within the collection period and of those, the number who were engaged in education, training or employment on their 17th, 18th, 19th, 20th or 21st birthday	**How this indicator works**	This indicator counts all those in the definition and of those how many are in EET either between 3 months before or 1 month after their birthday. This is reported as a percentage.
What good looks like	Higher the better	**Why this indicator is important**	The time spent not in employment, education or training leads to an increased likelihood of unemployment, low wages, or low quality work later on in life.
History with this indicator	The cohort for this performance indicator has been expanded to include young people formally looked after whose 17th, 18th, 19th, 20th or 21st birthday falls within the collection period i.e. the financial year.	**Any issues to consider**	Care leavers who are not engaging with the Council i.e. we have no contact with those care leavers so their EET status is unknown; or in prison or pregnant/parenting are counted as NEET.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	50.0%	50.8%	52.3%	55.1%	↑
Target	53%	53%	53%	53%	
2015/16	52.0%	43.3%	45.2%	50.2%	

Performance Overview **G**	As at the end of year 2016/17, 55.1% of care leavers were in EET (134 out of 243 care leavers), 5% higher than the 2015/16-year end figure Performance is above London, statistical neighbours and national averages. The 2016/17 target has been set to bring us in line with the London position and performance is RAG rated GREEN based on progress to target.	**Actions to sustain or improve performance**	The L2L service has developed a detailed action plan to address EET. In January 2017, a member officer workshop was held to develop a shared understanding of the current position and consider together how we might tackle this with a view to getting more young people on a positive path.
Benchmarking	London average 53%, National average 48%, Statistical Neighbour Average 48%.		

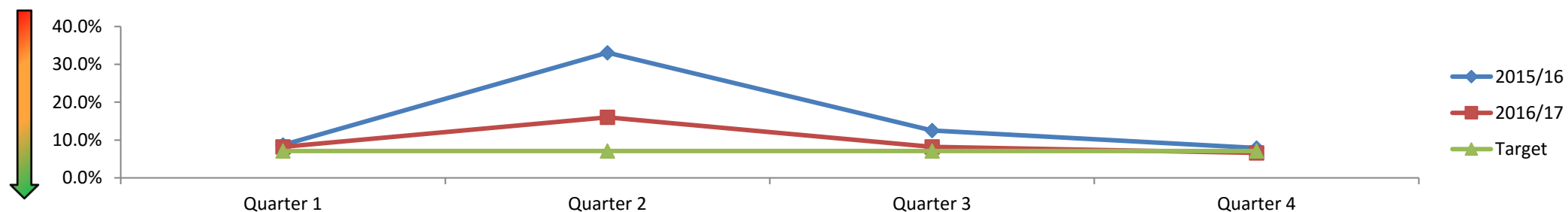**KPI 23 – The number of turned around troubled families (rolling figure)**

Definition	Number of families turned around - have met all the outcomes on their outcome plan and have shown significant and sustained improvement (rolling figure) (TF2)	How this indicator works	The term turned around family refers to a family who have met all the outcomes of their action plan, and sustained these outcomes for a sustained period of between 3 months – 12 months as per the Troubled Families Programme.
What good looks like	The higher the better.	Why this indicator is important	TF2 is a pay by results (PbR) programme set out by the Department for Communities and Local Government (DCLG). LBBD are committed to turn around 500 families in 2016/17, which is set out by the funding arrangements for the programme until 2020. DCLG are encouraging front loading the programme to enable successful outcomes in 2020. LBBD are committed to turn around 2,515 families by April 2020.
History with this indicator	Please see table below.	Any issues to consider	No current issues to consider.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	100	219	296	387	↑
Target	125	250	375	500	
2015/16	n/a	23	48	175	

Performance Overview	Since TF2 programme commenced (September 2015), 562 claims have been authorised (175 in 2015/16 and 387 in 2016/17. This is not poor performance, as the DCLG is extremely positive about the Local Authority's TF2 progress. For Wave One LAs, the average number of successful claims as a proportion of total cohort is 18%. LBBD is at 23% and currently 5th of 32 London boroughs in percentage terms. Performance is RAG rated Red only because the 16/17 end of year figure of 387 claims against a local target set at 500 is more than 10% off target.	Actions to sustain or improve performance	Claims can be submitted for sustained progress and improved outcomes against any combination of the problems listed; getting a family member into work 'trumps' all other criteria. The DCLG Troubled family's claims window is also now open continuously with payments being made quarterly. A DCLG spot check on claims/process undertaken in June 2016 produced very positive comments.
R			
Benchmarking	For Wave One LAs, the average number of successful claims as a proportion of total cohort is 18%. LBBD is at 23% and currently 5th of 32 London boroughs in percentage terms.		

Educational Attainment and School Improvement – Key Performance Indicators 2016/17

KPI 24 – The percentage of 16 to 18 year olds who are not in education, employment, or training (NEET) or who have Unknown Destinations (new measure replacing 16-18 NEET KPI)

Definition	The percentage of resident young people academic age 16 – 17 who are NEET or Unknown according to Department for Education (DfE) National Client Caseload Information System (NCCIS) guidelines.	**How this indicator works**	Data is taken from monthly monitoring information figures published by our regional partners and submitted to DfE in accordance with the NCCIS requirement.
What good looks like	A lower number of young people in education, employment, or training (not NEET) a lower number of young people- the lower the better.	**Why this indicator is important**	The time spent not in employment, education, or training leads to an increased likelihood of unemployment, low wages, or low quality work later in life. Those in Unknown destinations may be NEET and in need of support.
History with this indicator	The new indicator of NEETs + Unknowns was introduced on 1 September 2016. The annual measure is an average taken between November and January (Q3/4).	**Any issues to consider**	Although NEET and Unknown figures are taken monthly, figures for September and October are not counted by DfE for statistical purposes. This is due to all young people's destination being updated to unknown on 1 September until re-established in destinations. The main annual indicator is an average taken between November and January and published in the NEET and Unknown Scorecard.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4*	DOT from 2015/16
2016/17	8.2%	16%	8.2%	*6.6%	↑
Target	7.1%	7.1%	7.1%	7.1%	
2015/16	8.7%	33.1%	12.5%	7.9%	

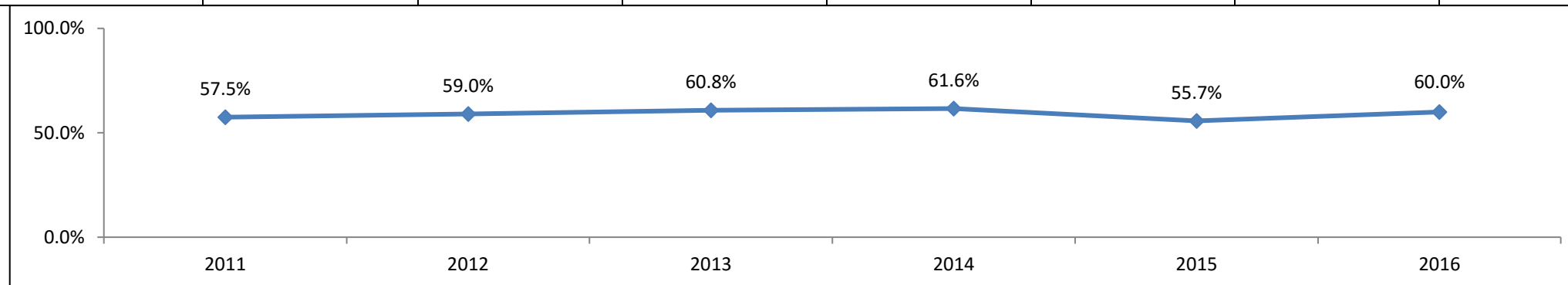|			
Performance Overview **A**	Comparative historical data has been included and reports improvements in each quarter on last year. The *Nov-Jan NEET + Unknown average is the key DfE published national measure for the end of year. The target set is to be in line with national at 7.1% (Nov-Jan average 2015). This year our final Nov-Jan figures are 6.6% compared to 8.5% last year and within 10% of last year's national figure. Comparative national data for 2016/17 is due to be published shortly. The RAG rating will be adjusted once national data on this measure is published by the DfE.	**Actions to sustain or improve performance**	Several ESF programmes targeting our NEETs have begun and contact details of our NEET young people have been shared with all contracted providers under a data sharing agreement. To reduce unknowns, we have signed Data sharing agreements with the National Apprenticeship Service and are taking part in a programme to match our unknowns with the national FE database of Individual Learning Records (ILRs). A member officer follow up workshop on reducing NEETs was held on the 13th March and an update on progress and draft action plans were discussed. This work is ongoing.
Benchmarking	National Average – 7.1% for the benchmark Nov-Jan average in 2015 (i.e. between the final 2 months of Q3 and the first month of Q4).		

KPI 25 – The percentage of pupils achieving A* - C in GCSE English and Maths (New Annual Indicator)

Definition	This indicator shows the percentage of pupils at the end of Key Stage 4 achieving grades A*-C in both English and maths GCSEs.	**How this indicator works**	To be counted in the indicator, pupils must have achieved the equivalent of grade C or above in both English and mathematics GCSEs.
What good looks like	For the percentage of pupils achieving this standard to be as high as possible, improving each year to above national and our target is to reach London standards.	**Any issues to consider**	This education measure is important because it improves the life chances of our young people in the borough, enabling them to stay on in sixth form and choose the right A Levels or to access other appropriate training. Please note from 2016 new education measures are going to be reported and published e.g. Attainment 8 and Progress 8.

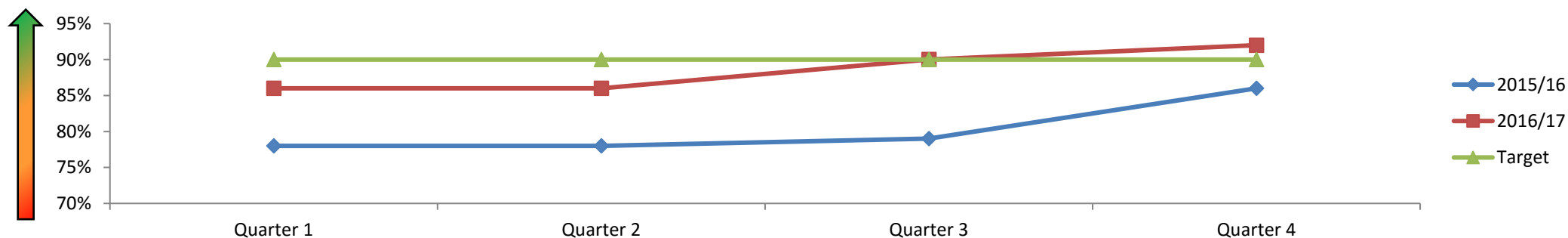| **History with this indicator**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**DOT from 2015**
	57.5%	59.0%	60.8%	61.6%	55.7%	60.%	↑

Performance Overview **A**	The 2016 provisional headline result for the borough at A*-C English and maths shows marked improvement on 2015 with a 4.3 percentage point rise to 60.0%. This reverses last year's dip and importantly is a result of all schools improving on the 2015 performance. Attainment is above the national average (59.3%).	**Further Performance comments**	2016 sees the introduction of some significant changes to national performance measures. The percentage of pupils achieving 5 or more GCSE grades A*-C including English and maths as the headline indicator has been removed and replaced by A*-C in English and maths (see Education KPI Dataset).
Benchmarking	Performance for 2016 is above national (59.3%) but below statistical neighbours (60.5%) and the London average (66.4%).		

KPI 26 – The percentage of borough schools rated as good or outstanding

Definition	Percentage of Barking and Dagenham schools rated as good or outstanding when inspected by Ofsted. This indicator includes all schools.	How this indicator works	This indicator is a count of the number of schools inspected by Ofsted as good or outstanding divided by the number of schools that have an inspection judgement. It excludes schools that have no inspection judgement. Performance on this indicator is recalculated following a school inspection. Outcomes are published nationally on Ofsted Data View 3 times per year (end of August, December and March).
What good looks like	The higher the better.	Why this indicator is important	This indicator is important because all children and young people should attend a good or outstanding school in order to improve their life chances and maximise attainment and success. It is a top priority set out in the Education Strategy 2014-17 and we have set ambitious targets.
History with this indicator	Please see below. Performance has risen from 78% in Q1 15/16, to 86% as at 31st August 2016.	Any issues to consider	No current issues to consider.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	86%	86%	90%	92%	↑
Target	90%	90%	90%	90%	
2015/16	78%	78%	79%	86%	

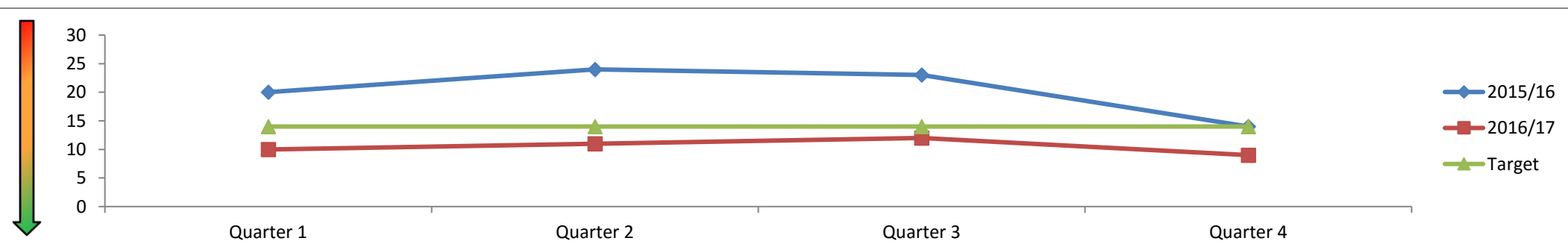| Performance Overview	The % of schools in LBBD judged 'outstanding' or 'good' is currently 92% as at the end of March 2017. Ofsted have carried out 10 inspections since September 2016, including two towards the end of the Spring term which have not yet been published. We have an ambitious ultimate target of 100% with a 2016/17 target of 90% representing a milestone on the way to this. During the Summer term, it is likely that one LA maintained school that requires improvement and two LA maintained schools currently judged good will be inspected. There are also 3 academies due for their first inspection, one of which we judge to be vulnerable. Of the remaining 4 Requires Improvement schools, 3 schools have monitoring boards in place and 1 is being supported by a school with outstanding leadership.	Actions to sustain or improve performance	Inspection outcomes for schools remains a key area of improvement to reach the London average and then to the council target of 100% as outlined in the Education Strategy 2014-17. Intensive Local Authority support, the brokering of school to school support from outstanding leaders and Teaching School Alliances and the increasing capacity of school clusters is being provided to vulnerable schools.
G			
Benchmarking	London Average – 94% National Average – 89% (as at 31st December 2016).		

Finance, Growth and Investment – Key Performance Indicators 2016/17

FINANCE, GROWTH AND INVESTMENT	Quarter 4 2016/17

KPI 30 – The average number of days taken to process Housing Benefit / Council Tax Benefit change events
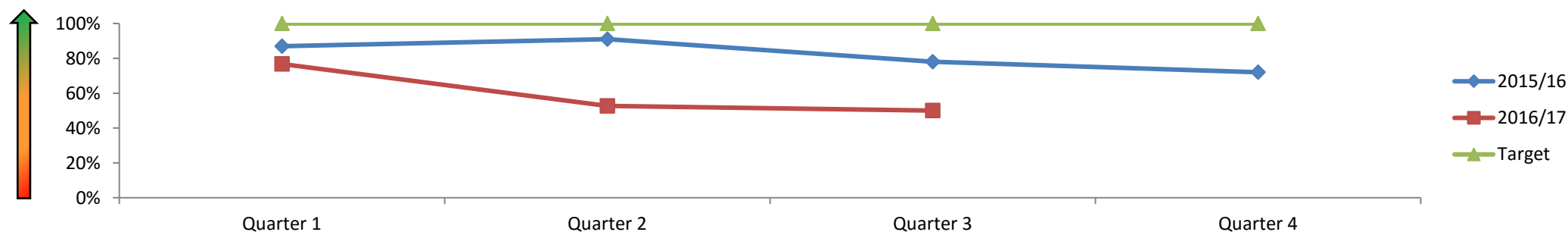
Definition	The average time taken in calendar days to process all change events in Housing Benefit and Council Tax Benefit	How this indicator works	The indicator measures the speed of processing
What good looks like	To reduce the number of days it takes to process HB/CT change events	Why this indicator is important	Residents will not be required to wait a long time before any changes in their finances
History with this indicator	2014/15 End of year result – 9 days 2015/16 End of year result – 14 days	Any issues to consider	There are no seasonal variances, but however government changes relating to welfare reform, along with Department for Work and Pensions (DWP) automated communications pertaining to changes in household income impact heavily on volumes and therefore performance.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	10	11	12	9	↑
Target	14	14	14	14	
2015/16	20	24	23	14	

Performance Overview **G**	Performance has improved from last quarter by 3 days and has remained below target, meaning tenants obtain benefit entitlement and monies sooner than Elevate contractual expectations.	Actions to sustain or improve performance	Whilst volumes remain high due to various welfare reform impacts, the service has now stabilised the processing times, and is consistently now achieving or exceeding this target.
Benchmarking	London Family Group (as per Elevate contract) 2015/16 – Lower quartile 8.5 days, Upper quartile 4.5 days, Average 7 days		

KPI 31 – The percentage of Member enquiries responded to within deadline

Definition	The percentage of Member enquiries responded to in 10 working days	How this indicator works	Of the total number of Member enquiries received, the percentage that are responded to within the timescale.
What good looks like	Comparable with London and National	Why this indicator is important	The community often request support from members on issues important to them. A quick response rate will assist with Council reputation.
History with this indicator	2015/16 end of year result – 72% 2014/15 end of year result – 88%	Any issues to consider	Quality of response must also be taken into account.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17 Quarter	76.74%	52.66%	50%	Due May 2017	
2016/17 YTD	76.74%	64.7%	59%	Due May 2017	↓
Target	100%	100%	100%	100%	
2015/16	87%	91%	78%	72%	

Performance Overview	Performance on the last quarter has declined. This is because service areas are failing to respond within the deadlines.	Actions to sustain or improve performance	Completion of the restructure and the training programme for the new roles will enable staff to support the service areas in answering enquires.
R			
Benchmarking	No benchmarking data available – local measure only.		

KPI 31 – The percentage of Member enquiries responded to within deadline (Additional Information)

The following shows current member's casework performance by area (awaiting final Quarter 4 data)

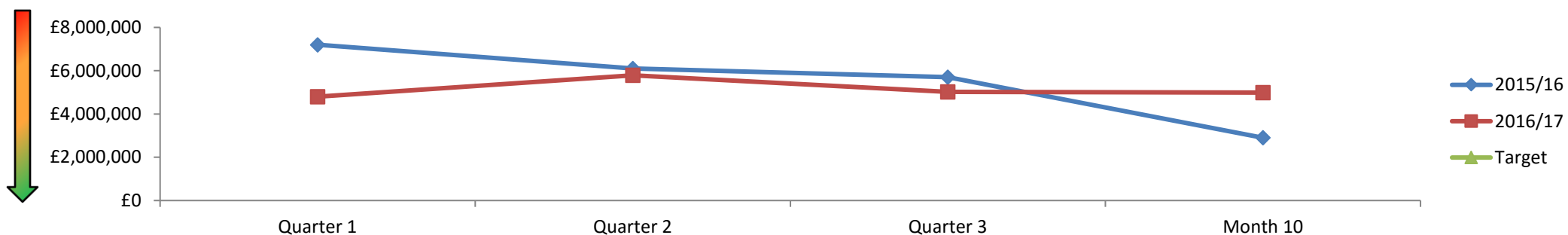| Directorate	Member enquiry	MP Enquiry
Adult Services	38% (3/8)	14% (1/7)
Chief Executives Unit	0% (0/0)	0% (0/0)
Childrens Services	45% (18/40)	29% (2/7)
Community Services	47% (81/171)	41% (41/101)
Customer, Commercial and Service Delivery	64% (169/265)	64% (148/230)
Elevate	82% (18/22)	88% (7/8)
Finance, Investment, Strategy & Programmes	88% (7/8)	100% (1/1)
Finance & Resources	73% (11/15)	100% (3/3)
Growth & Homes	63% (22/35)	56% (28/50)
Housing Services	65% (60/93)	62% (47/76)
Adult Social Care	50% (7/14)	20% (1/5)
Law & Governance	0% (0/1)	100% (1/1)
Service Development & Integration	50% (1/2)	50% (1/2)

Percentage financial year so far

Directorate	Member enquiry	MP Enquiry
Adult Services	58% (18/31)	61% (25/41)
Adult Social Care	70% (46/66)	58% (14/24)
Chief Executives Unit	50% (5/10)	100% (2/2)
Childrens Services	58% (98/169)	29% (11/38)
Community Services	54% (424/788)	47% (202/426)
Community Services (Adult Social Care)	76% (153/201)	0% (0/0)
Customer, Commercial and Service Delivery	70% (493/708)	71% (398/562)
Elevate	81% (105/130)	86% (74/86)
Finance, Investment, Strategy & Programmes	71% (10/14)	100% (2/2)
Finance & Resources	64% (54/85)	57% (12/21)
Growth & Homes	70% (81/116)	62% (143/230)
Housing Services	69% (610/890)	56% (389/693)
Unallocated cases	0% (0/0)	0% (0/0)
Law & Governance	67% (2/3)	100% (1/1)
Service Development & Integration	50% (1/2)	50% (1/2

Percentage answered timeframe

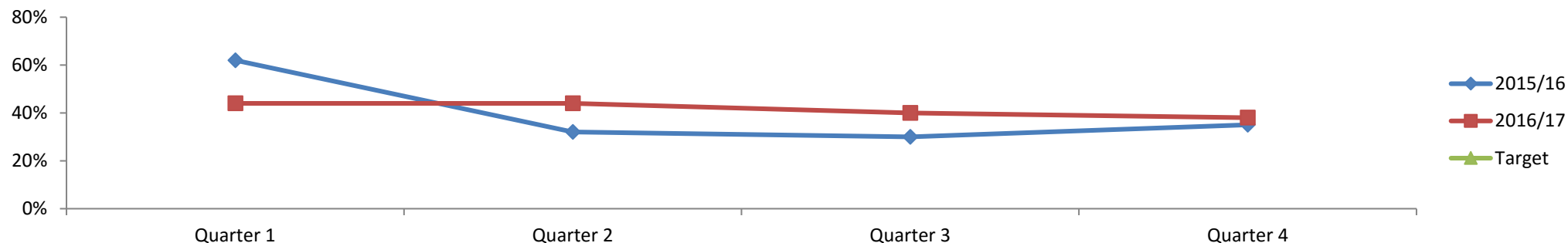|	0-5 days	6-10 days	10+ days	Outstanding	Total
Total for year to date	1,427	1,814	1,848	104	5,193
% answered	27%	35%	36%	2%	
Total for Q3	349	302	398	4	1,053
% answered	33%	29%	38%	0%	

Definition	The position the council is in compared to the balanced budget it has set to run its services.	**How this indicator works**	Monitors the over or under spend of the revenue budget account
What good looks like	In line with projections, with no over spend.	**Why this indicator is important**	It is a legal requirement to set a balanced budget.
History with this indicator	2015/16 end of year result - £2.9m overspend 2014/15 end of year result - £0.07m overspend	**Any issues to consider**	No current issues to consider.

	Quarter 1	Quarter 2	Quarter 3	Month 10	DOT from 2015/16
2016/17	£4,800,000	£5,796,000	£5,026,000	£4,993,000	↓
2015/16	£7,200,000	£6,100,000	£5,700,000	£2,900,000	

Performance Overview **n/a**	At the end of month 10, there was an overspend across the Council of just under £5m. This has reduced from the Quarter 2 figure of circa £6m. This is made up of overspends on Children's Care and Support, Homelessness, Leisure, Clean and Green and Enforcement services offset by underspends within Finance, Assets and Investments, Legal and Central/Corporate costs. Improvements in both the Children's Care and Support and the Elevate Client Unit have reduced the forecast while pressures are now being reported in Clean and Green and Enforcement.	**Actions to sustain or improve performance**	Childrens' Services is continuing to deliver the actions outlined in the SAFE programme plan including reviewing high cost placements and a concerted recruitment drive. There is also a recovery plan in place for Homelessess. A recovery plan is being formulated for Clean and Green but will not have an impact on the outturn for this year.
Benchmarking	No benchmarking data available – Local measure only		

KPI 39 – The percentage of complaints upheld

Definition	The percentage of complaints upheld	How this indicator works	Of the total number of complaints received the number that are deemed to be upheld
What good looks like	Comparable with London and National	Why this indicator is important	Lower number of complaints upheld indicates that the Council is providing an adequate or good service.
History with this indicator	2015/16 End of year result – 35%	Any issues to consider	Quality of response must also be taken into account.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17 Quarter	44%	41%	40%	36%	**n/a**
2016/17 YTD	44%	44%	40%	38%	
2015/16	62%	32%	30%	35%	

Performance Overview **n/a**	Overall, when looking at the year to date figures, performance has remained static over the past 6 months.	Actions to sustain or improve performance	A restructure of the complaints team has been undertaken alongside a review of the complaints process.
Benchmarking	Local Government Ombudsman Annual Review of Local Government Complaints 2015/16 showed that the number of complaints upheld by them in Barking and Dagenham has gone down.		

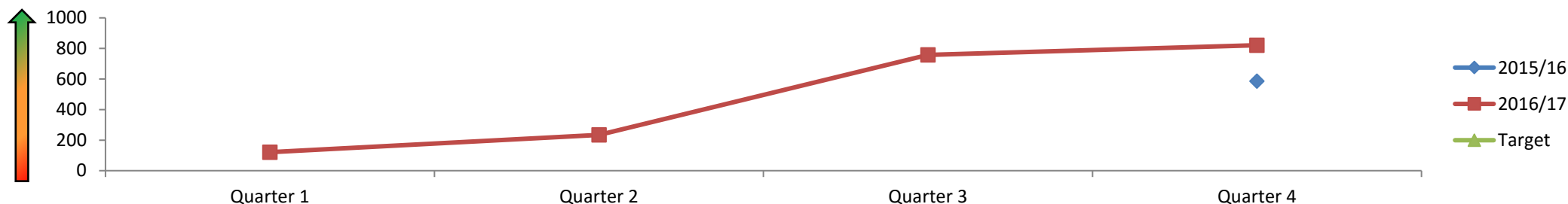# Economic and Social Development – Key Performance Indicators 2016/17

ECONOMIC AND SOCIAL DEVELOPMENT			2016/17
KPI 27- The number of new homes completed (Annual Indicator)			
Definition	The proportion of net new homes built in each financial year	**How this indicator works**	Each year the Council updates the London Development Database by the deadline of August 31. This is the London-wide database of planning approvals and development completions.
What good looks like	The Council's target for net new homes is in the London Plan. Currently this is 1236 new homes per year.	**Why this indicator is important**	It helps to determine whether we are on track to deliver the housing trajectory and therefore the Council's growth agenda and the related proceeds of development, Community Infrastructure Levy, New Homes Bonus and Council Tax.
History with this indicator	14/15- 512 13/14 – 868 12/13 – 506 11/12 – 393 10/11 - 339	**Any issues to consider**	The Council has two Housing Zones (Barking Town Centre and Barking Riverside Gateway) which are charged with the benefit of GLA funding to accelerate housing delivery in these areas. There are 13,000 homes with planning permission yet to be built and planning applications currently in the system for another 1,000. The Housing Trajectory for the Local Plan identifies capacity for 27,700 by 2030 and beyond this a total capacity for 40,000 new homes. This translates into a target of 1925 homes per year. The Mayor of London will shortly publish his timetable for updating the London Plan and as part of this will undertake a Strategic Housing Land Availability Assessment in partnership with the London Councils. Out of this exercise will come the Council's new net housing supply target which is likely to be around 1925 net new homes per year. This is clearly a significant increase on the Councils current target but reflects the Council's ambitious growth agenda and commitment to significantly improving housing delivery. Completions for 16/17 and 17/18 are forecast to be similar to 18/19. However as set out in KPI 29 a number of large housing schemes have been approved recently and these will deliver significant higher completion rates in 18/19 onwards.
Annual Result			
2016/17	Available September 2017		
Target	1236 net new homes a year		
2015/16	746		

KPI 28- The number of new homes completed that are sub-market (Annual Indicator)

Definition	The proportion of net new homes built in each financial year that meet the definition of affordable housing in the National Planning Policy Framework	**How this indicator works**	Each year the Council updates the London Development Database by the deadline of August 31. This is the London-wide database of planning approvals and development completions.
What good looks like	The Mayor of London is likely to set out a target of 35-50% of all new homes as affordable across London in Supplementary Planning Guidance due to be issued in November. Good would be anything within this range. Anything over 50% and anything below 35% would not be good. Anything below 35% would indicate the Council has not been successful in securing affordable housing on market housing schemes but equally anything above 50% would suggest an overreliance on supply of housing from Council and RSL developments and lack of delivery of homes for private sale or rent on the big private sector led developments. This has historically been an issue in Barking and Dagenham and explains why the proportion of new homes which are affordable is one of highest in London over the last five years.	**Why this indicator is important**	This indicator is important for the reasons given in the other boxes.
History with this indicator	LBBD is one of best performing boroughs . The London Annual Monitoring Report shows that 49% of all new homes built between 2011/12 and 2013/14 were affordable. This was the highest proportion in London and in terms of numbers the 10th highest of the 33 London Councils. In 14/15 68% of new homes were affordable. Data will shortly be available for 15/16 when the London Development Database is updated. As explained above though the target should be to keep the proportion of new affordable homes within the 35%-50% range.	**Any issues to consider**	The Growth Commission was clear that the traditional debate about tenure is less important than creating social justice and a more diverse community using the policies and funding as well as the market to deliver. At the same time the new Mayor of London pledged that 50% of all new homes should be affordable and within this a commitment to deliver homes at an affordable, "living rent". This chimes with the evidence in the Council's Joint Strategic House Market Assessment which identified that 52% of all new homes built each year in the borough should be affordable to meet housing need and that the majority of households in housing need could afford nothing other than homes at 50% or less than market rents. This must be balanced with the Growth Commission's focus on home ownership and aspirational housing and what it is actually viable to deliver. The Council will need to review its approach to affordable housing in the light of the Mayor's forthcoming guidance and take this forward in the review of the Local Plan.
	Annual Result		
2016/17	Available September 2017		
Target	The Council does not have an annual target for net new homes completed that are sub-market. London-wide the London Plan aims for 40% of all new homes as affordable but this is not expressed as a target.		
2015/16	19 social rented (gross 86), 83 intermediate/SO and 223 affordable rent. Net total 325 (43% of total housing completions)		

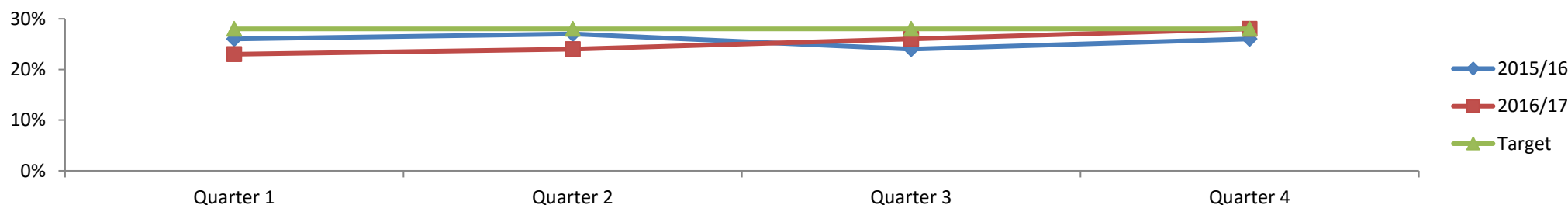**KPI 29 – The number of new homes that have received planning consent**

Definition	Number of new homes that received planning permission.	How this indicator works	The data is recorded on the London Development Database
What good looks like	To determine this requires an analysis of the pipeline of supply against the housing trajectory. From consent to build is roughly 18 months to two years therefore for the housing trajectory to be maintained the schemes on it should be approved 18 months to two years before we anticipate units starting to be completed. Therefore, there is not a numerical target for this indicator.	Why this indicator is important	It helps to determine whether we are on track to deliver the housing trajectory and therefore the Council's growth agenda and the related proceeds of development, Community Infrastructure Levy, New Homes Bonus and Council Tax.
History with this indicator	There are currently permissions for 13,000 homes in the borough that have not been built. This includes Barking Riverside, 10,000 homes, Gascoigne 1575, Freshwharf 911 Cambridge Road 274 and Trocoll House 198.	Any issues to consider	The impact of the Mayor of London's emerging affordable housing policy on sites coming forward.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	163	234	758	821	⬆
Target	This is annual net housing completions target in London Plan. This is being reviewed in development of Local Plan in line with the ambition to complete 35,000 net new homes by 2035. We do not have a target for approval. We will consider how to go about setting a target taking into account the backlog of unimplemented approvals that exist.				
2015/16	Previously reported annually				586

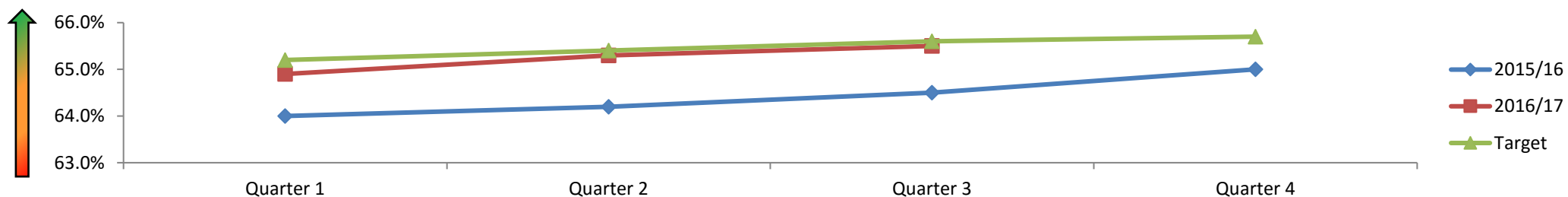| Performance Overview		Actions to sustain or improve performance	Set up BE-FIRST to improve delivery. Delivering agreed Housing Zone outputs with GLA. Recruitment and retention remains a significant issue in the Council's Development Management Team. Two posts are covered by agency staff and it has not been possible to fill these with permanent staff. Planning Performance Agreements are now used on all major sites so that developers and the Council agree on the timeline for their decision and the resources required to achieve this.
n/a	Vicarage Fields was approved 19 April (850 homes) and Barking Riverside decision (10800 homes) will finally be issued this quarter. Beam Park, Gascoigne West, Ford Stamping Plant and Crown House schemes are due in this year for approximately an additional 6000 homes.		
Benchmarking	The Benchmark is the Council's Housing Trajectory and the recent approvals, submissions and planning submissions are in line with its forecast of housing completions.		

Definition	Repeat Incidents of Domestic Violence as reported to the Multi Agency Risk Assessment Conference (MARAC)	How this indicator works	Victims of domestic violence referred to a MARAC will be those who have been identified (often by the police) as high or very high risk (i.e. of serious injury or of being killed) based on a common risk assessment tool that is informed by both victim and assessor information. Repeat victimisation refers to a violent incident occurring within 12 months of the original incident coming to the MARAC
What good looks like	The local target recommended by Safelives is to achieve a repeat referrals rate of between 28-40%. The target is based on the level of DV in the borough and rate of referral to MARAC. This target was set during the first study of MARACs where Amanda Robinson from former Coordinated Action Against Domestic Abuse (CAADA now Safelives) observed repeat rates of around 40% with some variance. A lower than expected rate usually incidents that not all repeat victims are being identified and referred back to MARAC. All agencies should have the capacity to 'flag and tag' MARAC cases in order to identify any further incidents within a year of the last referral and re-refer the cases to MARAC. A low repeat rate often indicates that these systems are not or only partially in place	Why this indicator is important	Safelives recommends a rate of 28-40% because domestic violence is rarely a one off incident. It is a pattern of behaviour that escalates over time. Therefore, for high risk cases even where a support plan has been put into action, it would be normal for other incidents of DV to occur. So in order to manage high risk cases, if another incident occurs within a 12 month period, the case should be referred back to MARAC and is counted as a repeat. Where MARACs are not receiving the recommended levels of repeat referrals Safelives recommend that the MARAC review information flows from partnership services to the MARAC to ensure MARAC is well informed about all incidents and developments in the case, that these changes are being assessed and that the victims are receiving ongoing support.
History with this indicator	2015/16: 86 (25%) 2014/15: 58 (20%)	Any issues to consider	Safelives guidance states that to manage high risk cases if another incident were to occur within a 12 month period the case should be referred back to MARAC and counted as a repeat. We note locally that we have some clients return to MARAC but they are outside of the 12 month time-frame and therefore are not counted as a repeat. If the same clients return to MARAC but with another perpetrator these are not counted as a repeat. This is standard practice amongst all boroughs.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	23%	24%	26%	28%	
Target	28% - 40%	28% - 40%	28% - 40%	28% - 40%	↓
2015/16	26%	27%	24%	26%	

Performance Overview G	In Q4 we are in line with the 28-40% range recommended by Safelives (formerly CAADA) with 28% of all MARAC referrals received YTD	Actions to sustain or improve performance	The Community Safety Partnership successfully bid for MOPAC funding to conduct a MARAC Review. An independent consultancy was commissioned to undertake the review, which has now concluded. A number of recommendations were made and improving the boroughs identification of repeat victims to MARAC will be included in the action plan to deliver recommendations of the MARAC review.
Benchmarking	Benchmarking data is available from Safelives on the level of repeat referrals to MARAC. The latest data is for 1st April 2015 – 31st March 2016 where there averages for London, our Most Similar Group (MSG) and national was 20%, 26% and 25% respectively. Safelives have produced a comparison of all 32 boroughs repeat rates. Barking and Dagenham are had the 6th highest rate of repeat referrals to the MARAC in 2015/16.Taking this and the corporate performance teams guidance on RAG rating into consideration we have updated the performance to Amber (performance is within 10% of the target)		

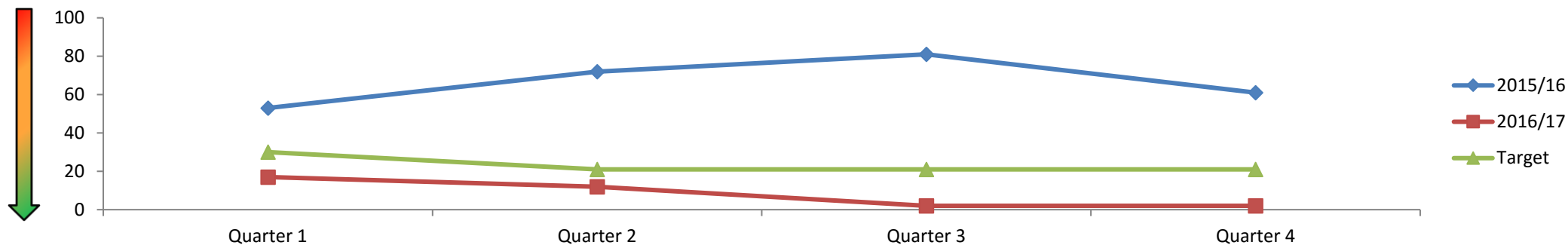## KPI 36 – The percentage of economically active people in employment

Definition	"The employed are defined as those aged 16 or over, who are in employment if they did **at least one hour of work** in the reference week (as an employee, as self-employed, as unpaid workers in a family business, or as participants in government-supported training schemes), and those who had a job that they were temporarily away from (for example, if they are on holiday)."	How this indicator works	The figures presented for Barking & Dagenham are a rolling average of the last three years (e.g. Q3 figures are an average of Jan 14-Dec 14, Jan 15-Dec 15 and Jan 16-Dec 16). The reason for this is that the figure is derived from a sample survey (the Annual Population Survey).
What good looks like	An increase in the percentage of our economically active residents who are in employment.	Why this indicator is important	Employment is important for health and wellbeing of the community and reducing poverty
History with this indicator	The employment rate for the borough is principally driven by London and economy-wide factors. The figure for the borough has shown steady growth over the last year.	Any issues to consider	Each 1% for the borough is equivalent to a little over 1,200 borough residents.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	64.9%	65.3%	65.5%	Available 12 July 2017	⬆
Target	65.2%	65.4%	65.6%	65.7%	
2015/16	64.0%	64.2%	64.5%	65.0%	

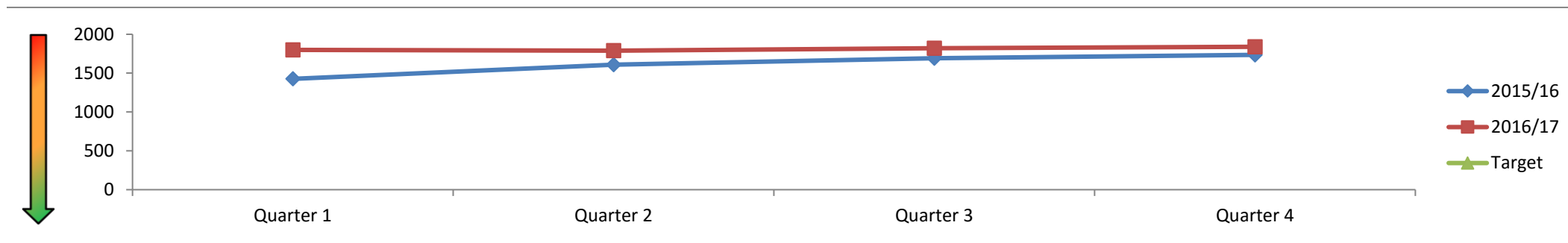| Performance Overview		Actions to sustain or improve performance
A	The published figure for the borough is 67.1%, with the rolling average figure presented above being 65.5%.	The Barking & Dagenham Employability Partnership brings together a range of partners, including Department for Work and Pensions (DWP) and Work Programme Providers who are collaborating to reduce the claimant count and the numbers claiming income support or employment & support allowance. The next meeting takes place on 26 April 2017 and the Partnership is listed as a thematic sub-group of the B&D Delivery Partnership.
		ESF-funded provision is now coming on stream and is being integrated into the work of local programmes and services (e.g. DWP Troubled Families provision working with Early Intervention/Children's Centre, DWP over 50s support based in Job Shop, Big Lottery Common Mental Health Problems link to Job Shops). The Job Shop Service is delivering sessions in both JCP offices in the borough to support those affected by the benefit cap as well as seeking to recruit economically inactive residents claiming income support or employment and support allowance as part of the Council's own ESF-funded provision (Growth Boroughs ESF Unlocking Opportunities Programme).
		L.B. Redbridge are in the process of commissioning the Work & Health Programme on behalf of the Local London boroughs. This will provide support to the long-term unemployed (2+ years) and people claiming benefits for health-related reasons, replacing the current Work Programme. The latter will form c70% of participants. This provision will not be in place until March 2018 but the expectation is that it will be thoroughly integrated with local services. Discussions are taking place with potential prime contractors to explore the Council Job Shops forming part of the local delivery arrangements. Ahead of this there are ongoing and deepening links between Job Shop, Richmond Fellowship and NELFT Talking Therapies provision to cross-refer service users.
Benchmarking		The gap with the London-wide figure (73.8%) remains at 8.3%. Around 10,000 additional residents would need to move into work to match the London employment rate.

Definition	Number of homeless households residing in B & B including households with dependent children or household member pregnant	How this indicator works	Snapshot of households occupying B & B at end of each month.
What good looks like	In order to satisfy budget pressures, end of year average of 21 households in B & B would be considered excellent	Why this indicator is important	Statutory requirement and financial impact on General Fund
History with this indicator	Historically target was not met	Any issues to consider	Increasing demand on homelessness, impact of welfare reform, impact of housing market and regeneration programme.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	17	12	2	2	↑
Target	30	21	21	21	
2015/16	53	72	81	61	

Performance Overview	It is unfortunate to report that there were families in B&B at the end of Quarter 4, however it is worth noting that placements made in this period occurred in March only. The service was able to procure alternative housing solutions for both Jan and Feb. No families in B & B accommodation have yet exceeded the 6 week time limit and the sourcing of alternative options is ongoing.	Actions to sustain or improve performance	Alternative Hostel sites are being sought to reduce dependency upon bed and breakfast. There are ongoing initiatives to increase the supply of PSL accommodation and there has been a price reduction negotiated with the local bed and breakfast provider. Case management and homeless prevention options are under constant review to limit the number of households placed in temporary accommodation.
G			
Benchmarking	No benchmarking data available.		

KPI 38 – The average number of households in Temporary Accommodation
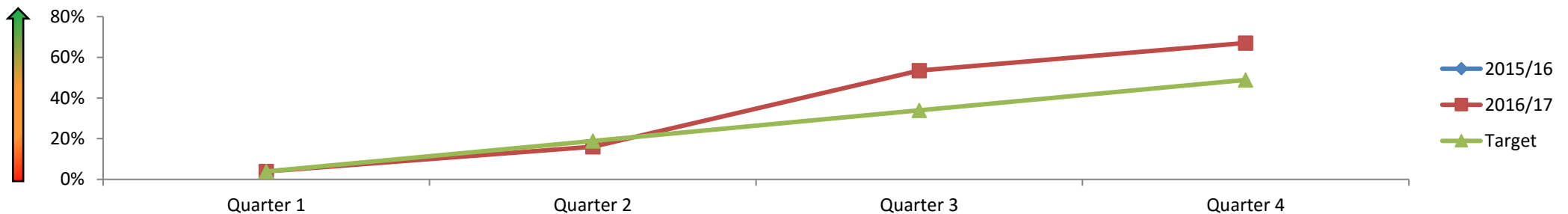
Definition	Number of households in all forms of temporary accommodation, B&B, nightly Let, Council decant, Private Sector Licence (PSL) (in borough and out of borough)	**How this indicator works**	Snapshot of households in temporary accommodation at end of each month
What good looks like	Increase in temporary accommodation / PSL supply however with a reduction in the financial loss to the Council leading to a cost neutral service	**Why this indicator is important**	Financial impact on General Fund
History with this indicator	PSL accommodation was considered cost neutral. Due to market demands, landlords/agents can now request higher rentals exceeding LHA rates	**Any issues to consider**	Increasing demand on homelessness, impact of welfare reform, impact of housing market and regeneration programme.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	1,798	1,789	1,819	1,839	↓
2015/16	1,426	1,608	1,693	1,735	

Performance Overview	Increase in trend of acquiring good quality self-contained accommodation to meet homelessness demands. There is a reluctance to set a target for the average number of households, although there is an ambition to reduce the reliance of procuring temporary accommodation. This will need to be balanced with the ongoing demands to provide Housing at a time when market trends show that house prices are rising both in the private rented and buyers' market coupled with concerns of the impact of Welfare Benefit Reform.	**Actions to sustain or improve performance**	Hostel expansion programme. Collaborative working within Housing Options and delivering new ways of working in line with Andy Gale critical analysis report of service.
n/a			
Benchmarking	No benchmarking data available		

KPI 40 – The percentage of people affected by the benefit cap now uncapped

Definition	Percentage of people affected by welfare reform changes now uncapped / off the cap	**How this indicator works**	For a resident to be outside of the benefit cap (off the cap), they either need to find employment (more than 16 hours) and claim Working Tax Credit or be in receipt of a benefit outside of the cap; Personal Independence Payment, Disability Living Allowance, Attendance Allowance, Employment Support Allowance (care component) and (up-coming in September 2016) Carers Allowances or Guardians Allowance.
What good looks like	Moving residents from a position of being in receipt of out-of-work benefit (Income Support / Employment Support Allowance or Job Seekers Allowance) to working a minimum of 16 hours (if a single parent) or 24 hours (if a couple) or receiving a disability benefit which moves residents outside of the cap.	**Why this indicator is important**	Welfare reform changes impact on resident's income which will affect budgets, choices and lifestyle. Financial impact on General Fund
History with this indicator	This is a new indicator introduced in 2016/17.	**Any issues to consider**	The Capped/Uncapped status of a resident is not solely down to the Welfare Reform (WR) team work but includes both Housing Benefit (HB) and the Department of Works & Pension (DWP). If the DWP do not confirm the uncapped status of a resident then HB do not removed this status on academy. All our information comes from the DWP, via HB.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	DOT from 2015/16
2016/17	3.9%	16.07%	53.47%	67.06%	**n/a**
Target	3.9%	18.9%	33.9%	48.9%	
2015/16	New indicator for 2016/17				

Performance Overview **G**	The baseline for this KPI is 890 people of whom 290 were capped and 600 that the DWP informed us were likely to be capped when the threshold was lowered. This happened on 7/11/16 and it shows that the number of people expected to be capped was overstated by the DWP to err on cautions side. The team now only work from a list only containing people who have been capped and with the lower cap thresholds going live customers engagement levels have increased.	**Actions to sustain or improve performance**	The team continues to work with partners to support those affected by the cap. More effort is directed at monitoring to ensure that customers are adhering to the plan.
Benchmarking	No benchmarking data available – Local measure only		