# Adults Council Vision Scorecard 2017/18 - Month 5 (August)

Ρ	erfo	rmance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	C		
S	Scorecard												
	1	Uptake of Direct Payments	Monthly	TREND	21.1%	TREND	232%	22.8%	G	Ŷ	Positive progress on this measure is being ma		
	2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	71.8%	69.5%	G	1	Following a negative trajectory last month, th adult social care in their own home has resum diagnostic work suggest further scope to prev settings.		
	3	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	62%	64%	R	ł	Overall there has been a decrease in the percent compared to 64.0% in the last return. There has been a reduction in the proportion of to 46%. Of the providers previously rated as Go Kingstanding with 261 clients. Another provider 17 providers did improve their performance to 0 between them. 10 of these were previously Red returned the last survey. There has also been a reduction in the proportio 76% to 72%. The majority of these reduced to F good falling to this (378 clients). Another 3 redu questionnaire (96). 29 providers improved to G Improvement, 2 from Inadequate and 9 who ha The Council concluded consultation on a proposi- care in July 2017. This included proposals to add Council contracts. A final proposal is due to be o implemented from 1 April 2018.		

Commentary

maintained with a further 0.4% month-on-month increase.

the trend of increasing the number of people receiving numed in this period. Initial findings from the system revent people being discharged from hospital into residential

entage of clients with providers rated as Good, with 61.8%

of home care clients with a provider rated as Good, from 55% Good, 8 reduced to Requires Improvement, including Sevacare der reduced to Inadequate, and 8 did not return an assessment. to Good, including Mach Care and Romie Care with 248 clients Requires Improvement, 2 were Inadequate and 5 had not

ortion of bed based clients with providers rated as Good, from to Requires Improvement, with 31 of those previously rated educed to Inadequate (42 clients) with 14 not returning a o Good in this return (204 clients), 18 from Requires had not submitted a survey in the last return.

posed revised approach to the commissioning of adult social address the quality of services with whom Birmingham City be considered by Cabinet in the autumn and if approved will be

for	mance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	22.7%	232%	22.8%	G	Ŷ	Tapshum Pattni / Zakia Loughead	Tapshum Pattni	Positive progress or increase.
	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	71.8%	69.5%	G	ſ	Tapshum Pattni	Tapshum Pattni	Following a negativ adult social care in diagnostic work sug residential settings.
	The number of people who have Shared Lives	Monthly	78	72	75	71	72	R	₽	Carol Davies	Melanie Brooks	A corporate Service led by heads of serv submitted 03/08/20 observing the servic statement. The rep second review, carr looking into process 07/09/2017) This im and organisation. V recommendation on Development Mana BSL service manage review and the SDF of and progress. The recruitment of direct management panel will be felt by Febru
4	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	42.0%	40.2%	43.8%	R	÷	Paul Hallam	Tapshum Pattni	This indicator hasn'i indicator. However assessments and so how data is being re reflecting actual per is recorded and mea
	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	10.5	12.5	13.6	R	Ŷ	Pauline Mugridge	Tapshum Pattni	There has been a re has been undertake order to improve pe the whole health ar be driven through ti Care Fund Plan, but 1. More in-depth an nursing care into A a work is underway; 2. Establishing one validating DToCs on 3. Implementation of offering choice; 4. Commissioning a pressure; 5. Working with the fom hospital where 6. Longer-term activ

### Commentary

his measure is being maintained with a further 0.4% month-on-month

trajectory last month, the trend of increasing the number of people receiving eir own home has resumed in this period. Initial findings from the system est further scope to prevent people being discharged from hospital into

evelopment Forum (SDF) has carried out a review of the service. These are e from across the council, and commissioned by Cabinet member. (Report 7) The team conducted the review over three workshops which included interviewing management, staff, and reviewing the service position t has highlighted key recommendations that will need to be addressed. A d out by Business Change and commissioned by the Assistant Director, nd organisation of the service has also taken place. (Report submitted lved five workshops looking in more detail at case management, processes, ist this also highlighted common themes; there were additional mproving current organisational processes. The Quality and Service er will be organising the input on a task and finish programme to work with ent. This is to follow through the recommendations of both the process ports. The group will select the recommendations they can take ownership e will include: to look into KPI's, moving into co-production, marketing and BSL workforce. (06/10/2017). Progress will be monitored by a performance a three weekly timeframe. It is anticipated that the impact of this activity v 2018.

been measured for a number of years following withdrawal as a national the directorate feels it is important to have a time scale for the completion of the have introduced this indicator. We feel that there are some issues with orded at present and are concerned that the measure is not accurately prmance. Therefore, we are in process of reviewing the way in which activity ured. It is anticipated that we will have an improvement in coming months.

uction in the number of citizens delayed in hospital over this period. Work to ensure that any issues with identifying placements are resolved quickly. In formance on these measures a great deal of activity is underway locally across social care system. Social care activity to improve performance will primarily e use of the Improved Better Care Fund. Actions will be set out in the Better activity:

ysis of system issues - in particular the admission from residential and d E and the interfaces between Health and Social Care. This system analysis

onsistent process between NHS providers and Social Care for counting and daily basis – currently being piloted at Heartlands Hospital; the Patient/Family Choice Policy to incentives providers to assess before

ditional nursing and interim bed capacity to respond to the immediate

oluntary and community sector to support patients to be discharged home ppropriate

y to reduce demand in the system

## Cabinet Member Service Scorecard 2017/18 - Month 5 (August) = ITEM 4.1

Perfor	mance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	
6	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly	1.0	1.1	1.0	1.0	1.3	G	↑	Pauline Mugridge	Tapshum Pattni	The indicator is on target joint assessments in the reduction in overall days
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	61.8%	64.0%	R	÷	Alison Malik	Maria Gavin	Overall there has been a 61.8% compared to 64.0 There has been a reduct from 55% to 46%. Of the including Sevacare - King did not return an assess Mach Care and Romie Ca Improvement, 2 were In: There has also been a re Good, from 76% to 72%. previously rated good fa with 14 not returning a c clients), 18 from Require in the last return. The Council concluded c social care in July 2017. Birmingham City Council autumn and if approved
8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly	85%	79%	85%	81.6%	83.0%	R	¥	David Gray	Tapshum Pattni	A file audit to analyse ca report into this will avail actual operational heads recommended changes o
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly	50%	42%	50%	45.0%	50.0%	R	Ŧ	Julia Parfitt	Tapshum Pattni	The percentage figure w ACAP the backlog grew t processing, so all 400 cas team.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76%	77.4%	74.0%	74.3%	R	₽	Yvonne Coleman	Melanie Brooks	The service area is curren Disability team. Focus ha developed to focus on re January. The work to imp performance trajectory a
	c Health data is currently reporting combined Q4 a	2016/17 and C	<b>21 2017/201</b> 2017/18 Target	8 Baseline (Annual outcome 2016/17)	Q1 2017/18 Period Target	Q4 (2016/17) & Q1 (2017/18)	Prev Period	Status	DOT	HoS (SMT Lead): Wayne Harrison	AD	Comme
11	Proportion of women receiving a home visit after delivery (Percentage of births that receive a face to face new born visit with 14 days)	Quarterly	90%	91%	90%	89%	92.0%		÷	Fiona Grant	Dennis Wilkes	The data reported is for Q1 ( a health visitor within 14 days Early Years service offer re-de affected by the cyber-attack i expected that performance w
12	Proportion of eligible population receiving a NHS Health Check	Quarterly	10%	11%	2.5%	2.1%	3.2%	A	¥	Mark Roscoe / Kathy Lee	Dennis Wilkes	The data reported is for Q1 20 Birmingham. The dip in Q1 ac is being rectified and will be r

#### Commentary

get but the performance has slipped this is partly due to an increase in more he hospitals. This has led to a drop in social care assessment delays and a ays delayed for some individual patients.

n a decrease in the percentage of clients with providers rated as Good, with 4.0% in the last return.

uction in the proportion of home care clients with a provider rated as Good, the providers previously rated as Good, 8 reduced to Requires Improvement, ingstanding with 261 clients. Another provider reduced to Inadequate, and 8 essment. 17 providers did improve their performance to Good, including e Care with 248 clients between them. 10 of these were previously Requires Inadequate and 5 had not returned the last survey.

reduction in the proportion of bed based clients with providers rated as 2%. The majority of these reduced to Requires Improvement, with 31 of those I falling to this (378 clients). Another 3 reduced to Inadequate (42 clients) a questionnaire (96). 29 providers improved to Good in this return (204 uires Improvement, 2 from Inadequate and 9 who had not submitted a survey

d consultation on a proposed revised approach to the commissioning of adult 7. This included proposals to address the quality of services with whom ncil contracts. A final proposal is due to be considered by Cabinet in the red will be implemented from 1 April 2018.

causes of the situation is being undertaken and the results evaluated. A vailable in early October. At that point this information can be shared with the ads of service who need to ensure practitioners implement any es of practice.

e will have dropped over the past few months. Due to staffing shortages in w to significant levels. This work was directly passed to the Standard Team for cases will not have been screened and signposted appropriately by the ACAP

rrently experiencing difficulty in undertaking reviews within the Learning s has been on safeguarding and assessment. A team is currently being n review and to prioritise reviews. This will impact fully on performance in improve the performance is at the analytical stage in order to provide a ry and target high risk packages to review.

mentary - 'please update with your latest commentary'

(1 (2017/18). The data shows that 89% of women received a face to face new born visit from days of delivery, just below the target of 90%. Performance may have been affected by the e-design creating some uncertainty among some staff. Performance may also have been ick in May which could have resulted in some lost data capture (into the Rio system). It is the will improve in Q2.

1 2017/18, it shows 2.1% of the eligible cohort attended for an NHS Health Check in 1 activity data is likely to be a result of a technical issue which affected 16 providers. The issue be reconciled in Q2 reporting.

Performance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	
Rate of positive Chlamydia screens	Quarterly	2300	1690	2300	1876	1879	R	Ŧ	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report or
Number of smoking quitters at 12 14 weeks	Quarterly	670	674	214	182	156		Ŷ	Mark Roscoe	Dennis Wilkes	The data reported is Q1 2017 The service has undertaken a result activity is lower than p improve resulting in the num expected that the numbers g quit success rates above the Baselines and targets will be likely to be under reported d Information Governance issu
15 Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	31.0%	29.0%	G	1	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report or
Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	6942	6540	R	t	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016
People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	20339	16659	G	Ŷ	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016

### Commentary

ort on this measure in October.

2017/18. Although below target there is a upwards trajectory .

xen a significant transformation as a result of the reduction in Public Health grant last year. As a an previous years due to a reduction in providers. However quit success rates continue to number progressing from a 4 week quit status to a 12 week quit status also increasing. It is ers going through the service will continue to improve during 2017/18 and we will maintain the national average.

Il be reviewed as the new service is established and further data is received. GP data is also ed due to issues when introducing the new data management system. This has not created any issues but the reporting of activity is likely to be higher in Q2.

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2016/17. Quarter 1 2017/18 has not yet been reported.

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