

**Our Vision:** "We are a caring partnership, working in and with our communities to enable people to achieve fulfilling, healthier lives."

### Our Strategic Aims

#### Prevention

Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population



#### Resilience

Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.



#### Personalisation

Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.



#### Connections

Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation.



#### Communities

Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.



Pie Charts show the performance of measures under each Strategic aim. The reporting period for measures will vary dependant on the measure with some being updated monthly, quarterly, annually, bi-annually etc. Performance change for each measure is based on current performance compared to previous performance to account for variances in reporting periods. Reporting periods for each measure can be seen on the Prevention, Resilience, Personalisation, Connections and Communities individual spine charts and detailed dashboards.

**Green:** Percentage of measures where performance has improved since the last reporting period

**Red:** Percentage of measures where performance has deteriorated since the last reporting period

**Amber:** Percentage of measures where performance has stayed the same since the last reporting period

**Grey:** Percentage of measures where data is not yet available and measure is not populated

# Prevention



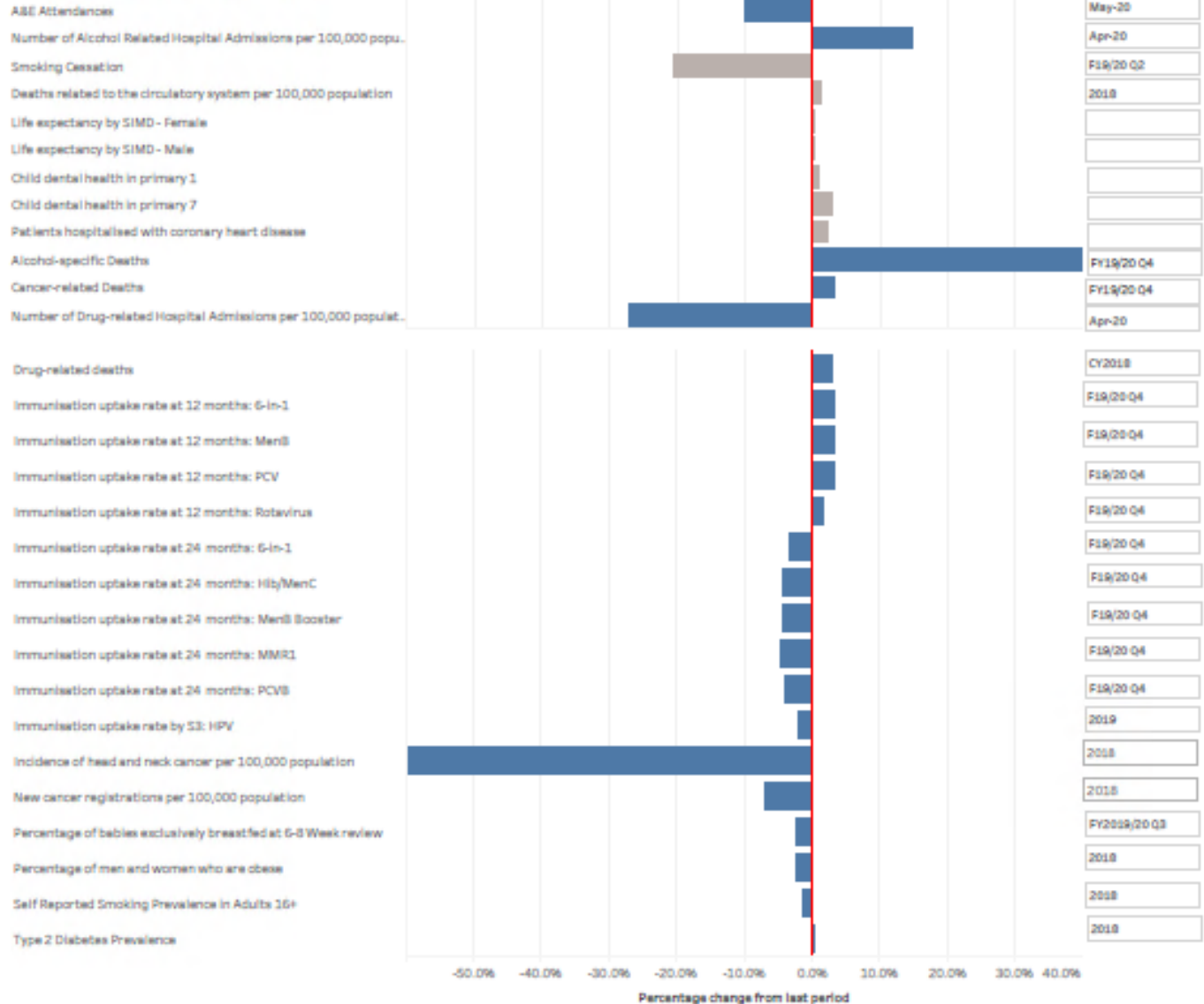
## PREVENTION

"Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill health in our population"

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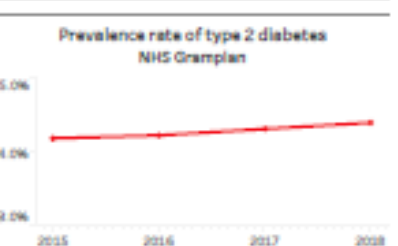
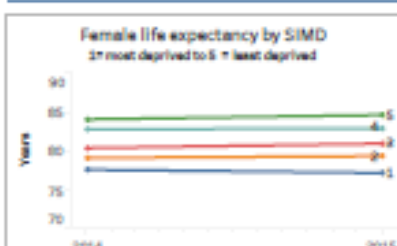
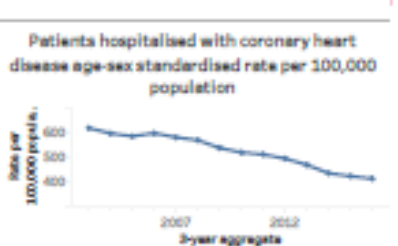
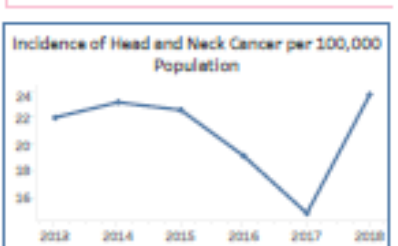
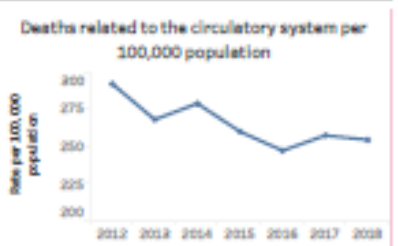
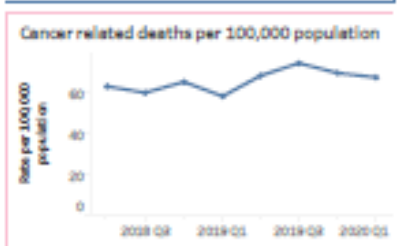
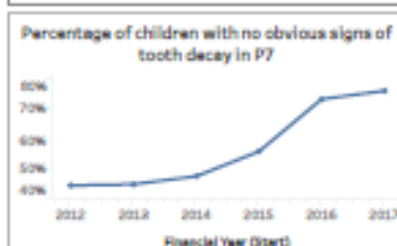
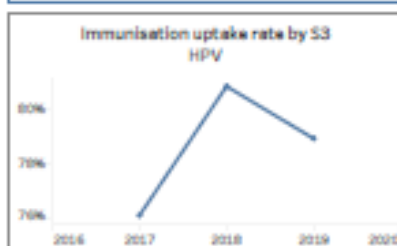
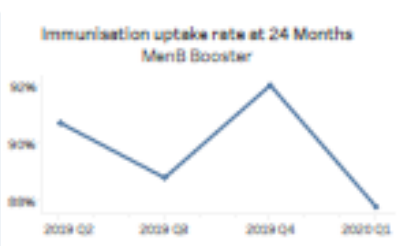
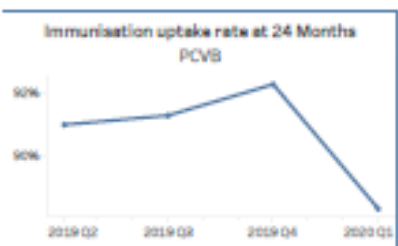
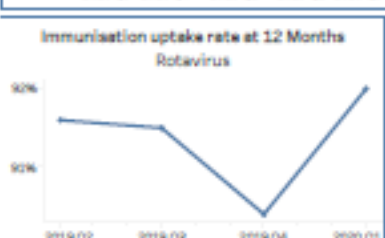
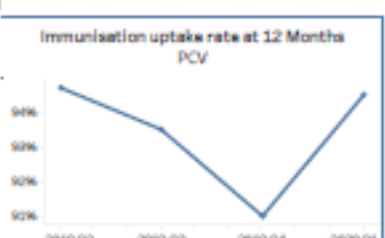
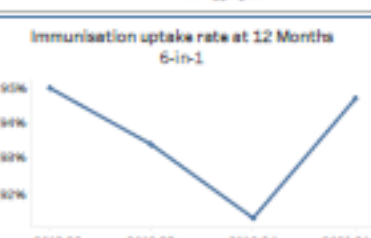
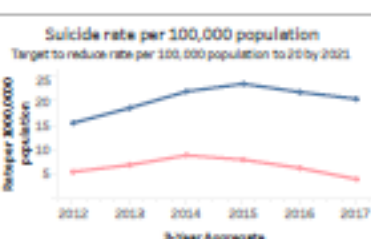
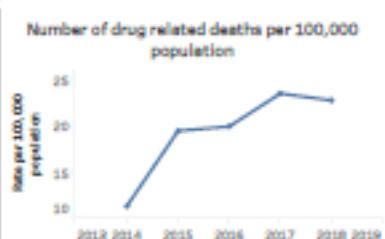
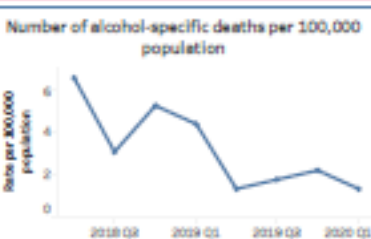
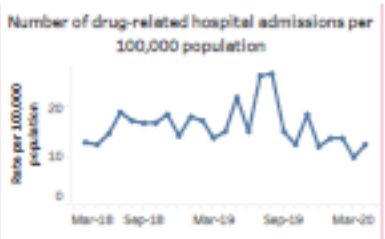
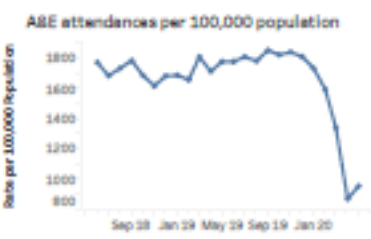
Note that the reporting periods vary for each indicator, i.e. monthly, quarterly, annually etc. however this chart will always compare the current reporting period to the previous reporting period.

Click on the chart for further information on each measure



"Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population"

Indicators highlighted in Pink are updated monthly, Blue are updated quarterly and Grey are updated annually or less frequently





## RESILIENCE

“Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face”

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Emergency Admissions

Falls rate per 1,000 population aged 65+

Percentage of adults able to look after their health very well or quite well

Percentage of adults supported at home who agreed that they are supported to live as independently as possible

Percentage of adults supported at home who agreed they felt safe

Percentage of adults with intensive care needs receiving care at home

Percentage of new dementia diagnoses who receive 1 year post-diagnostic support

Premature mortality rate per 100,000 persons

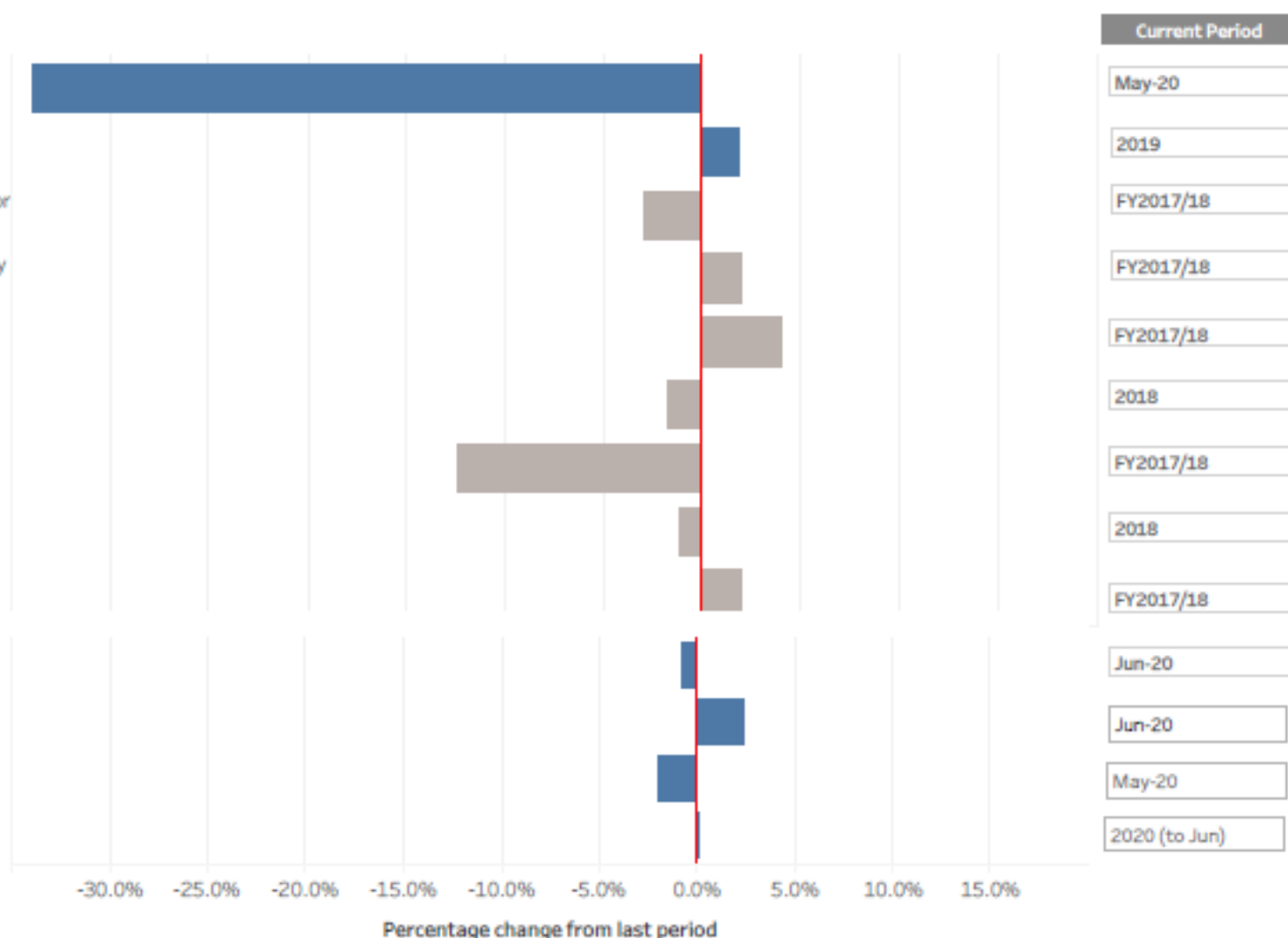
Total combined % carers who feel supported to continue in their caring role

Average Hours per Month Delivered in Double Up Care

Average Number of Clients per Month Receiving Double Up Care

Number of people using Telecare/Community Alarm Services

Number of Unpaid Carers Supported

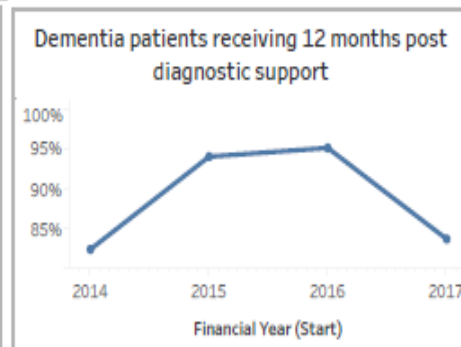
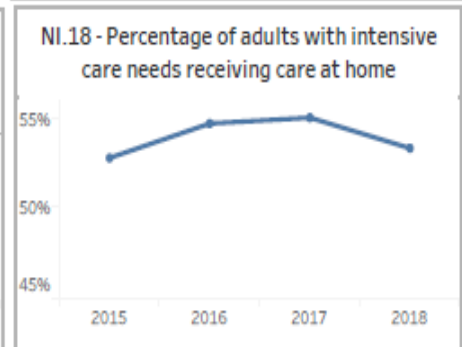
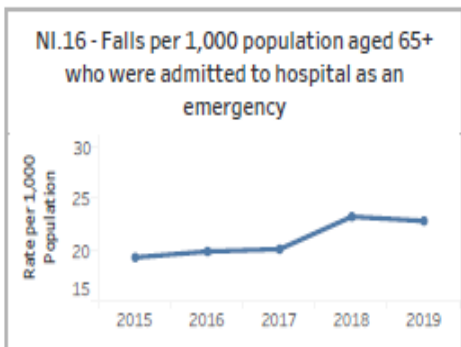
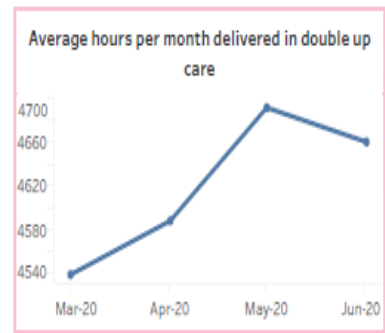
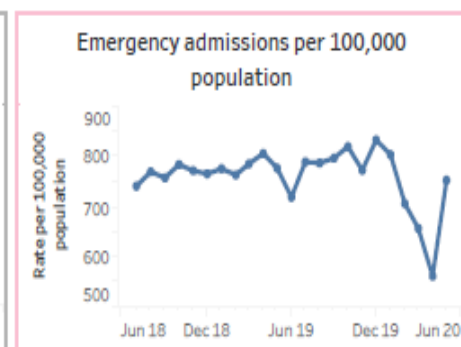
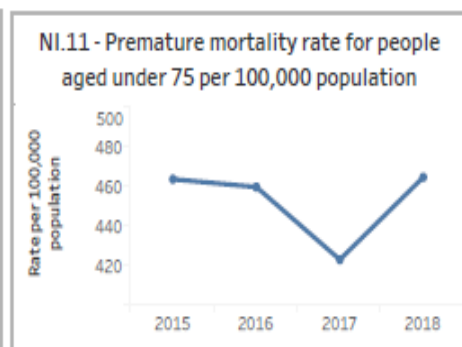
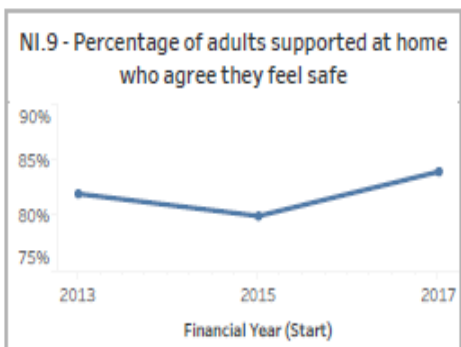
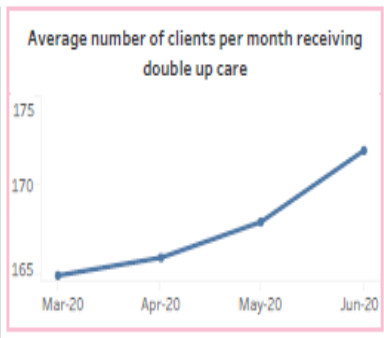
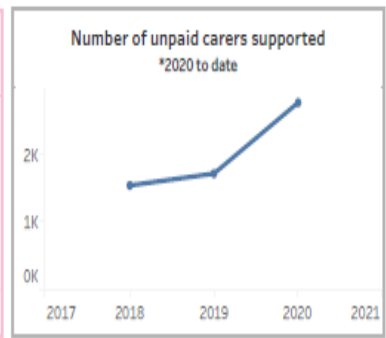
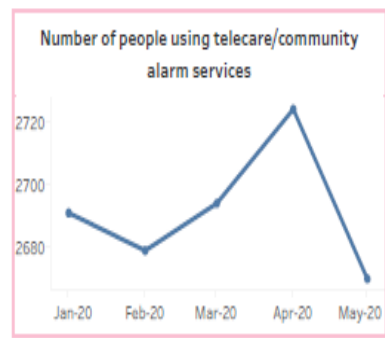
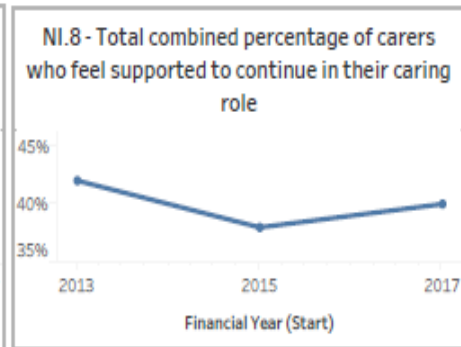
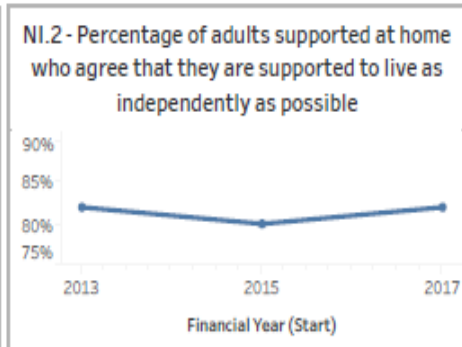
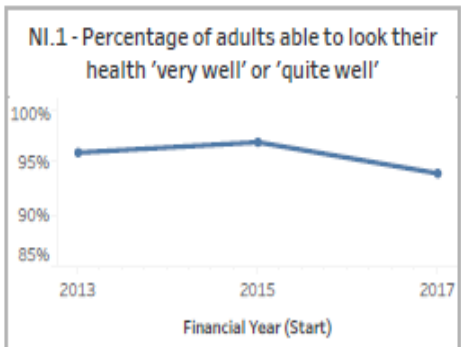


# RESILIENCE

[Click Here to go to the Spine Chart](#)

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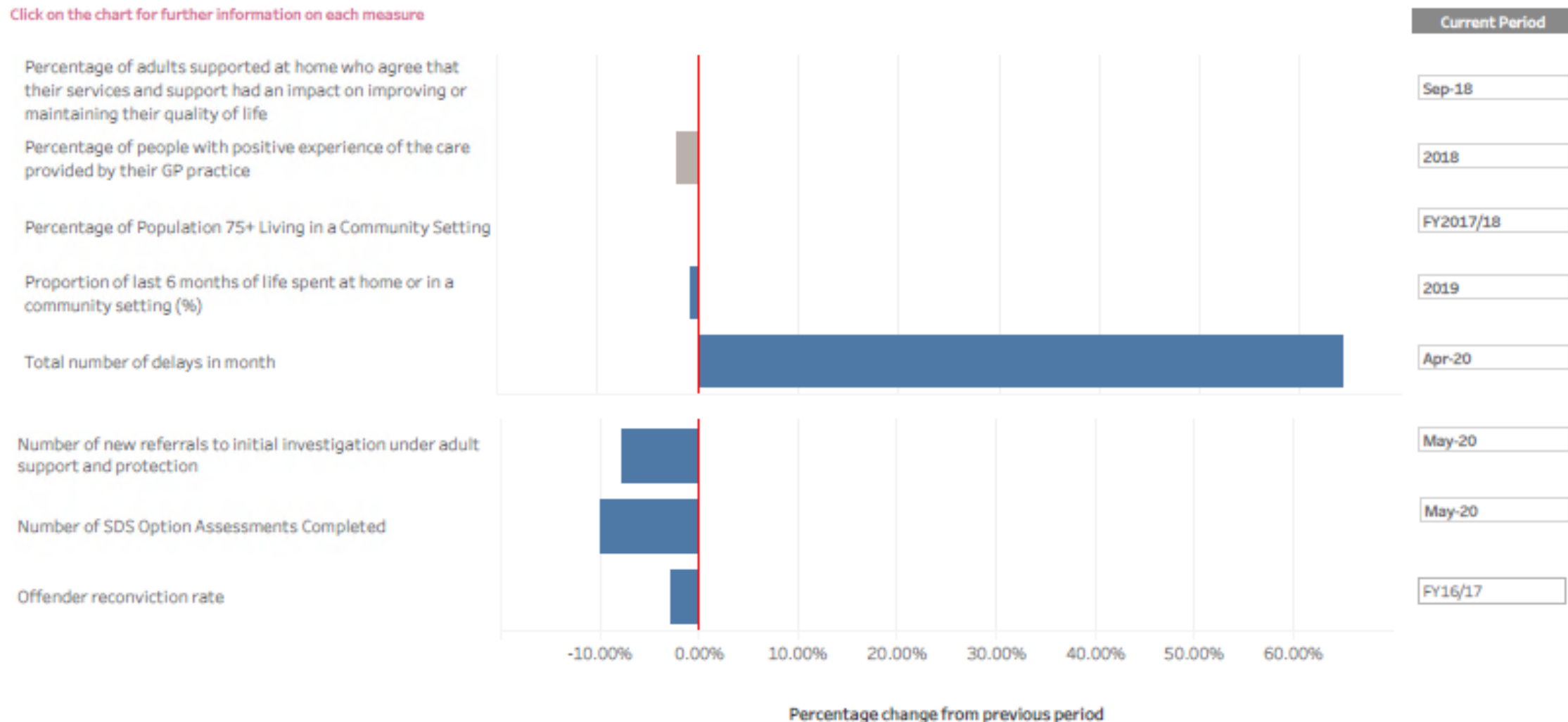
## PERSONALISATION

"Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible"

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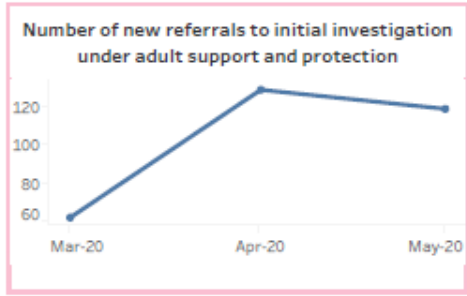
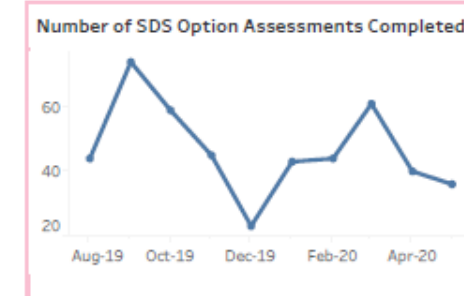
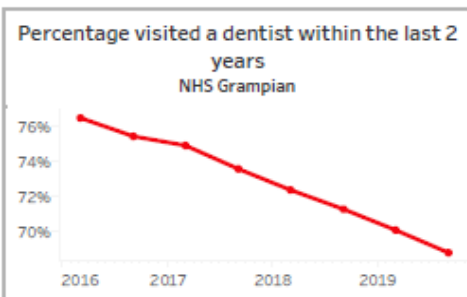
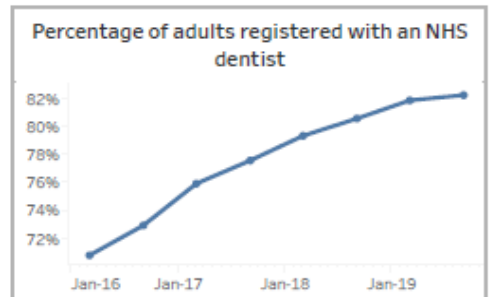
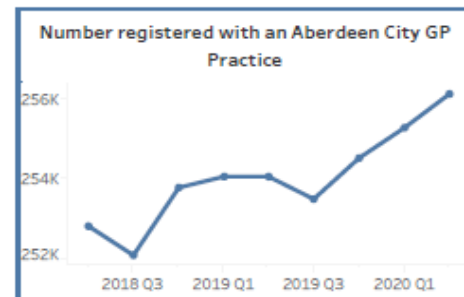
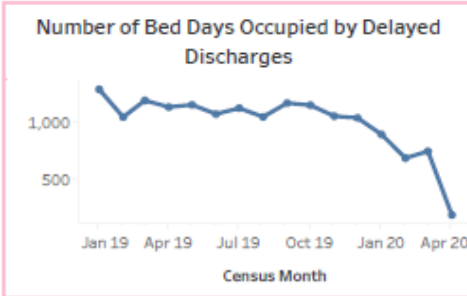
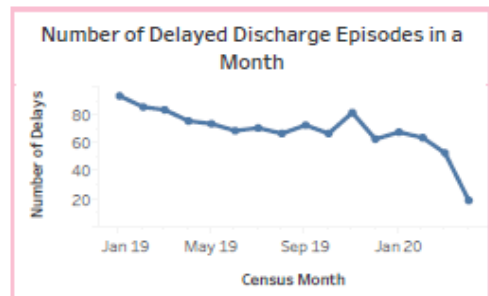
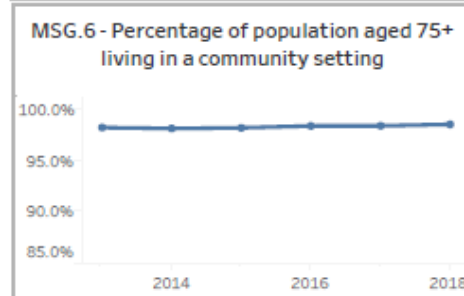
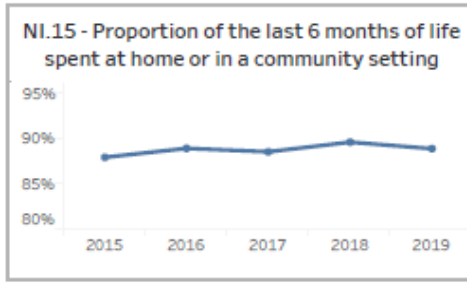
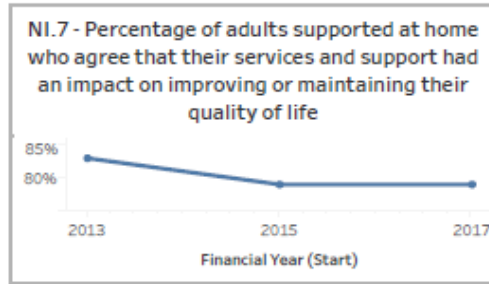
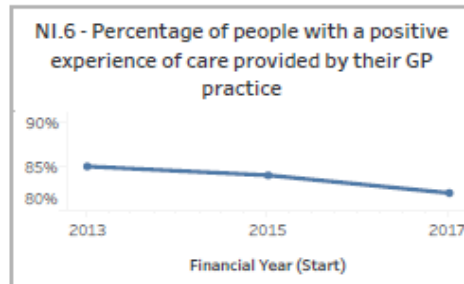




# PERSONALISATION

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# CONNECTIONS

“Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation”

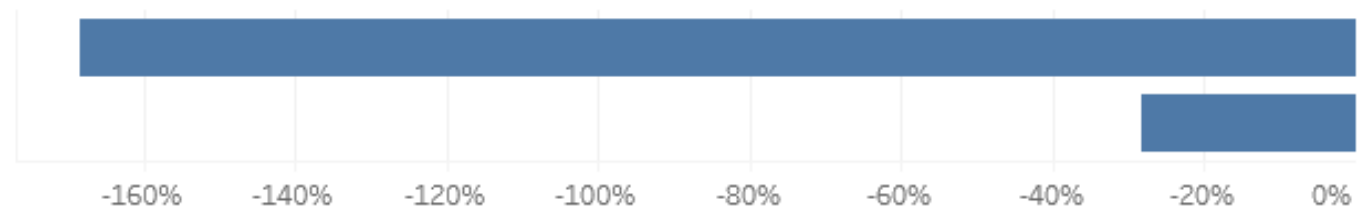
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Level of Social Isolation Reported

Number of Clients Supported by Community Links Practitioners

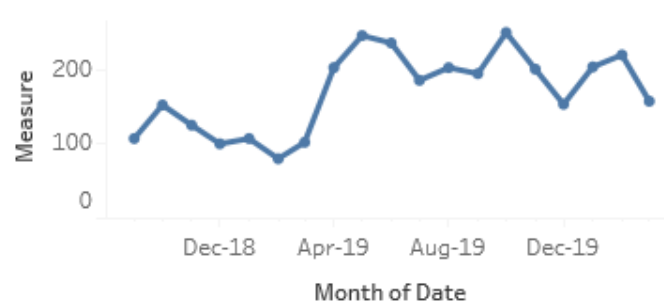


Current Period

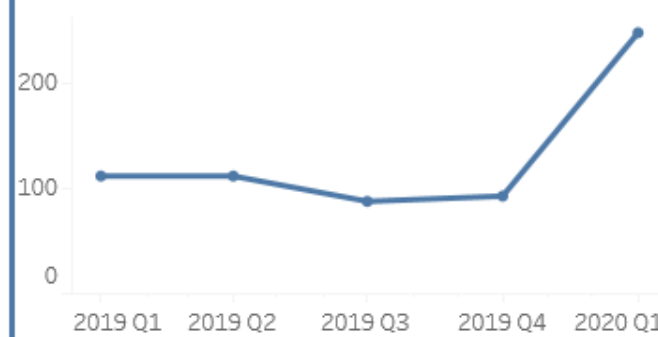
F19/20 Q4

Mar-20

Number of Clients Supported by Community Link Practitioners



Level of Social Isolation Reported







# COMMUNITIES

“Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed”

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Average Number of Residential Placements per Month

Home Care Hours Delivered

NI.10 - Increase in the Percentage of Staff who say they would recommend their work..

Number of Adult Social Welfare Complaints

Social Care Unmet Need

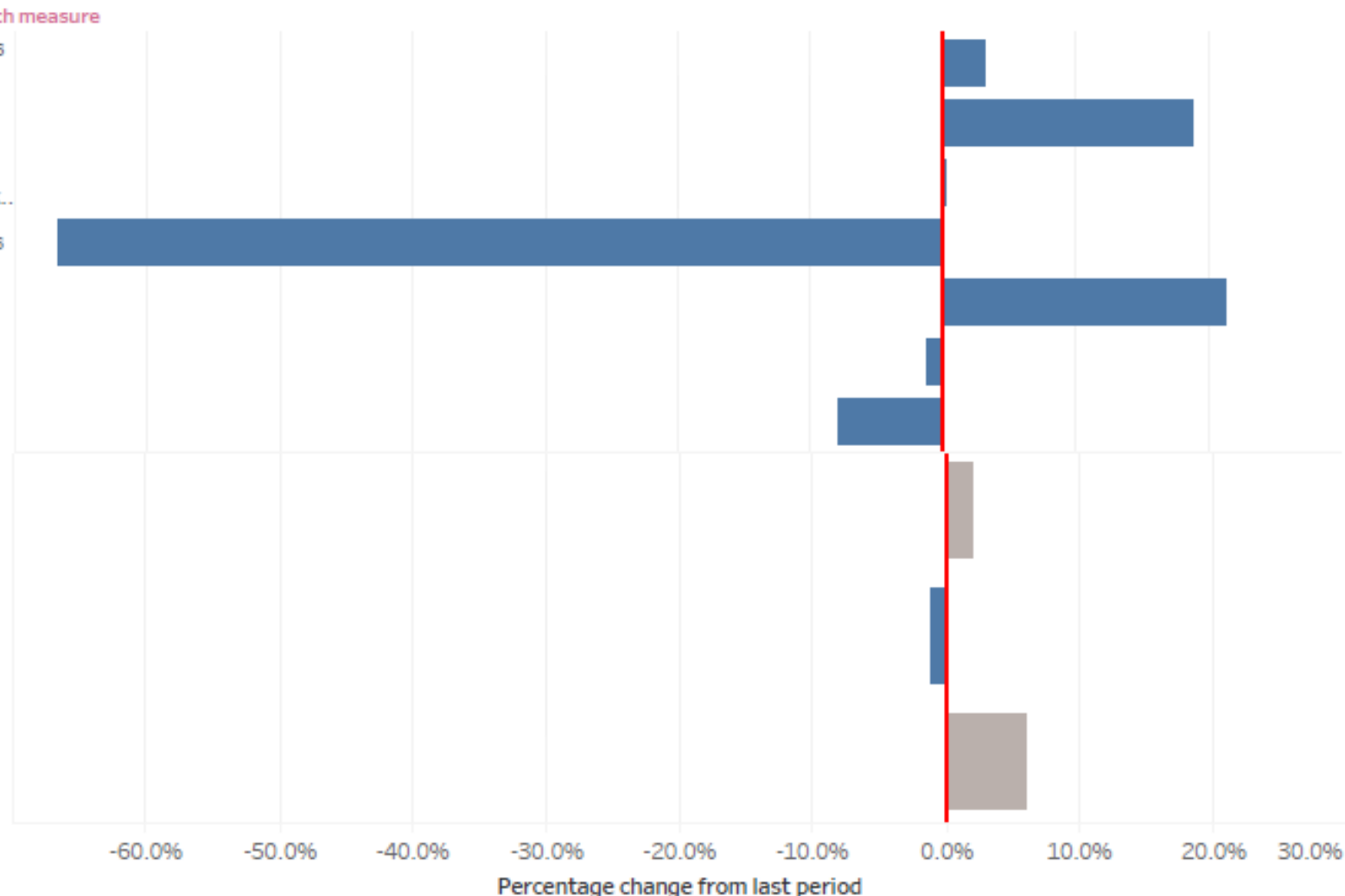
Staff Turnover Rate

Total FTE Vacant

Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)

Total % of adults receiving any care or support who rated it as excellent or good



Current Period
May-20
May-20
2019
Mar-20
May-20
May-20
May-20
2017
2019
2017



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