

# Adults Council Vision Scorecard 2017/18 - Month 7 (October)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scorecard										
1	Uptake of Direct Payments	Monthly	25%	21.1%	23.4%	23.6%	23.3%	G	↑	The performance reporting reflects a steady increase in DP’s across the teams. We continue to build on our performance with ongoing work with DP champions to raise profile of DP’s within the area teams and outline it as a realistic option. Finance and training colleagues continue to meet with DP champions to review any practice and gaps in staff learning in DP’s.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	72.2%	72.1%	G	↑	
3	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	N/A	61.8%			Quarterly measure. 'Pervious period' shows Q1 data.

Cabinet Member Service Scorecard 2017/18 - Month 7 (October)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M7 Commentary
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	23.4%	23.6%	23.3%	G	↑	Tapshum Pattni / Zakia Loughhead	Tapshum Pattni	The performance reporting reflects a steady increase in DP’s across the teams. We continue to build on our performance with ongoing work with DP champions to raise profile of DP’s within the area teams and outline it as a realistic option. Finance and training colleagues continue to meet with DP champions to review any practice and gaps in staff learning in DP’s.
	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	72.2%	72.1%	G	↑			The trend continues to show an increase in Adults with a package of care. This includes the increase in those receiving direct payments. Bed based care should be a last resort as we want to continue to support adults within their own homes where possible
3	The number of people who have Shared Lives	Monthly	78	72	76	73	70	R	↑	Sonia Mais-Rose	Melanie Brooks	A rapid improvement project team consisting of the service management with input from other service managers from other sections of the division has been initiated.  This has mapped out the response to the recommendations from the Service Development forum, and with Shared Lives Plus. The project team will be aiming to co-produce with input from Shared Lives carer representation, this is evidenced as being a critical success factor in the best performing schemes.  A management review of the workforce, capacity and capability has started with baseline analysis of performance being conducted. Key Performance Indicators, in collaboration with commissioning have been set for the service. Process mapping has been carried out for key areas of the service. The recommendations have begun to be implemented; actions are detailed in the Project Plan.  This will be completed by 30 January 2018 and it is expected that Carer recruitment improvements will be seen by March 2018.
	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	51.0%	47.0%	39.9%	R	↑			We have reviewed the methodology for this measure to ensure that all contact assessments are being included. A provisional measure of 56.5% has been recorded. This will be validated and future reporting will be on this basis.
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	9.1	11.6	10.9	R	↓	Pauline Mugridge	Tapshum Pattni	Whilst there has been a slight increase in reported DToC this month we are in the process of reviewing one of the provider trusts submitted information. In addition a number of key actions have been put in place to reduce pressure over the winter period. This includes 60 additional long-term beds for people with complex needs and an additional 15 interim beds for short-term placements. A review and change in the home care pathway is being developed which will increase the Social Work capacity for assessments within the hospitals. Other improvements include recruiting to a 7 day working model and developing trusted assessors.
	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly	1.0	1.1	1.1	1.0	0.9	G	↓			Joint delays have remained within target this month.
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	N/A	61.8%			Alison Malik	Maria Gavin	Quarterly measure. 'Pervious period' shows Q1 data.

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M7 Commentary
8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly	85%	79%	85%	85.9%	80.7%	G	↑	David Gray	Tapshum Pattni	<p>Following the audit of case files reported last month, work has commenced to address the issues identified in the subsequent report.</p> <p>1. Group Managers have received the report and the issue of recording practice (moving safeguarding concerns from Decision Making to Enquiry stage in order to meet the 5 day timescale) brought to their attention to address</p> <p>2. Individual practice issues (where outcomes should have been but were not) continue to be addressed with practitioners as these are identified in file audits by Specialist Practitioner/ Adult Safeguarding</p> <p>3. Changes both to the Enquiry form and how information is interpreted when running the performance report have been designed and are to be implemented CIT/Care First Team.</p> <p>Regional data shows West Midlands average performance at 71%.</p>

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M7 Commentary
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly	50%	42%	50%	49.3%	47.2%	A	↑	Julia Parfitt	Tapshum Pattni	The proportion of contacts progressed from first response to second response is generally 30% of contacts into the department. The proportion of these 30% that continue through the pathway from second response to Social care teams for enablement or further assessment is captured in this measure. This means that of all contacts to ACAP only 10%-15% require an assessment from a enablement or a social care team. Although below the target of 50%, performance has improved this month at being 49%. Some agency staff are now in post to cover the vacancies on the team, and this is having an positive impact on the team figures.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly			78.0%	75.3%	75.0%	R	↑	Yvonne Coleman		The actions implemented in September 2017, to address the backlog of awaiting allocation cases and overdue review continues to show improvements. In September the number of cases awaiting allocation was 451, this has now reduce to 105. Further actions are been implemented to address the overdue reviews. The team was carrying a high level of vacancies; we are now in a position to recruit to these post. Therefore we should see further performance improvement.

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	M7 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%	90%	89%	G	↑	Fiona Grant	Dennis Wilkes	This is a quarterly reported measure relating to Q2. This shows an increase in the proportion of women receiving a home visit within 14 days and achievement of the target.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly			2.5%	N/A	2.1%					This measure will be reported at M8
13	Rate of positive Chlamydia screens	Quarterly			2300	1690	2300	N/A	1674	Max Vaughan / Clare Reardon	Maria Gavin	This measure was reported at in September. We are now due to report Q2 in December.
14	Number of smoking quitters at 12 weeks	Quarterly			670	674	214	257	198			The Q2 2017/2018 outturn shows we continue an upward trend that is expected to achieve end of year target.

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15	Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	32.5%	32.8%	G	↓	Max Vaughan / Clare Reardon	Maria Gavin	The data reported is for Q2 2017/18. During this period 32.5% of drug users successfully completed treatment and were employed for ≥10 days of the past 28 days at treatment exit. This equates to 199 of the 612 drug users who successfully completed treatment and met the employment threshold for this indicator. When looking at the data by client drug type, 22.6% of opiate clients (71/313) and 42.8% of non-opiate clients (128/299) successfully completed treatment and maintained employment for ≥10 days of the past 28 days at treatment exit (12 month rolling year figures).
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	N/A	6942					Data reporting delayed from provider. Will be updated in M8
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	N/A	20339					Data reporting delayed from provider. Will be updated in M8