

DATA LABEL: PUBLIC



## **HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL**

### **PERFORMANCE REPORT – QUARTERLY INDICATORS**

#### **REPORT BY HEAD OF SOCIAL POLICY**

##### **A. PURPOSE OF REPORT**

To report the current level of performance for the quarterly indicators up to quarter 1 of 2021-22 that support the Corporate Plan and are the responsibility of Social Policy and reportable to the Health and Care Policy Development and Scrutiny Panel.

##### **B. RECOMMENDATIONS**

It is recommended that the Panel note the performance information and determine if further action or enquiry is necessary for any of the performance indicators in the report.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	<ul style="list-style-type: none"><li>• Focusing on our customers' needs</li><li>• Being honest, open and accountable</li><li>• Providing equality of opportunity</li><li>• Developing employees</li><li>• Making best use of resources</li><li>• Working in partnership</li></ul>
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	In compliance with the Code of Corporate Governance
<b>III Implications for Scheme of Delegations to Officers</b>	No implications.
<b>IV Impact on performance and performance Indicators</b>	This report is an evaluation of current/historic performance
<b>V Relevance to Single Outcome Agreement</b>	The indicators support the outcomes in the Single Outcome Agreement
<b>VI Resources - (Financial, Staffing and Property)</b>	N/A
<b>VII Consideration at PDSP</b>	N/A
<b>VIII Other consultations</b>	N/A

## D. TERMS OF REPORT

### D1 Background

The Policy Development and Scrutiny Panel (PDSP) oversee and challenge council performance. They are a key element of the scrutiny of performance by elected members and form part of the council's wider scrutiny and public performance reporting arrangements. To support this, each PDSP is allocated areas of the Corporate Plan, strategic priorities and key council performance indicators, relevant to the focus areas of the Panel. They receive both quarterly and annual performance reports.

### D2 Quarterly Performance Report

The quarterly performance scorecard report for the Health and Care PDSP contains a range of relevant service performance information for scrutiny.

The 3 performance indicators are categorised as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
Green	1
Red	2

As highlight in the table above, one indicator is on target, this relates to:

**P:SPCC006\_9b.1a Percentage of adults with a severe and chronic alcohol misuse issue maintaining or improving their health and wellbeing.**

It should be noted that there are ongoing issues in relation to the collation of data for this indicator and an update will be provided to the next meeting of the Panel.

Where performance is below target, section D.3 of this report provides details of the indicators and is accompanied by trend chart commentary, which provides an explanation of the current performance levels (against the target). This information also highlights any performance below target and outlines the measures that our services are taking to improve their performance.

The RAG status is against the performance target that has been set by the service in consultation with the relevant stakeholders.

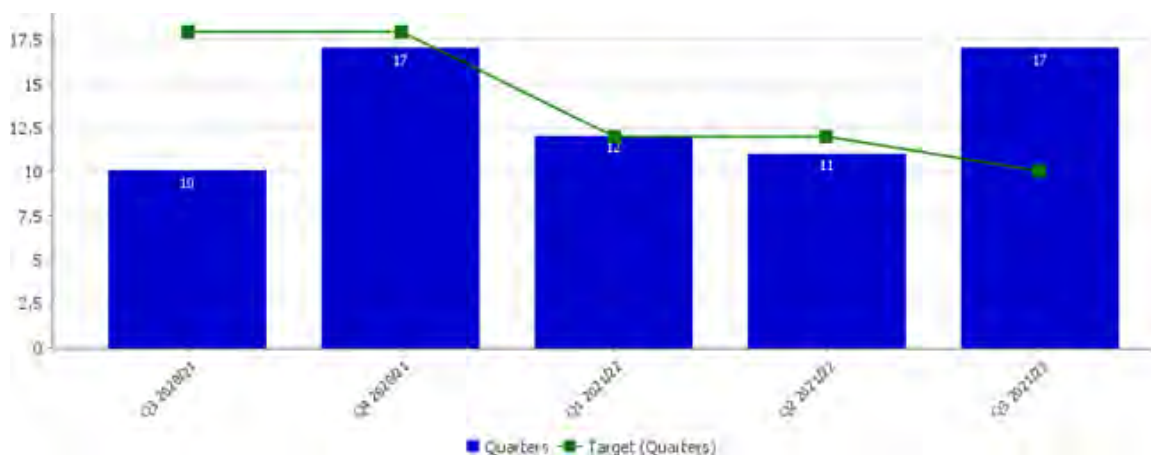
### D3 Amber and Red Performance Indicator

#### P:SPCC038\_6b.3 Total number of complaints received by the Community Care Services

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.

**Current performance – 17**

**Target – 10**



The target for this indicator is 10 complaints per quarter received by Community Care Services, current performance is 17.

The number of complaints received by Community Care Services are few but highly variable within a small range. 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 variations in performance.

Performance across range of Q3 20/21 to Q3 21/22 has remained variable with a peak of 17 complaints in two quarters. There has been increase of 6 from Q2 and analysis of individual complaints identifies no particular pattern that accounts for this. It is notable that there remains significant pressure within care at home provision, with 4 complaints received linked to issues relating to provision.

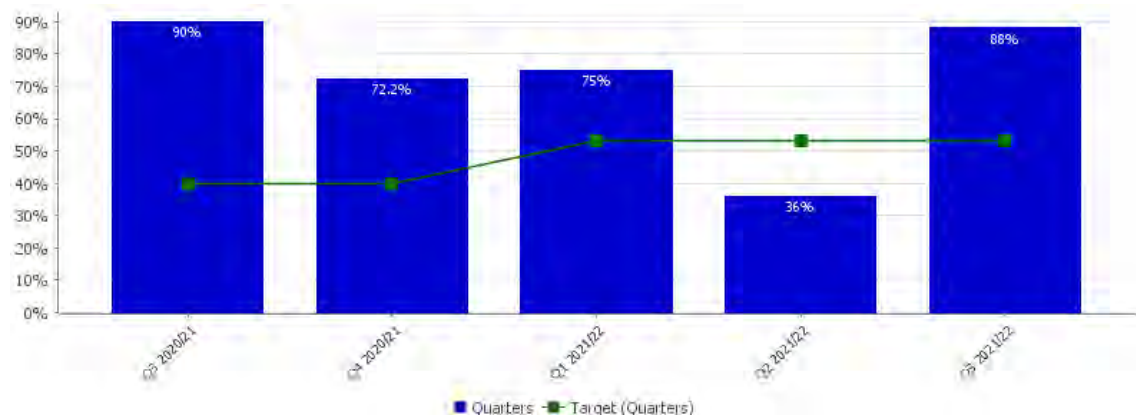
Where individual complaints are upheld or partially upheld, the service ensures that required improvements are identified and implemented.

**P: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.**

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. Complaints are recorded on our Customer Relationship Management system, including the outcome. This system provides the service with reports detailing the amount of complaints that were upheld and partially upheld. This information can be used to understand the effectiveness and efficiency of our services, how our staff are performing, the relationship between the service and the client and also an opportunity to identify any areas where improvements could be made to the way the service is delivered to customers.

**Current performance – 88%**

**Target – 53%**



The target for this indicator is 53% of complaints upheld or partially upheld against total complaints closed in full per quarter, current performance is 88%.

Q3 of 21/22 has seen an increase in complaints being upheld or part up held from Q2 - 15 out of 17 complaints.

Looking at the overall trend Q3 represents similar position to previous quarters with a notable dip in Q2 21/22. With the range of service provided across community care and the relatively limited number of complaints no particular reason has been identified to account for the Q2 dip.

Outcomes of complaints are collated and shared across the community care management team to understand any emerging issues or potential learning. Analysis of individual complaints identifies no particular trend in relation to complaint themes. Where complaints are upheld/part upheld service improvement actions are identified. These include staff counselling, training or procedural review.

The service will continue to review complaints in this manner in order to progress service improvement.

## **E. CONCLUSION**

The performance scorecard shows that the majority of indicators are achieving targeted levels of performance. Where performance is not at the expected level details are provided in section D.3 to advise the Panel of the improvement action taken by services to improve performance.

## **F. BACKGROUND REFERENCES** **None**

Appendices/Attachments None

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Date: 3<sup>rd</sup> February 2022