



North Northamptonshire Council Performance Report - January 2023

Key to Performance Status Colours

| Progress Status Key: |
|--|
| Green - On target or over-performing against target |
| Amber - Under-performing against target but within 5% corporate tolerance (or other agreed tolerance as specified) |
| Red - Under-performing against target by more than 5% (or other agreed tolerance as specified) |
| Dark Grey - Data missing |
| Grey - Target under review |
| Turquoise - Tracking Indicator only |

| Children's Trust Progress Status Key: |
|---|
| Green - At target or better |
| Amber - Below target - within tolerance |
| Red - Below target - outside tolerance |
| Grey - No RAG |

| Direction of Travel Key | |
|--|--|
| An acceptable range = within 5% of the last period's performance | |
| ↑G | Performance has improved from the last period – Higher is better |
| ↓G | Performance has improved from the last period – Lower is better |
| ↑ | Performance has deteriorated but is still on or above target or within an acceptable range of 5% of the last period – Lower is better |
| → | Performance has stayed the same since the last period |
| ↓ | Performance has deteriorated but is still on or above target or within an acceptable range of 5% of the last period – Higher is better |
| ↑R | Performance has deteriorated from the last period – Lower is better |
| ↓R | Performance has deteriorated from the last period – Higher is better |
| ↑ | Actual increased - neither higher or lower is better |
| ⇔ | Actual has stayed the same since the last period - neither higher or lower is better |
| ↓ | Actual decreased - neither higher or lower is better |

| Children's Trust Direction of Travel Key | |
|--|---------------------------------------|
| ↑G | Performance improved since last month |
| → | Performance the same as last month |
| ↓A | Performance declined since last month |

Performance Terminology key

| | |
|-------------------------------|--|
| TBC | To be confirmed |
| TBD | To be determined |
| n/a | Not applicable |
| Actual | The actual data (number/percentage) achieved during the reporting period |
| Benchmark | A comparator used to compare the Council's performance against. The 2020/21 average for Unitary Councils in England has been used where available unless otherwise stated. |
| Numerator | Number as part of the percentage calculation which shows how many of the parts indicated by the denominator are taken. See example below. |
| Denominator | The total number which the numerator is divided by in a percentage. See example below. |
| EXAMPLE Performance Indicator | % Calls answered |
| Numerator | Number of calls answered |
| Denominator | Total number of calls received |

Customer & Governance

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 | Quarter 2 | Quarter 3 | Year to | November | December | January | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|-------------------------------|---------|---|---------------------|--|----------------|----------------|----------------|------------------|---------------|--------------|------------------------------------|--|------------------|-----------------------------------|---------------------|--|
| | | | | | 22-23 | 22-23 | 22-23 | Date | 2022/23 | 2022/23 | 2022/23 | | | | | |
| Information Governance | | | | | | | | | | | | | | | | |
| Modern Public Services | MPS12 | % of Freedom of Information Requests completed in 20 working days | | 80.08% (Average of 40 Unitary Councils 2021/22 - benchmarking exercise conducted by Brighton and Hove Council) | 91.73% | 90.18% | 82.55% | 88.41% | 86.25% | 75.92% | N/A as reported a month in arrears | ↓R | Higher is better | 90% | 85% - 90% | Historically, December is a quieter month for information requests which would normally allow some capacity during January for improved response timeframes. The late/outstanding requests relate to those enquiries where the team is reliant upon Council wide responses across the authority and communication with regard to this is ongoing. |
| | | | | | 233 out of 254 | 202 out of 224 | 175 out of 212 | 610 out of 690 | 69 out of 80 | 41 out of 54 | N/A as reported a month in arrears | | | | | |
| Modern Public Services | MPS13 | % Environmental Information Regulation Requests completed in 20 working days | | TBD | 97.44% | 95.76% | 98.25% | 97.04% | 97.00% | 98.27% | N/A as reported a month in arrears | ↑G | Higher is better | 90% | Tolerance 85% - 90% | The team have increased capacity through extra resource to allow work realignment which has positively impacted responses. |
| | | | | | 494 out of 507 | 407 out of 425 | 281 out of 286 | 1182 out of 1218 | 97 out of 100 | 57 out of 58 | N/A as reported a month in arrears | | | | | |
| Modern Public Services | MPS14 | % Individual Rights requests completed within statutory timescale (Data Protection (DP) Right to Access requests) | | TBD | 90.2% | 96.4% | 91.9% | 92.7% | 90.00% | 84.62% | N/A as reported a month in arrears | ↓R | Higher is better | 90% | 85% - 90% | Whilst this is below target resources in the team (as above) are under consideration. It is expected that performance in this area will return to target over the next reporting period. |
| | | | | | 55 out of 61 | 53 out of 55 | 57 out of 62 | 165 out of 178 | 27 out of 30 | 11 out of 13 | N/A as reported a month in arrears | | | | | |
| Modern Public Services | MPS15 | Total number of data breaches <i>A personal data breach is a security incident that has affected the confidentiality, integrity or availability of personal data.</i> There are two types of breaches: - A 'Non-reportable breach' has a low or no impact on | | n/a | 16 | 28 | 27 | 77 | 12 | 4 | 6 | ↑R | Lower is better | No target-tracking indicator only | N/A | Whilst there has been an increase in non-reportable breaches (to the ICO) since the last reporting period, this figure remains lower than previous months; and could be attributed to further guidance around breaches, which was communicated in the weekly comms. The Data Protection team continues to monitor levels of data breaches and the causes of them. Appropriate training and / or discussions with the relevant services is undertaken, particularly for those services that are considered to be higher risk. Data breaches are also broken down by team and shared internally, to highlight and provide mitigating action, based on trends or issues. |
| | | a) Reportable breaches (ICO) <i>(This was MPS23 reported quarterly, now included monthly as part of this performance indicator)</i> | | 0 | 1 | 0 | 1 | 0 | 0 | 0 | → | | | | | |
| | | b) Non-reportable breaches | | 16 | 27 | 27 | 76 | 12 | 4 | 6 | ↑R | | | | | |

Customer & Governance

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | November 2022/23 | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|-----------------------|---------|---|--|--|-----------------|-----------------|-----------------|------------------|------------------|------------------|-----------------|--|------------------|--------|-------------|---|
| Registrations | | | | | | | | | | | | | | | | |
| Connected communities | CNC03 | % of Deaths registered within 5 calendar days | <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan ▲ Actual ● Target — Trend</p> | (Benchmarking available if needed as all authority performance data can be downloaded) | 62.1% | 65.9% | 70.1% | 65.7% | 76.7% | 69.3% | 62.0% | ↓R | Higher is better | 80% | 70% - 80% | NNC remain 2nd overall in the region for 2022/23 year to date. Death registration capacity was increased by 50% throughout January to allow for the increase in death rate that always occurs at this time of year. However, the volume of deaths recorded in January is significantly higher than that recorded during the same period last year, this has been reported by other registration districts within the region. Kettering General Hospital also reported a "critical incident", this delayed the production & distribution of the Medical Certificate of Cause of Death (MCCD) in some instances. (the service cannot complete a legal death registration without having access to this document). Informants continue to book appts when it's convenient for them to attend the office rather than strictly adhering to the 5-day rule. The volume of deaths registered by declaration remains higher than previous years, this also reflects the national trend. |
| | | | | | 420 out of 676 | 395 out of 599 | 547 out of 780 | 1571 out of 2393 | 201 out of 262 | 187 out of 270 | 209 out of 337 | | | | | |
| Connected communities | CNC04 | % of Births registered within 42 days | <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan ▲ Actual ● Target — Trend</p> | (Benchmarking available if needed as all authority performance data can be downloaded) | 92.2% | 84.0% | 97.4% | 92.2% | 98.0% | 99.1% | 93.5% | ↓ | Higher is better | 90% | 86.5% - 90% | NNC remains joint 1st in the region for birth registrations for 2022/23 year to date. During January the service increased death registration capacity by 50% across all offices to allow for the increase in death rate that occurs every year, therefore birth registration capacity was reduced. This was predicted and reported last month. |
| | | | | | 683 out of 741 | 795 out of 946 | 821 out of 843 | 2573 out of 2791 | 287 out of 293 | 220 out of 222 | 244 out of 261 | | | | | |

Customer & Governance

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | November 2022/23 | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest | Polarity | Target | Tolerance | Comments |
|--------------------------|---------|---|---------------------|-----------|---|---|--|--|---|---|--|---|------------------|-----------------------------------|-----------------------------------|--|
| Customer Services | | | | | | | | | | | | | | | | |
| Modern public services. | MPS30 | Total number of Stage 1 complaints received by NNC (excluding children's services complaints) | | n/a | 413 | 436 | 425 | 1461 | 166 | 104 | 187 | ↑R | Lower is better | No target-tracking indicator only | No target-tracking indicator only | There has been an increase in complaints in January, however no specific trend identified. Note that the previous month (December) always sees a lower number of cases received. |
| Modern public services. | MPS32 | Total number of complaints escalated to stage 2 | | n/a | 22 | 36 | 39 | 128 | 14 | 16 | 31 | ↑R | Lower is better | No target-tracking indicator only | No target-tracking indicator only | A larger number of customers were dis-satisfied with the Council's stage 1 replies than normal last month and asked for their cases to be escalated. However no specific service areas saw the bulk of the increase. |
| Modern public services. | MPS31 | Total number of complaints received by NNC | | n/a | 435 | 472 | 464 | 1589 | 180 | 120 | 218 | ↑R | Lower is better | No target-tracking indicator only | No target-tracking indicator only | More complaints were received in January as noted above. |
| Modern public services. | MPS34 | % of complaints answered within the Service Level Agreement (20 Working days or agreed extension) | | TBD | 57% | 65% | 61% | 61% | 71% | 62% | 61% | ↓ | Higher is better | 90% | 81% - 90% | There has been a slight reduction in cases replied to on time. Many cases are complex and require longer investigations. This is a perennial issue with services and complaints responses can be delayed for a number of reasons. Common issues include:- Childrens – most complaints we deal with involve schools not under our control and also issues regarding matters such as Educational learning plans, that take several days to gain further detail on, then to take a view on the way forward. Adults – care plans where we need to liaise with busy social work teams, care homes and relatives in often demanding and emotional settings. Housing – where we need to talk to customers who may be homeless or in temporary accommodation, where investigations can be lengthy and need longer than the 20-day standard. Despite these issues, all efforts are being made to improve response times. We are about to increase resource in complaints to provide a more robust complaints management mechanism, by putting more capacity into chasing complaints in service areas so that they hit complaints standards. |
| Modern public services. | MPS35 | % of complaints upheld | | TBD | 26% | 26% | 3% | 18% | 3% | 4% | 7% | ↑ | Lower is better | 20% | 20% - 22% | Although there is an increase in complaints, the numbers of complaints upheld remains low. No concerning trends have been identified and services are working hard to prevent recurrences. |
| Modern public services. | MPS37 | Total number of notices received of complaints under investigation by Ombudsman | | n/a | 10 | 10 | 9 | 32 | 2 | 3 | 3 | → | Lower is better | No target-tracking indicator only | N/A | The volume of customers contacting the Ombudsman after exhausting the Council's complaints process remain low. |
| Modern public services | MPS39 | % of calls answered out of total calls received in customer services | | n/a | 84.50% | 82.82% | 86.91% | 84.52% | 86.33% | 86.31% | 83.77% | ↓ | Higher is better | 90% | 81% - 90% | Performance decreased in January however the service handled over 5000 additional calls compared to December |
| Modern public services. | MPS40 | % Calls answered within 60 seconds in customer services | | TBD | 77.09% | 72.41% | 79.98% | 75.05% | 77.46% | 78.19% | 72.93% | ↓R | Higher is better | 80% | 72% - 80% | Performance decreased in January however the service handled over 5000 additional calls compared to December |
| Modern public services. | MPS41 | Number of customers helped by customer services | | n/a | 138303 | 146069 | 126705 | 457653 | 43959 | 36648 | 46576 | ↑ | N/A | No target-tracking indicator only | N/A | These are the volumes of the different types of customer contact that Customer Services had in January. |
| Modern public services. | MPS42 | Number of customer interactions to customer services - split by telephone/face-to-face, email and online form | | n/a | Telephone 93929 Face to Face 7120 E-Forms 9098 Emails 29528 Web Chat 1728 | Telephone 98611 Face to Face 7738 E-Forms 8838 Emails 29592 Web Chat 1289 | Telephone 84472 Face to Face 7422 E-Forms 6173 Emails 19669 Web Chat 978 | Telephone 303990 Face to Face 27233 E-Forms 27264 Emails 34944 Web Chat 4228 | Telephone 29369 Face to Face 3133 E-Forms 2833 Emails 8301 Web Chat 323 | Telephone 25149 Face to Face 2879 E-Forms 1802 Emails 6537 Web Chat 281 | Telephone 30078 Face to Face 3496 E-Forms 1527 Emails 11131 Web Chat 344 | ↑ | N/A | No target-tracking indicator only | N/A | |
| Modern public services. | MPS43 | % of Face-to-Face Customers with an appointment seen within 5 minutes (within customer services team) | | TBD | 99.8% | 99.9% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | → | Higher is better | 95% | 85.5% - 95% | Virtually all of our customer face to face appointments are held within our target time. |

Finance Services

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date 2022/23 | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments | |
|--------------------------------|---------|--|---|--|--------------------|--|--|--|---|--|---|--|------------------|---|--|--|
| Finance | | | | | | | | | | | | | | | | |
| Modern Public Services | MPS01 | % of invoices paid within 30 days |  | n/a | 97.87% | 97.1% | 98.1% | 97.7% | 98.6% | 98.1% | ↓ | Higher is better | 95% | 95% subject to change from SLA review (Tolerance TBC) | Outturn for this KPI continues to over exceed the 95% target | |
| | | | | | 9,342 out of 9,545 | 9477 out of 9761 | 9456 out of 9635 | 31432 out of 31260 | 2859 out of 2901 | 3157 out of 3219 | | | | | | |
| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | January 2021/22 | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date 2022/23 | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| Revenues & Benefits | | | | | | | | | | | | | | | | |
| Modern Public Services | MPS05 | % of council tax collected in the year debit raised |  | 95.92% (All English Authorities 2020/21 - LG Inform) | 93.10% | 29.31% (YTD) 104.69% achieved of the monthly target (28.00%) | 57.69% (YTD) 103.32% achieved of the monthly target (56.00%) | 84.67% (YTD) 100.80% achieved of the monthly target (84.00%) | 93.53% (YTD) 99.5% achieved of the monthly target (94.00%) | 84.67% (YTD) 100.80% achieved of the monthly target (84.00%) | 93.53% (YTD) 99.5% achieved of the monthly target (94.00%) | ↓ | Higher is better | 94% (to date) 98.5% (Annual target) | No tolerance | Collection rate has dropped slightly below target. Close monitoring will continue to determine if this is a change in payment behaviours due to the cost of living crisis. YTD - The % is the same as the current month reported, as the collection rate is based on the 'estimated net collectable debit' for the whole year. The amount collected is cumulative. |
| | | | | | £19,635,065.70 | £66,714,521.73 (collected in Q1) | £64,845,502.55 (collected in Q2) | £61,925,143.03 (collected in Q3) | 21,382,9191.72 (collected YTD) | £20,321,199.84 (collected in Dec) | £20,344,024.41 (collected in Jan) | | | | | |
| Modern Public Services | MPS04 | % of business rates collected in the year debit raised |  | 93.74% (All English Authorities 2020/21 - LG Inform) | 87.03% | 28.87% (YTD) 103.11% achieved of the monthly target (28.00%) | 56.89% (YTD) 101.43% achieved of the monthly target (56.00%) | 83.12% (YTD) 98.95% achieved of the monthly target (84.00%) | 91.33% (YTD) 97.16% achieved of the monthly target (94.00%) | 83.12% (YTD) 98.95% achieved of the monthly target (84.00%) | 91.33% (YTD) 97.16% achieved of the monthly target (94.00%) | ↓ | Higher is better | 94% (to date) 98.5% (Annual target) | No tolerance | The collection rate has dropped below target, however there have been some significant changes from the valuation office which has led to large Rateable Value reductions and subsequent refunds which skews the collection rate in the short term, we will continue to monitor closely. ESFA (Education and Skills Funding Agency) funding is being applied to accounts in February, which represents approximately a 1% increase in collection. YTD - The % is the same as the current month reported, as the collection rate is based on the 'estimated net collectable debit' for the whole year. The amount collected is cumulative. |
| | | | | | £12,110,946.34 | £42,054,046.57 (collected in Q1) | £40,434,431.64 (collected in Q2) | £36,816,402.19 (collected in Q3) | £130,630,365.04 (collected in YTD) | £10,973,082.68 (collected in Dec) | £11,525,504.64 (collected in Jan) | | | | | |

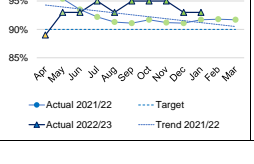
| Place & Economy | | | | | | | | | | | | | | | | |
|---------------------------------|---------|--|---------------------|---------------------------------|-----------------|-----------------|-----------------|--------------|------------------|-----------------|--|------------------|--------|---------------|---|--|
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| Assets & Environment | | | | | | | | | | | | | | | | |
| Modern Public Services | MPS26 | % occupancy of Corby Enterprise Centre | | Benchmark/compare to each other | 96.23% | 96.23% | 94.34% | 96.23% | 94.34% | 96.23% | ↑G | Higher is better | 95% | 90% - 95% | Two offices have been let in January – Several viewings completed. Currently advertising on our website, social media and Rightmove channels. | |
| Modern Public Services | MPS27 | % occupancy of Corby Innovation Hub | | | 92.45% | 88.68% | 88.68% | 88.68% | 88.68% | 88.68% | → | Higher is better | 95% | 90% - 95% | Interest in small office space, several viewings completed. Currently advertising on our website, social media and Rightmove channels. | |
| Modern Public Services | MPS28 | % occupancy of East Northamptonshire Enterprise Centre | | Benchmark/compare to each other | 58.54% | 60.98% | 59.76% | 59.76% | 59.76% | 59.76% | → | Higher is better | 90% | 85%-90% | Major roof works have impacted on occupancy of the centre with work due to be completed by April. A renewed marketing campaign will follow. The marketing strategy for business centres includes the following: •Attendance at Chamber of Commerce networking events, including the local Expo events •Members of NNBN networking group •Working with local commercial and residential agents to drive enquiries to the centres •Advertising in the local newsletters •On-going social media activity •On-going contact with the FSB, trying to arrange further events on site when possible through them •ECEN Advert in the Northampton Saints Brochure was in place in the past couple of months •In-house networking, around specific dates such as Halloween, Christmas and Charity events •We are also looking to produce a 'referral' poster to put up in the local community and business locations •Bi-Monthly Tenant Newsletters •Advertising on Rightmove. | |
| Modern Public Services | MPS24 | Rate of return on commercial stock (%) | | n/a | 5.45% | 5.45% | 5.45% | 5.54% | 5.45% | 5.54% | ↑G | Higher is better | 5.41% | 4.91% - 5.57% | A large back rent for one of our larger industrial units has been settled which has increased the income this year by £291k. This has resulted in a sharp increase in this return rate which will now remain until the end of the financial year. | |

| Place & Economy | | | | | | | | | | | | | | | |
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| Growth & Regeneration | | | | | | | | | | | | | | | |
| Modern Public Services | MPS29 | % occupancy of Chesham House Kettering | | Not relevant to benchmark as it's so unique. | 61.54% | 61.54% | 69.23% | 69.23% | 69.23% | 69.23% | ➔ | Higher is better | 70% | 65% - 70% | 9 of the 13 office spaces are occupied which remains the same as last month. This has occurred during a period where the facilities are undergoing significant building works externally. Assets are reviewing options for the site, linked to our rationalisation programme but also ongoing viability. This review should be complete in the next 2/3 months thereafter we will be presenting options through the AMRG. |
| Safe and thriving places | STP15 | Percentage of major planning applications determined within 13 weeks (or within agreed extension of time) | | 88% (Q3 021/22 All English Authorities - LG Inform) | 85% | 100% | 97% | 92.77% | 100% | 80% | ⬇️R | Higher is better | 90% | 88% - 90% | Performance in the determination of 'Major' applications has fallen this month but remains above target levels. The year to date performance is also above the national benchmark. Staff resourcing remains a significant issue both locally and in the wider national context. |
| Safe and thriving places | STP16 | Percentage of minor planning applications determined within 8 weeks (or within agreed extension of time) | | 83% (Q3 2021/22 All English Authorities - LG Inform) | 89.90% | 88.07% | 75.96% | 83.98% | 88% | 80% | ⬇️R | Higher is better | 85% | 83% - 85% | Performance in the determination of 'Minor' applications has fallen this month. Capacity remains an issue but the recruitment of permanent and temporary staff to address capacity issues is underway to correct this. Year to date performance remains above the national benchmark although slightly below the NNC (North Northamptonshire Council) target. |
| Safe and thriving places | STP17 | Percentage of other (including householder applications) planning applications determined within 8 weeks (or within agreed extension of time) | | 85% (Q3 2021/22 All English Authorities - LG Inform) | 87.97% | 88.64% | 80.12% | 85.38% | 81.93% | 81.18% | ⬇️ | Higher is better | 88% | 86% - 88% | Performance in the determination of 'Other' application has fallen slightly this month. Year to date performance remains above the national benchmark but marginally below the NNC (North Northamptonshire Council) target. Capacity remains an issue for the service but is being addressed through the recruitment of permanent and temporary staff which is underway and therefore we anticipate to see improvement in this particular area in the coming months. |
| Safe and thriving places | STP19 | Total number of planning applications received - ALL TYPES of applications | | Not relevant to benchmark. | 633 | 576 | 519 | 1900 | 149 | 172 | ⬆️ | N/A | No target | N/A | |

| Place & Economy | | | | | | | | | | | | | | | |
|----------------------------------|---------|--------------------------------------|---------------------|-----------------------------------|-----------------|-----------------|-----------------|--------------|------------------|-----------------|---|------------------|---|---|--|
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| Safe and thriving places | STP21 | % of Full fibre coverage | | 45.5% (England) - Think Broadband | 49.2% | 55.2% | 61.1% | 62.8% | 61.1% | 62.8% | ↑G | Higher is better | 40% of Premises countywide (Dec 2023) | Dec 2023: <5% Green 5%-10% Amber >10% Red | Strong performance countywide when compared to the average full fibre coverage for the same period in England (62.8% Northants compared to 45.5%). The 40% full fibre countywide coverage target by December 2023 was achieved early (March 2022) and coverage in North Northants has now also exceeded this target. It remains on an upward trajectory at 40.2% in January 2023 compared to 38.5% last month. With announced Openreach and CityFibre plans in NN, we expect to see improved growth in full fibre coverage in the coming year. Further target to achieve at least 80% full fibre coverage countywide by the end of 2026. Year to date is latest position. |
| Safe and thriving places | STP22 | % of gigabit coverage | | 74.2% (England) - Think Broadband | 79.9% | 81.2% | 84.2% | 84.7% | 84.2% | 84.7% | ↑G | Higher is better | 75% of premises gigabit capable (Dec 2023) | Dec 2023: <5% Green 5%-10% Amber >10% Red | Strong performance countywide when compared to the average gigabit coverage for the same period in England (84.7% Northants compared to 74.2%). The 75% countywide gigabit coverage target by December 2023 was achieved two years early (Dec 2021). We expect the upward trajectory for gigabit coverage to continue but at a much slower rate now going forward as remaining areas are largely rural or other hard to reach. Coverage in North Northants remains on an upward trajectory, with 83.3% availability in January compared to 83.2% last month. Further target to achieve at least 90% gigabit coverage countywide by end of 2026. Year to date is latest position. |
| Greener, sustainable environment | GSE01 | Number of E-Scooter trips | | n/a | 47,178 | 54,873 | 36,514 | 471,312 | 36,514 | 37,390 | ↑G | Higher is better | Track for first year then increase trips year on year. | N/A | Monthly figures increased from December to January. Year-on-year trend shows increased popularity with 2023 figures higher than for January 2022. Year to date is latest position. |
| Greener, sustainable environment | GSE02 | Number of E-Scooter users | | n/a | 5,155 | 5,494 | 4,250 | 49,916 | 4,250 | 3,833 | ↓R | Higher is better | Track for first year then increase users year on year | N/A | Monthly user figures decreased slightly from December to January and compared to January 2022. Year to date is cumulative position. |
| Greener, sustainable environment | GSE03 | Co2 saving from E-Scooters (tonnes) | | n/a | 7.8 | 9.7 | 6.5 | 82 | 6.5 | 6.9 | ↑G | Higher is better | Track for first year then increase CO2 savings year on year | N/A | CO2 savings have increased from December to January. Year-on-year trend shows an increase in CO2 savings with figures higher than for January 2022. Year to date is cumulative position. |

| Place & Economy | | | | | | | | | | | | | | | |
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| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| Highways & Waste | | | | | | | | | | | | | | | |
| Safe and thriving places | STP29 | Number of Defects Outstanding on the network (at end of period), split by category | | n/a | 829 | TBD | TBD | TBD | N/A | N/A | N/A | Lower is better | No target - tracking indicator only | N/A | Unlike indicators STP30 and STP31 below it has not been possible to provide the data for this indicator owing to the change of highway contracts and a review of the monitoring system for outstanding defects on the network which has not yet been completed. This is being developed with the contractor with the intention of providing it in future months. |
| | | P1 (Target response time within 2 hours) | | No P1 defects | TBD | TBD | TBD | N/A | N/A | N/A | | | | | |
| | | P2 (Target response time within 7 days) | | 13 | TBD | TBD | TBD | N/A | N/A | N/A | | | | | |
| | | P3 (Target response time within 28 days) | | 252 | TBD | TBD | TBD | N/A | N/A | N/A | | | | | |
| | | P4 (Target response time within 26 weeks) | | 564 | TBD | TBD | TBD | N/A | N/A | N/A | | | | | |
| Safe and thriving places | STP30 | Number of Defects Repaired in the network in period, split by category | | n/a | 5462 | 4563 | 3610 | 14894 | 1431 | 1259 | ↓R | Higher is better | No target - tracking indicator only | N/A | The number of defects repaired cross the highways network remains strong for this time of year. |
| | | P1 (Target response time within 2 hours) | | No P1 defects | No P1 defects | 1 | 10 | 1 | 9 | ↑G | | | | | |
| | | P2 (Target response time within 7 days) | | 423 | 177 | 108 | 824 | 49 | 116 | ↑G | | | | | |
| | | P3 (Target response time within 28 days) | | 3492 | 2380 | 1654 | 7921 | 772 | 395 | ↓R | | | | | |
| | | P4 (Target response time within 26 weeks) | | 1547 | 2006 | 1847 | 6139 | 609 | 739 | ↑G | | | | | |
| Safe and thriving places | STP31 | Percentage of defects responded to within the timeframes specified, split by category | | n/a | 98.86% 5400 out of 5462 | 97.9% 4467 out of 4563 | 87.87% 3172 out of 3610 | 94.87% 14505 out of 15289 | 90.36% (1293 out of 1431) | 90.95% (1145 out of 1259) | ↓ | Higher is better | P1 and P2 97.5% P3 and P4 90% | No Tolerance | Kier have achieved 90% for P3 and P4 defects combined which is the target set under the new contract. |
| | | P1 (Target response time within 2 hours) | | No P1 defects | No P1 defects | 100% (1 out of 1) | 100% (10 out of 10) | 100% (1 out of 1) | 100% (9 out of 9) | → | | | | | |
| | | P2 (Target response time within 7 days) | | 100% 423 out of 423 | 99.44% 176 out of 177 | 100% (108 out of 108) | 99.76% 822 out of 824 | 100% (49 out of 49) | 99.14% (115 out of 116) | ↓ | | | | | |
| | | P3 (Target response time within 28 days) | | 98.71% 3447 out of 3492 | 96.85% 2305 out of 2380 | 79.75% 1319 out of 1654 | 93.32% 7392 out of 7921 | 86.78% (670 out of 772) | 81.27% (321 out of 395) | ↓R | | | | | |
| | | P4 (Target response time within 26 weeks) | | 98.9% 1530 out of 1547 | 99% 1986 out of 2006 | 94.42% 1744 out of 1847 | 96.13% 6281 out of 6534 | 94.08% (573 out of 609) | 94.72% (700 out of 739) | ↓ | | | | | |

| Place & Economy | | | | | | | | | | | | | | | |
|----------------------------|---------|---|---------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|--|------------------|--------------------|-------------|---|
| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| Regulatory Services | | | | | | | | | | | | | | | |
| Safe and thriving places | STP32 | % of food establishments in the area broadly compliant with food hygiene law | | n/a | 93.15% | 93.93% | 94.72% | 97.40% | 94.66% | 97.39% | ↑G | Higher is better | 95% | 90%-95% | The rate has improved above the target level, due to an increase in the number of premises being reported as compliant and a reduction in the number of operating food businesses. The teams will continue to focus upon poor performing businesses which pose the highest risk to food safety rather than new lower risk businesses. |
| | | | | | 2910 out of 3124 | 2939 out of 3129 | 2944 out of 3108 | 2983 out of 3063 | 2942 out of 3108 | 2983 out of 3063 | | | | | |
| Safe and thriving places | STP33 | % of Local Land Charges searches processed within 10 working days | | n/a | 82.08% | 85.31% | 94.92% | 87.62% | 89.58% | 99.15% | ↑G | Higher is better | 95% | 85.5% - 95% | Overachieved our target performance in January 2023 with three of our four offices achieving 100% searches returned within 10 working days. |
| | | | | | 435 out of 530 | 424 out of 497 | 355 out of 374 | 1330 out of 1518 | 86 out of 96 | 116 out of 117 | | | | | |
| Safe and thriving places | STP35 | % of Rogue trading activities tackled (rogue traders subject to a Trading Standards intervention) | | Trading standards institute is the national body - look for benchmarks there | 100% | 100% | 100% | 100% | 100% | 100% | → | Higher is better | 100% | N/A | This indicator tracks the number of referrals received in respect of rogue trading and our response via a written intervention with the trader concerned. To date all referrals have been responded to, so performance remains at 100%. 2 x TN issued for procedures being carried out by non-qualified vet, 1 x TN issued for faulty vehicle sale with false MOT, 2 x TN issued for repeated sale of vapes to persons under the age of 18, 1 x TN issued for misleading a consumer into having work done that would be refunded by NNC, 1 x TN issued for gas and electrical work carried out by non-qualified trader, 1 x TN issued for agreeing work, taking a deposit and failing to return to complete the work or provide a refund. |
| | | | | | 36 out of 36 | 38 out of 38 | 24 out of 24 | 106 out of 106 | 6 out of 6 | 8 out of 8 | | | | | |
| Safe and thriving places | STP13 | Number of Private Sector Disabled Facilities Grants (DFG) cases on waiting list | | n/a | n/a | n/a | n/a | 45 | 81 | 45 | ↑G | N/A - Tracking | TBC | N/A | The number of DFG (disabled facilities grant) cases on the waiting list has significantly fallen from the beginning of the financial year and has almost halved since December, as a result of the successful recruitment to the two vacant surveyor posts and the implementation of the architectural services contract. |
| Safe and thriving places | STP14 | Number of Private Sector Disabled Facilities Grants completions | | n/a | 46 | 38 | 48 | 153 | 17 | 21 | ↑G | Higher is better | 168 (14 per month) | TBD | The number of DFG (disabled facilities grant) completions has continued to demonstrate good performance again this month, exceeding the monthly target, putting us on track to meet the forecasted spend under the capital budget, by the end of March. |

| Children's Services | | | | | | | | | | | | | | | |
|---|----------------|--|--|--|---------------|---------------|---------------|---------------|---------------|---------------|--|------------------|--------|-----------|--|
| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 | Quarter 2 | Quarter 3 | Year to Date | December | January | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| | | | | | 22-23 | 22-23 | 22-23 | | 2022/23 | 2022/23 | | | | | |
| Children's Trust (This data is for the whole of Northamptonshire) | | | | | | | | | | | | | | | |
| Better, brighter futures | BBF05 (KPI 2) | % of referrals with a previous referral within 12 months |  | 22.7% (All English Authorities 2021 - LAIT) | 32% (2,275) | 30% (2,270) | 28% (2,195) | 30% (7,328) | 28% (505) | 27% (588) | ↓G | Lower is better | 29% | 25% - 40% | Performance has improved this month and remains better than target, whilst still remaining an area of ongoing focus with audit and review for learning. The dedicated education roles in MASH are working positively with schools to ensure appropriate referrals. Work with all partners continues to ensure appropriate and robust application of thresholds. Steps have been taken to strengthen the Early Help partnerships with Partnership Support Team (Early Help MASH) being placed in the MASH pods and a leaner step down process. It is anticipated that the strengthened model in MASH and developments in CFSS/Early Help will continue to support appropriate reduction going forward. The high number of cases stepping down is presenting challenges in regards to capacity in Family Support/Early help partnership. |
| Better, brighter futures | BBF06 (KPI 3) | % of single assessments authorised within 45 working days |  | 88% We are in the process of identifying more up to date benchmark data for this PI. | 96% (2,329) | 95% (2,419) | 91% (2,671) | 94% (8,164) | 89% (799) | 91% (745) | ↑G | Higher is better | 85% | 85% - 95% | Assessment timescales remain consistently above target and national average, increasing to 91% this month. All managers monitor this very closely via daily reports. A narrative is provided for cases that go beyond 45 days and this remains a very small minority. Whilst staffing has presented challenges due to vacancies and higher levels of staff sickness in DRAAT, there is now positive move and a higher than average number of new starters in January 23. In addition to timeliness, we work on increasing the quality of assessments and more effective use of SoS in our interventions. |
| Better, brighter futures | BBF07 (KPI 8) | % Children in care with three or more placements in the previous 12 months |  | 9% (All English Authorities 2020/21 - LG Inform) | 13.6% (1,188) | 12.1% (1,226) | 11.6% (1,229) | 11.0% (1,233) | 11.6% (1,229) | 11.0% (1,233) | ↓G | Lower is better | 10% | 5% - 15% | Performance has improved by 0.6% this month. Consideration of various options to improve sufficiency is continuing, including exploration of capital investment, additional in house resources, as well as improved engagement with the market. Planning permission granted for two new emergency homes and valuing care project has commenced. Through improved edge of care arrangements, the close oversight on admissions to care, and the developments within placement sufficiency, we are confident we can reduce the need for child to move home as frequently. Positively, Childrens Home Capital Programme application with the DfE has been successful, and that should also support progress in this area. COVID: Placement sufficiency remains a challenge, sustained performance in this work should also have a positive impact on KPI 7 |
| Better, brighter futures | BBF08 (KPI 9) | % of young people now aged 17 - 21 and in employment, education or training who were looked after when aged 16 |  | 53% (All English Authorities 2020/21 - LG Inform) | 60% (677) | 65% (672) | 63% (666) | 64% (681) | 63% (666) | 64% (681) | ↑G | Higher is better | 55% | 50% - 60% | This month has seen performance increase to 64%, comparing favourably with 58% across England. Focus in this area continues to be driven through arrangements with local colleges, the virtual school and the senior personal advisor (Education and Employment) with further review of contracted arrangements (Prospects) to be undertaken to ensure we have the best approach/ support for young people. Work with councils to ensure EET opportunities and support is in place for our care leavers. COVID: has had a significant impact on the mental health and wellbeing of care leavers, targeted work support care leavers to access EET |
| Better, brighter futures | BBF09 (KPI 10) | % of young people now aged 17 - 21 and living in suitable accommodation who were looked after when aged 16 |  | 89% (All English Authorities 2020/21 - LG Inform) | 93% (677) | 95% (672) | 93% (666) | 93% (681) | 93% (666) | 93% (681) | → | Higher is better | 90% | 85% - 95% | Performance for this month remained at 93%, still above the target of 90%. We know that we have some young people in unsuitable accommodation, including a number of young people sentenced to custody, and some who have no accommodation at all. We work hard to address this, tenaciously seeking to engage with young people who may see our attempts at support as interference. The care leavers housing protocol is in place and work is being progressed under the governance of a strategic group; this includes a review of the housing panels and engagement with the housing associations. Helpful discussions with colleagues in the Councils is placing the housing sufficiency needs of care leavers as central to their housing strategies. The Accommodation Transitions Panel is now in operation and ensures all young people have a comprehensive, accommodation-focused, shared, and timely transition plan. |

Children's Services

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|---|-----------------|--|---------------------|--|-----------|-----------|----------------------------------|--------------|----------|---------|--|------------------|---------------------|-----------|--|
| | | | | | 22-23 | 22-23 | 22-23 | | 2022/23 | 2022/23 | | | | | |
| Learning, Skills & Education | | | | | | | | | | | | | | | |
| Better, brighter futures | BBF14 | Number of schools rated inadequate by Ofsted | | n/a | 5 | 5 | 3 | 3 | 3 | 3 | ➔ | Lower is better | n/a - Tracking | n/a | One new result received in Jan 2023 but this has not changed overall rating figures as school moved from Outstanding to Good. 2 primary schools and 1 secondary school remain inadequate all of which are academies. 17 primary academies remain RI (requires improvement) and 3 Secondary Academies. 3 LA (Local Authority Maintained) Primary Schools remain RI. With plans developing to share pupil outcome data with each Locality Area (begin in the Spring) and a strategy to be written in co-production which will develop cross school-working on the key areas for improvement, it is hoped that over time, measures can be agreed and achieved which will reduce the number of RI schools as well as raise standards, bringing the North at least in line with national. |
| TBC | BBF12 (LS3a) | % of primary schools judged as good or outstanding by Ofsted | | 89% | 76.6% | 79.3% | 80.2% | 80.2% | 80.2% | 80.2% | ➔ | Higher is better | Target under review | n/a | One new result received in Jan 2023 but this has not changed overall rating figures as school moved from Outstanding to Good. The % data presented at the end of December remains at 80.2%. |
| TBC | BBF13 (LS4a) | % of secondary schools judged as good or outstanding by Ofsted | | 79% | 75% | 75% | 75% | 75% | 75% | 75% | ➔ | Higher is better | Target under review | n/a | One new result received in Jan 2023 but this has not changed overall rating figures as school moved from Outstanding to Good. The percentage of secondary schools judged as good or outstanding has remains at 75%, no further inspections have taken place. |
| Better, brighter futures | BBF15 (LS6a) | Rate of suspensions in primary aged pupils | | 1% (All English Authorities 2019/20 - LAIT) | n/a | n/a | n/a as YTD is Academic year only | 0.92% | 0.08% | 0.18% | ⬆️ | Lower is better | Target under review | n/a | It can be seen that the rate of suspensions fluctuate throughout the school year. This is particularly apparent during a time of end of year exams are taking place. The EIP (Educational Inclusion & Partnership) Team are engaging with primary schools- particularly where there are higher suspensions or potential suspensions being flagged up to provide support and offer services that may help the school and / or parent. The collaborative work and drive from the EIP Team with schools is having a positive effect. |
| Better, brighter futures | BBF16 (LS7a) | Rate of suspensions in secondary aged pupils | | 7.43% (All English Authorities 2019/20 - LAIT) | n/a | n/a | n/a as YTD is Academic year only | 6.62% | 1.07% | 1.44% | ⬆️ | Lower is better | Target under review | n/a | The number of suspensions in secondary schools fluctuates throughout the school year, and in this month has fallen slightly The EIP (Educational Inclusion & Partnership) Team are working hard with the schools to look at positive ways to lower the figures. This means engaging with schools and getting involved with other agencies to support the schools. Training/ support for schools is now being developed and discussed in the EIP Team as to how they too can increase their own PD Toolbox to support and give advice to schools. |
| Better, brighter futures | BBF17 (NI 114a) | Rate of Permanent exclusions from school - Total | | 0.06% (All English Authorities 2019/20 - LAIT) | n/a | n/a | n/a as YTD is Academic year only | 0.070% | 0.016% | 0.016% | ➔ | Lower is better | Target under review | n/a | EIPT (Educational Inclusion & Partnership Team) are making schools more accountable for their actions but there is still work to be done with schools where we are supporting and yet challenging them. Specialist Outreach services have been created to support inclusion and train staff to manage behavioural issues. |

Children's Services

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|--------------------------|--------------|---|---------------------|--|--|--|--|--|----------------|----------------|--|------------------|---------------------|-----------|--|
| | | | | | 22-23 | 22-23 | 22-23 | | 2022/23 | 2022/23 | | | | | |
| Better, brighter futures | BBF18a | % of EHC (education health care) plans issued within 20 weeks (of those due in month) | | n/a | 57.2% | 59.3% | 61.8% | 61.1% | 76.3% | 86.1% | ↑G | Higher is better | Target under review | n/a | Overall performance is improving month on month as new systems and the permanent workforce are embedded. Clearing the backlog of over 100 out of time assessments has enabled workforce capacity to manage timely performance, with the implementation of the early help offer this will sustain performance and managing demand going forward |
| | | | | | 107 out of 187 | 105 out of 177 | 110 out of 178 | 353 out of 578 | 45 out of 59 | 31 out of 36 | | | | | |
| Better, brighter futures | BBF18 (SEN1) | % of EHC (education health care) plans completed in month issued within 20 weeks (excluding exceptions) | | 59.9% All English Authorities 2021 - LAIT) | 63.2% | 40.3% | 28.0% | 47.8% | 16.7% | 100.0% | ↑G | Higher is better | Target under review | n/a | This metric has been reviewed and is materially affected by the successful efforts to clear back logs in the caseload providing a highly skewed negative performance position. This has been raised with the Performance Analyst / Officer's for replacement with the BFF18a measure which shows actual performance against the 20 week deadlines (and includes any excluded pathway points). |
| | | | | | 86 out of 136 | 93 out of 231 | 23 out of 82 | 226 out of 473 | 2 out of 12 | 24 out of 24 | | | | | |
| Better, brighter futures | BBF18b | % of EHC (education health care) plans completed in month issued within 20 weeks (including exceptions) | | n/a | 56.2% | 38.6% | 49.7% | 47.9% | 50.0% | 66.7% | ↑G | Higher is better | Target under review | n/a | This metric has been reviewed and is materially affected by the successful efforts to clear back logs in the caseload providing a highly skewed negative performance position. This has been raised with the Performance Analyst / Officer's for replacement with the BFF18a measure which shows actual performance against the 20 week deadlines |
| | | | | | 86 out of 153 | 95 out of 246 | 86 out of 173 | 291 out of 608 | 25 out of 50 | 24 out of 36 | | | | | |
| Better, brighter futures | BBF19 (E1) | Percentage of school age Child/Children in Care (CIC) who had a PEP in the previous academic term. | | n/a | 96% | 97% | 97% | 98% | 97% | 98% | ↑G | Higher is better | 95% | 90% - 95% | PEP (Personal Education Plan) compliance remains above the 95% target. The Virtual School provide an effective system and process that ensures that PEPs are completed consistently. This includes: commissioning and maintaining an online PEP system, ensuring those who require it have access to the system, providing training and guides on using the system, providing regular communication and prompts to partners to book and hold the meeting, and providing regular reporting to NCT on the progress of meetings held. |
| | | | | | 346 out of 355 | 346 out of 355 | 346 out of 355 | out of | 346 out of 355 | 324 out of 332 | | | | | |
| Better, brighter futures | BBF22 | Number of children without a school place | | TBC | n/a Not reported until Nov 22 - Monthly thereafter | n/a Not reported until Nov 22 - Monthly thereafter | n/a Not reported until Nov 22 - Monthly thereafter | n/a Not reported until Nov 22 - Monthly thereafter | 135 | 128 | ↓G | Lower is better | Target under review | n/a | December Comment: Two new officers have been appointed who start at the end of August, but will take time to train. One temp has started this week to help admin to add applications to the system starting. Three further posts have been advertised to complete the new structure of the School Admissions team. Of concern is the backlog as we expect a further increase in the number of applications for a September start. |

Adults, Communities & Wellbeing

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|--------------------------|---------|--|---------------------|-----------|-----------------|------------------|-----------------|----------------|------------------|-----------------|--|-----------------|-------------------------------------|--|--|
| Adult Social Care | | | | | | | | | | | | | | | |
| Active, fulfilled lives | AFL01 | Total number of people allocated to each team | | n/a | 5007 (June) | 5227 (September) | 5227 (December) | 5442 (January) | 5227 | 5442 | ↑ | Lower is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: The total caseload has increased by 4.1% compared to previous month snapshot and is 4% higher than YTD average. Increases were seen across 10 of 13 teams with the most significant for Community East Northants team (+66 people), Community Kettering team (+54 people) and Community Wellingborough team (+44 people). |
| Active, fulfilled lives | AFL02 | Number of unscheduled review requests | | n/a | 317 | 329 | 240 | 982 | 82 | 97 | ↑R | Lower is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: The number of people requesting an unscheduled review has increased by 18% from previous month and is in line with YTD average. The most significant increase was for Inclusion Corby/Kettering team (+22 requests). |
| Active, fulfilled lives | AFL03 | Percentage of New Requests for Services (all ages) where Route of Access was Discharge from Hospital, that had a sequel of short term services to maximise independence (ST-MAX i.e. reablement) | | n/a | 32% | 33% | 33% | 33% | 33% | 33% | → | Lower is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: There were 26 new requests for people aged 18-64 (+3 from previous month) and 573 for people aged 65 and over (+57 from previous month). The proportion change from previous month was less than 1%, with no significant change seen across other sequels to request for support. |
| Active, fulfilled lives | AFL04 | Number of new safeguarding concerns received per month | | n/a | 939 | 1045 | 854 | 3140 | 260 | 302 | ↑R | Lower is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: There was a slight increase in the number of new concerns received, but still remains above the previous financial year's monthly average of 245 and within the range seen this financial year. The overall year-on-year upwards trend is also seen nationally in the number of concerns received as reported in the NHS Safeguarding return (SAC). There is a recognised delay from receipt to input, so this figure is almost certain to increase slightly. |

Adults, Communities & Wellbeing

| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|-------------------------|---------|--|---------------------|--|-----------------|-----------------|-----------------|--------------|------------------|-----------------|--|------------------|-------------------------------------|--|---|
| Active, fulfilled lives | AFL05 | New safeguarding concerns determined to be enquiries (both s42 and other) *(A S42 enquiry must take place if there is reason to believe that abuse or neglect is taking place) | | n/a | 215 | 253 | 197 | 725 | 63 | 60 | ↓ | No polarity | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: There was a continued slight decrease in the number of concerns determined to be enquiries. This month remains significantly lower than the YTD average (74), and below the previous financial year's average (66). This figure however correlates very strongly with the number of new concerns received, equating to between 20-25%. |
| Active, fulfilled lives | AFL06 | Total number of open Deprivation of liberty Safeguard cases | | n/a | 1910 | 1744 | 1435 | 1346 | 1435 | 1346 | ↓G | Lower is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: The number of open cases continued to decrease this month to the lowest point this financial year and is around 341 cases lower than at the start of the financial year and 475 lower than the peak seen this financial year.. |
| Active, fulfilled lives | AFL07 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people 65 years +) | | 488.3 (All English Authorities 2020/21 - LG Inform) | 148.09 | 306.87 | 490.08 | 557.25 | 490.08 | 557.25 | ↑ | No polarity | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: There have been 365 admissions; an increase of 44 from previous month. 34 new admissions following an assessment and 11 as a result of change in setting following a review. Average monthly growth has increased to 55 per 100,000. |
| Active, fulfilled lives | AFL08 | Number of people who were prevented from requiring statutory care, or whose need was reduced Delaying and reducing the need for care and support having received short term services to maximise independence (ST-MAX) services | | 84.6% East Midlands Average, we are in the process of identifying more up to date benchmark data for this PI. | 76.90% | 75.50% | 76.30% | 75.60% | 76.30% | 75.60% | ↓ | Higher is better | No target - tracking indicator only | TBC The 2021-22 financial year will be used as a baseline to set benchmarks for the 2022-23 financial year. | BI comments: There was a slight decrease this month. The range of change over the financial year is minor (within 3% points) and rates are significantly higher than those seen in 2021/22. |

Adults, Communities & Wellbeing

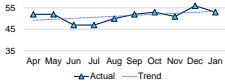
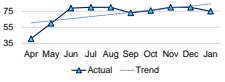

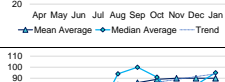



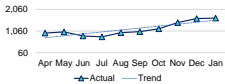
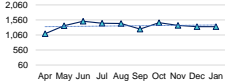
| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|----------------|---------|--------------------------------------|---------------------|-----------|-----------------|-----------------|-----------------|--------------|------------------|-----------------|--|----------|--------|-----------|----------|
|----------------|---------|--------------------------------------|---------------------|-----------|-----------------|-----------------|-----------------|--------------|------------------|-----------------|--|----------|--------|-----------|----------|

Public Health

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|--------------------------|-------|--|--|--|---|--|--|--|---|---|----|------------------|---------------------------|--------------|--|
| Active, fulfilled lives | AFL22 | Smoking quit rate at 4 weeks | | n/a | 63.3% (Apr-Jun 2022) 133 out of 210 | 60.2% (Jul-Sep 2022) 142 out of 236 | 64.3% (Oct-Nov 2022) 146 out of 227 | 62.9% (Apr-Nov 2022) 423 out of 673 | 62.4% (Nov 2022) 73 out of 117 | n/a (data lag) | ↓R | Higher is better | 60% | 5% | Lag in data in the preceding 2 months The service is overjoyed to have achieved such a high success rate for November. As always we endeavour to continue to improve this, and to increase engagement across North Northamptonshire. We are pleased to have achieved target and will continue to improve the service |
| Better, Brighter Futures | BBF02 | % of infants due a new birth visit within 14 days of birth | | 88.2% (All English Authorities 2020/21 - LG Inform) | 97.6% (Apr-Jun 2022) 854 out of 875 | 97.2% (Jul-Sep 2022) 877 out of 902 | 94.1% (Oct-Dec 2022) 858 out of 912 | 96.3% (Apr-Dec 2022) 2589 out of 2689 | 97.2% (Nov 2022) 277 out of 285 | 93.8% (Dec 2022) 285 out of 304 | ↓ | Higher is better | 90% | TBC | This indicator represents North Northamptonshire. January 2023 data will be available in February's report. Benchmark updated: England 2020/21. The Health Visiting Service is going through a challenging period, activity is lower than last month's 97.2%, they are above the English average of 88.2% and achieving 93.8% of the NBV (new birth visit) mandated target. The service is seeing the most of the remaining children by 28 days. The service has recently recruited a skill mix of staff in the 0-19 service to enable the team to increase their capacity and ability to see every child for their mandated health checks |
| Active, fulfilled lives | AFL20 | % of in-year eligible population offered an NHS Health Check | | 4.7% (All England Q2 2022/23) | 8.3% (Apr-Jun 2022) 1865 out of 22515 | 10.9% (Jul-Sep 2022) 2464 out of 22510 | 17.9% (Oct-Dec 2022) 4012 out of 22498 | 37.6% (Apr-Dec 2022) 8460 out of 22498 | 7.6% (Nov 2022) 1721 out of 22497 | 6.4% (Dec 2022) 1446 out of 22498 | ↓R | Higher is better | 8.4% (100% annual target) | TBC | Further detail on ALF20 and ALF21:- December saw continued problems with reporting issues. Multiple practices, including the large Lakeside practice in Corby, have seen their data uploads affected by third party reporting software removing the scheduled reporting jobs in practices. In addition, there are a handful of practices not 'coding' invites correctly. Both issues are being worked on. There is a significant amount of invites/checks missing from the totals. The NHS Health Check programme has suffered through Covid-19. The programme was paused multiple times on a national and local level. The issues visible in the performance data are reflected nationally, and North Northants is not an outlier. Before Covid-19, the England average for the percentage of the population offered an NHS Health Check per quarter was 4.3% (Q3, 19/20). This England average dropped to a low of 0.2% during Covid-19. The England average for percentage of the eligible population that received an NHS Health Check was 1.9% (Q3, 19/20) before Covid-19. The England average dropped to a low of 0.1% during Covid-19. |
| Active, fulfilled lives | AFL21 | % of in-year eligible population who received an NHS Health Check | | 1.6% (All England Q2 2022/23) | 3.3% (Apr-Jun 2022) 752 out of 22515 | 5.1% (Jul-Sep 2022) 1159 out of 22510 | 6.0% (Oct-Dec 2022) 1358 out of 22498 | 14.7% (Apr-Dec 2022) 3299 out of 22498 | 2.0% (Nov 2022) 446 out of 22497 | 1.8% (Dec 2022) 409 out of 22498 | ↓R | Higher is better | 5% (60% annual target) | TBC | North Northants now sits around the England average, which considering the NHS Health Check programme in North Northants has been delivered entirely by primary care (and further still considering the pressures primary care is under), there is a good platform to build on as we continuously work on service improvement, but also look at expanding the programme through community-based optims. Primary care has been under a lot of pressure since Covid-19 and this time of year also brings winter pressures as we move through the colder months. For this reason, NHS Health Checks cannot always be a priority. When comparing with national averages, it is worth keeping in mind that local authorities all have different models for delivering NHS Health Checks, so naturally local authorities with non-primary care providers (e.g., in-house teams, specialist commissioned services, leisure providers, etc.) may not have faced the same challenges that North Northants has in their attempts to both restart the NHS Health Check programme and keep it running consistently. |
| Better, Brighter Futures | BBF01 | Breastfeeding rate at 6-8 weeks | | 49.3% (All English Authorities - 2021/22 - PHOF) | 45.4% (Apr-Jun 2022) 371 out of 818 | 47.4% (Jul-Sep 2022) 407 out of 858 | 47.2% (Oct-Dec 2022) 397 out of 841 | 46.7% (Apr-Dec 2022) 1175 out of 2517 | 45.0% (Nov 2022) 127 out of 282 | 48.1% (Dec 2022) 139 out of 289 | ↑G | Higher is better | 55% | 52.25% - 55% | This indicator represents North Northamptonshire. January 2023 data will be available in February's report. Benchmark updated: England 2021/22. The breastfeeding peer support service continues to support this work across the county. Public Health are developing an emergency Infant feeding pathway to support parents in poverty unable to afford infant formula & provide essential nutrition to their babies under one. Local insight is indicating that poverty is contributing to an increase in breastfeeding. |
| Better, Brighter Futures | BBF03 | % of children who received a 6-8 week view by the time they were 8 weeks | | 81.2% (All English Authorities - Q2 2021/22) | 96.1% (Apr-Jun 2022) 818 out of 283 | 96.1% (Jul-Sep 2022) 818 out of 283 | 96.1% (Oct-Dec 2022) 818 out of 283 | 96.1% (Apr-Dec 2022) 818 out of 283 | 89.8% (Nov 2022) 282 out of 314 | 92.3% (Dec 2022) 289 out of 313 | ↑G | Higher is better | 90% | TBC | This indicator represents North Northamptonshire. January 2023 data will be available in February's report. Benchmark updated: Q2 England 2021/22. The Health Visiting Service is going through a challenging period, however they are improving and are above the England average achieving 92.3% the 6-8 week mandated target. The service has recently recruited a skill mix of staff in the 0-19 service to enable the team to increase their capacity and ability to see every child for their mandated health checks |

| Adults, Communities & Wellbeing | | | | | | | | | | | | | | | |
|---------------------------------|---------|---|---------------------|---|-----------------|-----------------|-----------------|--------------|------------------|-----------------|--|------------------|-------------------------------------|-----------------------------------|--|
| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| Housing Services | | | | | | | | | | | | | | | |
| Active, fulfilled lives | AFL13 | Number of households whose homelessness was prevented | | n/a | 70 | 53 | 67 | 204 | 19 | 14 | ↓R | Higher is better | 240 (20 per month) | TBD | Performance continues to fluctuate between months due to a variety of factors. This reflects the difficulties the Housing Options Team are having trying to secure accommodation solutions, particularly in the private sector in order to prevent or relieve households homelessness locally. There is a recognised need for the team to move its focus further upstream to maximise homelessness prevention opportunities and action plan is being developed in this regard. |
| Active, fulfilled lives | AFL14 | Number of households whose homelessness was relieved | | n/a | 62 | 80 | 69 | 238 | 18 | 27 | ↑G | Higher is better | 300 (25 per month) | 276 (23 per month) | |
| Active, fulfilled lives | AFL12 | Number of rough sleepers (single night snapshot figure) | | 12 (All English Authorities 2021 LG Inform) | n/a | n/a | n/a | n/a | 14 | 12 | ↓G | Lower is better | 9 | TBD | Our single night figure during the month of Jan was 12. We have started to see a small decline in genuine numbers during periods of when SWEP (severe weather emergency protocol) is not triggered. 50% of the people seen bedded down were new to the rough sleeping team, which shows our flow of new rough sleepers still remains high. Wellingborough seems to have the higher numbers than any other area, and as explained before this may be due to the fact that most of our TA provisions are within Wellingborough. Our monthly figure was 35 – 24 were new to the team. SWEP was triggered during the month of Jan and was operational for 9 nights in total, where we placed 34 individuals, however 10 were placed via out of hours (4 by the rough sleeping team). This shows that we are receiving a high number of claims that are false. During our outreach sessions 31 individuals who were claiming to be rough sleeping through the period of SWEP were not located or seen, and their locations were checked multiple times. |
| Safe and thriving places | STP38 | Percentage of rent collected | | | 93.13% | 92.38% | 92.44% | 92.25% | 92.44% | 92.25% | ↓ | Higher is better | TBD | | The indicator measures the total amount of (gross) rent collected over the period as a proportion of the total amount of (gross) rent due that financial year. This is a combined cumulative figure. The numerator for the calculation is made up of the total rent collected from current tenants for the current and past years. This is the gross rent collected. The denominator is the total rent available. This is made up of the rent available to be collected on all tenanted properties plus the rent arrears from current tenants at the start of the year. In Kettering, the rent free week meant the collection rate was greater than total collectable. Both areas saw a decrease in January 2023, as month end only goes to Sunday 29th Jan. In the Kettering area the Direct Debit run for 28th is not included in reporting figures hence total payable being lower than expected. |
| Safe and thriving places | STP11 | Number of council housing lets completed | | n/a | 80 | 112 | 134 | 362 | 33 | 36 | ↑ | No polarity | No target - tracking indicator only | N/A | This is a combined figure for Corby and Kettering teams to help monitor the number of council properties being let on a monthly basis. There was a slight increase in the number of properties let in January. |
| Safe and thriving places | STP12 | Number of council houses vacant and available to let | | n/a | n/a | n/a | n/a | n/a | 12 | 13 | ↑ | Lower is better | 29 | TBD (currently using standard 5%) | This is a combined snapshot figure for Corby and Kettering teams of the number of properties ready for tenants at the end of each month but which have not yet been allocated to customers. The aim is to keep this figure low. In December there was an increase of one in the number of properties ready to let. Weekly meetings continue in order to monitor where properties are in the void and lettings process. |

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| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
|--------------------------|---------|--|--|-----------|-----------------|-----------------|-----------------|--------------|---------------------------|---------------------------|--|------------------|-------------------------------------|-----------------|---|
| Safe and thriving places | STP36 | Number of voids - Kettering Area |  | n/a | n/a | n/a | n/a | n/a | 56 | 53 | ↓G | Lower is better | No target - tracking indicator only | N/A | This data provides a snapshot of the number of void properties the team are processing at the end of the month. The number of properties void at the end of January both Corby and Kettering reduced from the end of December. Weekly monitoring meetings continue to take place and ensure any voids are dealt with as efficiently as possible. |
| | | Number of voids - Corby Area |  | n/a | n/a | n/a | n/a | n/a | 80 | 75 | ↓G | Lower is better | No target - tracking indicator only | N/A | |
| Safe and thriving places | STP37 | Void turnaround time - Kettering Area (Mean Average) |  | TBD | n/a | n/a | n/a | n/a | 94 days | 92 days | ↓G | Lower is better | No target - tracking indicator only | N/A | This performance measure monitors the time taken to turnaround a void property for both Corby and Kettering areas from keys in to keys out so covers several teams areas of work including landlord services, housing allocations and the repairs team. In January the Kettering turnaround time reduced by 2 days and the Corby turnaround figure remained at 90 days. As of April 2023 this figure will be broken down into standard and major void to give a more accurate turnaround time for each as a small number of major voids can mask the efficiency with which the majority of voids are turned around in. We have also been asked to report the median void days for each month. This figure will fluctuate month on month as it is based on the middle number of void days for the properties let in the month. |
| | | Void turnaround time - Kettering Area (Median Average) |  | | n/a | n/a | n/a | n/a | 83 days | 72 days | ↓G | | | | |
| | | Void turnaround time - Corby Area (Mean Average) |  | TBD | n/a | n/a | n/a | n/a | 90 days | 90 days | → | | | | |
| | | Void turnaround time - Corby Area (Median Average) |  | | n/a | n/a | n/a | n/a | 84 days | 95 days | ↑R | | | | |
| Safe and thriving places | STP08 | % of properties with a valid gas safety certificate |  | TBD | n/a | n/a | n/a | n/a | 99.7% 7903 out of 7928 | 99.7% 7899 out of 7923 | → | Higher is better | 100% | 99.5% and above | As at the end of January there were 24 properties without a valid gas safety certificate, one in the Kettering area which is awaiting planning, and 23 in the Corby area, of which 2 properties have since been serviced; 3 properties have appointments booked for w/c 6th February 2023; 2 properties are currently void and a service has been scheduled; 5 properties have received letters to start the legal process; 10 properties are in the legal stages awaiting a court date to obtain a warrant and 1 property has a court date booked for 14th February 2023. Note: we are limited to the number of properties we can take to court each fortnight to obtain right of entry warrants so this is impacting compliance. |
| Safe and thriving places | STP09 | Total number of emergency repairs completed |  | n/a | 2815 | 2804 | 4249 | 11526 | 1636 | 1658 | ↑ | N/A - Tracking | N/A - monitoring levels of demand | N/A | All emergency repairs are to be completed within 24 hours and this measure helps to monitor the level of demand for the service. During January there was a slight increase in the number of emergency repairs. Note: both areas include responsive repairs and gas repairs. |
| Safe and thriving places | STP10 | Total number of non-emergency repairs completed |  | n/a | 3987 | 4147 | 4183 | 13652 | 1335 | 1335 | ⇒ | N/A - Tracking | N/A - monitoring levels of demand | N/A | This monitors all other repairs that are not classed as an emergency and at present Kettering and Corby have different targets for these repairs. Kettering has 7 day, 28 day and 90 day timescales and Corby has 30 day target for all non-emergency appointments. Work is underway to align these timescales. |

| Adults, Communities & Wellbeing | | | | | | | | | | | | | | | |
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| Key Commitment | Ref No. | Description of Performance Indicator | Infographic / Chart | Benchmark | Quarter 1 22-23 | Quarter 2 22-23 | Quarter 3 22-23 | Year to Date | December 2022/23 | January 2022/23 | Direction of Travel (Dec-Jan) or Latest) | Polarity | Target | Tolerance | Comments |
| Safe and thriving places | STP04 | Total Active applicants on the Keyways Housing Register | | n/a | n/a | n/a | n/a | n/a | 4486 | 4859 | ↑ | N/A - Tracking | N/A - monitoring levels of demand | N/A | This provides a snapshot of the number of applicants active on the Council's housing Register (Keyways). Active applications continue to increase month on month. Please note that as applications are made active, previously active applications have the status changed to pending, suspended, closed, and housed. This increase therefore is not how many applications are being assessed in total. Annual renewals are currently suspended due to staff resources. Once in place this will reduce the active total due to applicants non-contact and change of circumstances. |
| Safe and thriving places | STP05 | New Housing Applications Received | | n/a | 1395 | 2943 | 4441 | 5211 | 417 | 770 | ↑ | N/A - Tracking | N/A - monitoring levels of demand | N/A | Large increase in January 2023. 85% increase on December 22. 56% increase on the monthly average (April-Dec) 71% increase in the same period last year (Dec 21-Jan 22) This is an expected trend for January each year. Average for the year to date is now at 521 per month. |
| Active, fulfilled lives | AFL15 | Total number of homeless approaches | | n/a | 862 | 1095 | 1197 | 3712 | 417 | 551 | ↑ | N/A | N/A - monitoring levels of demand only | N/A | 3,863 households approached the Council as homeless during 2021/22, which is an average of 320 approaches per month. Currently the Housing Options Team have a live caseload of approx 1238 cases and during January there was a significant increase in the number of approaches from 417 - 551, this is the largest no of approaches seen in any month. There remains a high incoming demand and concerns that this trend of increasing demand is set to continue further. NOTE - From mid-November the HOA on triage has been adding the case to the system so this should reduce cases being missed and / or duplicated. |
| Active, fulfilled lives | AFL16 | Number of households accepted as owed the main housing duty | | n/a | 67 | 66 | 88 | 238 | 19 | 17 | ↓ | N/A | 288 (24 per month) | TBD (currently using standard 5%) | This measure indicates the number of households that have been accepted by the Council as homeless due to being unintentionally homeless, eligible for assistance and have a priority need and for which the Council has been unable to achieve a positive housing solution during the prevention and relief stages of the process (AFL13 and AFL14). During 2021/22 there were 284 households accepted as being owed the main housing duty. The number of decisions made remained similar to the month of December, likely affected by the Christmas Break and additional leave taken and sickness from the team. |
| Active, fulfilled lives | AFL17 | Total number of households living in temporary accommodation | | n/a | n/a | n/a | n/a | n/a | 209 | 209 | → | Lower is better | 200 | TBD | The number of households living in temporary accommodation remains fairly stable, although with a consistent high number of new households being approved for placement into temporary accommodation each week, and limited move on options, it is expected that the number of households living in temporary accommodation will rise. The number of households placed outside of North Northamptonshire remains low (one household as at 13.02.2023). *This figure is for statutory duty placements only and does not include the additional cohort of rough sleepers accommodated under discretionary powers* |
| Active, fulfilled lives | AFL18 | Number of households with family commitments* living in bed and breakfast accommodation | | n/a | n/a | n/a | n/a | n/a | 2 | 4 | ↑R | Lower is better | 0 | TBD | As a result of the increased number of households being approved for placement into temporary accommodation, and lack of available self-contained accommodation in North Northamptonshire, some families have preferred to accept an offer of hotel accommodation instead of being placed outside of North Northamptonshire. The team monitors these cases on a daily basis to ensure their stay is kept to an absolute minimum (typically a few days to a week). |
| Active, fulfilled lives | AFL19 | Number of rough sleepers rehoused into accommodation | | n/a | 26 | 39 | 20 | 92 | 4 | 7 | ↑G | Higher is better | 60 per year (5 per month) | TBD | The figure of 7 is the individuals we have helped either directly into accommodation from the streets or into accommodation from discretionary TA (Temporary Accommodation). We have had great success in move on's into supported accommodation this month. Once we have identified the support need referrals are made to all suitable supported accommodation providers were necessary, which is a high proportion of our cohort, however we can see delays due to voids within the provisions. A small number of the people we support off the streets are tenancy ready and are able to be supported in private rent and direct on to keyways. In addition to the 7 we have helped to move on to longer term accommodation, we placed 5 individuals from the streets into discretionary accommodation while we continue our efforts to identify the right move on pathway and support. |
| Communities and Libraries | | | | | | | | | | | | | | | |
| Active, fulfilled lives | AFL09 | Number of physical visits to libraries | | n/a | 106,285 | 127,954 | 96,971 | 386,170 | 35,644 | 31,930 | ↓ | Higher is better | Jan Target: 18,560, Annual Target 246,187 | 0 | We are currently at 157% of our target for visits. This is due to the recovery of consumer confidence from Covid rising more rapidly than we expected. Next year we will use this as a baseline with a stretch target of 1% increase on actuals. |