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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 (2022/25).

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.

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	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunity; developing employees; making best use of our resources and working with other organisations.
II.	Policy and Legal	The West Lothian Assessment Model (WLAM) 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 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 Community Care 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

Service Manager: Robin Allen, Senior Manager

Service Manager: Karen Love, Senior Manager

Community Care comprises a wide range of services to ensure that adults and older people are protected and have access to care and support to meet their assessed needs. A number of services are delivered in an integrated manner such as Mental Health and Addiction services.

The Home First transformation programme has been established to ensure that people are only admitted to acute hospitals where there is a clinical need for this to happen and that where possible and appropriate, people should receive care and support at home or in a homely setting. The Health and Social Care Partnership has invested significantly in additional staff to help prevent unnecessary hospital admission and facilitate supported discharge through the Integrated Discharge Hub.

The main activities of the service are:

- 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
- Engagement in the Integrated Discharge Hub
- Provision of Care at Home / Home First / Reablement and Crisis Care services
- Provision and management of council owned care establishments, including;

- • Care Homes for older people
- • Care Homes for adults with a learning disability
- • Day care for adults
- • Housing with care
- Joint management with NHS Lothian of the Community Equipment Store
- Provision of Home Safety Services and development of Telecare
- Access to employment
- Short breaks from caring
- Community Occupational Therapy

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

- Tackling Inequalities
- Prevention and Early Intervention
- Integrated and Coordinated Care
- Managing our Resources Effectively

Business Support Services report through this WLAM area and provide the following activities for all of Social Policy:

- Commissioning plan development, monitoring and review
- Policy and Change management
- Contract tendering and monitoring
- Administrative and clerical support
- Performance and Quality Assurance
- Management and development of the Social Policy Information Management systems
- Complaint handling
- Learning and Development
- Customer engagement

A summary of the service activities and resources is contained within the Corporate Services Management Plan 2022/23 (link).

D.3   Overview of the WLAM Self-Assessment

In February 2023, a WLAM assessment against the new EFQM Model 2020 was undertaken by the service to identify the service strengths and opportunities for improvement.

A summary of the key findings from the WLAM is as follows:

1. Community Care is the council's largest WLAM unit. The size of the WLAM unit did present some challenge in the self-assessment process due to the relative autonomy of the distinct business units under Community Care. Although there has been considerable effort to join up processes and journeys for clients, there remain opportunities to increase collaboration, sharing of information and codesigning service processes across the units.

2. The openness and enthusiasm of the employee group during the assessment process was evident and will be key strength for the service moving forward. There is a consistent and clear focus on meeting customer/client needs at all levels in the service.

3. Plans by the Scottish Government to create a National Care Service are still at an early stage but will undoubtedly influence the future strategic direction of the service. The current absence of detailed proposals or a clear timeline for implementation presents a challenge for any medium to long-term planning for Community Care and other parts of Social Policy.

4. Resourcing pressures coupled with an increasing demand for care services from an aging population are acute pressures for Community Care and have required the service to re-evaluate models of provision, including the implementation of the National Eligibility Criteria. This, in addition to the consequences of the pandemic, have had an impact in some key performance outcomes, such as; cost measures, delayed discharge and waiting times. It is predicted that the service will have to maintain this responsiveness and continue to adapt strategy and business models based on the challenges and opportunities (e.g. new technologies) that are forecast.

5. Employee resource levels and recruitment pressures in care are sector-wide challenges and the service is working to address this issue and to manage any impact on operational performance and employee morale. The service currently operates in a highly competitive market and, in line with the national actions to address this skill shortage, will need to continue review and adapt the local approach to recruitment and retention.

6. There is an opportunity to make better use of the available data and information in the service to drive performance and improvement. The service may consider how it can utilise business support resources to achieve better arrangements for the collection, reporting and management of information across the WLAM unit. As a needs-based service, a particular focus should be customer experience data that will inform improvements and transformation in service delivery.

7. The service has used technology to improve the experience of employees and customers with the introduction of Near Me platform for increased / more accessible engagement with parent and carers. The service is currently exploring options for service users to attend online Community Hubs through this platform.

D.4 WLAM Self-Assessment Scores

The WLAM process now starts with a corporate self-assessment. The corporate assessment was scored by EFQM Assessors in the corporate team, thus establishing a baseline corporate score for each criterion and a total overall score. Services self-assess against this baseline, using their own supplementary evidence and the views of staff about the implementation of corporate evidence to move beyond or below the baseline score.

The corporate application and score will both be reviewed each year to take account of council-wide improvements and changes. Service scores will also be recalibrated on this basis, addressing the imbalance that scheduling of assessments can sometime introduce in service scores – e.g. those early in the programme score lower typically than those at the end of the programme. This will also reduce the time taken in a self-assessment setting to score.

An overview of the services scores for 2022/25 programme is contained in Table 1.

| Table 1: Corporate Procurement Service Scores | | | | |
RADAR Scores		Available Points*	Corporate Score	Service Score
DIRECTION	**Purpose Vision & Strategy**	100	65	67
	Organisational Culture & Leadership	100	60	63
EXECUTION	**Engaging Stakeholders**	100	65	71
	Creating Sustainable Value	100	65	66
	Driving Performance & Transformation	200	65	61
RESULTS	**Stakeholder Perceptions**	200	60	58
	Strategic & Operational Performance	200	75	55
Total Score		1,000	**655**	**620**

a weighting factor is applied to criteria 4, 6 and 7.

D.5 Comparative Scores

As the EFQM Model has undergone a significant redesign, individual criterion scores are not comparable with past cycle criterion scores. However, the fundamentals of the EFQM Model remain and there is still value in tracking and comparing the current total score with previous total scores.

An overview of the service scores for the two past cycles is set out in Table 2:

Table 2: Service WLAM Scores (past)	
WLAM Cycle	Total Score
2014/17	456
2017/20	528

D.6 Review Panel Outcome

The Review Panel was held on 26 April 2023. The Panel comprised the Chief Executive (Chair), (Interim) Head of Housing, Customer and Building Services and the Road and Transport Services Manager.

The Review Panel recognised the dedication shown by all staff in Community Care in their efforts to continue to deliver a remarkable standard of service during the coronavirus pandemic and recovery process.

There are significant pressures in the service due to increasing demand for care from an aging population and resourcing challenges, which have had an impact on some key performance

outcomes. The Panel has confidence that the service leadership team is well placed to continue to meet the challenges in years ahead.

The Panel encourage the service to look for further opportunities to improve employee satisfaction results through greater engagement, involvement and working with staff to explore and resolve any issues that may be causing dissatisfaction.

The Panel acknowledged the upcoming challenges the service will face as a result of budget measures and uncertainty about the National Care Service. The service should continue to identify effective techniques to engage and work collaboratively with partners throughout service transformation.

The Panel recognised the positive performance results presented by the service and thanked the service managers and Head of Service for their attendance and comprehensive information that they provided in response to questions.

Table 3: 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 will 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.	

This outcome was determined as the Panel would like the service to return improved employee satisfaction results within the next 12 months.

D.7   Recommendations for Improvement

The Panel accepted the improvement actions proposed by the service (Appendix 1).

In addition, the Panel recommend that the service:

1. The Panel encouraged the service to increase the focus on improving staff perception results and identifying ways to work with staff to explore and resolve any issues that may be causing dissatisfaction.

2. The service is encouraged to make better use of the available data and information to drive improvement. The service should utilise business support resources to achieve better arrangements for the collection, reporting and management of information.

3. The service should continue to identify effective techniques to engage and work collaboratively with partners through changes in service delivery and processes.

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

D.8   Service Performance

The service has a total of 90 performance indicators on the council's performance management system (Pentana), 46 of those indicators were scrutinised by the Panel. The Panel view a more focused set of indicators to maximise their time on the most important measures of performance.

At present, the status of the 90 indicators is as follows:

Table 4: Summary of Performance Indicator status (RAG)	
Status (against target)	**Number of PIs**
✅ Green	44
⚠️ Amber	23
🔴 Red	20
❓ Unknown	3

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

D.9   Service Benchmarking

The service engages in benchmarking at a national level through the use of LGBF performance indicators which benchmark customer satisfaction, spend performance, readmissions rate, care inspections and delayed discharge.

The service also actively engages with National and Local Groups to share best practice and learn from emerging issues in other areas.

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 620 and was placed on Cycle 2 by the Review Panel and will return to the Review Panel within 1 year to provide an update on progress on improvement actions and performance.

BACKGROUND REFERENCES

Social Policy Management Plan 2022/23
Management_Plan_2022_-_23_Social_Policy_-_Final_-_following_PDSP.pdf (westlothian.gov.uk)

Appendices/Attachments: 2
Appendix 1_Service Improvement Actions
Appendix 2_Performance Indicator Report

Contact Person: rebecca.kelly@westlothian.gov.uk Phone 01506 281891

Graeme Struthers
Depute Chief Executive

5 June 2023

APPENDIX 1

WLAM IMPROVEMENT PLAN 2022/25

CORPORATE PROCUREMENT

IMPROVEMENT ACTIONS 2022/25

Action	Description	Desired Outcome	Responsible Officer	Start Date	End Date	Status Update
Review and adapt approach to recruitment	The service will review the strategy for resourcing and recruitment, considering options for engaging new talent. Review and update the current job descriptions.	The service will position it's within the market as an employer of choice. Increased employee satisfaction results.	Business Support Group Manager Social Care Recruitment Chair			
Encourage collaborative working relationships across Community Care	Increase collaboration, sharing of information and codesigning service processes across all areas of the service	Successfully embed a cohesive approach to collaborative working, knowledge sharing and employee engagement across the service.	Community Care Management Team	April 2023	April 2024	

IMPROVEMENT ACTIONS 2022/25

Action	Description	Desired Outcome	Responsible Officer	Start Date	End Date	Status Update
Improve employee learning and development opportunities	The service will strengthen the development opportunities available to employees to encourage career progression.	Improved workforce planning and professional development for employees.	Customer & Community Engagement Group Manager	April 2023	April 2024	
Strengthen the approach to customer engagement	The service will continue to review and enhance the approach to customer engagement and interaction with clients.	Improve customer satisfaction with communication from the service. Improve response to customer consultation.	Community Care Management Team	April 2023	June 2023	
Promote service achievements	Promote good performance to customers/clients and other stakeholders.	Encourage employees to deliver outstanding customer service and increase morale.	Community Care Management Team	April 2023	April 2025	
Clearly define and communities service standards and priorities with customers and stakeholders	The service will improve communication and information shared with customers/clients and stakeholders to define service models.	Customers and stakeholders have a clear understanding of service standards and access the right service for them.	Community Care Management Team	May 2023	March 2026	

IMPROVEMENT ACTIONS 2022/25

Action	Description	Desired Outcome	Responsible Officer	Start Date	End Date	Status Update
Evaluate opportunities that exist in the ecosystem and continue to work to identify future risks that may impact on service delivery	Use predictive measures, collaborative working approaches and experience to prepare for changes in customer demand and new technologies.	Meeting customer/clients current and future need and demand. Employees will be equipped to manage future demand.	Community Care Group Managers	April 2023	March 2026	
Make better use of available data and information to drive performance and improvement	The service will consider opportunities to achieve better arrangement for collecting, reporting and management of data and information.	Realignment of data and information. Embedded performance culture within the service people.	Community Care Management Team	April 2023	March 2024	

APPENDIX 2

Community Care — Performance Committee

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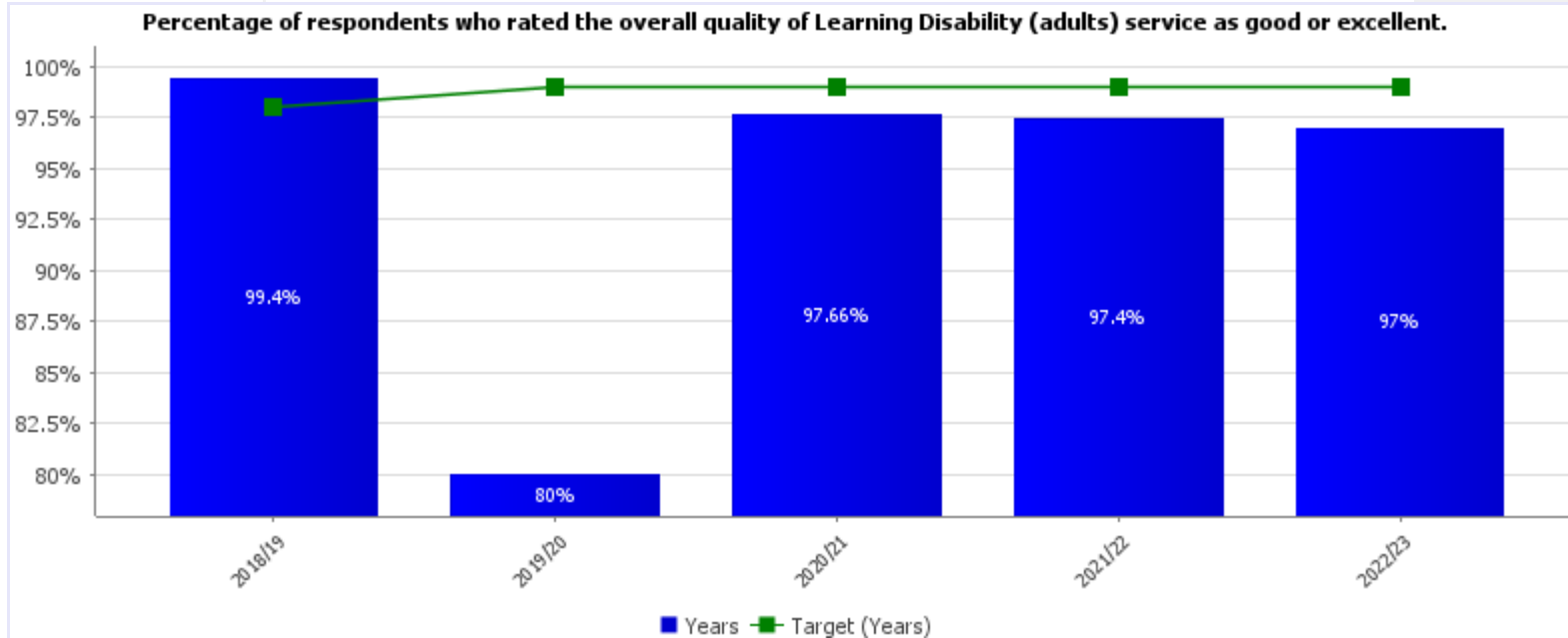| PI Code & Short Name	**P:SPCC001_6a.7 Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent.**	PI Owner	zSPCC_PIAdmin; Senior Manager – Adults (K.Love)
Description	The Service conducts an annual customer survey. This performance indicator 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%
		Current Target	99%

Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent.

Years ■   Target (Years) ━■━

Trend Chart Commentary:

The general trend for this indicator over the last 5 years demonstrates (through service user feedback) a high level of satisfaction with the quality of the service they receive. There was a slight dip in performance during 2019/20as a result of a reduced survey return.

2022/2023
During this period performance in this area has remained relatively stable at 97%. There were 96 returned surveys which is a slight decrease on the previous year. The service is currently reviewing how they engage and gain feedback from customers with a view of moving to an electronic survey.
Performance target will remain at 99% which will continue to reflect the services commitment to providing a high quality service for adults with learning disabilities.

2021/22
During the period 2021/22 adult day services continued to operate to reduced capacity in line with Scottish Government guidance, this has resulted in some individuals not receiving there full allocation of service however all individuals across all services have been offered a minimum of twice weekly access to day support. 113 individuals from 116 responses rated the service as good - excellent.

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 2021/22 has been reviewed and will be set at 99% to reflect the service commitment to maintaining excellent standards.

2020/21
During this period service delivery remain restricted as a result of ongoing restrictions in relation to the covid-19 pandemic, despite this service continued to achieve 97% satisfaction rate and whilst this is lower than the service target it still suggest a level of satisfaction with the service provided.
The service target will remain at 99% to reflect the service commitment to maintaining high standards in respect of customer satisfaction.

2019/20
This period saw performance in this area reduce from 99% the previous period to 80%. In a review and analysis of the submitted survey's there is no apparent reasoning to account for this dip in performance.
During this period all building based day support services were suspended inline with national guidance resulting in some individuals no longer being able to attend their service.

PI Code & Short Name	CP:SPCC014_6b.5 Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.	PI Owner	zSPCCOT_Admin; Senior Manager – Adults (K.Love)
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 and the data allows the service to understand how efficiently the assessment process is working. 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	74%
		Current Target	70%

Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.

- Years
- Target (Years)

Trend Chart Commentary:

Over the past five years the percentage of assessments allocated within six weeks has declined.
During 2021/22 there was an improvement in this area of performance as a result of a review and change to systems that support a more timeous referral process for our customers and this upward trend has continued for period 2022/2023.

2022/2023
During the 2022 / 2023 year the service has reviewed and altered duty processes creating efficiencies in service delivery. This has included development of h waiting list initiatives; upskilling employees; making changes to the first point of contact duty service as well as promoting more timely and efficient processes between services. This range of activity has resulted in a

significant increase in performances of 22% on performance since the previous year. This upward trend should also be seen in the context of the service experiencing an increase in referral rates over this period with the service receiving 1940 requests for assessment which is an increase of 440 on the previous period.

Performance of 74% demonstrates an upward trend and as such the target for 2023/24 will increase to 80% which is considered realistic but appropriated challenging for the service.

2021/22

Over this period the service allocated 1500 individuals for assessment with 52% of these being allocated within the service standard of 6 weeks. This is an increase of 16% on the previous period.

During 2021/22 the OT service continued to experience impact on staffing levels especially during the winter months when some staff were redeployed to support WLC1 activity. This resulted in the wait time for allocation increased from 6-8 weeks.

Requests for assessment continue to remain high however the service has implemented changes to the screening and triaging of referrals will see a further improvement in this area and therefore the target will remain at 70%.

2020/21

Performance in this area over 2020/21 was significantly impacted by the COVID19 pandemic where staff were re-deployed to work in other areas of critical need. This impacted on the services ability to progress assessments.

The service is now fully staffed and we have already seen a significant increase in allocated cases as COVID 19 guidelines change, allowing strategies to be put into place to progress with service delivery.

With the service returning to a remobilising following COVID19 it is expected that the service will see an improvement in this area and the target will remain at 70%

Following the implementation of the new policy in 2018/19 and subsequent initiatives put in place to address the dip in performance as a result and which will need time to embed, the target set will be 70% 2021/21. As a result, the target percentage of 70% set form the previous year will remain the same for 2021/22

2019/20

Overall performance for the year 2019 / 2020 had dropped 27.64% from the previous year. The tentative outcome of these results is likely due to varying reasons due to policy and service changes in relation to the implementation of the new eligibility and contributions policies which impacted on the way in which assessments were progressed.

Following the implementation of the new policy in 2018/19 and subsequent initiatives put in place to address the dip in performance as a result and which will need time to embed, the target set will be 70% 2021/21. As a result, the target percentage of 70% set form the previous year will remain the same for 2021/22.
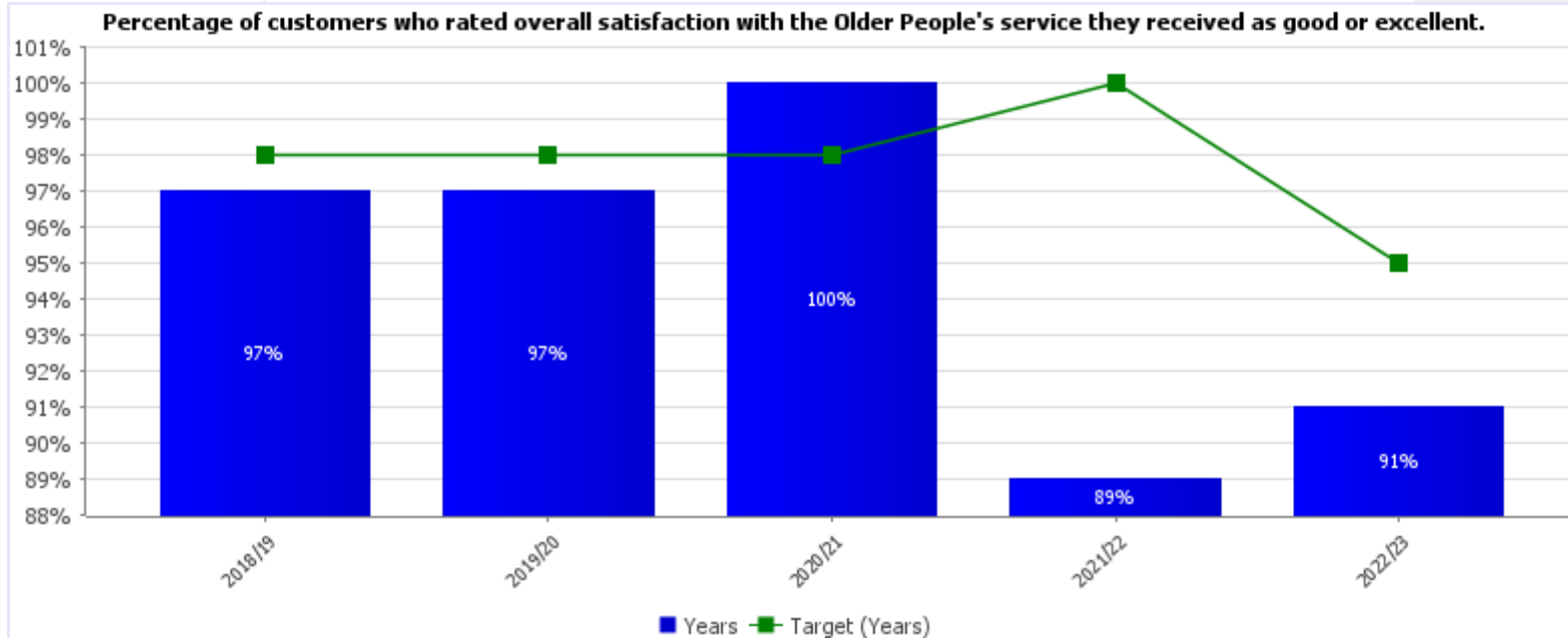
2018/19

2034 cases allocated which equates to an 86% trend across the year.

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	zSPOP_Admin; Senior Manager – Older People (R.Allen)
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	91%
		Current Target	95%

Percentage of customers who rated overall satisfaction with the Older People's service they received as good or excellent.

Trend Chart Commentary:
Performance in relation to customer satisfaction over the proceeding four years is variable, although consistently reporting above 90% with the exception of 2021/22 at 89%.

The service is committed to sustaining 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

2022/2023
Customer satisfaction improved over this period although was lower than the agreed target. Review of feedback provided no clear reason for performance being below the current target. The service remains committed to sustaining high standards of customer satisfaction and will continue to support this through ongoing analysis of customer complaints, engagement and feedback.

The target has been adjusted to 95% to reflect positive progress in previous years. Whilst this means performance is currently within amber range it demonstrates a commitment to improve performance to previous years.

2021/2022
Customer satisfaction during this period reduced to 89% from 100% the period period. Written feedback provided through the surveys could highlight no clear reasoning for the drop in performance with written feedback in general praising staff for the service provided.

2020/21
Customer satisfaction during this period was 100% this is an increase on the previous period and was inline with the service target.

2019/20
During this period 97% of those who returned the customer satisfaction survey rated the service as good or excellent which is the same as the previous year.
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.

PI Code & Short Name	**P:SPCC018_6b.5 Average number of weeks Older People's service users are currently waiting to be assessed**	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This indicator measures the average number of weeks Older People's service users are waiting to be assessed for support to meet their needs. This indicator is updated with information from a report run from Social Policy Information database on the last day of each month. This indicator is used to measure the efficiency and responsiveness of the service as it clearly demonstrates the capacity within our systems and processes to deal with the number of clients who present to us requiring an assessment.	Traffic Light Icon	⚠
		Current Value	8.94
		Current Target	8

Average number of weeks Older People's service users are currently waiting to be assessed
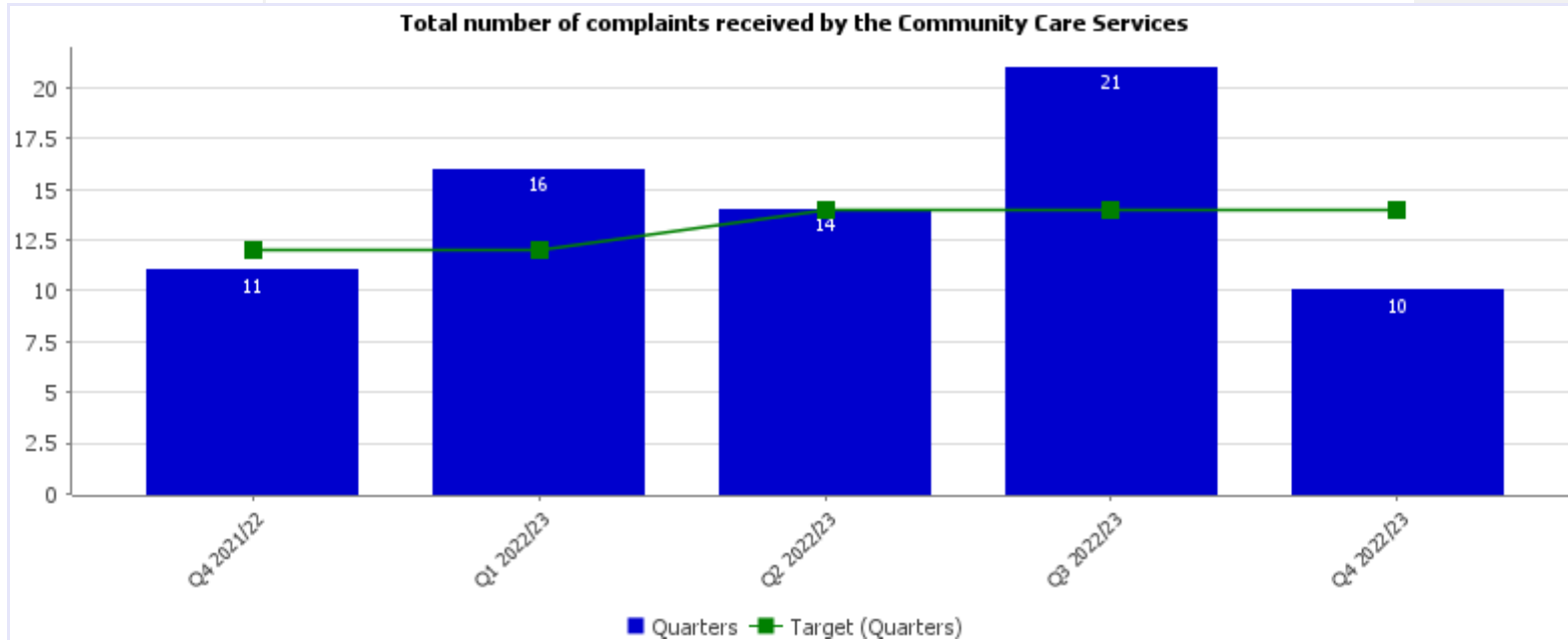
Trend Chart Commentary:

Wait times for assessment increased at the end of 2022 however have decreased over the first four months of 2023,however continue to sit out with target. A number of actions have been progressed to support improvements in wait times, this includes investment in assessment activity for individuals awaiting a care at home service. Work is being progressed to review and align resources within the team to better meet demand and reduce waiting times. Additional emphasis is being placed upon reviewing assessment performance within the team and identifying any barriers to improvement e.g. weekly assessment outcome reports. Activity associated with assessment, reviews and unmet need is scrutinised within Integration Joint Board Homefirst programme to identify challenges and improvement actions.

Assessments linked to Adult Support & Protection are directed to central team to ensure necessary activity is progressed without delay.

The target has been reviewed and aligned with indicator for number of assessments completed with 8 weeks of allocation, this will remain under review as practice of the assessment/review team is further imbedded.

Benchmarking activity has been progressed with available published data. Public Health Scotland data reports on numbers of people waiting for a social care assessment as a rate per 1,00 population aged 18 and over. West Lothian scores favourably against the Scottish average which is 1.69 versus 0.73 for West Lothian.

PI Code & Short Name	P:SPCC038_6b.3 Total number of complaints received by the Community Care Services	PI Owner	zSPCC_PIAdmin; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
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	10
		Current Target	14

Total number of complaints received by the Community Care Services

Trend Chart Commentary:

Performance across range of Q4 2021/22-Q4 2022/23 has remained variable.

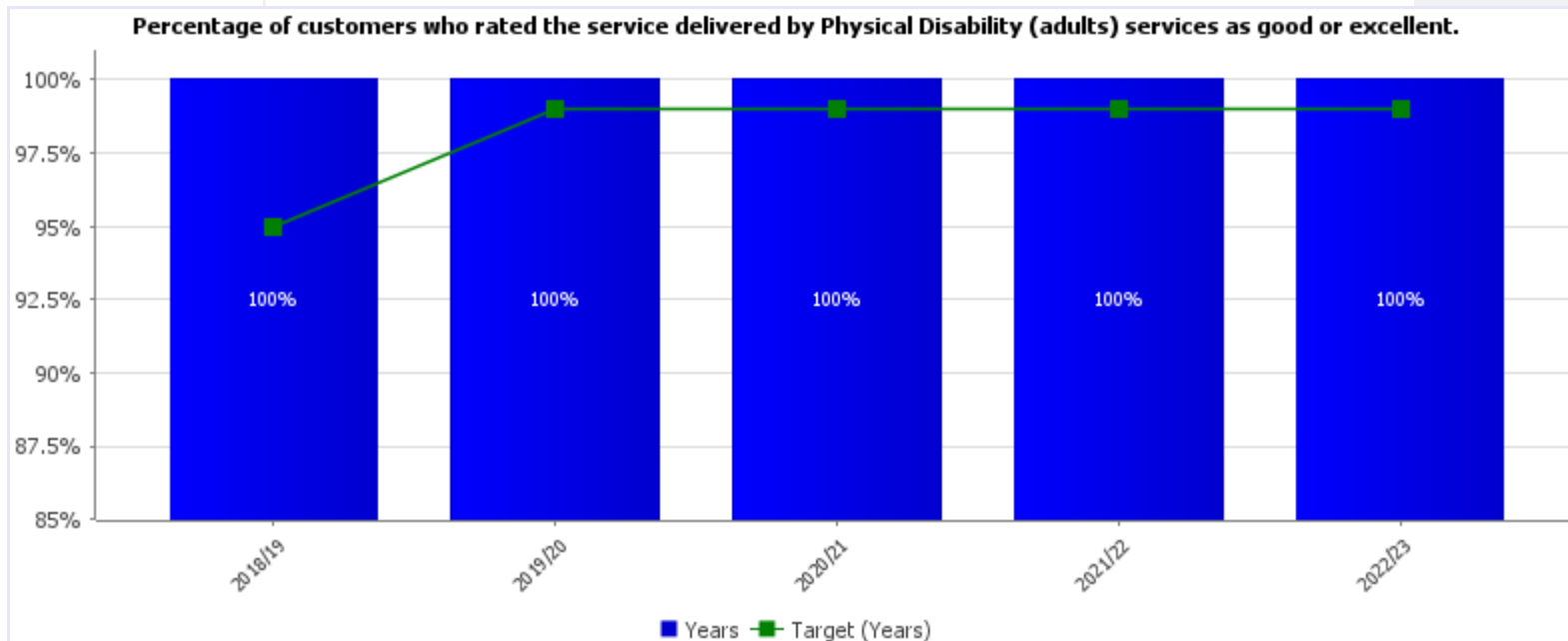In **Q4 2022/23** the number of complaints dropped to a five-quarter low.

Ten complaints were recorded in Q4 which is a reduction of 11 from the previous quarter. 6 complaints were investigated as Stage 1 and 4 investigated at Stage 2. Performance in this ares continues to be monitored by members of the senior management team. There is regular review at team meetings to identify any potential trends or learning opportunities.

Over **Q3 2022/23** the number of complaints received by the service was 21, which is the highest level over the full reporting period. Of the 21 complaints received in Q3 2022/23, over half (12) were stage 2 complaints suggesting a level of complexity to the nature of the complaint which require greater investigation and scrutiny, reflecting the complex and challenging work being undertaken by officers. During the same quarter 2021/22 there were 17 complaints received in total with 5 of these being investigated as a stage 2 complaint.

Complaints are systematically analysed both at an individual and aggregate level to identify trends and areas for improvement. There remains close managerial oversight in order to identify any issues and themes to ensure that appropriate action is progressed in a timeous manner. Learning from complaints is considered at staff meetings and staff supervision.
Target will remain at 14 for Q1 2023/24.

PI Code & Short Name	CP:SPCC072_6a.2 Percentage of customers who rated the service delivered by Physical Disability (adults) services as good or excellent.	PI Owner	zSPCC_PIAdmin; Senior Manager – Adults (K.Love)
Description	This performance indicator measures the percentage of customers that rated the overall quality of our service as good or excellent. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The results are analysed to identify improvements to the way the service is delivered to customers. Overall satisfaction with delivery is recognised as one of the key drivers of overall customer satisfaction. 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	100%
		Current Target	99%

Trend Chart Commentary:

The general trend for this indicator over the last 5 years demonstrates (through service user feedback) that service users report a high level of satisfaction with the quality of the service they receive and we have consistently reached our target.

2022/2023

Customer satisfaction surveys issued reported that 100% of those who returned surveys reported the overall satisfaction with the service rating this as good or excellent. The service remains committed to providing good quality support to individuals with physical disabilities. In reviewing the target this will increase to 100% due to the service consistently achieving 100% in this area.

2021/22

Information taken from annual customer satisfaction survey in 2021/22, the service continues to meet the agreed target and demonstrate that those who are attending the service believe that the service they receive is good/excellent.
Performance trends reflect the continued commitment of the teams to provide excellent customer care and personalised services for the needs of people with Physical Disabilities.
The target for 2022/23 will remain at 99% to reflect the service commitment to maintaining excellent standards.
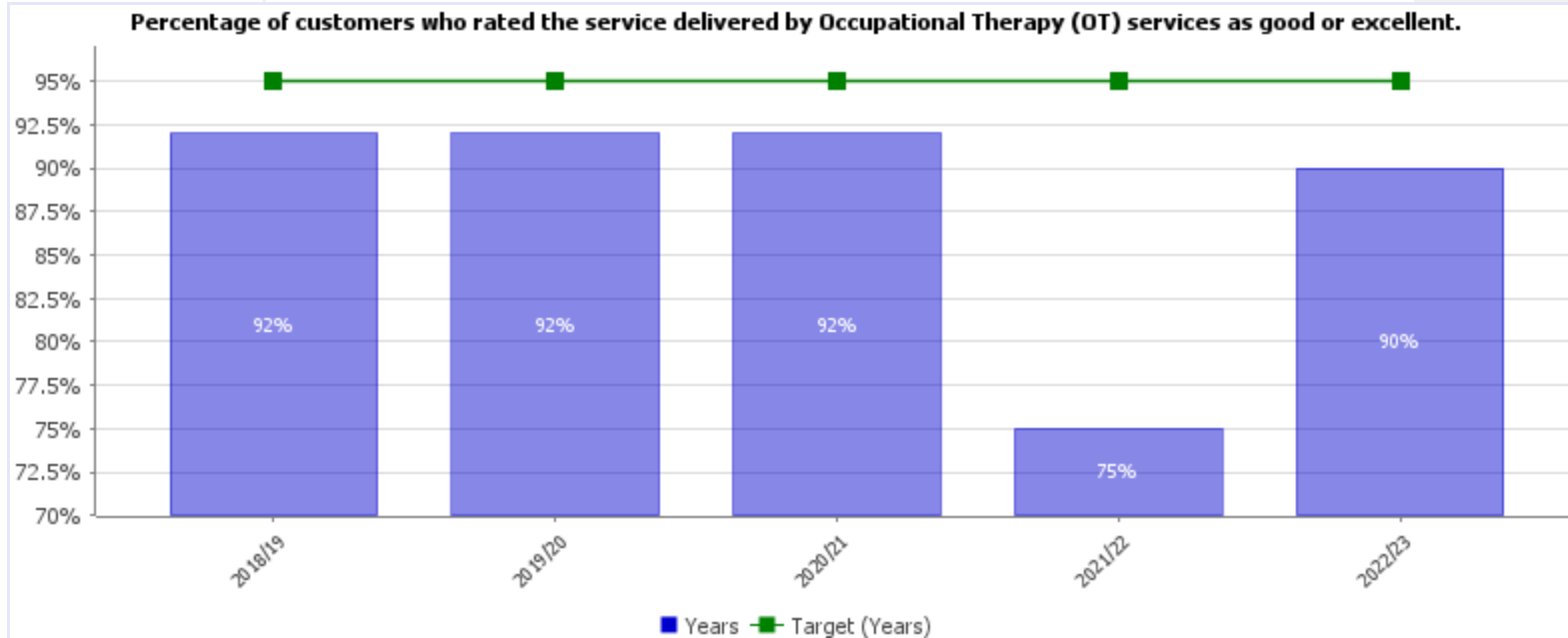
2020/21
Performance in 2020/21 exceeded our target despite the challenges faced during the COVID19 pandemic and the temporary suspension of some day care services, still demonstrates high levels of satisfaction. We expect to see a sustained performance in this indicator as service continue to re-mobilise.

2019/2020
100% performance achieved in this area.

PI Code & Short Name	**SPCC082_6a.2 Percentage of customers who rated the service delivered by Occupational Therapy (OT) services as good or excellent.**	PI Owner	zSPCCOT_Admin; Senior Manager – Adults (K.Love)
Description	This performance indicator measures the percentage of customers that rated the overall quality of our service as good or excellent. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The results are analysed to identify improvements to the way the service is delivered to customers. Overall satisfaction with delivery is recognised as one of the key drivers of overall customer satisfaction	Traffic Light Icon	
		Current Value	90%
		Current Target	95%

Percentage of customers who rated the service delivered by Occupational Therapy (OT) services as good or excellent.

Trend Chart Commentary:

2022/23
For the year 2022 / 2023 248 surveys were issued with a 57 return. 90% of the surveys rated the service overall as excellent or good which is a 15% increase from the previous year achieving the agreed target. Written feedback provided through the surveyors highlighting how attentive staff were, listening to their needs and keeping them informed.

Over the year the service has worked hard in focussing on strategies to reduce wait-times and promoting the customer experience. This has been achieved following service development initiatives overall with one main change being in the first point of contact duty service. This is a 15% increase on the levels of satisfaction over the previous year, suggesting that the developments implemented by the service over this period has resulted in improvements in the service delivery.

The service also recognises that there is a decrease in the number of completed survey's being returned. The service is currently developing an online survey with the aim of increasing customer participation.

The target of 95% will remain for the coming year this is considered to be realistic but appropriately challenging for a service of this nature

2021/22
For the year 2021/2022 there were 48 surveys returned from a total of 206. 36 (75%) surveys rated the service as excellent or good. This is an overall 17% reduction from the previous year and 20% reduction on the service target of 95%. Written feedback provided through surveys suggest that the drop-in performance may have been a result of communication needs not being met with customers however, there were a number of comments highlighting how well the service had performed.

Service Standards in relation to communication with customers has been reviewed within the teams.

Target has been reviewed and amended to 90% which is considered to be realistic but appropriately challenging for a service of this nature.

2020/2021
For the year 2020/2021 there were 115 surveys sent out where 51 were returned. 47 surveys equating to 92% of the overall return rate highlighted excellent or good for service delivered. This is the same rating as the previous year. Overall written feedback provided through the surveys indicates a general satisfaction with the service provided.

Service target to remain at 95% in recognition of the services commitment to ensure positive customer experience provided by the OT service.

Whilst recent trend rates have been consistent at 92% the target will remain at 95%.
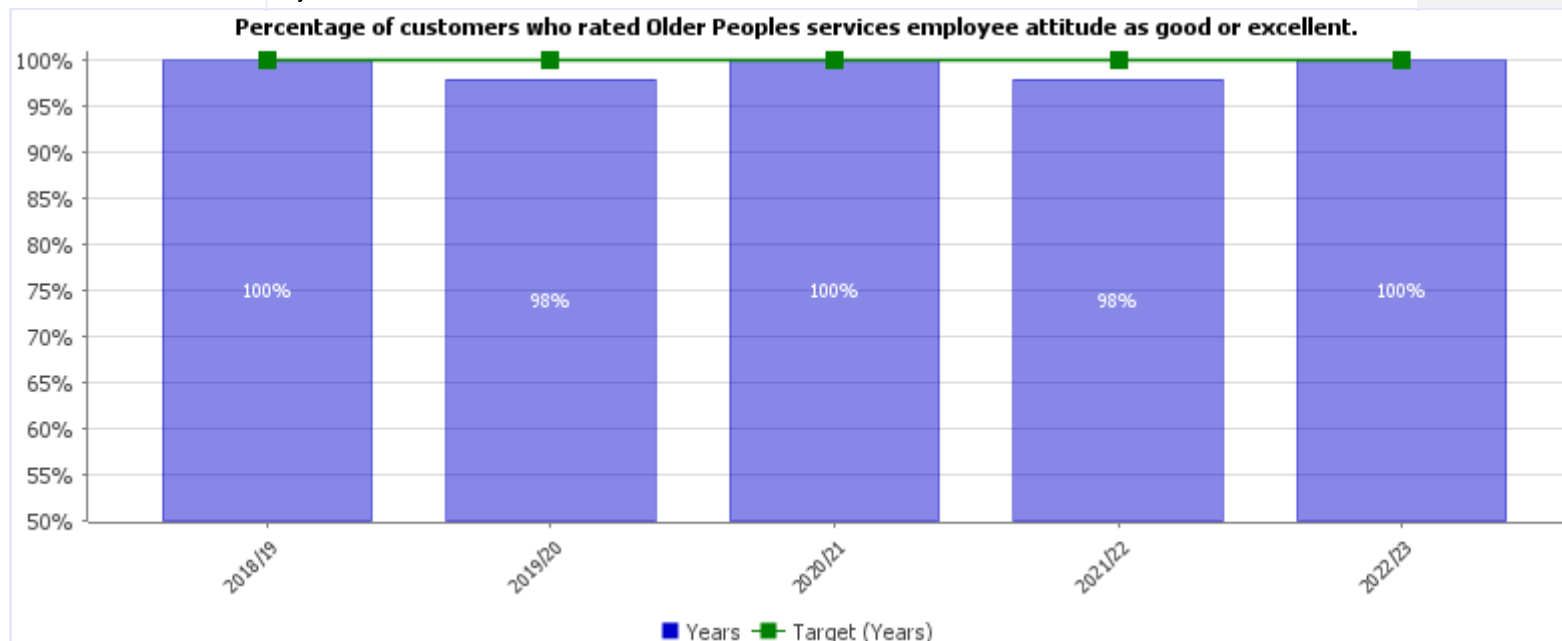
2019/2020
For the year 2019/2020 there were 122 customer respondents where 112 responses were rated as excellent or good. 7 responses were rated as adequate with 2 ratings as poor. 1 rating referred to another service therefore could not be considered. The 92% trend rate remains equitable from the previous year, therefore the 95% target for the 2020/2021 will remain.

2018/2019
For the year 2018/2019 there were 99 responses from which 93 rated the OT services as good or excellent. The percentage trend is up by 2% from the previous year i.e. 92% compared to 90% in 2017/2018. There were 5 responses rated as 'Adequate' and 1 response rated as 'Poor'. There were no comments to explain these ratings.

PI Code & Short Name	**SPCC094_6a.4 Percentage of customers who rated Older Peoples services employee attitude as good or excellent.**	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This performance indicator measures the percentage of customers that rated the attitude of employees who deliver our service. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The indicator measures how polite, friendly and sympathetic employees were to customer needs and the results are used to identify improvements in the way service is delivered to customers. Employee attitude is recognised as one of the key drivers of overall customer satisfaction.	Traffic Light Icon	✅
		Current Value	100%
		Current Target	100%

Percentage of customers who rated Older Peoples services employee attitude as good or excellent.

	2018/19	2019/20	2020/21	2021/22	2022/23
Years	100%	98%	100%	98%	100%

■ Years ━■━ Target (Years)
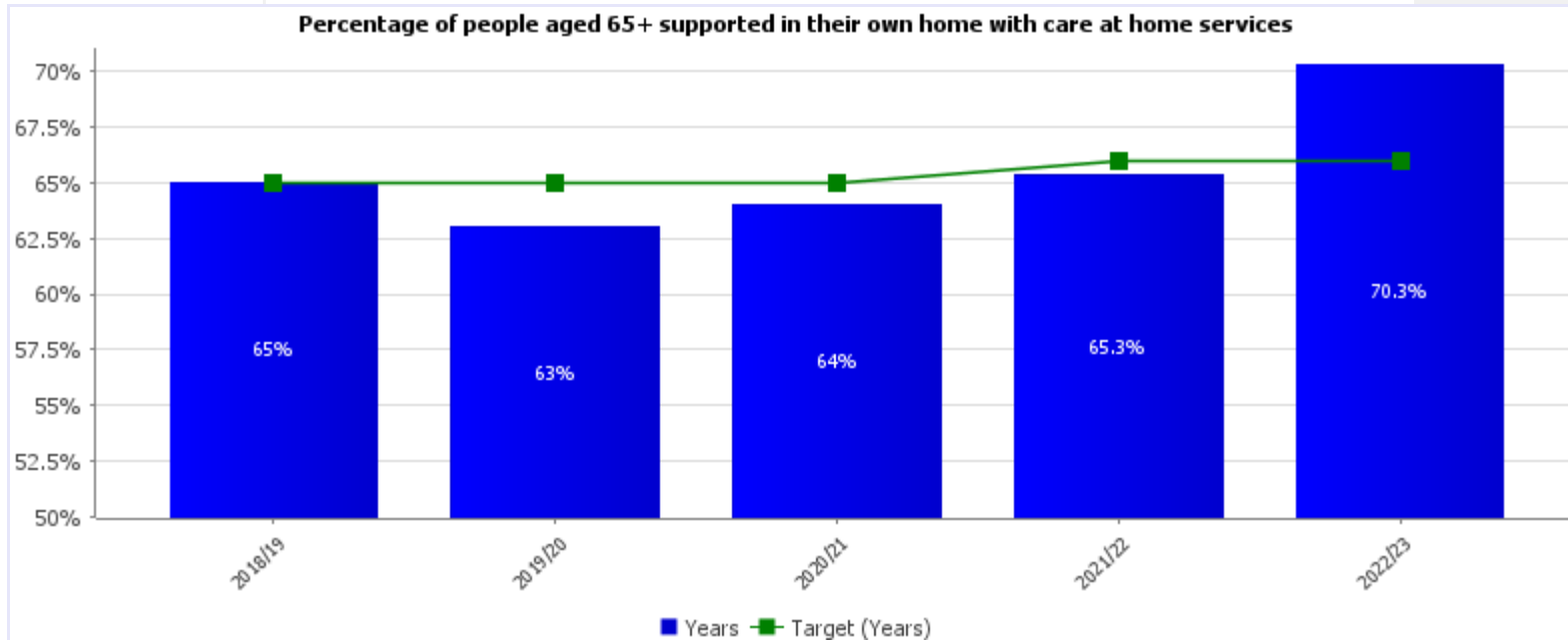
Trend Chart Commentary:

Performance with this indicator remains consistently positive for 2022/23 scoring 100%, this is an increase in previous years performance. This is based upon an improved response rate from customers - 99 responses received vs 47 in 2021/22. All 99 reported excellent. This an encouraging for the service.

Previous years noted limited returns however continued to reflect positive performance. In 2020/21 there were 24 responses in the period measured as compared to 38 in the previous year. This is a reduction in the number of responses and is a result of fewer customer surveys having been sent out as a result of the impact of the disruption to business practices caused by the pandemic and staff working primarily from home. An action to address this reduction will be through ensuring that front line managers ensure all workers are evidencing that they are mailing out the customer surveys at the point of case closure. This will also enable front line managers to provide an accurate return of the numbers of customer surveys that have been sent out.

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

The target will remain at 100% to demonstrate commitment to maintaining this level of performance.

PI Code & Short Name	CP:SPCC104_9b.2 Percentage of people aged 65+ supported in their own home with care at home services	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This performance indicator measures the percentage of people aged 65+ who receive care at home services to support them to stay in their own home. This is measured as a percentage of total number of people cared for at home and in Care Homes. 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	70.3%
		Current Target	66%

Percentage of people aged 65+ supported in their own home with care at home services

- 2018/19: 65%
- 2019/20: 63%
- 2020/21: 64%
- 2021/22: 65.3%
- 2022/23: 70.3%

Legend: ■ Years ■— Target (Years)

Trend Chart Commentary:

This indicator assists the service to understand how well it is doing to support people to live at home. Over the past four years performance in this area has been consistent with the number of individuals being supported to remain in their own home steadily increasing year on year.

2022/2023

Performance in this area has improved and is currently above target. Supporting individuals to remain living in their own home is a key strategic and national priority and analysis of this data suggests that the service continue to meet this key strategic aim. This will continue to be developed in line with Homefirst project and IJB strategic plan.

Local Government Bench marking Framework (LGBF) SW3a percentage of people aged 65+ with long term care needs receiving personal care at home provides similar information. West Lothian are rated 16th local authority and performing in line with national position. West Lothian are 5th within their family group for this indicator.

2021/22
Performance in 20/21 has improved which is in keeping with the strategic intent.

The long-term trend is for a slight decrease in the percentage of people supported in their own home; from 67% in 2017/18, to 65% in 2018/19 to 63% in 2019/20, to 65.3 in 2021/22. This trend and the dips in performance in subsequent years 2018/19 and 2019/20 are as a result of the implementation of the National Eligibility Criteria Framework to ensure that resources are targeted to those in greatest need.

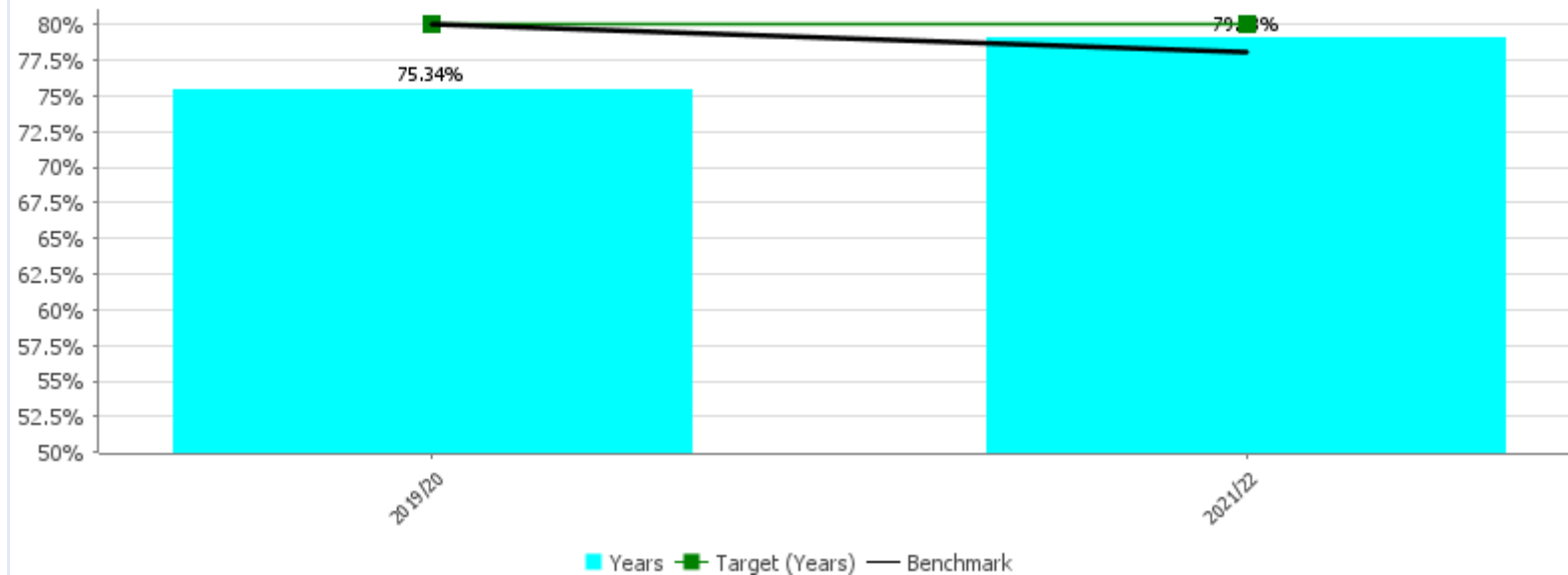Performance has improved in 2021/22 in line with demographic trends.

2020/21
As in previous years there has been a slight percentage increase to 64% in individuals who are 65 and older being supported to remain living within their own home and community.
In recognising this the target will increase from 65%-66%.

2019/20
Performance in this area has decreased slightly on the previous year to 63%.

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; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
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.	Traffic Light Icon	✅
		Current Value	79.03%
	This indicator measures service user satisfaction and the perceived impact on the outcomes that they have experienced. This indicator reflects the aggregate impact of local person centred work to improve personal outcomes, focusing on what is important for individuals' quality of life. It emphasises the increasing focus on personalisation of services, including the use of personal outcomes approaches. It is important for the service to understand how satisfied service users are with the services provided and how much of an impact these services are having on the outcomes identified for the service user; this information is used to identify where improvements can be made to the way services are planned and delivered. This data is drawn from the biennial Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Service survey).	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.

75.34%   79.03%

Years   Target (Years)   Benchmark

2019/20   2021/22
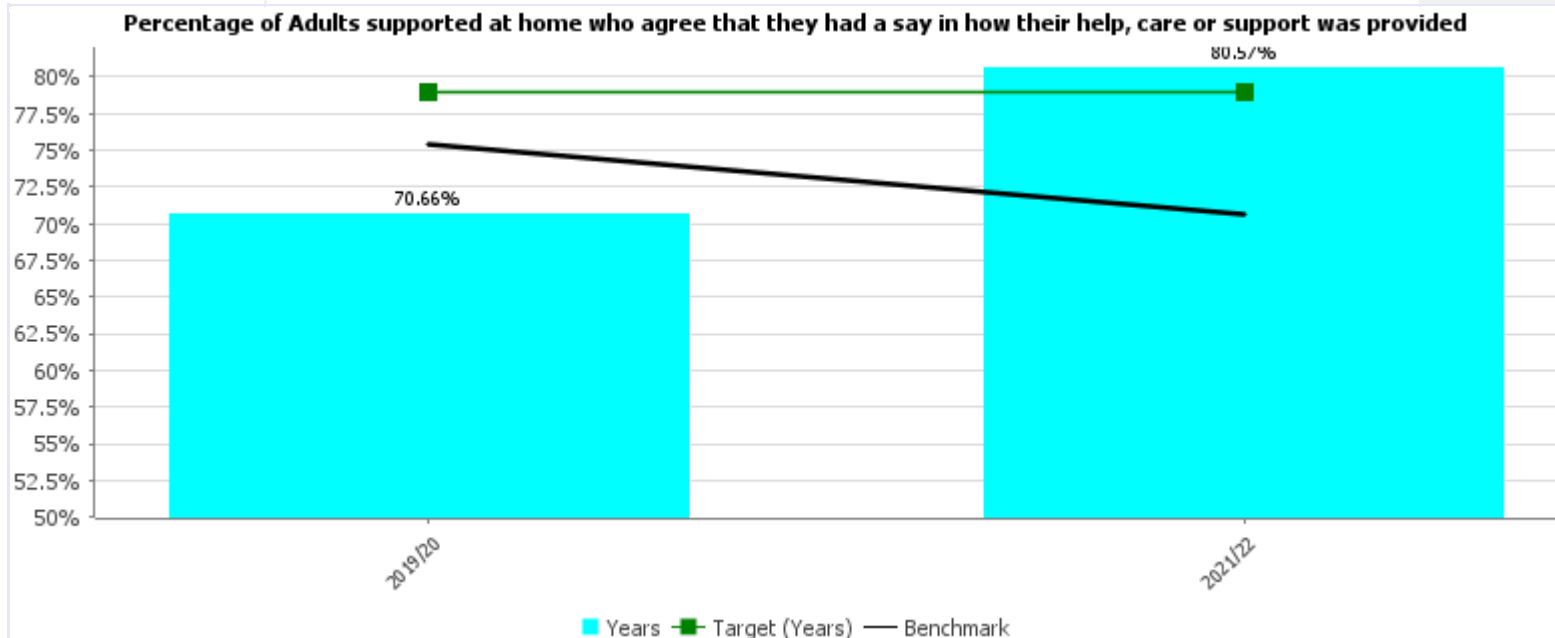
Trend Chart Commentary:
The Health and Care Experience Survey is a biennial randomised national survey of all individuals who are allocated to a GP within Scotland. Work is progressing within local social work teams to consider how we improve our assessment process with a clear focus on supporting individuals to achieve and maintain their personal outcome with a particular focus on how we support individuals more effectively with their use of SDS and their personalised budgets offering them more choice and control around how their assessed needs are met.

Current performance in West Lothian is 79% which is above the Scottish average and an increase from the previous survey in 2019-20. This has increased our national position from 30 to 15. Within our benchmarking family group West Lothian 4th having previously been 8th. This demonstrates an improving position however further work is required to increase overall performance in this area

Target will remain at 80%.

PI Code & Short Name	SW04d Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided	PI Owner	zAdmin_SW; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
Description	SW04d: Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided. This indicator measures the proportion (%) of all adults supported at home who agree that they had a say in how their help, care or support was provided.	Traffic Light Icon	✅
		Current Value	80.57%
	This indicator measures service user satisfaction with how they were consulted and engaged with in planning their care and support. Choice and control for people receiving care and support over how their services are provided is very important. The increasing use of Self-Directed Support should mean that more people feel that they have more control over the type of support the get.		
	It is important for the service to understand how satisfied service users are with the planning of their care and support; this information is used to identify where improvements can be made to the way services are planned and delivered.	Current Target	79%
	This data is drawn from the biennial Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Service survey).		

Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided

Legend: Years | Target (Years) | Benchmark

Trend Chart Commentary:
The Health and Care Experience Survey is a biennial randomised national survey of all individuals who are allocated to a GP within Scotland. Work is progressing locally around our use of SDS options and there is an established project board which is undertaking a range of work around how individuals can be given more choice and control around their personalised budgets.

There has been a significant improvement with performance in this area, currently scoring above the national average (10%) and number 1 overall in national performance. This is an improvement from overall 29th in 2019-20. Whilst this does not relate in its entirety to service proved direct by community it is represents experiences of West Lothian residents using full range of adult services.