

Title/Subject: Performance Management Framework
Meeting: Falkirk Integration Joint Board
Date: 24 March 2016
Submitted by: Chief Officer
Action: For Decision

1. INTRODUCTION

1.1 The Public Bodies (Joint Working)(Scotland) Act 2014,(the Act) supporting statutory and non-statutory guidance, and the Integration Schemes for the Partnerships in Forth Valley set out a number of provisions relating to good governance, proportionate to the legislative changes required to implement adult health and social care both operationally and financially. One of these is in respect to the performance management arrangements which require to be established. This paper presents a proposed Performance Management Framework.

2. RECOMMENDATION

The Falkirk Integration Joint Board (IJB) is asked:

- 2.1 To approve the Performance Management Framework acknowledging that further development will be required over time as IJB processes become established.
- 2.2 To note that final lists of the 'Integration Functions Performance Targets' and the 'Non-Integration Functions Performance Targets' will be brought back to the IJB further to final decisions regarding the delegation of functions.
- 2.3 To note the work to date in the development sample Balanced Scorecards per partnership against the National Outcomes and Core Indicators and local measures.
- 2.4 To acknowledge the further work required to develop measures against the Strategic Plan focussing on core priorities.
- 2.5 To note the further development of the Covalent Performance Management System to support the overall process.

- 2.6 To delegate authority to the Chief Officer to oversee the implementation of the overall Framework and specifically ensure processes are in place to fulfil the legislative requirements in the production of an Annual Report.

3. BACKGROUND

- 3.1 In order to fulfil the legislative requirements as regards performance management and reporting of the Act it is necessary to develop a performance management framework.
- 3.2 Integration Joint Boards (IJBs) will be responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Plans. The Integration Joint Board also requires to prepare and publish an Annual Performance Report, the contents of which are laid down in the Act.
- 3.3 In addition, lists of the 'Integration Functions Performance Targets' and the 'Non-Integration Functions Performance Targets' require to be prepared and reviewed annually.
- 3.4 The Scottish Government has developed National Health and Wellbeing Outcomes detailed in regulation supported by a Core Indicator Set to provide a framework for partnerships to develop their performance management arrangements. Partnerships are expected to include additional relevant information beyond the minimum prescribed in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities.
- 3.5 This Framework has been developed by the Performance Management work stream as part of an overall programme to deliver health and social care integration in Forth Valley. It is acknowledged that the arrangements for supporting performance management, and the requirements, will evolve over time as IJBs and partnerships become more established.

4. MAIN BODY OF THE REPORT

- 4.1 In order to fulfil the legislative requirements as regards performance management and reporting of the Public Bodies (Joint Working)(Scotland) Act 2014, it is necessary to develop a performance management framework.
- 4.2 The role of performance management is to ensure that efforts are clearly targeted and that desired outcomes and improvements are achieved. It is fundamental to ensuring delivery of improved health and social care, and ensuring the best experience focusing on person centred care.

4.3 Performance requires to be measured against the outcomes and indicators designed to deliver the priorities outlined by the IJB's through the Strategic Plan. The principles of good performance management are clearly outlined within the framework.

4.3 The overall approach within the Framework considers:

- Indicators and measurement – rationale and linkage
- Formats and frequency of reporting periods
- Levels of reporting and escalation
- Concepts and tools e.g. Scorecards, use of dashboards etc.

4.5 As noted, the Scottish Government has developed National Health and Wellbeing Outcomes supported by a Core Indicator Set to provide a framework for Partnerships to develop their performance management arrangements. Existing measures and targets from the service plans of the respective parties making up the partnerships, other national measures such as the NHS HEAT (Hospital Efficiency and Access Targets) and agreed Community Planning measurement from Single Outcome Agreements/ Delivery Plans will provide a further basis for development. Relevant information and measures in respect of clinical and care governance will also require inclusion over time. Sample scorecards have been created for the respective partnerships and included as an appendix to this Framework paper.

4.6 Draft lists of the 'Integration Functions Performance Targets' and the 'Non-Integration Functions Performance Targets' have been prepared. As noted these require to be reviewed annually. These will be completed further to final decisions regarding the delegation of functions.

5. CONCLUSIONS

5.1 A Performance Management Framework is required to ensure that the IJBs fulfil the requirements for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Plans. The Integration Joint Board also requires to prepare and publish an Annual Performance Report, the contents of which are laid down in the Act. This Framework details the overall approach.

Resource Implications

Further consideration will be undertaken through the work to define Support Services as well as the requirements to further develop Covalent. As reporting requirements and frequency become clear further assessment can be undertaken.

Impact on IJB Outcomes, Priorities and Outcomes

Core to the delivery of the above.

Legal & Risk Implications

Core part of fulfilling the legislative requirements of the IJB.

Consultation

Considered through the Performance Management Workstream and approved by the Programme Board.

Equalities Assessment

When developing and reviewing the performance targets the equality outcomes will be taken into account.

(signature)

Approved for Submission by: Chief Officer

Author: Elaine Vanhegan, Head of Performance and Governance, NHS Forth Valley

Date: 10 March 2016

List of Background Papers:

Falkirk Partnership Integration Scheme

**Integration of Health and Social Care
Integration Joint Boards
Performance Management Framework**

Performance Management Framework

Section	Content	Page
1.0	Context and introduction	2
2.0	Requirements	2
3.0	Purpose of a Performance Management Framework	3
4.0	Principles of a Framework	3
5.0	Approach	3
5.1	Indicators and Context	4
5.2	Formats and Frequency	4
5.3	Levels of reporting and escalation	4
5.4	Concepts and tools	5
5.4.1	Covalent Performance Management System	5
5.5	Performance Management Structure	5
6.0	Framework Implementation	6

Appendices	Content	
1	The Public Bodies (Joint Working)(Scotland) Act 2014, <i>Statutory Instrument 2014 N.o. 326</i> – Annual Performance Reports	
2	National Health and Wellbeing Outcomes	
3	Core Indicator Set	
4	Sample Scorecard per partnership.	

Performance Management Framework

1.0 Context and Introduction

The Public Bodies (Joint Working)(Scotland) Act 2014, supporting statutory and non statutory guidance, and the Integration Schemes for the Partnerships in Forth Valley set out a number of provisions relating to good governance, proportionate to the legislative changes required to implement adult health and social care both operationally and financially. One of these is in respect to the **performance management arrangements** which require to be established.

The main purpose of the integration of health, and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

Integration Schemes, drawn up for both of Forth Valley's Integration Joint Boards (IJBs) are intended therefore to arrange services that can deliver better results for the people of Forth Valley. It is essential that there is a process put in place to manage and report performance.

2.0 Requirements

In respect of **legislative requirements** the Integration Joint Board (IJB) will be responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Plans. The Integration Joint Board also requires to prepare and publish an Annual Performance Report, the contents of which are laid down in Regulations of the aforementioned Act, the detail of which is noted in Appendix 1. This includes such aspects as, delivery of the national health and wellbeing outcomes, cognisance of the integration delivery principles, best value, performance in respect of localities, strategic plan review as appropriate. Further central guidance regarding the content of Annual Reports has been received with the final version awaited.

In addition, **lists of the Integration Functions Performance Targets** and the **Non-Integration Functions Performance Targets** require to be prepared and reviewed annually. These have been drafted based on agreed delegated functions and will be completed further to final decisions regarding operational management.

The Scottish Government has developed **National Health and Wellbeing Outcomes** detailed in regulation supported by a **Core Indicator Set** to provide a framework for partnerships to develop their performance management arrangements. These can be seen in Appendices 2 & 3. Partnerships are expected to include additional relevant information beyond the minimum prescribed in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and that this be presented in a way that is clear for service users and carers.

Fundamentally it will be the **Strategic Plans** that will drive the vision and priorities of the partnerships with the role of performance management key to assessing delivery of service change and improvements to the local communities. Performance management requires therefore to be closely aligned to the cycle of needs assessment and strategic planning.

In order to fulfil these functions it is essential that a specific Performance Management Framework is created to ensure clarity and consistency of approach.

3.0 Purpose of a Performance Management Framework

This Framework has been developed by the Performance Management work stream as part of an overall programme to deliver health and social care integration in Forth Valley. The arrangements supporting performance management will evolve as IJBs and partnerships become more established. There is one Framework across Forth Valley however reflecting the individual priorities of the local partnerships individual measures and targets are being created.

The role of performance management is to ensure that efforts are **clearly targeted** and that desired **outcomes and improvements** are achieved. It is **fundamental** to ensuring delivery of improved health and social care, and ensuring the **best experience focusing on person centred care**.

Through a Performance Framework it is essential to ensure an **effective and efficient process and structure** is put in place for the **management and reporting of performance** for the Partnership and the IJB. This will assist to direct the management of resources, and lead to increased accountability for delivery of outcomes and improved decision making across the Partnership.

4.0 Principles of a Performance Management Framework

Performance requires to be measured against the outcomes and indicators designed to deliver the priorities outlined by the IJB through the Strategic Plan.

Key points that drive effective performance management include:

- **Clarity of vision**, objectives, and desired outcomes expected.
- **Communication** of the vision and priorities to those operationally delivering the agenda.
- A **culture** whereby performance management is seen as key to improvement with an understanding and ownership at all levels of the importance of managing performance.
- There is a **line of sight** from strategy to operational delivery with a cycle of feedback at all levels.
- **Collect information once** and use many times ensuring a co-ordinated approach and minimise duplication of time and reporting.

5.0 Approach

In order to ensure that the Partnerships can implement the above principles it is important to understand and define the overall approach to performance and the detail by which reporting will be undertaken. The following points are key aspects to consider:

- Indicators and measurement – rationale and linkage
- Formats and frequency of reporting periods
- Levels of reporting and escalation
- Concepts and tools e.g. Scorecards, use of dashboards etc.

5.1 Indicators and context

The focus for the Performance Management Framework requires to be the delivery of the outcomes set out in the **Strategic Plans** of the respective partnerships and set out nationally by the Scottish Government in terms of expected outcomes. This will form the basis of performance reporting to the Integration Joint Board and the annual report.

As noted, the Scottish Government has developed **National Health and Wellbeing Outcomes** supported by a **Core Indicator Set** to provide a framework for Partnerships to develop their performance management arrangements.

Existing measures and targets from the service plans of the respective parties making up the partnerships, other national measures such as the NHS HEAT (Hospital Efficiency and Access Targets) and agreed **Community Planning** measurement from Single Outcome Agreements/ Delivery Plans will provide a further basis for development over time. Relevant information and measures in respect of **clinical and care governance** will also require inclusion over time.

However it will be important to focus on the desired outcomes on what partnerships are actually trying to achieve and not be skewed by what is measurable or currently being collected.

5.2 Formats and Frequency

The Framework requires to cover and future proof for likely development as the IJB becomes established:

- IJB reporting and any sub - committee development
- Minimum requirements of the annual report vis a vi routine reporting for governance and assurance
- Reporting at the varying levels of the partnership e.g. Senior Management Team, Localities etc. as required legislatively.

There is a wide variation in the frequency of reporting across all the outcome indicators and measures. It is proposed that a framework of reporting is created to ensure clarity of when key reports would be available. For example Delayed Discharges and some activity in respect of unscheduled care can be reported more frequently than those measures which rely on survey results to provide information.

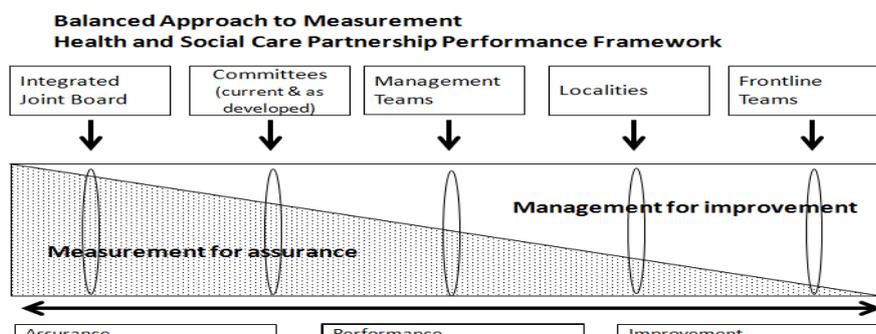
In terms of reporting, performance can be complex and it will therefore be important to ensure that data, information and narrative updates are provided in understandable formats.

5.3 Levels of Reporting and Escalation

Processes for ensuring **appropriate escalation** of issues are key, along with a focus on improvement and a recognition of success. The **balanced approach to measurement** is an approach that facilitates focus on the right issue and level of detail at the right time by the right level - see Figure 1 below. This is **designed to aggregate and disaggregate** information for best use dependant on level and purpose and to ensure **performance reporting is proportionate**. Appropriate **tolerances against a RAG** status (Red/Amber/Green) are required to ensure effective alerts at each level. This includes core operational plans and objectives as well as national strategic targets, local targets and improvement goals.

All parties within the partnerships use the Covalent Performance Management System. The Covalent system has been designed to ensure the required data and information is available against relevant Key Performance Indicators (KPIs) at the right level.

Figure 1



5.4 Concepts and tools - Balanced Scorecards

The approach to levels of reporting and escalation is complemented by the use of Balanced Scorecards with linkages being made across a system to ensure consistency and sharing of information. Scorecards are now widely used in many organisations designed to give managers, executives and Board members a more 'balanced' view of performance.

It is proposed that scorecards are structured over the nine National Outcomes linking to the Core Indicators. From this, local indicators will, in the first instance, be derived from current plans e.g. SOAs, NHS Local Delivery Plan and from the developing Strategic Plans in the coming months. Moving forward, agreeing targets for the performance framework will be a key task, once the strategic priorities of the partnerships have been established. The aim is to ensure a coherent overview.

As part of the development of this Framework sample scorecards have been structured. As further clarity is provided on the implementation of the key priorities within the Strategic Plans, further KPIs will be included.

Separate Scorecards have been created for each partnership a sample of which is provided in Appendix 4.

5.4.1 Covalent Performance Management System

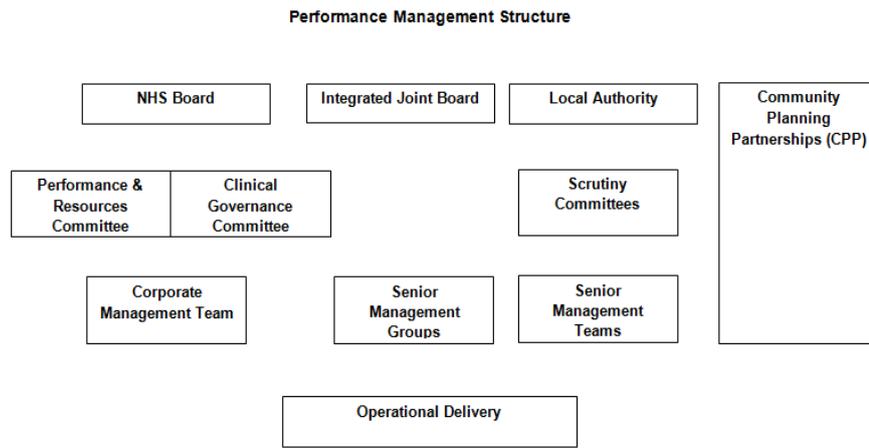
As noted above, the Covalent Performance Management system has been designed to ensure the required data and information is available against relevant KPIs at the right level, provide dashboards, create reports etc. In order to ensure that the partnerships can realistically deliver the requirements of performance management and reporting, further development of the Covalent Performance Management System across all four partners is required. Work is underway to consider a shared portal in Covalent which would facilitate partnered performance indicators to be viewed and reported on within one place, cutting out a majority of manually keeping track of data and creating reports which will be required to monitor performance and improvement.

5.5 Performance Management Structure

The landscape of governance and assurance across Local Authorities, the NHS Board and Integration Joint Boards is complex considering the overlap and linkages of services and indeed targets and measures that could require dual reporting. For example the Local Delivery Plan (LDP) remains the contract the NHS Board has with the Scottish Government, however some of the Standards within it may be part of the integrated functions of the IJB. Similarly information around some of the key priorities of the IJBs, such as reducing the number of unplanned admissions to acute services, requires to be scrutinised by both the IJB and the NHS Board.

Proportionality and co-ordination in a systematic way will be essential to ensure information is consistent and coherent. Figure 2 illustrates the current key groups and fora.

Figure 2



6.0 Framework Implementation

This performance framework will develop over time as the IJB and the partnerships become established. Initial focus is required on the requirements of IJB reporting and the Annual Report. As noted in paragraph 5.2, a timetable will be developed of reporting relevant aspects of performance acknowledging availability of information to ensure clarity, and timeliness for the IJB.

Appendix 1

The Public Bodies (Joint Working)(Scotland) Act 2014, **Statutory Instrument 2014 N.o. 326**

SCOTTISH STATUTORY INSTRUMENTS

2014 No. 326

PUBLIC HEALTH

SOCIAL CARE

**The Public Bodies (Joint Working) (Content of Performance Reports)
(Scotland) Regulations 2014**

Made - - - - 19th November 2014

Laid before the Scottish Parliament 21st November 2014

Coming into force - - - 20th December 2014

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 42(3) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and come into force on 20th December 2014.

(2) In these Regulations—

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014; and

“service users” has the same meaning as in section 4(2) of the Act.

Prescribed content

2. The following regulations set out the prescribed content of a performance report prepared by an integration authority in terms of section 42 of the Act.

Service planning

3. A performance report must include—

**This paper relates to
Agenda Item**



Falkirk Council

- (a) an assessment of performance in relation to the national health and wellbeing outcomes including—
 - (i) a description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;
 - (ii) information about the integration authority’s performance against key indicators or measures in relation to the national health and wellbeing outcomes; and
- (a) 2014 asp 9.

- (iii) in respect of the information included in the performance report by virtue of sub paragraph (ii), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any);
- (b) an assessment of performance in relation to the integration delivery principles including information about the way in which the arrangements set out in the strategic plan, and expenditure allocated in the financial statement, have contributed to the provision of services in pursuance of integration functions in accordance with the integration delivery principles; and
- (c) an assessment of performance in relation to strategic planning including, where applicable, information about the number of significant decisions that have been made by the integration authority to which section 36 of the Act (significant decisions outside strategic plan: public involvement) applies and the reasons for making each such decision.

Financial planning and performance

4.—(1) A performance report must include information about financial performance including—

- (a) the total amount spent by, or under the direction of, the integration authority on each of the matters listed in paragraph (2);
- (b) the proportion of the total amount paid to or set aside for use by the integration authority spent on each matter listed in paragraph (2); and
- (c) if there has been an underspend or overspend against the planned spending set out in the annual financial statement, the amount of underspend or overspend and an assessment of the reasons for this.

(2) The matters referred to in paragraphs (1)(a) and (1)(b) are—

- (a) health care services provided in pursuance of integration functions to hospital inpatients;
- (b) health care services provided in pursuance of integration functions other than those provided to hospital inpatients;
- (c) social care services provided in pursuance of integration functions to service users who are provided with a care home service or adult placement service;
- (d) social care services provided in pursuance of integration functions to support unpaid carers in relation to needs arising from their caring role;
- (e) social care services provided in pursuance of integration functions not mentioned in subparagraphs (c) or (d); and
- (f) where one or more key care group has been identified in relation to the local authority area, health care services and social care services provided in pursuance of integration functions to service users within each of those key care groups.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (1)(b) and (c), a comparison between the reporting year and at least the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

(4) In this regulation—

“adult placement service” and “care home service” have the same meaning as in schedule 12 to the Public Services Reform (Scotland) Act 2010(a);

“annual financial statement” means an annual financial statement published under section 39 of the Act (strategic plan: annual financial statement) which relates to the reporting year;

“inpatient” means a patient whose treatment requires the patient to be admitted to, and remain in, the place of treatment overnight; and

(a) 2010 asp 8.

“key care group” means a group of service users with a shared characteristic or having similar care needs.

Best value in planning and carrying out integration functions

5.—(1) A performance report must include an assessment of performance in relation to best value, including information about how the planning and delivery of services in pursuance of integration functions have contributed to securing best value.

(2) In paragraph (1), the reference to ‘securing best value’ is a reference to—

(a) the duty to which that integration authority is subject by virtue of Part 1 of the Local Government in Scotland Act 2003(a); or

(b) any similar duty contained in guidance issued by the Scottish Ministers, on which the auditor may make findings in respect of the accounts of that integration authority by virtue of section 22(1)(c) of the Public Finance and Accountability (Scotland) Act 2000(b),

as the case may be.

Performance in respect of localities

6.—(1) A performance report must include an assessment of performance in planning and carrying out functions in localities, including—

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities to which section 41 of the Act (carrying out of integration functions: localities) applies; and

(b) an assessment of how the arrangements described in sub-paragraph (a) have contributed to provision of services in pursuance of integration functions in accordance with the integration delivery principles in each locality.

(2) A performance report must set out, for of each locality identified in the strategic plan, the proportion of the total amount paid to, or set aside for use by, the integration authority spent during the reporting year in relation to the locality.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (2), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

Inspection of services

7.—(1) If during the reporting year a scrutiny body has made recommendations as a result of carrying out an inspection of the planning or delivery of a service provided in pursuance of integration functions in the area of the local authority, the performance report must include —

(a) a list of the recommendations; and

(b) in relation to each recommendation, details of the action taken by the integration authority to implement the recommendation.

(2) In this Regulation, “scrutiny body” means Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland, Audit Scotland and the Accounts Commission.

(a) 2003 asp 1.

(b) 2000 asp 1.

Review of strategic plan

8. If during the reporting year the integration authority has carried out a review of the strategic plan, the performance report must include—

- (a) a statement of the reasons for carrying out the review;
- (b) a statement as to whether, following the review, a revised strategic plan was prepared by the integration authority; and
- (c) where a revised strategic plan was prepared, a description of the changes made in revising the strategic plan.

Integration joint monitoring committee recommendations

9. If during the reporting year a report prepared by an integration joint monitoring committee under section 43 of the Act (reports) has included a recommendation as to how integration functions should be carried out, the performance report must include a list of all such recommendations and the integration authority's response to each recommendation.

Further provision

10. A performance report may include such other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

St Andrew's House,
Edinburgh
19th November 2014

ALEX NEIL
A member of the Scottish Government

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations set out prescribed content that is to be included in performance reports prepared by integration authorities under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. Regulations 3 to 6 set out matters that must be included in every performance report prepared by an integration authority, including performance against the outcomes and principles established in the Public Bodies (Joint Working) (Scotland) Act 2014, and financial performance in relation to the planning and carrying out of integrated functions.

Regulation 7 sets out matters that must be included in a performance report when the planning or carrying out of health or social care services in the area of the local authority has been inspected by a health, social care or finance scrutiny body during the reporting year, and recommendations have been made as a result of any such inspection. Regulation 8 sets out matters that must be included in a performance report in the circumstances where an integration authority has carried out a review of its strategic plan during the reporting year. Regulation 9 sets out matters that must be included in a performance report in the circumstances where an integration joint monitoring committee has made a recommendation to an integration authority during the reporting year.

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Appendix 2 National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Appendix 3 Core Indicator Set

Outcome indicators are based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

* Indicator under development

FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP SCORECARD

2015 -2016

Report Author: Annette Kerr / Philip Morgan-Klein/Viv Meldrum

Generated on: 10/3/16

The Scottish Government has legislated for the integration of health and social care through the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). Underpinning this legislation are nine health and wellbeing outcomes. To measure achievement against these national outcomes [a core suite of integration indicators](#) have also been developed. A link to the Scottish Government Health and Social Care Benchmarking dashboard can be [accessed here](#).

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse

Original created	
Version	V13 VM,PMK
Last Updated	10/3/2016
Status	Draft
Database code	
Review date	
Owner	Strategy (P&QA)

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

<u>HEALTH & WELLBEING OUTCOMES</u>	RED	AMBER	GREEN	DATA ONLY	Total
1: People are able to look after and improve their own health and wellbeing and live in good health for longer					
2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community					
3: People who use health and social care services have positive experiences of those services, and have their dignity respected					
4: Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services					
5: Health and Social Care services contribute to reducing health inequalities					
6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being					
7: People using health and social care services are safe from harm					
8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide					
9: Resources are used effectively and efficiently in the provision of health and social care services					

This performance template shows a range of currently available Health and Social Care indicators to support each of these outcomes. These indicators are listed under each outcome in two sections showing firstly national indicators, followed by local indicators and showing the suggested reporting frequency for each indicator. Some indicators may be reported more frequently if required. It is anticipated that the list of indicators will be developed over time.

National Health & Wellbeing Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

Description	National frequency			Local frequency
National Core Indicators				
1. Percentage of adults able to look after their health very well or quite well (survey)	Biennial			Biennial
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (survey)	Biennial			Biennial
11. Premature mortality rate.	Annual			Annual
Other National Indicators				
Life expectancy at Age 65 for males and females (years)	Annual			Annual
Self perception of health by Scottish Index of Multiple Deprivation (Scottish Household Survey)				Biennial / Annual
Number of older people in care homes by local authority (Care Home Census)	Annual			Annual
	Service	NHS FV	Falkirk	Frequency
Local Indicators				
TP Number of service users supported and % of service users who remain the same or have an improvement in the outcome 'Staying as well as you can' NB: TP=Talking Points Personal Outcomes framework	SW		v	Quarterly
TP Number of service users supported and % of service users who remain the same or have an improvement in the outcome 'Reduced symptoms'	SW		v	Quarterly
TP Number of service users supported and % of service users in care home who remain the same or have an improvement in the outcome 'I stay as well as I can'	SW		v	Quarterly
TP Number of service users supported and % of service users in care home who remain the same or have an improvement in the outcome 'My health has improved or my symptoms reduced'	SW		v	Quarterly
% People smoking (GP surveys) – may be possible from local GP systems sources rate per practice	NHS	v		Quarterly
Rate per 1000 of people aged 75+ in care homes (placed permanently by local authority)	SW			
Rate per 1000 of people aged 65+ in care homes (placed permanently by local authority)	SW			

Description	National frequency			Local frequency
% of Social Work service users receiving no care after re-ablement	SW			

National Health & Wellbeing Outcome 2

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Description	National frequency			Local frequency
National Core Indicators				
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. (Biennial survey)	Biennial			Biennial
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. SMR01	Annual			Quarterly
15. Proportion of last 6 months of life spent at home or in community setting.	Annual			6 monthly
Other National Indicators				
Rates per population of clients aged 65 and over receiving Home Care, 2006-2015 (Social Care Survey)	Annual			6 monthly
Number of Anticipatory Care Plans - patients who have a Key Information Summary (KIS) or Electronic Palliative Care Summary (ePCS) uploaded to the Emergency Care Summary	Annual			Monthly
Home Care clients and hours provided for clients aged 65 and over, 2010-2015 (Social Care Survey)	Annual			6 monthly
Distribution of home care hours received for clients aged 65+ (Social Care Survey) – Banded Hours per Week	Annual			6 monthly
Self Directed Support spend on people aged 18 or over as a % of total social work spend on adults (LGBF)	Annual			Annual
Scheme of Assistance - total number of grants approved for disabled adaptations	Annual			Annual
	Service	NHS FV	Falkirk	Frequency
Local Indicators				
Scheme of Assistance - Disabled adaptations – total number of grants received	Housing		√	Quarterly
% of approved applications for medical adaptations completed during the reporting year	Housing		√	Quarterly
Number of medical applications received in reporting year	Housing		√	Quarterly
Number of medical applications approved in reporting year	Housing		√	Quarterly
Average time to complete medical adaptation applications	Housing		√	Quarterly

Description	National frequency			Local frequency
	Service	NHS FV	Falkirk	Frequency
% category breakdown of people receiving SW equipment (age 65+, physical disability and elderly)	SW		√	Annual
Home Care service users (all ages) by Rate Per 1,000 Population	SW		√	Annual
Number of users of ALFY ¹ line to avoid hospital admissions	NHS			
Care & Repair Service – total number of applications received	Housing			
Care & Repair Service – total number of applications approved	Housing			
	Service	NHS FV	Falkirk	Frequency
TP Number of service users supported and % of service users who remained the same or have an improvement in the outcome 'Improved confidence/morale'	SW		√	Quarterly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Improved skills'	SW		√	Quarterly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Improved mobility'	SW		√	Quarterly

¹ Advice Line For You

National Health & Wellbeing Outcome 3
People who use health and social care services have positive experiences of those services, and have their dignity respected

Description	National Frequency		Local Frequency
National Core Indicators			
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	Biennial		Biennial
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	Biennial		Biennial
5. Percentage of adults receiving any care or support who rate it as excellent or good	Biennial		Biennial
6. Percentage of people with positive experience of care at their GP practice.	Biennial		Biennial
Other National Indicators			
12 Weeks first outpatient appointment - Relevant to delegated functions	Biennial		Quarterly
18WRTT Psychological Therapies	Biennial		Quarterly
Drug & Alcohol waiting times	Annual		Quarterly
Patient stories leading to change	Daily		Quarterly
	Service		Frequency
Local Indicators			
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Listened to'	SW		
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Having a say'	SW		
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Treated with respect'	SW		
TP Number of service users supported and % of service users who remain the same or have an improved outcome 'Responded to'	SW		√ Quarterly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Reliability of support'	SW		√ Quarterly
TP Number of service users supported and % of service users in care homes who remained the same or have an improved outcome 'I am treated as an individual'	SW		√ Quarterly
TP Number of service users supported and % of service users in care homes who remained the same or have an improved outcome 'I am valued and respected'	SW		√ Quarterly / 6 monthly

Description	National Frequency			Local Frequency
TP Number of service users supported and % of service users in care homes who remained the same or have an improved outcome 'I am listened to'	SW		√	Quarterly / 6 monthly
TP Number of service users supported and % of service users in care homes who remained the same or have an improved outcome 'I have a say in decisions about my care and support'	SW			Quarterly
TP Number of service users supported and % of service users in care homes who remained the same or have an improved outcome 'I can trust staff and rely on them to respond'	SW		√	Quarterly
TP Number of service users supported and % of service users in care homes who remain the same or have an improved outcome 'My privacy is respected'	SW		√	Quarterly
Percentage of service users satisfied with their involvement in the design of care package NCCOM S2a (NCCOM = National Community Care Outcome Measure)	SW		√	Quarterly
Patient experience survey in respect of delegated functions	NHS	√	√	Quarterly
Allied Health Professional waiting times in respect of delegated functions	NHS	√	√	Annual / 6 monthly
Number of NHS complaints in respect of delegated functions	NHS	√	√	Quarter
% of NHS complaints concluded that were upheld or partially upheld in respect of delegated functions				Quarterly

National Health & Wellbeing Outcome 4**Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services**

Description	National Frequency			Local Frequency
National Core Indicators				
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Biennial			Biennial
12. Rate of emergency admissions for adults.	Quarterly			Quarterly (ISD)
Other National Indicators				
Emergency acute hospital admissions age 65+ rate per 100,000 population ²	Annual			Quarterly
Emergency acute hospital admissions age 75+ rate per 100,000 population	Annual			Quarterly
Dementia Post Diagnostic Support (about positive experiences of services/waiting times) (% receiving)	Annual			Quarterly
	Service	NHS	Falk	Frequency
Local Indicators				
The number of people whose community care assessment was completed during the year and rate per 1000 population	SW		√	Annual or 6 monthly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Having things to do'	SW		√	Quarterly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Seeing people'	SW		√	Quarterly
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Living where you want/as you want'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I see people'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I have things to do'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I live in a nice place'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I live life as I want and where I want'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved	SW		√	Quarterly

² <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/CareData>

Description	National Frequency			Local Frequency
	Service	NHS	Falk	Frequency
outcome 'I belong to a community'				
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I am supported to live well and plan for a good end of life'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'My family and friends are involved if I want'	SW		√	Quarterly
The number of community care assessments completed during the year	SW		√	Annual or 6 monthly
% of service users satisfied with opportunities for social interaction (NCC Outcomes Measure S3)	SW		√	Annual or 6 monthly

Sample

National Health & Wellbeing Outcome 5
Health and Social Care services contribute to reducing health inequalities

Description	National frequency			Local Frequency
National Core Indicators				
11. Premature mortality rate by SIMD levels.	Annual			Annual
Other National Indicators				
Deaths from cancer per 100,000 population	Annual			Quarterly
Deaths from Coronary Heart Disease (under 75 years) per 100,000 population	Annual			Quarterly
Deaths by SIMD category	Annual			Annual
Sustain and embed Alcohol Brief Interventions (ABI) in primary care, Accident & Emergency and antenatal, and develop delivery in wider settings (EQ4: Standard HEAT Target)	Annual			Quarterly
% of respondents who smoke by Scottish Index of Multiple Deprivation (Scottish Household Survey) ³	Annual			Annual
Deliver smoking cessation services to contribute to NHS Scotland target (EQ3: HEAT target) within the 40% most deprived SIMD areas	Annual			Annual
	Service	NHS	Falkirk	Frequency
Local Indicators				
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Dealing with stigma/discrimination'	SW		√	Quarterly
Number of successful 12 weeks post quit smoking deliveries. Local Delivery Plan Standard	NHS	√		Quarterly
Body Mass Index (BMI) TBC	NHS	√		Quarterly
Dental Health measure TBC	NHS			
Alcohol morbidity TBC	NHS			Quarterly
Suicide figures TBC	NHS			Quarterly
Alcohol related admissions TBC	NHS			Quarterly
Drug related admission TBC	NHS			Quarterly
Mental Health Diagnosis rate tbc				

³ Scottish household survey 2014 <http://www.gov.scot/Topics/Statistics/16002/LATables2014/2014Excel/splittables2014>

National Health & Wellbeing Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Description	National frequency			Local Frequency
National Core Indicators				
8. Percentage of carers who feel supported to continue in their caring role.(NCCOM)	Biennial			Biennial
Other National Indicators				
Total Respite Weeks Provided (18-64)	Annual			Annual
Total Respite Weeks Provided (65+)	Annual			
Number of people receiving overnight respite care by care group and age band (18-64)	Annual			Annual
Number of people receiving overnight respite care by care group and age band (65+)				
Number of people receiving daytime respite care by care group and age band (18-64)	Annual			Annual
Number of people receiving daytime respite care by care group and age band (65+)				
	Service	NHS	Falkirk	Frequency
Local Indicators				
Number of carers' assessments carried out during the year	SW		√	Annual/ 6 monthly
TP Number of carers supported and % who remained the same or have an improved outcome 'Maintaining health and wellbeing'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'A life of their own'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Positive relationship with the person cared for'	SW		√	Quarterly
TP % of carers who remained the same or have an improved outcome 'Freedom from financial hardship'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Choices in caring, including the limits of caring'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Feeling informed/skilled/equipped'	SW		√	Quarterly

Description	National frequency			Local Frequency
	Service	NHS	Falkirk	Frequency
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Satisfaction in caring'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Partnership with services'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Valued/respected and expertise recognised'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Having a say in services'	SW		√	Quarterly
	Service	NHS	Falkirk	Frequency
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Flexible and responsive to changing needs'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Positive relationship with practitioners'	SW		√	Quarterly
TP Number of carers supported and % of carers who remained the same or have an improved outcome 'Accessible, available and free at point of need'	SW		√	Quarterly
Number of carers' assessments carried out during period	SW		√	Annual / 6 monthly

Draft

National Health & Wellbeing Outcome 7 People using health and social care services are safe from harm
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Description	National Frequency			Local Frequency
National Core Indicators				
9. Percentage of adults supported at home who agree they felt safe.	Biennial			Biennial
14. Readmissions to hospital within 28 days of discharge	Annual			Quarterly
Other National Indicators				
Clostridium Difficile Infections – relevant to delegated services	Annual			Quarterly
SAB(MRSA/MSSA) – relevant to delegated services	Annual			Quarterly
Falls – rate per 1000 patients over 65	Annual			Quarterly
Number receiving community alarm	Annual			Annual / 6 monthly
Number receiving Telecare (with a homecare service)	Annual			6 monthly
Proportion of people aged 75+ with telecare package (national indicator 3)	Annual			6 monthly
	Service	NHS	Falkirk	Frequency
Local Indicators				
Adult SW Service Users who feel safer NCCOM S1 (65+)	SW			Annual
Rate per 1000 (18+ pop) of adult protection plans	SW			Annual
Number of adult protection plans	SW			Annual
Number and rate per 1000 (18+ pop) of adult protection investigations	SW			Annual
Falls – rate per 1000 patient 75+	NHS			Annual
Number of admissions to acute mental health services	NHS			Annual
TP Number of service users supported and % of service users who remained the same or have an improved outcome 'Feeling safe'	SW		√	Quarterly
TP Number of service users supported and % of service users in Care Homes who remained the same or have an improved outcome 'I feel safe and secure'	SW		√	Quarterly
Number and rate per 1000 (18+ pop) of adult protection referrals	SW			Annual

National Health & Wellbeing Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Description	National Frequency			Local Frequency
National Core Indicators				
10. Percentage of NHS staff who say they would recommend their workplace as a good place to work.	Annual			Annual
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	Annual			Annual or 6 monthly
	Service	NHS	Falkirk	Frequency
Local Indicators				
Staff turnover - % staff who have left NHS– relevant to delegated functions	NHS	√		Quarterly
Staff turnover - % staff who have left Adult Social Services				
Sickness Absence Healthcare – relevant to delegated functions	NHS	√		Quarterly
Sickness Absence Adult Social Services	SW		√	Quarterly

National Health & Wellbeing Outcomes Outcome 9 Resources are used effectively and efficiently in the provision of health and social care services
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Description	National Frequency			Local Frequency
National Core Indicators				
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	Biennial			Biennial
14. Readmissions to hospital within 28 days of discharge.				Annual/6 Monthly
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.				Quarterly
26. Older people's (65+) Home Help costs (expenditure) per hour. LGBF	Annual			Annual
Older persons (65+) Care Home costs per week LGBF	Annual			Annual
19. Bed Days Occupied by Delayed Discharge Patients per 1000 Population aged 75+	Monthly			Quarterly
Other National Indicators				
Number of people with delayed hospital discharges more than 2 weeks	Monthly			Quarterly
Care home costs per week	SW			Quarterly
	Service	NHS	Falkirk	Frequency
Local Indicators				
Code 9 and Guardianship delayed discharges	NHS			Monthly
Total delayed discharges	NHS			Monthly