

Adults Council Vision Scorecard 2017/18 - Month 6 (September)

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	23.3%	23.2%	G	↑	Positive progress on this measure is being maintained, although the rate of growth has slowed compared to recent months
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	72.1%	71.8%	G	↑	This indicator continues to show a positive trend with a growing proportion of service users receiving care in their own home
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%			This is a quarterly reported measure. We are next due to report Q2 in January 2018 as there is a one month reporting lag.

Cabinet Member Service Scorecard 2017/18 - Month 6

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	23.0%	23.3%	23.2%	G	↑	Tapshum Pattni / Zakia Loughead	Tapshum Pattni	Positive progress on this measure is being maintained, although the rate of growth has slowed compared to recent months
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	72.1%	71.8%	G	↑	Tapshum Pattni	Tapshum Pattni	This indicator continues to show a positive trend with a growing proportion of service users receiving care in their own home
3	The number of people who have Shared Lives	Monthly	78	72	76	70	71	R	↓	Carol Davies	Melanie Brooks	The Service Manager and Quality & Service Development Manager have reviewed the Service Development Forum report (detailed at P5). Action planning is been done to follow through the recommendations: a response has been sent to the forum members; team members have been asked to test the service user questionnaire; recruitment of a Shared Lives team leader to help build up capacity will be undertaken to fill an existing vacancy; increased work to recruit shared lives carers is underway, and additional carers have been recruited. However the net effect to date is still no overall increase. The Assistant Director has organised a benchmarking meeting with Shared Lives Plus with Manchester City Council and Newcastle City council, as both these authorities are also seeking to increase their Shared Lives portfolio.
4	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	47.0%	39.9%	40.2%	R	↓	Paul Hallam	Tapshum Pattni	<p>Service leads have expressed concerns that there are a limited range of assessments used to measure this indicator and that this doesn't reflect the new ways of carrying out assessments adopted in recent years following the Care Act. Work is underway to review the measure to include:</p> <ul style="list-style-type: none">• Contact assessments completed at 1st and 2nd response;• Contact assessments that proceed to enablement;• Contact assessments that result in OT equipment. <p>Further work on data quality is also underway to ensure that practitioners are clear on how to accurately record the date an assessment is completed.</p> <p>However, in terms of assessments currently included in this measure, performance for the month is below the target and shows a small drop from the last period.</p>

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5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	9.1	10.9	12.5	R	↑	Pauline Mugridge	Tapshum Pattni	<p>There has continued to be a reduction in delayed bed days due to Social Care. Work is continuing as set out in the Better Care fund plan which includes:</p> <ol style="list-style-type: none"> 1. More in-depth analysis of system issues - in particular the admission from residential and nursing care into A and E and the interfaces between Health and Social Care. This system analysis work is underway; 2. Establishing one consistent process between NHS providers and Social Care for counting and validating DToCs on a daily basis – currently being piloted at Heartlands Hospital; 3. Implementation of the Patient/Family Choice Policy to incentives providers to assess before offering choice; 4. Commissioning additional nursing and interim bed capacity to respond to the immediate pressure; 5. Working with the voluntary and community sector to support patients to be discharged home from hospital where appropriate 6. Longer-term activity to reduce demand in the system
	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly						G	↑			<p>This indicator is on target and had seen a reduction in beds days delayed.</p>
	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly										<p>Quarterly measure. 'Previous period' shows Q1 data.</p>
	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly						R	↓			<p>A file audit of 60 adult safeguarding cases where “not asked” or “not recorded” had been entered for the Care First Adult Safeguarding Enquiry form question “Was the Adult asked about their desired Making Safeguarding Personal outcomes?” was undertaken. This represented a 16% sample of such cases in the 12 months up to August 2017.</p> <p>The audit identified that of these cases 20 (33.3%) demonstrated that no attempt had been made to involve the adult in establishing what outcome they wanted achieved through their enquiry. In the other 40 cases there were a variety of recording issues which caused them to be incorrectly assigned as “not asked” or “not recorded”, but other recording in case files clearly demonstrated that either in reality outcomes had been set, or that it was not appropriate or possible to do so. In these 40 cases therefore, it was incorrect to state that the standard had not been met.</p> <p>Were the outcome of this audit to be extrapolated to all such cases in the last 12 months, the true performance result would have been 93.3% for September and 93.4% for the last 12months (not 81.6% as reported for the last period).</p> <p>A report for operational managers will be circulated on the issues involved, both in relation to correct data entry and the minority where poor practice has been identified. Work is underway to identify if the Care First forms and processes can be re-configured to improve accuracy”</p> <p>However it is clear that actual performance is to a higher level than is currently being reported through the monthly performance reporting process based on the extraction of</p>
6			1.0	1.1	1.1	0.9	1.0	G	↑	Pauline Mugridge	Tapshum Pattni	
7			75%	65.1%	75%	N/A	61.8%			Alison Malik	Maria Gavin	
8			85%	79%	85%	80.7%	81.6%	R	↓	David Gray	Tapshum Pattni	

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly	50%	42%	50%	47.2%	45.0%	R	⬆️	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. The service continues to experience difficulties is keeping up with the demands on the Learning Disability Team. Work is taking place to develop a team structure which will improve the performances in Assessments and Reviews. Short term action was implemented in September 2017, to work on the backlog this has shown improvements. This work will continue until the new team is in place, therefore we should continue to see improved performance in this area. This will impact fully on performance in January.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76%	77.4%	75.0%	74.0%	R	⬆️	Yvonne Coleman	Melanie Brooks	

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'
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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%	N/A	89%			Fiona Grant	Dennis Wilkes	This is a quarterly reported measure. We are next due to report Q2 at M7/ November.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly	10%	11%	2.5%	N/A	2.1%			Mark Roscoe / Kathy Lee	Dennis Wilkes	This is a quarterly reported measure. We are next due to report Q2 at M7/ November.
13	Rate of positive Chlamydia screens	Quarterly	2300	1690	2300	1674	1876	R	⬇️	Max Vaughan / Clare Reardon	Maria Gavin	The data reported is for Q1 2017/18. During this period, there were 1,674 positive chlamydia diagnoses per 100,000 population aged 15-24. Despite being lower than the national target of 2,300, the latest Birmingham rate is higher than both the national (1,622) and regional (1,478) rates. The decrease in diagnosis rate for Q1 is likely to be due to a reduction in the total number of screens undertaken - down from 7,643 in Q4 16/17 to 6,542 in Q1 17/18.
14	Number of smoking quitters at 12 weeks	Quarterly	670	674	214	N/A	182			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.
15	Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	32.8%	31.0%	G	⬆️	Max Vaughan / Clare Reardon	Maria Gavin	The data reported is for Q1 2017/18. During this period, 32.8% of drug users successfully completed treatment and had been employed for ≥10 days of the past 28 days at treatment exit. This equates to 182 of the 555 drug users who had successfully completed treatment and met the employment threshold for this indicator. When looking at the data by client drug type, 23.5% of opiate clients (62/264) and 41.2% of non-opiate clients (120/291) had successfully completed treatment and been employed for ≥10 days of the past 28 days at treatment exit.

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Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	N/A	6942			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	N/A	20339			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.