



Performance Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

29 January 2019

A meeting of the **Performance Committee** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Monday 4 February 2019** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minute of Meeting of Performance Committee held on Monday 17 December 2018.
5. Service Performance and WLAM Outcome Report and Presentation- Community Care - Report by Depute Chief Executive (herewith).
6. Service Performance and WLAM Outcome Report and Presentation - Children and Families - Report by Depute Chief Executive (herewith).
7. Service Performance and WLAM Outcome Report and Presentation - Inclusion and Wellbeing Service - Report by Depute Chief Executive (herewith).
8. Building Services - Housing Repairs - Report by Head of Housing, Customer and Building Services (herewith).

DATA LABEL: Public

9. Performance Committee Workplan (herewith).

NOTE **For further information please contact Eileen Rollo on 01506 281621
or email eileen.rollo@westlothian.gov.uk**

MINUTE of MEETING of the PERFORMANCE COMMITTEE held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 17 DECEMBER 2018.

Present – Councillors Stuart Borrowman (Chair), Andrew McGuire, Carl John, Charles Kennedy, Dave King, Carl John

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The Committee confirmed the Minute of its meeting held on 5 November 2018 as a correct record. The Minute was thereafter signed by the Chair.

3. SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – FINANCIAL MANAGEMENT UNIT

The Committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing an overview of a service assessment from the West Lothian Assessment Model process (WLAM 2017/20).

The report also provided a summary of recommendations from the officer led panel that had been identified for action and were to be delivered by the service management team.

The report advised that self-assessment was an important part of the council's Best Value Framework, ensuring that there was rigorous challenge of performance and continuous improvement embedded at all levels of the organisation. Regular, programmed self-assessment was also an integral part of improvement planning and preparation for external inspections.

The report provided the outcome from the self-assessment of the Financial Management Unit and the agreed recommendations for improvement for the services, as well as a summary overview of performance.

The West Lothian Assessment Model applied an evidence based rigorous model – the European Foundation for Quality Management (EFQM) Framework. This required employees to consider the long-term impact of the service in the stated objectives.

The Depute Chief Executive explained that the Financial Management Unit was responsible for developing revenue and capital strategies and for the annual management of budgets through a risk based approach to budget monitoring. Other core activities supported and enabled service delivery across the council and included insurance cover and advice, VAT

and treasury management, accounts payable and preparation of the statutory statement of account.

In addition the Financial Management Unit co-ordinated the financial delivery of a priority based five year revenue budget plan for 2018/19 to 2022/23 which set out how the council's Corporate Plan priorities would be delivered against a backdrop of an extremely challenging financial climate.

The service enabled delivery of the council's eight corporate priorities and made a critical contribution to the delivery of the council's Transformation Programme. The service was also responsible/partly responsible for the following in the Corporate Plan:

- Enabler 1.1 – Delivery of the five year revenue plan for 2018 to 2023 that would enable the council to deliver the Corporate Plan.
- Enabler 1.2 – Monitoring progress towards delivery of the 2018/19 budget and the detailed three year revenue budget for 2018 to 2021.
- Enabler 1.3 – Monitoring progress towards delivery of 2018/19 capital budget and the overall ten year capital programme within available resources.

The service went through the West Lothian Assessment Model process in 2017/18 with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model. The service scored 568.

Table 1 contained an overview of the service's score in the last four cycles. The trend column was based on a comparison between the base position and the current WLAM score.

The Review Panel in the WLAM Programme 2017/20 had three possible outcomes that would identify the progress and risk level of service performance and subsequently the level of scrutiny that would be applied to the service during the period of the WLAM programme. Table 2 provided the outcome of the Review Panel. Table 3 contained the evaluation of Performance Management in the service.

The Review Panel set out the following recommendations for the service:

1. The Panel recognised the positive approach to managing performance in the service and that this ensured there was appropriate responsibility at senior management team level and also with key activity/process owners in the service for managing and improving performance.
2. The service should review key processes, taking opportunities to derive greater efficiency and enhance performance in key indicators.
3. The Panel noted that the service had plans in place to support

employees through an organisational change process and mitigate any negative impact that this process had on staff morale, especially important given that the service had a track record of positive performance in relation to staff satisfaction.

4. The Panel noted the positive performance of the Purchase to Pay team including cost per invoice and payment timescales and that the service intended to explore ways to increase this further through improved use of technology.
5. The Panel encouraged the service to continue to monitor employee results and to utilise the council's policies and procedures to reduce sickness absence in the service.

An overview of the performance indicators categorised as Public or High Level were included in Appendix 2 to the report.

The service had one measure within the Local Government Benchmarking Framework as follows:

- Percentage of suppliers paid within 30 days of receipt

In addition to benchmarking undertaken within the Local Government Benchmarking Framework the service also participated in the Chartered Institute of Public Finance and Accountancy Directors of Finance benchmarking.

In conclusion it was advised that the Financial Management Unit completed the WLAM process as part of the council's corporate programme of self-assessment. This helped to ensure that excellent practice and performance was supported and that the principle of continuous improvement was adopted in all council services.

The report recommended that the Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

There then followed a number of questions in relation to the unit cost of service benchmarking and if benchmarking only extended to other local authorities.

The Head of Finance and Property Services explained that benchmarking was only carried out with other local authorities as efforts had been made to benchmark with private sector however this proved to be very difficult.

The Committee was also interested in how robust the audit process was.

The Head of Finance and Property Services explained that there had been a noticeable difference to the audit process in the last 2 years with a

more comprehensive detailed approach with the auditors dedicating more time to the process.

Decision

To note the terms of the report.

4. SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – ENVIRONMENTAL HEALTH AND TRADING STANDARDS

The Committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing an overview of a service assessment from the West Lothian Assessment Model process (WLAM 2017/20).

The report also provided a summary of recommendations from the officer led panel that had been identified for action and were to be delivered by the service management team.

The report advised that self-assessment was an important part of the council's Best Value Framework, ensuring that there was rigorous challenge of performance and continuous improvement embedded at all levels of the organisation. Regular, programmed self-assessment was also an integral part of improvement planning and preparation for external inspections.

The report provided the outcome from the self-assessment of the Financial Management Unit and the agreed recommendations for improvement for the services, as well as a summary overview of performance.

The West Lothian Assessment Model applied an evidence based rigorous model – the European Foundation for Quality Management (EFQM) Framework. This required employees to consider the long-term impact of the service in the stated objectives.

The Depute Chief Executive explained that the role of Environmental Health and Trading Standards was to protect and enhance, through the application of statute, the health, welfare, environment, safety and trading marketplace of the people of West Lothian. Teams within the service delivered health protection in relation to food safety and composition, workplace safety, pollution control, including air quality and noise issues, animal health, welfare and control, pest control, consumer protection and compliance with fair trading legislation.

In addition Environmental Health and Trading Standards was part of Planning, Economic Development and Regeneration Services, which focused on the delivery of services that would support communities to grow and develop whilst working with partners to achieve better employability outcomes in West Lothian.

All of the legislation enforced by Environmental Health and Trading Standards was aimed at protecting how the environment or trading

activities impacted the community and as such the service made a critical contribution to the council's corporate priorities and in particular

- Priority 7 – delivering positive health outcomes through the provision of Environmental Health and Trading Standards services; and
- Priority 8 – protecting the built and natural environment.

The service went through the West Lothian Assessment Model process in 2018/19 with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model. The service scored 550.

Table 1 contained an overview of the service's score in the last four cycles. The trend column was based on a comparison between the base position and the current WLAM score.

The Review Panel in the WLAM Programme 2017/20 had three possible outcomes that would identify the progress and risk level of service performance and subsequently the level of scrutiny that would be applied to the service during the period of the WLAM programme. Table 2 provided the outcome of the Review Panel. Table 3 contained the evaluation of Performance Management in the service.

The Review Panel set out the following recommendations for the service:

1. The Panel recognised the improved WLAM score for the service in 2014/17 and improved performance management approach demonstrated in the Review Panel process.
2. The Panel noted the ongoing joint working with East Lothian Council in the area of Pest Control. Also that the service was keeping any future joint-working under regular review in order to ensure that the service had the necessary capacity.
3. The Panel noted the introduction of mobile working for Pest Control and the services' desire to trial this to improve efficiency of processes and importantly, the customer experience.
4. The Panel noted the dip in some employee satisfaction results and required the service to continue to monitor these trends and explore engagement methods that would offer a better understanding of the cause for changes in staff perceptions.
5. The improved WLAM score was attributed to a general improvement in service operations and the improved offices, which were facilitating better communication within the service.
6. The service should continue to review and monitor the relevance of indicators. In particular the Panel requested the creation of a specific indicator to measure the stand-alone cost of Trading Standards that did not combine costs of other service areas.

7. The Panel encouraged the service to continue to monitor employee results and to utilise the council's policies and procedures to reduce sickness absence.

An overview of the performance indicators categorised as Public or High Level were included in Appendix 2 to the report.

The service had the following two measures within the Local Government Benchmarking Framework that were aligned with the activity of Environmental Health and Trading Standards:

- ENV5a – Cost of Trading Standards, Money Advice, and Citizen's Advice per 1,000 population.
- ENV5b – Cost of Environmental Health per 1,000 population

In addition the service benchmarked performance in key indicators through the Association of Public Service Excellence.

In conclusion it was advised that Environmental Health and Trading Standards completed the WLAM process as part of the council's corporate programme of self-assessment. This helped to ensure that excellent practice and performance was supported and that the principle of continuous improvement was adopted in all council services.

The report recommended that the Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

A number of questions were asked in relation to air quality management in Armadale, Bathgate and East Calder.

It was advised that there were three Air Quality Management areas in West Lothian which included Linlithgow, Broxburn and Newton where mobile air quality monitors were located. A number of other areas had fixed infusion tubes located in areas where it was thought there may be an issue, to ascertain whether a mobile unit would be required.

In relation to the questions raised regarding air quality in Armadale, Bathgate and East Calder it was advised that Infusion tubes were being used in these areas and at present air quality was within acceptable levels and therefore a mobile unit would not be required. However these areas would continue to be monitored using infusion tubes, and if there were to be any significant changes a mobile unit could be used. The officer undertook to provide members with the locations of the fixed infusion tubes in the three discussed.

Discussions and questions were also asked in relation the sale of fake

goods and if this was still an issue for Trading Standards.

The Committee was advised that West Lothian Trading Standards worked in conjunction with Police Scotland, HMRC and Trading Standards Scotland to track the supply and sale of fake goods. Through this network a number of fake goods were located and confiscated and a report was sent to the Procurator Fiscal.

Decision

To note the terms of the report.

5. SERVICE PERFORMANCE AND WLAM OUTCOME REPORT - HR AND SUPPORT SERVICES

The Committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing an overview of a service assessment from the West Lothian Assessment Model process (WLAM 2017/20).

The report also provided a summary of recommendations from the officer led panel that had been identified for action and were to be delivered by the service management team.

The report advised that self-assessment was an important part of the council's Best Value Framework, ensuring that there was rigorous challenge of performance and continuous improvement embedded at all levels of the organisation. Regular, programmed self-assessment was also an integral part of improvement planning and preparation for external inspections.

The report provided the outcome from the self-assessment of the Financial Management Unit and the agreed recommendations for improvement for the services, as well as a summary overview of performance.

The West Lothian Assessment Model applied an evidence based rigorous model – the European Foundation for Quality Management (EFQM) Framework. This required employees to consider the long-term impact of the service in the stated objectives.

The Depute Chief Executive explained that HR and Support Services provided a range of advice, services and support to all council services. A significant function was to ensure that appropriate employment and people development strategies, policies and procedures were in place to drive and support corporate and service business objectives, modernisation and improvement.

In addition the service provided a diverse range of administration and support functions to the Corporate Management Team, Elected Members and council services both within and outwith the Civic Centre.

HR and Support Services were part of Corporate Services which provided

a range of key enabling services that helped the council to operate efficiently, effectively and in compliance with legal requirements and council policy.

The service enabled delivery of the council's eight corporate priorities and made a critical contribution to the delivery of the council's Transformation Programme.

- Enabler 2.7 – Managing health and safety through effective policies and procedures and monitoring activity.
- Enabler 3.4 – Planning, managing and developing a skilled, healthy, well informed, highly motivated diverse workforce to deliver high performing services and change.
- Enabler 3.5 – Designing and delivering employee, manager and leadership development activities and programmes that meet the development needs of individuals and the organisation as a whole.
- Enabler 3.6 – Providing equality for all, both as a service provider and employer, promoting the benefits of a diverse workforce and developing policies and procedures which support the elimination of discrimination.

The service went through the West Lothian Assessment Model process in 2017/18 with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model. The service scored 538.

Table 1 contained an overview of the service's score in the last four cycles. The trend column was based on a comparison between the base position and the current WLAM score.

The Review Panel in the WLAM Programme 2017/20 had three possible outcomes that would identify the progress and risk level of service performance and subsequently the level of scrutiny that would be applied to the service during the period of the WLAM programme. Table 2 provided the outcome of the Review Panel. Table 3 contained the evaluation of Performance Management in the service.

The Review Panel set out the following recommendations for service improvement:

1. The Panel recognised the positive progress made by the service and also, the challenges faced by the service in future years to continue to develop and improve in a change agenda.
2. The service should continue to review the key processes and increase efficiency and the digital offer to customers.
3. The service should continue to improve the deployment of performance management approaches, including better trend chart commentary for performance indicators, refine target setting and increasing benchmarking.

4. The Panel noted the employee recognition approach used in Corporate Services in order to ensure that good performance of individuals was acknowledged.
5. The Panel noted the performance of the service in issuing contractual documents and the impact on recruitment timescales. The service was to monitor and improve performance in this area, where possible.
6. The service should continue to plan and manage the workforce in conjunction with future change, ensuring that the service retained the necessary knowledge and skills to sustain performance in future.
7. The service should continue to monitor and report on the effectiveness of the council's Leadership programme.

An overview of the performance indicators categorised as Public or High Level were included in Appendix 2 to the report.

The service had four measures within the Local Government Benchmarking Framework as follows:

- SCORP03c 9b Gender Pay Gap.
- SCORP03b 7b Number of council employees in top 5% of earners that are women.
- SCORP06a 7b Average number of working days per teacher lost due to sickness absence.
- SCORP06b 7b Average number of working days lost per employee due to sickness absence.

In addition to benchmarking undertaken within the Local Government Benchmarking Framework the service also participated in informal benchmarking via the Society of Personnel and Development Scotland Geographic Group

In conclusion it was advised that HR and Support Service completed the WLAM process as part of the council's corporate programme of self-assessment. This helped to ensure that excellent practice and performance was supported and that the principle of continuous improvement was adopted in all council services.

1. The report recommended that the Committee:
2. Note the outcome from the WLAM and Review Panel process;
3. Note the recommendations for improvement;

Agree any other recommendations that may improve the performance of the service.

The Committee was interested in the Leadership Programme, how it was evaluated and what the impact was on organisational change. Questions were also asked in relation to the high levels of sickness absence and learning and development events that had been cancelled.

It was explained that a new Leadership Programme was being rolled out to support the role of the Corporate Plan. It was advised that evaluating the impact of the Leadership Programme had proved difficult and that the service had gone back to participants in the programme for their views.

It was noted that unfortunately the high level of sickness absence periods were long term. It was also advised that learning and development was based on service requests and that no learning events had been cancelled in the last two periods.

In view of organisational change that was taking place it was the intention of the service to focus on communication, ensure employees had the correct skills, and ensure processes and procedures were in place to deliver that service.

Decision

To note the terms of the report.

6. COMPLAINT PERFORMANCE REPORT QUARTER 2: 2018/19

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing the council's annual report 2018/19. Appendix 1 to the report contained the council wide performance against the SPSO defined measures covering the period Quarter 2 2018/19.

The committee was advised that the Scottish Public Services Ombudsman (SPSO) developed and published a model Complaint Handling Procedure (CHP) on 28 March 2012. The model CHP was to ensure a standardised approach in dealing with customer complaints across the local authority sector. All local authorities were required to adopt the model CHP by 31 March 2013.

Table one provided a service summary of closed complaints received by quarter 2017/18 and quarter 2 2018/19.

Table two provided a breakdown of complaints by category over a 5 year period.

The Depute Chief Executive explained that the current service level complaint performance varied across the council and was linked to the complexity and quantity of complaints received. Housing, Customer and Building Services (HCBS) and Operational Services were the main complaint generators.

There was an increase in standard of service complaints and policy

complaints which had been generated by Operational Services and Housing, Customer and Building Services. An increase in waiting time complaints was recorded when compared to the equivalent quarter in the previous year. Employee Attitude complaints were driven by Operational Services and Housing, Customer and Building Services.

The Corporate Complaint Steering Board identified 4 high level indicators that provided a summary of complaint handling performance and detailed as follows:-

- Total complaints received
- Complaints closed within 5 working days
- Complaints closed within 20 working days
- Complaints partly upheld/upheld

Table 3 provided a summary of service performance against these 4 key indicators for quarter 2.

Table 4 provided a service trend summary of upheld/part upheld complaints as a percentage of complaints received by quarter covering 2017/18 and Q1 2018/19/.

Table 5 provided indicative ratios for the number of complaints against the specific customer groups for Education Services, Housing, Customer and Building Services and Operational Services.

Across the council, 51.8% of all complaints received in quarter 2 2018/19 were upheld/part upheld. Operational Services received the highest number of complaints and also had one of the highest percentage of complaints that were upheld/part upheld.

In conclusion the report advised that the council had shown a substantial decrease in complaints which was mainly related to the complaints closed by Operational Services in Quarter 2. All services continue to be committed to regular customer complaint analysis which informed service development activity and the improvement agenda.

It was recommended that the Performance Committee :-

1. Note the corporate and service complaint performance against the standards outlined in the council's complaint handling procedure.
2. Continue to monitor complaint performance and request additional information from services as required.

Discussions then took place in relation to a number of issues raised by the committee, particularly in relation to Call Centre pressures, Waste Services, House Repair complaints and the chain of assessment of repairs.

Decision

1. To note the terms of the report.

7. FACTFILE 2018 - REPORT BY HEAD OF CORPORATE SERVICES

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing the council's annual performance Factfile 2018.

The report advised that the Factfile was an annual report on council performance in the eight priorities and three enablers of the Corporate Plan 2013/18. Published on the council's website it contained in-year performance and information about the cost of services, relative to the previous year.

It was noted that 2017/18 was the final reporting year for the Corporate Plan 2013/18. Although the priorities in the new plan were consistent with the previous plan they were re-ordered and new measures identified, as aligned to the key services and process for each priority.

The content was largely a consistent record of the performance and statistics report in Factfile 2017, however where variances occurred it was due to the following:

- Changes to, or cessation of, services delivered by the council
- Changes to the calculation method used for performance
- Cessation of performance measures
- New, more relevant measures being identified.

The Head of Corporate Services explained that the format and contents of Factfile was subject of an active consultation with the Citizen Led Inspectors and although the format had been successful addition to the information provided on performance by the council, it was key that the council consider any improvements that could be made.

The report concluded that the Factfile was the council's annual performance report which provided topical information on the council's measurable achievement in the Corporate Plan priorities in a way that was engaging and user friendly for customers.

The report recommended that the committee note the council performance contained in Factfile 2018.

Decision

To note the terms of the report.

8. PERFORMANCE COMMITTEE WORKPLAN 2018/19

The Committee considered a list of items that would form the basis of the committee's work over the coming months.

Decision

To agree the changes to the workplan as follows:

4 February 2019 – Housing Repairs

13 May 2019 – Waste Services

Corporate Communications moved to summer 2019.



PERFORMANCE COMMITTEE

SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – COMMUNITY CARE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The report provides Performance Committee with an overview of a service assessment from the West Lothian Assessment Model process (2017/20).

It also provides a summary of recommendations from the officer-led scrutiny panel that have been identified for action and are to be delivered by the service management team.

B. RECOMMENDATIONS

It is recommended that the Performance Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

C. SUMMARY OF IMPLICATIONS

- | | | |
|------|--|--|
| I. | Council Values | <ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunity• Developing employees• Making best use of our resources• Working with other organisations |
| II. | Policy and Legal | The West Lothian Assessment Model programme is a key part of the council's Best Value Framework, ensuring that there is robust internal scrutiny and support for continuous improvement of services. |
| III. | Implications for Scheme of Delegations to Officers | None |

IV.	Impact on performance and performance indicators	The report provides a summary of performance indicators from a key council service to support effective elected member scrutiny.
V.	Relevance to Single Outcome Agreement	The council has adopted an EFQM-based approach to performance management. This is reflected in the type of indicators used, including council indicators in the SOA.
VI	Resources - (Financial, Staffing and Property)	From existing budget.
VII.	Consideration at PDSP/Executive Committee required	Service performance is considered at the appropriate PDSP on an ongoing, scheduled basis.
VIII.	Details of consultations	None.

D. TERMS OF REPORT

D.1 Background

Self-assessment is an important part of the council's Best Value Framework, ensuring that there is rigorous challenge of performance and continuous improvement is embedded at all levels of the organisation. Regular, programmed self-assessment is also an integral part of improvement planning and preparation for external inspection.

This report provides the outcome from the self-assessment of the Performance and Improvement Service and the agreed recommendations for improvement for the service, as well as a summary overview of performance.

The WLAM applies an evidence-based, rigorous assessment model – the European Foundation for Quality Management (EFQM) framework. This requires employees to consider the long-term impact of the service in the stated strategic objectives. In detail, the service must consider the effectiveness of leadership, strategies, policies, processes and procedures and also, how effectively the service manages relationships with employees, partners and customers.

D.2 Service Overview

Head of Service: Jo MacPherson, Head of Social Policy (Interim)

Service Manager: Pamela Main, Senior Manager – Assessment and Prevention / Chief Social Worker (Interim)

Community Care comprises a wide range of services provided to adults with care needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities and Support for People with Mental Health Problems.

The main aim of the service is to promote, enable and sustain independence and social inclusion for service users and carers. It is anticipated that an increasing number of people will seek control of their own care and support provision by accessing Direct Payments or other Self Directed Support options.

The nature of the demographic and economic challenges has highlighted the need for effective outcome focused partnership working, particularly between health and social care. Within the responsibility of the Integration Joint Board (IJB) a series of commissioning plans for each of the main client groups was developed and agreed in 2016/17. These plans are informed by a detailed analysis of needs and deploy resources with maximum effectiveness on priority outcomes and have similar main properties:

- A focus on prevention and upstream investment to avoid, delay or reduce the need for formal health and social care intervention.
- A focus on shifting the balance of care more towards community and home based care.
- A greater emphasis on personalisation, or individualised services, and a move to increased service user / carer responsibility and control over their care and support provision.

A summary of the service activities and resources is contained within Appendix 1.

D.3 Service Contribution to Corporate Priorities

Community Care is part of Social Policy and works with NHS services, through the Health and Social Care Partnership (HSCP), to deliver integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society.

The service makes a critical contribution to the council's number four and six corporate priorities. In particular, the service has responsibility for a number of deliverables in the Corporate Plan:

Priority 4 – improving the quality of life for older people

- Through the delivery of the Integration Joint Board Strategic Plan, older people are able to live independently in the community with an improved quality of life.
- To increase the range of available support to enable older people to achieve better outcomes by choosing and directing their own support.
- Redesigning services for older people with a focus on supporting those most in need and maximising the use of technology enabled care where appropriate.
- Developing a more sustainable service delivery model targeted to those most in need with an increased emphasis on reablement to retain or regain independence within their home or community setting.
- As part of the delivery of the Integration Joint Board Commissioning Plan for Older People, the council will focus on:
 - Improving dementia care, with particular emphasis on improving post-diagnostic support;
 - Expanding use of technology enabled care to support older people and carers of older people;
 - Supporting older people to live at home or in a homely setting for longer;
 - Ensuring specialist mental health provision for the over 65's;
 - Ensuring support needs of carers are met, particularly carers of those with dementia;
 - Developing single points of information for all older peoples' service provision.

Priority 6 – delivering positive outcomes on health

- Through the delivery of the Integration Joint Board Strategic Plan, increase

well-being and reduce health inequalities across all communities in West Lothian. Locality planning will provide a key mechanism for strong local, clinical, professional and community leadership.

- Improving our approach to integrated models for mental health services for children, young people and adults recognising the importance of mental health and wellbeing on people achieving positive outcomes.
- Improving support to carers over the next five years through improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.
- Delivering effective and integrated equipment and technology solutions to promote independence, support the ongoing shift in the balance of care, reduce and prevent hospital admissions and facilitate speedier hospital discharge.
- Improving the health and well-being of service users through rehabilitation and reablement, which will, in turn, have a positive impact on carers.

Service contribution to the Corporate Plan will be delivered through a range of policies and procedures, with progress reported through the Corporate Plan scorecard (and the monitoring arrangements in place).

D.4 West Lothian Assessment Model

The service went through the West Lothian Assessment Model process in 2017/18, with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model.

The service scored a total of 528 (out of 1,000). This was an improvement on the service score in the last programme (2014/17) and above the current council average. To date, a total of 20 services have been assessed in the council's rolling three-year programme.

An overview of the service's scores in the last four cycles is set out in table 1. The trend column is based on a comparison between the base position (2008/10) and the current WLAM score.

WLAM Criteria	2008/10	2011/13	2014/17	2017/20	Trend
1 Leadership	48	62	72	64	↑
2 Strategy	34	59	65	62	↑
3 People	41	52	52	62	↑
4 Partnerships and Resources	44	58	58	65	↑
5 Services and Processes	65	57	47	64	↓
6 Customer Results	60	24	45	64	↑
7 People Results	25	5	29	40	↑
8 Society Results**	8	20	40	50	↑
9 Business Results	71	30	50	59	↓
Total score	396	367	458	528	↑
WLC average total score	385	411	468	525*	

* WLC Average to date (based on 20 assessments)

** Criterion is scored corporately and uses validated scores from external EFQM assessments.

Compared to the previous cycle, the service has improved scoring in the 2017/20 cycle in all but two criteria (leadership and strategy). Relative to other council services, the total score for Community Care of 528 is very close to the current council average of 529 and each criterion is generally plus or minus one or two points from the average. Therefore, the service consistently achieved the expected good level of performance in each criterion.

To increase scoring above the current average, Community Care needs at least incremental improvement in the way that service leadership and planning activities are undertaken. Also, like many other council services, the service should develop the results it has in place to monitor employee policies and plans (People Results).

Results may be improved with a review of target setting rationale and by increasing the use of benchmarking data with relevant comparators. Though there are indicators in relation to Self Directed Support, the proportion of older people with intensive needs supported at home, cost of care services and satisfaction with care services are included within the Local Government Benchmarking Framework (LGBF).

D.5 Review Panel Outcome

The Review Panel in the WLAM Programme 2017/20 has three possible outcomes that will identify the progress and risk level of service performance and subsequently, the level of scrutiny that will be applied to the service during the period of the WLAM programme (three years).

The Review Panel outcome is determined by a Panel of three senior officers and is chaired by the Chief Executive.

Table 2: Review Panel Outcome		
Review Panel Cycle		
Cycle 1	The service will return to the panel within three years	
Cycle 2	The service will return a report to the Panel within 12 months, who will determine if the service are to move to Cycle 1 or 3	✓
Cycle 3	The service must return to the Review Panel no later than one year (12 months) from the date of the last report.	

Community Care was placed on **Cycle 2** by the Review Panel in July 2018. The service will return a report (against the recommendations) to the Panel in 2019/20 and the Panel will determine if the service will move to Cycle 1 or 3.

The Panel determined this outcome as it recognised the immense value of this service to the community and the direct contribution to corporate performance. Also, that there are significant challenges (national and local) in the years ahead in relation to how care services for older and vulnerable people are funded and delivered.

Performance management

Performance management standards have been established to help the Panel consistently identify good or poor practice in relation to performance management and to help services address any deficiencies in their performance or management approaches. The following table sets out the evaluation for the service:

Table 3: Evaluation of Performance Management in the service	
Management standard	Service evaluation
Scope and relevance of performance data	The service have identified PIs to monitor progress in the key activities and outcomes/ priorities
Compliance with corporate requirements	The performance framework of the service meets the basic corporate requirements
Approach	The service's approach to managing performance is sufficient and will help the service to improve
Management of data	Most managers and team leaders engage with the performance culture and take responsibility for managing performance
Management of information	Performance is reported and communicated to most key groups (including; Elected Members, senior officers, employees and the public)
Performance trends	PIs show good performance and the panel has confidence that this will continue to be sustained by the service
Targets and thresholds	Targets and thresholds have a clear rationale for most PIs and support performance management and improvement
Benchmarking	The service has comparative data for the PIs that measure some of the key activities and outcomes/ priorities and the service compares well
WLAM score	The service achieved a score of over 500 in the WLAM process

As well as the additional scrutiny, there is ongoing monitoring and reporting of service performance through internal performance management procedures. The service will also continue to report key performance publicly and through agreed committee performance reporting arrangements.

D.6 Recommendations for Improvement

A number of recommendations have been set out for action by the service to improve performance.

The Review Panel key findings and recommendations for the service are:

1. The Panel noted the immense value of the service to the community and the positive impact of the management team on how the service operates.
2. The Panel noted the performance of delayed discharge from hospital in West Lothian and that the current target is challenging to achieve, especially when prioritising the health and wellbeing of the patient. The service is to monitor and improve performance, where possible, in this measure.
3. It was acknowledged by the Panel that workforce planning is vital to the continued performance of the service and in some teams there are challenges in the labour market when attracting and retaining employees. Work should continue to better promote the service as a potential employer in future recruitment activity.
4. The Panel noted that a range of measures were being pursued by the service with support from HR Services to improve sickness absence levels. The Panel





encourage the service to reduce absence levels through effective application of the policy, monitoring arrangements and proactive management and support.

5. The Panel noted the positive improvement in five out of the seven staff survey results in 2017/18 and encouraged the service to continue to embed appropriate recognition for the strong commitment shown by staff.
6. The service should review the customer engagement approach with the aim of improving the response rates to customer satisfaction surveys.
7. The service should ensure trend chart commentary provides a clear explanation of trends, giving details of the reasons for dips and peaks in performance.
8. The service should continue to review targets and thresholds set for performance indicators, ensuring they encourage improved levels of performance.
9. The service should continue to develop the benchmarking approach, identifying appropriate benchmarks and using this to improve performance.

Progress in these actions will be reviewed in a report to the next Review Panel (quarter 1 of 2019/20).

D.7 Service Performance

The service has a total of 68 performance indicators on the council's performance management system (Pentana). At present, the status of those indicators are as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
 Green	53
 Amber	7
 Red	7
 Unknown	1

An overview of the performance indicators categorised as Public or High Level for the service is included in Appendix 2.

D.8 Service Benchmarking

There are four indicators in the Local Government Benchmark Framework (LGBF) that are aligned with the activity of Community Care. The data for 2017/18 has not yet been published by the Improvement Service, however the performance and ranking information for 2016/17 has been provided below.

SW1 – Home care costs per hour for people aged 65 or over

West Lothian Council had an average cost of £28.73 per hour in 2016/17. This cost was higher than the Scottish average of £22.54 and ranked at 27 (out of 32) overall in Scotland.

SW2 – SDS spend on adults 18+ as a percentage of total social work spend on adults 18+

A total of 1.90 percent of Social Work spend for adults in West Lothian was through Self Directed Support (SDS). This was lower than the Scottish average of 6.48 percent and ranked at 30 (out of 32) overall in Scotland.

SW3 – Percentage of people aged 65 or over with intensive needs receiving care at home

A total of 35.20 percent of adults aged 65 or over with intensive needs in West Lothian received care at home in 2016/17. This was marginally lower than the Scottish average of 35.27 percent and ranked at 14 (out of 32) overall in Scotland.

SW5 – Residential costs per week per resident for people aged 65 or over

West Lothian Council had an average cost of £394.73 per week in 2016/17. This cost was higher than the Scottish average of £375.06 and ranked at 20 (out of 32) overall in Scotland.

The Community Care Service also actively engages with National and Local Groups to share best practice and learn from emerging issues in other areas. In addition to National Performance data, examples include;

- Care at Home cost and contract design
- Lothian Learning Disability Collaboration
- Redesign of Rehabilitation Pathways – Lothian Health and LA Partners
- Self Directed Support National Practitioners Forum

E. CONCLUSION

Community Care completed the WLAM process as part of the council's corporate programme of self-assessment. This is a critical part of the council's internal scrutiny arrangements and helps to ensure that excellent practice and performance is supported and that the principle of continuous improvement is adopted in all council services.

The service achieved a total score of 528 and was placed on Cycle 2 by the Review Panel and will not return to the Review Panel until the next programme (2020/23).

BACKGROUND REFERENCES

[West Lothian Council Corporate Plan 2018/23](#)
[West Lothian Council Improvement Strategy 2018/23](#)
[Social Policy Management Plan 2018/19](#)

Appendices/Attachments: 2
Appendix 1_Social Policy Management Plan Extract
Appendix 2_Performance Indicator Report

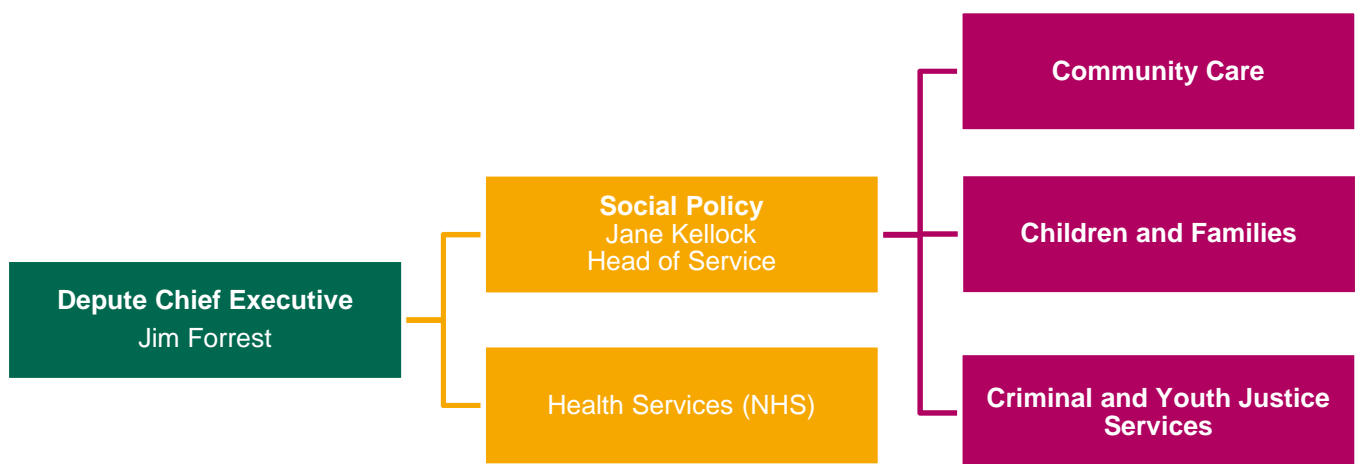
Contact Person: Rebecca Kelly
E mail: rebecca.kelly@westlothian.gov.uk Phone 01506 281891

Graeme Struthers
Depute Chief Executive
4 February 2019

Service Activity

The Health and Social Care Partnership (HSCP) is focused on the delivery of integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society.

This includes children and families, care for adults and older people and those with disabilities or mental health problems and criminal and youth justice services.



Social Policy comprises of three large services – known as West Lothian Assessment Model (WLAM) units, under the direction of the Head of Service.

The following section provides more information on the activities and resources of each WLAM unit.

Community Care

Service manager: Alan Bell, Pamela Main, Senior Managers

Number of staff: 693.8 (full time equivalents)

Locations: Civic Centre and various care facilities

Purpose

Community Care comprises a wide range of services provided to adults with care needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities and Support for People with Mental Health Problems.

The main aim of the service is to promote, enable and sustain independence and social inclusion for service users and carers. It is anticipated that an increasing number of people will seek control of their own care and support provision by accessing Direct Payments or other Self Directed Support options.

The nature of the demographic and economic challenges has highlighted the need for effective outcome focused partnership working, particularly between health and social care. Within the responsibility of the Integration Joint Board (IJB) a series of commissioning plans for each of the main client groups was developed and agreed in 2016/17. These plans are informed by a detailed analysis of needs and deploy resources with maximum effectiveness on priority outcomes and have similar main properties:

- ◆ A focus on prevention and upstream investment to avoid, delay or reduce the need for formal health and social care intervention.
- ◆ A focus on shifting the balance of care more towards community and home based care.
- ◆ A greater emphasis on personalisation, or individualised services, and a move to increased service user / carer responsibility and control over their care and support provision.

Activities

The main activities of the service during the period of the Management Plan will be:

- ◆ Assessment and Care Management Services for adults and older people
- ◆ Purchasing of care home placements including respite
- ◆ Purchasing of community based care and support services
- ◆ Provision of re-ablement and crisis care services
- ◆ Provision and care management of council owned care establishments, including;
 - Care Homes for older people
 - Residential unit for adults with a learning disability
 - Day care for adults and older people
 - Housing with care
- ◆ Joint management of the Community Equipment Store
- ◆ Provision of Home Safety Services and development of Telecare
- ◆ Access to employment
- ◆ Short breaks from caring

Community Care Support Services provide the following activities for all of Social Policy:

- ◆ Commissioning plan development, monitoring and review
- ◆ Contract management
- ◆ Service matching
- ◆ Administrative and clerical support
- ◆ Management and development of the Social Policy Information Management systems
- ◆ Complaint handling

Community Care will also continue to have a significant role in the Integration Joint Board (IJB) for health and care, contributing to the strategic objectives set out in the IJB Strategic Plan.

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers. Our key partners include; other council services, NHS Lothian and the third and independent sectors.

Customer Participation

The service will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2018/19				
Customer Group	Method	Frequency	Responsible Officer	Feedback Method
All disability groups	Disability Equality Forum	Quarterly	Service Development Officer	Minutes
Older People service users	Survey	Annual	Group Manager	Survey returns
	Senior People's Forum	Quarterly	Service Development Officer	Minutes
Learning Disability service users	Survey	Annual	Group Manager	Survey returns, feedback to service users through newsletter
	Learning Disability Service Users Forum	Quarterly	Group Manager	Minutes
Physical Disability service users	Survey	Annual	Group Manager	Survey returns, feedback to service users through newsletter
	Physical Disability Service Users Forum	Quarterly	Service Development Officer	Minutes
Adult Protection service users	Safe and Sound Adult Protection Forum	Quarterly	Adult Protection Officer	Minutes
Mental Health service users	Survey	Annual	Team Manager	Survey returns
	Mental Health Service Users Forum	Quarterly	Team Manager	Minutes

Activity Budget 2018/19

Community Care – Older People

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Older People assessment and care management	To provide assessment and care management services to older people, their families and carers.	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people Target: £1428pa	WLAM	49.0	2,035,208	0	2,035,208
			SPCC018 - Average number of weeks Older People's service users are waiting to be allocated an assessment Target: 3 weeks	WLAM				
Older People care home provision	Provision of care home placements for Older People.	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people. Target: £1428pa	Public	163.2	21,980,951	(2,279,678)	19,701,273
			SPCC019 - Number of delayed discharges from hospital per month. Target: 15	Public				
Older People community based care and support services	Support activities to enable older people to live independently at home or in a homely setting (includes care at home, respite, day care and other services).	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people Target: £1428pa	WLAM	264.1	25,844,869	(6,961,495)	18,883,374

Community Care – Older People								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	SPCC020 - Percentage of people 65+ with intensive needs receiving 10 hours+ care at home Target: 37%	Public				
			Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		32.2	1,682,967	(109,739)	1,573,228
			Total:				508.5	51,543.995

Community Care – Learning Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Learning Disabilities assessment and care management	To provide assessment and care management service to adults with learning disabilities, their families and carers.	6 Delivering positive outcomes on health	SPCC035_Net cost per head of population on social care services to adults with a learning disability Target: £125	WLAM	10.0	523,439	0	523,439
			SPCC003 - Number of adults with learning disability provided with employment support Target: 17	WLAM				
Learning Disabilities care home provision	Provision of care home placements for adults with learning disabilities.	6 Delivering positive outcomes on health	SPCC035 Net cost per head of population on social care services to adults with a learning disability Target: £125	Public	16.5	8,254,332	(455,000)	7,799,332
			SPCC019_Number of delayed discharges from hospital per month. Target: 15	Public				
Learning Disabilities community based care and support services	Support activities to enable adults with learning disabilities to live independently or with family and to support positive life	6 Delivering positive outcomes on health	SPCC035_Net cost per head of population on social care services to adults with a learning disability Target: £125	WLAM	68.8	12,785,726	(3,011,680)	9,774,046

Community Care – Learning Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
	experiences (includes care at home, respite, day care and other services).		SPCC001_Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent Target: 98%	Public				
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		12.8	614.971	47,115	567,856
Total:					108.1	22,178.468	(3,513,795)	18,664.673

Community Care – Physical Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Physical Disabilities Assessment and Care Management	Provision of an assessment and care management service.	6 Delivering positive outcomes on health	SPCC036_Net cost per head of population on social care services to adults (age 18-64) with physical disabilities Target: £54	Public	9.4	479,575	(68,400)	411,175
			SOA1306_15 - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided Target: 80%	Public				
Physical Disabilities care home provision	Provision of care home placements for adults with physical disabilities.	6 Delivering positive outcomes on health	SPCC036 Net cost per head of population on social care services to adults (age 18-64) with physical disabilities. Target: £54	Public	0.0	1,368,937	0	1,368,937
			SPCC019a - Number of delayed discharges from hospital per month. Target: 15	Public				
Physical Disabilities community based care and support services	Support activities to enable adults with physical disabilities to live independently or with family and to support positive life	6 Delivering positive outcomes on health	SPCC036_Net cost per head of population on social care services to adults (age 18-64) with physical disabilities Target: £54	WLAM	16.9	5,664,128	(195,500)	5,468,628

Community Care – Physical Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Physical Disabilities community based care and support services (cont)	experiences (includes care at home, respite, day care and other services)		SPCC027 - Percentage of people who have a physical disability with intensive needs receiving 10 hours+ care at home Target: 38%	WLAM				
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		4.4	214,254	-16,415	197,839
Total:					30.7	7,726,894	(280,315)	7,446,579

Community Care – Mental Health

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Mental Health Assessment and Care Management	Provision of an assessment and care management service, including statutory mental health officer service to adults with a mental health or substance misuse problem	6 Delivering positive outcomes on health	SPCC037 - Net cost per head of population on social care services to adults with mental health problems Target: £23	WLAM	13.4	1,275,701	0	1,275,701
			SPCC005 - Percentage of all mental health or addictions cases allocated within 12 weeks Target: 90%	Public				
Mental Health care home provision Mental Health community based care and support services	Provision of care home placements for adults with mental health problems. Support activities to enable adults with mental health problems to live independently.	6 Delivering positive outcomes on health	SPCC037 Net cost per Head of population on social care services to adults with mental health problems. Target: £23	Public	0.0	1,765,000	(1,4200,000)	345,000
			SPCC019a - Number of delayed discharges from hospital per month. Target: 15	Public				
Mental Health community based care and support services	Support activities to enable adults with mental health problems to live independently (includes care at home, respite, day care and other services)	6 Delivering positive outcomes on health	SOA01307_15 - Warwick Edinburgh mental wellbeing score for West Lothian Target: 26.07	Public	5.0	2,480,992	(393,500)	2,087,492

Community Care – Mental Health								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		9.8	157,474	(12,065)	145,409
Total:					28.2	5,679,167	(1,825,565)	3,853,602

Community Care and Support Services (IJB)

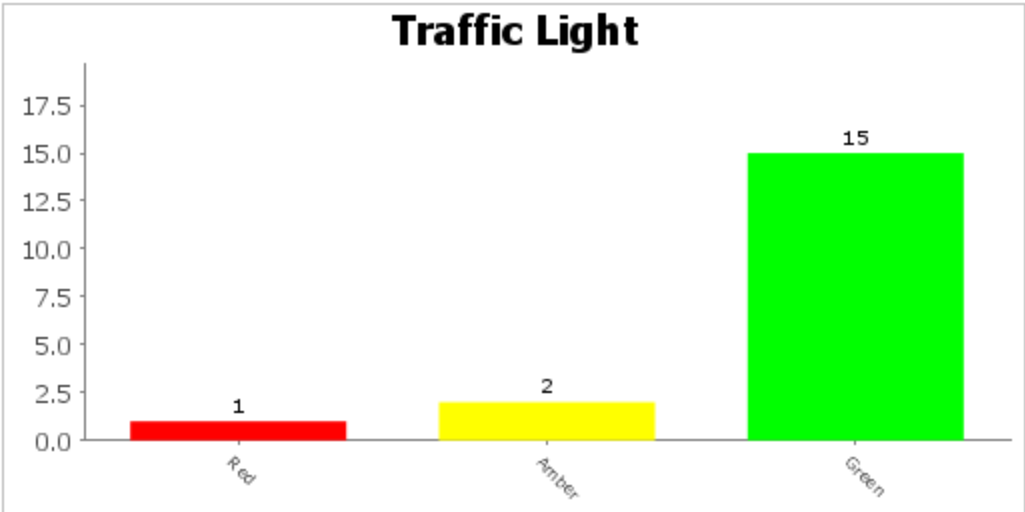
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Alcohol and Drug Partnership	Partnership support to commissioning of services to improve health and wellbeing and reduce health inequalities by reducing tobacco alcohol and drug use, and substance misuse.	6 Delivering positive outcomes on health	SPCC005 - Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment Target: 90%	Public	7.3	1,863,214	(1,690,075)	173,139
			CP:SPCC006_Percentage of adults with severe and chronic alcohol misuse issue maintaining and improving their health and wellbeing Target: 80%	Public				
Social Policy Information Team	Information systems development, administration, training, performance reporting.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		3.0	163,610	(1,690,075)	173,139
Social Policy Contracts and Commissioning	Commissioning of social care contracts, administration, monitoring of contracted service performance.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		6.7	348,706	(47,880)	300,826


Community Care and Support Services (IJB)								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		1.3	62,387	(5,190)	57,197
Total:					18.3	2,437,917	1,743,145	694,772

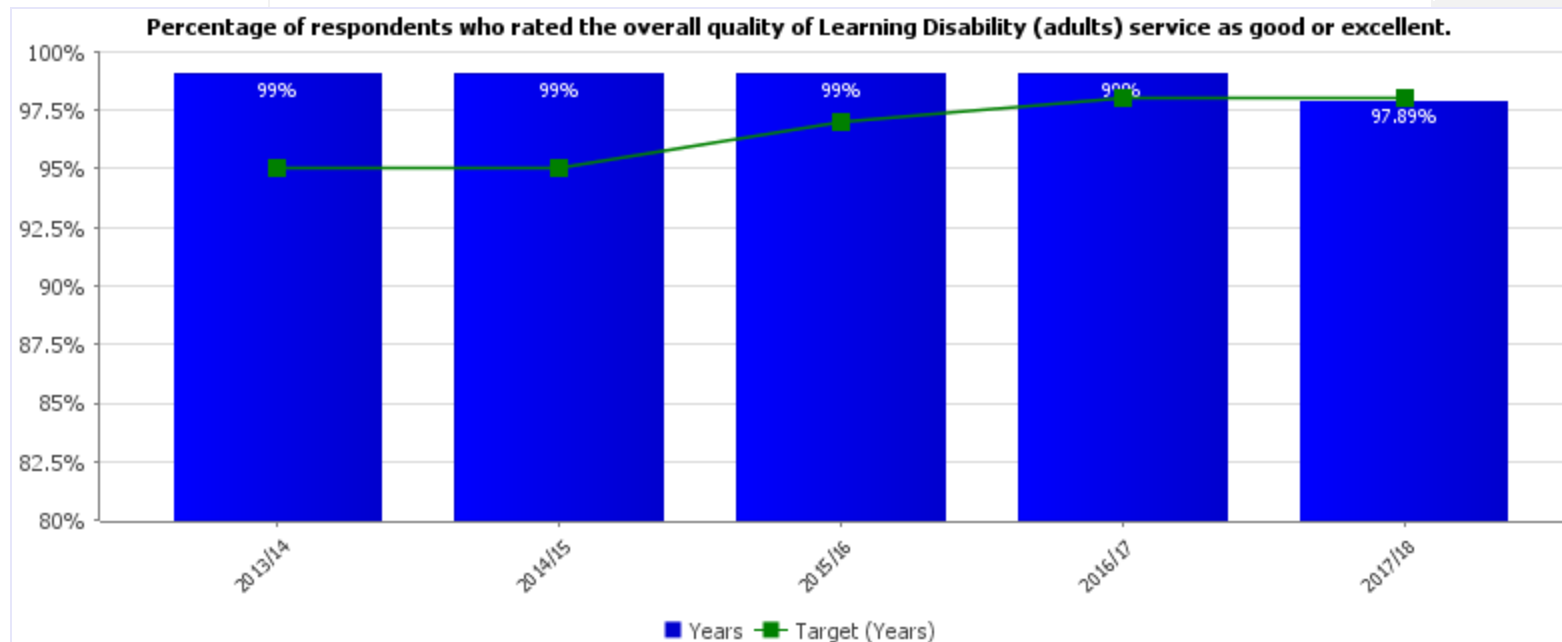
Community Care - Performance Committee

Data Label : OFFICIAL

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PI Code & Short Name	P:SPCC001_6a.7 Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent.	PI Owner	zSPCC_PIAdmin; Robert Barr
Description	The Service conducts an annual customer survey. This performance indicator measures the overall quality as good or excellent using a survey designed for the particular needs of this group of service users. This indicator records the percentage of service users who consider the service provided as good or excellent. Customer insight into the overall quality of the service is a good measure of the effectiveness of the service.	Traffic Light Icon	
		Current Value	97.89%
		Current Target	98%




Trend Chart Commentary:

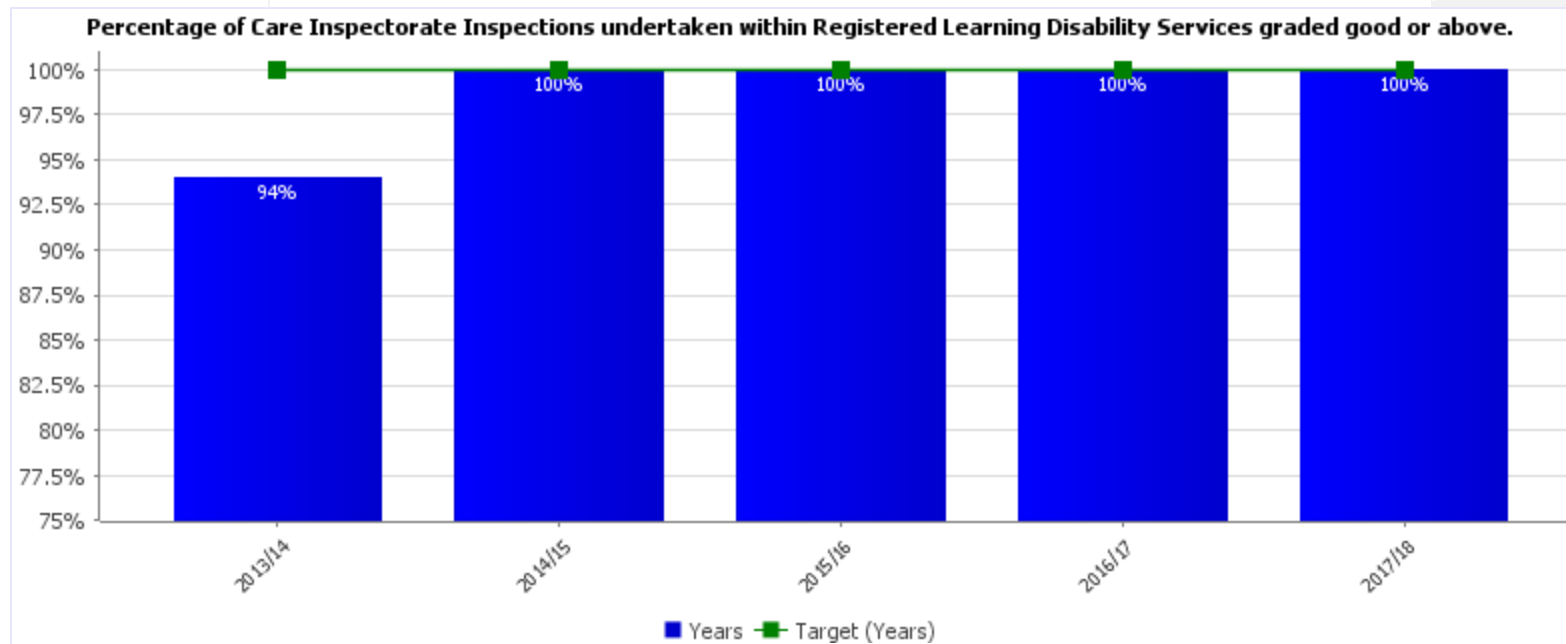
Customer satisfaction from 2013/14 to 2017/18 has remained consistently high although the 2017/2018 performance saw a very marginal dip of just over 1%. This is based on 142 responses of 282 surveys issued to the service group.

The service will review the approach to survey activity with a view to improving response rates.

Performance trends reflect the continued commitment of the teams to provide excellent customer care and personalised services for the needs of people with Learning Disabilities.

The target for 2018/2019 will remain at 98% which is considered realistic for a service area which is from time to time required to consider compulsory interventions in the context of legislative responsibilities and requirements.

PI Code & Short Name	P:SPCC002_6b.5 Percentage of Care Inspectorate Inspections undertaken within Registered Learning Disability Services graded good or above.	PI Owner	zSPCC_PIAdmin; Robert Barr
Description	The Care Inspectorate, the external body responsible for auditing the quality of care services, inspects registered care services annually. Grades can vary from 1 - 6 (1 being unsatisfactory and 6 being excellent). This indicator reports the percentage of grades of 4 (good) and above. The Grades measure how well the Service is doing against National Care Standards.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%




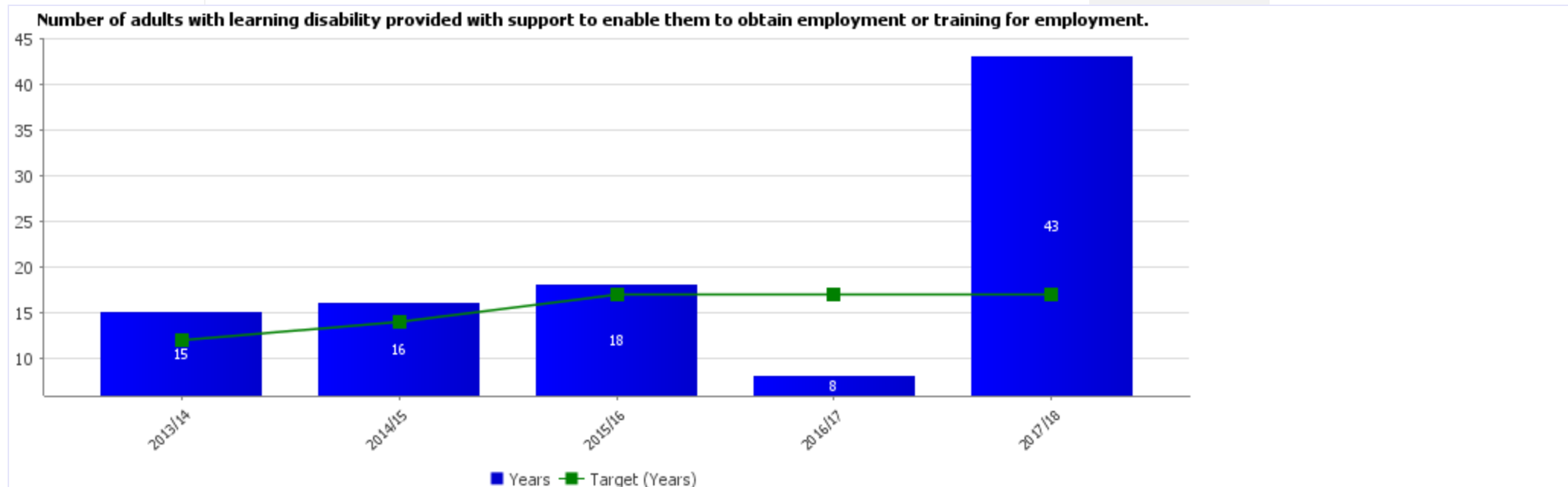
Trend Chart Commentary:

The 2017/2018 performance continues to reflect high standards of care with all services scoring 'Good' or above in all assessed categories. Reflection high standards of care and full compliance with action plans agreed with the care inspectorate. The target for 2018/2019 will remain 100% to reflect our ongoing commitment to high quality and caring services.

Performance in 2013/2014 was slightly lower because one element of an action plan for one service area had not been fully completed. This related to customer participation and although significant progress had been made, the previous grade could not be upgraded until there was full compliance with the action plan.

Note that for services deemed to be low risk level (Grades 4 or more), the regular inspection frequency is now 1 in 36 months. There may still be unscheduled inspections of the service.

PI Code & Short Name	P:SPCC003_9b.1c Number of adults with learning disability provided with support to enable them to obtain employment or training for employment.	PI Owner	zSPCC_PIAAdmin; Pamela Main
Description	The service provides a diverse range of support to adults with learning disability to enable them to sustain their independence. Accessing employment is important for those able to do so and the support they receive is critical to making this possible. This is an important measure for the Learning Disability service, consistent with the Scottish Government's priorities. Examples of Employment Support would be help with literacy, numeracy or job coaching. This Data is collated for Learning Disability Statistics Scotland Data Collection.	Traffic Light Icon	
		Current Value	43
		Current Target	17




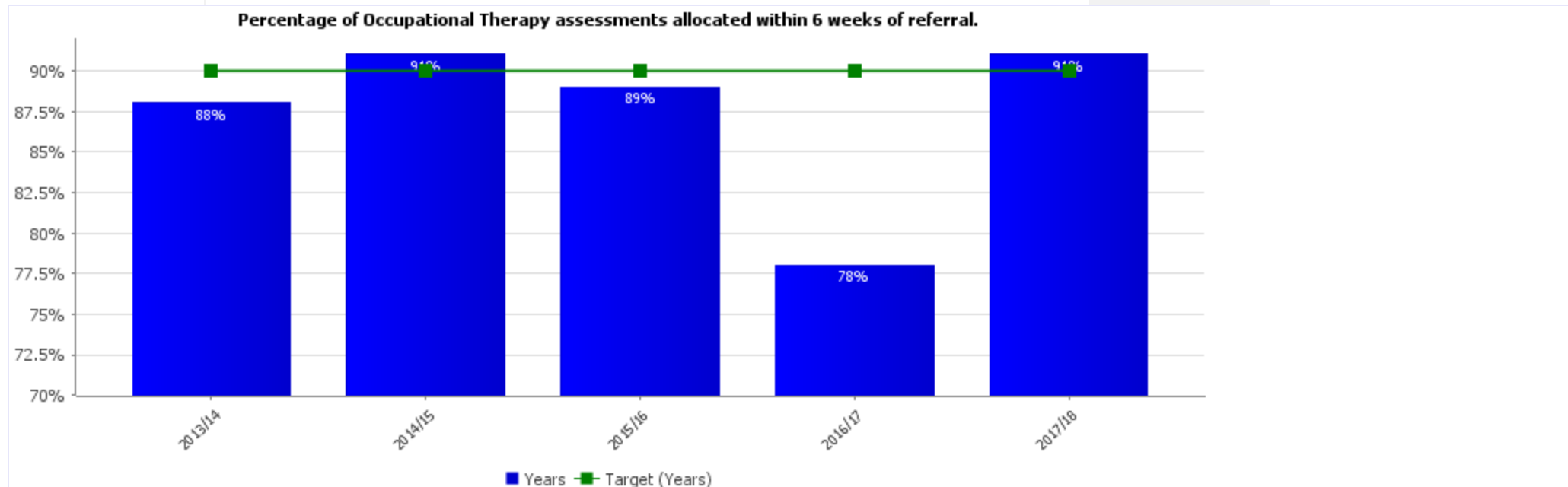
Trend Chart Commentary:

Performance in 2017/2018 has increased considerably following the revised model of integrated training and employment service being implemented. This revised model brought together all Social Policy supported employment services to maximise resources and provide holistic employment support to adults with disabilities. 2016/2017 dip in performance was due to the service holding vacant posts during the redesign of the service.

There was an increase in requests following the launch of the new service and given that 2017/2018 is the first year's data after implementation of this redesigned service, the target for 2018/19 will be set at 40 to reflect potential variation in the level and type of demand.

This Data is collated for the external annual Learning Disability Statistics Scotland Data Collection which looks at the previous financial year; therefore this indicator will be updated following publication of this data.

PI Code & Short Name	CP:SPCC014_6b.5 Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.	PI Owner	zSPCC_PAdmin; Alistair More; Ailsa Sutherland
Description	Occupational Therapy service has a service standard which indicates that referrals requesting Occupational Therapy assessment will be allocated within 6 weeks of receipt of referral. This indicator measures the percentage of assessments allocated within this target schedule. This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 6 which is delivering positive outcomes on health.	Traffic Light Icon	
		Current Value	91%
		Current Target	90%



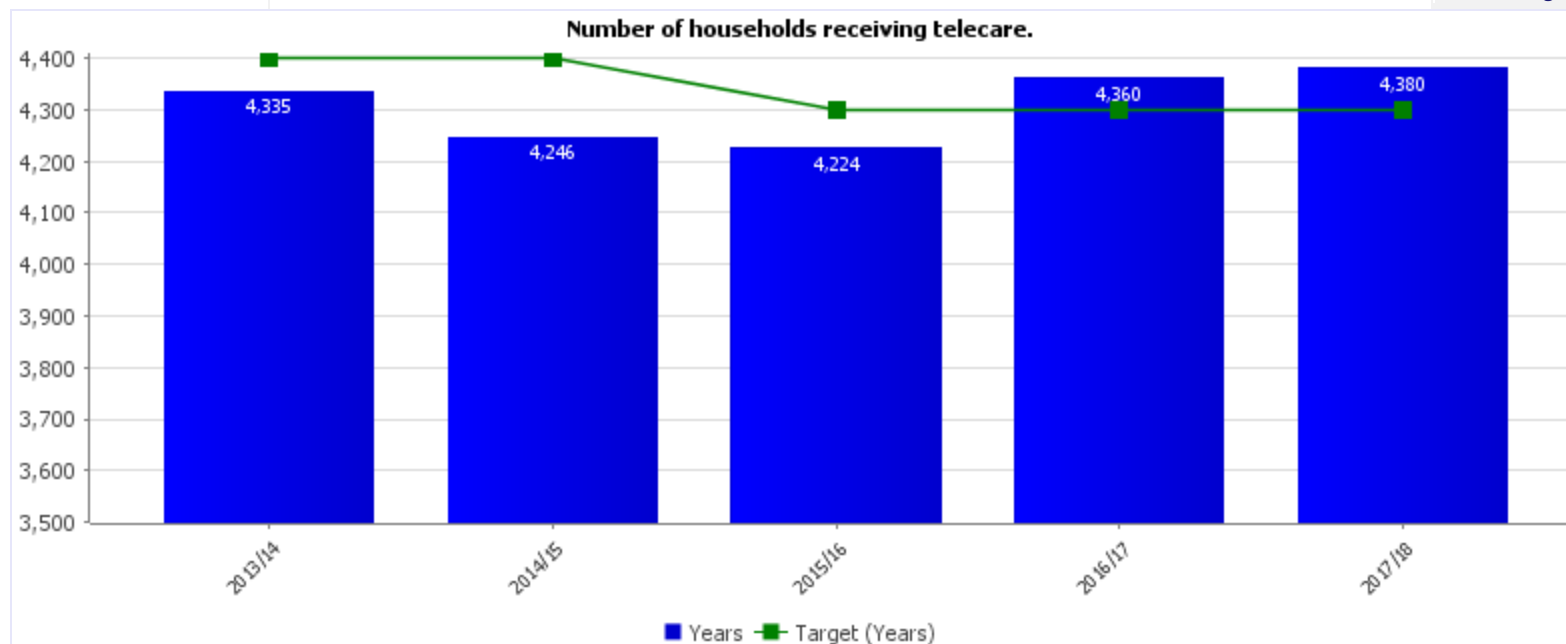
Trend Chart Commentary:

Performance in 2017/2018 has returned to just above target level having seen a drop in 2016/2017. A range of improvement actions were developed and implemented last year related to case management and supervision with the aim of restoring performance to the target level.

Performance dipped in 2016/2017 because of a reduction in capacity which required a review of systems and supervisory processes to be implemented.

The target for this performance indicator is to achieve 90% by 2022/23 and this was set in the development of the council's Corporate Plan. A target of 90% is consistent with Scottish Government access to treatment targets for health and social care and will be maintained for 2018/19.

PI Code & Short Name	P:SPCC015_9b.2a Number of households receiving telecare.	PI Owner	zSPCC_PIAAdmin; Aileen Maguire
Description	This indicator measures the total number of households receiving telecare, enabling people to stay independently in their own homes for as long as possible where it meets their needs, is based on choice and is safe for them and their carers. This is a key performance measure in the government's Reshaping Care for Older People programme.	Traffic Light Icon	🟢
		Current Value	4,380
		Current Target	4,300



Trend Chart Commentary:

Telecare is an important element of the Scottish Governments strategy to support older people for as long as possible in their own home.


Performance in 2017/18 increased only slightly against the previous year. The service delivered 20 more installations than in 2016/17. This reflects demographic growth but the growth is not as significant as that from 2015/16 to 2016/17 is due primarily to the time limited funding from Scottish Government in 2016/17.

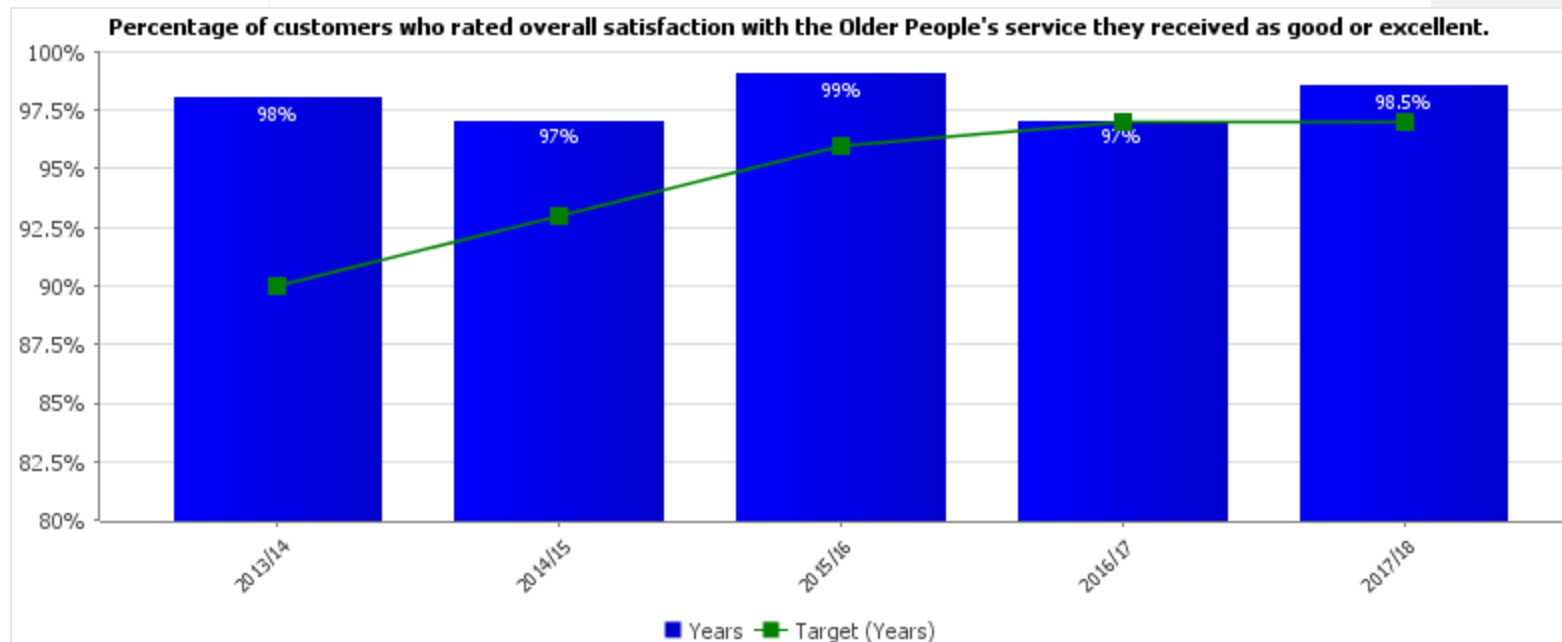
In 2016/17, the council made a successful funding bid to the National Technology Enabled Care Programme. The additional resources supported an enhanced programme of installation this financial year.

The target in 2018/19 has been adjusted to 4,100 reflect a slight decrease in demand due to the introduction of a charge for the service.

West Lothian was a very early implementer of technology programme at scale. After a period of sustained investment and growth, as might be expected, the service level plateaued. In addition there was a slight decrease in the three years to 2015/16 in the number of households receiving telecare. During that time the programme continued to meet the presenting demand and there was no decrease in the average number of installations. The reducing trend at that time was due to a slightly higher rate of natural turnover. Additionally, over the life of the programme, a more mature understanding of the benefit of telecare has likely resulted in more focused provision and a reduction in the average timeframe for the provision. To reflect this targets have been amended. There are also a number of alternative technologies emerging which offer home health monitoring in addition to more traditional telecare. Implementation of these new technologies will be monitored in order to assess impact for the numbers using telecare.

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PI Code & Short Name	P:SPCC017_6a.7 Percentage of customers who rated overall satisfaction with the Older People's service they received as good or excellent.	PI Owner	zSPCC_PIAdmin; Gerard Cunniffe
Description	Older People's service conducts an annual survey of all its customers. This indicator measures the percentage of respondents who rated the overall quality as good or excellent. This survey relates to the activity of the service teams which carry out assessment for Older People's services. Satisfaction with the overall quality of the service is an important indicator of effectiveness and customer insight is used to inform service improvements.	Traffic Light Icon	
		Current Value	98.5%
		Current Target	97%




Trend Chart Commentary:

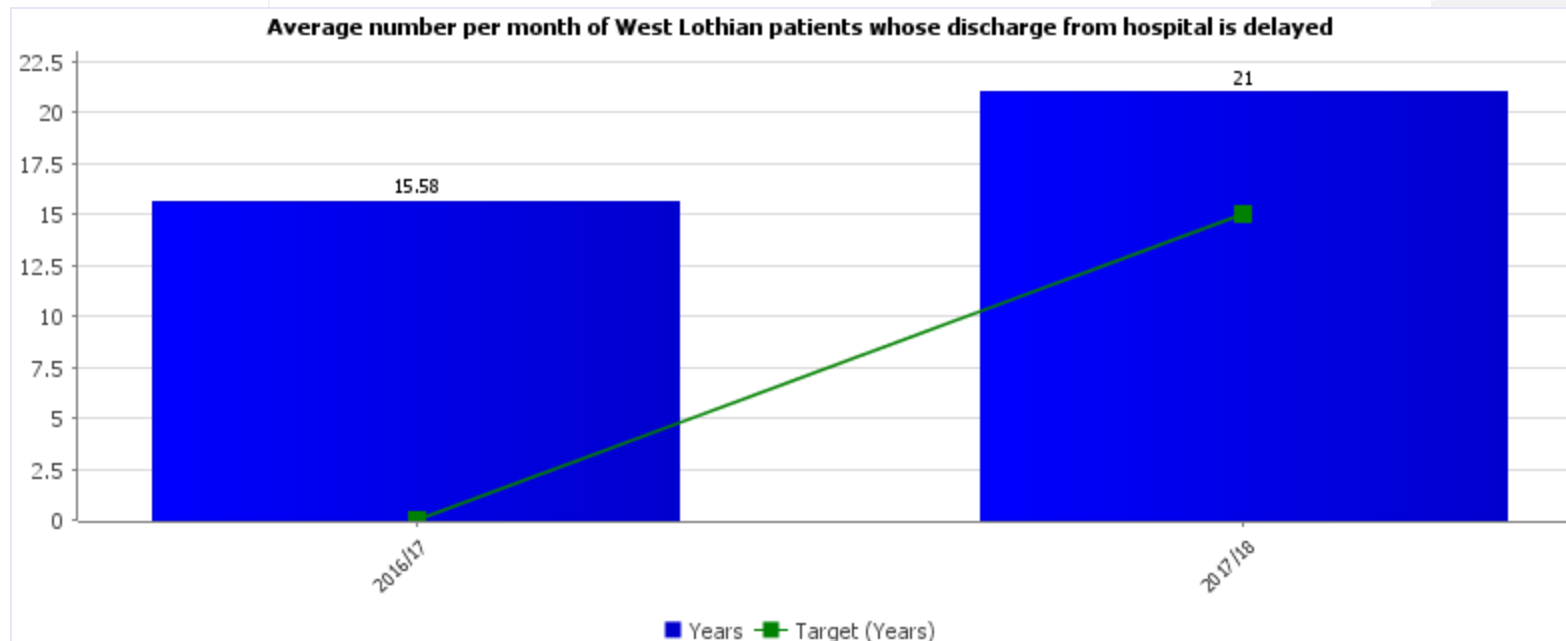
Levels of customer satisfaction are consistently high, exceeding 95% for each for the five years to 2017/2018. Performance in 2017/2018 improved by 1.5% against the previous year but this is very marginal and remains within normal parameters for this service. It is noted that the number of responses for last year (2016/2017) and this year (2017/2018) is lower than in previous years. It is likely that this is due to a change in the return mailing process. The team will review surveying methodology with a view to improving the response rate in 2018/2019.

Performance in relation to overall customer satisfaction in older peoples services compares well with that of other groups in the Community Care WLAM group. There are four groups in all with performance ranging from 92% to 100%. The Older People's Service ranks 2nd in the group of 4.

The service is committed to sustaining very high standards of satisfaction and will support this by; responding to customer comments and suggestions; collating improvement actions from complaints and regularly reviewing care plans in consultation with service users and their carers.

Since performance is consistently high, the target will remain at 97% for 2018/2019 which is thought to be a realistic target for a service of this nature.

PI Code & Short Name	CP:SPCC019_9b.1a Average number per month of West Lothian patients whose discharge from hospital is delayed	PI Owner	zSPCC_PIAAdmin; Gerard Cunliffe
Description	This indicator measures the number of people waiting more than two weeks to be discharged from hospital. This is a key performance measure in the Government's Reshaping Care for Older People strategy. The performance is reported monthly to the Scottish Government; the data is presented here as a monthly average across the whole year. This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 4 which is improving the quality of life for older people.	Traffic Light Icon	
		Current Value	21
		Current Target	15



Trend Chart Commentary:

The national standard for discharge from hospital once treatment is concluded is two weeks although a challenging target of 72 hours has also been introduced. New definitions of what constitutes a delayed discharge were introduced in July 2016 expanding the range of people who would be included in the category of 'delayed'. It is not therefore possible to meaningfully compare performance prior to this date.

Performance for 2017/2018 has been significantly below target and due to sustained difficulty in consistently sourcing services both in the care at home and the care home market. In relation to care at home, restrictions on new business being imposed on a small number of providers pending required improvements has had a detrimental effect on overall performance. In addition the number of available vacancies in the independent care home sector has significantly decreased impacting on efficient flow from hospital to a homely environment.

Nevertheless, reflected as an overall percentage of delayed discharges in the Lothian partnership, West Lothian's performance remains relatively strong. Although West Lothian's has 21% of the overall percentage in Lothian, the percentage share of overall delays remains significantly lower.


In addition to operational interventions, an ambitious programme of change to improve performance has been introduced by the Health and Social Care Partnership. The Frailty Programme aims to build on the potential of integration to support the design and availability of community services. The scale of the programme is such that full delivery will require an implementation timetable of one to two years.

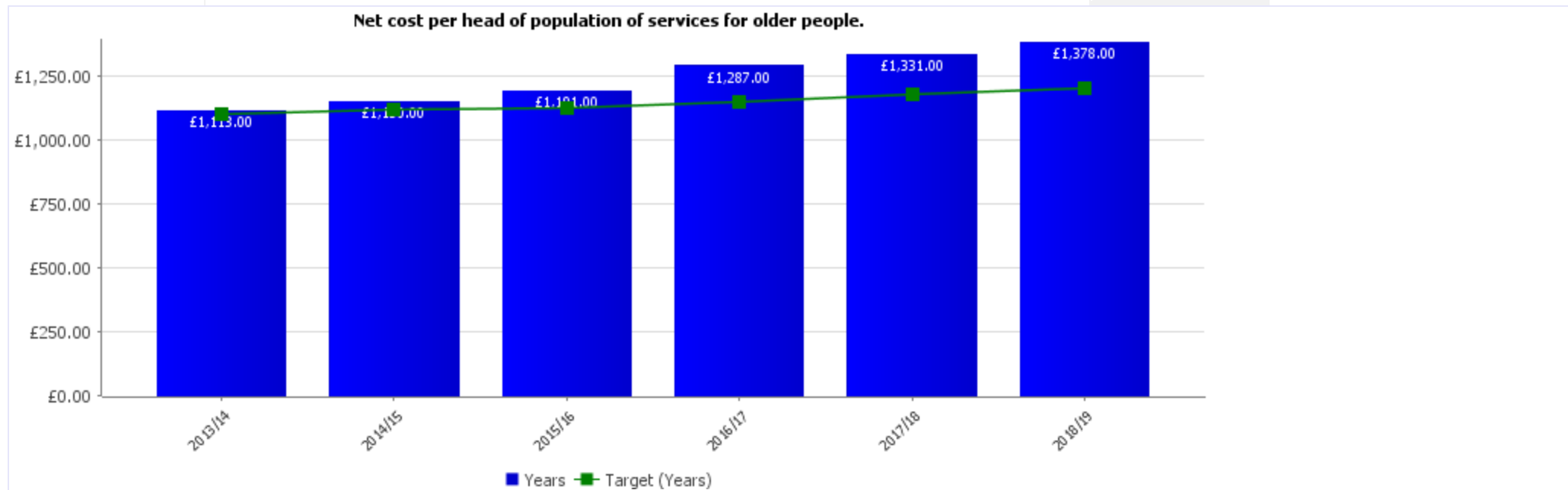
The contract for Care at Home will be re-designed to address the key challenges. It is anticipated that the new contracts will be awarded by 30th September, 2019. Redesign will take consideration of

benchmarking across Scotland for best practice and best value.

The target has been reviewed to reflect the scale of the ongoing challenge in relation to supply of services. Pressure due to demographic growth and more people living longer with long term conditions is resulting in an increased demand for services.

The longer term target for this performance indicator is to achieve 10 by 2022/23 and this was set in the development of the council's Corporate Plan.

PI Code & Short Name	P:SPCC024_9a.1a Net cost per head of population of services for older people.	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	Average annual cost per person of services for people aged 65 and over. The scope of this indicator covers a range of services including Care at Home, Care Homes, Housing with Care, Occupational Therapy, and Assessment and Care Management. The cost per person is calculated by dividing the cost of the services in scope by the estimated 65+ population.	Traffic Light Icon	
		Current Value	£1,378.00
		Current Target	£1,200.00




Trend Chart Commentary

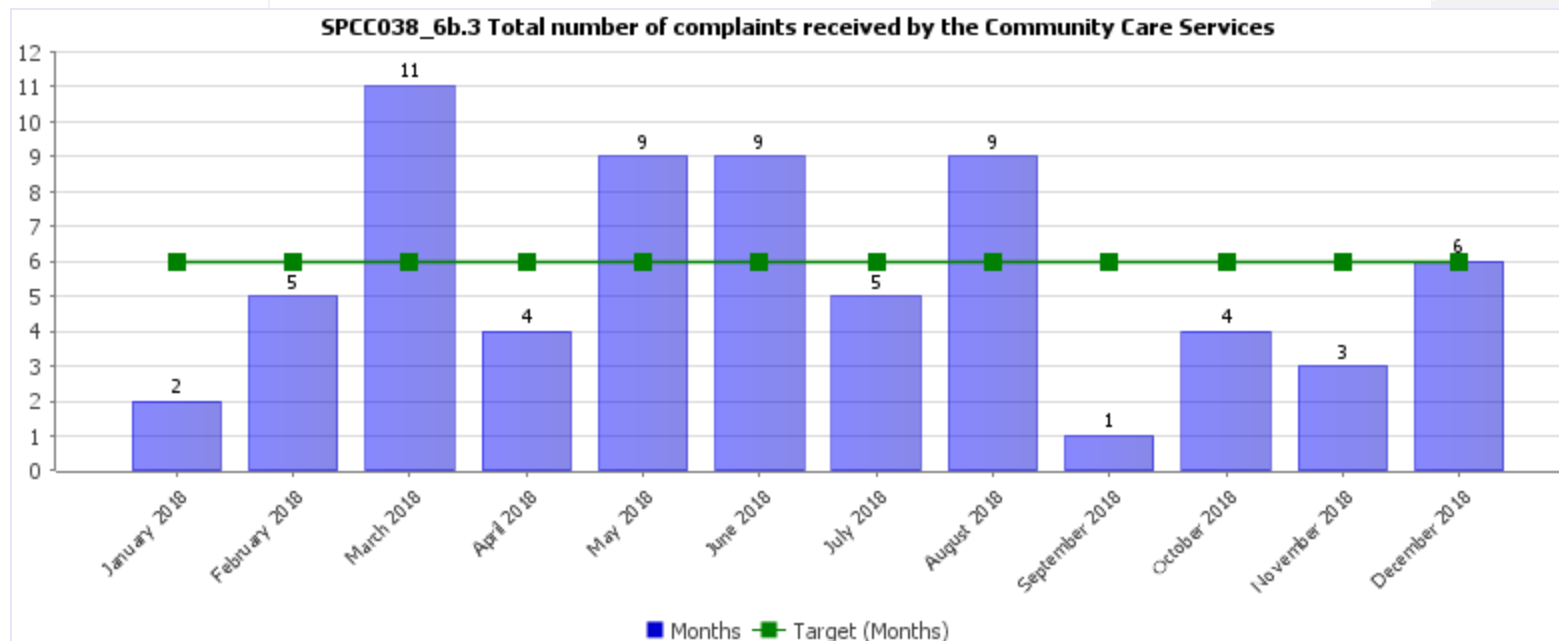
West Lothian has one of the lowest costs yet is consistently assessed as one of the highest quality for all social care categories. The cost per person is calculated by dividing the cost of the services in scope by the estimated 65+ population (using data from the General Register Office of Scotland).

More people are living longer with multiple physical and mental health conditions and often complex care and support needs. Ensuring that people who's needs are increasingly complex can be supported safely at home requires enhanced care services which increases the average cost per person.

The target is set based on the previous year budget with an inflationary (CPI) increase applied.

Benchmarking comparisons are subject to time delay in the publishing of data; the average expenditure on social care services to older people (65+) with learning disabilities in Scotland in 2014/15 was £1,400 (source CIPFA)


PI Code & Short Name	SPCC038_6b.3 Total number of complaints received by the Community Care Services	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	This indicator measures the total number of complaints received by Community Care. It is the total number of complaints received by Community Care at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). The information is recorded on the council's Complaints Records Management system which allows systematic performance reporting and analysis of trends. Complaint outcomes are analysed to inform improvement plans.	Traffic Light Icon	
		Current Value	6
		Current Target	6



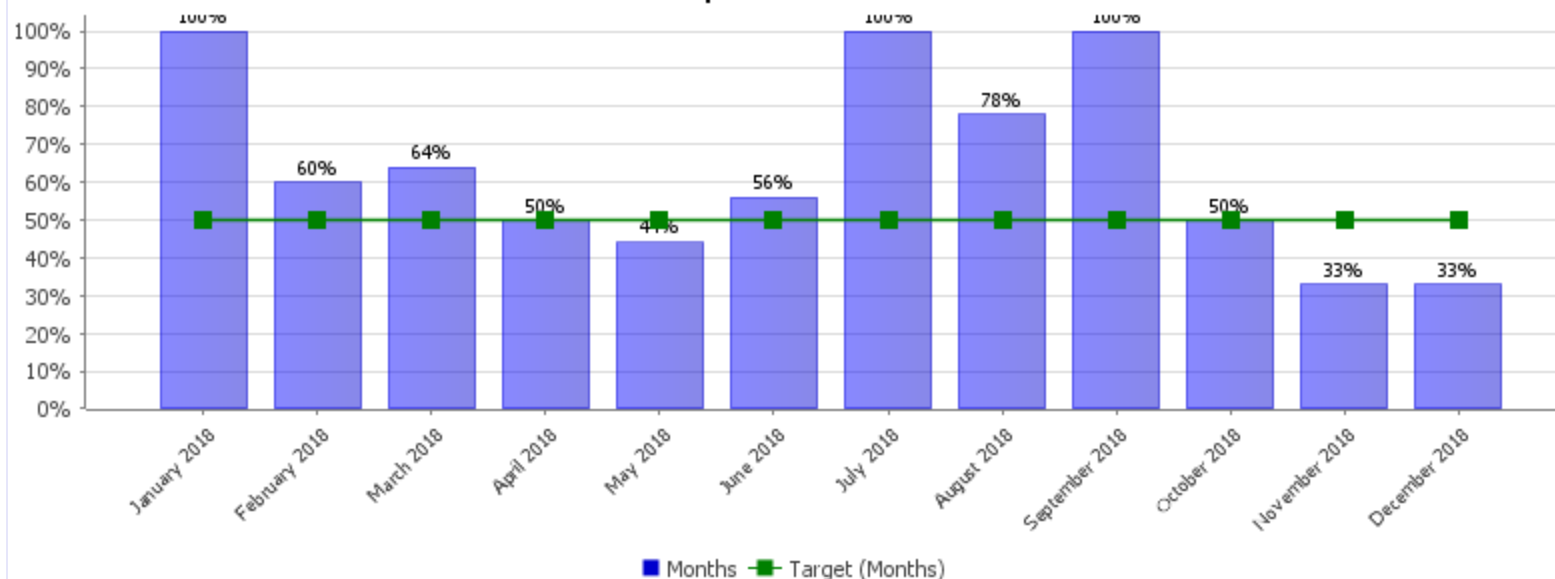
Trend Chart Commentary:

The number of complaints in 2018 has been variable, although presenting low numbers graphically or as a percentage does tend to exaggerate dips and peaks in performance. Nevertheless, there was a sharp increase in the number of complaints in March 2018. Complaints are systematically analysed both at an individual and aggregate level to inform trends and areas for improvement but it has not been possible to identify any consistent trend which would inform monthly variations in performance. Where individual complaints are upheld or partially upheld, the service ensures that required improvements are identified and implemented.

The performance target going forward will remain at 6% which is just under the average number of complaints received by the service in 2018.

PI Code & Short Name	SPCC041_6b.4 Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	This indicator measures the total number of council complaints received by Community Care which were upheld or partially upheld, as a percentage of all complaints received.	Traffic Light Icon	
		Current Value	33%
		Current Target	50%

SPCC041_6b.4 Percentage of complaints received by the Community Care Service that were upheld or partially upheld against the total complaints closed in full.




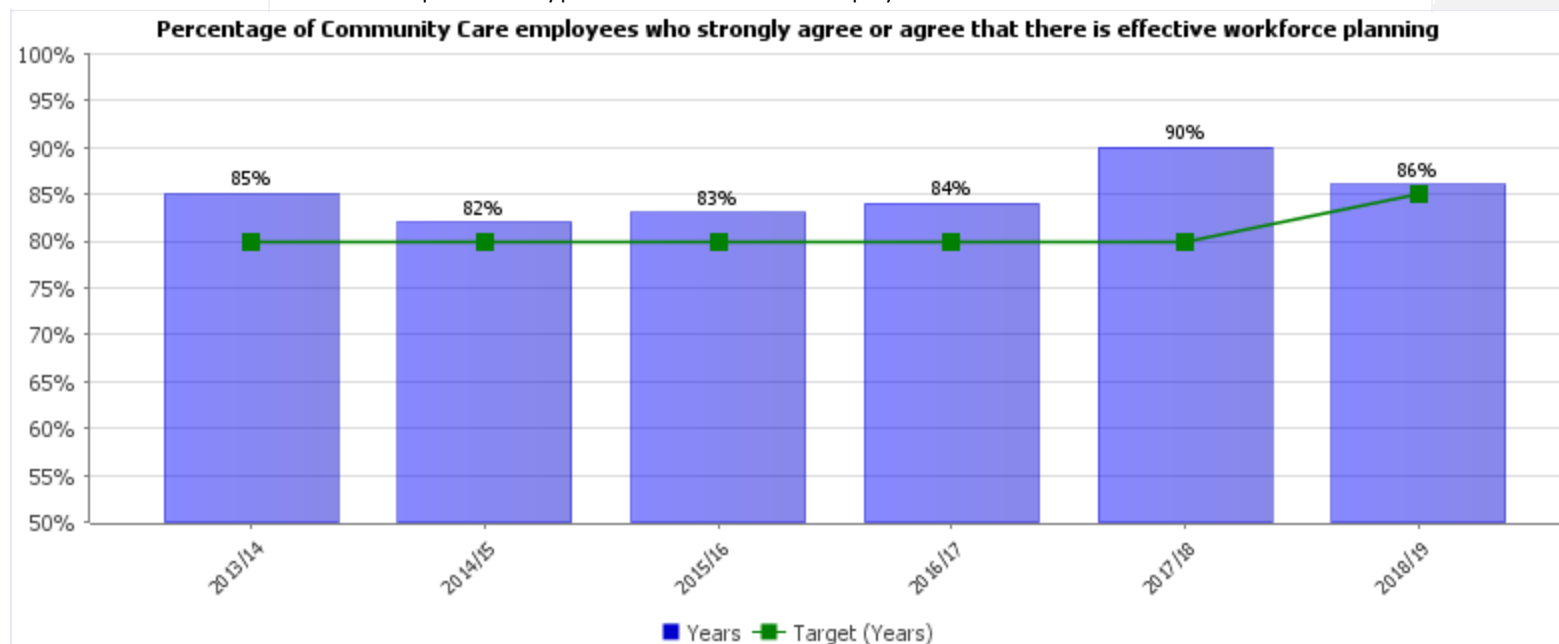
Trend Chart Commentary:

There is a significant month on month variation in performance during the reporting period. However, there has been no change in policy, procedure or a approach and it is concluded that this reflects simply the diversity of complaints received.

The number of formal Social Work complaints is relatively small (from 2 - 11 per month over the last year) so performance expressed as a percentage tends to appear as a very wide variation.

Over the past 12 months 56% of complaints on average have been upheld or partially upheld. The target will therefore remain at 50% for the following year.


PI Code & Short Name	SPCC050_7a.1 Percentage of Community Care employees who strongly agree or agree that there is effective workforce planning	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	<p>This is a measure of the level of employee satisfaction with workforce planning within the Community Care team. Percentage of respondents who strongly agreed or agreed:</p> <ul style="list-style-type: none"> - That they know what is expected of them at work (Q1) - They have the right materials, information and support they need (Q2) - They can meet the conflicting demands on time (Q3) - Feel safe and secure in their working environment (Q4) <p>Collected by Human Resources Services who carry out the corporate annual survey however, it is the responsibility of the individual service/WLAM unit to manage, analyse and record the data on Covalent, selecting the most meaningful data to develop into the key performance indicators of employee satisfaction.</p>	Traffic Light Icon	
		Current Value	86%
		Current Target	85%



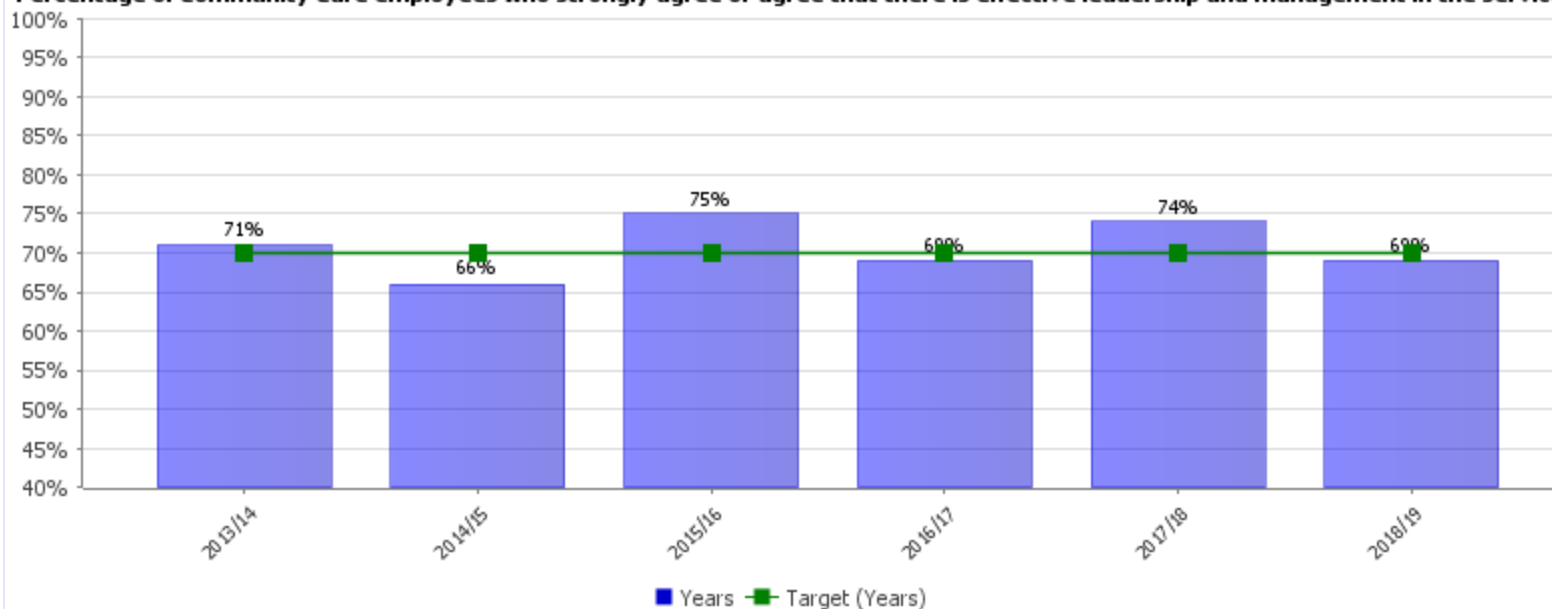
Trend Chart Commentary:

Performance of 86% in 2018/19 is higher than the council average of 83% though this is a 3% decline on 2017/18.

Staff survey results have to be seen in the context of pressures on staff due to increased workload demand, changes in systems and processes and changes related to the integration of health and social care. Accordingly the target for 2019/20 will remain at 85%

PI Code & Short Name	SPCC052_7a.3 Percentage of Community Care employees who strongly agree or agree that there is effective leadership and management in the service	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	<p>This performance indicator measures the level of employee satisfaction with leadership and management in the Community Care team.</p> <p>This is calculated by measuring the percentage of respondents to the council staff survey who strongly agreed or agreed that their line manager:</p> <ul style="list-style-type: none"> - Gives clear feedback on their work (Q7) - Encourages them to develop their skills and abilities (Q8) - Considers their personal welfare and helps them find a good work-life balance (Q9) - Clearly outlines their tasks and priorities (Q10) <p>The survey response is collected annually by Human Resource Services however, it is the responsibility of the service to manage, analyse and record the data on Covalent, selecting the most meaningful data to develop into the key performance indicators of employee satisfaction and set targets.</p>	Traffic Light Icon	
		Current Value	69%
		Current Target	70%

Percentage of Community Care employees who strongly agree or agree that there is effective leadership and management in the service




Trend Chart Commentary:

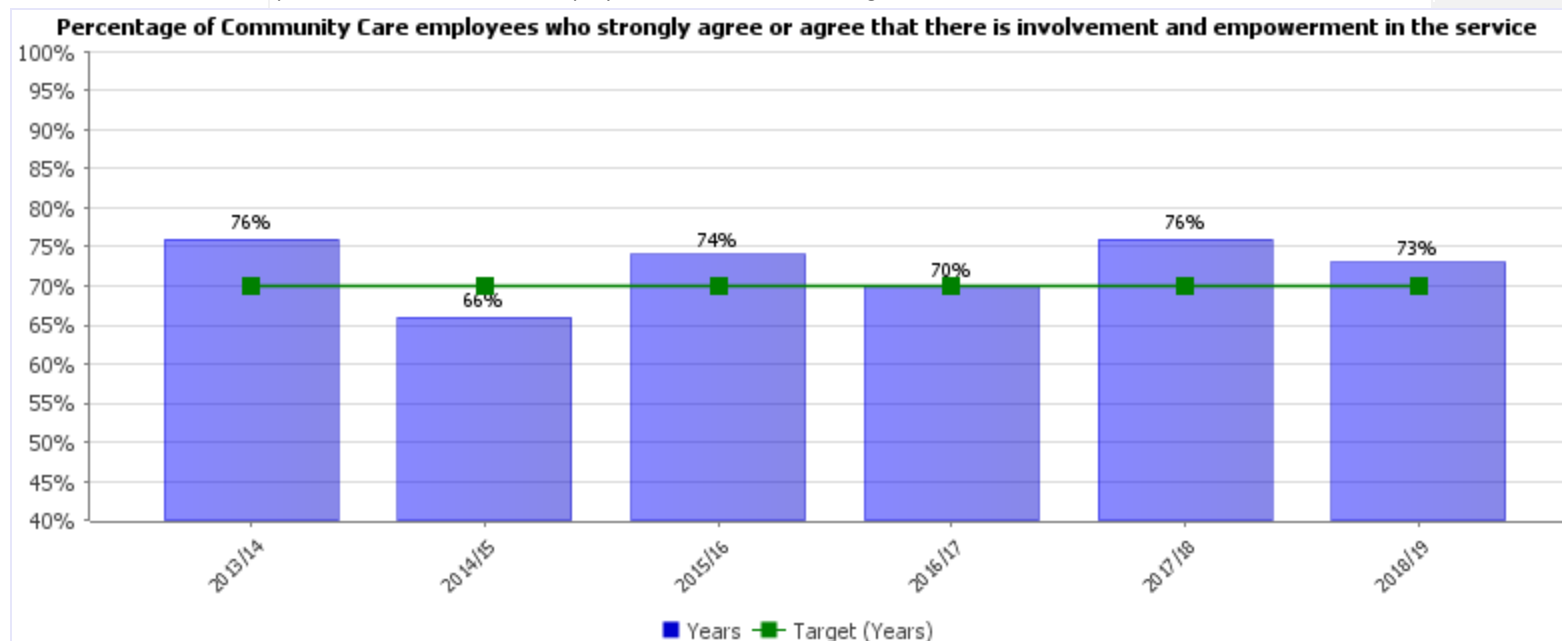
Performance of 69% in 2017/18 is higher than the council average of 68% though is a decline on the service result of 74% in 2017/18.

The service reviews the survey results with staff on an annual basis via a series of focus groups and developed a timetabled action plan based on the feedback.

Staff survey results have to be seen in the context of pressures on staff due to increased workload demand, changes in systems and processes and changes related to the integration of health and social care.

The target will remain at 70% for 2019/20 which is considered to be realistic given the pressures outlined above.

PI Code & Short Name	SPCC053_7a.4 Percentage of Community Care employees who strongly agree or agree that there is involvement and empowerment in the service	PI Owner	zSPCC_PIAAdmin; Alan Bell; Sharon Houston; Yvonne Lawton
Description	<p>This performance indicator measures the level of employee satisfaction with the level of staff involvement and empowerment in the Community Care team.</p> <p>This is calculated by measuring the percentage of respondents to the council staff survey who strongly agreed or agreed that they were:</p> <ul style="list-style-type: none"> - Involved in reviewing and improving the service (Q11) - Encouraged to make suggestions to improve the service and/or make it more efficient (Q12) - Regularly allowed to make decisions with the scope of their role (Q13) <p>The survey response is collected annually by Human Resource Services however, it is the responsibility of the service to manage, analyse and record the data on Cova lent, selecting the most meaningful data to develop into the key performance indicators of employee satisfaction and set targets.</p>	Traffic Light Icon	
		Current Value	73%
		Current Target	70%




Trend Chart Commentary:

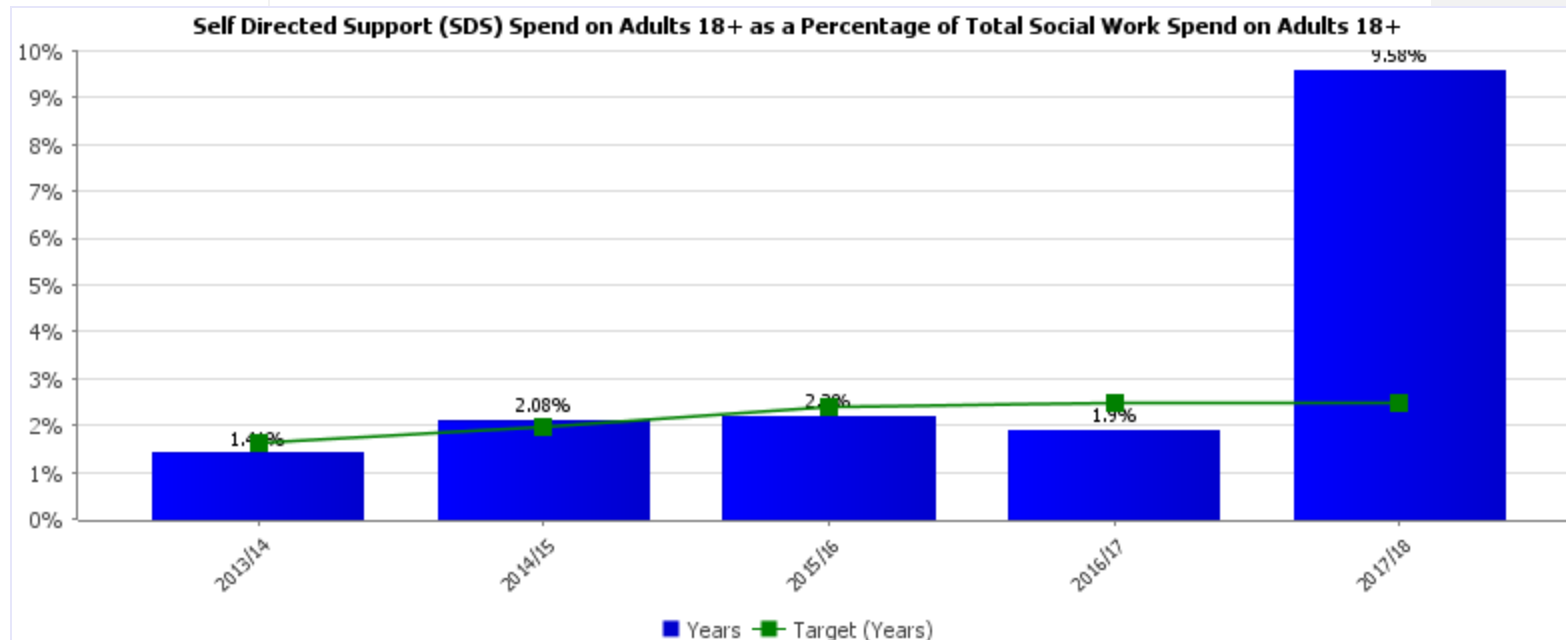
Performance of 73% in 2018/19 is above the council average of 72% and is an increase on the service result of 70% in 2017/18.

The service reviews the survey results with staff on an annual basis via a series of focus groups and develops a timetabled action plan based on the feedback.

Staff survey results have to be seen in the context of pressures on staff due to increased workload demand, changes in systems and processes and changes related to the integration of health and social care.

The target will remain at 70% for 2019/20 which is considered to be realistic given the pressures described above.

PI Code & Short Name	CP:SW02 Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+	PI Owner	zAdmin_SW; Alan Bell; Sharon Houston; Yvonne Lawton
Description	SW02: Self Directed Support allows people needing support to choose how their support needs will be met. This indicator calculates the cost of Direct Payment and Managed Personalised Budget spend on adults as a proportion (%) of the total social work spend on adults (aged 18+). This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 4 which is improving the quality of life for older people.	Traffic Light Icon	
		Current Value	9.58%
		Current Target	2.5%



Trend Chart Commentary

The Social Care (Self Directed Support) (Scotland) Act 2013, redefined the delivery framework for all social care services and introduced four options which local authorities must ensure are offered to all service users. This reflects the strategic aim of promoting more individual choice and control over how services are delivered.

The percentage of spend on Direct Payments and Personalised Managed Budgets as a percentage of total spend has increased by 7.56% in 2017/18 from 2016/17. This increase is much more significant than in previous years and represents a significant shift in favour of Option 2 of the Self Directed Support (SDS) Framework.

The slow growth over the years 2013/14 to 2016/17 reflected market conditions at that time, with a very limited number of independent providers demonstrating capacity to grow their business in West Lothian.


Although committed to the personalisation agenda, West Lothian aims to support framework providers (option 3 or SDS framework) to improve performance. The target for 2018/19 will therefore be set at 9.5% which is felt to be realistic after a period of significant growth and planned improvements to the delivery of service via contracted providers.

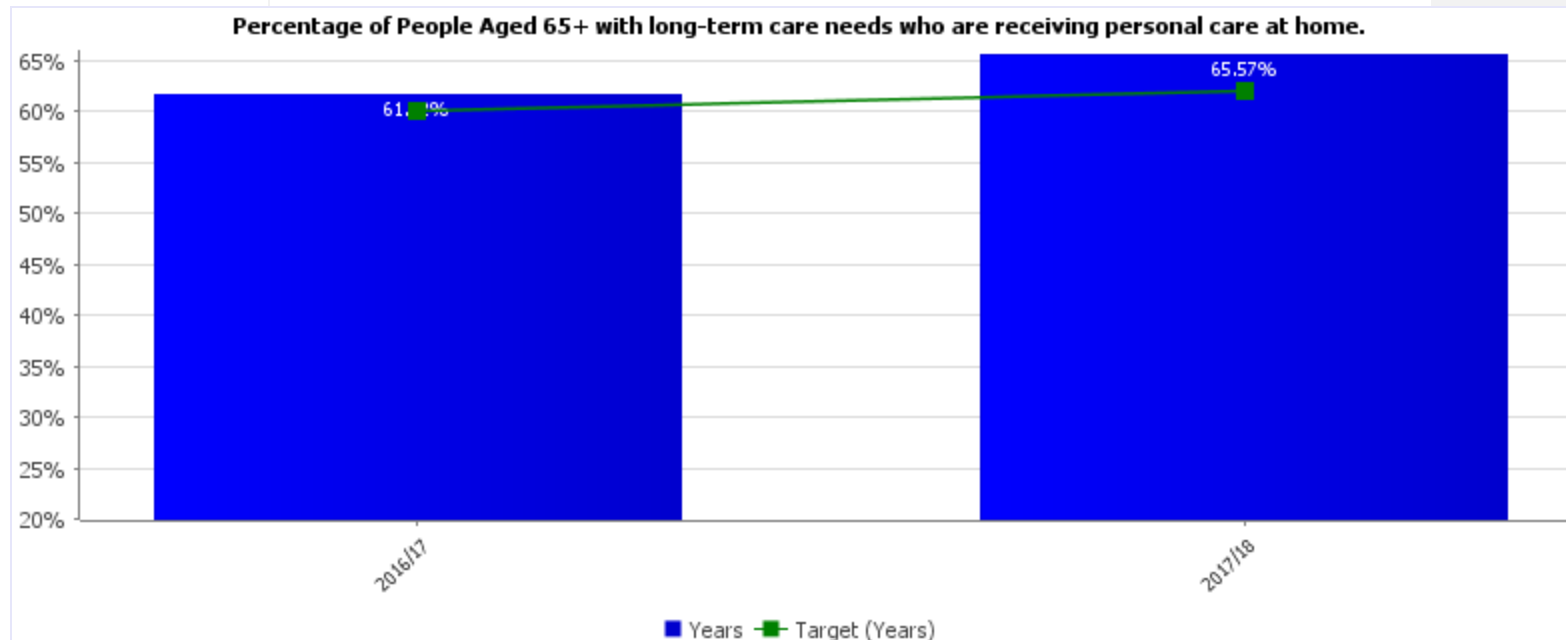
West Lothian Council ranked 3 out of 32 Scottish authorities in 2017/18, an improvement of 27 places from 2016/17. The Scottish average performance is 6.74% with West Lothian in the top quartile.

West Lothian Council ranked 1 out of the 8 authorities in the Family Group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire), an increase of 6 places on the previous year.

West Lothian analyses performance against the LGBF Family Group and also considers the shared learning from National Forums.

The data presented will be for the preceding financial year

PI Code & Short Name	SW03a Percentage of People Aged 65+ with long-term care needs who are receiving personal care at home.	PI Owner	zAdmin_SW; Pamela Main
Description	SW03a: This indicator measures the extent to which the council is maintaining people with intensive needs in the community. Home care is one of the most important services available to local authorities to support people with community care needs to remain at home. Increasing the flexibility of the service is a key policy objective for both central and local government, to ensure that people receive the type of assistance which they need, when they need it. The indicator demonstrates councils' progress towards this policy goal of shifting the balance of care in favour of community based services.	Traffic Light Icon	
		Current Value	65.57%
		Current Target	62%




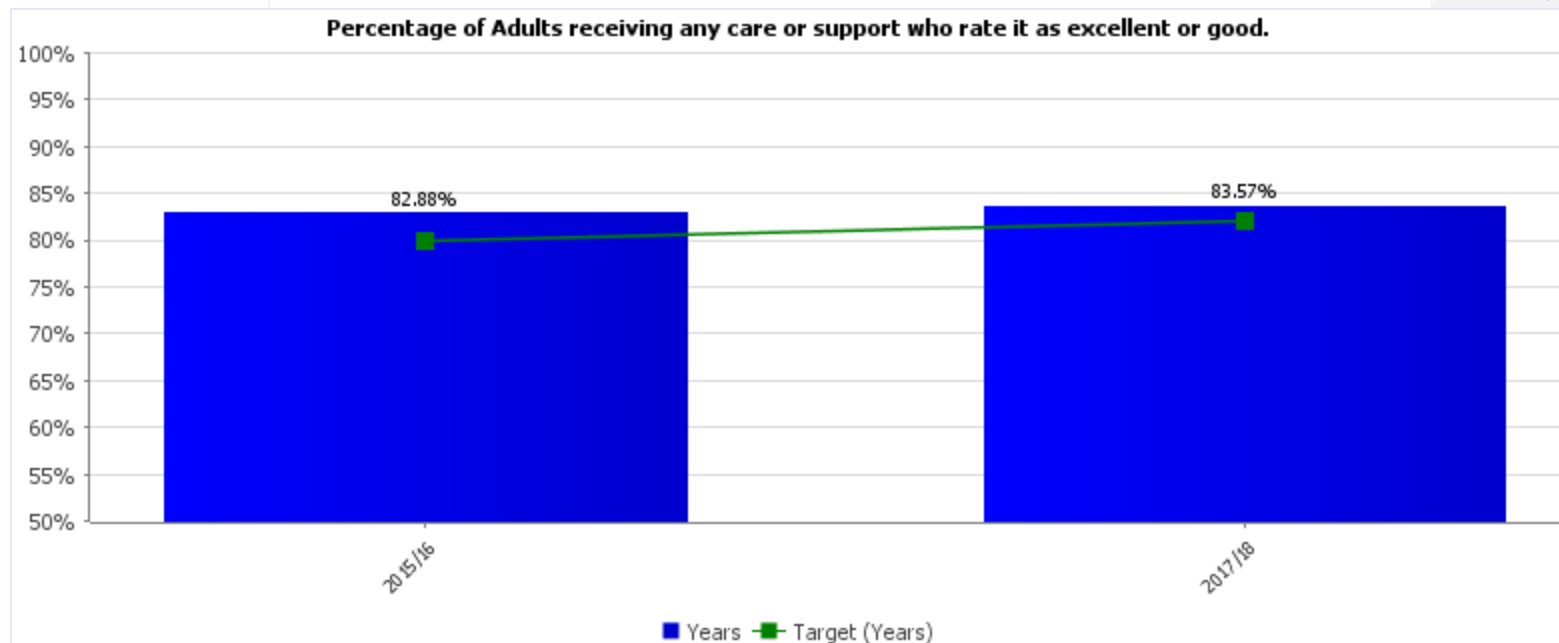
This measure was introduced to the Local Government Benchmarking Framework (LGBF) in 2017/18 and since data is only available for the past two years, trend analysis is limited. West Lothian improved performance by 3.58 % in 2017/18 against performance in 2016/17. West Lothian ranks 14 of 32 authorities in Scotland in 2017/18 an improvement of 3 places against performance in 2016/17. Performance in relation to this balance of care indicator ranges from 42.57% (lowest) to 73.68%.

West Lothian is ranked 2nd in the LGBF Family Group which comprises; South Lanarkshire, Fife, South Ayrshire, Clackmannanshire, Falkirk, Dumfries & Galloway and Renfrewshire.

Although trend information is limited current performance evidences West Lothian's commitment to shifting the balance of care in favour of community based services.

West Lothian Council implemented a revised criteria threshold for formal care services in October 2018. This is based on the nationally agreed eligibility framework and brings West Lothian into line with most other Scottish Authorities. However, the impact will be to reduce the number of people in receipt of care at home services and is likely also to impact on this indicator. For these reasons, the target for 18/19 will be reduced slightly to 64%.


PI Code & Short Name	SW04a Percentage of Adults receiving any care or support who rate it as excellent or good.	PI Owner	zAdmin_SW; Pamela Main
Description	SW04a: This indicator measures the proportion (%) of all adults surveyed who rated the care or support received as excellent or good. This data is drawn from the Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Services survey).	Traffic Light Icon	
		Current Value	83.57%
		Current Target	82%



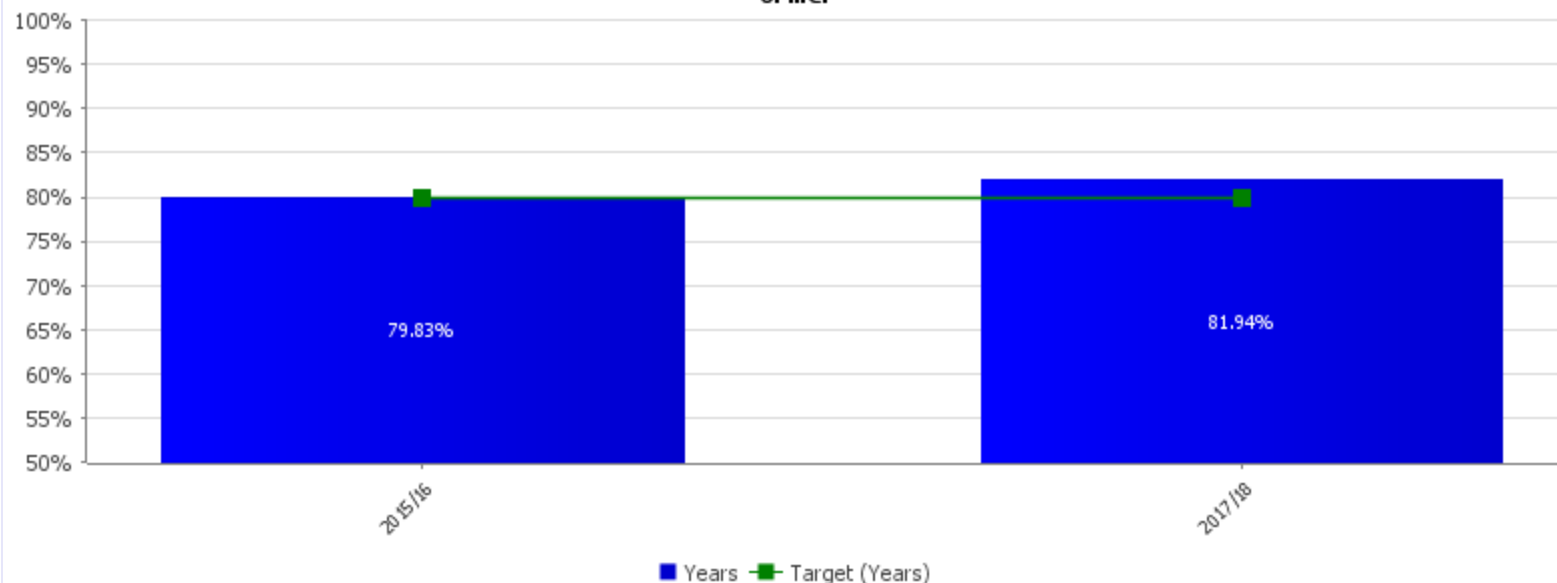
This indicator was introduced to the Local Government Benchmarking suite in 2015/2016. The data is drawn from the Health and Care Experience Survey which takes place every two years. Trend analysis is difficult because data sets are available from only two surveys. However, West Lothian's Performance in 2017/18 has improved slightly by just under 1% on performance of 2015/16.

West Lothian is ranked 7 of 32 authorities in 2018/19 and this is an improvement of 15 places since 2015/16. In addition West Lothian ranks 3rd in the LGBF Family Group which comprises; South Lanarkshire, Fife, South Ayrshire, Clackmannanshire, Falkirk, Dumfries & Galloway and Renfrewshire.

This is a very positive reflection on West Lothian's commitment to providing high quality services and excellent customer care. The target for 2019/20 will be set at 85% to recognise the impact of service commitment to continuous improvement but is also felt to be realistic for a service of this nature.

PI Code & Short Name	SW04b Percentage of Adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	PI Owner	zAdmin_SW; Pamela Main
Description	SW04b: This indicator measures the proportion (%) of all adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. This data is drawn from the Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Service survey).	Traffic Light Icon	
		Current Value	81.94%
		Current Target	80%


Percentage of Adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.

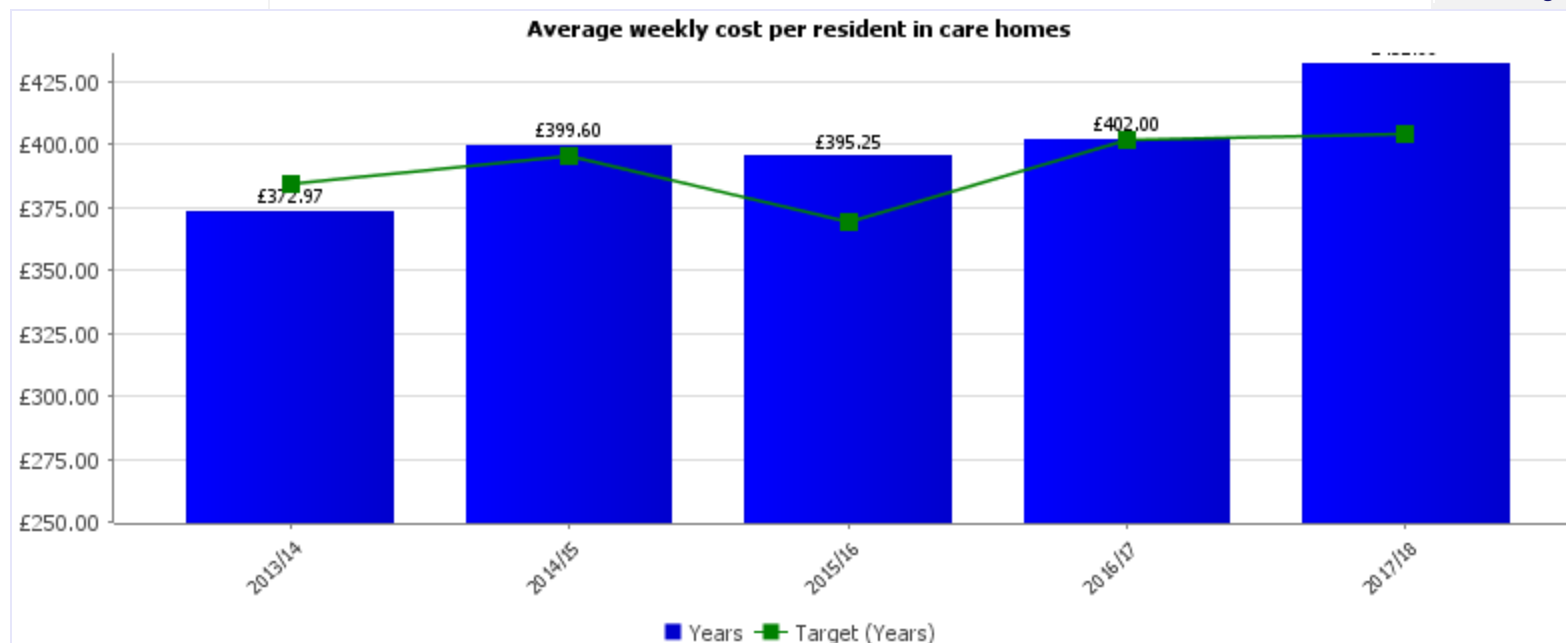


This indicator was introduced to the Local Government Benchmarking suite in 2015/2016. The data is drawn from the Health and Care Experience Survey which takes place every two years. Trend analysis is difficult because data sets are available from only two surveys. However, West Lothian's Performance in 2017/18 has improved by over 2% on performance of 2015/16.

West Lothian is ranked 10 of 32 authorities and this is an improvement of 20 places since 2015/16. In addition West Lothian ranks 3rd in the LGBF Family Group which comprises; South Lanarkshire, Fife, South Ayrshire, Clackmannanshire, Falkirk, Dumfries & Galloway and Renfrewshire.

This is a very positive reflection on West Lothian's commitment to providing high quality services and excellent customer care. The target for 2019/20 will be set at 84% to recognise the impact of the service commitment to continuous improvement but is also felt to be realistic for a service of this nature.

PI Code & Short Name	SW05 Average weekly cost per resident in care homes	PI Owner	zAdmin_SW; Alan Bell; Sharon Houston; Yvonne Lawton
Description	SW05: Net expenditure on residential care is defined as gross expenditure on Care Homes (excluding spending on other accommodation based services - non-respite) minus income.	Traffic Light Icon	
		Current Value	£432.00
		Current Target	£404.00



The average weekly cost per resident in a care home in West Lothian in 2017/18 increased by 7.5% from the previous year. West Lothian Council has consistently complied with the agreed rate for the National Care Home Contract. The Council also complies with the National Guidance on Residential Care Charging rules in terms of calculating service user contribution. The gross cost of residential care for Older People since 2011 has risen only in line with any Nationally agreed increases to the contract rate. Percentage variation above or below inflationary increases on the net cost to West Lothian Council is affected only by the financial circumstances of people applying for residential care - a variable which is out with the council's control.

Target setting reflects the % increase for the reporting year which will always be the preceding financial year.

West Lothian Council ranked 21 of 32 Scottish authorities in 2017/18, a dip of 1 place from 2016/17. The Scottish average performance is £379 compared to West Lothian Council's performance of £432. West Lothian is within the third quartile.

West Lothian Council ranked 8 out of the 8 authorities in the Family Group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire). The top performing council in the Family Group continues to be Dumfries & Galloway Council who are ranked 1 across the 32 Scottish authorities. The family grouping for this category is based on areas of deprivation/affluence.

West Lothian analyses performance against the LGBF Family Group and also considers the shared learning from National forums.



PERFORMANCE COMMITTEE

SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – CHILDREN AND FAMILIES

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The report provides Performance Committee with an overview of a service assessment from the West Lothian Assessment Model process (2017/20).

It also provides a summary of recommendations from the officer-led scrutiny panel that have been identified for action and are to be delivered by the service management team.

B. RECOMMENDATIONS

It is recommended that the Performance Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

C. SUMMARY OF IMPLICATIONS

- | | | |
|------|--|--|
| I. | Council Values | <ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunity• Developing employees• Making best use of our resources• Working with other organisations |
| II. | Policy and Legal | The West Lothian Assessment Model programme is a key part of the council's Best Value Framework, ensuring that there is robust internal scrutiny and support for continuous improvement of services. |
| III. | Implications for Scheme of Delegations to Officers | None |

IV.	Impact on performance and performance indicators	The report provides a summary of performance indicators from a key council service to support effective elected member scrutiny.
V.	Relevance to Single Outcome Agreement	The council has adopted an EFQM-based approach to performance management. This is reflected in the type of indicators used, including council indicators in the SOA.
VI	Resources - (Financial, Staffing and Property)	From existing budget.
VII.	Consideration at PDSP/Executive Committee required	Service performance is considered at the appropriate PDSP on an ongoing, scheduled basis.
VIII.	Details of consultations	None.

D. TERMS OF REPORT

D.1 Background

Self-assessment is an important part of the council's Best Value Framework, ensuring that there is rigorous challenge of performance and continuous improvement is embedded at all levels of the organisation. Regular, programmed self-assessment is also an integral part of improvement planning and preparation for external inspection.

This report provides the outcome from the self-assessment of the Performance and Improvement Service and the agreed recommendations for improvement for the service, as well as a summary overview of performance.

The WLAM applies an evidence-based, rigorous assessment model – the European Foundation for Quality Management (EFQM) framework. This requires employees to consider the long-term impact of the service in the stated strategic objectives. In detail, the service must consider the effectiveness of leadership, strategies, policies, processes and procedures and also, how effectively the service manages relationships with employees, partners and customers.

D.2 Service Overview

Head of Service: Jo MacPherson, Head of Social Policy (Interim)

Service Managers: Tim Ward and Susan McKenzie, Senior Managers

The Children and Families service comprises a wide range of teams providing interventions for children and their families experiencing a need for support.

The service includes the following teams: Sure Start, Family Centres, Parenting Team, Mental Health and Wellbeing team, school attendance improvement service (AIMS), Child Disability Service, Whole Family Support Service, Child Care and Protection teams, Inclusion and Aftercare Service, Family Placement Team, Residential Children's Houses, Children's Rights Service, Reviewing Officer Team, Domestic and Sexual Assault Team (DASAT), Social Care Emergency Team (SCET), Public Protection lead officers and emergency planning.

The service provides support from pre-birth to age 26 for those who have experienced care.

The main aim of the service is to ensure that children, young people and their families can maximise their potential through the identification and provision of additional support and protection. This includes disabled children, young people and their families. The service is committed to providing services that are child-centred, developed in partnership with other organisations and with families themselves, that tackle inequalities and are focused on improving outcomes for children. These aims are in line with Getting It Right For Every Child (GIRFEC) principles. The service is committed to providing help that is appropriate, proportionate and timely to ensure children and young people have the best start to their lives building on family strengths and promoting resilience. It is focused on keeping children safe and teams also provide support through statutory intervention, looked after children services and child protection interventions when these are needed. The service is focussed on minimising the impact of child poverty wherever possible.

The service is also working to shift the balance of care, this means providing support to families and the wider family network to enable them to safely continue to care for children and young people in challenging circumstances. This also means where children or young people require to be accommodated away from home that more use is made of community based resources with less reliance on residential care out with West Lothian.

A summary of the service activities and resources is contained within Appendix 1.

D.3 Service Contribution to Corporate Priorities

Children and Families is part of Social Policy and works with NHS services, through the Health and Social Care Partnership (HSCP), to deliver integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society.

The service makes a critical contribution to the council's number two and seven corporate priorities. In particular, the service has responsibility for a number of deliverables in the Corporate Plan:

Priority 2 – delivering positive outcomes and early interventions for early years

- Develop more sustainable models of parenting support work within home, community and education settings.
- Providing support to vulnerable children and young people to achieve sustainable positive outcomes and destinations in line with priorities in the West Lothian Corporate Parenting Plan.

Priority 7 – reducing crime and improving community safety

- Protecting those in our community who are most at risk by providing effective interventions across the four main strands of public protection; Child Protection, Adult Support and Protection, Violence.

The service also works closely with Education Services to support targeted young people and towards priority 1 – improving attainment and positive destinations. Also, through the wide range support and interventions it delivers, the service makes a contribution to positive outcomes in priority 5 – minimising poverty, the cycle of deprivation and promoting equality.

Service contribution to the Corporate Plan will be delivered through a range of policies and procedures, with progress reported through the Corporate Plan scorecard (and the monitoring arrangements in place).

D.4 West Lothian Assessment Model

The service went through the West Lothian Assessment Model process in 2017/18, with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model.

The service scored a total of 539 (out of 1,000). This was an improvement on the service score in the last programme (2014/17) and above the current council average. To date, a total of 20 services have been assessed in the council's rolling three-year programme.

An overview of the service's scores in the last four cycles is set out in table 1. The trend column is based on a comparison between the base position (2008/10) and the current WLAM score.

Table 1: WLAM Scores (2008/10 to 2017/20)					
WLAM Criteria	2008/10	2011/13	2014/17	2017/20	Trend
1 Leadership	-	47	62	66	↑
2 Strategy	-	50	60	62	↑
3 People	-	54	55	72	↑
4 Partnerships and Resources	-	65	56	66	↑
5 Services and Processes	-	58	53	51	↓
6 Customer Results	-	39	61	66	↑
7 People Results	-	9	45	44	↑
8 Society Results**	-	20	40	50	↑
9 Business Results	-	41	50	62	↑
Total score	-	395	482	539	↑
WLC average total score	385	411	468	525*	

* WLC Average to date (based on 20 assessments)

** Criterion is scored corporately and uses validated scores from external EFQM assessments.

For the 2008/10 cycle, Children and Families was split into three teams; Practice Teams (406), Specialist Services (404) and Looked After Children (342). Thereafter, it has been assessed as one service.

Compared to the previous cycle, the service has improved scoring in the 2017/20 cycle in all but two criteria, Strategy and Services and Processes. Relative to other council services, the strength of the service when assessed was the approach to managing and developing employees (People) which was 9 points above the council average. In this cycle, the service is above the current council average for all criteria except Strategy and Services and Processes.

Like many other council services, the service should develop the results it has in place to monitor employee policies and plans (People Results) and may also consider a review of key activities and processes, ensuring that they are fully optimising the value and efficiency of processes.

Results may be improved with a review of target setting rationale and by increasing the use of benchmarking data with relevant comparators. There are five indicators included within the Local Government Benchmarking Framework (LGBF) and compare performance across the 32 Scottish local authorities. These include cost indicators, balance of care for looked after children, number of placement moves and child protection registration.

D.5 Review Panel Outcome

The Review Panel in the WLAM Programme 2017/20 has three possible outcomes that will identify the progress and risk level of service performance and subsequently, the level of scrutiny that will be applied to the service during the period of the WLAM programme (three years).

The Review Panel outcome is determined by a Panel of three senior officers and is chaired by the Chief Executive.

Table 2: Review Panel Outcome		
Review Panel Cycle		
Cycle 1	The service will return to the panel within three years	✓
Cycle 2	The service will return a report to the Panel within 12 months, who will determine if the service are to move to Cycle 1 or 3	
Cycle 3	The service must return to the Review Panel no later than one year (12 months) from the date of the last report.	

Children and Families was placed on **Cycle 1** by the Review Panel in August 2018. The service will not return to the Panel until the next programme (2020/23).

The service achieved this outcome as it was able to demonstrate strong performance to the Panel and evidence a robust approach to performance management.

Performance management

Performance management standards have been established to help the Panel consistently identify good or poor practice in relation to performance management and to help services address any deficiencies in their performance or management approaches. The following table sets out the evaluation for the service:

Table 3: Evaluation of Performance Management in the service	
Management standard	Service evaluation
Scope and relevance of performance data	The service have identified PIs to monitor progress in most of the key activities and outcomes/ priorities
Compliance with corporate requirements	The performance framework of the service meets the basic corporate requirements
Approach	The service's approach to managing performance is sufficient and will help the service to improve
Management of data	Managers and team leaders positively engage with the performance and actively use the data to improve
Management of information	Performance is reported and communicated effectively to Elected Members, senior officers, employees and the public

Performance trends	PIs show good performance and the panel has confidence that this will continue to be sustained by the service
Targets and thresholds	Targets and thresholds have a clear rationale for most PIs and support performance management and improvement
Benchmarking	The service has comparative data for the PIs that measure some of the key activities and outcomes/ priorities and the service compares well
WLAM score	The service achieved a score of over 500 in the WLAM process

As well as the additional scrutiny, there is ongoing monitoring and reporting of service performance through internal performance management procedures. The service will also continue to report key performance publicly and through agreed committee performance reporting arrangements.

D.6 Recommendations for Improvement

A number of recommendations have been set out for action by the service to improve performance.

The Review Panel key findings and recommendations for the service are:





1. The Panel noted the positive performance of the service in the key measures.
2. The Panel noted the progress update on the actions from external inspection activities in the service and that Quality Review Groups have been established in the service to drive this activity.
3. The Panel recommended that the service needs to better engage service users and parents in future redesign activities, to ensure that the voice of the customer is fully evident in service changes and improvements.
4. The Panel encourage the service to develop a plan to increase participation in the Looked After Children (LAC) reviews.
5. The service should review the customer engagement approach, investigating new methods and good practice in other areas, with the aim of improving the capture of service users' views.
6. Senior managers should consider dissemination of responsibilities for the management of performance to group and team managers in order to increase awareness of service performance and corporate processes.
7. The service should aim to improve staff satisfaction with reward and recognition across all teams.
8. The service should continue to review targets and thresholds set for performance indicators, ensuring they encourage improved levels of performance.
9. The service should continue to develop the benchmarking approach, identifying appropriate benchmarks and using this to improve performance. The Panel noted that the service has pursued the capture of comparative data

from other local authorities.

Progress in these actions will be reviewed at the next Review Panel.

D.7 Service Performance

The service has a total of 95 performance indicators on the council's performance management system (Pentana). At present, the status of those indicators are as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
 Green	66
 Amber	8
 Red	8
 Unknown	13

An overview of the performance indicators categorised as Public or High Level for the service is included in Appendix 2.

D.8 Service Benchmarking

In terms of LGBF benchmarking, the service compares well in terms of balance of care, ranked at 14 (out of 32) overall in Scotland with performance of 89.63 percent, which is around the same as the Scottish average. In terms of placement moves of more than 1, West Lothian is also ranked at 14 (out of 32) overall in Scotland with performance of 19.96 percent, which is better than the Scottish average of 21.18 percent.

LGBF benchmarking for children and families occurs at one national event where best practice is shared. The service has used these events to make contact with other council areas and visit these areas to discuss improvements. In recent months this has taken place with Fife, Perth and Kinross and East Renfrewshire.

The service does make use of nationally reported data sets such as the Looked After Children statistical bulletin published by Scottish Government.

There are five indicators in the Local Government Benchmark Framework (LGBF) that are aligned with the activity of Children and Families. The data for 2017/18 will not be published by the Improvement Service until February 2019, however the performance and ranking information for 2016/17 for the three most significant indicators has been provided below.

CHN09 - Balance of Care for Looked After Children: Percentage of Children being Looked After in the Community

89.68% of looked after children were looked after in community placements, this is very similar to the Scottish average of 89.87%.

CHN22 – Percentage of child protection re-registrations within 18 months

A total of 4.38 percent of child protection registrations in West Lothian were re-registered within 18 months. This was lower than the Scottish average of 6.46 percent and ranked at 11 (out of 32) overall in Scotland.

CHN23 – Percentage of LAC with more than 1 placement in the last year (Aug-July)

A total of 19.96 percent of Looked After Children in West Lothian had more than one placement in 2016/17. This was lower than the Scottish average of 21.19 percent and ranked at 14 (out of 32) overall in Scotland.

E. CONCLUSION

Children and Families completed the WLAM process as part of the council's corporate programme of self-assessment. This is a critical part of the council's internal scrutiny arrangements and helps to ensure that excellent practice and performance is supported and that the principle of continuous improvement is adopted in all council services.

The service achieved a total score of 539 and was placed on Cycle 1 by the Review Panel and will not return to the Review Panel until the next programme (2020/23).

BACKGROUND REFERENCES

[West Lothian Council Corporate Plan 2018/23](#)
[West Lothian Council Improvement Strategy 2018/23](#)
[Social Policy Management Plan 2018/19](#)

Appendices/Attachments: 2
Appendix 1_Social Policy Management Plan Extract
Appendix 2_Performance Indicator Report

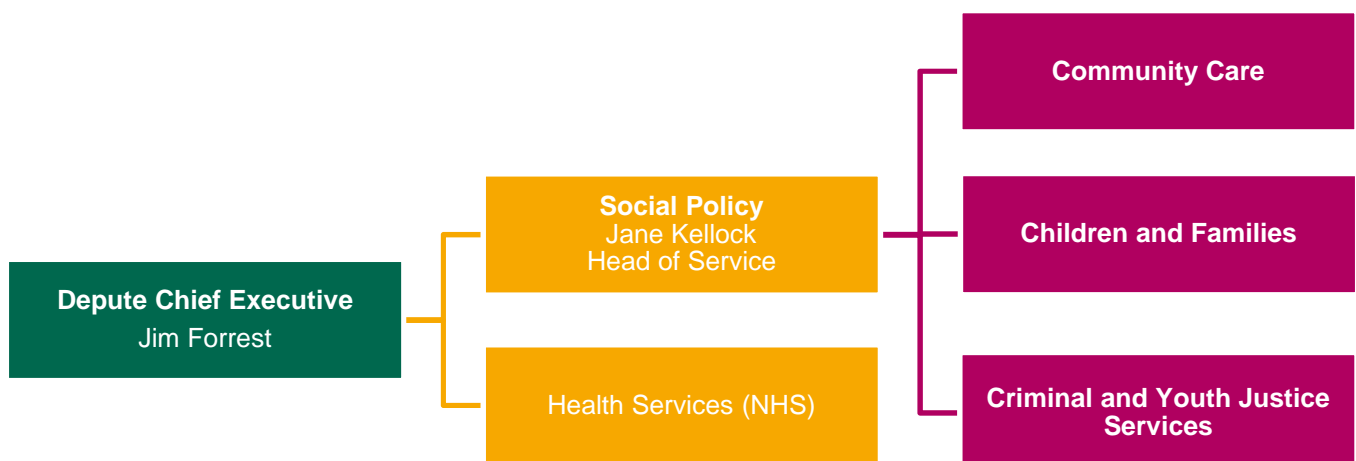
Contact Person: Rebecca Kelly
E mail: rebecca.kelly@westlothian.gov.uk Phone 01506 281891

Graeme Struthers
Depute Chief Executive
4 February 2019

Service Activity

The Health and Social Care Partnership (HSCP) is focused on the delivery of integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society.

This includes children and families, care for adults and older people and those with disabilities or mental health problems and criminal and youth justice services.



Social Policy comprises of three large services – known as West Lothian Assessment Model (WLAM) units, under the direction of the Head of Service.

The following section provides more information on the activities and resources of each WLAM unit.

Children and Families

Service manager: Jo Macpherson and Tim Ward, Senior Managers

Number of staff: 305.4 (full time equivalents)

Location: Civic Centre and various locations

Purpose

The Children and Families service comprises a wide range of teams providing interventions for children and their families experiencing a need for support.

The service includes the following teams: Sure Start, Family Centres, Parenting Team, Mental Health and Wellbeing team, school attendance improvement service (AIMS), Child Disability Service, Whole Family Support Service, practice teams, Inclusion and Aftercare Service, Family Placement Team, Residential Child Care Houses, Children's Rights, Reviewing Officer Team, Domestic and Sexual Assault Team (DASAT), Social Care Emergency Team (SCET), Public Protection lead officers, emergency planning and the Social Work Addiction Team (SWAT). The service provides support from pre-birth to age 26 for those who have experienced care.

The main aim of the service is to ensure that children, young people and their families can maximise their potential through the identification of additional supports. This includes disabled children, young people and their families. We are committed to providing services that are child-centred, developed in partnership with other organisations and with families themselves, that tackle inequalities and are focused on improving outcomes for children. These aims are in line with Getting It Right For Every Child (GIRFEC) principles. We are committed to providing help that is appropriate, proportionate and timely to ensure children and young people have the best start to their lives building on family strengths and promoting resilience. Our service is focused on keeping children safe and teams also provide support through statutory intervention, looked after children services and child protection interventions when these are needed. The service is focussed on minimising the impact of child poverty wherever possible.

In addition to a focus on providing early help and action to prevent difficulties escalating, the service is committed to shifting the balance of care. This means providing support to families and the wider family network to enable them to safely continue to care for children and young people in challenging circumstances. This also means where children or young people require to be accommodated away from home that more use is made of community based resources with less reliance on residential care and far from home placements.

We aim to deliver quality, appropriate and accessible services to meet current demand and also to anticipate and identify future needs and expectations.

Activities

The main activities of the service during the period of the Management Plan will be:

- ◆ Childcare and Protection
 - Child Care and Protection Practice Teams, including Throughcare
 - Child Disability Service
 - Whole Family Support

- ◆ Early Intervention - Looked After Children
 - Services for Looked After Children
 - Early Intervention Services
 - Positive Parenting project

- ◆ Protection and Emergency Services
 - Social Care Emergency Team (SCET)
 - Domestic and Sexual Assault Team (DASAT)
 - Inclusion and Aftercare Service
 - Children's Rights

All services will be focussed on the delivery of Transforming Your Council (TYC) proposals.

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers.

Our key partners include; other council services, NHS Lothian, Police Scotland, Scottish Fire and Rescue Service, West Lothian College, Children's Reporter, third sector providers and private sector providers.

Customer Participation

The unit will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2018/19

Customer Group	Method	Frequency	Responsible Officer	Feedback Method
Service users	Survey	Annual	Business Support Officer	Reported via performance indicators
Service users	Consultative Forums	Quarterly (carers)	Team Manager	Newsletter
Partners / key stakeholders	Early Years event	Annual	Group Manager	Newsletter
Having Your Say	Looked After Children's forum	Monthly	Team Manager	Group meeting
Service users	Viewpoint	Monthly	Group Manager	Feedback Report

Activity Budget 2018/19

Children and Families – Child Care and Protection								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Children and Families Practice Teams including disability service	Provision of care and protection service for children in need or at risk.	2 Delivering positive outcomes and early interventions for early years	SPCF133 - Percentage of children on the Child Protection Register who have been on the register for two years or more Target: 1%	Public	81.4	6,074,041	(371,000)	5,703,041
			SPCF097 - Number of Children supported in Residential Schools out with West Lothian. Target: 19	Public				
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		11.3	571,787	(68,983)	502,804
Total:					92.7	6,645,828	(439,983)	6,205,845

Children and Families – Early Intervention and Looked After Children

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Looked After Children	Recruit, train, support and review carers providing a range of flexible services. Provide a range of quality placements for children of all ages, who are unable to live with their families. Provide accommodation in three residential houses for young people who are unable to live with their own or substitute families. Prepare young people for leaving care.	2 Deliver positive outcomes and early intervention for early years	SPCF104 - Percentage of children in foster care placed with West Lothian Foster Carers Target: 93%	High Level	101.2	18,120,327	(397,513)	17,722,814
			SPCF094 - Percentage of Looked After Children placed in kinship care Target: 40%	WLAM				
Early Intervention	Promote the personal growth and development of children aged 0-3 through the provision of services targeting those most at risk of social exclusion. Provision of day care service and outreach support to children aged 0-5 who are vulnerable or have additional needs. Improve performance in schools and improve functioning in family / community.	2 Deliver positive outcomes and early intervention for early years	SPCF140 - Percentage of eligible Looked After Children 2 year olds attending family centres. Target: 95%	WLAM	45.2	2,400,957	0	2,400,957
			SPCF136 - Percentage of young mothers referred to Sure Start who engage antenatally Target: 70%	Public				

Children and Families – Early Intervention and Looked After Children								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		32.6	1,275,088	(226,242)	1,048,846
Total:					179.0	21,796,372	(623,755)	21,172,617

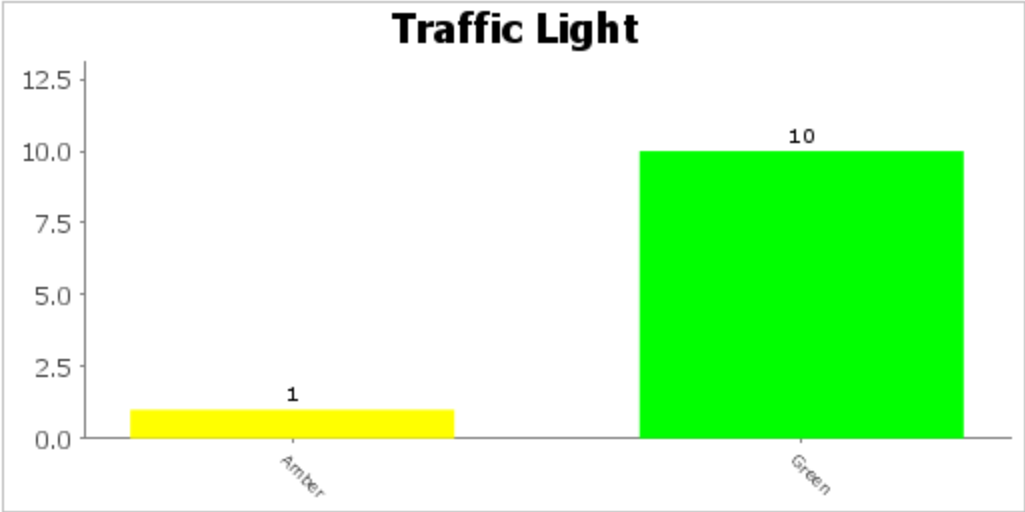
Children and Families – Protection and Emergency Services


Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Public Protection	Ensure that the those members of society who are the most vulnerable and at risk are protected effectively and that their outcomes improve	7 Reducing crime and improving community safety	SOA1305_05 - Percentage of closed adult protection cases where the adult at risk reported that they felt safer as a result of the action taken. Target: 80%	Public	15.7	997,010	(71,376)	925,634
Domestic and Sexual Assault Team	Provide high-quality support and services to women and children who are, or have, experienced domestic abuse or other forms of gender-based violence.	7 Reducing crime and improving community safety	SPCF061 - Cost per domestic abuse referral Target: £185.00	WLAM	14.1	650,491	(246,750)	403,741
			SOA1305_04_ Percentage of women who report that they feel safe as a result of intervention by the Domestic and Sexual Assault Team Target: 100%	Public				
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		3.9	170,820	(18,874)	151,946
Total:					33.7	1,818,321	(337,000)	1,481,321

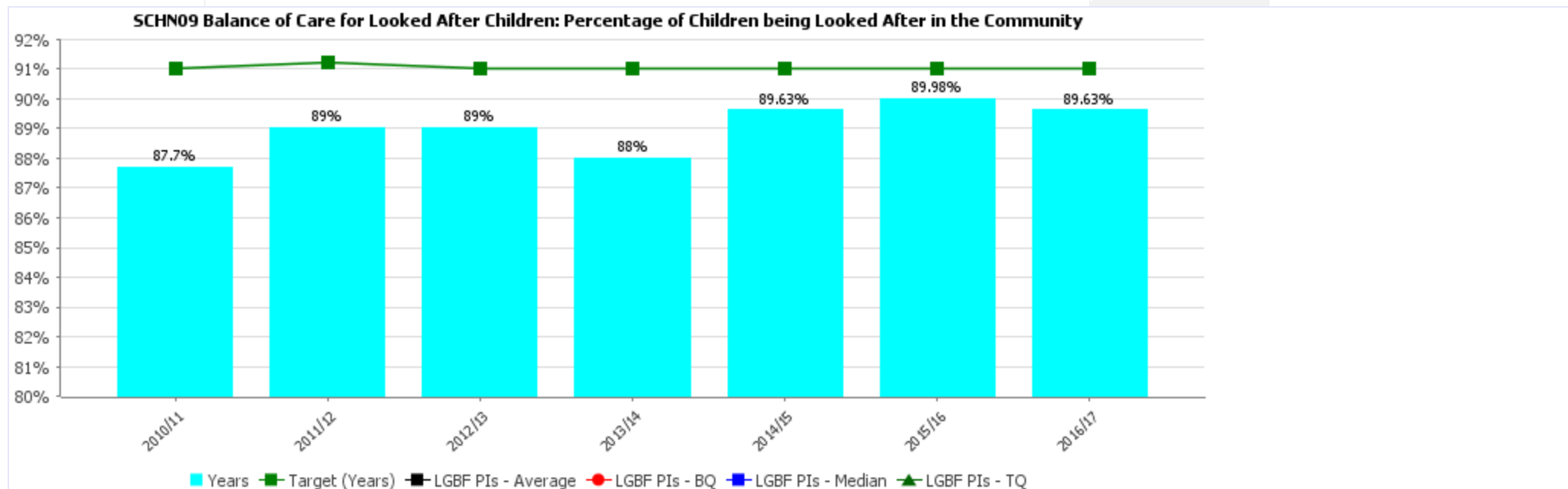
Children and Families - Performance Committee

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PI Code & Short Name	SCHN09 Balance of Care for Looked After Children: Percentage of Children being Looked After in the Community	PI Owner	zAdmin_SCHN; Tim Ward
Description	This Indicator forms a part of the national looked after children benchmarking data. It is helpful because it helps ensure that West Lothian Council manages and monitors its cost information in this client category and also how placements are balanced between placements at home or in a residential 'accommodated' setting. It is also important because it enables the service to benchmark against other local Authorities. The results enable the service to ensure services are developed appropriately and inform the council's Corporate Parenting Report and Plan, developed annually. Data for 2015-16 will become available in May 2017.	Traffic Light Icon	
		Current Value	89.63%
		Current Target	91%



There has been little change in the proportion of West Lothian Children looked after in the community since data was first collected in 2010-11.


The current performance for 2016-17 is 89.63% ranking West Lothian at 14th, an improvement of 2 although there was a marginal negative shift of 0.34% from 2015-16. The best performing is North Lanarkshire at 95.08% and the worst Orkney at 78.94%. Scotland overall is 89.87%.

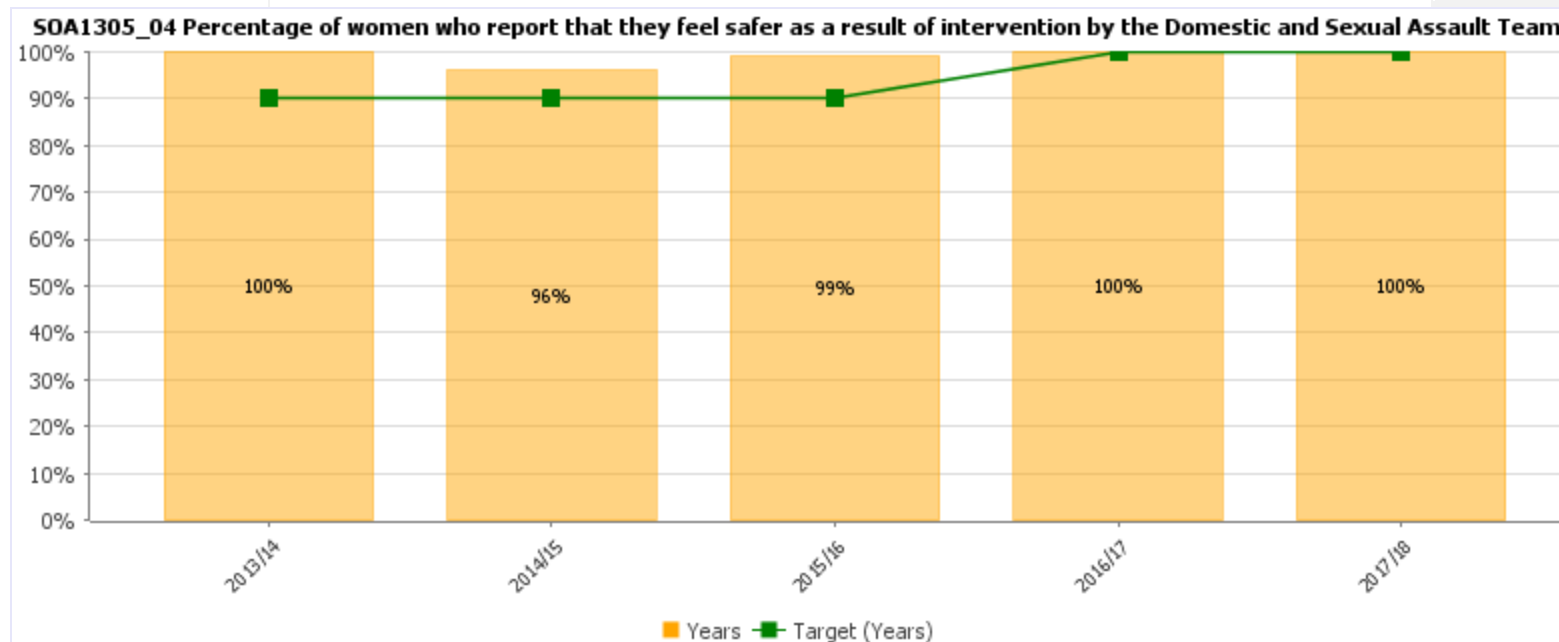
The top 5 councils are as follows;

North Lanarkshire 95.08%
 South Ayrshire 94.32%
 Dumfries and Galloway 94.24%
 Renfrewshire 93.78%
 Angus 92.16%

West Lothian is making efforts to ensure children are being managed in the community as far as possible through its Transforming Your Council (TYC) Programme and the performance reflects the investment made in services locally.

There is a family benchmarking group that is led by the Improvement service who have commenced national annual events to encourage qualitative sharing of information. The target of 91% has not yet been met so should remain at that level until such time as it can be stretched further.

PI Code & Short Name	SOA1305_04 Percentage of women who report that they feel safer as a result of intervention by the Domestic and Sexual Assault Team	PI Owner	SOA13_Senior Manager 3 Social Policy(Tim Ward)
Description	This relates to the percentage of women who report that they feel safe as a result of intervention by the Domestic and Sexual Assault Team. The figure is taken at the point when women withdraw from the service, whether that is as a consequence of short term court advocacy or longer term prolonged support and intervention.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%



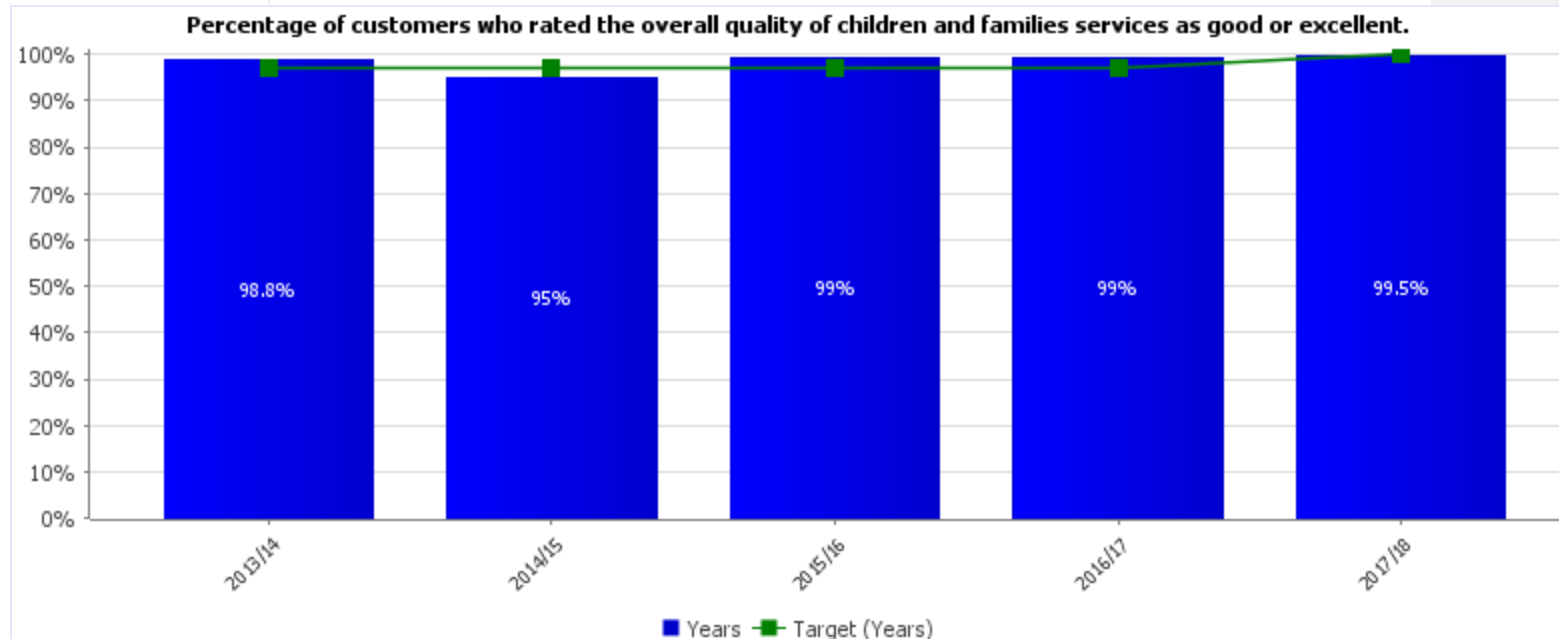
Trend Chart Commentary :

This indicator is now being annually reported. The trend since 2011/12 has shown consistently above 90% with 2015/16 reaching a performance of 99%. In 2016-17 performance was increased to 100%. This is a positive trend as it shows that the perception of women being protected by services is an important indicator of how effective the service is.

In 2017-18 all women who used the court advocacy service reported feeling safer (99 women) so performance remains at 100%.

The target was increased to 100% in 2016-17 and this will be maintained from 2017-18 onwards.

PI Code & Short Name	P:SPCF001_6a.7 Percentage of customers who rated the overall quality of children and families services as good or excellent.	PI Owner	zSPCF_PIAAdmin; Jo MacPherson
Description	Percentage of customers who responded to the children and families annual survey who rated the overall quality of the service as good or excellent. Key customer groups asked to participate in the survey are children and families with additional needs, Looked After Children and children and families with disabilities. The survey is carried out using a number of methods including paper, electronic and telephone surveys. Results are analysed closely to identify potential areas for improvement.	Traffic Light Icon	🟢
		Current Value	99.5%
		Current Target	100%



Trend Chart Commentary:


There is a consistent overall positive trend in the percentage of customers who responded to annual surveys who expressed that they felt the overall quality of service was good or excellent and this has remained at 95% or higher since 2013-14. This is attributable to an increased focus on listening to customer feedback and adopting a more customer focused approach to service delivery.

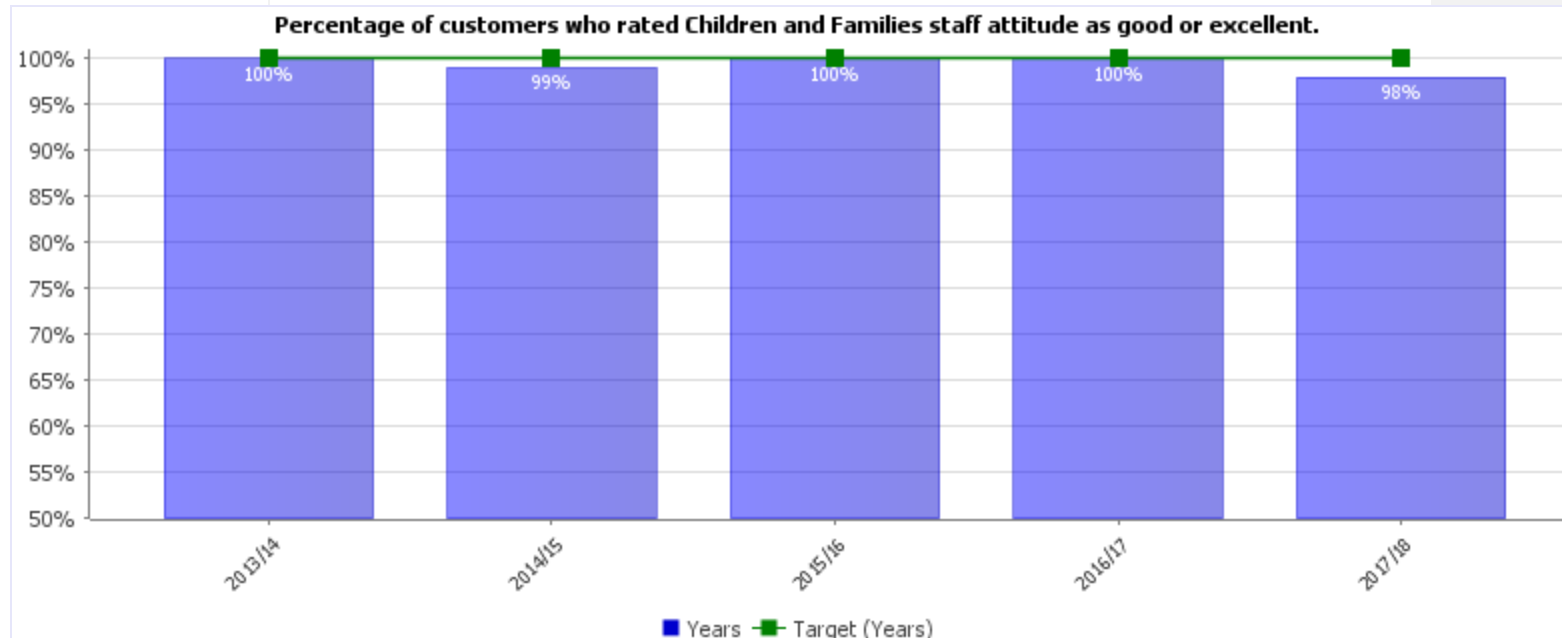
In 2015-16, 113 customers responded to the survey and of these 99% rated the overall quality of Children and Families services as good or excellent. This performance is an improvement on 2014-15 which was 95%. Overall there is a consistently positive response with slight variations dependent on the number of respondents.

The results for 2016-17 show this as 99%. This represents 88 out of 89 respondents who rated the overall quality of children and families services as good or excellent. Target performance for 2017-18 was increased to 100% to ensure the service continues to strive for as strong a performance as possible. There was an improvement in respondents in 2017-18 to 224, which is a significant increase on last years figure. Of these, 99.5% reported that the overall service that they received was good or excellent.

In 2017-18, benchmarking against the Housing Needs Service commenced. Children and families compared well with housing Need which also performed strongly at 98.5%

The target for 2018-19 will remain at 100%.

PI Code & Short Name	SPCF005_6a.4 Percentage of customers who rated Children and Families staff attitude as good or excellent.	PI Owner	zSPCF_PIAAdmin; Jo MacPherson
Description	Percentage of respondents who rated Children and Families staff attitude as good or excellent in an annual survey. Key customer groups asked to participate in the survey are children and families with additional needs, Looked After Children and children and families with disabilities. The survey is carried out using a number of methods including paper, electronic and telephone surveys. Results are analysed closely to identify potential areas for improvement.	Traffic Light Icon	
		Current Value	98%
		Current Target	100%



Trend Chart Commentary:


Children and families have previously collated customer satisfaction levels in 3 different WLAM units, Specialist Services, Looked After Children and Fieldwork Services. This combined survey demonstrates a high level of customer satisfaction.

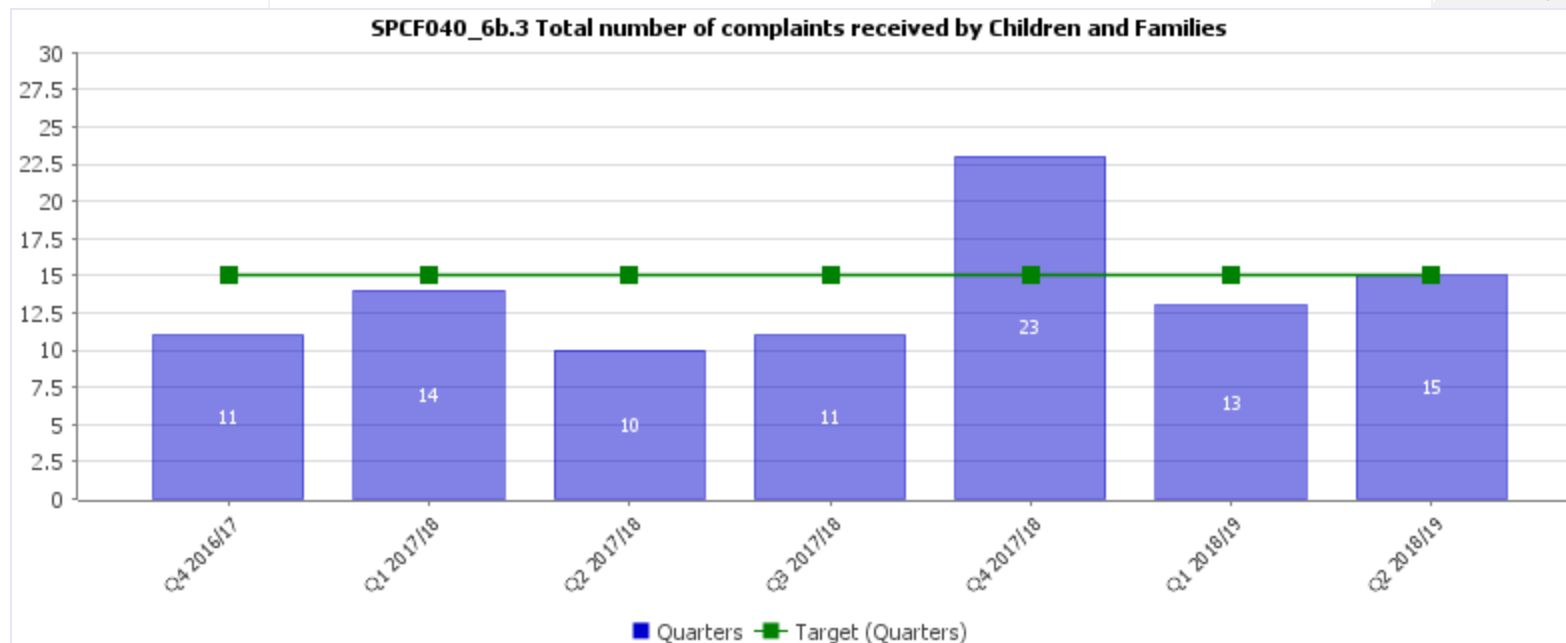
There were 226 respondents in 2017-18 which is an improvement on last years figures. Of those, 98% reported that staff attitude was good or excellent. This represents a slight drop from last year but due to the variations in respondents this can have a significant impact on percentages.

In 2015-16, 113 customers/partners responded to the survey and of these 100% rated Children and Families staff attitude as good or excellent. This performance is an improvement on 2014-15 which was 99%. Overall there is a consistently positive response with slight variations dependent on the number of respondents.

The results for 2016-17 show this as 100%. This represents 89 out of 89 respondents who rated staff attitude as good or excellent.

Target performance for 2018-19 will remain at 100%.

PI Code & Short Name	SPCF040_6b.3 Total number of complaints received by Children and Families	PI Owner	zSPCF_PIAAdmin; Tim Ward
Description	This indicator measures the total number of complaints received by Children and Families. It is the total number of complaints received by Children and Families at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days).	Traffic Light Icon	
		Current Value	15
		Current Target	15



Trend Chart Commentary:

From 2017-18, there is no difference between council and statutory complaints.

Prior to this there were differences between the two types with the overwhelming majority statutory.

The vast majority of complaints relate to child care and protection and are related to dissatisfaction with decision making and attitude of staff. This is frequently because staff have to deal with challenging behaviour and passing on difficult messages. More recently some issues have arisen relating to accuracy of information which has now been addressed.

In quarter 1 of 2017-18 there were 14 complaints received. In quarter two this reduced to 10 and increased slightly to 11 in quarter 3. In quarter 4 there was a significant jump to 23. By quarter 1 of 2018-19 complaints had reduced to 13. By quarter 3 of 2018-19 the number of complaints had reduced to 7. Explanations are being sought as to why the numbers have reduced. The numbers were also down in other areas the service benchmarks against.

Work will be undertaken to better understand these variations through benchmarking with Housing need, Community Care and Criminal and Youth Justice.

Volume in these areas is as follows for quarter 3 of 2018-19


Children and families - 7

Housing Need - 26

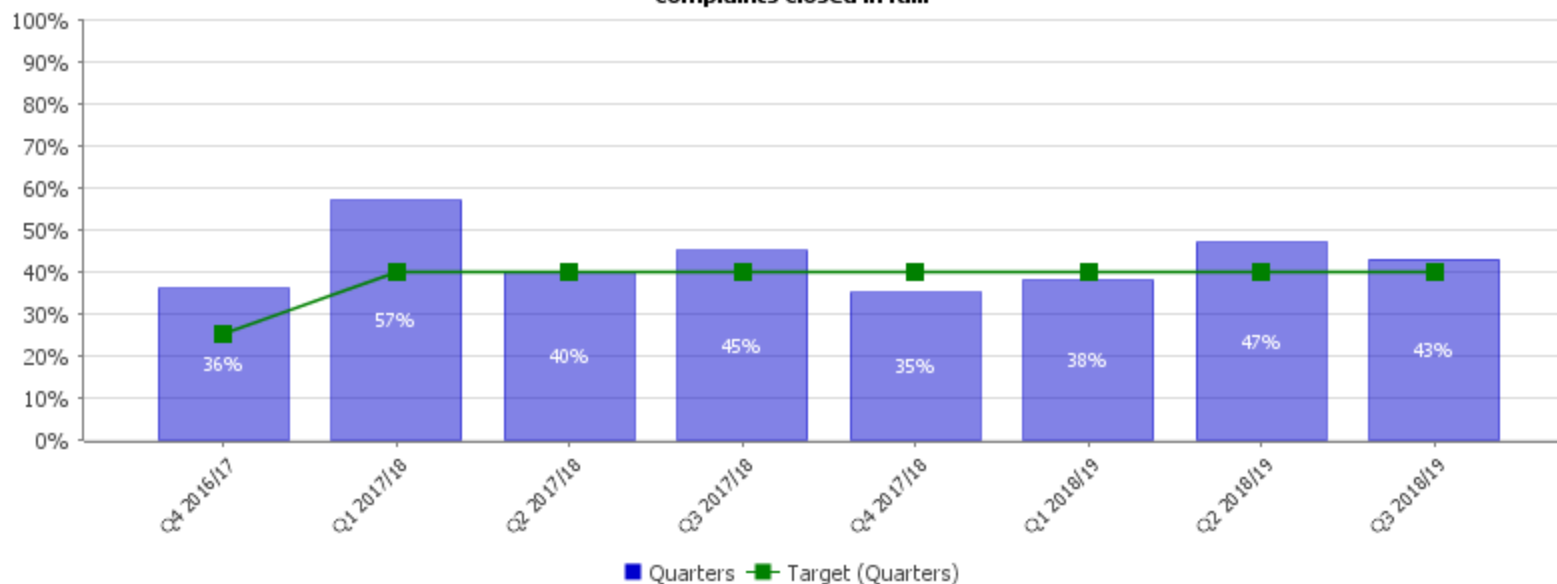
Community Care - 11

Criminal and Youth Justice - 2

The target for 2018/19 is 15 per quarter, although this is hard to gauge due to the nature of service delivered.

PI Code & Short Name	SPCF045_6b.4 Percentage of complaints received by the Children and Families Service that were upheld or partially upheld against the total complaints closed in full.	PI Owner	zSPCF_PIAAdmin; Tim Ward
Description	This indicator measures the total number of complaints received by Children and Families which were upheld or partially upheld, as a percentage of all complaints received.	Traffic Light Icon	
		Current Value	43%
		Current Target	40%

SPCF045_6b.4 Percentage of complaints received by the Children and Families Service that were upheld or partially upheld against the total complaints closed in full.



Trend Chart Commentary:

In quarter 3 of 2018-19 3 from 7 complaints were partially upheld.

The main issues where complaints were upheld included;
attitude of staff
Accuracy of information provided

Complaints were reviewed and resolutions included staff training, reminders about relevant processes and individual sessions with staff to highlight where improvement in practice was required.


The service benchmarks against the following WLAM areas;

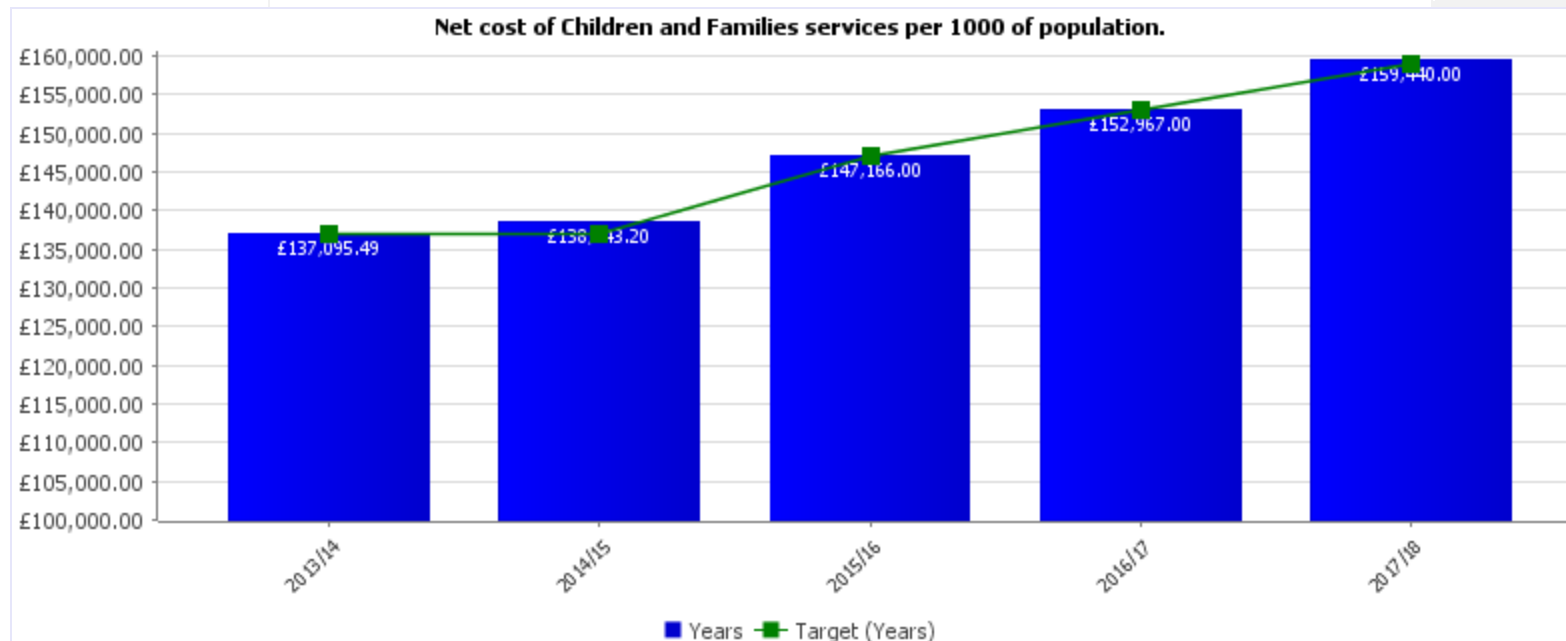
Children and Families - 43%
Community Care - 55%
Criminal and Youth Justice - 0%

Housing Need - 27%

It has been difficult to draw too many conclusions from this. It does need to be taken into account that Housing need have a higher volume of complaints. Complaints upheld or partially upheld in that area have tended to be around not completing agreed actions but also have attitude and information accuracy in some cases.

The target will remain at 40% for 2018/19 as the service felt that upholding more complaints was reflective of a service that aims to improve from feedback.

PI Code & Short Name	P:SPCF060_9a.1c Net cost of Children and Families services per 1000 of population.	PI Owner	zSPCF_PIAAdmin; Tim Ward
Description	This indicator demonstrates the net cost of children and families services per 1000 of population. The indicator is updated each October when the most recent population estimate for the year in question is published. Children and Family teams within Social Policy provide a wide range of services. These are composed of core social work services as well as initiative funded projects and specialist teams all working together to achieve improved outcomes for children and their families from pre-birth to 26 years in line with statutory duties.	Traffic Light Icon	
		Current Value	£159,440.00
		Current Target	£159,000.00




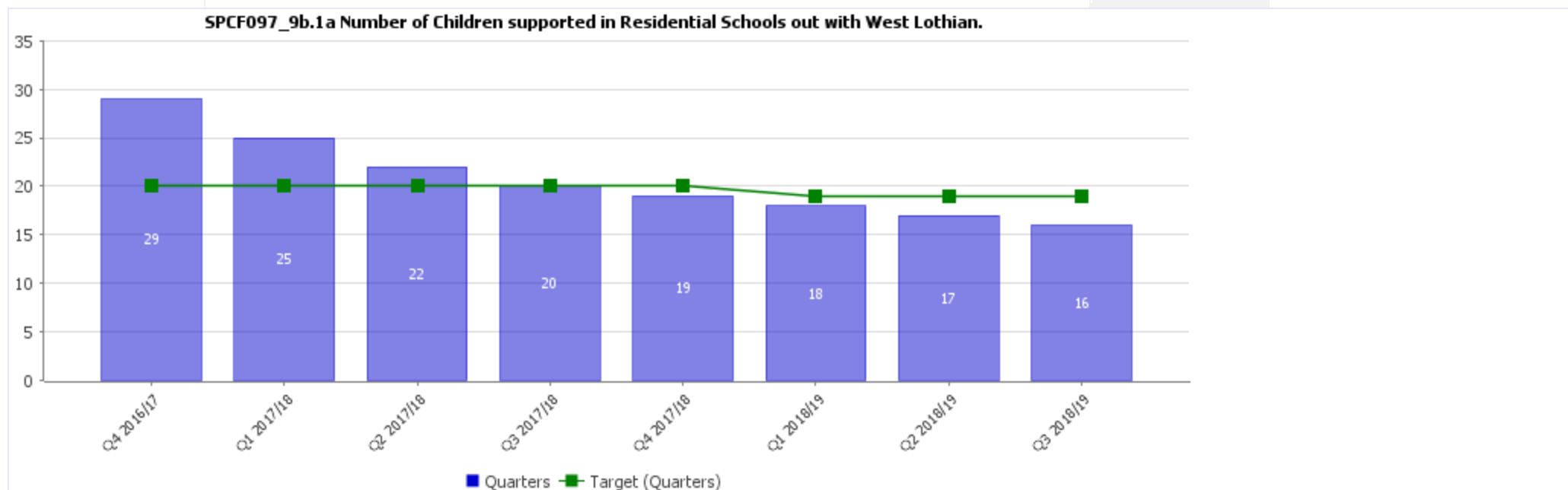
Trend Chart Commentary:

The figure for 2017-18 is £159,440. This is up from the 2016-17 figure of £152,967. This is due in part to additions to the budget for growth in population and an increase in demand for kinship care, foster care and demographic increases alongside inflationary increases applied by independent providers.

It is intended that benchmarking data will be included in future years. Since 2013-14 there has been a gradual increase in the amount of money spent by Children and Families Services per 1000 of the West Lothian population. The increase in recent years has been attributable to additional spending on specialist residential, secure and foster care placements due to increased numbers in placement and the cost of placements.

The target for 2018-19 has been increased to £159,000 to reflect demographic growth and the increased cost of purchasing external placements alongside the increased numbers of children in foster and kinship care.

PI Code & Short Name	SPCF097_9b.1a Number of Children supported in Residential Schools out with West Lothian.	PI Owner	zSPCF_PAdmin; Tim Ward
Description	This indicator provides valuable information regarding the total number of children placed in residential schools provided by the third or private sector and manage the most challenging behaviour in a dedicated combined educational and care setting. These usually accommodate and care for those children who have been unable to manage in resources within West Lothian. This does not include children with a disability. The indicator tells us how effective services are at enabling children to remain within west Lothian. There are occasions where children's needs are very complex and a specialised resource is deemed necessary through the assessment undertaken on the child. It is important that as far as possible, children are enabled to remain in West Lothian. Therefore, children's services should always be aiming to reduce the need for such provision, by constantly improving the availability and quality of internal resources.	Traffic Light Icon	
		Current Value	16
		Current Target	19




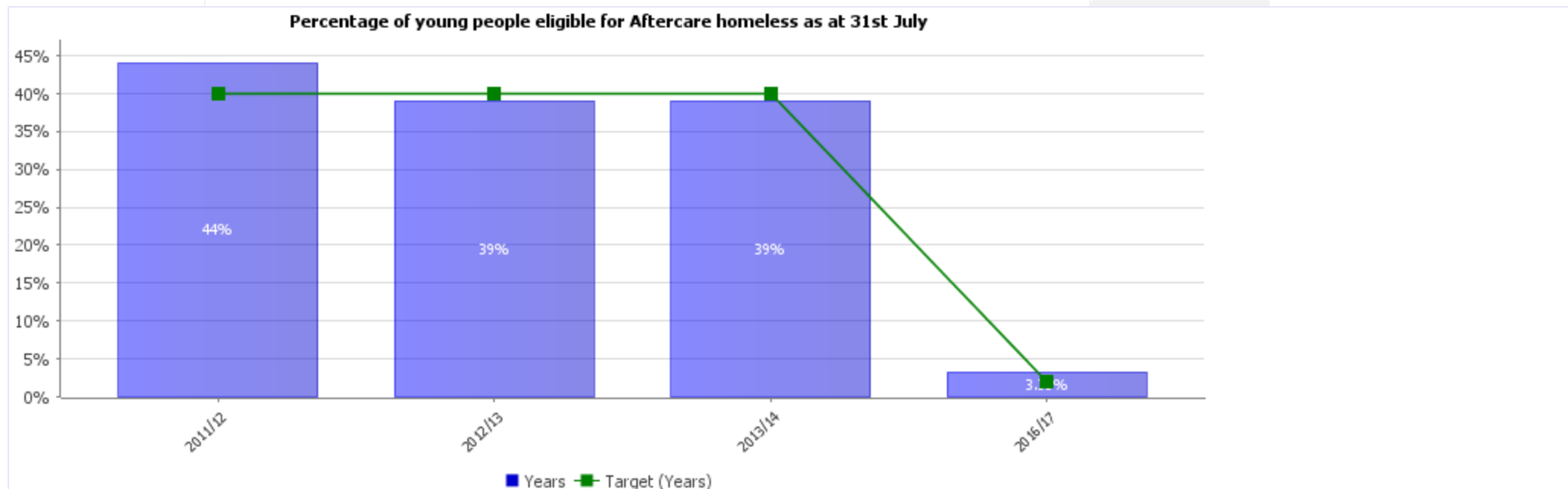
Trend Chart Commentary

Considerable work has taken place to manage numbers to target. In quarter 3 of 2018-19 performance had reached 16 with significant reductions taking place since quarter 4 of 2016-17 when the figure stood at 29.

Social Policy are currently undertaking a review of children's services in order to provide alternatives within our own internal resources which will aim to help avoid young people being placed in residential schools as far as risks to those children allow.

The 2018/19 target has been reduced to 19 to reflect service expectations around reducing use of external provision. The target will reduce further in 2019-20 to 18 and incrementally thereafter.

PI Code & Short Name	SPCF127_9b.1c Percentage of young people eligible for Aftercare homeless as at 31st July	PI Owner	zSPCF_PiAdmin; Jo MacPherson; Tim Ward
Description	Previously Looked After Children who are entitled to Aftercare services can be vulnerable and experience poor outcomes. It is important to avoid young people becoming homeless as this can cause further instability. This indicator will measure how effective the Aftercare services are in supporting young people maintain and meet their accommodation needs. 2017-18 data will be available in March 2019.	Traffic Light Icon	
		Current Value	3.33%
		Current Target	2%




Trend Chart Commentary:

This is a newly developed performance indicator.

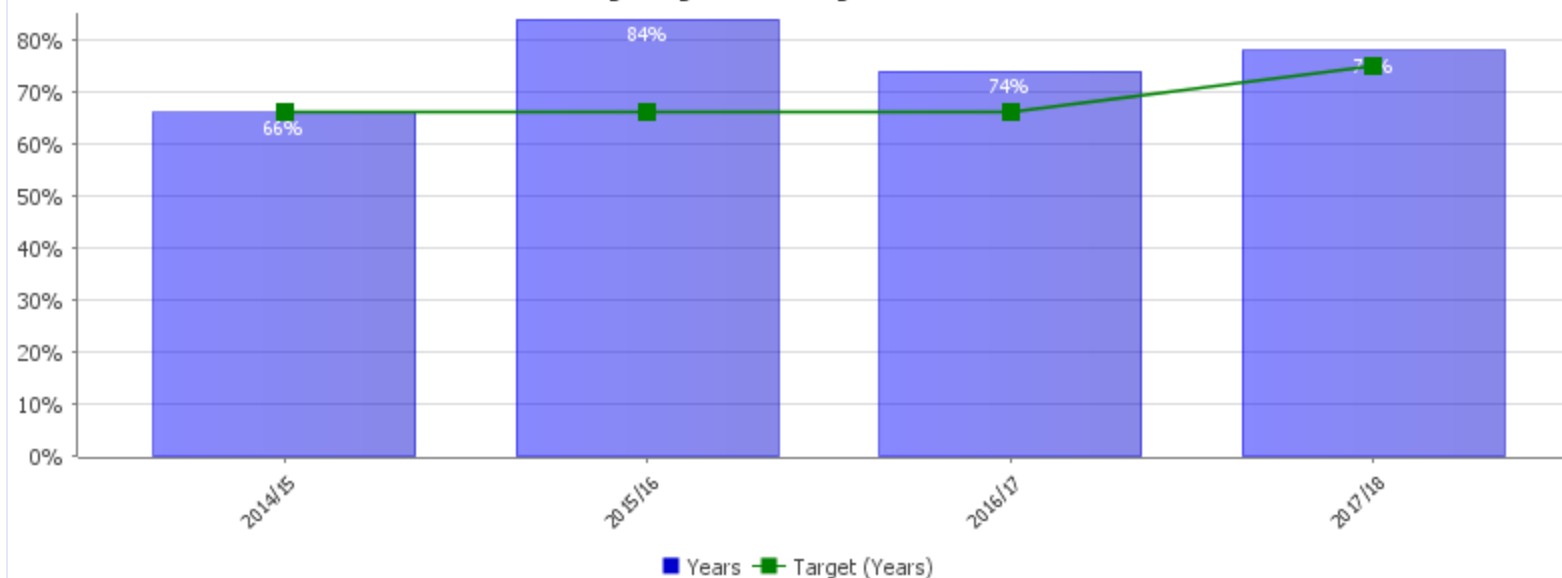
Data for 2016-17 indicates that of those in receipt of aftercare, 3.33% (7 from 210) were homeless as at 31st July 2017. This was a dramatic improvement from 2013-14 when data was last collected.

Work is being undertaken with Housing, Customer and Building services to ensure a strong focus on vulnerable young people, particularly care leavers. The Corporate Parenting Plan has this as a key priority for focus during 2017-18.

The target for 2018-19 will remain at 2% to encourage a very positive current trend

PI Code & Short Name	SPCF138_9b.1c Percentage of children involved with the Whole Family Support service who have avoided becoming accommodated who were assessed as being at high risk of being accommodated.	PI Owner	zSPCF_PIAdmin; Jo MacPherson
Description	This performance indicator is a measure of how effective Whole Family Support is in addressing chronic issues faced by children and their families. The Whole Family Support Service works with the most complex families where the children are at high risk of becoming accommodated. The aim of Whole Family Support is to keep children within their own families and communities safely and with support.	Traffic Light Icon	
		Current Value	78%
		Current Target	75%

Percentage of children involved with the Whole Family Support service who have avoided becoming accommodated who were assessed as being at high risk of being accommodated.




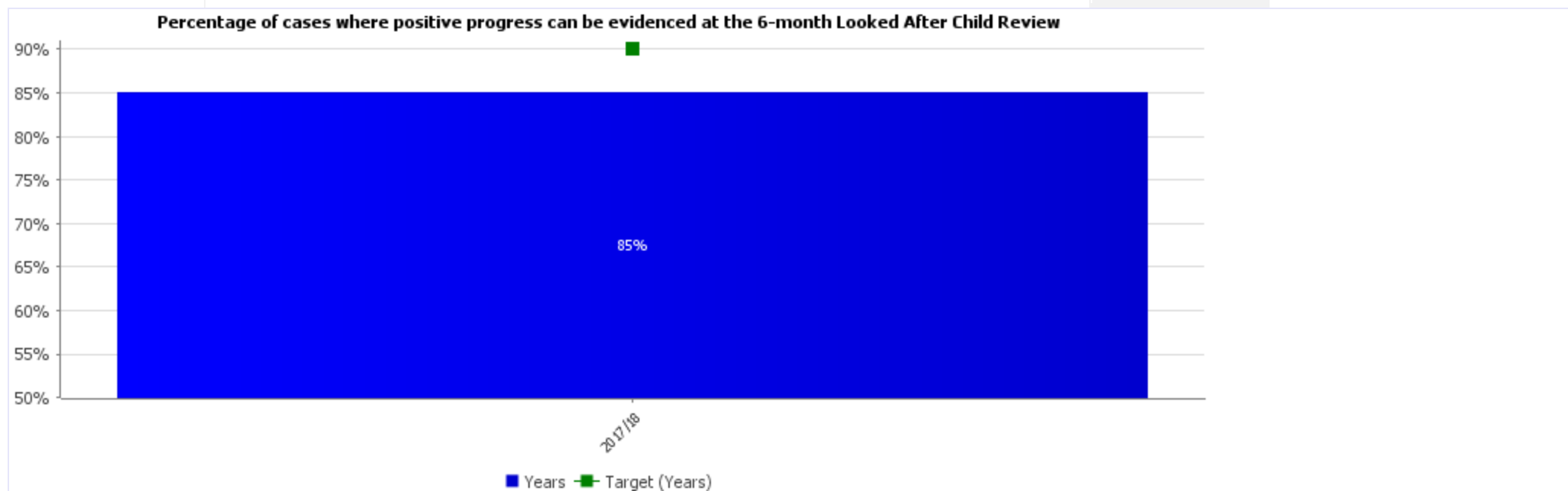
Trend Chart Commentary:

The most recent data for 2017-18 shows a continuing positive trend with 78% (57 from 73 families) remaining or being returned home due to WFS involvement

Performance in 2016-17 saw a dip on 2015-16 from 84% to 74%. The service worked with a number of large families where children required to be accommodated and this impacted on performance. Performance in 2015-16 saw an improvement on 2014-15 from 66% to 84%. The intensive and whole family approach to addressing complex issues has shown to enable children and young people remain within their own families and communities and avoid escalation into more costly resources.

The target for 2018-19 will increase to 80% to encourage continuous improvement.

PI Code & Short Name	CP:SPCF147_9b.1b Percentage of cases where positive progress can be evidenced at the 6-month Looked After Child Review	PI Owner	zSPCF_PIAAdmin; Tim Ward
Description	<p>This performance indicator is part of the performance scorecard for the council's Corporate Plan 2018/23 and will contribute to priority 2 delivering positive outcomes and early interventions for early years. Children who are looked after and accommodated away from home are reviewed by the Local Authority. This initial planning meeting is held within 72 hours and thereafter at 6 weeks, 3 months and 6 month intervals. Care plans are presented at looked after reviews which are chaired by independent reviewing officers. These care plans are scrutinised and amended at each review reflecting the needs of the child.</p> <p>Evidence of positive progress is determined by the independent reviewing officer at the first 6 month looked after child review and thereafter.</p>	Traffic Light Icon	
		Current Value	85%
		Current Target	90%



This is the first year this indicator has been reported on.

For 2017-18, the performance was generally positive with 85% (462 from 543) Looked After Child Reviews showing that some positive progress had been made between reviews.

Work is always ongoing to encourage improvement and the long term aim is for 95% of reviews to have shown positive progress by the end of the life of this Corporate Plan.

An Initial target has been set at 90% to encourage a move to that longer term target.



PERFORMANCE COMMITTEE

SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – INCLUSION AND WELLBEING SERVICE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The report provides Performance Committee with an overview of a service assessment from the West Lothian Assessment Model process (2017/20).

It also provides a summary of recommendations from the officer-led scrutiny panel that have been identified for action and are to be delivered by the service management team.

B. RECOMMENDATIONS

It is recommended that the Performance Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

C. SUMMARY OF IMPLICATIONS

- | | |
|---|--|
| I. Council Values | <ul style="list-style-type: none">• Focusing on our customers' needs• Being honest, open and accountable• Providing equality of opportunity• Developing employees• Making best use of our resources• Working with other organisations |
| II. Policy and Legal | The West Lothian Assessment Model programme is a key part of the council's Best Value Framework, ensuring that there is robust internal scrutiny and support for continuous improvement of services. |
| III. Implications for Scheme of Delegations to Officers | None |

IV.	Impact on performance and performance indicators	The report provides a summary of performance indicators from a key council service to support effective elected member scrutiny.
V.	Relevance to Single Outcome Agreement	The council has adopted an EFQM-based approach to performance management. This is reflected in the type of indicators used, including council indicators in the SOA.
VI	Resources - (Financial, Staffing and Property)	From existing budget.
VII.	Consideration at PDSP/Executive Committee required	Service performance is considered at the appropriate PDSP on an ongoing, scheduled basis.
VIII.	Details of consultations	None.

D. TERMS OF REPORT

D.1 Background

Self-assessment is an important part of the council's Best Value Framework, ensuring that there is rigorous challenge of performance and continuous improvement is embedded at all levels of the organisation. Regular, programmed self-assessment is also an integral part of improvement planning and preparation for external inspection.

This report provides the outcome from the self-assessment of the Performance and Improvement Service and the agreed recommendations for improvement for the service, as well as a summary overview of performance.

The WLAM applies an evidence-based, rigorous assessment model – the European Foundation for Quality Management (EFQM) framework. This requires employees to consider the long-term impact of the service in the stated strategic objectives. In detail, the service must consider the effectiveness of leadership, strategies, policies, processes and procedures and also, how effectively the service manages relationships with employees, partners and customers.

D.2 Service Overview

Head of Service: Jim Cameron, Head of Education Services

Service Manager: Alison Raeburn, Inclusion and Wellbeing Manager

The Inclusion and Wellbeing Service works in partnership with schools, the Educational Psychology Service, the Quality Improvement Team and multi-agency partners to deliver education services and contribute to the overall aims of the council in relation to the educational attainment, achievement and health and wellbeing outcomes for West Lothian's children and young people.

More specifically, the service supports schools in improving the delivery of education provision, learning experiences and opportunities for children and young people with additional support needs across the curriculum in every educational context and

setting, enabling all pupils to achieve at their highest potential. Collaborative planning with multi-agency partners is a key focus throughout the service's strategic and operational activities with the Getting It Right for Every Child (GIRFEC) agenda underpinning all partnership working.

The Inclusion and Wellbeing Service's vision is the achievement of long term sustainable quality educational provision for all West Lothian's children and young people which is sufficiently inclusive to remove barriers to participation, learning and achievement, and to promote equality. This is achieved by:

- Placing the needs of children and young people at the centre of service delivery
- Identifying and addressing barriers to participation, learning and achievement
- Working collaboratively with partners
- Building capacity at individual and systemic levels, and
- Operating within a context of continuous improvement

The Inclusion and Wellbeing Service consists of 2 areas: the central services provided by the team based at the Civic Centre, Livingston; and the out-reach, in-reach and Early Intervention services which are delegated to a range of Head Teachers across the authority.

The current report refers to the service assessment from the West Lothian Assessment Model process (2017/20) in relation to the central services provided by the Inclusion & Wellbeing Services team based at the Civic Centre, Livingston.

A summary of the service activities and resources is contained within Appendix 1.

D.3 Service Contribution to Corporate Priorities

The Inclusion and Wellbeing Service is part of Education Services, where the main focus of activity is the delivery of school based education. Schools are supported by teams dealing with quality improvement, education psychology, inclusion and wellbeing, resources, policy and performance. Services are also provided to children, young people and the wider community through arts, cultural and sport services and community learning and development.

The Inclusion and Wellbeing Service is a supporting service for schools, pupils and their families. The service makes critical contribution to the council's corporate priorities 1, 2, 5, 6 and 7, more specifically:

Priority 1 (Improving attainment and positive destinations) by contribution towards

- improving quality of learning and teaching
- creating a culture of high ambition and aspiration
- continuous progression and building strong leadership to empower staff and build capacity at all levels;

Priority 2 (Delivering positive outcomes and early interventions for early years) by contribution towards

- building capacity in early learning and child care professionals
- offering children the best possible start in life
- continuing to support pupils who face challenges in their learning, and ensuring support to care experienced children and young people to help achieve positive educational outcomes;

Priority 5 (Improving the employment position in West Lothian) by contribution towards

- promoting access to employment by ensuring young people have an opportunity to progress into a positive destination on leaving school;

Priority 6 (Delivering positive outcomes on health) by contribution towards

- promoting positive health and wellbeing to all
- delivering effective and integrated equipment and technology solutions to promote independence and
- improving our approach to integrated models for mental health services for children and young people;

Priority 7 (Reducing crime and improving community safety) by contributing towards

- reducing antisocial behaviour within our communities through a range of targeted educational interventions.

A summary of the service activities and their specific relationship to the corporate priorities is contained within Appendix 1.

Service contribution to the Corporate Plan is delivered through a range of policies and procedures which have been developed and implemented in line with and reference to local, national and cross-authority initiatives including: “Getting it Right for Every Child”; West Lothian Council’s “Continuum of Support”, the Moving Forward in Learning Framework, Recruitment and Selection Policy and Corporate Parenting Plan 2017/18; Government guidance such as “Engaged and Involved Part 2: a positive approach to preventing and managing school exclusions”, “Home Education Guidance”; School Consultation Act (2010).

D.4 West Lothian Assessment Model

The service went through the West Lothian Assessment Model process in 2017/18, with a representative group of employees from the service critically evaluating the service effectiveness in the nine criterion parts of the assessment model.

The service scored a total of 513 (out of 1,000). This is below the current council average. To date, a total of 20 services have been assessed in the council’s rolling three-year programme.

An overview of the service’s scores in the last four cycles is set out in table 1. The trend column is based on a comparison between the base position (2008/10) and the current WLAM score.

Table 1: WLAM Scores (2008/10 to 2017/20)					
WLAM Criteria	2008/10	2011/13	2014/17	2017/20	Trend
1 Leadership	-	-	62	70	↑
2 Strategy	-	-	55	69	↑
3 People	-	-	61	69	↑
4 Partnerships and Resources	-	-	55	69	↑
5 Services and Processes	-	-	55	69	↑
6 Customer Results	-	-	51	54	↑
7 People Results	-	-	37	23	↓

8 Society Results**	-	-	40	50	↑
9 Business Results	-	-	52	40	↓
Total score	-	-	468	513	↑
WLC average total score	-	-	468	525*	

* WLC Average to date (based on 20 assessments)

** Criterion is scored corporately and uses validated scores from external EFQM assessments.

The service has limited trend information for WLAM scoring as it was only formed as a standalone WLAM Unit in 2016/17. Though it now has a distinct remit and responsibilities as a service, it was assessed and scrutinised in previous years as part of a wider unit called Education Central Services. Though not directly comparable, the score for that larger unit is provided for 2014/17 to give some contextual information on the progress of the service.

The latest WLAM scores show that strategy and planning, resource management and process management has been a focus for improvement in the service. The service scored above the current council averages in criteria 1 to 5, but below the council average for 6, 7 and 9 – the results criteria.

In summary, the scoring indicates that the service has effective leadership and strategy and aligns all resources and processes in support of the strategic aims. However, it also suggests that the service has to identify a better range of key results, and/or develop stronger trend information in the key results, in order to track progress in the priority areas and measure long-term impact of the service.

D.5 Review Panel Outcome

The Review Panel in the WLAM Programme 2017/20 has three possible outcomes that will identify the progress and risk level of service performance and subsequently, the level of scrutiny that will be applied to the service during the period of the WLAM programme (three years).

The Review Panel outcome is determined by a Panel of three senior officers and is chaired by the Chief Executive.

Table 2: Review Panel Outcome		
Review Panel Cycle		
Cycle 1	The service will return to the panel within three years	
Cycle 2	The service will return a report to the Panel within 12 months, who will determine if the service are to move to Cycle 1 or 3	✓
Cycle 3	The service must return to the Review Panel no later than one year (12 months) from the date of the last report.	

The Inclusion and Wellbeing Service was placed on **Cycle 2** by the Review Panel in August 2018. The service will return a report (against the recommendations) to the Panel in 2019/20 and the Panel will determine if the service will move to Cycle 1 or 3.

The Panel determined this outcome as it requires the service to develop the measures it has in place to manage performance in key services and processes and critically, to more effectively demonstrate contribution to the key corporate priorities and outcomes.

Performance management

Performance management standards have been established to help the Panel consistently identify good or poor practice in relation to performance management and to help services address any deficiencies in their performance or management approaches. The following table sets out the evaluation for the service:

Table 3: Evaluation of Performance Management in the service	
Management standard	Service evaluation
Scope and relevance of performance data	The service have identified PIs to monitor progress in most of the key activities and outcomes/ priorities
Compliance with corporate requirements	The performance framework of the service meets the basic corporate requirements
Approach	The service's approach to managing performance is sufficient and will help the service to improve
Management of data	Most managers and team leaders engage with the performance culture and take responsibility for managing performance
Management of information	Performance is reported and communicated to most key groups (including; Elected Members, senior officers, employees and the public)
Performance trends	PIs show good performance and the panel has confidence that this will continue to be sustained by the service
Targets and thresholds	Targets and thresholds have a clear rationale for most PIs and support performance management and improvement
Benchmarking	The service has limited comparative data for PIs that measure the key activities and outcomes/ priorities
WLAM score	The service achieved a score of over 500 in the WLAM Process

As well as the additional scrutiny, there is ongoing monitoring and reporting of service performance through internal performance management procedures. The service will also continue to report key performance publicly and through agreed committee performance reporting arrangements.

D.6 Recommendations for Improvement

A number of recommendations have been set out for action by the service to improve performance.

The Review Panel key findings and recommendations for the service are:

1. The Panel recognised the critical role of the service in ensuring that pupils across the authority are allocated with appropriate support. Also, how it effectively works with schools, other parts of Education and council services across a range of programmes and key processes to ensure that different pupil needs are addressed.
2. The Panel noted that the service has increased the focus and effectiveness of performance management in recent years, but also that this was still developing. The Panel also noted the approach followed by the service to reviewing performance management. That it began with discussions with key





customers as to their expectations from the service and then followed the development of core service standards and associated measures and targets.

3. The Panel noted limited trend information for key performance indicators. This was due to the service reviewing and developing new performance indicators, aligned to the key activities, when it was established as a standalone WLAM unit in 2016/17.
4. The Panel noted employee survey results were (at the time of the meeting) collated above the service unit level and that they would be disaggregated from 2018/19 results onwards. They also noted that the manager had undertaken specific improvement actions around leadership and empowerment.
5. The service should develop the suite of performance indicators to measure impact effectively. This review should ensure that in future years the service can evidence contribution to the relevant outcomes.
6. The customer satisfaction performance indicators should be segmented by key customer groups to support a more detailed analysis of satisfaction levels with the service and the development of improvement actions.
7. In order to support positive engagement with customers and employees in future and develop a stronger insight into their needs and preferences, the service should monitor and analyse emergent customer and employee results more closely.

Progress in these actions will be reviewed in a report to the next Review Panel (quarter 2 of 2019/20).

D.7 Service Performance

The service has a total of 30 performance indicators on the council's performance management system (Pentana). At present, the status of those indicators are as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
 Green	29
 Amber	0
 Red	0
 Unknown	1

An overview of the performance indicators categorised as Public or High Level for the service is included in Appendix 2.

D.8 Service Benchmarking

There are three indicators in the Local Government Benchmark Framework (LGBF) that are aligned with the activity of Inclusion and Wellbeing Service. The data for 2017/18 will not be published by the Improvement Service until February 2019, however the performance and ranking information for 2016/17 for the three most significant indicators has been provided below.

SCHN19b - School attendance rates (per 100 'looked after children')

West Lothian Council had performance of 90.15 percent in 2016/17. This was lower than the Scottish average of 90.98 percent and ranked at 24 (out of 32) overall in Scotland.

SCHN20a – School exclusion rates (per 1,000 pupils)

West Lothian Council had exclusion rates of 43.38 per 1,000 pupils in 2016/17. This was above the Scottish average of 26.84 and ranked at 28 (out of 32) overall in Scotland.

SCHN20b – School exclusion rates (per 1,000 'looked after children')

West Lothian Council had performance of 99.80 per 1,000 'looked after children' in 2016/17. This was above the Scottish average of 79.95 and ranked at 17 (out of 32) overall in Scotland.

The Council's Corporate Parenting Plan (2017/18) outlines key activities for Education Services, in collaboration with multi-agency partners in relation to Looked After children and young people. There is a specific focus on raising attainment which includes the undertaking of specific attainment visits to schools for LAC pupils and the use of the Centre of Excellence for Looked After Children In Scotland (CELCIS) toolkit for school's self-evaluation and improvement planning. The newly established training programme for LAC Designated Members of Staff in all schools and the revision of the Education Services Looked After Children policy have also been designed to have a direct positive impact on levels of attendance and exclusions. The development of benchmarking activity with the Local Government Benchmarking Framework family will continue to support this work.

In addition, recent Scottish Government funding for Looked After Children has been focussed on supporting engagement in learning of our most vulnerable Looked After Children and Young People. There has been considerable cross-authority liaison in relation to most effective practice in a multi-disciplinary approach to intensive and crisis intervention.

E. CONCLUSION

The Inclusion and Wellbeing Service completed the WLAM process as part of the council's corporate programme of self-assessment. This is a critical part of the council's internal scrutiny arrangements and helps to ensure that excellent practice and performance is supported and that the principle of continuous improvement is adopted in all council services.

The service achieved a total score of 513 and was placed on Cycle 2 by the Review Panel and will not return to the Review Panel until the next programme (2020/23).

BACKGROUND REFERENCES

[West Lothian Council Corporate Plan 2018/23](#)
[West Lothian Council Improvement Strategy 2018/23](#)
[Corporate Services Management Plan 2018/19](#)

Appendices/Attachments: 2
Appendix 1_Education Services Management Plan Extract
Appendix 2_ Performance Indicator Report

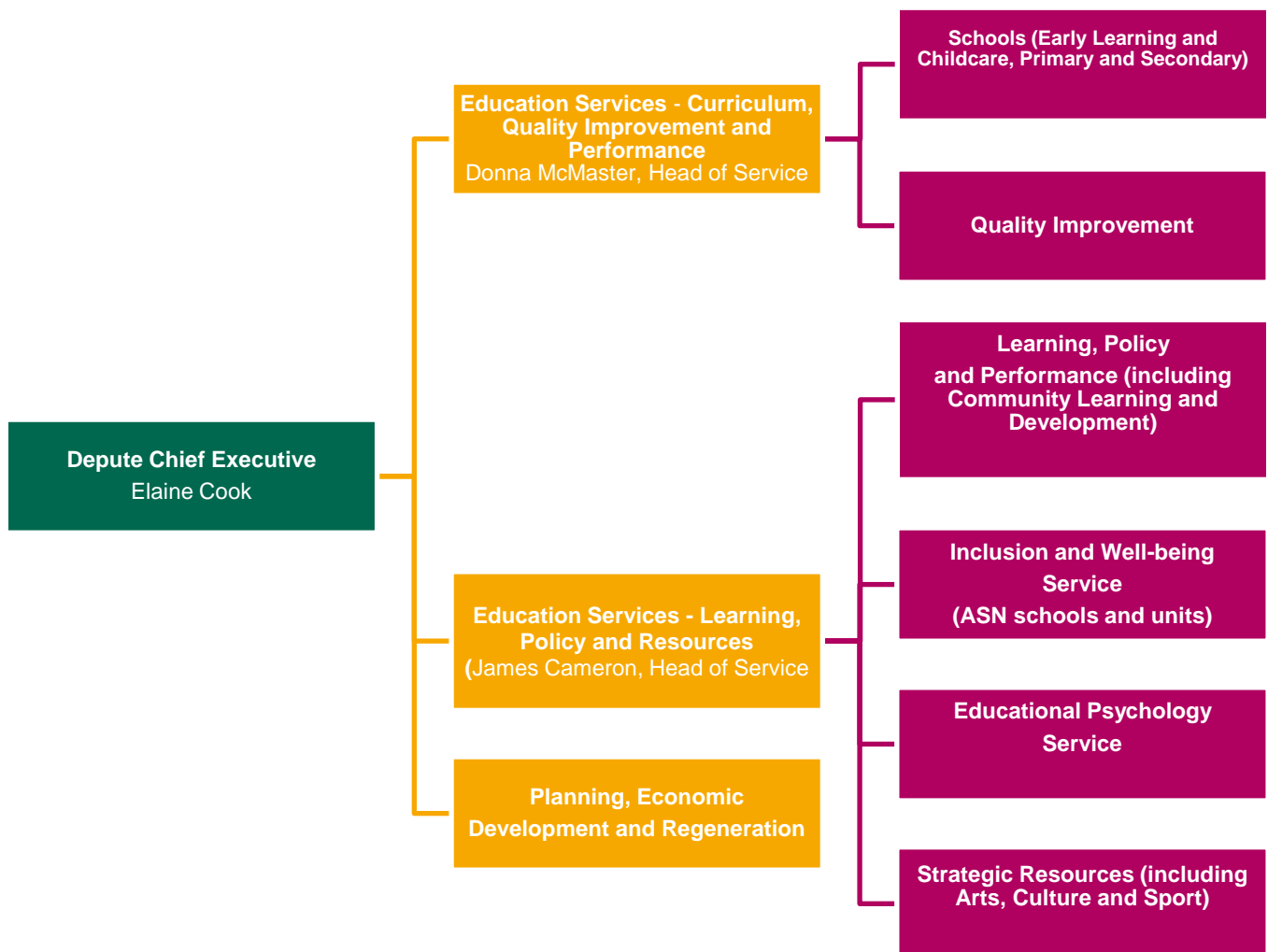
Contact Person: Rebecca Kelly
E mail: rebecca.kelly@westlothian.gov.uk Phone 01506 281891

Graeme Struthers
Depute Chief Executive
4 February 2019

Service Activity

The Education, Planning and Regeneration Services directorate is focused on the delivery of services that will support our community to grow and develop with better outcomes in early years, education and employability.

The main focus of activity within Education Services is the delivery of school based education. Schools are supported by teams dealing with quality improvement, education psychology, inclusion and wellbeing, resources, policy and performance. Services are also provided to children, young people and the wider community through arts, cultural and sport services and community learning and development.



Education Services is made up of primary and secondary schools, early learning and childcare establishments, and additional support for learning establishments and units, and five services, known as West Lothian Assessment Model (WLAM) units, under the direction of the two Heads of Education Services.

The following section provides more information on the activities and resources of schools and each WLAM unit.

Inclusion and Wellbeing Service

Service manager: Alison Raeburn, Inclusion and Well-being Manager

Number of staff: 60.8 (full time equivalents)

Location: Civic Centre and Across All Schools

Purpose

The Inclusion and Wellbeing Service (IWS) works in partnership with schools, the Educational Psychology Service, the Quality Improvement Team and multi-agency partners to deliver education services and contribute to the overall aims of the council in relation to the educational attainment, achievement and health and wellbeing outcomes for West Lothian's children and young people.

More specifically, the service supports schools in improving the delivery of education provision, learning experiences and opportunities for children and young people with additional support needs across the curriculum in every educational context and setting, enabling all pupils to achieve at their highest potential. Collaborative planning with multi-agency partners is a key focus throughout the service's strategic and operational activities with the Getting It Right for Every Child (GIRFEC) agenda underpinning all partnership working.

The Inclusion and Well-being Service's vision is the achievement of long term sustainable quality educational provision for all West Lothian's children and young people which is sufficiently inclusive to remove barriers to participation, learning and achievement, and to promote equality. This is achieved by:

- ◆ Placing the needs of children and young people at the centre of service delivery
- ◆ Identifying and addressing barriers to participation, learning and achievement
- ◆ Working collaboratively with partners
- ◆ Building capacity at individual and systemic levels, and
- ◆ Operating within a context of continuous improvement
- ◆ Outreach services are merged and delegated to Headteachers

Activities

The main activities of the service during the period of the 2018/19 Management Plan will be to:

- ◆ Continue to ensure long term sustainability of specialist provision (in line with Corporate Plan Priority 1)
- ◆ Continue to support the child's planning process in the allocation of specialist provision to appropriately identified need (in line with Corporate Plan Priority 1).
- ◆ Work collaboratively with key partners to develop and enhance our educational provision for children and young people with Autistic Spectrum Disorder; and Social, Emotional and Behavioural Needs; Severe and Complex Needs; and Moderate Learning Difficulties (in line with Corporate Plan priority 1, 2, 5, 6 and 7).
- ◆ Continue to work collaboratively with key partners to develop and enhance our support for and to increase the attainment of our Care Experienced children and young people as part of the Corporate Parenting Strategy (and in line with Corporate Plan priority 2.)
- ◆ Continue to support the local and national agenda of closing the poverty related attainment gap through the successful embedding of a re-structured Inclusion and Wellbeing Service to

realise the service's commitment of building capacity within mainstream schools to meet the needs of all pupils (in line with Corporate Plan priority 1, 2, 5 and 6).

- ◆ Continue to work with the Educational Psychology Service and multi-agency partners on the embedding of child's planning and staff development frameworks to support pupils who require additionality to maximise their learning (in line with Corporate Plan priority 1, 2, 5 and 6).
- ◆ Contribute to the school improvement agenda by working jointly with the Quality Improvement Team to support the Moving Forward in Learning Framework (in line with Corporate Plan priority 1, 2, 5, 6 and 7).
- ◆ Work collaboratively with NHS to develop and enhance support for all pupils requiring support from Community Child Health, Child and Adolescent Mental Health (CAMHS); Speech and Language Therapy Services; Physiotherapy Services and Occupational Health Services (in line with Corporate Plan priority 1, 2, and 6).
- ◆ Continue to support schools, children/young people and families through policy development and support in the areas of, Positive Relationships; Management of Health Care Needs in Schools; Attendance at School; Home Education; and Co-ordinated Support Plans (in line with Corporate Plan priority 1, 2, 5, 6 and 7).
- ◆ Continue to support the Quality Improvement Team in the administration of schools' senior management recruitment process and student placements (in line with Corporate Plan priority 1).
- ◆ Consider a service delivery model for the inclusion and Wellbeing Service in light of developments resulting from the National Governance Review and the Transforming Your Council process (in line with Corporate Plan priority 1, 2, 5, 6 and 7).

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers.

Our key partners include: other council services; parents, children and young People; NHS Lothian (Community Child Health, Child and Adolescent Mental Health (CAMHS) and other Allied Health Services); Police Scotland; Education Scotland including HMI; SEEMiS (Information Management System); Common Ground Mediation (Education Services' independent mediation organisation); Schoolhouse (Home Education Support Charity); Scottish Autism; and National Deaf Children's Society.

Customer Participation

The service will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2018/19

Customer Group	Method	Frequency	Responsible Officer	Feedback Method
Parents / carers	Focus groups/ Survey	As individual projects dictate	Inclusion and Well-being Manager	<ul style="list-style-type: none"> • Customer feedback/survey monkey
Head Teachers	Customer satisfaction survey	Annually	Inclusion and Well-being Manager	<ul style="list-style-type: none"> • Customer feedback/survey monkey
Head Teachers	Focus groups/ working groups	As and when required during the year	Inclusion and Well-being Manager	<ul style="list-style-type: none"> • Minutes of meetings • E-mail
Pupils	Focus Groups	As and when required during the year	Inclusion and Well-being Headteacher	<ul style="list-style-type: none"> • Minutes of meetings
Partner agencies	Partner focus groups	As individual projects dictate	Inclusion and Well-being Manager	<ul style="list-style-type: none"> • Customer feedback/survey monkey • Email

Activity Budget 2018/19

Inclusion and Well-being Service								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Inclusion and Well-being Forum	Meeting the needs of pupils with additional support needs within mainstream schools through the allocation of additional funding to schools by the Inclusion and Wellbeing Forum.	1 Improving attainment and positive destinations for school children	EDIWS030 Cost per pupil of Inclusion and Wellbeing Forum allocations. Target: £39.31	High Level	0.0	1,058,607	0	1,058,607
			SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%	Management				
Service level Agreements	Service level agreements for: the purchase of communication equipment; NHS Access/OT Services; and Mental Health Support for primary aged pupils.		EDIWS024 Cost per pupil of Service Level Agreements Target: £6.34	High level	0.0	170,596	0	170,596
			SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%	Management				
Inclusion and Wellbeing Service	Meeting the needs of pupils with additional support needs within mainstream schools: Visual Impairment; Hearing Impairment; ASD; ADHD; Hospital Tuition; Mental Health; Looked After and Pre-school.	1 Improving attainment and positive destinations for school children	EDIWS025 Cost per pupil of Inclusion and Wellbeing Service meeting the needs of pupils with additional support needs in mainstream schools Target: £127.47	High Level	43.7	3,432,609	0	3,432,609

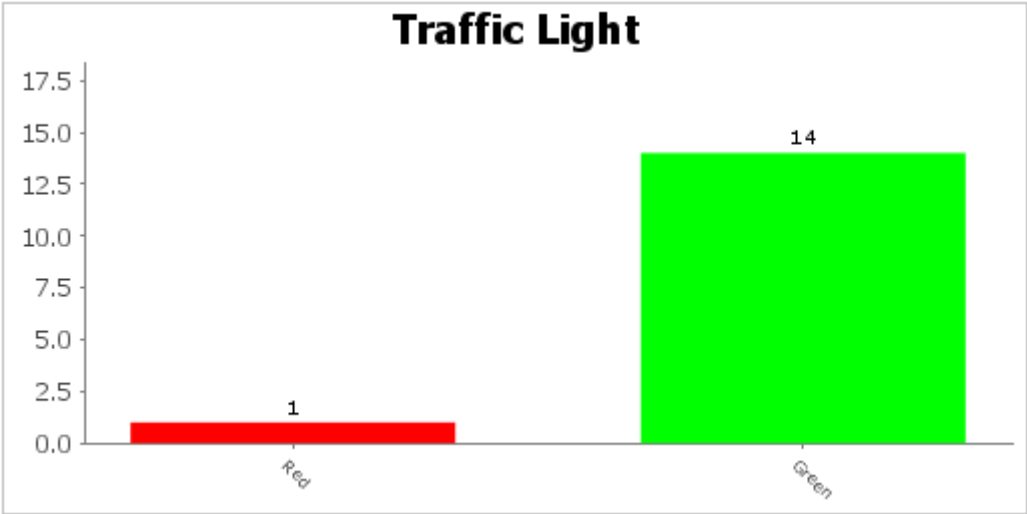
Inclusion and Well-being Service							
Activity Name and Description	Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Literacy and Language	Meeting the needs of pupils with language and communication needs. This includes both the in-reach and outreach services of Murrayfield Language Centre, The Literacy base and NHS SALT SLA.	1 Improving attainment and positive destinations for school children	SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%				
			EDIWS026 Cost per pupil of Literacy and Language support. Target: £33.07	9.3	890,468	0	890,468
			SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%				
Independent Mediation Services	Procure Mediation Services for parents of pupils with ASN.	Enabler Service - Corporate Governance and Risk	EDIWS027 Cost per pupil of Independent Mediation Services. Target: £0.24	0.0	6,580	0	6,580
			EDIW023 Percentage of families successfully engaging in independent mediation services Target: 100%				


Inclusion and Well-being Service								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2018/19 £	Revenue Income Budget 2018/19 £	Net Revenue Budget 2018/19 £
Other Local Authority Schools	Meeting the needs of West Lothian pupils with additional support needs in mainstream placements in Other Local Authority Schools.	1 Improving attainment and positive destinations for school children	EDIWS028 Cost Per pupil of placements in Other Local Authority schools. Target: £8.29	High Level	0.0	223,177	(372,355)	(149,178)
			SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%	Management				
Specialist Equipment in Additional Support Needs schools	Meeting the needs of pupils with additional support needs requiring the purchase of specialist equipment to access school placement.	1 Improving attainment and positive destinations for school children	EDIWS029 Cost per pupil of Specialist Equipment in Additional Support Needs schools. Target: £0.88	High Level	0.0	23,812	0	23,812
			SOA130214 Percentage of schools and pre-school establishments receiving positive inspection reports Target: 100%	Management				
Service support	Provision of management and administrative Support	Enabler service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		7.8	381,321	0	381,321
Total:					60.8	6,187,170	(372,355)	5,814,815

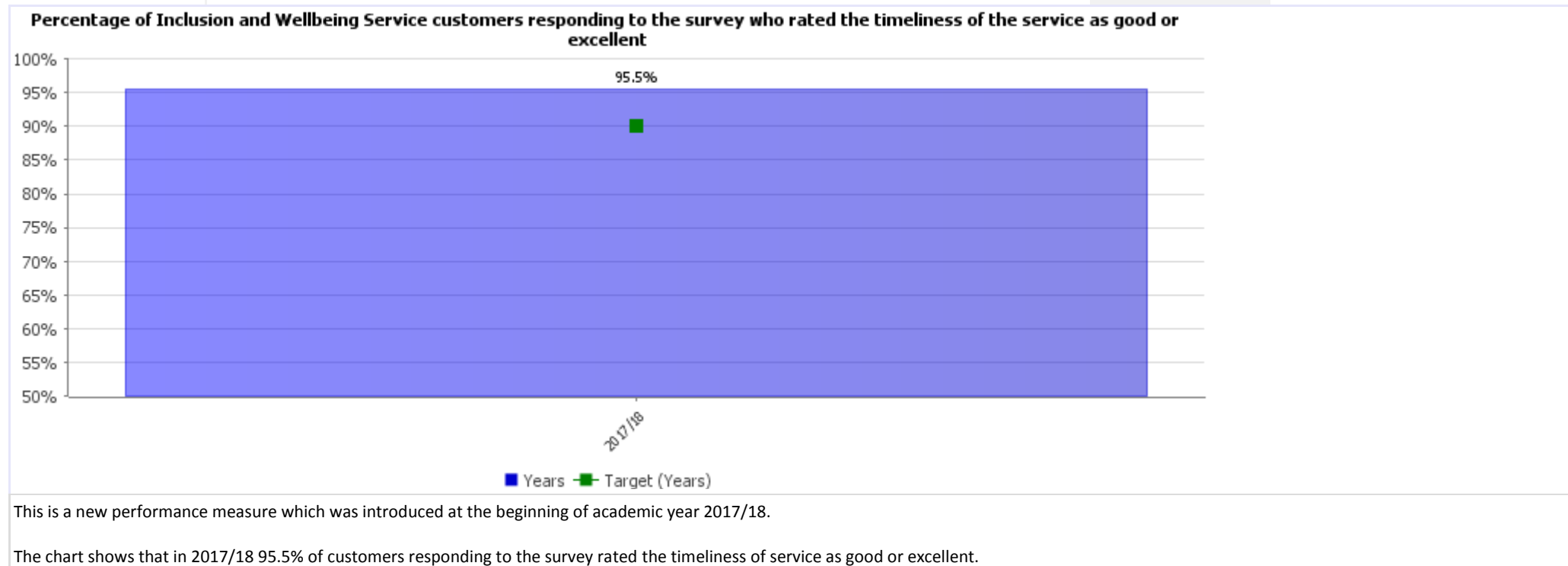
IWS - Performance Committee

Data Label : OFFICIAL

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PI Code & Short Name	EDIWS001_6a.1 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the timeliness of the service as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the timeliness of the Inclusion and Wellbeing Service staff as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	95.5%
		Current Target	90%




The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

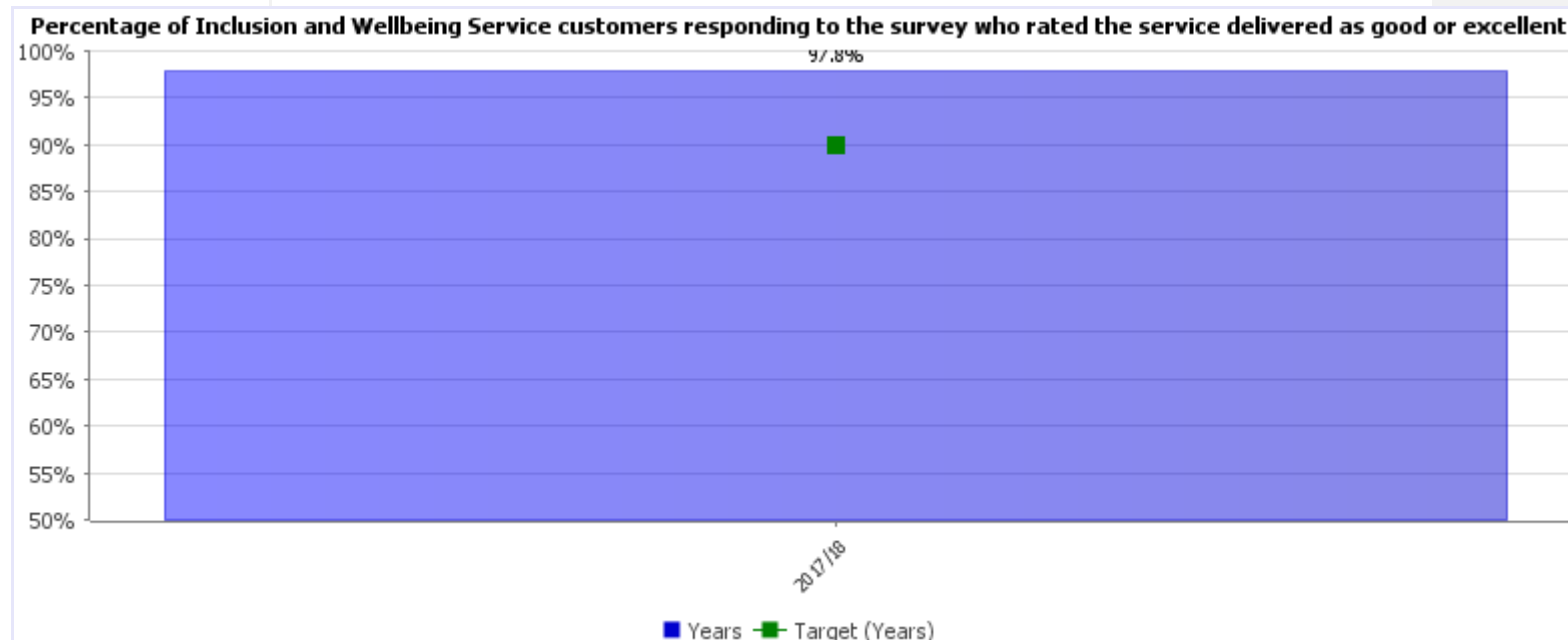
The number of customer surveys responded to as excellent or good was as follows:
2017/18 43 out of 45

The total survey response rate for 2017/18 was 49.5%.

The Service recognises the important contribution that timeliness in service delivery has towards the reduction of anxiety for customers and compliance with legal timescales. Timeliness of service delivery allows an important opportunity for all stakeholders to prepare for next steps in the range of procedures facilitated by the Service together with appropriately displaying efficiency and professionalism towards all stakeholders.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 96% to encourage ongoing improvement in the service.

PI Code & Short Name	EDIWS002_6a.2 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the service delivered as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the service delivered by the Inclusion and Wellbeing Service staff as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	97.8%
		Current Target	90%



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 97.8% of customers responding to the survey rated the service delivered as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

The number of customer surveys responded to as excellent or good was as follows:
2017/18 44 out of 45.

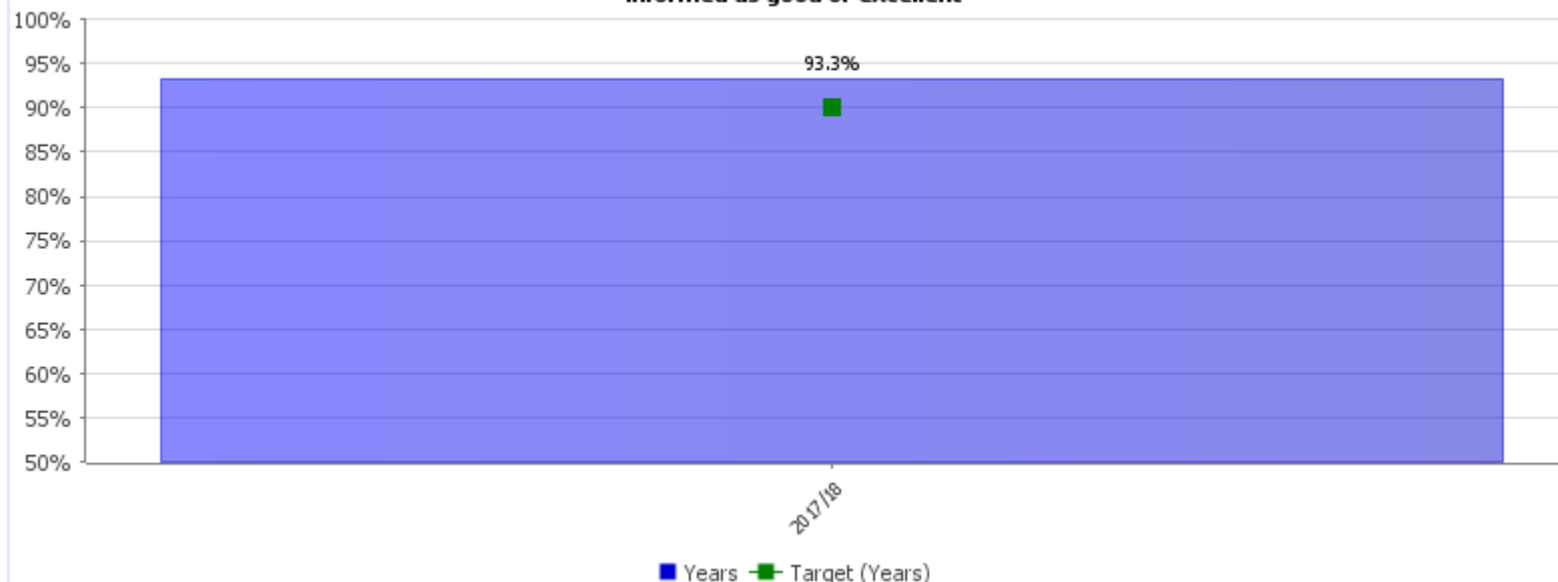
The total survey response rate for 2017/18 was 49.5%.

The Service has a diverse range of customers and an important focus of service delivery is meeting the needs and expectations of all customers across every aspect of the Service's remit, in particular, striving to fulfil all Service Standards.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 98% to encourage ongoing improvement in the service.

PI Code & Short Name	EDIWS003_6a.3 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the services performance in keeping them informed as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the services' performance in keeping them informed as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	93.3%
		Current Target	90%

Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the services performance in keeping them informed as good or excellent



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 93.3% of customers who responded to the survey rated the services performance in keeping them informed as good or excellent.

The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.


The number of customer surveys responded to as excellent or good was as follows:
2017/18 42 out of 45.

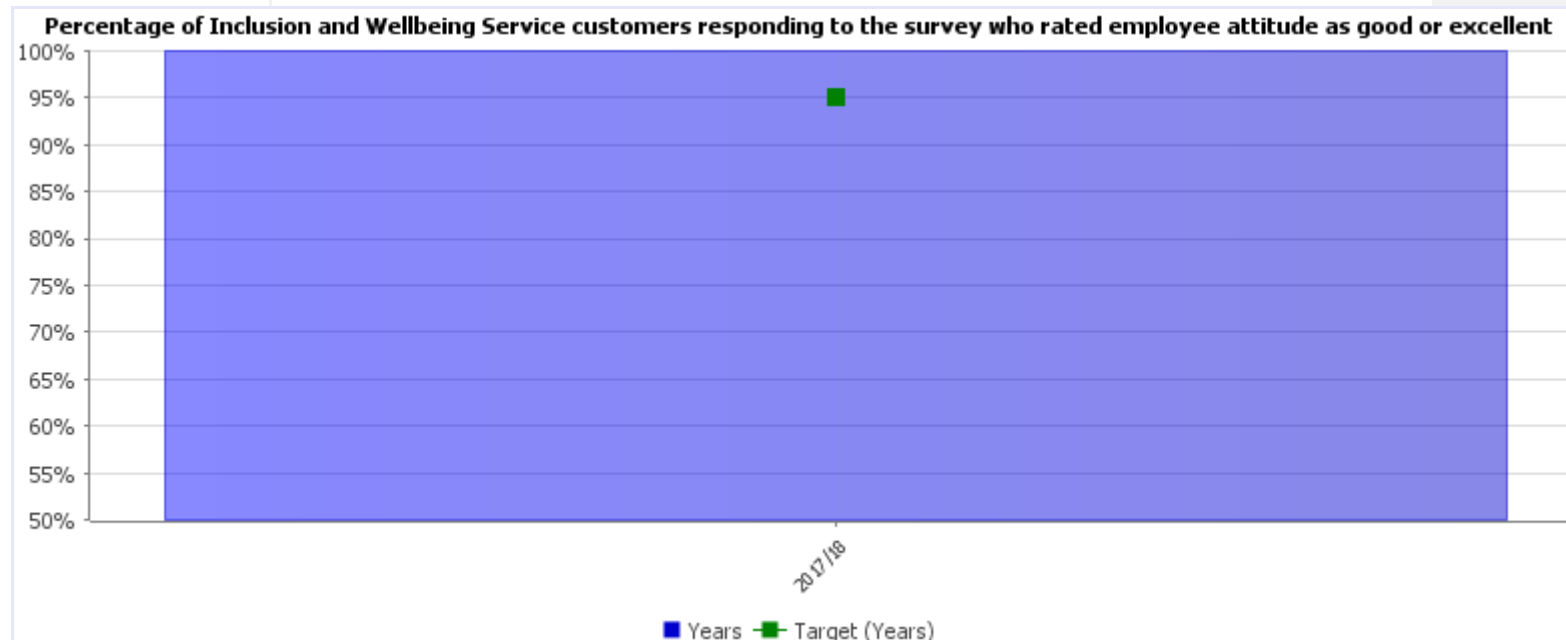
The total survey response rate for 2017/18 was 49.5%.

The Service recognises the importance of keeping customers informed and the impact this has on reducing anxiety for families, providing confidence in the Service and effective communication for all stakeholders. The Service is perceived as a key contact for sign posting customers within a network of multi-agency services and provision. High performance in keeping customers informed is a key aspect of the service.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit.

The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 95% to encourage ongoing improvement in the service.

PI Code & Short Name	EDIWS004_6a.4 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated employee attitude as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the attitude of the Inclusion and Wellbeing Service staff as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	100%
		Current Target	95%



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 100% of customers who responded to the survey rated employee attitude as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

The number of customer surveys responded to as excellent or good was as follows:
2017/18 45 out of 45.

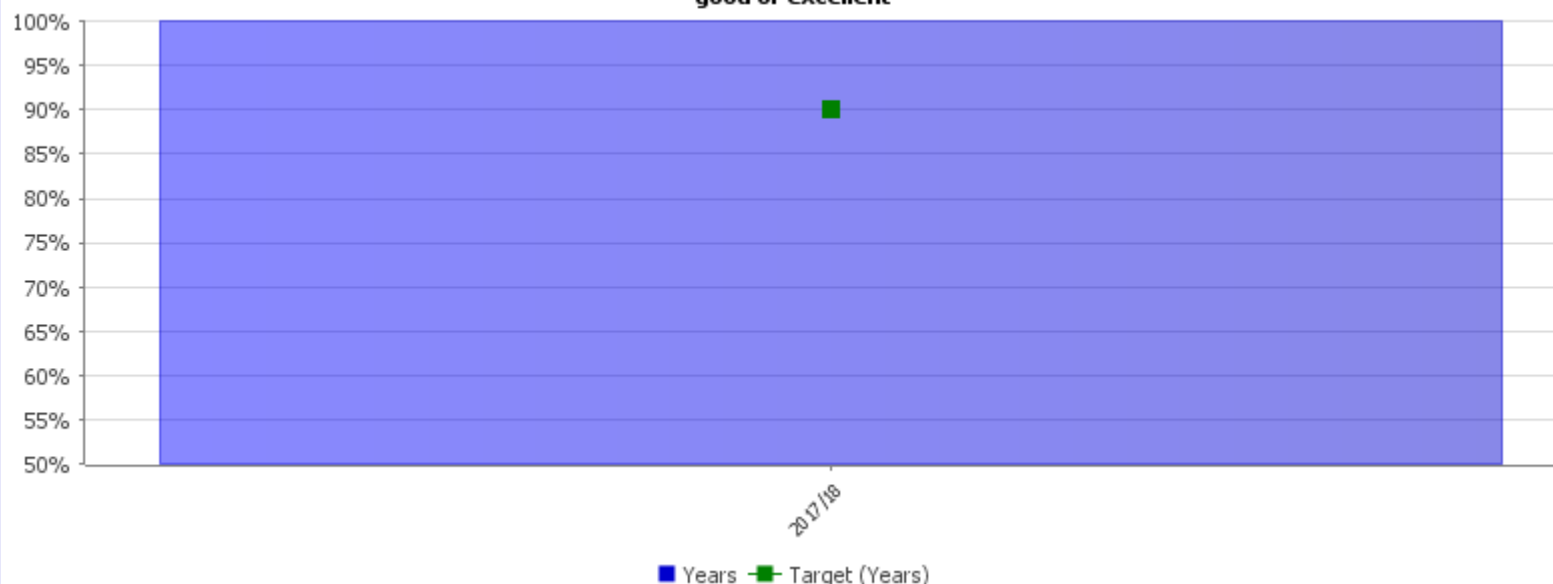
The total survey response rate for 2017/18 was 49.5%.

Paramount within the Service is the recognition of the importance of, and the delivery of, respect, professionalism, impartiality and reliability to all stakeholders of the diverse range of activity across the Service. Exercising excellent employee attitude is a key aspect of the Service.

The target for 2017/18 was set at 95% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 100% to encourage ongoing excellence and improvement in the service.

PI Code & Short Name	EDIWS005_6a.5 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the employee professionalism/knowledge as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the employee professionalism/knowledge of the Inclusion and Wellbeing Service staff as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	100%
		Current Target	90%

Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the employee professionalism/knowledge as good or excellent



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 100% of customers who responded to the survey rated the employee professionalism/ knowledge as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

The number of customer surveys responded to as excellent or good was as follows:
2017/18 45 out of 45.

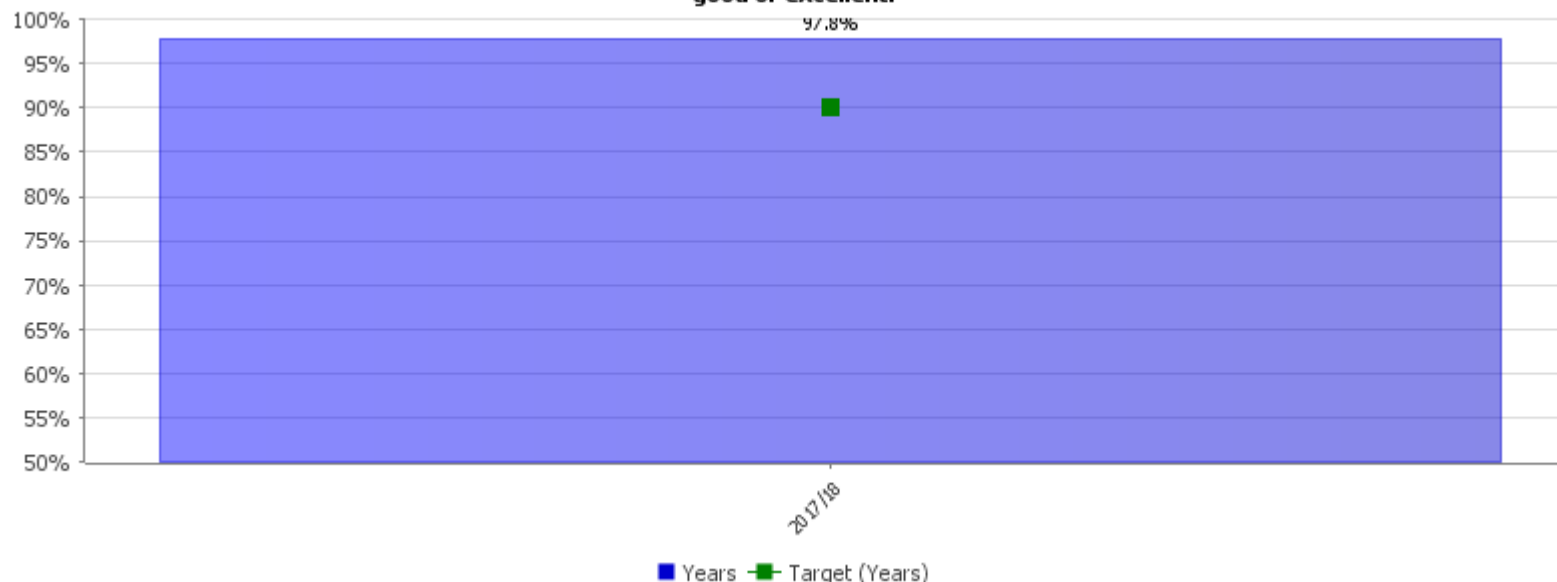
The total survey response rate for 2017/18 was 49.5%.

The Service understands the importance of knowing the job in hand in great detail across the diverse range of service areas. It is recognised that the Service is a key aspect of support in the context of a wider multi-agency model which services the holistic needs of its customers. The Service thus appreciates and responds to the need to accurately signpost customers to internal and external multi-agency partners when appropriate.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 100% to encourage ongoing excellence and improvement in the service.

PI Code & Short Name	EDIWS006_6a.6 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the extent to which they were treated fairly as good or excellent.	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the extent to which the Inclusion and Wellbeing Service staff treated them fairly as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	97.8%
		Current Target	90%

Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the extent to which they were treated fairly as good or excellent.



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 97.8% of customers who responded to the survey rated the extent to which the Inclusion and Wellbeing Service staff treated them fairly as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

The number of customer surveys responded to as excellent or good was as follows:
2017/18 44 out of 45.

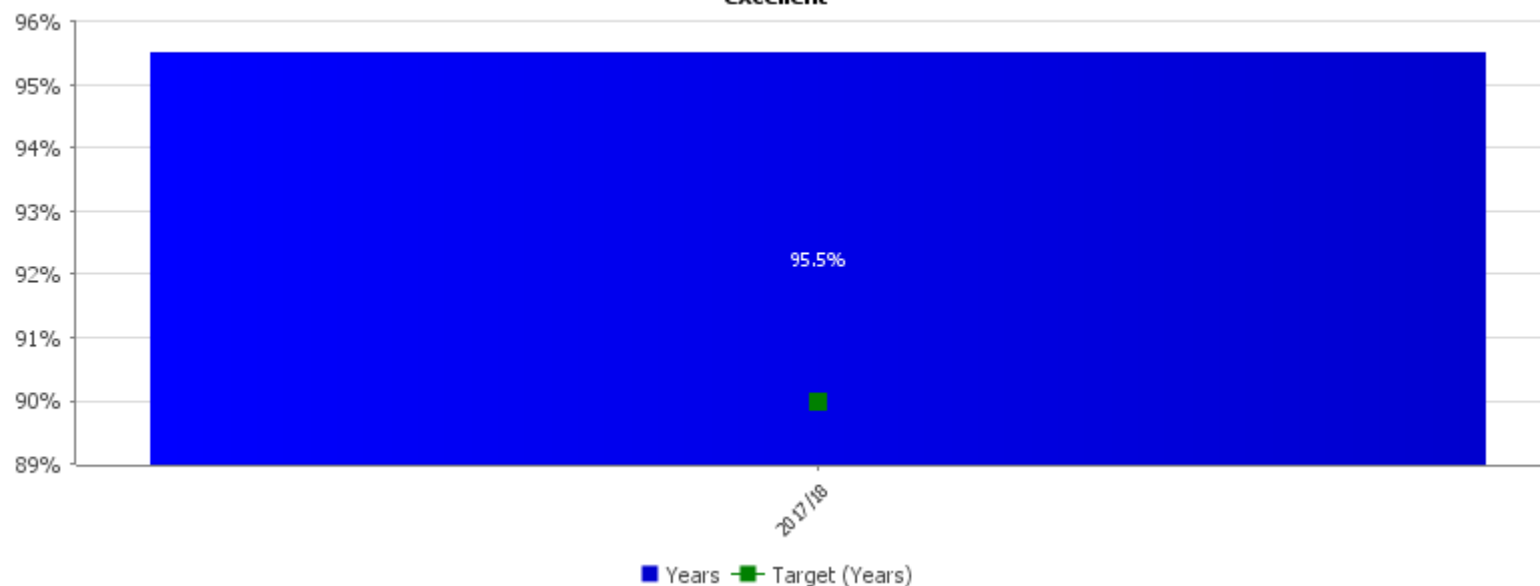
The total survey response rate for 2017/18 was 49.5%.

Treating customers with respect and equity is a value which is upheld throughout the Service and one which will continue to be employed.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 98% to encourage ongoing improvement in the service.

PI Code & Short Name	P:EDIWS007_6a.7 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the overall quality of the service as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the overall quality of the Inclusion and Wellbeing Service staff as good or excellent.</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	95.5%
		Current Target	90%

Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the overall quality of the service as good or excellent



Trend Chart Commentary:-

This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 95.5% of customers who responded to the survey rated the overall quality of the service as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

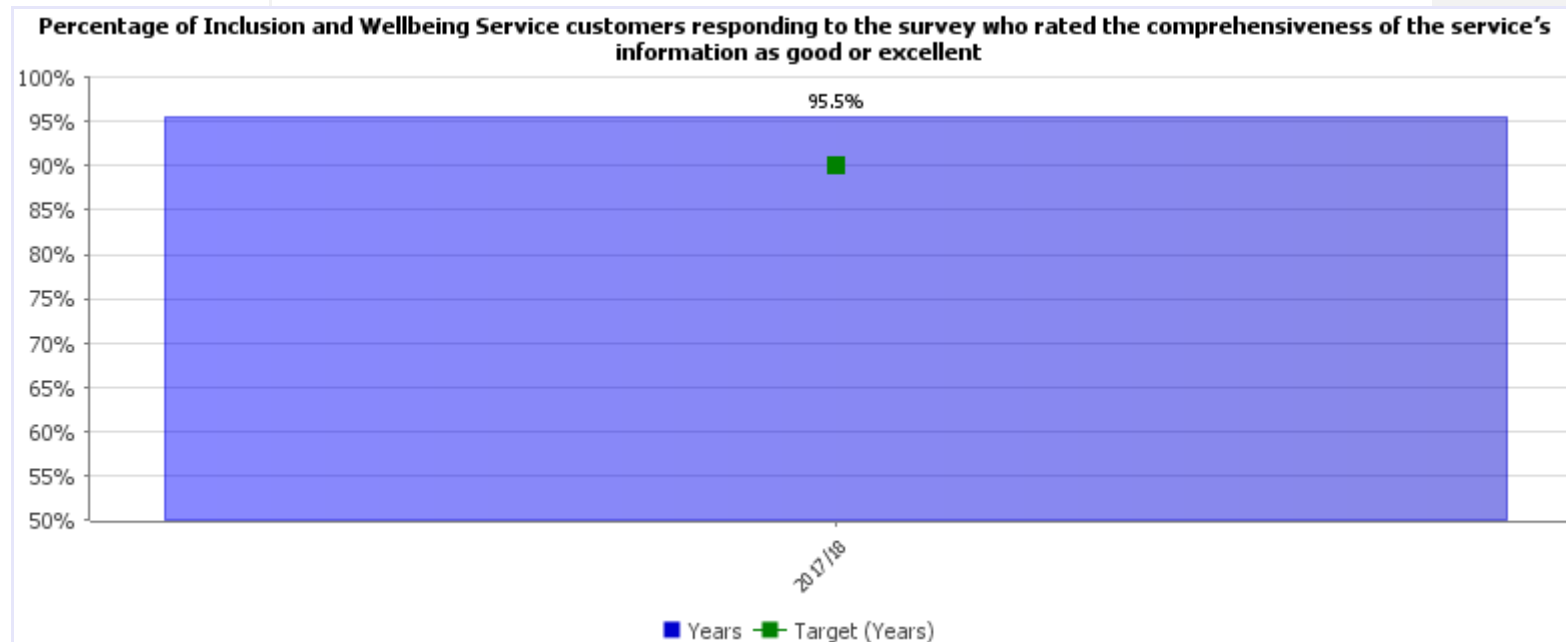
The number of customer surveys responded to as excellent or good was as follows:
2017/18 43 out of 45.

The total survey response rate for 2017/18 was 49.5%.

The Service has a diverse range of customers and an important focus of service delivery is meeting the needs and expectations of all customers across every aspect of the Service's remit, in particular, striving to fulfil all Service Standards with consistency.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 96% to encourage ongoing improvement in the service.

PI Code & Short Name	EDIWS008_6a.8 Percentage of Inclusion and Wellbeing Service customers responding to the survey who rated the comprehensiveness of the service's information as good or excellent	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This Performance Indicator measures the percentage of customers responding to the survey who rated the comprehensive nature of the service's information as good or excellent</p> <p>This survey is directed at internal and external customers segmented by the diverse range of activities across the Service.</p> <p>The Service activities included are the administrative processes involved in: the council's Authority Attendance Group; Home-Schooled children & young people; the council's multi-agency Senior Officer Review Group and Pre-Nursery Planning Group; School Inspections (Education Scotland), Validated Self Evaluation and Committee reporting procedure; and the schools Senior Management Appointment process.</p> <p>The customers surveyed are: school representatives and partner agencies involved in the council's Authority Attendance Group; parents of Home Schooled children; ; members of the council's multi-agency Senior Officer Review Group and the Pre-Nursery Planning Group; parents of children considered by the Pre-Nursery Planning Group; Headteachers; and the Quality Improvement Team (Education Services).</p> <p>The data is gathered via electronic surveys and telephone and face to face survey interaction. The method of data collection is determined by the nature of the specific service activity and the most efficient and effective method of engagement with individual sets of customers.</p> <p>This performance indicator measures performance in the school academic year.</p>	Traffic Light Icon	
		Current Value	95.5%
		Current Target	90%



This is a new performance measure which was introduced at the beginning of academic year 2017/18.

The chart shows that in 2017/18 95.5% of customers who responded to the survey rated the comprehensiveness of service information as good or excellent.


The customer comments have been analysed and included in the “You Said, We Did” communication to customers on the Service's newly developed web page.

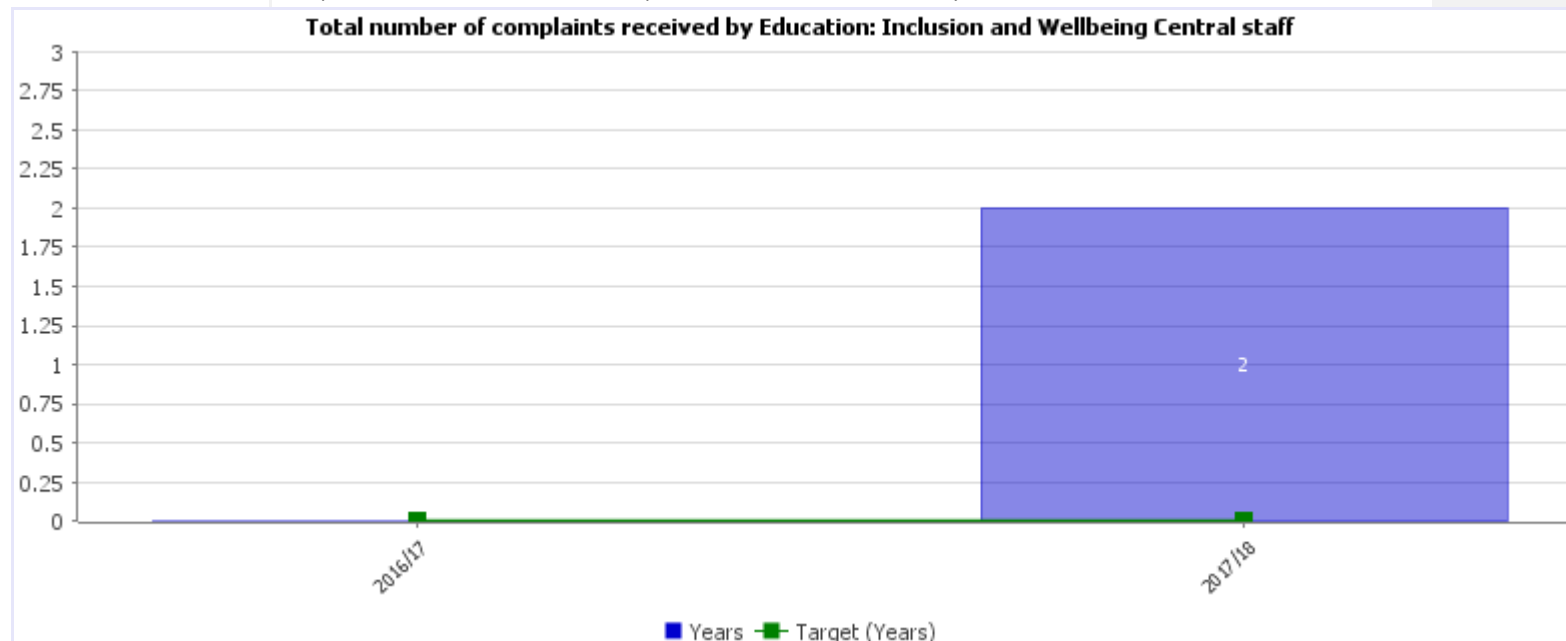
The number of customer surveys responded to as excellent or good was as follows:
2017/18 43 out of 45.

The total survey response rate for 2017/18 was 49.5%.

An important aspect of a comprehensive quality approach to customer service is the recognition that robust policy and procedure require to underpin the administrative functions of all aspects of the Service. It is also understood by the Service that there requires to be an understanding of the strategic landscape of services and procedures that customers find themselves involved in.

The target for 2017/18 was set at 90% as this was the first time the service collected the data as a new WLAM Unit. The Service staff have exceeded the 2017/18 target. The target for 2018/19 will be set at 96% to encourage ongoing improvement in the service.

PI Code & Short Name	EDIWS011_6b.3 Total number of complaints received by Education: Inclusion and Wellbeing Central staff	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This indicator measures the total number of complaints received by Education: Inclusion and Wellbeing Central staff. It is the total number of complaints received by Inclusion and Wellbeing Central staff at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). This is to ensure that complaints escalated from stage 1 to stage 2 are not double counted.</p> <p>The data for this indicator is extracted from the customer relationship management system (CRM). The complaints are analysed to identify improvements to the way the service is delivered to customers. This performance indicator measures performance over the financial year.</p>	Traffic Light Icon	
		Current Value	2
		Current Target	0



Trend Chart Commentary:

This Performance Indicator was introduced for the Inclusion & Wellbeing Service as a new WLAM Unit in 2017/18.


Although this performance indicator was introduced for financial year 2017/18, the previous year's data has been gathered to enable the service to assess any trend. The data available to date shows:

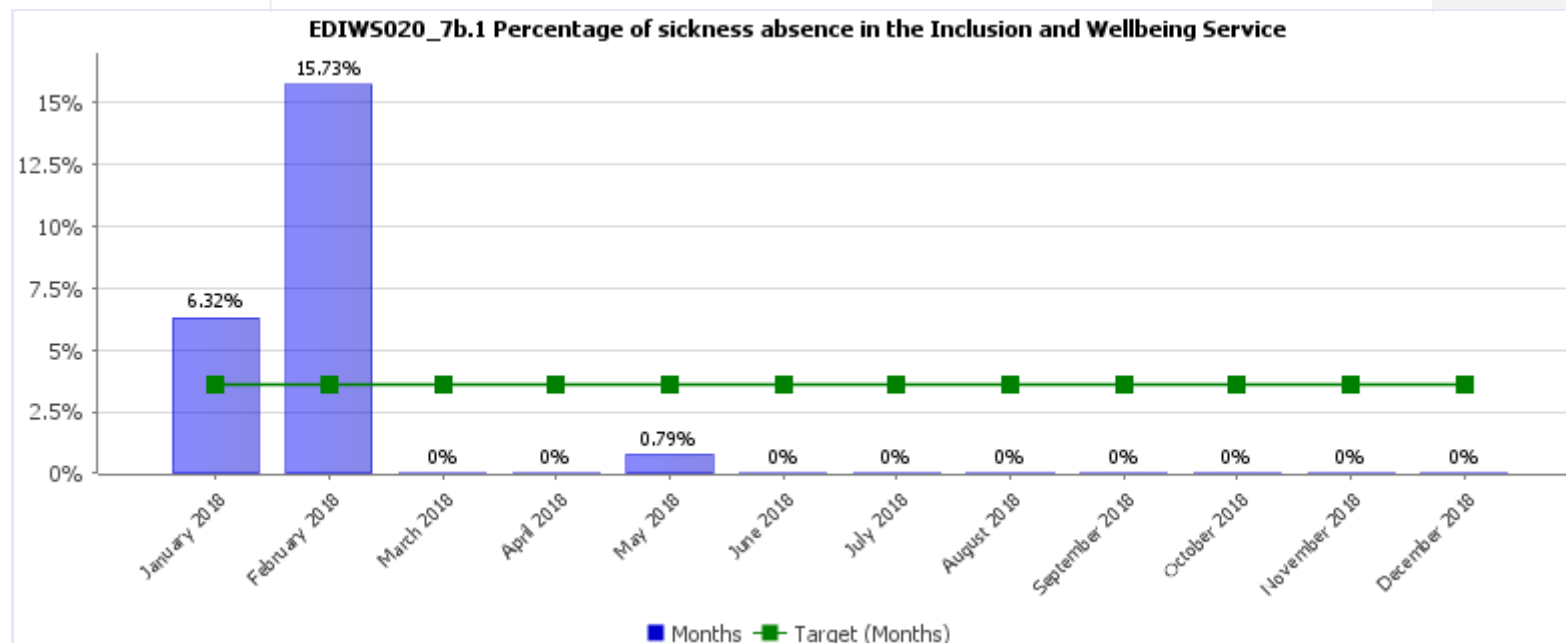
2017/18 - Two complaints were received related to Inclusion and Wellbeing Central staff. Both were stage 1 and both not upheld. The two complaints were from the same parent about the same issue (a claim that the council's "Exclusion From School's" policy was unlawful because it failed to take account of a child's disability).

2016/17 - No complaints were received during this period

The numbers of complaints received directly about the Inclusion and Wellbeing Central staff is low. This is due to a high level of customer contact and support at early stages of enquiry across the WLAM Unit. Staff are aware of the complaints process and complaints are perceived as an opportunity to improve the service that is provided to customers.

Target for 2018/19 is set at 2 or less complaints after taking under consideration the trend over time, therefore this is the baseline for the target.

PI Code & Short Name	EDIWS020_7b.1 Percentage of sickness absence in the Inclusion and Wellbeing Service	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	This performance indicator measures, as a percentage, the total level of sickness absence relating to the Inclusion and Wellbeing Service within Education Services. The data is provided by the council's Human Resources Service on a monthly basis and is tracked and monitored to ensure absence is managed in the service.	Traffic Light Icon	
		Current Value	0%
		Current Target	3.6%



Trend Chart Commentary

Sickness levels are monitored on a monthly basis and the service takes the appropriate action in compliance with the Council's Sickness Absence Policy to manage all periods of absence.

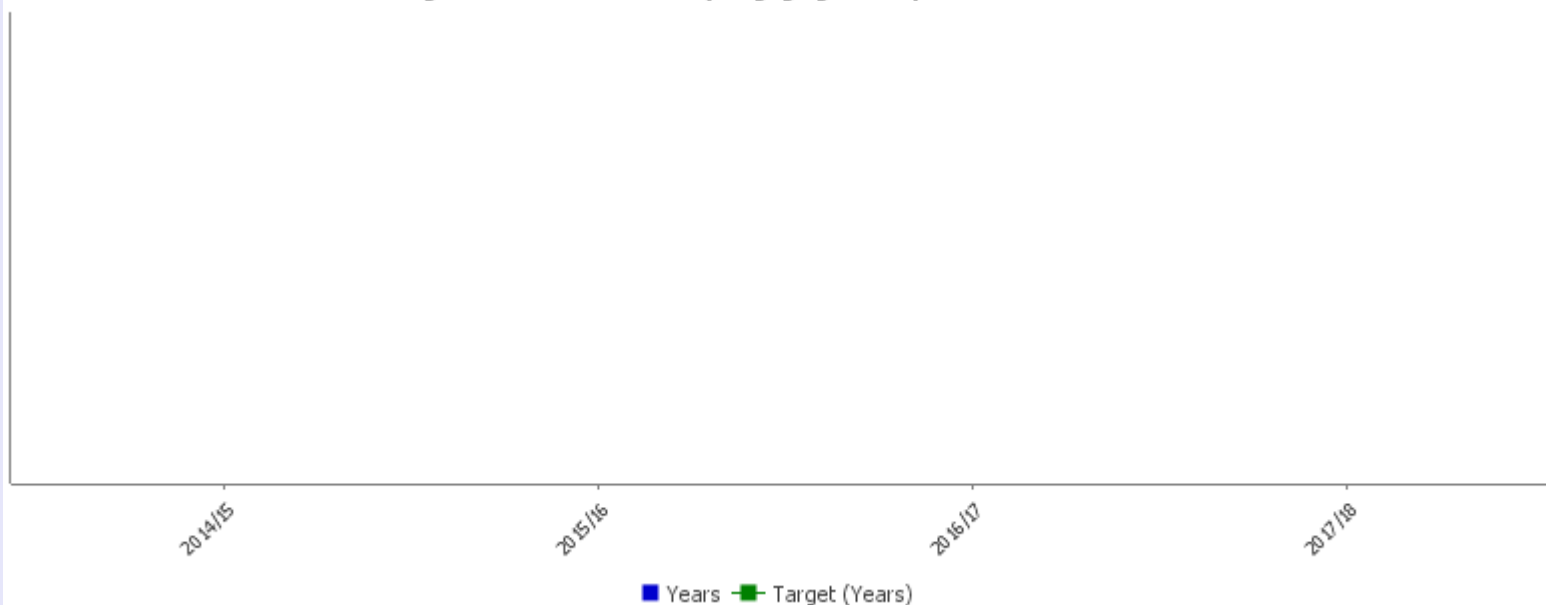
Given the size of the Inclusion & Wellbeing Service central team, any period of absence of one individual may impact significantly on the team's ability to meet its target.

In January 2018 and February 2018 the Service reported highest percentages of sickness absence in the Inclusion and Wellbeing central team which contributed to 18 days out of a possible of 114.24 lost, resulting in 15.73% in January 2018 and 8 days out of a possible of 126.48 lost, resulting in 6.32% in February 2018.

The target for 2017/18 was set using the corporate target of 3.6% and will remain at this level for 2018/19.

PI Code & Short Name	EDIWS023_9b.1b Percentage of Families successfully engaging in Independent Mediation Services.	PI Owner	zEDIWS_PAdmin; Alison Raeburn
Description	<p>This indicator shows the percentage of families successfully engaging in Independent Mediation. A family may require access to this service where communication between the family and school/authority requires independent intervention to support positive progress at school.</p> <p>Independent Mediation is provided by "Commonground Mediation" for West Lothian Council and is available to families who have children with additional support needs. The Education (Additional Support for Learning) (Scotland) Act 2004 requires Education Authorities to make mediation services available without charge to families. The Health & Education Chamber: First Tier Tribunal for Scotland encourage use of Independent Mediation by families. It is considered that, if parties take up this service, a Tribunal Hearing may prove unnecessary or it may be that some disputed issues are resolved and the hearing becomes more focused.</p> <p>This area of service activity directly links to the council's corporate priorities 1. Improving Attainment and Positive Destinations and 2. Delivering Positive Outcomes and Early Interventions for Early Years.</p> <p>This performance indicator measures performance across the financial year.</p>	Traffic Light Icon	
		Current Value	100%
		Current Target	100%

Percentage of Families successfully engaging in Independent Mediation Services.



Trend Chart Commentary:

Since 2014/15 this performance indicator has focussed on the percentage of families successfully engaging in Independent Mediation. Successful engagement in these circumstances is defined as a preventative measure to reduce the number of active Additional Support Needs Tribunals.

In 2014/15 the percentage of families who successfully engaged in Independent Mediation was 100%. There were 10 enquiries received by Commonground Mediation, 6 of which proceeded to Mediation. The target for 2015/16 was set at 100%.

In 2015/16 the percentage of families who successfully engaged in Independent Mediation was 100%. There were 8 enquiries received by Commonground Mediation, 5 of which proceeded to Mediation. Each of


the 5 Mediation cases had the potential for an Additional Support Needs Tribunal reference. None of the 5 cases proceeded to a Tribunal Hearing. 1 of the 3 not proceeding to Mediation was resolved on first contact with Commonground Mediation. The other 2 of the 3 were resolved by internal communication between Education Services and the families without the need for independent mediation. The target for 2016/17 was set at 100%.

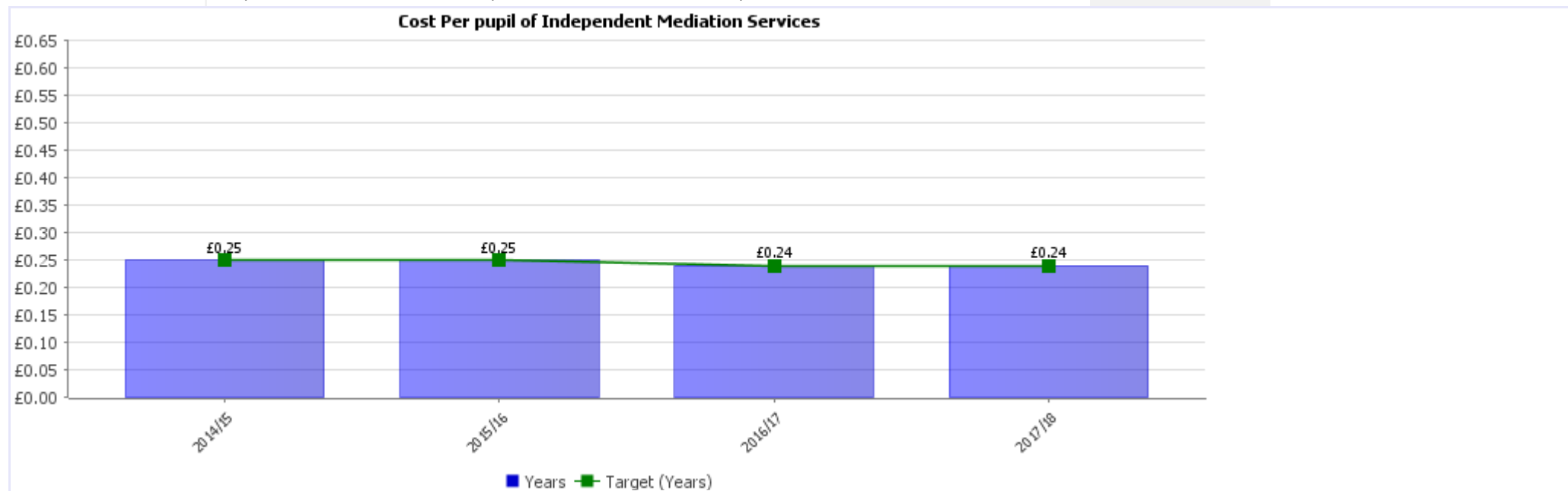
In 2016/17 the percentage of families who successfully engaged in Independent Mediation was 100%. There were 9 enquiries received by Commonground Mediation, 5 of which proceeded to Mediation. Each of the 5 Mediation cases had the potential for an Additional Support Needs Tribunal reference. None of the 5 cases proceeded to a Tribunal Hearing. 1 of the 4 not proceeding to Mediation was resolved on first contact with Commonground Mediation. The other 3 of the 4 were resolved by internal communication between Education Services and the families without the need for independent mediation. The target for 2017/8 was set at 100%.

In 2017/18 the percentage of families who successfully engaged in Independent Mediation was 100%. There were 8 enquiries received by Commonground Mediation, 4 of which proceeded to Mediation. Each of the 4 Mediation cases had the potential for an Additional Support Needs Tribunal reference. None of the 4 cases proceeded to a Tribunal Hearing. 2 of the 4 not proceeding to Mediation was resolved on first contact with Commonground Mediation. The other 2 of the 4 were resolved by internal communication between Education Services and the families without the need for independent mediation.

Limited national benchmarking information is available given the confidential contract the service provider holds with individual local authorities. Informal benchmarking discussions however suggest that there may be a commonality across local authorities of parents seeking mediation as an option to have facilitated conversation in relation to Placing Request Refusals.

Target setting for 2018/19 has required to take into consideration the significantly increased priority placed on the use of Independent Mediation prior to a Hearing by the Health & Education Chamber: First Tier Tribunal for Scotland in relation to parental Placing Request appeals to the Tribunal. For the purposes of consistent comparable measurement of successful engagement in Independent Mediation, the cases included in the statistical analysis for future years will be those initiated as parental enquiries direct to Commonground Mediation; rather than those cases pursuing Independent Mediation only as a result of an active Tribunal reference. The target for 2018/19 is therefore set at 100% to encourage continued success for families engaging in the service.

PI Code & Short Name	EDIWS027_9a.1c Cost Per pupil of Independent Mediation Services	PI Owner	zEDIWS_PIAAdmin; Alison Raeburn
Description	<p>This indicator shows the cost per pupil of the procurement of Independent Mediation services for parents with children with additional support needs.</p> <p>This is calculated by dividing the total Mediation Services budget by the number of primary/special/secondary school pupils. Measuring the cost per pupil of the Mediation Services budget allows comparison of the cost of providing each part of the service against the others.</p> <p>Independent Mediation is provided by "Commonground Mediation" for West Lothian Council and is available to families who have children with additional support needs. The Education (Additional Support for Learning) (Scotland) Act 2004 requires Education Authorities to make mediation services available without charge to families. The Health & Education Chamber: First Tier Tribunal for Scotland encourage use of Independent Mediation by families. It is considered that, if parties take up this service, a Tribunal Hearing may prove unnecessary or it may be that some disputed issues are resolved and the hearing becomes more focused.</p> <p>This area of service activity directly links to the council's corporate priorities 1. Improving Attainment and Positive Destinations and 2. Delivering Positive Outcomes and Early Interventions for Early Years.</p> <p>This performance indicator measures performance across the financial year.</p>	Traffic Light Icon	
		Current Value	£0.24
		Current Target	£0.24



Trend Chart Commentary:

Performance in 2017/8 was £0.24 per pupil which is in line with the 2017/18 activity budget and consistent with previous performance measurement:

2016/17 - cost per pupil was £0.24

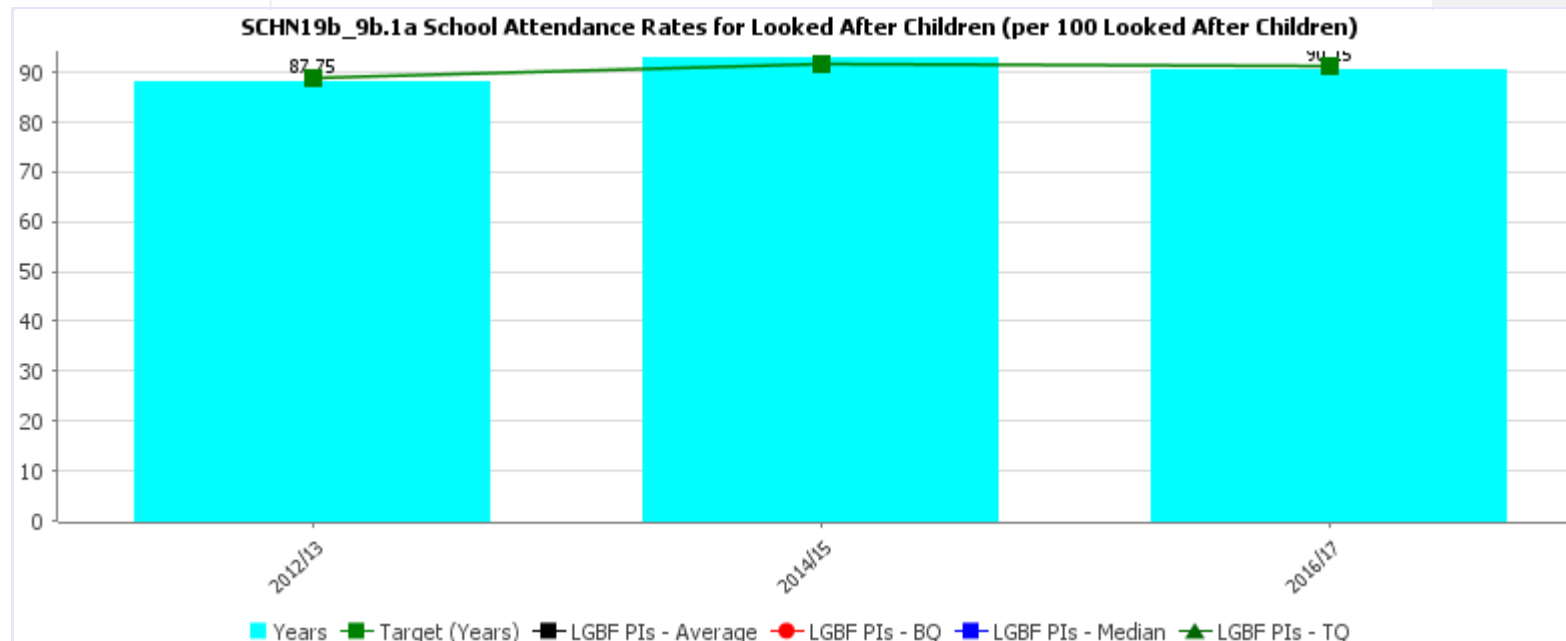
2015/16 - cost per pupil was £0.25

2014/15 - cost per pupil was £0.25

Limited national benchmarking information is available given the confidential contract the service provider holds with individual local authorities. Informal benchmarking discussions however suggest that there may be a commonality across local authorities of parents seeking mediation as an option to have facilitated conversation in relation to Placing Request Refusals. West Lothian Council have an increasing trend of Placing Request submissions therefore consideration may require to be given to increasing the number of hours procured from the service provider which would reduce the performance should number of pupils not increase at an equivalent rate.

Target for 2018/19 is set for £0.25 based on the 2018/19 activity budget and the predicted total number of pupils which will be recordable following the September 2018 census.
A review of the target will be undertaken in the event of significant changes in pupil numbers.

PI Code & Short Name	SCHN19b_9b.1a School Attendance Rates for Looked After Children (per 100 Looked After Children)	PI Owner	zAdmin_SCHN; Alison Raeburn
Description	This indicator measures the School Attendance Rates for Looked After Children per 100 Looked After Children. Measuring the School Attendance Rates for Looked After Children per 100 Looked After Children allows for national comparison.	Traffic Light Icon	
		Current Value	90.15
		Current Target	91



Trend Chart Commentary:

This is a new Local Government Benchmarking Framework measure introduced in 2017/18. The data is collected every two years with existing historical data available from academic years 12/13 and 14/15. Performance information for 2016/17 became available in December 2018.

In summary, during 2016/17 the school Attendance Rates for Looked After Children per 100 Looked After Children decreased to 90.15 which now places West Lothian ranked 24/32 Authorities and 7 out of our Family Group of similar Authorities.

2016/17 Performance status against 2012/13 and 2014/15.

During 2012/13, the initial year of collection data, the school attendance rates (per 100 'looked after children') was 87.75, placing West Lothian 21st in national rankings.

During 2014/15 the school attendance rates (per 100 'looked after children') increased to 92.87, an increase of 5.12 on the previous reporting period. This result moved the measure 15 places nationally to be placed 6th.

During 2016/17 the school attendance rates (per 100 'looked after children') decreased to 90.15, a decrease of 2.72 on the previous reporting period. This resulted in West Lothian Council ranking 24 out of 32 Scottish authorities in 2016/17; a decrease of 18 places from 2014/15 and a decrease of 3 places since 2010/11.

The Scottish average performance for 2016/17 was 90.98 compared to West Lothian Council's 90.15.


The four year trend shows West Lothian Council's School Attendance Rates for Looked After Children per 100 Looked After Children rates to be decreasing.

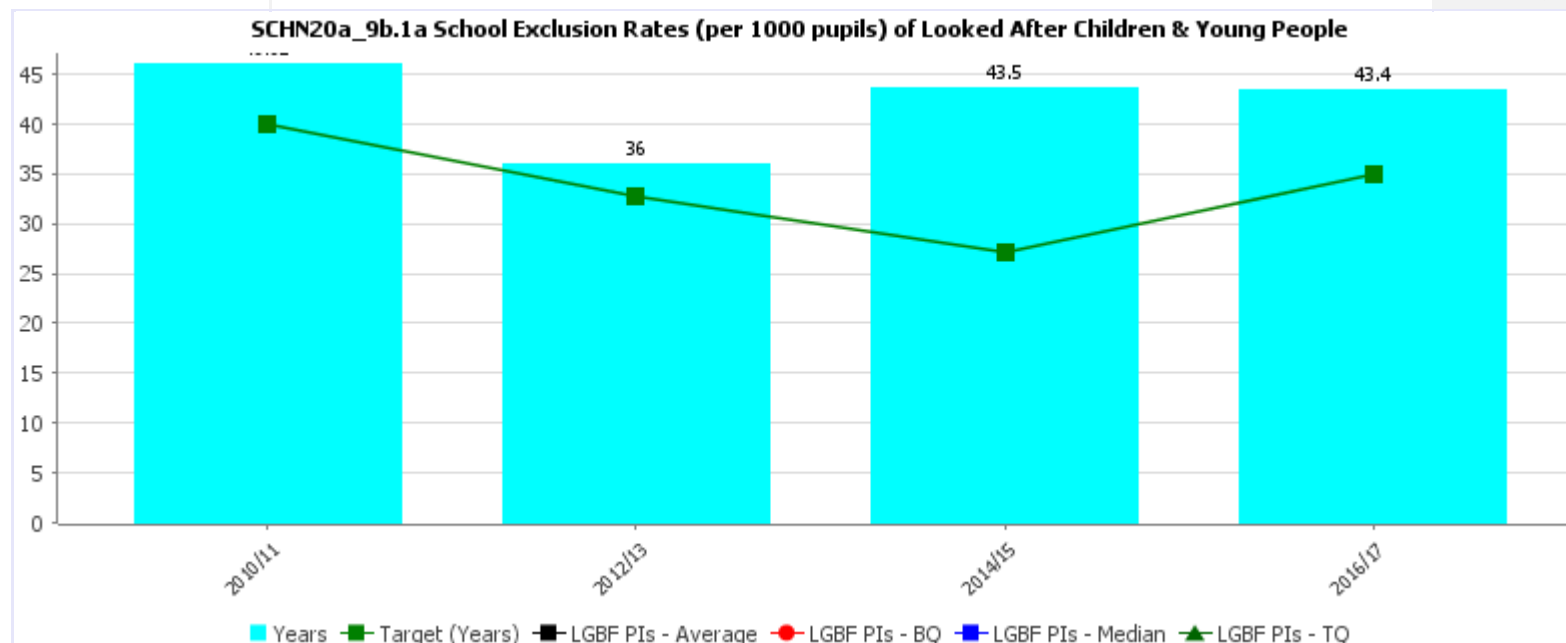
2016/17 Performance against Family Group

West Lothian Council ranked 7 out of the 8 authorities in the Family Group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire). The top performing council in the Family Group was Clackmannanshire Council – which was ranked 3rd in Scotland.

The Council's Corporate Parenting Plan (2017/8) outlines key activities for Education Services, in collaboration with multi-agency partners. There is a specific focus on raising attainment which includes the undertaking of specific attainment visits to schools for LAC pupils and the use of the Centre of Excellence for Looked After Children In Scotland (CELCIS) toolkit for school's self evaluation and improvement planning. The newly established training programme for LAC Designated Members of Staff in all schools and the revision of the Education Services Looked After Children Policy have also been designed to have a direct positive impact on levels of attendance. The development of benchmarking activity with the Local Government Benchmarking Framework family will continue to support this work. In addition, recent Scottish Government funding for Looked After Children has been focussed on supporting engagement in learning of our most vulnerable Looked After Children and Young People.

The target for 2018/19 will be set at 91 as an aim of continuous improvement; an aspiration above the national average in 16/17 of 90.98; and a recognition of the actions detailed in the council's Services for Children Improvement Plan.

PI Code & Short Name	SCHN20a_9b.1a School Exclusion Rates (per 1000 pupils) of Looked After Children & Young People	PI Owner	zAdmin_SCHN; Alison Raeburn
Description	This indicator measures the School Exclusion Rates per 1000 pupils fo Looked After Children & Young People. Measuring the School Exclusion Rates per 1000 pupils allows for national comparison.	Traffic Light Icon	
		Current Value	43.4
		Current Target	35



This is a new Local Government Benchmarking Framework measure introduced in 2017/18. The data is collected every two years with existing historical data available from academic years 12/13 and 14/15. Performance information for 2016/17 became available in December 2018.

In summary, during 2016/17 the school exclusion rates (per 1,000 'looked after children') decreased to 43.4 which now places West Lothian ranked 28/32 Authorities and 8/8 out of our Family Group of similar Authorities.

2016/17 Performance status against 2012/13 and 2014/15.

West Lothian Council was ranked 28 out of 32 Scottish authorities in 2016/17, an increase of two place from 2014/15 and a decrease of 4 places since 2012/13.

The Scottish average performance for 2016/17 was 26.84 compared to West Lothian Council's 43.4.


The four year trend shows West Lothian Council's exclusions rates to be decreasing.

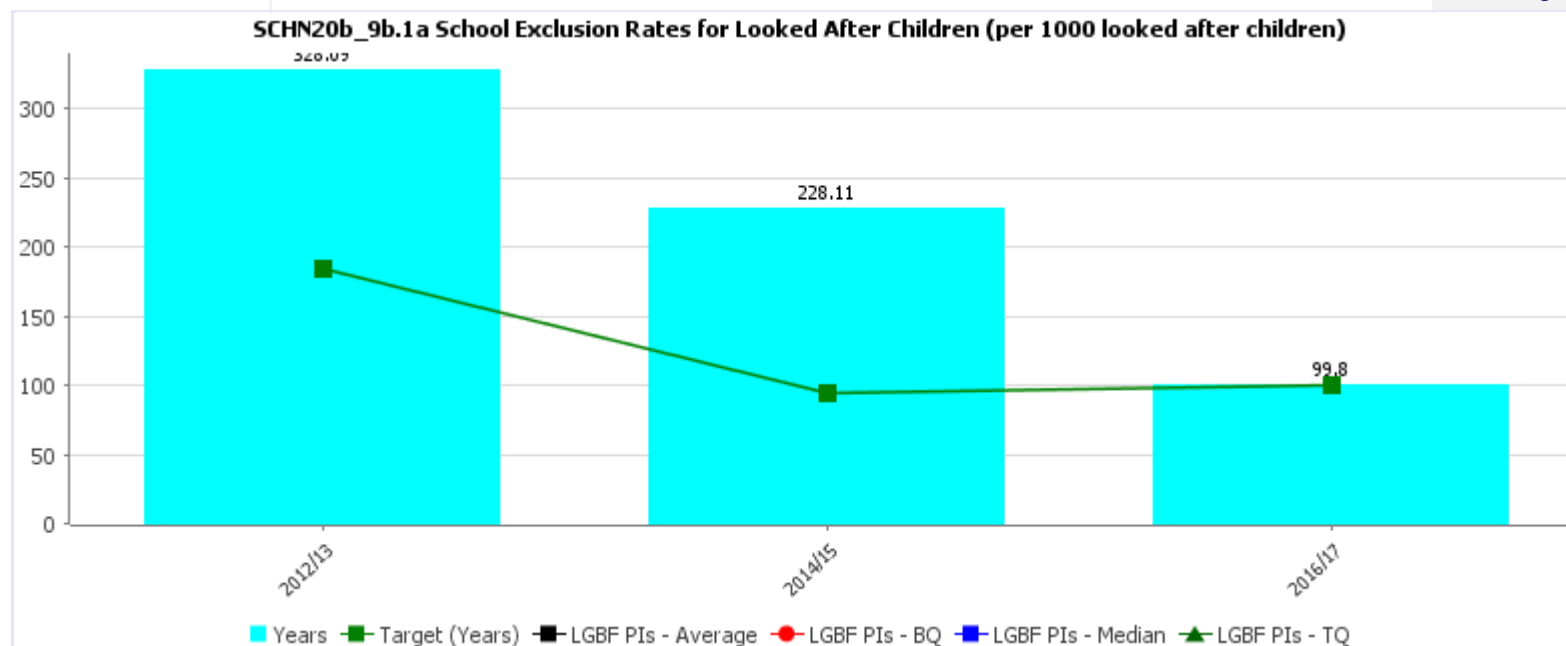
2016/17 Performance against Family Group

West Lothian Council ranked 8 out of the 8 authorities in the Family Group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire). The top performing council in the Family Group was Falkirk Council – which was ranked 11th in Scotland.

The Council's Corporate Parenting Plan (2017/8) outlines key activities for Education Services, in collaboration with multi-agency partners. There is a specific focus on raising attainment which includes the undertaking of specific attainment visits to schools for LAC pupils and the use of the Centre of Excellence for Looked After Children In Scotland (CELCIS) toolkit for school's self evaluation and improvement planning. The newly established training programme for LAC Designated Members of Staff in all schools and the revision of the Education Services Looked After Children Policy have also been designed to have a direct positive impact on levels of exclusions. The development of benchmarking activity with the Local Government Benchmarking Framework family will continue to support this work. In addition, recent Scottish Government funding for Looked After Children has been focussed on supporting engagement in learning of our most vulnerable Looked After Children and Young People.

The target for 2018/19 will be set at 27 as an aim of continuous improvement; an aspiration towards the national average in 16/17 of 26.84; and a recognition of the actions detailed in the council's Services for Children Improvement Plan.

PI Code & Short Name	SCHN20b_9b.1a School Exclusion Rates for Looked After Children (per 1000 looked after children)	PI Owner	zAdmin_SCHN; Alison Raeburn
Description	This indicator measures the School Exclusion Rates for Looked After Children per 1000 looked after children. Measuring the School Exclusion Rates per 1000 pupils allows for national comparison.	Traffic Light Icon	
		Current Value	99.8
		Current Target	100



This is a new Local Government Benchmarking Framework measure introduced in 2017/18. The data is collected every two years with existing historical data available from academic years 12/13 and 14/15. Performance information for 2016/17 became available in December 2018.

During 2016/17 the school exclusion rates (per 1,000 'looked after children') decreased to 99.80 which now places West Lothian ranked 17/32 Authorities and 8/8 out of our Family Group of similar Authorities.

West Lothian Council ranked 8 out of the 8 authorities in the Family Group (Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire). The top performing council in the Family Group was Clackmannanshire Council – which was ranked 5th in Scotland.

The Council's Corporate Parenting Plan (2017/8) outlines key activities for Education Services, in collaboration with multi-agency partners. There is a specific focus on raising attainment which includes the undertaking of specific attainment visits to schools for LAC pupils and the use of the Centre of Excellence for Looked After Children in Scotland (CELGIS) toolkit for school's self evaluation and improvement planning. The newly established training programme for LAC Designated Members of Staff in all schools and the revision of the Education Services Looked After Children Policy have also been designed to have a direct positive impact on levels of exclusions. The development of benchmarking activity with the Local Government Benchmarking Framework family will continue to support this work. In addition, recent Scottish Government funding for Looked After Children has been focussed on supporting engagement in learning of our most vulnerable Looked After Children and Young People.

The target for 2018/19 will be set at 89 as an aim of continuous improvement; an aspiration towards the national average in 16/17 of 79.95; and a recognition of the actions detailed in the council's Services for Children Improvement Plan.



PERFORMANCE COMMITTEE

BUILDING SERVICES – HOUSING REPAIRS

REPORT BY HEAD OF HOUSING, CUSTOMER AND BUILDING SERVICES

A. PURPOSE OF REPORT

The report provides Performance Committee with an overview of Housing Repairs along with details of service performance.

B. RECOMMENDATION

It is recommended that Performance Committee:

1. Notes the contents of this report and Appendix;
2. Provides feedback on the Housing Repairs performance; and
3. Identifies any recommendations for performance improvement

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunities; developing employees; working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Reporting to the Performance Committee is consistent with the Corporate Plan "undertaking to continue to develop a performance management system that helps us improve
III Implications for Scheme of Delegations to Officers	None.
IV Impact on performance and performance Indicators	Appendix 1 details a selection of performance indicators and results currently reported for the Housing Repairs service.
V Relevance to Single Outcome Agreement	The key performance indicator that is relevant to the SOA is HQSPROP033
VI Resources - (Financial, Staffing and Property)	

VII Consideration at PDSP

Performance is reported quarterly to Services for the Community PDSP

VIII Other consultations

None.

D. TERMS OF REPORT

D1 Service Overview

Building Services is the council's in-house building contractor, carrying out responsive repairs, maintenance and refurbishment of council properties. There are two teams; the Contracts Team who undertake project works associated with the Housing and General Services capital programmes, and the Repairs Team who carry out responsive repairs and maintenance to both housing and non-housing properties. Operatives cover all trades including:

- Plumber
- Joiner
- Builder
- Electrician
- Gas Engineer
- Blacksmith
- Glazier

The service has a total complement of staff of 468 FTE including 53 apprentices and an annual expenditure in the region of £26,000,000.

The service actively engages with a number of partners, key amongst who are:

- Local sub-contractors and trade suppliers
- Health and Safety Executive
- All relevant trade accreditation bodies
- Finance and Estates
- Gas Safe Register
- National Inspection Council For Electrical Inspecting Contractors

D2 Service Activities

The main activities for Building Services in 2018/19 are:

- Responsive repairs and maintenance to housing and non-housing properties, including an emergency standby service
- Gas servicing and repairs
- Enhanced estates management to housing communal areas
- Project works associated with both Housing and General Services Capital Programmes

The main activities of the service in the current financial year will be broadly similar to

those in 2017/18.

D3 Housing Repairs

Building Services Repairs Team carried out a total of 47,154 housing responsive repairs with 45,221 (95.9%) completed within the target timescale for the period of 2017/18 to council housing stock.

The repairs strategy sets out the framework for repairs within council housing stock including

- Service Standards for Repairs
- Tenants/Council Repair Responsibilities
- Right to Repair Scheme
- Rechargeable Repairs

The service and tenants panel members have developed a tenant's handbook to provide guidance to tenants on all aspects of housing repairs. Link to the tenant's handbook <https://www.westlothian.gov.uk/tenantshandbook> .

D4 Repair Journey

Request a Repair

Tenants can request repairs via a number of different routes, Customer Service Centre, Customer Information Service or Elected Members.

The majority of our tenants contact our Customer Service Centre to request a repair. Advisers follow a scripted process to identify the repair with the information provided by the tenant and appointments are offered based on the service standards for repairs. Tenants will receive a confirmation text of the appointment details. Repairs are logged onto our housing system and the appointments booked into our electronic scheduler.

Planning the Repair Request

The role of the work planners are to monitor an electronic work scheduler and allocate works to the repairs teams, ensuring all appointments and service timescales are met. The planner role is the key contact with our tenants to provide updates at every stage of the repair process. This includes agreeing appointments for follow on works, additional works or resources to meet the service timescales.

Carrying out the Repair Request

Repair operatives are located in geographical areas throughout West Lothian based on demand for repairs. Operatives receive all their jobs on a mobile system and can access the information on their personal digital assistants. The mobile system has the functionality to allow the operatives to complete a health & safety check list, take photographs at any stage of the repair, complete any gas or electrical certificates, record the works completed and actual time spent on the repair.

Following the completion of the repair the operative requests the tenant to complete a customer survey on the mobile system or provides the tenant with a paper survey to complete and return.

Post Inspections

The supervisory teams carry out a number of post inspections on completed works. These checks are on a risk based approach and include checks on finished quality of workmanship.

These post inspections are reviewed and actioned as appropriate by the managers.

D5 Repairs Journey Enhancements

Tenants Portal

The service is currently developing a tenant's portal that will allow tenants to book certain repairs and choose a suitable appointment date without the need to speak to anyone from the council. The functionality will also allow tenants to monitor progress of repairs through the different stages as well as upload pictures to assist in identifying the correct trade to attend and repair category. The tenant's portal for the repairs project is due to go live in August 2019.

Mobile Working – Vehicle Stock

A key area for completing the repair at first visit is the availability of material. The mobile working solution has the functionality to manage vehicle stock. The functionality will be available in late 2019.

Job Completion Skills Matrix

The service has development proposals to introduce Completion Skills Matrix, the additional Key skills required to be undertaken by individual trade groups to achieve full "job completion" wherever possible and will be over and above the recognised "Core skills" associated with individual trade groups. Discussion will be held with the Trade Unions

E. Performance Measurement

Building Services performance is regularly measured through a suite of performance indicators in line with the council's performance management framework, using the Pentana system.

Building Services Performance Indicators are representative of a range of activities delivered by the service and include statutory, public performance reporting and management indicators, including measures of customer satisfaction.

Performance is regularly reviewed within the service at management team, performance reviews with managers and the Head of Service, individual team meetings and monitored via 1-2-1 and frontline operative meetings where appropriate.

All employees within the service are encouraged to actively engage in reviewing relevance of performance indicators and their targets.

F. External Performance Frameworks

The service also submits performance to the Scottish Housing Regulator on an annual basis and completes benchmarking activity with Scottish Housing Network and Association for Public Service Excellence. Some of benchmarking activity is included in the Performance Report submitted to the Panel.

Conclusion

The report and attached summarise the work and the performance of Building Services Housing Repairs.

The Performance Committee is asked to consider the report, consider any performance measures they would like to explore further and provide any recommendations on performance improvement.

Background References

None

Appendix 1: Building Services Performance Report

Contact Person: Grant Taylor, Building Services Manager

grant.taylor@westlothian.gov.uk

Tel 01506 283640

AnnMarie Carr

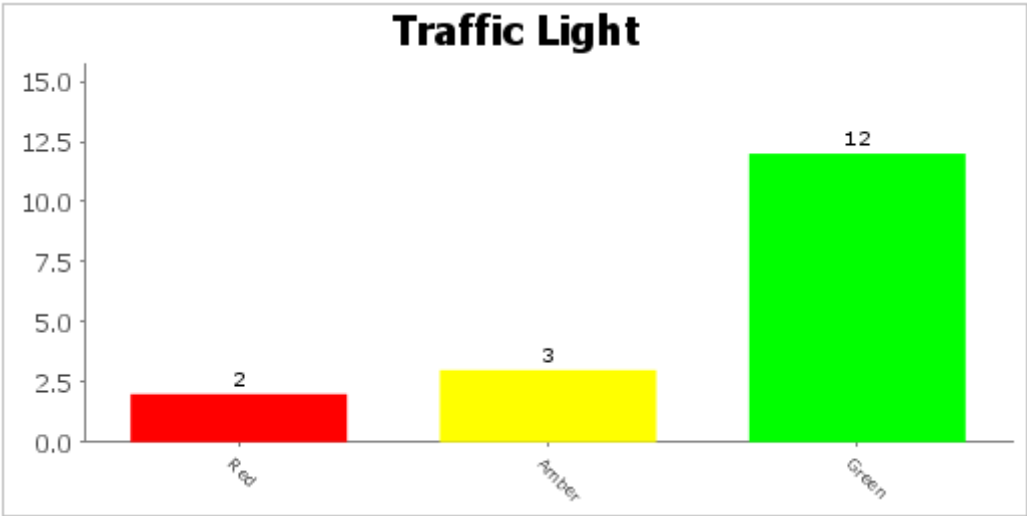
Head of Housing, Customer and Building Services


4 February 2019

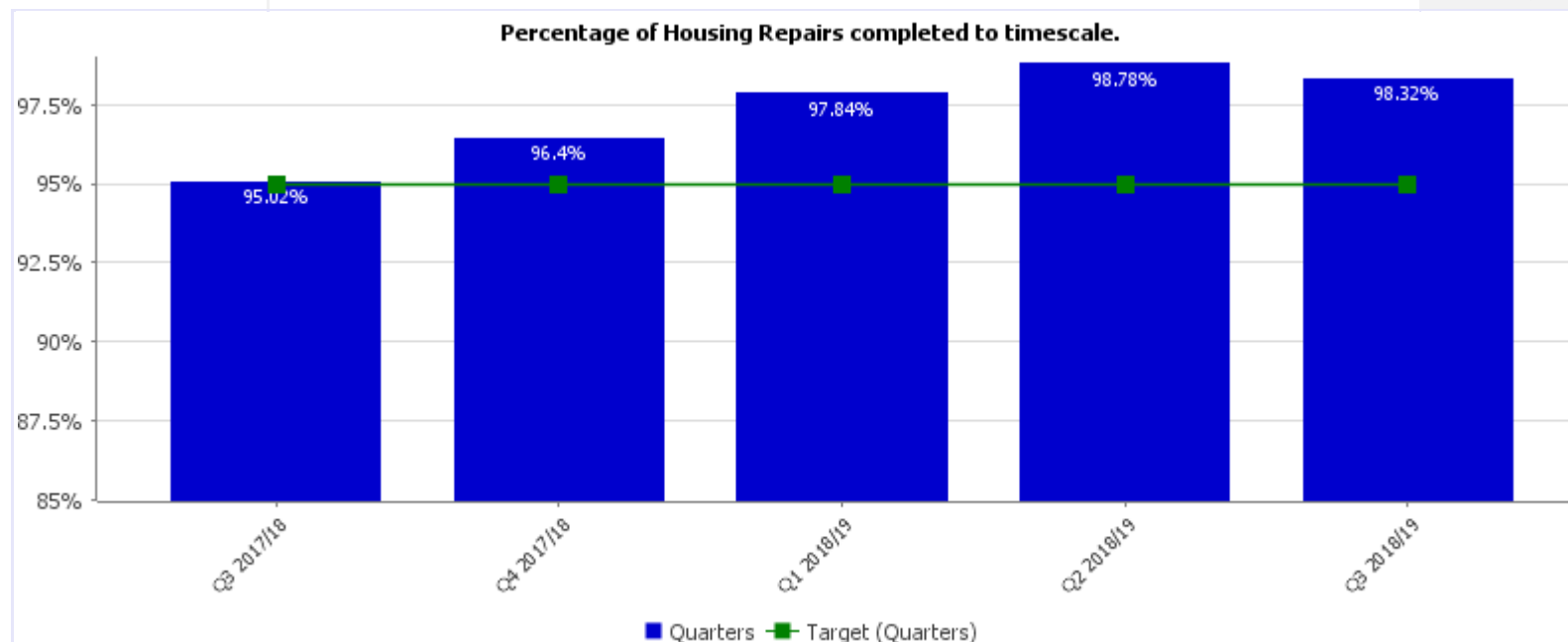
Building Services - Performance Committee PI Report

Data Label : OFFICIAL

Report Author: Grant Taylor
Generated on: 18 January 2019 15:12
Report Layout: .PDSP_PIs_All_For Committee_Grid



PI Code & Short Name	P:BUS002_6b.5 Percentage of Housing Repairs completed to timescale.	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator information is taken from our repairs system. The system records all repair types and measures those jobs we have completed within the agreed timescales. The repair types include emergency, non-emergency repairs, gas repairs and the council's out of hours emergency service. Building Services has an expected Target of 95% for this performance indicator.	Traffic Light Icon	
		Current Value	98.32%
		Current Target	95%



Trend Chart Commentary:

In 2018/19 we have exceeded target in all quarters with the following results.

Q3 - 8670 housing responsive repairs, 146 of these repairs were completed outside the service standards timescale.

Q2 - 7954 housing responsive repairs, 97 of these repairs were completed outside the service standards timescale.

Q1 - 9044 housing responsive repairs, 195 of these repairs were completed outside the service standards timescale.

The trend chart shows that the performance since quarter 3 in 2017/18 has exceeded target for each quarter. In quarter 3 2017/18 we reviewed the process for repairs as a result of a decline in performance over quarter 2 - 3 of 2017/18. The impact has been shown with an improved performance in quarter 4 2017/18 to quarter 3 2018/19

The target of 95% is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This target is reviewed on a yearly basis and remains for 2018/19.

In 2017/18 the Scottish Housing Network (SHN) average for the year was 91.46% for similar sized Local Authorities of which we were placed 3rd highest of the 8 providing data.


In 2016/17 the Scottish Housing Network (SHN) average for the year was 95.03% for similar sized Local Authorities of which we were placed 4th highest of the 8 providing data.

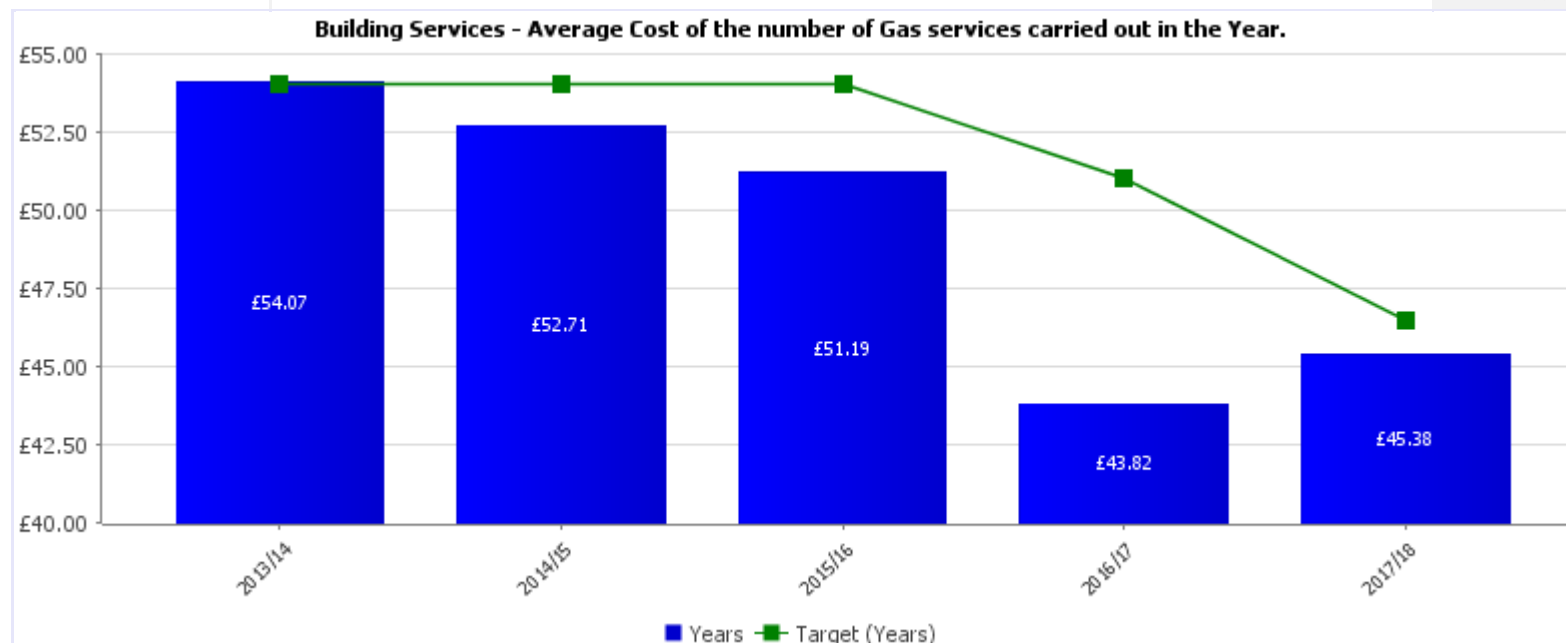
The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

2017/18

Q4 - 10131 housing responsive repairs, 365 of these repairs were completed outside the service standards timescale.

Q3 - 11866 housing responsive repairs, 591 of these repairs were completed outside the service standards timescale.

PI Code & Short Name	P:BUSGAS103_9a Building Services - Average Cost of the number of Gas services carried out in the Year.	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator gives the annual average cost of gas servicing carried out by Building Services. This is based on the total cost of materials and labour generated in providing the gas servicing scheme divided by the number of services that were carried out by the Gas Servicing Team.	Traffic Light Icon	
		Current Value	£45.38
		Current Target	£46.50



During 2015/16 and into 2016/17 a review of servicing processes has seen an improvement in the price of a service which along with new installations of improved heating systems since 2013/14 has seen a reduction in costs for services from 2013/14 through to 2016/17, with a slight increase in 2017/18 reflective of material cost increases by suppliers.

A Term Maintenance Contractor has been put in place to assist the In-house team in carrying out the gas servicing. The contract was tendered and the successful Contractor was appointed with a cost of £70.00 per service.

The service has carried out various benchmarking exercises with the Scottish Housing Network since 2014/15. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

In 2017/18 we were ranked 5th lowest in cost out of 6 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized Local Authority was £30.81

In 2016/17 we were ranked 3rd lowest in cost out of 7 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized Local Authority was £57.06

In 2015/16 we were ranked 4th lowest in cost out of 8 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized Local Authority was £57.63.

The Targets have been set following a benchmarking exercise with similar sized Local Authorities introduced in 2014/15 for which the average cost of Gas Servicing was £65.76. In the benchmarking exercise we

were place 4th lowest cost out of the 9 Local Authorities included in the exercise.

Based on benchmarking information for 2014/15, our 2015/16 target was set at £54 and 2016/17 target was £51.

Based on the 2016/17 actual, and the impending labour cost increases, the budget for 2017/18 was set at £46.50 The 2018/19 budget will remain at £46.50 until the benchmarking numbers are released later in the year.


2017/18 - 14696 Gas Services were carried out at a total cost of £666,838.66

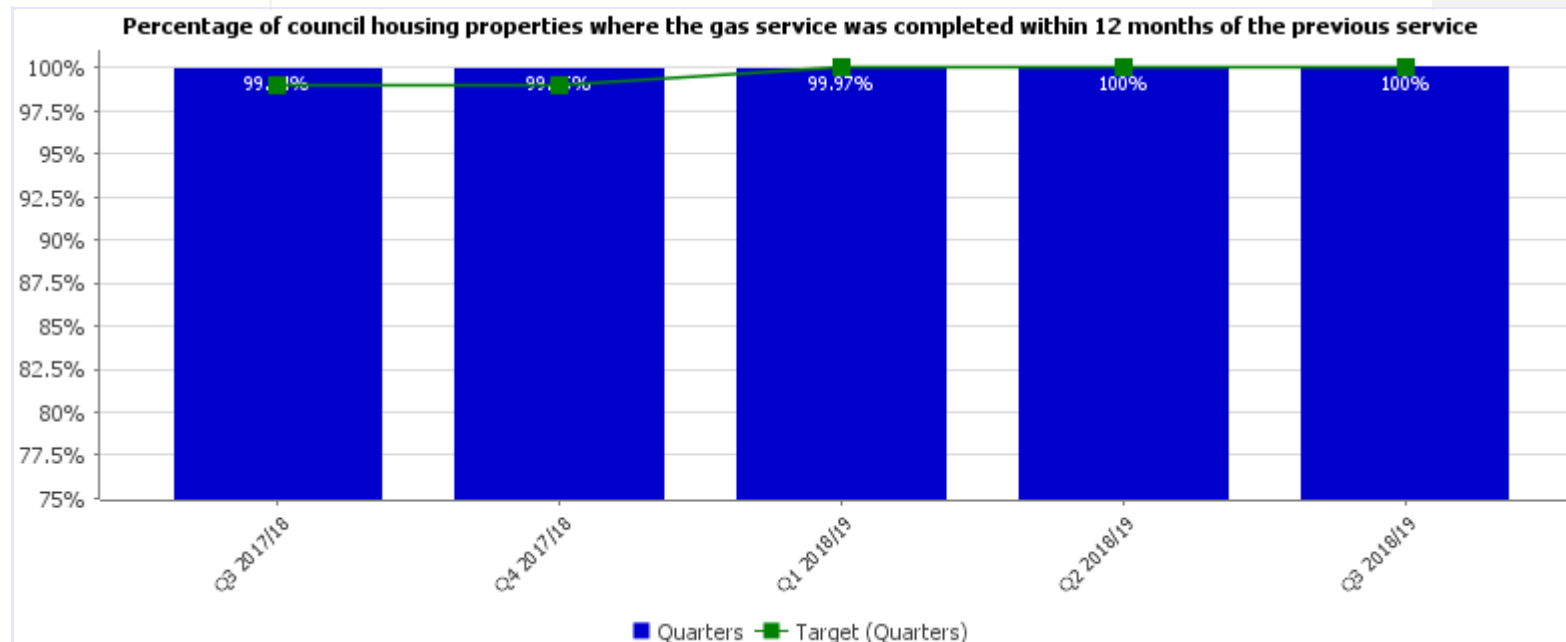
2016/17 - 13764 Gas Services were carried out at a total cost of £603,123.39

2015/16 - 12915 Gas Services were carried out at a total cost of £661,164.69

2014/15 - 13081 Gas Services were carried out at a total cost of £689,487.34

2013/14 - 13064 Gas Services were carried out at a total cost of £706,370.23

PI Code & Short Name	P:BUSGAS1069b.1b Percentage of council housing properties where the gas service was completed within 12 months of the previous service	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator provides the number of council housing properties where the gas service has been carried out within 12 months of the previous gas service, as a percentage of all the council homes with a gas supply. Regular gas servicing is important for the safety of our tenants. This performance information is taken from our repairs system. The system records all gas servicing and measures those services we have completed within 12 months of the previous service.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%



Trend Chart Commentary

The quarterly trend chart shows the performance has remained high, and achieved target in Quarter 3 of 2018/19. Overall in the four quarters of 2017/18 we achieved a combined performance of 99.95% of all properties received a gas safety check within the anniversary period, an increase of 0.25% from the previous year. This equates to 6 properties that did not receive a gas safety check within the required timescale.

The Scottish Housing Network Peer Group Average for 2017/18 was 99.3%. We achieved a yearly figure of 99.9%. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, East Ayrshire, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

High levels of performance has been sustained following the review of the gas servicing module being completed and improved control measures put in place to monitor the servicing schedules.


The target of 100% for 2018/19 is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This has increased from 99% in previous years based on performance. This target is reviewed on a yearly basis.

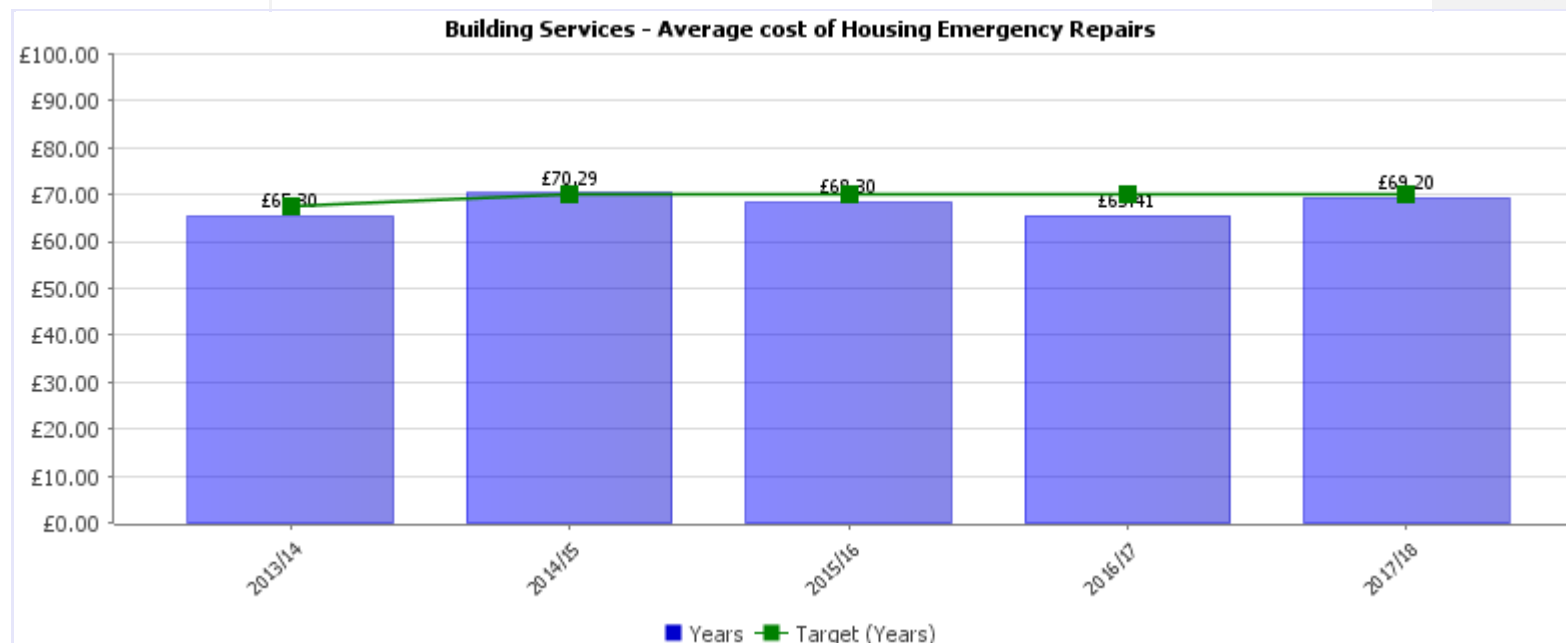
2018/19

Q3 - 5304 properties were serviced of which none were outwith the anniversary date.
Q2 - 4108 properties were serviced of which none were outwith the anniversary date.
Q1 - 3999 properties were serviced of which 1 was outwith the anniversary date.

2017/18

Q4 - 3796 properties were serviced of which 2 were outwith the anniversary date.
Q3 - 3250 properties were serviced of which 2 were outwith the anniversary date.

PI Code & Short Name	BUSMT015_9a Building Services - Average cost of Housing Emergency Repairs	PI Owner	zBUS_PAdmin; Marc Garland
Description	This performance indicator displays the annual average cost of carrying out housing emergency repairs by building services. This is based on the total cost allocated to emergency repair categories divided by the number of properties that have received an Emergency completed job in the relevant year.	Traffic Light Icon	
		Current Value	£69.20
		Current Target	£70.00



The trend shows a sustained level in cost of emergency repairs since 2013/14.

The service has carried out various benchmarking exercises with Scottish Housing Network.


In 2017/18 we were ranked 3rd lowest in cost out of 7 similar sized Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was £73.85.

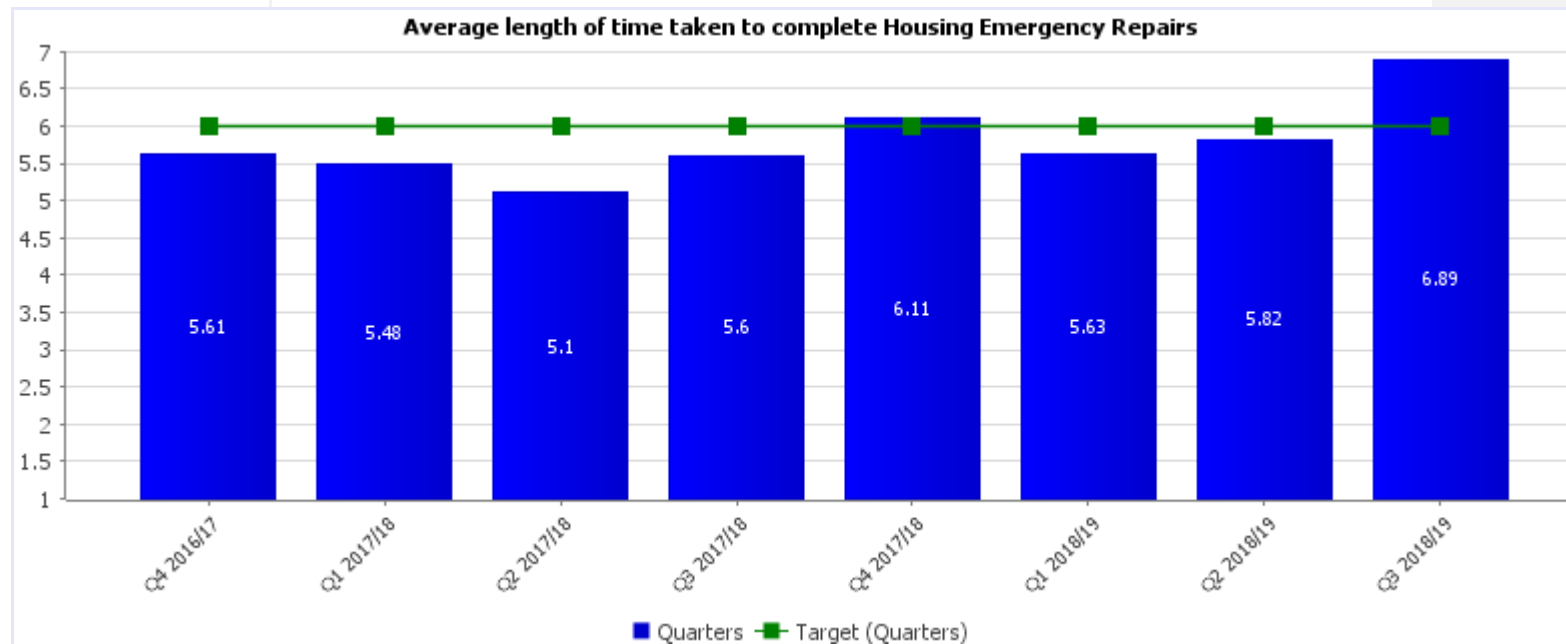
In 2016/17 we were ranked 3rd lowest in cost out of 7 similar sized Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was £83.38.

In 2015/16 we were ranked 4th lowest in cost out of 8 similar sized Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was £66.11.

In 2014/15 we were ranked 6th lowest out of 9 similar sized Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was £68.86.

In 2013/14 we were ranked 3rd lowest out of 9 Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was £67.30 and the SHN average was £84.70. As a result a target of £70 was set for 2014/15 onwards.

PI Code & Short Name	BUSMT015_9b Average length of time taken to complete Housing Emergency Repairs	PI Owner	zBUS_PIAAdmin; Marc Garland; Grant Taylor
Description	This performance indicator's information is taken from our repairs system. The system records from the point the customer reports the repair (date & time) to the point of completion of the emergency (date & time) The average length of time is calculated by the total time duration divided by the amount of jobs completed. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	6.89
		Current Target	6



The trend shows performance has exceeded target in six of the eight quarters. In Q3 2018/19 performance exceeded the target by 0.89 day. This was due to a number of resourcing factors.

In 2017/18 we were ranked 6th lowest in time out of 9 similar sized Scottish Local Authorities who have a council house service for this indicator. The average for medium sized LA was 5.31 hours.

The Scottish Housing Regulator has published benchmarking figure for 2016/17 with the Scottish Average being 5.6 hrs.

The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

The target of 6 hours is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This target is reviewed on a yearly basis.

2018/19

Q3 - Total jobs of 5840 at an average time of 6.89 hours.

Q2 - Total jobs of 4947 at an average time of 5.82 hours.

Q1 - Total jobs of 5042 at an average time of 5.63 hours.

2017/18

Q4 - Total jobs of 6159 at an average time of 6.11 hours.


Q3 - Total jobs of 6393 at an average time of 5.60 hours.

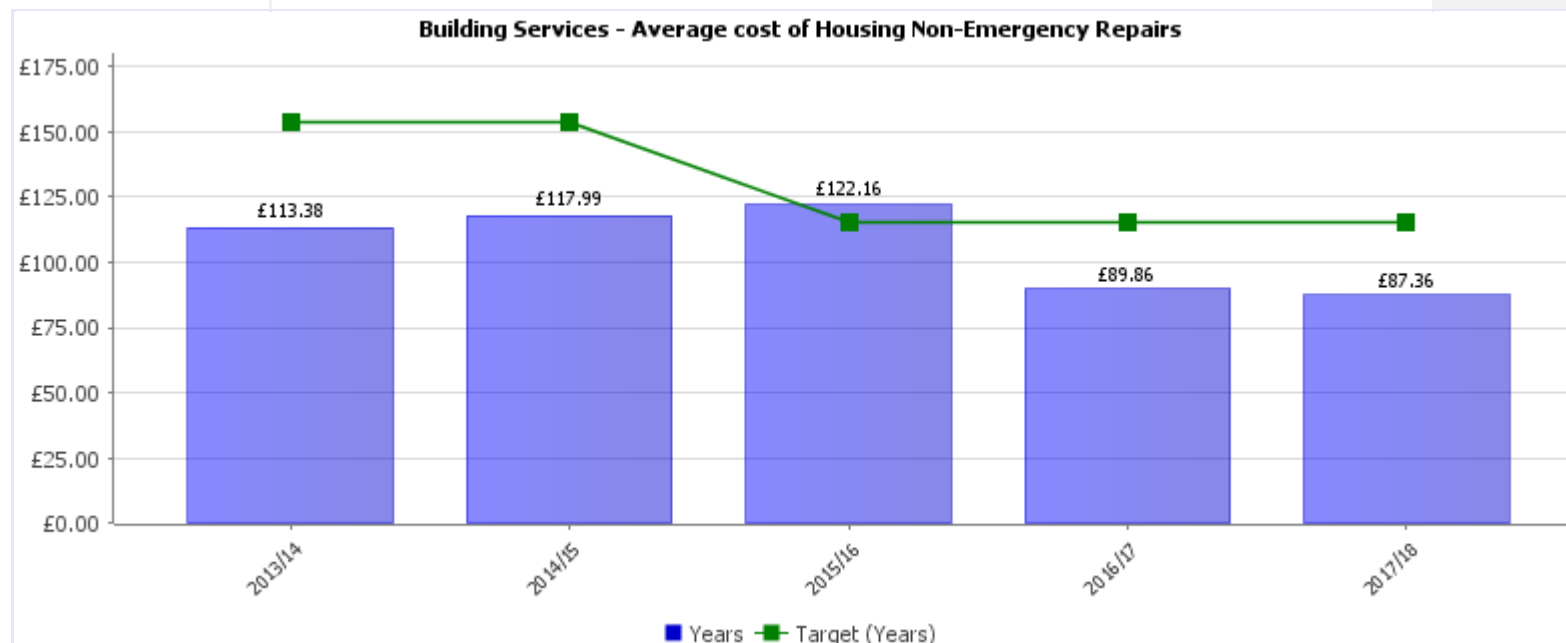
Q2 - Total jobs of 5020 at an average time of 5.10 hours.

Q1 - Total jobs of 5336 at an average time of 5.48 hours.

2016/17

Q4 - Total jobs of 5926 at an average time of 5.59 hours.

PI Code & Short Name	BUSMT016_9a Building Services - Average cost of Housing Non-Emergency Repairs	PI Owner	zBUS_PAdmin; Marc Garland
Description	This performance indicator displays the annual average cost of carrying out non-emergency repairs by building services. This is based on the total cost of allocated to non-emergency repair categories divided by the number of properties that have received a non-emergency completed job in the relevant year.	Traffic Light Icon	
		Current Value	£87.36
		Current Target	£115.00



This indicator shows a significant decrease in cost from 2015/16 to 2017/18. This has resulted from a greater emphasis on resource planning and material sourcing to provide less labour time on the job.

In 2017/18 we were ranked 2nd lowest in cost out of 6 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized LA was £200.89.

In 2016/17 we were ranked 2nd lowest in cost out of 7 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized LA was £168.69.

In 2015/16 we were ranked 4th lowest in cost out of 8 similar sized Scottish Local Authorities who have a council house service for this indicator. The average cost for medium sized LA was £191.61.


In 2014/15 we were ranked 3rd lowest cost out of 9 Scottish Local Authorities who have a council house service for this indicator, an improvement up one place from last year. The average cost for medium sized LA was £296.62

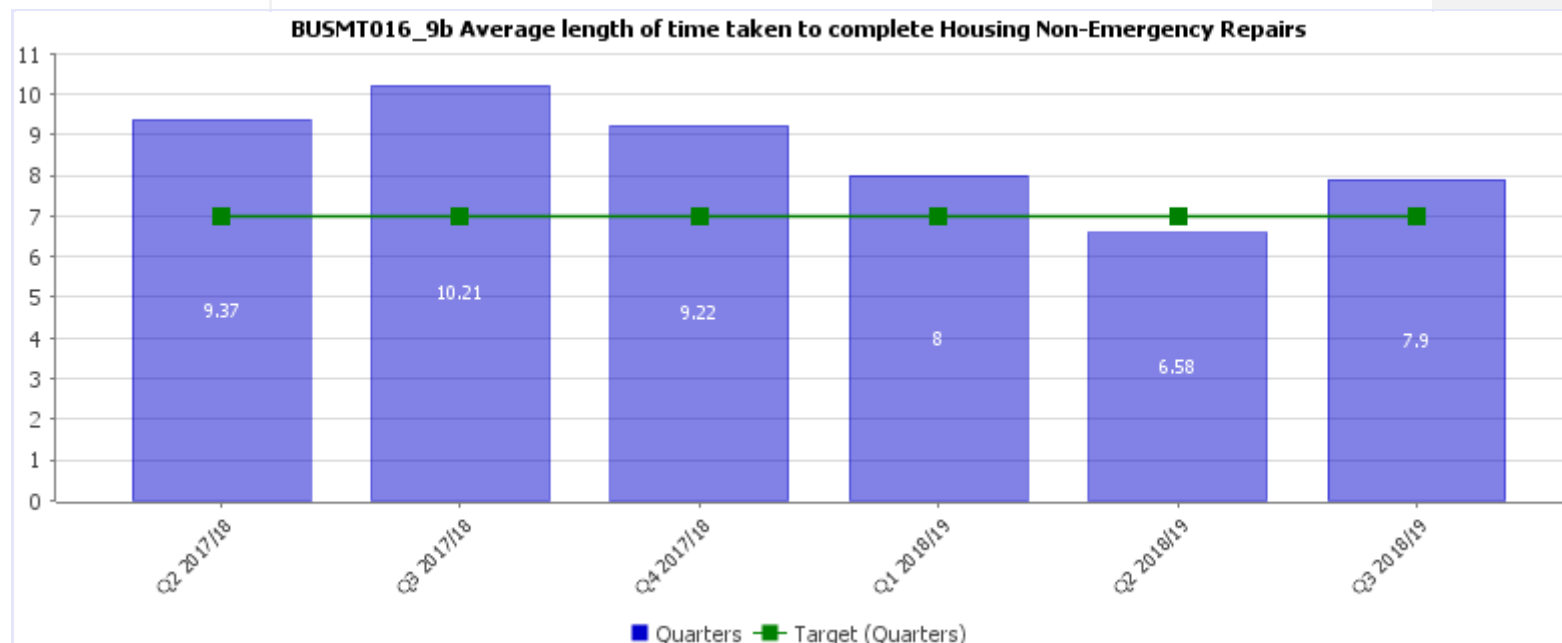
The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

For 2018/19 onwards this target has been set at £106 as a result of a review of our performance over the last couple of years.

The target of £106 is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This target will be reviewed on a yearly basis.

2017/18 - 23325 jobs at a total cost of £2,037,614.97
2016/17 - 26112 jobs at a total cost of £2,346,527.10
2015/16 - 27576 jobs at a total cost of £3,368,626.92
2014/15 - 28500 jobs at a total cost of £3,362,664.60
2013/14 - 31519 jobs at a total cost of £3,573,571.58

PI Code & Short Name	BUSMT016_9b Average length of time taken to complete Housing Non-Emergency Repairs	PI Owner	zBUS_PAdmin; Marc Garland
Description	This new performance indicator information is taken from our repairs system. The system records from the date the customer reports the Non-Emergency repair to the date of completion of the repair. The average length of time is calculated by the total time duration in days divided by the amount of jobs completed. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	7.9
		Current Target	7




The trend shows that there has been a gradual improvement since quarter 3 2017/18 due to resource planning and material ordering processes being reviewed. A decline in performance of 1.32 days in quarter 3 2018/19 has been as a result of lack of resource.

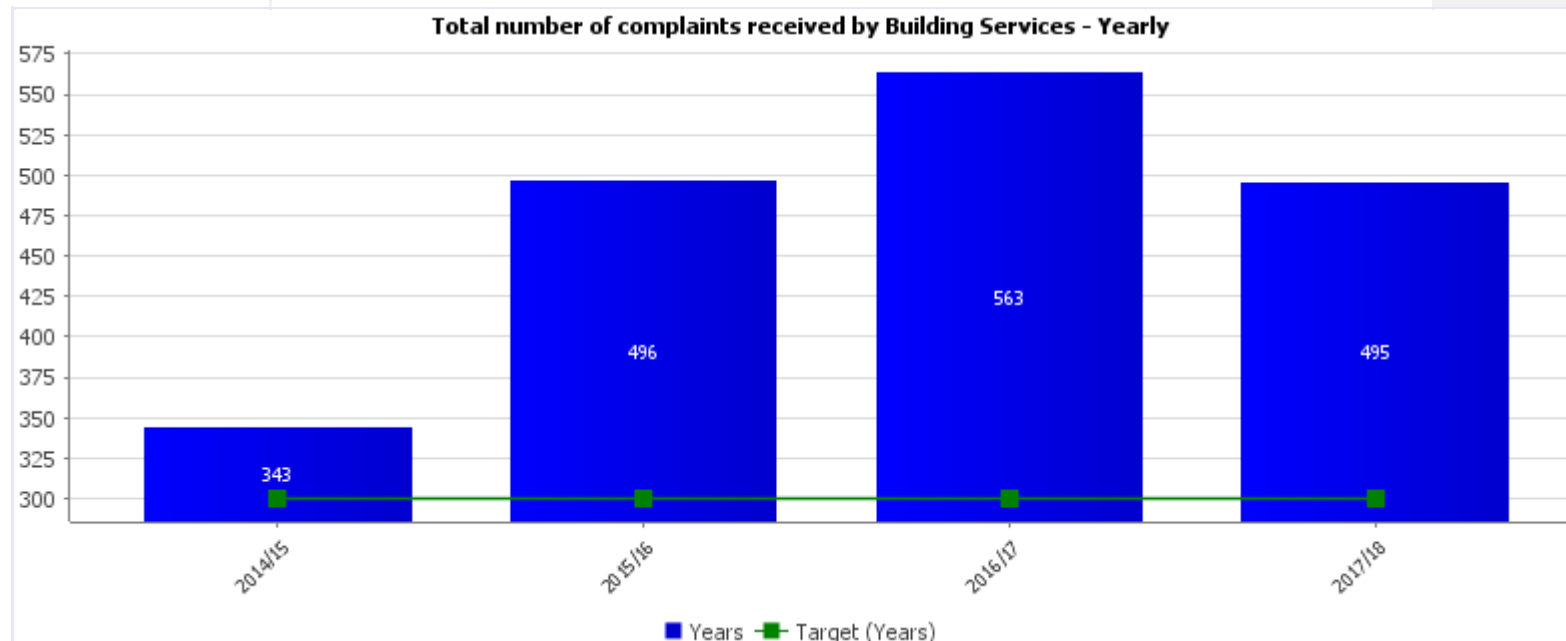
The target is set at 7 days after consultation with the Tenant's Panel and with adherence to the Building Services Management Plan

The Scottish Housing Regulator has published benchmarking figure for 2017/18. The Scottish Housing Network Peer Group Average was 6.9days.

The Scottish Housing Regulator has published benchmarking figure for 2016/17. The Scottish Housing Network Peer Group Average was 8.4 days.

The Local Government Benchmarking Framework (LGBF) has also released figures for 2016/17 and the Scottish average was 9.14 Days.

PI Code & Short Name	BUSMT020a_6b.3 Total number of complaints received by Building Services - Yearly	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator displays the total number of Customer Complaints recorded in the CRM (Customer Record Management System) Yearly and is one of a range of indicators developed to monitor the effectiveness of the council's complaint handling procedure (CHP). The model CHP was developed by the Scottish Public Services Ombudsman to simplify and improve complaints handling through a standardised system for complaints across all local authorities.	Traffic Light Icon	
		Current Value	495
		Current Target	300



Trend Chart Commentary:

The trend shows a high level of complaints received by Building Services. There was a 12% reduction in the number of complaints received in 2017/18 in comparison with the previous year. A reduction of 68 complaints.

The main reason for this is the lack of ongoing communication with the customers throughout the repair process.


The high figure in 2016/17 relates to a number of complaints referring installations for an external window/ door supplier.

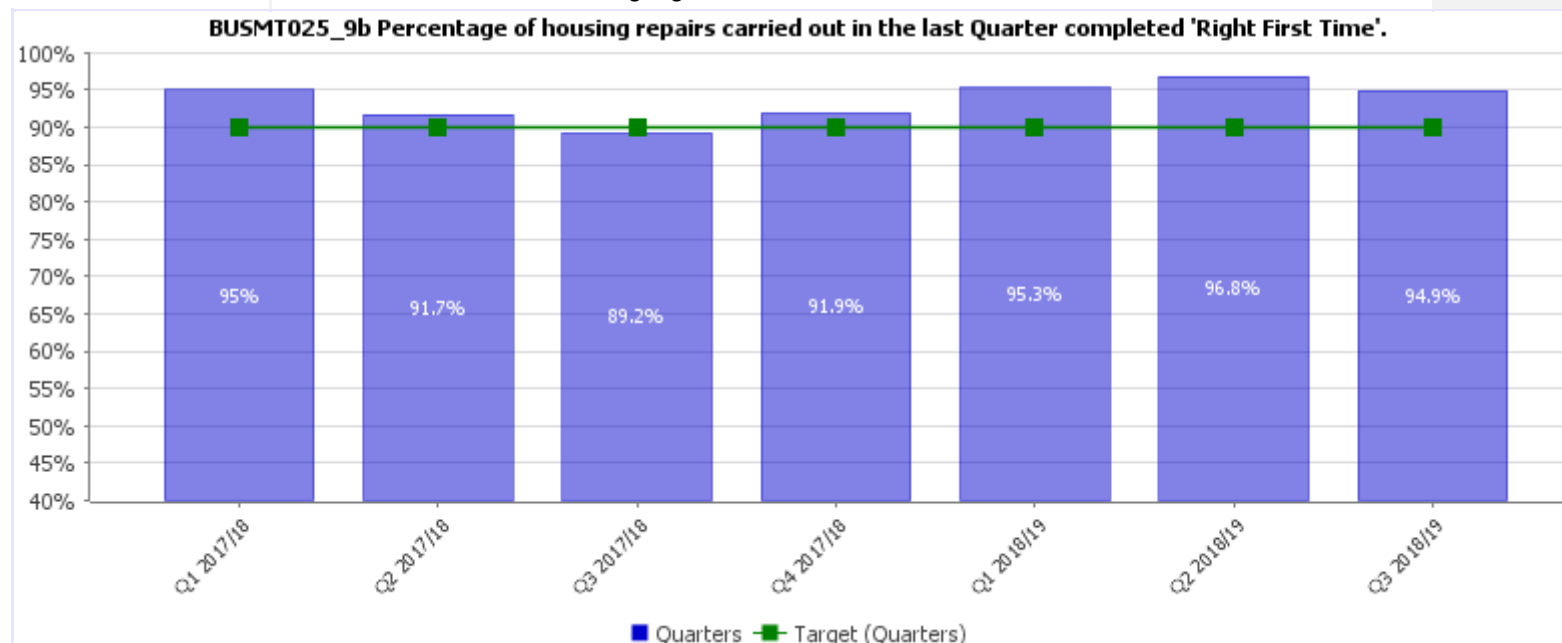
We have recently initiated a benchmarking exercise with Fife and Falkirk Council regarding their level of Customer Complaints. The themes of complaints are similar in each authority and a number of meetings have been held with them to share good practice. In 2017/18 the service rolled out customer care training to the full service and implementing a number of customer communication cards to improve the trend of poor communication with our customers. This has seen a reduction in the upheld, or part upheld, complaints within the service.

The service reviews weekly the complaints within teams and at one to ones. An improvement plan has been developed as a result of learning from complaints and new Customer Care Training has been rolled out. This includes allocating to relevant parties to resolve issues, identifying repeat offenders and reviewing any trends in complaints received.

We aim to provide the best service possible and where this falls below customer's expectations we have a corporate policy for dealing with any complaints in as efficient and effective manner as possible.

Target setting is defined in consultation with the tenants and and Housing Customer & Building Services and has been set at 494 for 2018/19.

PI Code & Short Name	BUSMT025_9b Percentage of housing repairs carried out in the last Quarter completed 'Right First Time'.	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator measures performance on non-emergency repairs completed on a Quarterly basis where the repair has met the following three criteria: to the tenant's satisfaction, within the appropriate target timescale agreed locally, and without the need to return for a further time because the repair was inaccurately diagnosed and/or, the operative did not resolve the reported problem. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	94.9%
		Current Target	90%




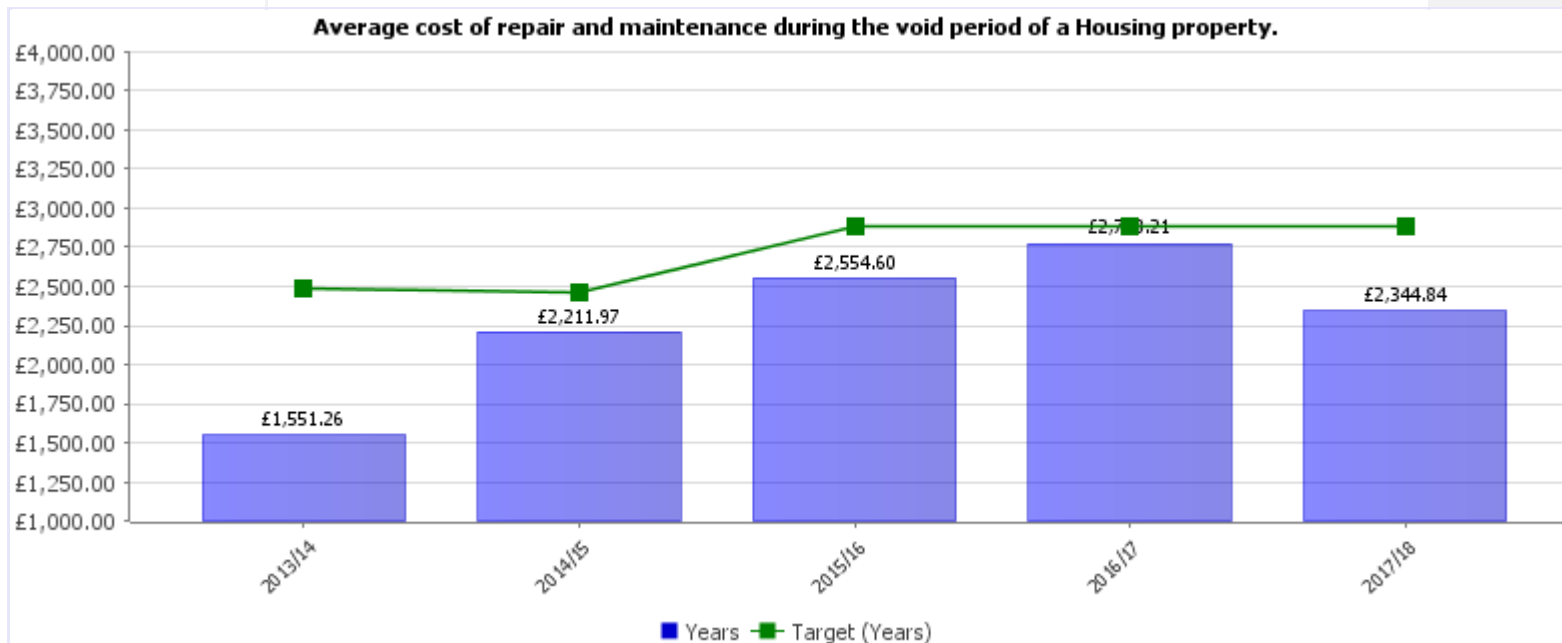
The quarterly indicator was introduced 2017/18 to manage performance for our annual return to the Scottish Housing Regulator.

Six out of seven quarters have achieved target with the lower quarter not being achieved due to poor performance within repair jobs being completed outwith the expected completion targets.

We continually monitor the processes which contribute to this performance indicator to ensure that the Tenant has had a repair carried out to the maximum of our efforts to deliver in full and on time.

Target setting was originated with discussions between the HCBS Senior management team and the Tenant's Panel.

PI Code & Short Name	BUSVOI001_9a Average cost of repair and maintenance during the void period of a Housing property.	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This indicator gives the annual average cost of maintaining Housing Void properties by Building Services. This is based on the total cost of allocated to Voids divided by the number of properties that have received a repair or maintenance completed job in the relevant year.	Traffic Light Icon	
		Current Value	£2,344.84
		Current Target	£2,882.00



The trend shows a reduction in the cost of repairs and maintenance charged to HRA during the void period in 2017/18. In 2017/18 the average value was £2344.84 compared to £2773.21 for 2016/17, a decrease of £428.26.


In 2017/18 the cost of voids was not included in any benchmarking exercise.

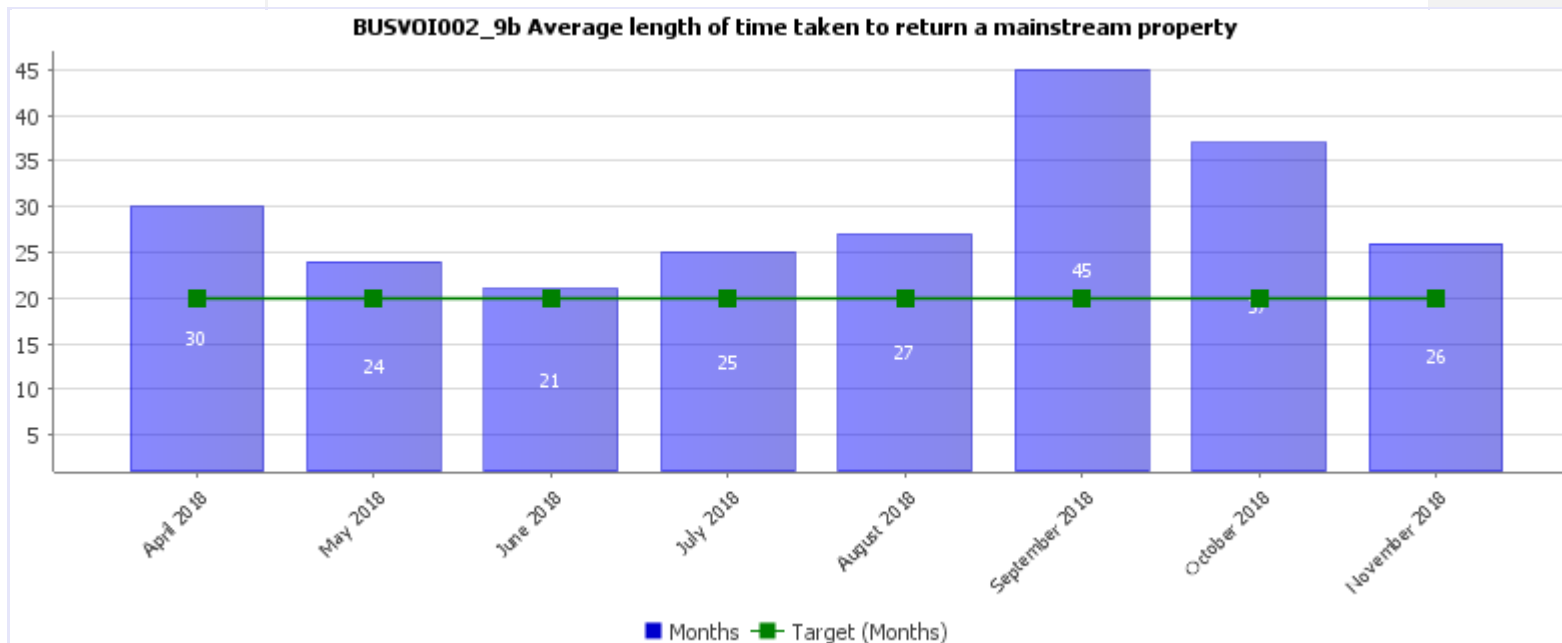
The comparable target for 2015/16 was set at £2890 being the Scottish Housing Network (SHN) average for the year for similar sized Local Authorities of which we were placed 3rd lowest cost of the 7 providing data.

The service has carried out a benchmarking exercise for the last two years with Scottish Housing Best Value Network.

In 2014/15 the average for medium sized LA was £2,463 and the SHBVN average was £1,696.67.

In 2013/14 the average for medium sized LA was £2,489 and the SHBVN average was £1,691.98.


PI Code & Short Name	BUSVOI002_9b Average length of time taken to return a mainstream property	PI Owner	zBUS_PIAAdmin; Duncan MacPherson
Description	This performance indicator reports on the average length of time, in working days, taken to return a mainstream property to our Housing Colleagues. It was introduced in April 2018 to help quantify Building Services contribution to the total re-let time of a mainstream property.	Traffic Light Icon	
		Current Value	26
		Current Target	20

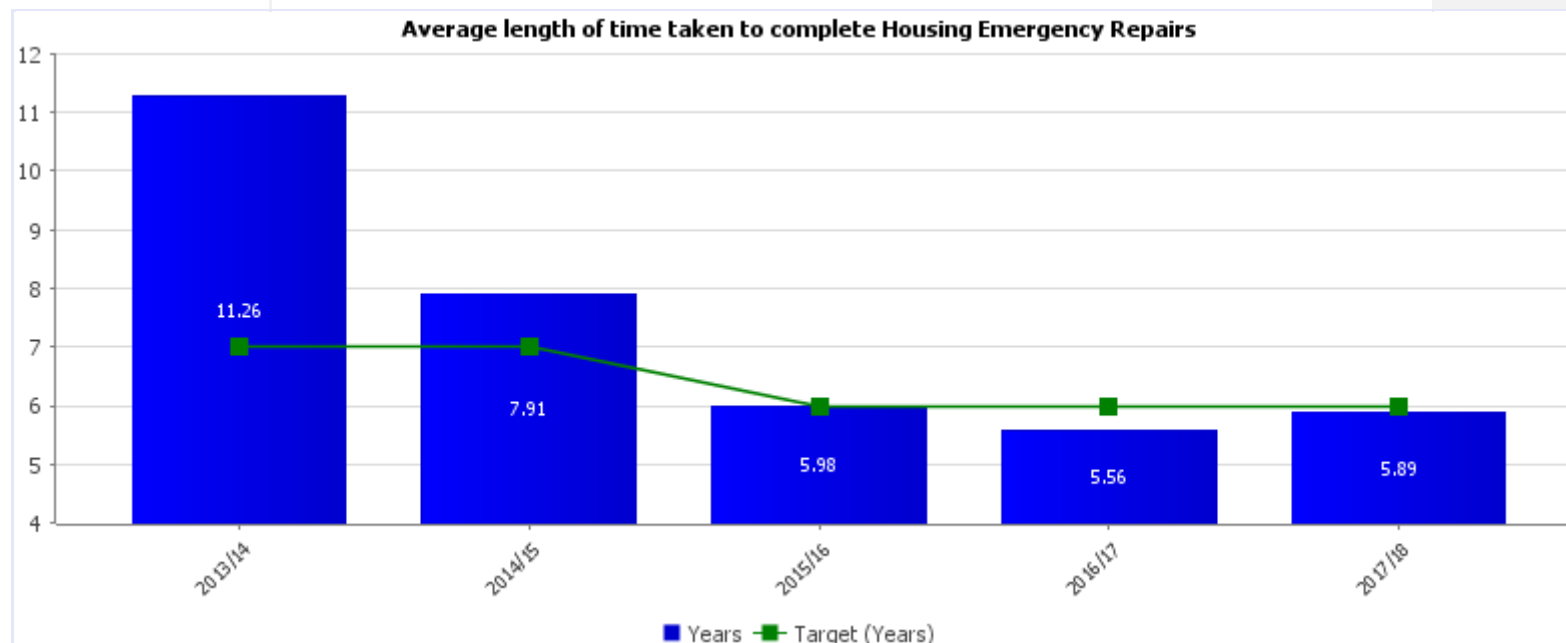


The trend shows we are continually not meeting the target figure for this performance indicator. This is due, in the main, to the low standard of property we receive back to Building Services and therefore the more time and effort to bring the property to a habitable standard.

The target has been set within Building Services for 2018/19 at 26 which is taken as a reasonable figure based on current achievements. This will be reviewed for 2019/20 when comparable figures are finalised.

No Benchmarking figures are available as yet for this category but we will strive to ascertain this information from other Peer Groups.

PI Code & Short Name	P:HQSARC11_6b.5 Average length of time taken to complete Housing Emergency Repairs	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator reflects information taken from our repairs system. The system records from the point the customer reports the repair (date & time) to the point of completion of the emergency (date & time) The average length of time is calculated by the total time duration divided by the amount of jobs completed. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	5.89
		Current Target	6



Trend Chart Commentary

The trend shows steady progress in reduction of time taken to carry out emergency repairs from 2013/14, in 2017/18 there was a slight increase due to complexity of a number of jobs.

This reduction in time has been as a result of process reviews which has identified that follow on repairs were being calculated within the original emergency timescale.


The trend shows continued improvement in the performance of the service against this indicator since it has been introduced in 2013/14, with the exception of 2017/18. As a result of this improvement, and benchmarking with similar sized Local Authorities, the target was set at 6 hours for 2015/16 onwards which has been met for the last three years. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

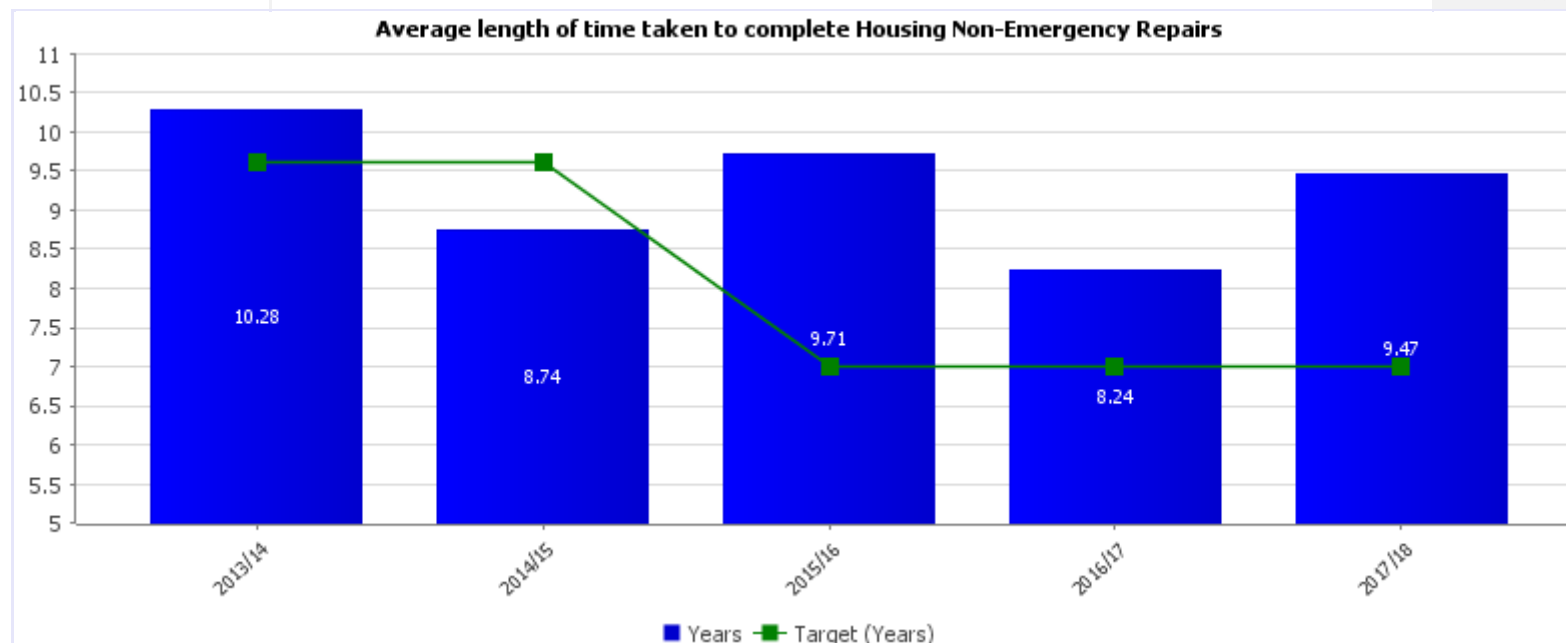
The Scottish Housing Network has published benchmarking figure for 2017/18. Our Scottish Housing Network Peer Group Average was 5.32 hrs. In 2016/17 the average was 5.94 hrs and in 2015/16 the figure was 6.37 hrs.

The 2018/19 target will be reviewed in conjunction with the Tenant's Panel.

2017/18 - Total jobs of 23829 at an average time of 5.89 hours.

2016/17 - Total jobs of 22106 at an average time of 5.56 hours.
2015/16 - Total jobs of 22780 at an average time of 5.98 hours.
2014/15 - Total jobs of 21810 at an average time of 7.91 hours.
2013/14 - Total jobs of 22849 at an average time of 11.26 hours.

PI Code & Short Name	P:HQSARC12_6b.5 Average length of time taken to complete Housing Non-Emergency Repairs	PI Owner	zBUS_PIAAdmin; Grant Taylor
Description	This performance indicator reflects information taken from our repairs system. The system records from the date the customer reports the Non-Emergency repair to the date of completion of the repair. The average length of time is calculated by the total time duration in days divided by the amount of jobs completed. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator. LGBF measure HSN 4b.	Traffic Light Icon	
		Current Value	9.47
		Current Target	7



Trend Chart Commentary

The trend shows a slight decrease in the performance of the service against this indicator since 2014/15 against a new target which had been set at 7 days, compared to improved performance from 2013/14 to 2014/15. This coincided with a similar dip in the time taken to complete repairs within the agreed target timescales for Non-Emergency Priority repairs.

In 2017/18, the Scottish average was 6.38 days. The Scottish Housing Network has published benchmarking figures for 2017/18. Our Scottish Housing Network Peer Group Average was 6.93 days. In 2016/17 the average was 8.39 days and in 2015/16 the figure was 9.69 hrs.

The Local Government Benchmarking Framework (LGBF) has also released figures for 2017/18 and we ranked 21 out of the 26 local authorities that report this indicator.


As a result of benchmarking with similar sized Local Authorities, the target was set at 7 Days for 2015/16 onwards and will continue into 2018/19. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

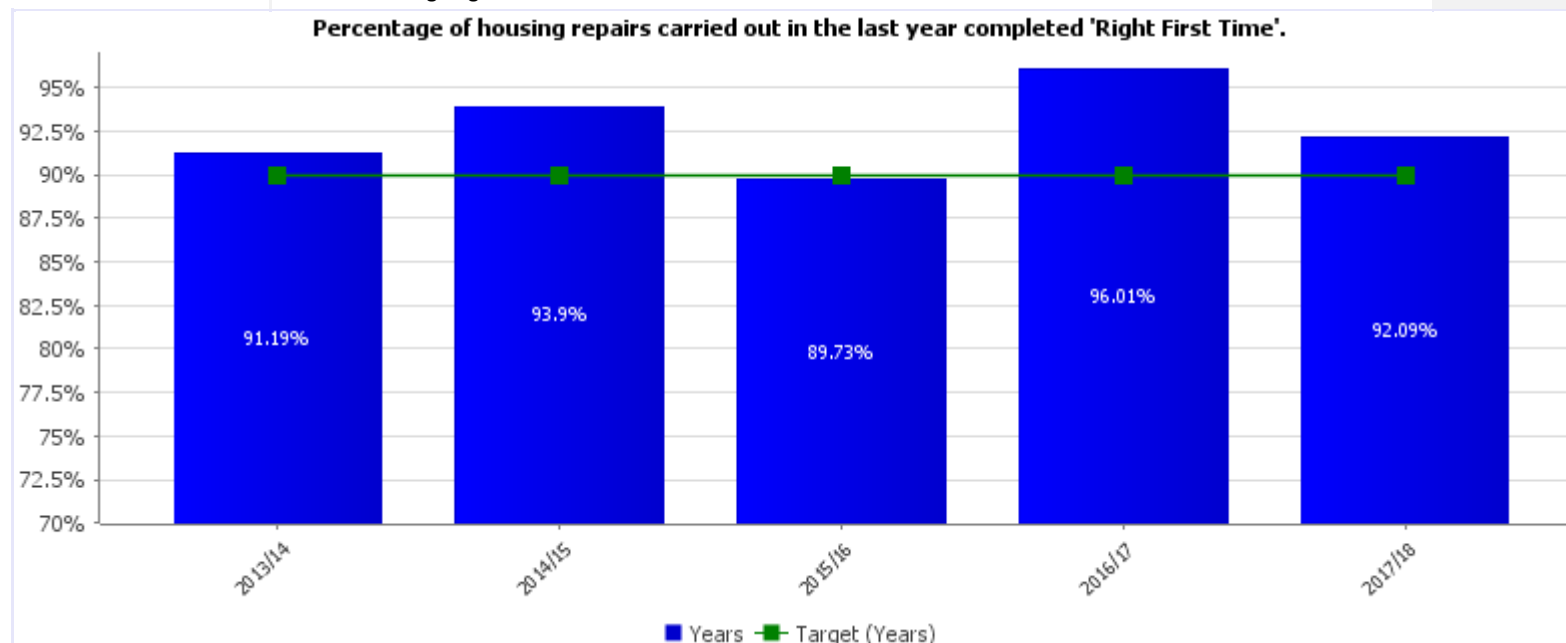
2017/18 - Total jobs of 23325 at an average time of 9.47 days.

2016/17 - Total jobs of 26112 at an average time of 8.24 days.

2015/16 - Total jobs of 27576 at an average time of 9.71 days.

2014/15 - Total jobs of 28500 at an average time of 8.74 days.
2013/14 - Total jobs of 31519 at an average time of 10.28 days.

PI Code & Short Name	P:HQSARC13_9b Percentage of housing repairs carried out in the last year completed 'Right First Time'.	PI Owner	zBUS_PAdmin; Grant Taylor
Description	This performance indicator measures performance on non-emergency repairs completed during the reporting year where the repair has met the following three criteria: within the appropriate target timescale agreed locally, and without the need to return for a further time because the repair was inaccurately diagnosed and/or, the operative did not resolve the reported problem. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	92.09%
		Current Target	90%



Trend Chart Commentary

The trend chart shows that in the 5 year returns to the Scottish Housing Regulator only in 2015/16 has performance not met target.

In 2017/18 performance has met target however declined from the previous year by 3.92%. This is as a result a higher number of non-emergency repairs complete outwith the local agreed target.

Further analysis of routine repairs is underway to identify where improvements can be made which can only enhance this Performance Indicator.

In 2017/18 the Scottish Housing Network Peer Group Average was 91.05%. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

The Scottish Housing Regulator has published benchmarking figure for 2016/17. The Scottish Average being 92.4% and our Scottish Housing Network Peer Group Average was 90.7%. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

The target of 90% is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This target is reviewed on a yearly basis. The target for

2018/19 will be 92%


In 2017/18 Building Services completed 23325 repairs within this category 21480 were complete right first time.

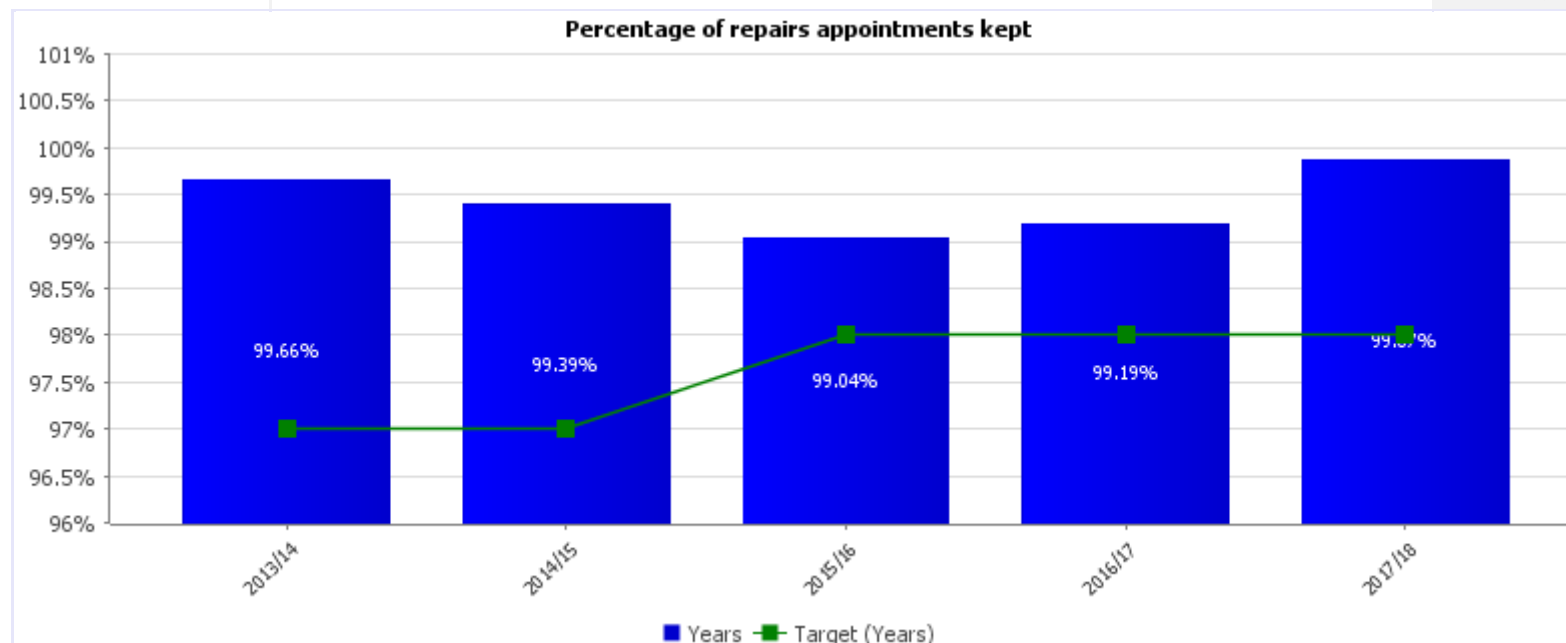
In 2016/17 Building Services completed 26112 repairs within this category 25070 were complete right first time.

In 2015/16 Building Services completed 27576 repairs within this category 24744 were complete right first time.

In 2014/15 Building Services completed 28500 repairs within this category 26770 were complete right first time.

In 2013/14 Building Services completed 31561 repairs within this category 28782 were complete right first time.

PI Code & Short Name	HQSARC14_9b Percentage of repairs appointments kept	PI Owner	zBUS_PIAAdmin; Grant Taylor
Description	The percentage of customers that have been given an appointment for a reactive repair (non emergency) and where we have attended on that date and will be used to identify any Tenant compensation required. This performance indicator is included in the Council's annual return to the Scottish Housing Regulator.	Traffic Light Icon	
		Current Value	99.87%
		Current Target	98%




The trend shows the target has continually been met over the last five years with a slight increase of 0.68% in 2017/18 from the previous year. We continue to perform well for this indicator compared to other local authorities. Our Scottish Housing Network Peer Group average in this year was 95.31%

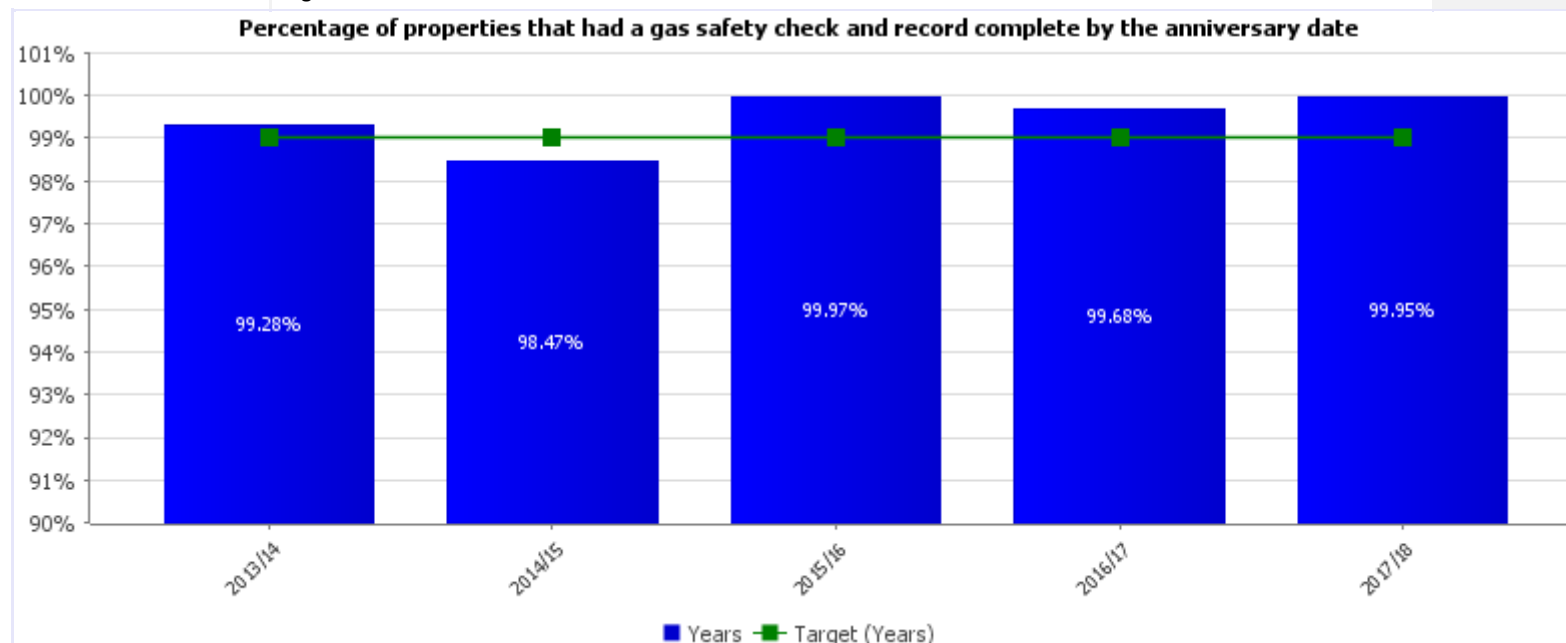
Monitoring the level of appointments on a daily basis allows the Repair Teams to deliver an excellent service to our customers.

In 2017/18 the Scottish Housing Network Peer Group Average was 95.31%. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

The Scottish Housing Regulator has published benchmarking figure for 2015/16. The Scottish Average being 94.40% and our Scottish Housing Network Peer Group Average was 96.32%. The Local Authorities included Aberdeenshire Council, Dundee, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

16670 reactive repairs appointments were made during 2017/18 and of those 16649 appointments were kept.
 11278 reactive repairs appointments were made during 2016/17 and of those 11187 appointments were kept.
 20315 reactive repairs appointments were made during 2015/16 and of those 20120 appointments were kept.
 20160 reactive repairs appointments were made during 2014/15 and of those 20037 appointments were kept.
 22753 reactive repairs appointments were made during 2013/14 and of those 22675 appointments were kept.

PI Code & Short Name	P:HQSARC15_6b Percentage of properties that had a gas safety check and record complete by the anniversary date	PI Owner	zBUS_PAdmin; Grant Taylor
Description	<p>This performance indicator is part of the performance scorecard for the Council's asset management strategy and will contribute to outcome 1 compliance.</p> <p>The percentage of properties that require a gas safety record which had a gas safety check and record completed by the anniversary date. This performance indicator is included in the council's annual return to the Scottish Housing Regulator.</p>	Traffic Light Icon	
		Current Value	99.95%
		Current Target	99%




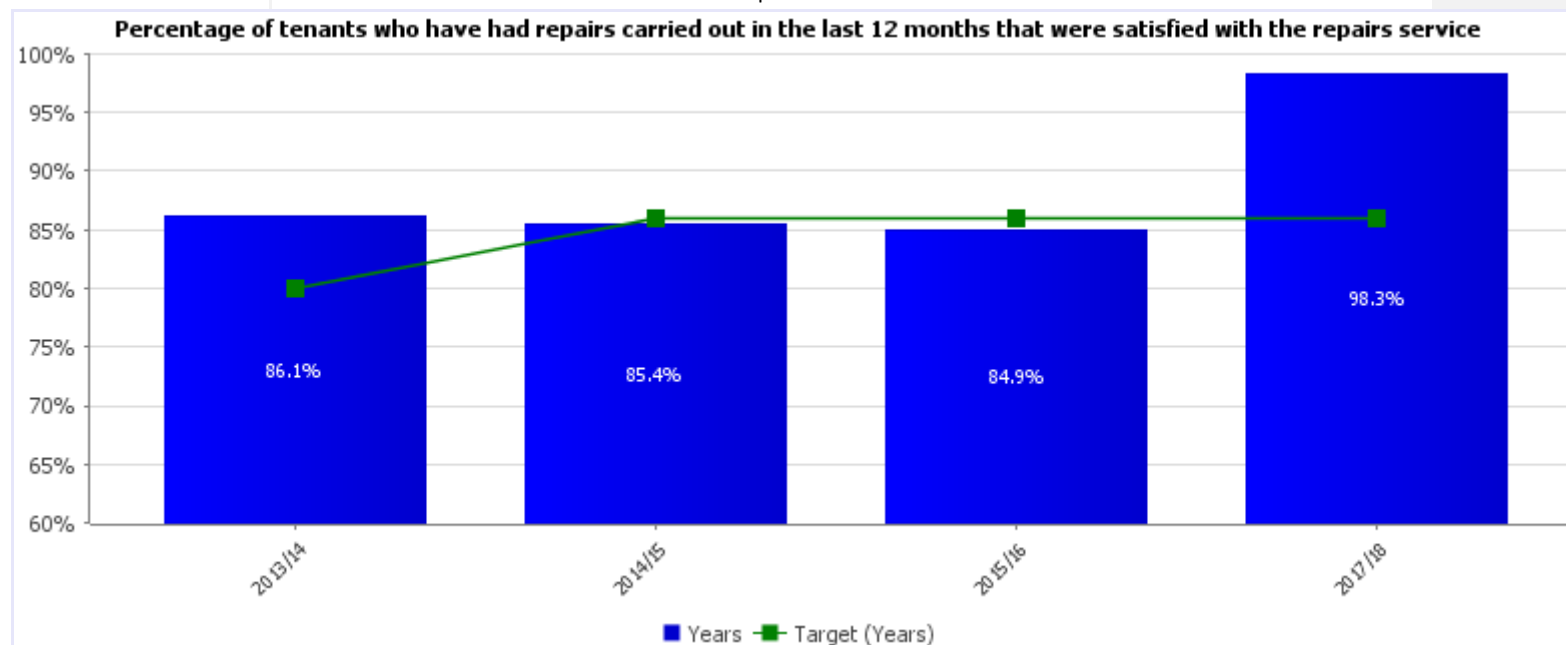
Trend Chart Commentary

The trend shows apart from 2014/15 the target each year has met. In 2017/18 we have met our target with a figure of 99.95% of properties required having a gas safety check carried out. Latest benchmarking information shows that we continue to perform well compared to other local authorities. Our Scottish Housing Network Peer Group Average was 99.34%. The Local Authorities included Aberdeenshire Council, Dundee City, East Ayrshire, Falkirk, North Ayrshire, Renfrewshire, Highland, West Dunbartonshire.

Our target for 2018/19 has been set at 100%.

The target of 100% is derived from discussion with Buildings Services and the Tenant's Panel with adherence to the Building Services Management Plan. This target is reviewed on a yearly basis but is a high profile indicator resulting in the demanding level of achievement.

PI Code & Short Name	HQSARC16_6a.2 Percentage of tenants who have had repairs carried out in the last 12 months that were satisfied with the repairs service	PI Owner	zHQSSAT_PIAAdmin; Grant Taylor
Description	Prior to 2017/18 these figures were obtained from the tenant satisfaction survey, which was sent out to all tenants. The figures are now obtained from the Operative's Personal Devices on completion of a repair. The question is set by the Scottish Housing Regulator and we ask our tenants their opinion after every completed repair, which meets the Regulators standards. Tenants are asked 'How satisfied or dissatisfied were you with the repairs service provided by your landlord?' and can select from a five point scale from very satisfied to very dissatisfied. This Performance Indicator shows the percentage that answered Very or Fairly Satisfied. The results of this indicator informs the service of tenant's satisfaction and identifies areas for improvement as a landlord.	Traffic Light Icon	
		Current Value	98.3%
		Current Target	86%



In 2017/18 Building Services received 5576 customer surveys from 34826 completed jobs captured by paper surveys or personal digital assistants which has contributed to the increase in response. Of these returns 97 customers responded neither satisfied nor dissatisfied with the service they received. 98.26% responded with positive response.

In 2016/17 there was no Tenant's survey completed.

996 responses were received to this question in the 2015/16 survey. 84.9% of these tenants were satisfied with the repair service.

680 responses were received to this question in the 2014/15 survey with a total of 85.44% tenants satisfied with their last repair service.

548 responses were received to this question in the 2013/14 survey with a total of 86.13% tenants satisfied with their last repair service.



PERFORMANCE COMMITTEE WORKPLAN 2018/19

The committee workplan is developed to ensure that the Committee receives outcome reports from the WLAM programme at the earliest opportunity. The programme operates on a risk based approach, with assessment and scrutiny taking place in every council service (excluding schools) over a three year improvement cycle.

Date	Focus Area	Report	WLAM Unit	Responsible Officer	CMT
17 December 2018	Factfile 2018	Corporate performance report	Performance and Improvement Service	Rebecca Kelly	Graeme Struthers
	Corporate Complaints Q2 2018-19	Corporate performance report	Performance and Improvement Service	Joe Murray	Graeme Struthers
	HR and Support Services	Service performance report	HR and Support Services	Lesley Henderson	Julie Whitelaw
	Financial Management	Service performance report	Financial Management	Patrick Welsh	Donald Forrest
	Environmental Health and Trading Standards	Service performance report	Environmental Health and Trading Standards	Andrew Blake	Craig McCorriston
	Workplan				
4 February 2019	Community Care	Service performance report	Community Care	Pamela Main	Jo MacPherson
	Inclusion and Wellbeing Service	Service performance report	Inclusion and Wellbeing Service	Alison Raeburn	Jim Cameron
	Children and Families	Service performance report	Children and Families	Tim Ward	Jo MacPherson
	Housing Repairs	Service performance report	Building Services	Grant Taylor	
	Workplan				

Date	Focus Area	Report	WLAM Unit	Responsible Officer	CMT
18 March 2019	Corporate Complaints Q3 2018-19	Corporate performance report	Performance and Improvement Service	Joe Murray	Graeme Struthers
	Roads and Transportation	Service performance report	Roads and Transportation	Graeme Malcolm	Jim Jack
	Facilities Management	Service performance report	Facilities Management	Matt Baxter	Jim Jack
	Public Transport	Service performance report	Public Transport	Nicola Gill	Jim Jack
	Regeneration	Thematic performance report	Economic Development and Regeneration	Alice Mitchell	Craig McCorriston
	Citizen Led Inspection – annual update report	Corporate performance report	Performance and Improvement Service	Rebecca Kelly	Graeme Struthers
	Workplan				
13 May 2019	Improvement Strategy – annual review	Corporate performance report	Performance and Improvement Service	Rebecca Kelly	Graeme Struthers
	WLAM Summary 2018/19	Corporate performance report	Performance and Improvement Service	Rebecca Kelly	Graeme Struthers
	Corporate Complaints Q4 2018-19	Corporate performance report	Performance and Improvement Service	Joe Murray	Graeme Struthers
	Corporate Procurement	Service performance report	Corporate Procurement	TBC	Julie Whitelaw
	Recycling and Waste Services	Service performance report	Recycling and Waste Services	David Goodenough	Jim Jack
	Strategic Resources / Learning, Policy and Performance	Service performance report	Strategic Resources / Learning, Policy and Performance	Donna Adam	Jim Cameron
	Workplan				

It should be noted that the Performance Committee has the power to call any Elected Member or officer before the Committee and the workplan would be amended accordingly.