

Scottish Borders Health and Social Care Partnership National Performance Reporting

23 Health and Social Care “Core Suite” Indicators have been set by the Scottish Government, against which every Health and Social Care Partnership is required to publicly report on. These measures need to be monitored to allow performance management and improvement to take place within the partnership. These Indicators each map to one or more of the 9 national Health and Wellbeing Outcomes.

Annual Performance Report from each Health & Social Care Partnership (must be published by July each year)

Must include 23 Health and Social Care “Core Suite” Indicators, set by the Scottish Government

Survey Feedback (patients, care recipients, carers, staff)

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

Organisational / System data

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. % of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. % 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

Also must include additional performance measures, **defined locally** + narrative to demonstrate impact

In addition to the Core Suite of 23 Integration Indicators, we already have other mandatory reporting measures such as HEAT standards, some of which are likely to be factored into future performance reports for the Partnership as we progressively develop integrated performance reporting.

How will our Integrated Joint Board know that progress is being made?

Local Performance Reporting

On a quarterly basis, the Integration Joint Board will receive a performance report across a range of measures. An initial range of measures has been established but we expect that this will change and develop over time.

Quarterly Performance Report

- The Scottish Government Ministerial Strategic Group (MSG) for Health and Community Care has defined 6 themes (1-6 below) under which it expects each Health and Social Care Partnerships to report a range of measures. Each partnership is required to set *objectives* for each of the 6 themes, based on local data, comparisons to national etc.
- In addition to the 6 themes defined by Ministers, locally we have defined a 7th theme, to capture locally important issues, which at the moment focus on social care. These themes are expected to develop over time (and will likely grow in number) as local and national discussions evolve.

1: Unplanned admissions	2: Occupied bed days for unscheduled care	3: A&E Performance	4: Delayed discharges	5: End of Life care	6: Balance of spend	7: Social Care
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Themes and measures as applicable to this (February 2017) report

Theme	Measures
1. Unplanned admissions	<ul style="list-style-type: none"> Number of emergency admissions, persons aged 75+ Rate of emergency admissions per 1,000 population aged 75+ <i>[In addition, local quarterly reporting of emergency admissions due to falls is to be developed using a method consistent with official annual statistics on falls.]</i>
2. Occupied bed days for unscheduled care	<ul style="list-style-type: none"> Number of Occupied bed days for emergency admissions, persons aged 75+ Rate of occupied bed days for emergency admissions, per 1,000 population aged 75+
3. A&E Performance	<ul style="list-style-type: none"> Number of A&E attendances seen within 4 hours % of A&E attendances seen within 4 hours
4. Delayed Discharges	<ul style="list-style-type: none"> Number of delayed discharge over 2 weeks Number of delayed discharge over 72 hours
5. End of Life Care	<ul style="list-style-type: none"> Proportion of last 6 months of life spent at home or in a community setting. <i>[This is an annual rather than quarterly measure].</i>
6. Balance of spend	<ul style="list-style-type: none"> Percentage of total Health and Social Care Spend on Community-based services. <i>[This is an annual rather than quarterly measure]</i> Percentage of total Health and Social Care Spend in adults (aged 18+) that was on hospital stays where the patient was admitted in an emergency. <i>[This is an annual rather than quarterly measure]</i>
7. Social Care	<ul style="list-style-type: none"> Number of people feeling safe. % of adults aged 65+ receiving care at home to sustain an independent quality of life as part of the community compared to those in care. Carer Assessments Offered and Completed
As we develop integrated performance reporting further, regularly reported measures will be supplemented by information on a more “as and when” basis, for example when Integrated Care Fund (ICF) project evaluations become available, or other important data sets become available (that cannot be reported on a quarterly basis).	