

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

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scorecard										
1	Uptake of Direct Payments	Monthly	TREND	21.1%	TREND	23..2%	22.8%	G	↑	Positive progress on this measure is being maintained with a further 0.4% month-on-month increase.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	71.8%	69.5%	G	↑	Following a negative trajectory last month, the trend of increasing the number of people receiving adult social care in their own home has resumed in this period. Initial findings from the system diagnostic work suggest further scope to prevent people being discharged from hospital into residential 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	↓	<p>Overall there has been a decrease in the percentage of clients with providers rated as Good, with 61.8% compared to 64.0% in the last return.</p> <p>There has been a reduction in the proportion of home care clients with a provider rated as Good, from 55% to 46%. Of the providers previously rated as Good, 8 reduced to Requires Improvement, including Sevacare - Kingstanding with 261 clients. Another provider reduced to Inadequate, and 8 did not return an assessment. 17 providers did improve their performance to Good, including Mach Care and Romie Care with 248 clients between them. 10 of these were previously Requires Improvement, 2 were Inadequate and 5 had not returned the last survey.</p> <p>There has also been a reduction in the proportion of bed based clients with providers rated as Good, from 76% to 72%. The majority of these reduced to Requires Improvement, with 31 of those previously rated good falling to this (378 clients). Another 3 reduced to Inadequate (42 clients) with 14 not returning a questionnaire (96). 29 providers improved to Good in this return (204 clients), 18 from Requires Improvement, 2 from Inadequate and 9 who had not submitted a survey in the last return.</p> <p>The Council concluded consultation on a proposed revised approach to the commissioning of adult social care in July 2017. This included proposals to address the quality of services with whom Birmingham City Council contracts. A final proposal is due to be considered by Cabinet in the autumn and if approved will be implemented from 1 April 2018.</p>

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

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary		
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	22.7%	23..2%	22.8%	G	↑	Tapshum Pattni / Zakia Loughead	Tapshum Pattni	Positive progress on this measure is being maintained with a further 0.4% month-on-month increase.		
2	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	↑			Tapshum Pattni	Tapshum Pattni	Following a negative trajectory last month, the trend of increasing the number of people receiving adult social care in their own home has resumed in this period. Initial findings from the system diagnostic work suggest further scope to prevent people being discharged from hospital into residential settings.
3	The number of people who have Shared Lives	Monthly	78	72	75	71	72	R	↓	Carol Davies	Melanie Brooks			A corporate Service Development Forum (SDF) has carried out a review of the service. These are led by heads of service from across the council, and commissioned by Cabinet member. (Report submitted 03/08/2017) The team conducted the review over three workshops which included observing the service, interviewing management, staff, and reviewing the service position statement. The report has highlighted key recommendations that will need to be addressed. A second review, carried out by Business Change and commissioned by the Assistant Director, looking into process and organisation of the service has also taken place. (Report submitted 07/09/2017) This involved five workshops looking in more detail at case management, processes, and organisation. Whilst this also highlighted common themes; there were additional recommendation on improving current organisational processes. The Quality and Service Development Manager will be organising the input on a task and finish programme to work with BSL service management. This is to follow through the recommendations of both the process review and the SDF reports. The group will select the recommendations they can take ownership of and progress. These will include: to look into KPI’s, moving into co-production, marketing and recruitment of direct BSL workforce. (06/10/2017). Progress will be monitored by a performance management panel on a three weekly timeframe. It is anticipated that the impact of this activity will be felt by February 2018.
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’t been measured for a number of years following withdrawal as a national indicator. However the directorate feels it is important to have a time scale for the completion of assessments and so we have introduced this indicator. We feel that there are some issues with how data is being recorded at present and are concerned that the measure is not accurately reflecting actual performance. Therefore, we are in process of reviewing the way in which activity is recorded and measured. It is anticipated that we will have an improvement in coming months.
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly						R	↑					Pauline Mugridge

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary
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 but the performance has slipped this is partly due to an increase in more joint assessments in the hospitals. This has led to a drop in social care assessment delays and a reduction in overall days delayed for some individual patients.
												Overall there has been a decrease in the percentage of clients with providers rated as Good, with 61.8% compared to 64.0% in the last return.
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly						R	↓			There has been a reduction in the proportion of home care clients with a provider rated as Good, from 55% to 46%. Of the providers previously rated as Good, 8 reduced to Requires Improvement, including Sevacare - Kingstanding with 261 clients. Another provider reduced to Inadequate, and 8 did not return an assessment. 17 providers did improve their performance to Good, including Mach Care and Romie Care with 248 clients between them. 10 of these were previously Requires Improvement, 2 were Inadequate and 5 had not returned the last survey.
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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 causes of the situation is being undertaken and the results evaluated. A report into this will available in early October. At that point this information can be shared with the actual operational heads of service who need to ensure practitioners implement any recommended changes of practice.
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly						R	↓			The percentage figure will have dropped over the past few months. Due to staffing shortages in ACAP the backlog grew to significant levels. This work was directly passed to the Standard Team for processing, so all 400 cases will not have been screened and signposted appropriately by the ACAP team.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly						R	↓	Yvonne Coleman	Melanie Brooks	The service area is currently experiencing difficulty in undertaking reviews within the Learning Disability team. Focus has been on safeguarding and assessment. A team is currently being developed to focus on review and to prioritise reviews. This will impact fully on performance in January. The work to improve the performance is at the analytical stage in order to provide a performance trajectory and target high risk packages to review.

Public Health data is currently reporting combined Q4 2016/17 and Q1 2017/2018

Performance Indicator		Frequency	2017/18 Target	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	Commentary - 'please update with your latest commentary'
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%	A	↓	Fiona Grant	Dennis Wilkes	The data reported is for Q1 (2017/18). The data shows that 89% of women received a face to face new born visit from a health visitor within 14 days of delivery, just below the target of 90%. Performance may have been affected by the Early Years service offer re-design creating some uncertainty among some staff. Performance may also have been affected by the cyber-attack in May which could have resulted in some lost data capture (into the Rio system). It is expected that performance will improve in Q2.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly						A	↓			The data reported is for Q1 2017/18, it shows 2.1% of the eligible cohort attended for an NHS Health Check in Birmingham. The dip in Q1 activity data is likely to be a result of a technical issue which affected 16 providers. The issue is being rectified and will be reconciled in Q2 reporting.

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary
13	Rate of positive Chlamydia screens	Quarterly	2300	1690	2300	1876	1879	R	↓	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report on this measure in October.
14	Number of smoking quitters at 12 weeks	Quarterly	670	674	214	182	156	A	↑			<p>The data reported is Q1 2017/18. Although below target there is a upwards trajectory .</p> <p>The service has undertaken a significant transformation as a result of the reduction in Public Health grant last year. As a result activity is lower than previous years due to a reduction in providers. However quit success rates continue to improve resulting in the number progressing from a 4 week quit status to a 12 week quit status also increasing. It is expected that the numbers going through the service will continue to improve during 2017/18 and we will maintain quit success rates above the national average.</p> <p>Baselines and targets will be reviewed as the new service is established and further data is received. GP data is also likely to be under reported due to issues when introducing the new data management system. This has not created any Information Governance issues but the reporting of activity is likely to be higher in Q2.</p>
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	↑	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report on this measure in October.
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	6942	6540	R	↑	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016/17. Quarter 1 2017/18 has not yet been reported.
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	20339	16659	G	↑	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016/17. Quarter 1 2017/18 has not yet been reported.