Adults Council Vision Scorecard 2017/18 - Month 8 (November)

Perf	ormance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scor	Uptake of Direct Payments	Monthly	25%	21.1%	23.7%	23.5%	23.6%	А	•	After a period of sustained increases this indicator has fractionally dropped this month. Overall the trend appears to suggest that the level of the uptake of direct payments is fairly static at present. This has been recognised by the service and a fresh effort will be made to in order to maintain progress towards the end of year target. Targets have been set at an individual team level.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	71.8%	72.2%	А	•	The out-turn for this indicator has shown a slight decline this month. However, the well-established long-term trend is that the proportion of people who receive care in their own home is increasing.
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 8 (November)

Perfori	nance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Please update your commentary at M8
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	23.7%	23.5%	23.6%	А	•	Julia Parfitt/Fiona Mould	Tapshum Pattni	After a period of sustained increases this indicator has fractionally dropped this month. Overall the trend appears to suggest that the level of the uptake of direct payments is fairly static at present. This has been recognised by the service and a fresh effort will be made to in order to maintain progress towards the end of year target. Targets have been set at an individual team level.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	71.8%	72.2%	A	•	Tapshum Pattni	Tapshum Pattni	The out-turn for this indicator has shown a slight decline this month. However, the well-established long-term trend is that the proportion of people who receive care in their own home is increasing.
3	The number of people who have Shared Lives	Monthly	78	72	77	74	73	R	•	Sonia Mais-Rose	Melanie Brooks	As previously reported a rapid improvement project team has been established to implement recommendations from a Service Development forum. The project team will be co-producing with input from Shared Lives carer representation as 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.
4	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	56.0%	49.0%	47.0%	R	↑	Paul Hallam	Tapshum Pattni	This measure now includes all contact assessments in the community. Performance has improved from last month and over the course of the year it has improved significantly from the baseline position of 23%. However, there are still issues related to the recording of start and finish dates for community assessments that are impacting on the recorded performance for this measure.
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	6.9	12.2	11.6	R	•	Pauline Mugridge	Tapshum Pattni	This data relates to performance in October 2017 and shows a worsening position compared to September. Since this time the significant resources have been allocated to reduce DToC that are attributable to ASC have been mobilised. This includes utlisation of an additional 41 interim beds and 60 long-term placements from people with complex needs. In addition a new process for recording and tracking DToC has been implemented at all acute sites. Initial (unvalidated) data for December indicates that this investment is beginning to have an impact in terms of reducing the level of DToC.

Cabinet Member Service Scorecard 2017/18 - Month 8 (November)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Please update your commentary at M8
6	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly	1.0	1.1	1.0	0.8	1.0	G	1	Pauline Mugridge	Tapshum Pattni	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%	66.6%	61.8%	R	1	Alison Malik	Maria Gavin	The Council is currently reviewing the approach to commissioning of these services and ways in which quality can be improved. This is likely to include a range of incentives and support and also mechanisms for working with partners - such as health - to review quality in a more joined up way. We will be seeking permission to consult from Cabinet in January 2017 and are hoping to commence consultation with independent providers and service users between January and March 2017.
8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly	85%	79%	85%	82.8%	84.5%	A	•	David Gray	Tapshum Pattni	This item seeks to measure progress to bring a person-centred, outcomes focused, approach to adult safeguarding ("Making Safeguarding Personal"). There is however great complexity in demonstrating this; there is no nationally agreed way of doing it, and so it has not been possible for government to make reporting mandatory. In response the LGA and ADASS have recently commissioned research to develop an outcomes framework that gathers both qualitative and quantitative outcomes that will enable councils and SABs to better identify how practice is impacting on outcomes, indicate areas for improvement, and enable benchmarking and learning from others. Birmingham has volunteered to participate in this project. The current measure therefore needs to be seen in that context. A September 2017 audit of 60 case files where the system indicated the adult had not been asked about their desired outcomes, found that in only 1/3 of the cases had this standard actually not been met. If extrapolated out, performance should have been reported as 93.3%, not 79%. However if weight is to be given to this measure it would be pertinent to note that the performance for England overall is 69%. Of the 9 WM LAs who have chosen to collect and share this information, Birmingham is ranked a close 4 th in the region (81%); the top 3 ranged between 88 and 85%; the bottom 5 ranged between 66-52%. Nationally only 2 of the 9 regions of England matched Birmingham's score (ranging 88-82%), whilst the bottom 5 regions, including London ranged between 57-50%). But the extent to which these variations are due to differences in performance or reporting issues is not known.

Cabinet Member Service Scorecard 2017/18 - Month 8 (November) Period Current Performance Indicator Status Please update your commentary at M8 Baseline Prev Period DOT HoS/RO AD Frequency Target Period **Target** Performance has continued to improve this month and is now above target. Proportion of contacts progressed to 1 2nd response who are referred for an Monthly 50% 42% 50% 53.4% 49.3% G Julia Parfitt **Tapshum Pattni** assessment / enablement The Specialist Impact team to manage the review and move-on of Younger Adults is currently The proportion of clients reviewed. 1 76.4% reassessed or assessed within 12 Monthly 80% 76% 78.5% 75.3% **Yvonne Coleman Melanie Brooks** being mobilised. Reviews have been prioritised due to risk and it is expected that months. performance in this area will increase month by month Public Health data is currently reporting Q2 2017/2018 Baseline 22 2017/18 HoS (SMT Lead): 2017/18 (Annual Q2 Performance Indicator Status DOT AD Please update your data and commentary Frequency Period Prev Period (2017/18)Target outcome Wayne Harrison **Target** 2016/17) The performance data shows continued achievement of first visits before 2 weeks with a Proportion of women receiving a home further 5% achieved by 4 weeks. The remaining deficit is the result of babies still being visit after delivery (Percentage of births Quarterly 90.0% 89% G 1 **Dennis Wilkes** 91% 90% **Fiona Grant** that receive a face to face new born treated in hospital Neonatal or surgical units. Unfortunately some of these babies also die in visit with 14 days) the neonatal period. Due to technical issues in Quarter 1 2017/18, data from 16 practices was missing. These Clare Reardon / Proportion of eligible population 1 11% 2.5% 2.8% 2.1% G **Dennis Wilkes** technical issues are now resolved and outstanding data has been added in Quarter 2 Quarterly receiving a NHS Health Check **Kathy Lee** submission. The data reported is for Quarter 2 2017/18. During this period, there were 1,640 positive chlamydia diagnoses per 100,000 population aged 15-24. This equates to 6,695 chlamydia tests undertaken during the period, of which 11.1% were positive. Max Vaughan / Rate of positive Chlamydia screens R **Maria Gavin** Quarterly 2300 1690 2300 1640 1674 **Clare Reardon** The latest Birmingham rate is lower than the national (1,767) diagnosis rate during the same period but remains higher than the regional rate of 1,508 per 100,000 15 - 24 year olds. Number of smoking quitters at 12 There is an outstanding issue with the reporting system for general practice quit data . We **Dennis Wilkes** Quarterly 14 weeks 670 674 214 N/A 257 Clare Reardon will report Quarter 2 in Month 9 period .

Cabinet Member Service Scorecard 2017/18 - Month 8 (November)

Performance Indicator	Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Please update your commentary at M8
Drugs users who are in full time 15 employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	33.1%	32.5%	G	•	Max Vaughan / Clare Reardon	Maria Gavin	Please note revision from M7. The data reported is for Quarter 2 2017/18. During this period, 33.1% of drug users successfully completed treatment and had been employed for ≥10 days of the past 28 days at treatment exit. This equates to 250 of the 756 drug users who had successfully completed treatment and met the employment threshold for this indicator. When looking at the data by client drug type, 22.2% of opiate clients (58/261) and 38.8% of non-opiate clients (192/495) had successfully completed treatment and had been employed for ≥10 days of the past 28 days at treatment exit.
Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	N/A	6942			Clare Reardon	Dennis Wilkes	Data reporting delayed from provider. We have no assurance from the Provider that this will be available in the near future.
People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	N/A	20339			Clare Reardon	Dennis Wilkes	Data reporting delayed from provider. We have no assurance from the Provider that this will be available in the near future.