

HEALTH AND HOUSING SCRUTINY COMMITTEE
7 JANUARY 2026

PERFORMANCE INDICATORS - QUARTER 2 - 2025/26

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2025/26 up to the end of September 2025 (Quarter 2).

Background

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.
4. Thirty-five indicators are reported to the committee, nine of them are updated on a six-monthly basis and twenty-six annually. The annual indicators are updated throughout the year depending on their national release date.
5. Six indicators are reported by both Housing and Leisure Services and twenty-three by Public Health.
6. A detailed performance scorecard is attached at **Appendix 1**.
7. Detailed performance with narratives and graphs for each indicator is attached at **Appendix 2**.

Indicator Summaries

8. The following summaries take into consideration what is best performance for each indicator.

Housing Indicator figures - April to September 2024/25 comparison to 2025/26

9. Rent arrears of current Council tenants in the financial year as a percentage of rent debit is slightly higher than last year although it has improved in the last quarter. (HBS 013 - 2.88 per cent to 3.10 per cent).

10. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit has decreased from last year (HBS 016 - 99.6 per cent to 97.4 per cent).
11. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness has improved because it decreased (HBS 025 - 8,004 to 7,562).
12. The number of positive outcomes where homelessness has been prevented has improved because it increased (HBS 027i - 263 to 265).
13. The average number of days to re-let empty Council dwellings is not as good because it increased (HBS 034 - 90.36 to 184.59).
14. The percentage of dwellings without a gas service within 12 months of the last service date has improved because decreased (HBS 072 - 0.8 per cent to 0.52 per cent).

Leisure Indicator figures - April to March 2023/24 comparison to 2024/25

15. The percentage of the adult population physically inactive, doing less than 30 minutes moderate activity per week has improved from 25.9 per cent to 25.3 per cent (CUL 008a)
16. The percentage of the adult population physically active, doing 150 minutes moderate activity per week decreased from 64.5 per cent to 60.9 per cent (CUL 009a).
17. The percentage of the adult population taking part in sport and physical activity at least twice in the last month decreased from 77.9 per cent to 77.5 per cent (CUL 010a).

Leisure Indicators figures - April to September 2023/24 comparison to 2024/25

18. Visitor numbers to the Dolphin Centre has improved by 23,657 (CUL 030 - 452,328 to 475,985).
19. The number of school pupils participating in the sports development programme has increased by 903 (CUL 063 - 6,342 to 7,245).
20. The number of individuals participating in the community sports development programme has increased by 588 (CUL 064 - 11,071 to 11,659).

Public Health Indicators

21. Seventeen of the twenty-three annually reported Public Health indicators have had updated information to report since the 2024/25 Quarter 4 report.

Public Health Indicators - 2021/22 comparison to 2022/23

22. Rate of under-18 conceptions per 1,000 population has improved because it decreased (PBH 016 - 17.1 to 15.4).

Public Health Indicators - 2021/2022 compared to 2023/24

23. Percentage of 5-year-olds with experience of visually obvious dental decay is not as good because it increased (PBH 054 - 24.8 per cent to 25.3 per cent).

Public Health Indicators - 2022/2023 compared to 2023/24

24. Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-4 years) per 10,000 population is not as good because it increased (PBH 024 - 206.5 to 252.2).
25. Hospital admission rate caused by unintentional and deliberate injuries in children per 10,000 population (aged 0-14 years) has improved because it decreased (PBH 026 - 154.2 to 149.0).
26. Hospital admission rate caused by unintentional and deliberate injuries in young people per 10,000 population (aged 15-24 years) has improved because it decreased (PBH 027 - 186.3 to 127.8).
27. Emergency Hospital Admission rate for Intentional Self-Harm per 100,000 population has improved because it decreased (PBH 031 - 197.5 to 121.0).
28. Prevalence of smoking among persons aged 18 years and over has improved because it decreased (PBH 033 - 11.5 per cent to 7.9 per cent).
29. HIV late diagnosis is not as good because it increased (PBH 050 - 28.6 per cent to 33.3 per cent).
30. Under 75 mortality rate from respiratory disease (1 year range) is not as good because it increased (PBH 060 - 43.1 to 43.5).

Public Health Indicators - 2023/2024 compared to 2024/25

31. The per cent of low birth weight of term babies is not as good because it increased (PBH 009 - 3.0 per cent to 3.7 per cent).
32. Breastfeeding prevalence at 6-8 weeks after birth has improved because it increased (PBH 013c - 40.6 per cent to 46.7 per cent).
33. Smoking status at time of delivery has improved because it decreased (PBH 014 – 10.6 per cent to 8.4 per cent).
34. Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review has improved because it increased (PBH 018 – 99.5 per cent to 99.9 per cent).
35. Reception: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 020 23.3 to 26.9).
36. Year 6: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 021 - 35.4 to 35.7).

37. Successful completion of drug treatment - opiate users is not as good because it decreased (PBH 035i – 7.6 per cent to 7.0 per cent).
38. Successful completion of drug treatment - non-opiate users has improved because it increased (PBH 035ii – 21.8 per cent to 28.6 per cent)
39. Successful completion of alcohol treatment has improved because it increased (PBH 035iii – 28.1 per cent to 31.4 per cent).
40. Admission episode rate for alcohol-related conditions (narrow) per 100,000 population has improved because it decreased (PBH 044 – 659 to 621).
41. Cumulative per cent of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period is not as good because it decreased (PBH 046 – 41.6 per cent to 39.9 per cent).
42. Rate of chlamydia detection per 100,000 young people aged 15 to 24 is not as good because it decreased (PBH 048 – 1,507 to 1,427).
43. Under 75 mortality rates from cardiovascular diseases considered preventable (one year range) per 100,000 population is not as good because it increased (PBH 056a – 31.9 to 33.8).
44. Under 75 mortality rates from cancer (one year range) per 100,000 population has improved because it decreased (PBH 058 – 129.1 per to 111.1).

Performance Summary

45. When taking into consideration what is the best performance for each indicator and comparing against the same period from the previous year:

Housing:

- a) 3 of the 6 indicator figures improved.
- b) 3 of the 6 indicator figures were not as good.

Leisure:

- c) 4 of the 6 indicator figures improved.
- d) 2 of the 6 indicator figures were not as good.

Public Health:

- e) 12 of the 23 indicator figures improved.
- f) 11 of the 23 indicator figures were not as good.

Recommendation

46. It is recommended that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate Director, Assistant Director or Head of Service.

Anthony Sandys
AD – Housing and Revenues

Lisa Soderman
Head of Leisure

Lorraine Hughes
Director of Public Health

Background Papers

Background papers were not used in the preparation of this report.

Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance relating to the delivery of key outcomes with regards to Health and Housing.
Addressing inequalities	This involves members in the scrutiny of the level to which Health and Housing contributes to ensuring that opportunities are accessible to everyone, with a focus on ensuring a good job, home and/or social connections for all.
Tackling Climate Change	This report does not identify any issues relating to climate change.
Efficient and effective use of resources	This report allows for the scrutiny of performance which is integral to optimising outcomes and ensuring efficient use of resources.
Health and Wellbeing	This report supports performance improvement relating to improving the health and wellbeing of residents.
S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities.
Wards Affected	This report supports performance improvement across all Wards.
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.

Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.
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