

Falkirk Integration Joint Board Strategy Map

Vision: "to enable people in Falkirk HSCP are to live full and positive lives within supportive and inclusive communities"

LOCAL OUTCOMES	SELF MANAGEMENT	SAFE	EXPERIENCE	STRONG SUSTAINABLE COMMUNITIES
National Outcomes (9)	1) Healthier Living 4) Quality of Life 5) Reduce Inequalities	7) People are Safe	3) Positive experience and outcomes 8) Engaged workforce 9) Resources are used effectively	2) Independent Living 6) Carers are supported
National Indicators (23)	1) % of adults able to look after their health well/quite well 7) % of adults who agree support has impacted on improving/maintaining quality of life 11) Premature mortality rate 12) Rate of Emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate	9) % of adults supported at home who felt safe 13) Emergency bed day rate for adults 14) Readmission to hospital within 28 days rate 16) Falls rate per 1000 population 65+yrs	3) % of adults who agree that they had a say in how their help/care was provided 4) % of adults supported at home who agree their health and care services are co-ordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, 20) % of total health and care spend on hospital stays where the patient admitted as an emergency 22) % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care	2) % of adults supported at home who agree they are supported to be independent 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+ years receiving intensive support at home 21) % of people admitted to hospital from home then discharged to care home
MSG Indicators (6)	a. Number of A&E attendances and the number of patients seen within 4 hours b. Number of emergency admissions into Acute specialities	c. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialities	d. Number of delayed discharge bed days	e. Percentage of last six months of life spent in the community f. Percentage of population residing in non-hospital setting for all adults and people aged 75+

Falkirk Health and Social Care Partnership Indicators

SELF MANAGEMENT		SAFE		EXPERIENCE		STRONG SUSTAINABLE COMMUNITIES	
Indicator No	Reporting Frequency	Indicator No	Reporting Frequency	Indicator No	Reporting Frequency	Indicator No	Reporting Frequency
24	M	42	M	54	M	70	Y
25	M	43	M	55	M	71	Y
26	M	44	M	56	M	72	Q
27	M	45	Q	57	M	73	Q
28	M	46	Q	58	M	74	Q
29	M	47	Q	59	M	75	Q
30	M	48	Q	60	M	76a	Q
31	M	49	Q	61	M	76b	Q
32	M	50	Q	62	M	77	Q
33	M	51	M	63	M	82	Q
34	M	52	M	64a	Q	83	Q
35	M	53	M	64b	Q	84	Q
36	M			64c	Q	85	Q
37	M			65	Q	86	Q
38	M			65a	Q		
39	M			65b	Q		
40	M			66	Q		
				66a	Q		
				66b	Q		
				67	Q		
				68a	Q		
				68b	Q		
				69	M		

Falkirk Health and Social Care Partnership Indicators

SELF MANAGEMENT

SAFE

EXPERIENCE

STRONG SUSTAINABLE COMMUNITIES

Local Indicators No Longer Needed / Superseded

41 No recorded SDS option

- 78 The proportion of Home Care service users aged 65+ receiving a service during evening/overnight
- 79 The proportion of Home Care service users aged 65+ receiving a service at weekends
- 80 Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)
- 81 Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)

Local Indicators Under Development

Alcohol related deaths (per 100,000 population aged 19 and over)

Suicide Rate per 100,000 population