Agenda Item	**5**
Report No	**JMC/15/23**

THE HIGHLAND COUNCIL / NHS HIGHLAND

Committee: **Joint Monitoring Committee**

Date: **27 September 2023**

Report Title: **Annual Performance Report 2022-2023**
Highland Health and Social Care Partnership

Report By: **Pam Cremin, Chief Officer**

1. Purpose/Executive Summary

The Health and Social Care Annual Performance Report (APR) for the year 2022-23, follows the requirement by the Public Bodies (Joint Working) Scotland Act, 2014. Submission on the Annual Performance Report is as per deadline of 30 September 2023.

2. Recommendations

2.1 Members are asked to:

- Approval

3. Implications

3.1 **Resource** - There is no resource implication as a result of this report.

3.2 **Legal** - Instruction for Scottish Government to submit Annual Performance Report. The key performance overview demonstrates the financial year (April 2022 – March 2023), this ensures that there is data continuity linking previous and new reporting using full year data. The latest performance against the National Integration indication, Ministerial indicator and North Highland IPQR are detailed in the appendix.

3.3 **Community (Equality, Poverty, Rural and Island)** - There is no community impact as a result of this report.

3.4 **Climate Change / Carbon Clever** - There is no impact on climate change as a result of this report.

3.5 **Risk** - Risks will be identified through the Annual Performance Reporting. Key risks to delivering our strategic objectives and overall performance are noted in the report (see page 27) and mitigation in place:

- Service sustainability and increasing demand.
- Infrastructure
- Rural Delivery
- Workforce capacity and resilience
- Finance

3.6 **Gaelic** - There is no impact.

4. The Highland Health and Social Care Partnership Annual Performance Report 2022/23

4.1 The Annual Performance Report (APR) assures the progress in meeting the priorities and actions and is required to be updated and submitted annually to the Scottish Government.

4.2 The Health and Social Care Partnership (HSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing.

4.3 The HSCP has built upon previous years and the report demonstrates how services have performed across Primary Care, Community Care, Mental Health, Children and Adult Social Care.

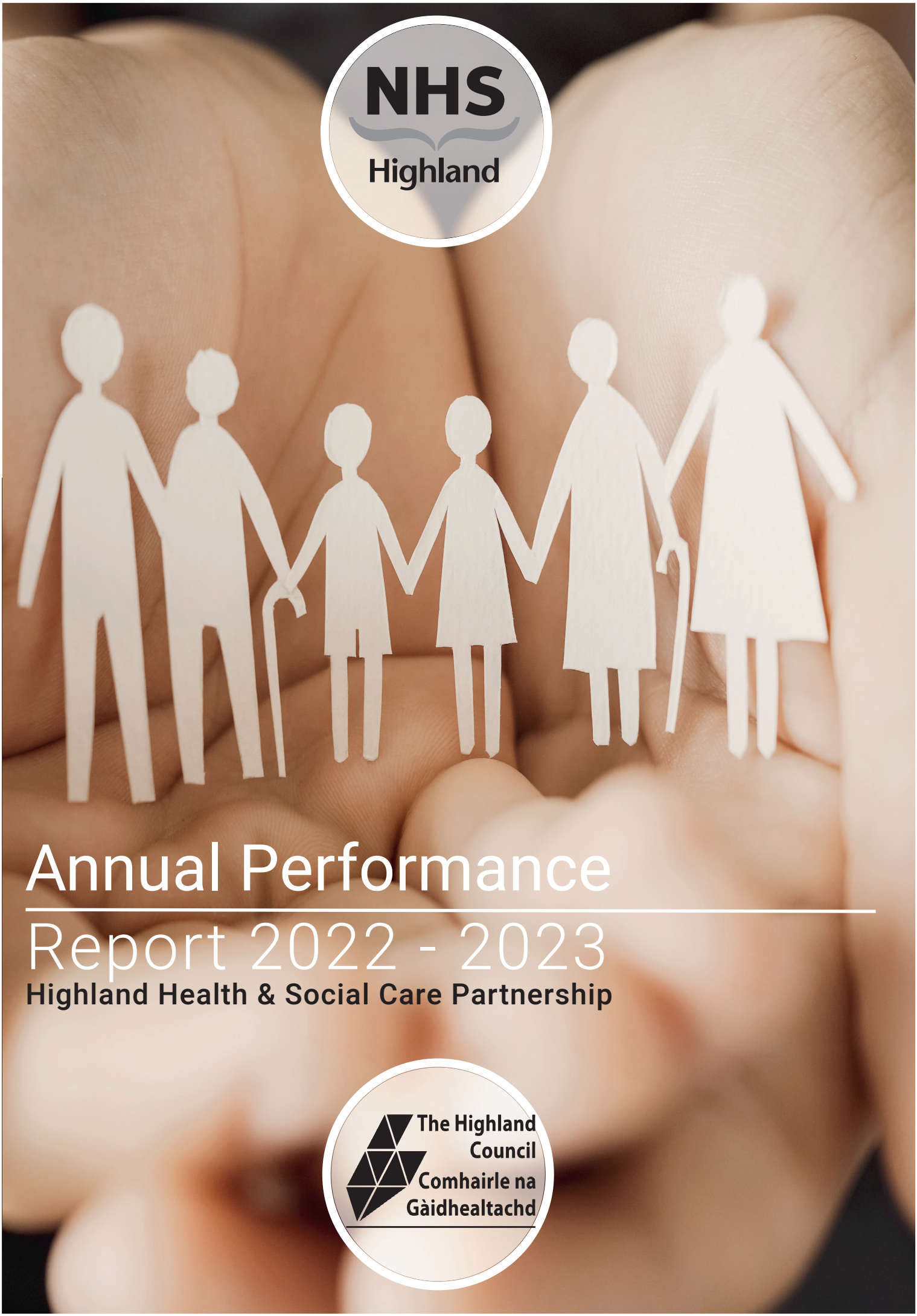
4.4 The report appendices identify performance against national integration outcomes and ministerial strategic outcomes. They also cross reference these with the NHS Highland Together We Care strategic outcome areas.

4.4 The report highlights key successes which illustrate practical examples of achievement in addition to the data driven appendices.

4.5 At the time of writing, we are awaiting the availability of ministerial strategic indicators from Public Health Scotland (PHS). The data which remains outstanding is indicated as not yet published in the appendices of the APR and will be updated as the data becomes available. This is expected in October 2023.

Designation: Interim Head of Strategy & Transformation NHS Highland

Date: September 2023
Author: Rhiannon Boydell



NHS Highland

Annual Performance Report 2022 - 2023

Highland Health & Social Care Partnership

The Highland Council
Comhairle na Gàidhealtachd

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Appendices

Foreword

Welcome to the Annual Performance Report (APR) by Highland Health and Social Care Partnership, on the performance of integrated health and social care provision. The report provides us with the opportunity to celebrate our achievements, share our challenges and reflect on our future delivery of health, social care and wellbeing services, together. We would also like to take this opportunity to recognise the commitment, dedication, person-centred professionalism and resilience of all colleagues working in health and social care, partner agencies, unpaid carers and community volunteers during this challenging period.

As a Partnership, we are committed to developing our services through planning and engagement with our Highland communities. All of our staff, carers and volunteers across Highland are working hard together to improve the health and wellbeing of our population. This report highlights the positive outcomes that the health and social care services are delivering; to everyone using our services, their families and the wider community. Through continuing to ensure people's voices are heard, their needs are understood and effectively met in collaboration with our partners. Thank you to everyone for your continued support and efforts and we look forward to continuing to work with our stakeholders and partners to shape the future of health and social care in Highland.

Pamela Cremin
Chief Officer

NHS Highland

Fiona Duncan
Executive Chief Officer Health and Social Care
Chief Social Work Officer

The Highland Council

Introduction

We welcome the opportunity to share the Health and Social Care Annual Performance Report for the year 2022 as required by the Public Bodies (Joint Working) Scotland Act, 2014. The Health and Social Casre Partnership (HSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The report highlights the key areas of achievement and challenges that we have faced over the year. 2022 has been challenging, but we have worked hard to continue to provide excellent health and social care services for our Highland communities which consists of Primary, Community, Mental Health, Acute Care, Children and Adult Social Care.

The HSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities. There are many examples where performance has been positive and innovative which we aim to maintain. In those areas where there is still work to be done, we are planning our future steps. We have many complex decisions to make around what services will look like in the future. The Health and Social Care Partnership will continue to focus on improving the health and wellbeing as well as delivering an inclusive high-quality service for everyone in Highland. I wish to thank all of our colleagues and partners who continue to provide services to improve the lives of those who live and are cared for in our Highland communities.

Strategic Context and Overview

Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. The Highland Council act as lead agency for delegated functions relating to children and families, whilst NHS Highland undertakes delegated functions related to adults.

Children's health services are commissioned by NHS Highland and delivered by Highland Council acting as the lead agency. Similarly, adult social care services are commissioned by Highland Council and delivered by NHS Highland. Both partners report through joint arrangements with the governance of the partnership being managed through the Joint Monitoring Committee.

The Partnership covers the Highland Council area and is divided into coterminous districts centred on nine local Community Planning Partnerships.

A Joint Strategic Plan for adults is currently being developed by the Partnership through a Strategic Planning Group including both partners, independent sector and third sector representatives and community representation. This will be a 3 year plan covering the period 2024 – 2027.

The next iteration of the integrated children's service plan is currently being developed by the Integrated Children's Services Planning Board (ICSPB) on behalf of Highland Community Planning Partnership.

In developing this plan, the ICSPB has undertaken a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 – 2026 plan.

In addition to the joint strategic needs assessment the priorities for this plan have also been driven by the voice and testimony of children, young people and their families.

As the current plan is a two year plan to reflect the impact of the pandemic the ICSPB intends to re-establish its priorities around the themes of the current plan adding a whole system approach to supporting families as a new priority.

Within the plan, partnership priorities for improvement are set around the following themes:

- **Health and wellbeing including mental health**
- **Child poverty**
- **Children's rights and participation**
- **Child protection**
- **Corporate parenting (The Promise)**
- **Alcohol and drugs**
- **Whole family wellbeing**

Performance Management and Governance

The strategic framework for the planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators. In NHS Highland adult health and social care services are delivered within the NHS Highland performance governance structure which oversees the delivery of the NHS Highland Strategy and Annual Delivery Plan.

The NHS Highland strategy, Together We Care (TWC) is a Board wide strategy, and clearly communicates the strategic vision, mission, and objectives we need to achieve over the next five years. Whilst our strategy unites our focus and direction, our progress towards achieving its aim is set out and monitored in our Annual Delivery Plans. These plans are fully cognisant of the role and responsibilities of the lead agency Integration Authority (IA)in North Highland and the Integration Joint Board (IJB) in Argyll & Bute

NHS Highland has produced a Performance Management Framework. This aims to ensure that NHS Highland successfully delivers national standards for performance and agreed targets encompassing all areas of our strategy “Together We Care, with you, for you” in line with our annual delivery plans. A service planning framework has also been introduced to provide ownership at service level ensuring appropriate plans are in place with clear oversight and governance. The framework ensures an integrated approach to both performance and quality management.

At board level we have redesigned our Integrated Performance and Quality Report (IPQR). This report gives the board an overview of performance and quality across NHS Highland bi-monthly. It is compiled from data considered at our governance committees along with comments, risks and mitigations from our executive leads. A subsection of the IPQR has been agreed by the Highland Health and Social Care Committee, which receives the report, and assurance on performance against it, at each meeting.

Together We Care
with you, for you

Performance management framework for the integrated children’s services plan. The integrated children’s services partnership recognises that children’s services planning is an ongoing process and central to good planning is ensuring a robust connect between national and local strategic planning. Our performance management framework connects partnership strategic planning within a single framework. This framework provides both the tools for planning, self-evaluation, reporting, performance management and assurance.

The Integrated Children’s Service Planning Board has responsibility for monitoring progress towards achieving the outcomes outlined within the Integrated Children’s Services Plan and utilises a fully developed Performance Framework to achieve this.

Within our planning processes lead officers from partner organisations have been identified for each themed group along with a lead officer for each of the improvement priorities. Partners work together and take responsibility for co-ordinating performance reporting on a regular basis. In addition, our performance is measured through listening to the voices of children, young people and their families, learning from self-evaluation, analysing intelligence and scrutinising an agreed set of qualitative and quantitative improvement measures.

Performance Overview

INTRODUCTION

Over the last year there has been a move from the post-COVID remobilisation of services to focus within the Health and Social Care Partnership on system flow and preparation for winter pressures. From October onwards health and social care services across Scotland experienced an increase in the prevalence of Flu and Covid19 in addition to expected winter illness and system pressures. The Health and Social Care Partnership engaged in collaborative whole system improvement to enhance patient flow through hospitals. A significant challenge during the year affecting system pressures, has been in the commissioned adult care sector.

Key Performance Overview

The key performance overview demonstrates the financial year (April 2022 – March 2023), this ensures that there is data continuity linking previous and new reporting using full year data. The Latest performance against the National Integration indicators, ministerial indicators are detailed in the appendix.

Benchmarking

The benchmark for the National Integration Indicators, making a comparison with the Scottish average has been incorporated into the appendix. This is to allow a performance comparison as there are no national standards or targets in place. There is a table on the appendix that explains the percentage comparison as below;

Benchmarking	
	Better than average
	Average +/- 5%
	Worse than average

Performance Management Framework

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance, and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report (IPQR)

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care Senior Leadership Team, and Highland Health and Social Care Committee members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

KEY ACHIEVEMENTS IN ADULT SOCIAL CARE

CARE AT HOME

The Partnership's key objectives for commissioned care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release / growth.

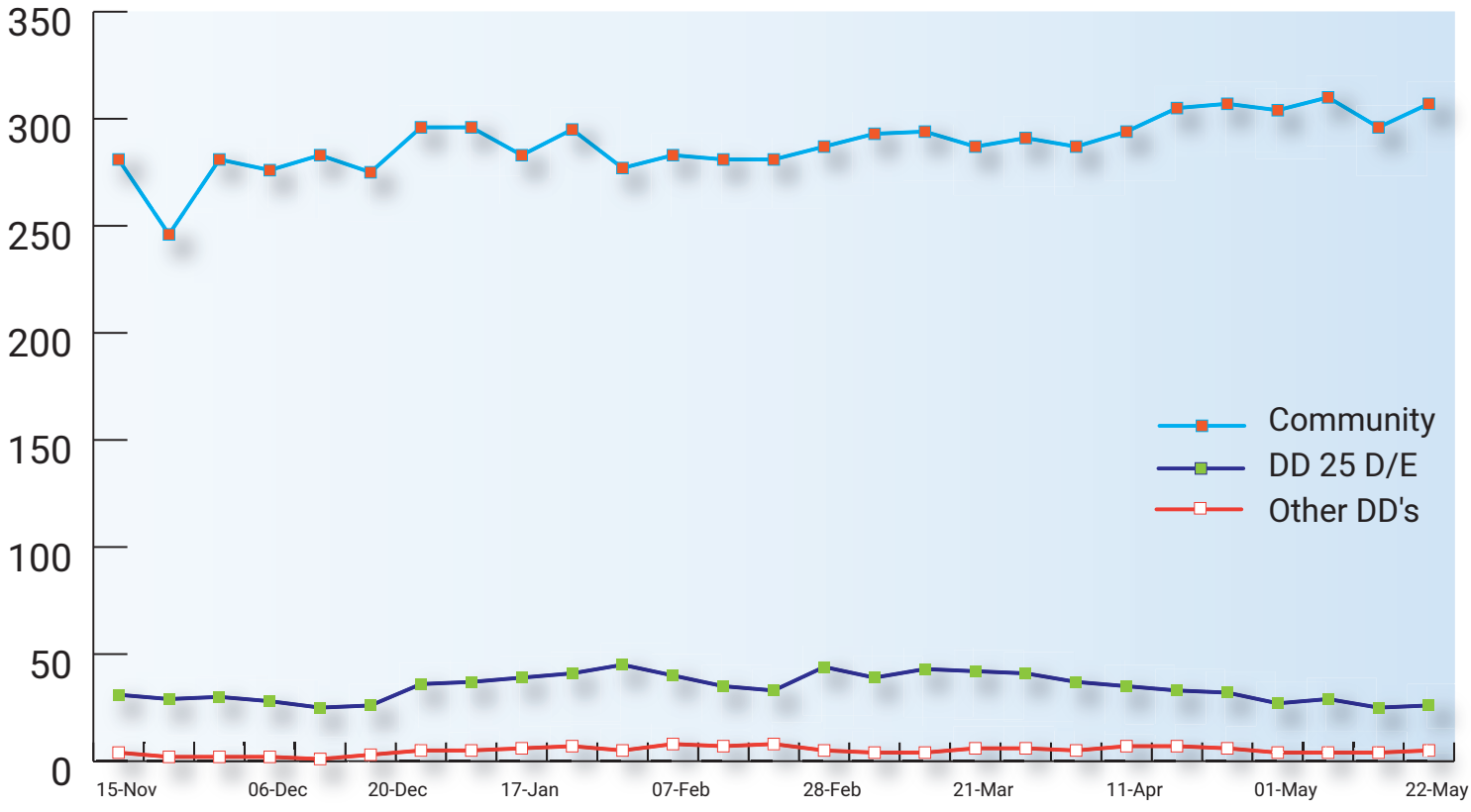
NHSH has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as: high attrition and unsuccessful recruitment, impacted by: role pressures; (perception of) sector / role inequity; and fuel costs; staff wellbeing issues specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022-2023, there has however been a significant reduction of available commissioned services (1,300 hours pw), despite the measures put in place by NHSH to seek to stabilise provision, and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

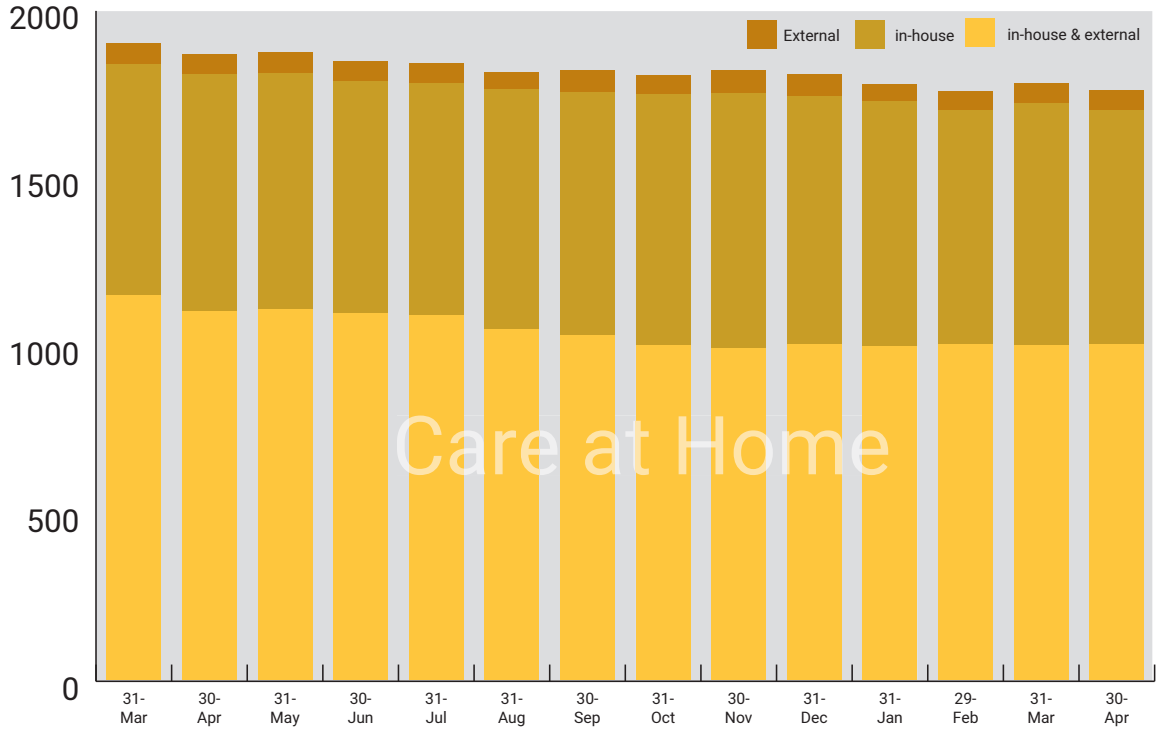
This reduced service capacity is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

Going forward into 2023-2024 and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership's Strategic Plan. To support this direction, there is a need to identify and implement more significant interventions to shift direction.

The following graph demonstrates all the North Highland hospital Delayed Hospital Discharges assessed as requiring care at home (identified in the graph as DD 25 D/E), and those waiting in the community. It represents the total number of people waiting for a care package every month.



As demonstrated in the following graph, the overall numbers have continued to fall after a period of significant and sustained reductions during 2021 and 2022. NHS Highland and external care providers continue to operate in a pressured environment. There has not been growth in external care at home, low levels of recruitment and the loss of experienced care staff that continue to be the primary concern expressed by providers.



CARE HOMES

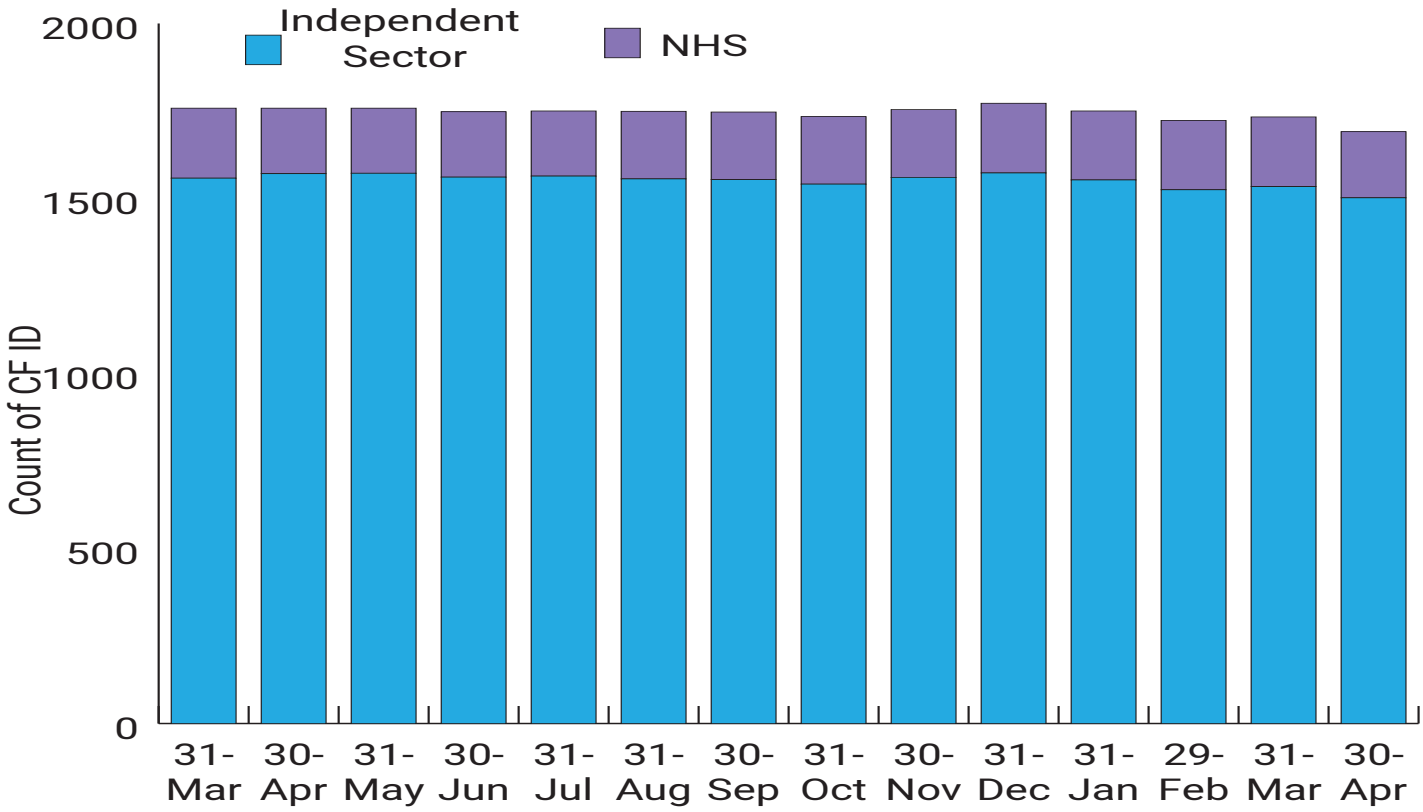
There has been significant independent sector care home fragility over 2022-2023. Since March 2022, there has been 4 independent sector care home closures, with a further closure, announced in March 2023. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home beds. Also over this period, the Health and Social Care Partnership acquired a care home in administration, in order to prevent the closure of this facility and loss of this provision.

This fragility is attributed to a number of factors, namely the remote, rural and small scale provision in Highland, particularly the difficulties of recruiting and retaining staff in these localities (and across the area), securing and relying on agency use, and the lack of available accommodation which compounds the challenges. The single biggest challenge is the ability to recruit and retain staff, and to be able offer more favourable terms and conditions compared to the NHS and to compete against other workforce sectors, particularly the tourism economy.

Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract rate is calculated on the basis of a 50 bed care home, operating at 100% occupancy. The Partnership continues to make representation to Scottish Government and to Ministers to address this inequality.

This reduced bed availability is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

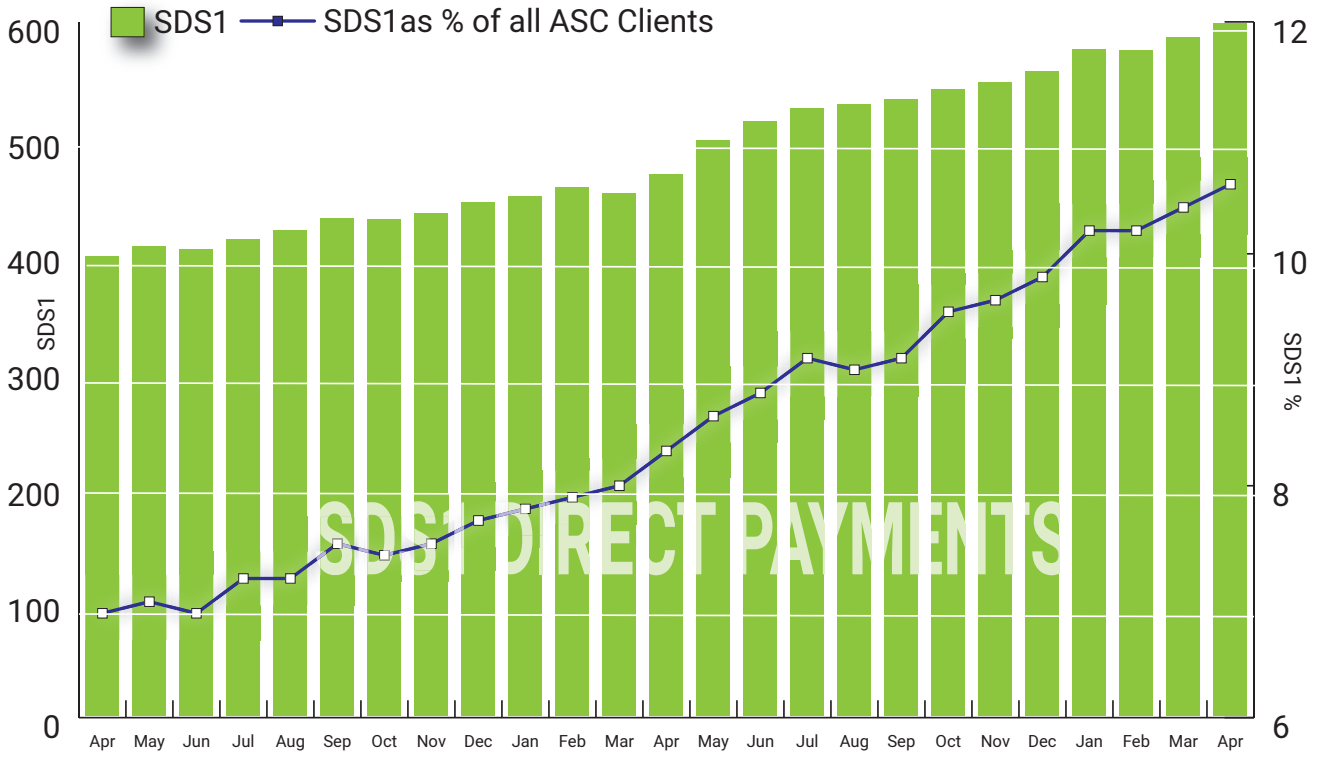
The graph below demonstrates that the total number of independent sectors occupied beds at April 2023 was 1502 which is the lowest for many years. This reduced bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from the hospital setting.



The Health and Social Care Partnership are working closely with Highland Council to develop a strategy for care homes and an implementation plan to span the medium to longer term care environment.

ADULT SELF DIRECTED SUPPORT / CARER SHORT BREAKS

There has sustained growth in Option 1, direct payments, for both younger and older adults in some remote and rural areas. There is an overall increase of 201 since March 2021 with further growth expected this year. The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services. There is an increase in Option 1 recipients who can retain and recruit personal assistants, this demonstrates resource pressures that are affecting all aspects of the care delivery.



Plans are now in development to better understand and resolve any process barriers to growing the overall number of ISFs. A restructure of the operation of Option 2's was agreed as a key work stream component within an overall programme for promoting choice, flexibility, and control.

KEY ACHIEVEMENTS IN ADULT SOCIAL CARE

- Development of a case file audit process
- The appointment of an Adult Protection Training Officer and development of a new, comprehensive, multi-agency training programme across Highland is now well progressed .
- An increase in learning review activity has enabled increased learning from cases.
- Revision of the Highland Adult Protection Committee improvement objectives which are:
- Providing leadership through building partnership working and promoting and developing ownership of adult protection responsibilities across relevant agencies including the role of health in adult protection work
- Understanding and responding to the strategic context of adult protection and being accountable to stakeholders
- Promoting consistency of good practice through linking legislation and Codes of Practice to local practice and exploring the implementation of Trauma Informed Practice, Supported Decision Making, Chronologies and Interagency Referral Discussions
- Assuring quality across current activity through evaluation and audit work
- Promoting participation in adult protection; ensuring the voices of adults at greater risk of harm and their carers are heard and understood
- Sharing learning from reviews
- Promoting the awareness of harm to our communities by engaging cross-sector partners

COMISSIONED CARE HOME SERVICES

Development of a care home closure framework has to guide decision making and ensure consistency of approach to the closure of a care home. This has been developed in response to significant independent sector care home fragility over 2022- 2023. Since March 2022, there have been 4 independent sector care home closures, with a further closure, announced in March 2023, which is currently concluding. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home beds.

COMISSIONED CARE AT HOME SERVICES

Close working with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions. The Partnership's key objectives for commissioned care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release and growth.

CARERS

Operation of an SDS Option 1 Short Breaks scheme which has given unpaid carers the opportunity to tailor a personalised break. This complements the supports that are available to carers via a range of Carer services introduced to mitigate the worst impacts of covid-19. Review of carers services to explore how we will shape our carers services into the future. We have done this by bringing unpaid carers and providers together and we are supported Health Improvement Scotland's iHub to ensure this is a collective and collaborative response to meeting unpaid carers needs locally.

SELF DIRECTED SUPPORT (SDS)

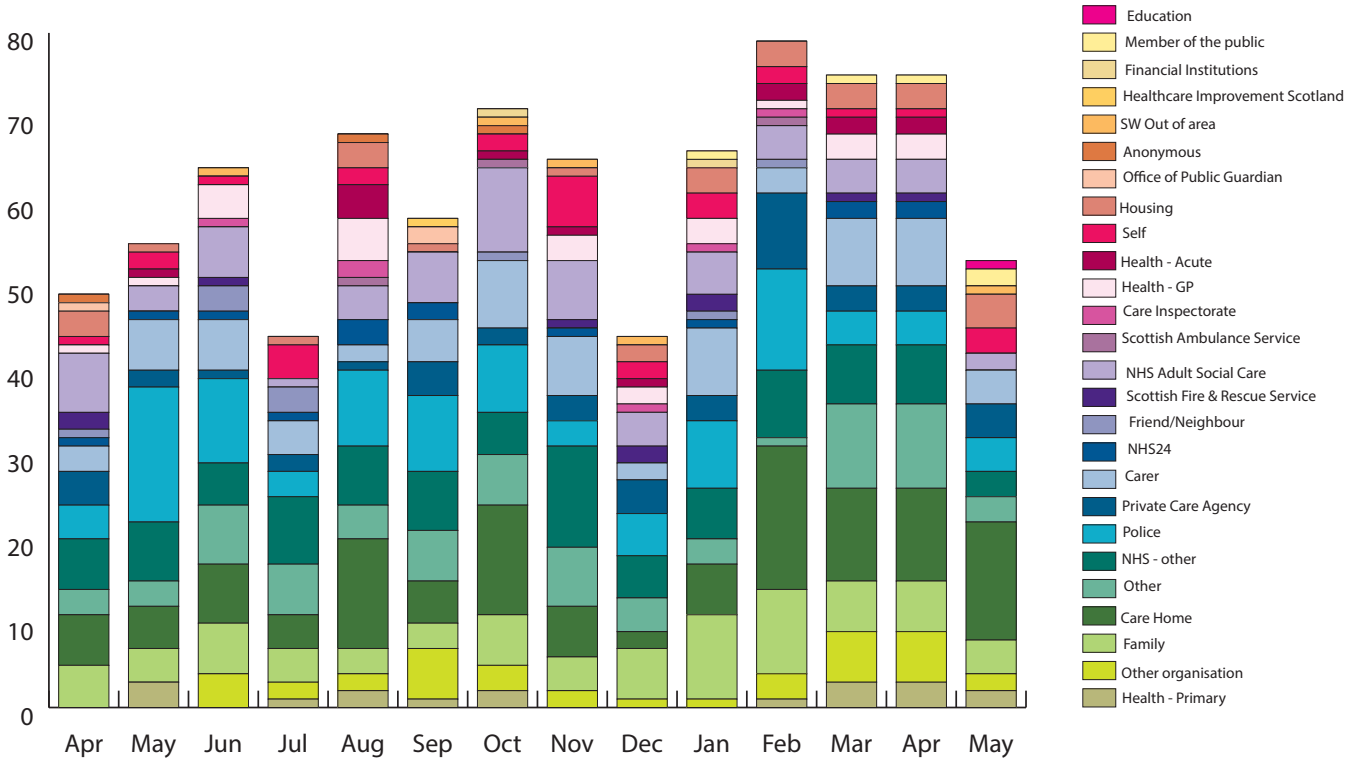
- Review of our Self-directed Support through forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions. We were invited to explain this work nationally at the National SD Collaborative this year and received a visit from the Cabinet Secretary to hear about developments.

We are currently taking a planned, programme approach to:

- Creating more time and capacity – in consultation with workers - via reduced bureaucracy
- Creating greater Worker Autonomy
- Increasing the availability of Independent Support
- Explore new, more flexible commissioning models: Option 2; Alliances, Place-based etc.
- Providing realistic funding for Option 1s, an
- Supporting 'grass roots', systemic self-evaluation and improvement planning

ADULT SUPPORT AND PROTECTION

The following graph demonstrates the number and source of Adult Support and Protection referrals andillustrates that referrals come from multiple sources. Previously the main source was the Police. However as people have become more aware of Adult Protection the numbers of referrals have increased from other sources. The number of referrals that progress to a full investigation following the initial inquiry is approximately 25%.



"We have done work alongside our partners, in-Control Scotland, to better understand the operation of our Independent Service Funds. We know there are issues in offering greater choice and control in this area and we have brought different component parts of our system - including recipients, contracts, providers, managers and workers - together to see how these can be addressed. As a result of three workshops we have identified the main themes for improvement.

These themes relate to creating an equal working alliance between workers and supported people and increasing the autonomy of workers to realise flexible and creative three-way care planning with trusted providers and supported people. We are planning now to translate the outputs from the work above into creating maximum contractual flexibility to enlist appropriate provision for individuals needing support wherever possible

"We are working with representatives of the local communities in West Lochaber to explore howSDS might be used to offer a rangeof opportunities to reshape social care in the area.
We are aiming that this work might develop into a collaborative, "placed-based" commissioning exercise - pulling the different parts of the system togetherbehind a common purpose. We want to explore how a full range of opportunities can be stimulated andmade available for people in local communities.We are planning to take a "project" approach to this to enlist appropriate organisational support"

"We are working alongside Health Care Improvement Scotland's iHub to help us forge an alliance between unpaid carers and statutoryand community providers to realise the future shape of carer services in Highland. This means that current services and unpaid carers are beginning to work together to develop and share a common goal for carers services. We want to build trust and relationships between the parties: and we want to develop a learning culture where our providers are encouraged to respond flexibly to meeting carer's expressed needs - feeling empowered to try innovative and experimental ways to provide that support."

"We are working with those managing an Option 1 (Direct Payment) and with those with budget responsibilities in Adult Social Care to see if we can describe a fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PA) is a realistic and sustainable option. Work with a local "Peer support group" is well advanced;and a model which recognises the real component costs of employing a Personal Assistant in our urban, rural and remote geographies has been agreed. We anticipate that a new hourly rates will be put in place shortly."

"We are involved in an important Self-evaluation and Improvement project of SDS for Highland in partnership with Social Work Scotland and the iHub. This is part of the National SDS Improvement Plan. We are employing facilitated self-evaluation methodology to co-produce improvements in how social workers and their partners carry out some of their "core" work: increasing their capacity for relationship-based practice and their ability to offer greater choice, control and flexibility in social care."

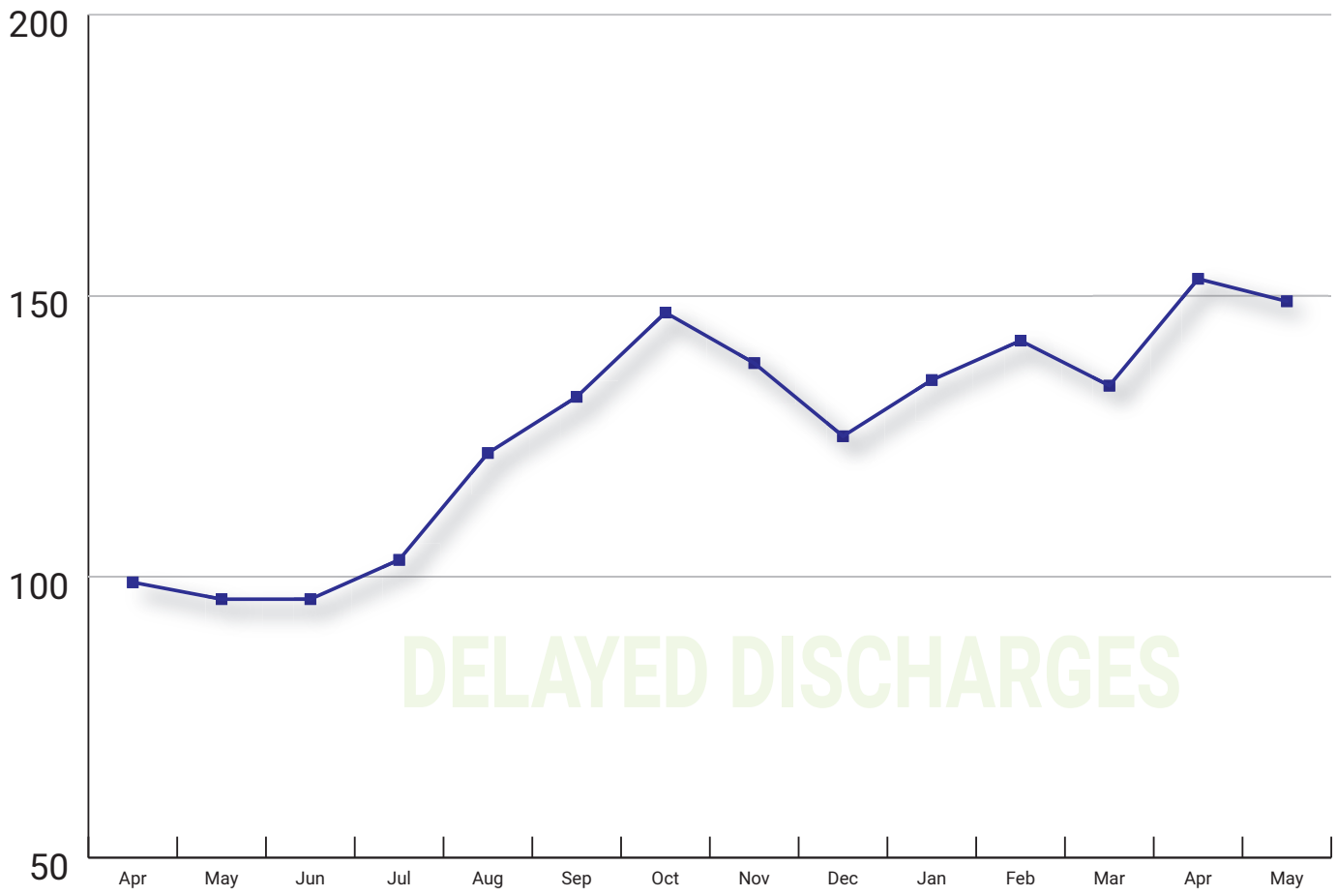
Working Together in Partnership

WHOLE SYSTEM FLOW

DELAYED DISCHARGE

There is no national target for delayed discharges (DDs), but Highland aim to ensure we provide our population care in the right place at the right time.

The following graph demonstrates the total number of delayed discharges every month until May 2023



Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

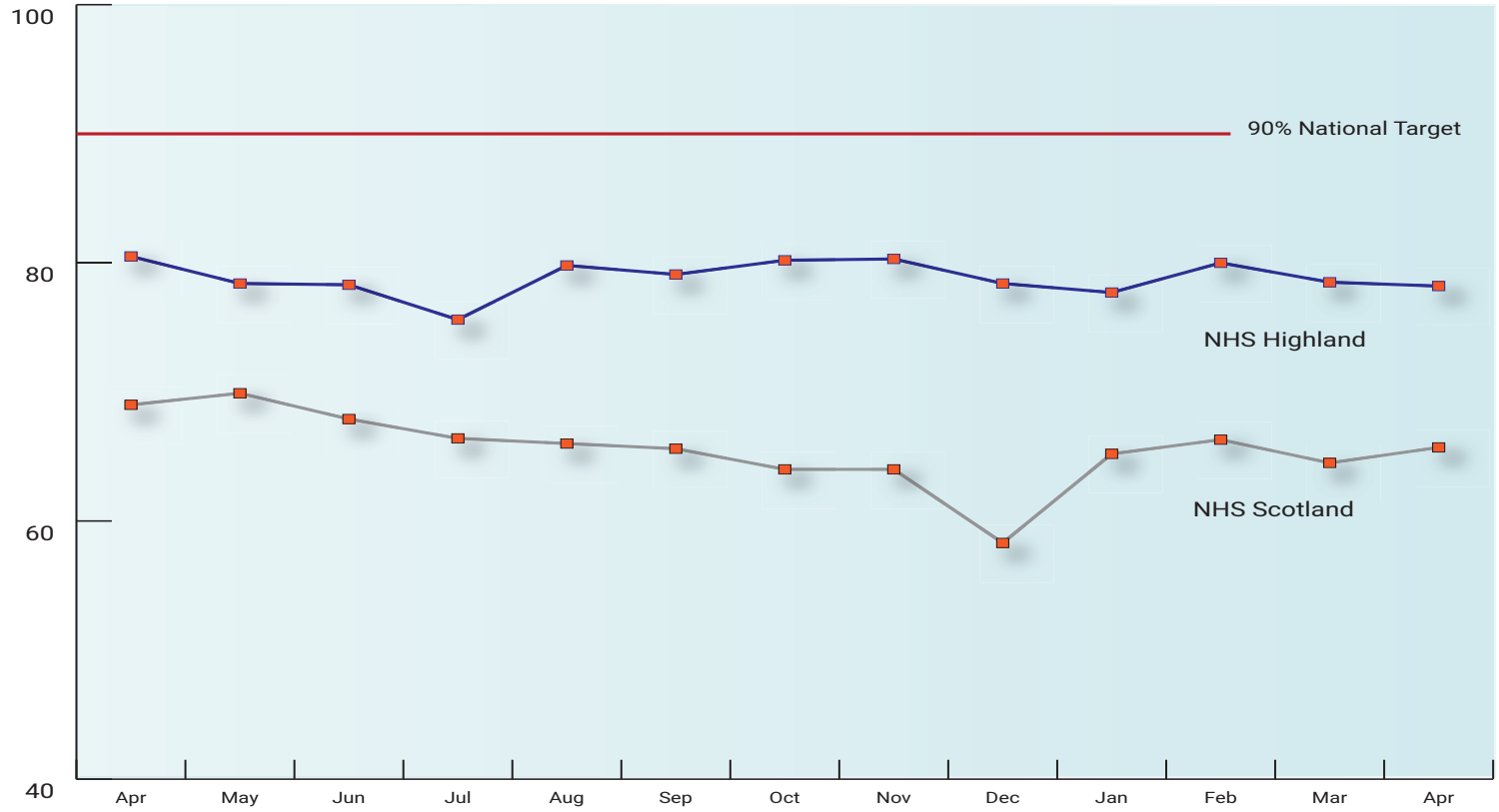
It is recognised that there is a close relationship between the unscheduled care work required across the system and the level of delayed discharges, this is alongside the competing challenges within acute and community services. There has been a need identified for quality improvement work across the organisation and is in Highland we are progressing key developments that are underway.

It is recognised that cross system working is key to ensuring success of this work with benchmarking from other areas to achieve sustainable improvements.

KEY ACHIEVEMENTS IN WHOLE SYSTEM FLOW REDESIGN

WINTER AND SYSTEMS PRESSURES

The 4-hour Emergency Access Standard remains the key indicator and measure of whole system safety and continues to be supported by the Royal College of Emergency Medicine (RCEM),and a wide range of clinical groups. The following graph illustrates that NHS Highland were able to maintain the 4-hour Emergency Access Standard through the year and during the period of winter pressure at a standard above the Scottish national average.



The national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred, or discharged within four hours.

This programme of work included services from the front door of the 4 Emergency Departments through Acute services, Community and Adult Social Care and includes partner agencies such as SAS.

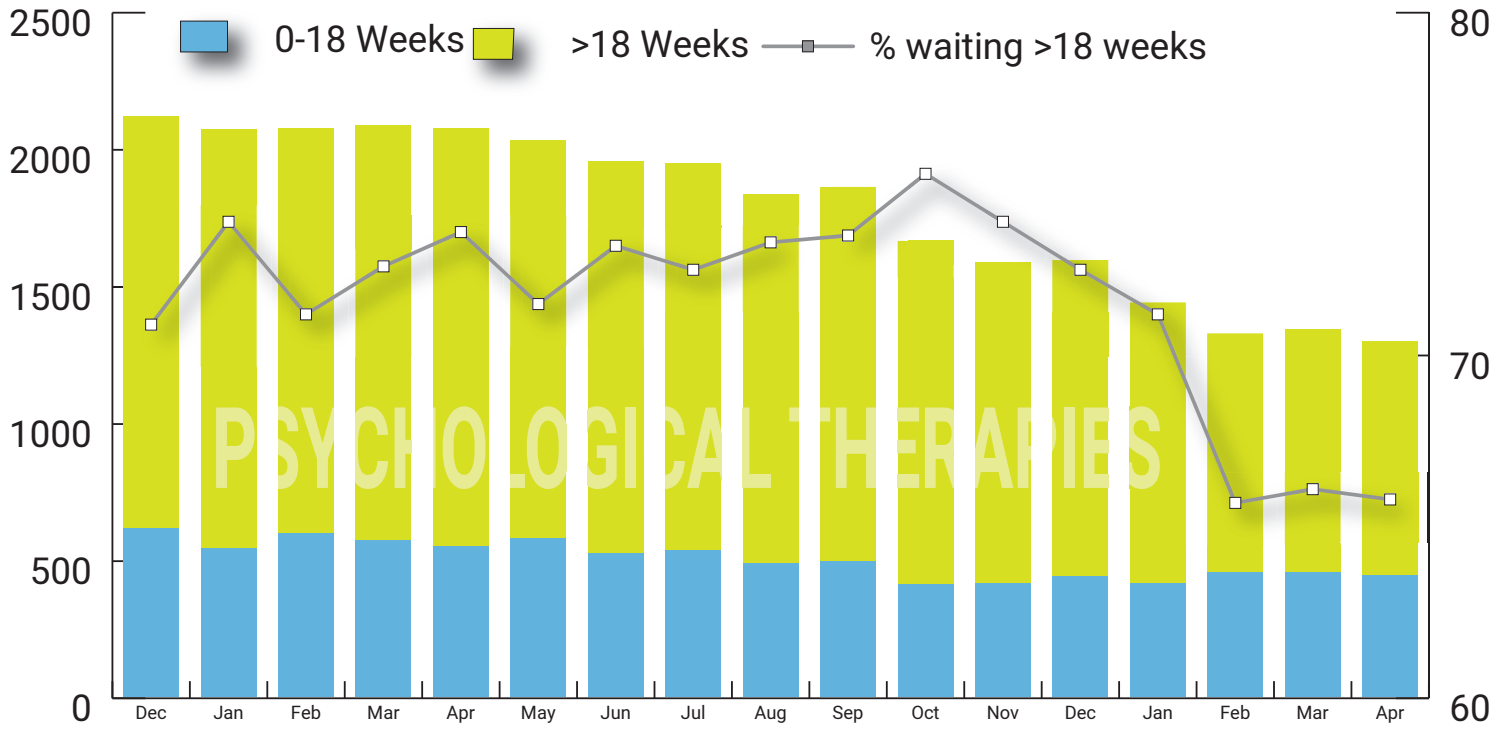
This was established through a "Winter Ready" task and finish group in September to bring together colleagues, 3rd sector and partners as a whole system approach to developing our "Winter Ready Action Plan" (WRAP). Six key priorities were identified to support the system with key actions and outcomes. This allowed us to work collaboratively, system wide to support the development of a mutual understanding of the required outcomes for our population through an integrated approach.

For each of the 6 key themes a set of mission critical actions (54 in total) supported by key performance indicators were developed. Twice weekly tactical meetings were held on Thursdays to ensure accountability and responsibility. Each week a system pressures report was used at the Thursday meetings to examine the whole system across community and acute to understand what mitigations were being put in place to ensure resilience.

KEY ACHIEVEMENTS IN MENTAL HEALTH AND LEARNING DISABILITY

PSYCHOLOGICAL THERAPIES

The national target: 90% of people commence psychological therapy-based treatment within 18 weeks of referral. Psychological therapies services have had longstanding challenges with significant waiting times. There are several factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.



There will always be a need for specialist services and Highland are working to build a sustainable model. Recruitment and retention is a challenge with national recruitment is taking place. There has been successes in developing a neuropsychology service which forms the majority of out current extended waits. The data provided is showing improvement overall with clear trajectories agreed with Scottish Government as we progress with our implementation plan.

DRUG AND ALCOHOL RECOVERY

- The collection of experiential data from people accessing services, family members and practitioners. The data has been thematically analysed with support from Research and Development colleagues and will be used to inform future service developments
- Completion of an evaluation of the Housing First pilot which reported that: “Stable housing alongside rapid access to treatment and support for independent living provides a foundation for improved health and wellbeing, reduction in criminal behaviour and less health emergencies including overdose”. The learning will be incorporated in to mainstream services.
- Delivery of a webinar by Caithness Drug and Alcohol Recovery Service In partnership with Health Improvement Scotland, in order to share learning on delivery of assertive outreach in remote and rural communities to reduce drug deaths.
- Expansion of the residential rehabilitation capacity in Inverness within the grounds of Beechwood House. The expansion will allow a 46% increase in annual service capacity and provide benefit to the Highlands

as well as the surrounding areas of Moray and the Western and Northern Isles. Supported by the Drug and Alcohol Recovery Service, CrossReach were able to secure funding of £2.4million from the Scottish Government to achieve this.

- Progress toward delivering the national Medication Assisted treatment Standards (MATS) across NHS Highland. There are no longer lengthy waits and individuals requiring medication assisted treatment will be able to access this on the same day of presentation. There has been an increase in non-medical prescribers who can prescribe treatments previously only available from a GP or specialist doctor.
- Progress in relation to proactively seeking and offering support to all individuals identified as being at risk of harm.
- Caithness and Inverness have both developed specific outreach models with the objective of reducing
- drug related deaths.
- Joined up working arrangements with Scottish Ambulance Service and Police Scotland have strengthened enabling local services to proactively and urgently respond where concerns have been identified i.e. non-fatal overdose pathway
- Waiting times have reduced across Drug and Alcohol Recovery Services.
- Improvements in access to harm reduction interventions.
- Individuals are now routinely offered a range of harm reduction interventions wherever they present for treatment. This is evidenced by an increase in Naloxone distributed across Highland.

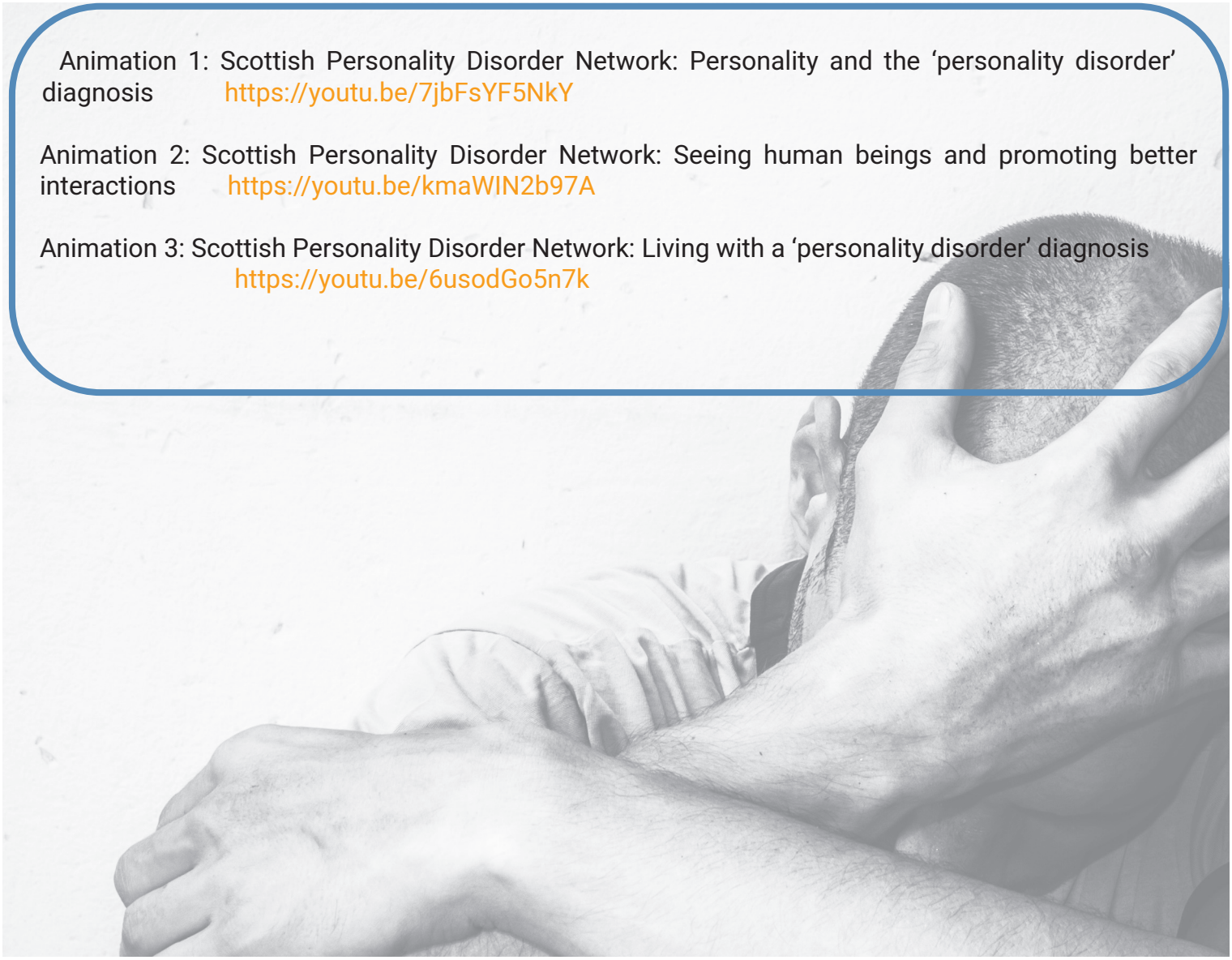
MENTAL HEALTH

- Establishment of a Mental Health & Wellbeing Primary Care Service (MHWPC). The service provides easily accessible psychological interventions to individuals with mild to moderate mental health concerns
- Revision and improvement of the Psychiatric Emergency Plan including the provision of a new Escort Team to support people transferring into New Craigs Hospital in Inverness from across Highland.
- Establishment of The Highland Peri-natal and Infant Mental Health service. The service provides care and treatment from a wide range of disciplines including midwifes, psychology and mental health nurses.
- Involvement of the Highland Mental Health Assessment Unit in the joint Operation Respect initiative over the festive period. This initiative aimed to improve relationships between agencies and the unit continues to proactively develop relationships with other agencies.
- The development of strategies and interventions to enable people to stay at home longer by the Older Adults Stress & Distress Team working with care homes and community health and social care teams.
- Participation in a pilot project to design Attention Deficit Hyperactivity Disorder (ADHD) assessment
- pathways which will be evaluate later this year.
- Creation of a Mental Health and Learning Disability Services Strategy that we will be available in draft format in July this year. To co-produce this we have worked in partnership with the Scottish Recovery Network to arrange a series of Conversation Cafes to hear from people and created a Stakeholder Group to draft the strategy.
- The NHS Highland Personality Disorder Service has worked closely with the Personality Disorder Network and the Scottish Government to create 3 short animations: “There is Hope Beyond Diagnosis- A Series of Short Animations”.

Animation 1: Scottish Personality Disorder Network: Personality and the ‘personality disorder’ diagnosis https://youtu.be/7jbFsYF5NkY

Animation 2: Scottish Personality Disorder Network: Seeing human beings and promoting better interactions https://youtu.be/kmaWIN2b97A

Animation 3: Scottish Personality Disorder Network: Living with a ‘personality disorder’ diagnosis https://youtu.be/6usodGo5n7k

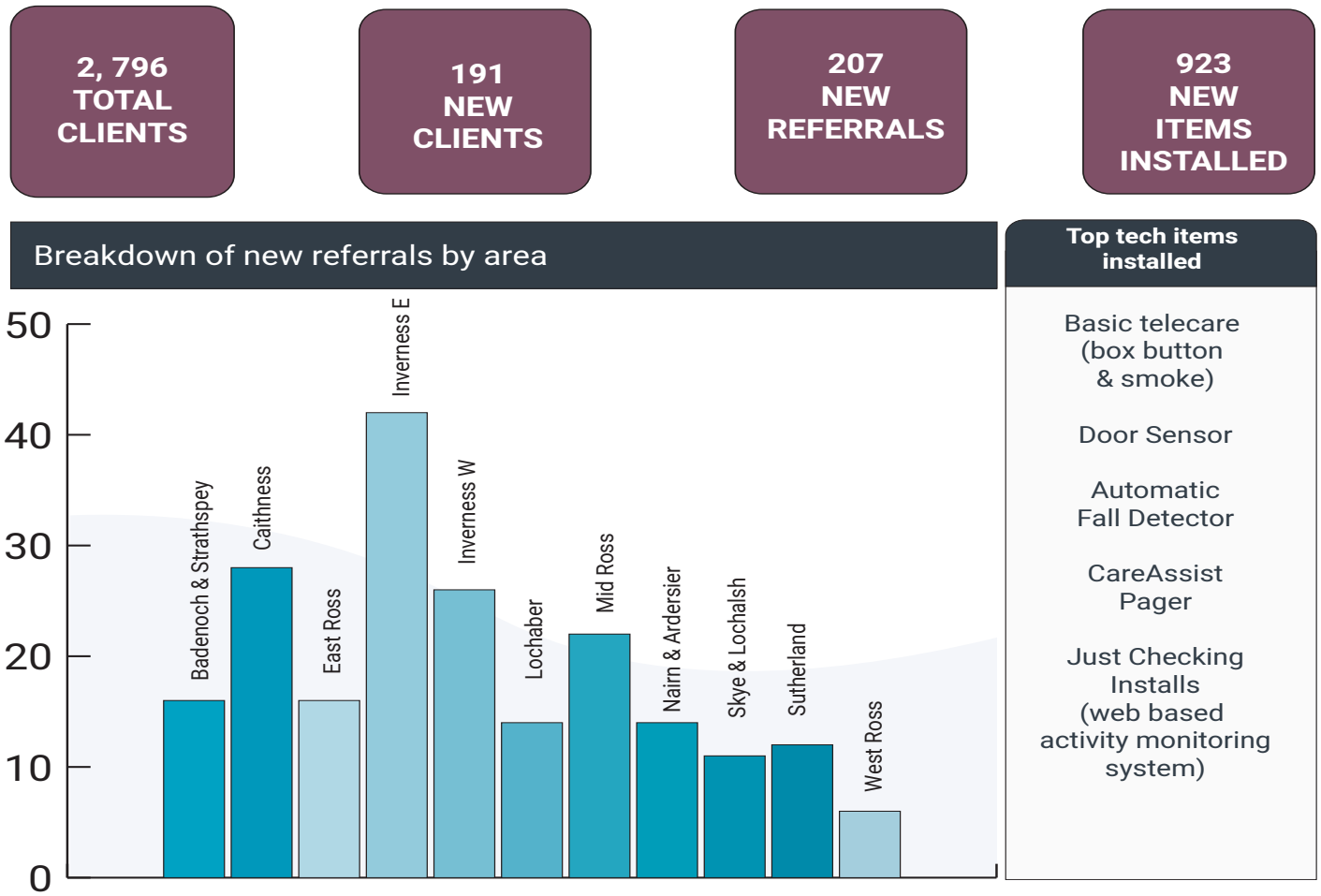


LEARNING DISABILITIES

- Creation of a plan to enable all people with a learning disability to receive a health check from a registered professional.
- Review of our housing models. Following the review we will develop further cluster housing models and work with people living in isolated tenancies to live nearer their peers to receive support.
- Development of a new cluster housing project for people with complex needs. We have worked with partners to design and build the project and people will move into their new homes in the forthcoming months.

KEY ACHIEVEMENTS IN DIGITAL HEALTH AND TECHNOLOGY ENABLED CARE

The following data identifies a that there are 2,796 people in Highland currently recieving telecare support services. Between January 2023 and March 2023, an additional 207 people were referred, of whom 191 recieved a service. The majority of these were basic "call and response" servvices, involving the distribution of 923 items installed into people's homes.



TECHNOLOGY ENABLED CARE

- Continued uptake of the use of technology enabled care by clients and patients. Over the year there were 191 new clients and 923 items installed in people's homes.
- Continued use of Near Me video consultation appointments. Psychology Services was our top provider of NHS Near Me, with approximately 44% of people accessing Psychological Services through the platform.
- Completion of a trial in Inverness of Komp, which supports the safe self administration of insulin. The results of the trial were positive and continued funding has been secured for a further 12 months.

KEY ACHIEVEMENTS IN PRIMARY CARE

- The integration of Pharmacotherapy teams of clinical pharmacists and pharmacy technicians across all GP practices. Remote hub models are also in development in Lochaber, Caithness, Invergordon and Inverness.
- First Contact Physiotherapists are in place across all practices working closely with GPs providing improved access for musculoskeletal conditions. With a team of 30 advanced physiotherapy practitioners, the First Contact Physiotherapy service now works in every general practice in NHS North Highland and provides around 50,000 appointments annually.
- The service enables direct, fast access to assess, diagnose and manage musculo-skeletal conditions and supports GP workload, with the ability to prescribe, inject and refer onward. Patient feedback continues to be positive, highlighting ease of access, expert opinion and supported self-management.
- Provision of a community link worker service by Change Mental Health to 29 GP practices. Between February-April 2023, 306 referrals were received. Community link workers can co-ordinate and refer people to access local support services within their area. A service evaluation has been commissioned from the University of the Highlands and Islands.
- Planning for the provision of Community treatment services. These services are due to be implemented during 2023/24 from a range of local venues including community hospitals or GP practices. This service will provide access to a range of nursing services including phlebotomy, wound management and support vaccination transformation.
- Completed merger of three Caithness GP practices creating a greater skill mix of staff, supporting the GP as expert medical generalist. A further merger, of two GP practices is planned, providing greater stability for the Ardnamurchan peninsula.
- Review of GP services on North Coast of Sutherland aligned with the North Coast Redesign and new care facility to be built in Tongue.
- Implementation and progression of an Out-of-hours service review to ensure appropriate workforce model across local areas.
- Increased Public Dental Service (PDS) capacity for in-hours routine and urgent dental care for unregistered and deregistered dental patients. Increasing capacity has been limited by failure to recruit to Dentist posts, mitigated partially by recruitment of Dental Therapists. Recruitment to Dentists posts is unlikely to improve in the short-term. Clinical time has been taken from PDS Dentist appointment books to provide care of unregistered and deregistered dental patients, with the impact of reducing capacity to provide routine care for registered PDS patients and increased waiting times to assess/ treat referrals. Currently, extension of the weekend OOH Emergency Dental Service into weekday evenings is being considered, to alleviate some pressure on in-hours PDS Emergency Dental Service. Also, in specific geographic locations such as Ullapool, where the General dental Practice has closed permanently. The PDS is planning to provide part-time Emergency Dental Service provision in Ullapool, from the vacant Dental Surgery in the Ullapool Health Centre.
- Recruitment to dentist vacancies and introduction of skill mix ensuring dental access for vulnerable individuals, including general anaesthetic. Successful recruitment to Dentist posts has been very limited and unlikely to improve in the short-term, therefore impacting directly on service delivery. Dental Therapists have been recruited where Dentist posts remain unfilled. Recruitment to Dental Therapist posts has proved to be more successful at this time , compared with dentist recruitment, although still challenging.
- New enhanced service glaucoma pathway implemented across 7 Community Optometrists. The new enhanced service 'Community Glaucoma Service (CGS) is a national service and so far, only some HSCP areas in NHS Greater Glasgow and Clyde have implemented the service. The roll out of the service is being directed by SG Community Eyecare Team. NHS Highland requires more optometrists to obtained NESGAT (NES Glaucoma Accreditation Training) before Scottish Government will support the Health Board implementation of the service (this is a similar position in the majority of health Boards). The next NES training cohort for NESGAT will start in July and so it is anticipated the service will be rolled out across NHS Highland next financial year.

- Development of the Pharmacy First scheme now in place across 59 Community Pharmacies, offering

- advice and treatment for range of minor ailments. Twelve pharmacies provide an enhanced Pharmacy plus scheme. The Pharmacy First Service provided by Community Pharmacies is a National service that was established in 2020 as part of the Core Pharmacy contract. The activity over the last year has seen a significant increase. The number of Pharmacy First items prescribed have increased by 27% to 105216 items for full year 2022 - 2023 which is representative of the awareness and confidence in the service by the public. The number of recorded consultations to provide advice has also significantly increased with the biggest increase seen over the busy winter period in comparison to the previous year. Overall activity which includes items, consultations and referrals recorded has seen a full year rise by 28%, slightly higher than the national 24% increase year on year.

KEY ACHIEVEMENTS IN ENGAGEMENT

- Completion of a significant participation and engagement exercise on our Self Directed Support (SDS) strategy by NHS Highland, The Highland Council and a range of partners receiving responses from around 200 people. The exercise gathered the views of people who need support and of those involved in its provision, about how we should deliver self-directed support into the future.
- Completion of a significant consultation exercise on our Mental Health and Learning Disabilities Strategy.
- Completion of a significant participation and engagement exercise included people with lived experience and 74 Partner / Community groups and 18 NHSH service areas. Various methods of engagement were utilised, including virtual and face to face sessions, conversation cafes and event tagging. Over 1000 feedback entries were received from across all areas and the information is stored and available for future use.

KEY ACHIEVEMENTS IN CHILDREN'S SERVICES

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

A clear service model has been agreed, maintaining our unscheduled care model, a plan to establish a separate function for intensive home treatment, and realign our core capacity into a locality-based model, which has become centralised in response to staff shortages and covid response. Locality alignment allows for greater integration with early intervention locality-based provision across NHSH and THC, improving service user experience and allowing for greater flexibility and maximisation of workforce capacity across the entire system.

In March 2023, the North Highland CAMHS service carried out an experience of service survey. Outcomes are presented below for parents/carers, adolescent, and children's experience of accessing the CAMHS Service currently. Overall high levels of satisfaction were recorded, and an action improvement plan is being developed for 2024.

Some comments and feedback received:

- I was treated well by the people who saw me.
- My views and worries were taken seriously.
- I feel that the people who have seen me are working together to help me.
- My appointments were usually at a convenient time.
- Overall, the help I have received here was good.

TRANSFORMING THE ROLE OF THE SCHOOL NURSE

As part of Highland's integrated Children's Services Whole Family Approach to Mental Health and Wellbeing, the partnership have made significant progress to transforming the role of School Nursing. Highland's Advanced Nurse Training Programme has raised the qualification, skill, competence, and confidence of the school nursing workforce to address the impacts of inequalities and address family poverty, with a particular focus on mental health for all of school nursing.

PERINATAL INFANT MENTAL HEALTH

The Perinatal and Infant Mental Health Team is a tri-pathway service covering Perinatal Mental Health, Maternity and Neonatal Psychological Intervention, and Infant Mental Health. The PNIMHT has a particular focus on psychosocial support for the Maternity and the Neonatal Unit, CAMHSs sessions, Perinatal Advice Meetings / Professional Reflection (PAMPR) sessions which offer support to staff across the partnership including Midwifery and Health Visiting.

HIGHLAND SOLIHULL IMPLEMENTATION

The Solihull Approach focuses on developing nurturing and supportive relationships between children and their carer by promoting reflective, sensitive and effective parenting. The Scottish Government have refreshed the Solihull approach as part of the whole system approach to mental health. The partnership have progressed with implementing the national approach over the past 6 months. The partnership are on track to have a cohort of Solihull trainers by Summer 2023. This will enable local implementation of the approach across the partnership and 3rd sector.

CHILD HEALTHY WEIGHT

Working closely with NHS Highland and the third sector The Highland Council dietetic service is helping deliver the tiered programme for child healthy weight which aims to meet the Scottish Government standards for Child Healthy Weight (Tier 2&3) as well as focusing on improving health outcomes for the whole family. To increase uptake, the programmes have been advertised throughout the Highland Council area along with the development of a dedicated webpage on the NHS Highland internet detailing the programmes.

CHILD PROTECTION

There have been a number of key achievements in child protection. These have included:

- Implementation of the new National Child Protection Guidance
- The delivery of interagency and single discipline learning and staff development opportunities
- Quality Assurance of practice and supervision
- Dissemination of learning from case reviews and the sharing of good practice
- Pilot project using Virtual Reality Headsets to obtain the views of children and young people
- Improve opportunities for supporting children, young people and families affected by drug or alcohol issues by implementing a whole family approach
- Implementation of the Safe and Together Model

LEARNING FROM CASE REVIEWS

In Children and families Social Work it was recognised that undertaking reviews during the pandemic has been extremely challenging and not conducive to a safe learning environment. Highland have adapted the National Learning Review Guidance (Scotland) 2021 and held a Learning Review workshop to explore best practice in progressing learning reviews and disseminating learning effectively. A mentoring scheme is currently underway through Barbara Firth, author of the national guidance, to support 12 members of staff from across Health, Social Work, Education and High Life Highland to undertake Learning Reviews and disseminate key messages and learning across agencies

CARE AND RISK MANAGEMENT PROCESSES

Care and Risk Management processes have been reviewed and updated with an increased focus on Care elements. Previously, the focus has been primarily on risk management from a Police perspective. However, the new procedures enable a multi-agency approach to ensuring the wellbeing needs of young people are met whilst minimising risk to the wider community. Procedures have been developed in line with national FRAME guidance

HOME TO HIGHLAND PROGRAMME

The 'Home to Highland' Programme vision is to return care experienced young people to the Highlands from Out of Area (OOA) residential placements, whilst also building services in-area to help children avoid OOA residential placements. The Programme aims to reduce spot-purchased residential placements, retain more

young people in the Highland area and increase the number of children placed in foster care and family alternatives.

Since 2018, over 70 children have returned to Highland and over 400 have worked with the 'Home to Highland' team with demonstrably improved educational and emotional wellbeing outcomes. A combination of new services and the creative use of existing provisions are enabling children to remain in the communities they know and that care for them. This also reduces the need for additional out of area placements.

UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

During the past year the Home Office have created a rota system for transferring UASC to local authorities across the country. This process was mandated towards the end of 2021. Our alliance with our 3rd sector partners enabled us to provide a service to these young people and have s.uccessfully adopted a model to ensure ongoing sustainability in meeting our mandated responsibility.

Finance

Summary

Note HHSCP financial position at month 12 which shows a year end overspend of £6.800m
ASC breaking even due to funding drawn down which was held by Highland Council

Final position to March 2023

For the 12 months to March, HHSCP have overspent against budget by £6.800m, components of this overspend can be viewed in Table 1 below.

Current Plan	Detail	Plan to Date	Actual to Date	Variance to Date
£000		£000	£000	£000
	HHSCP			
234,002	NH Communities	234,002	240,518	(6,516)
49,592	Mental Health Services	49,592	50,617	(1,025)
146,698	Primary Care	146,698	147,451	(753)
(287)	ASC Other & Income	(287)	(1,781)	1,494
430,004	**Total HHSCP**	**430,004**	**436,805**	**(6,800)**
	HHSCP			
262,299	Health	262,299	269,077	(6,778)
167,706	Social Work	167,706	167,728	(22)
430,004	**Total HHSCP**	**430,004**	**436,805**	**(6,800)**

Within the NH Communities year end out-turn of £6.516m, an overspend of £2.633m relates to Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 22/23 saw an increase in Independent Sector Care costs, with Learning Disability younger adult packages being the main attribute. Health ended with a year-end overspend of £3.882m, with unfunded services in Chronic Pain and Enhanced Community Service and slippage on the CIP contributing to this variance. Recruitment issues across the districts have resulted in a high number of vacancies which helped to mitigate the pressures within the service.

Mental Health Services ended the year with a £1.025m overspend; with locum and agency usage the main outliers. National recruitment difficulties within the Psychiatry service meant a greater reliance on the use of medical locums with £2.334m agency expenditure in the financial year. Increase in clinical observations in both the Dementia and LD units have resulted in nursing agency costs of £1.526m. However, ongoing vacancies across both inpatient and community services have mitigated this pressure.

Primary Care's year end out-turn showed an overspend of £0.753m. Within 22/23 the Board increased its number of managed practices (2cs) and as such there was an increase in locum costs due to recruitment issues. Within Prescribing, short supply drugs increased costs nationally with the HHSCP overspending by £1.200m in 22/23. Mitigating this position, Dental reported an underspend of £1.418m which reflects the ongoing recruitment difficulties within the service.

ASC Central are reporting a £1.494m underspend. This position reflects the drawdown of funding held by the Highland Council and the full Adult Social Care position can be viewed on appendix 1.

Savings
NHS Highland identified a savings challenge of £26.000m to deliver a balanced position at the start of the year. Whilst there was delivery of savings of £3.165m from the Division, additional support from the SG at the end of the year was required to deliver a breakeven position.

Conclusion
HHSCP financial position completed the year end with an overspend of £6.800m. This position reflects the challenge of the service pressures and slippage on the CIP.

Governance Implications
Accurate and timely financial reporting is essential to maintain financial stability and facilitate the achievement of Financial Targets which underpin the delivery and development of patient care services. In turn, this supports the deliverance of the Governance Standards around Clinical, Staff and Patient and Public Involvement. The financial position is scrutinised in a wide variety of governance settings in NHS Highland.

Risk Assessment
Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

Planning for Fairness
A robust system of financial control is crucial to ensuring a planned approach to savings targets – this allows time for impact assessments of key proposals impacting on services.

Engagement and Communication
The majority of the Board's revenue budgets are devolved to operational units, which report into two governance committees that include staff-side, patient and public forum members in addition to local authority members, voluntary sector representatives and non-executive directors. These meetings are open to the public. The overall financial position is considered at the full Board meeting on a regular basis. All these meetings are also open to the public and are webcast.

	Annual	YTD			YE	
Services Category	**Budget**	**Budget**	**Actual**	**Variance**	**Outturn**	**Variance**
	£000's	£000's	£000's	£000's	£000's	£000's
Older People - Residential/Non Residential Care						
Older People - Care Homes (In House)	16,670	16,670	15,965	705	15,965	705
Older People - Care Homes - (ISC/SDS)	32,270	32,270	33,995	(1,725)	33,995	(1,725)
Older People - Other non-residential Care (in House)	1,288	1,288	1,227	61	1,227	61
Older People - Other non-residential Care (ISC)	1,590	1,590	1,640	(50)	1,640	(50)
Total Older People - Residential/Non Residential Care	**51,818**	**51,818**	**52,827**	**(1,009)**	**52,827**	**(1,009)**
Older People - Care at Home						
Older People - Care at Home (in House)	16,672	16,672	15,860	812	15,746	926
Older People - Care at home (ISC/SDS)	16,586	16,586	18,183	(1,596)	18,296	(1,710)
Total Older People - Care at Home	**33,258**	**33,258**	**34,043**	**(784)**	**34,043**	**(784)**
People with a Learning Disability						
People with a Learning Disability (In House)	4,643	4,643	3,483	1,160	3,483	1,160
People with a Learning Disability (ISC/SDS)	34,737	34,737	35,656	(919)	35,656	(919)
Total People with a Learning Disability	**39,380**	**39,380**	**39,139**	**242**	**39,139**	**242**
People with a Mental Illness						
People with a Mental Illness (In House)	561	561	332	228	332	228
People with a Mental Illness (ISC/SDS)	7,914	7,914	7,738	176	7,738	176
Total People with a Mental Illness	**8,475**	**8,475**	**8,071**	**404**	**8,071**	**404**
People with a Physical Disability						
People with a Physical Disability (In House)	932	932	646	286	646	286
People with a Physical Disability (ISC/SDS)	6,951	6,951	7,185	(234)	7,185	(234)
Total People with a Physical Disability	**7,883**	**7,883**	**7,831**	**52**	**7,831**	**52**
Other Community Care						
Community Care Teams	8,546	8,546	7,420	1,126	7,420	1,126
People Misusing Drugs and Alcohol (ISC)	16	16	10	6	10	6
Housing Support	6,091	6,091	5,908	183	5,908	183
Telecare	985	985	929	56	929	56
Carers Support	1,485	1,485	1,485	(0)	1,485	(0)

	Annual	YTD			YE	
Services Category	**Budget**	**Budget**	**Actual**	**Variance**	**Outturn**	**Variance**
Total Other Community Care	**17,122**	**17,122**	**15,752**	**1,371**	**15,752**	**1,371**
Support Services						
Business Support	1,860	1,860	1,658	201	1,658	201
Management and Planning	7,686	7,686	8,161	(475)	8,161	(475)
Total Support Services	**9,546**	**9,546**	**9,820**	**(274)**	**9,820**	**(274)**
Care Home Support	836	836	836	(0)	836	(0)
Total Adult Social Care Services	**168,318**	**168,318**	**168,318**	**0**	**168,318**	**0**

RISKS TO PERFORMANCE

There are several key risks to delivering our strategic objectives and overall performance. These are:

Service sustainability and increasing demand
Regionally and nationally, the demand on our health and care services is increasing. In Highland, our aging population and the difficulty to recruit is putting additional pressure on services. The Aim High, Aim Highland programme is working to tackle this, along with working with partner agencies to secure housing for staff, collaboration with the NES and UHI oncareer pathways and also strategic workforce planning within each of our programme board to review current and future issues.

Infrastructure
Many of our facilities are now dated and no longer fit for purpose. These are addressed in priority through our Estates services and utilising risk registers. Achievemtns in this area, improving staff and patient experience, have been investment in and the completion of two new builds, Broadford Hospital and the National Treatment Centre. Two hospitals, in Aviemore and Broadford, won the Healthcare Building of the Year award in 2022 and 2023. Further investment has been agreed in Lochaber and Caithness.

Rural Delivery
There is an increased cost of care associated with delivery across our remote and rural region. In addition to this, we must ensure that the geography of our Board area does not increase inequalities to accessing care.

Workforce capacity and resilience
Recruitment to NHS Highland is challenging due to our geography and demographics. The lack of a complete workforce results in additional pressure on existing staff and results in reduced staff resilience. The Highland Health and Social Care Partnership and NHS Highland are working to proactively address the situation. In addition to the work being done to improve recruitment and career pathways, NHS Highland has in place an independent Guardian Speak Up service and a 24/7 employee assistance programme staff can directly access.

Finance
As demand increases, the finance available is decreasing. We must attempt to deliver more with less and thus work in new and adaptive ways. With regards to this, all programme boards are working with finance, strategy and transformation, service leads and workforce planning to identify more efficient ways of working.

NHS
Highland

The Highland Council
Comhairle na Gàidhealtachd

Highland Health & Social Care Partnership

Data Reports

1. National Integration Indicators
2. Ministerial Strategic Indicator Summary
3. Together We Care Strategic Outcomes
4. Integrated Childrens Services Planning Board Performance Management Framework

National Outcomes	National Standard	National Integration Indicators	Target 2022/23	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2022
1	NA	1. Percentage of adults able to look after their health very well or quite well	NA	Biennial	15/16	95%	17/18	94%	19/20	94%	21/22	92.4%		90.9%
2	NA	2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	NA	Biennial	15/16	83%	17/18	86%	19/20	82%	21/22	86.5%		79%
2 & 3	NA	3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	NA	Biennial	15/16	77%	17/18	79%	19/20	75%	21/22	72.1%		70.6%
3 & 9	NA	4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NA	Biennial	15/16	73%	17/18	76%	19/20	69%	21/22	71.9%		66.4%
3	NA	5. Percentage of adults receiving any care or support who rated it as excellent or good	NA	Biennial	15/16	83%	17/18	83%	19/20	79%	21/22	83%		75.3%
3	NA	6. Percentage of people with positive experience of the care provided by their GP practice	NA	Biennial	15/16	89%	17/18	87%	19/20	85%	21/22	77.2%		66.5%
4	NA	7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaing their quality of life	NA	Biennial	15/16	85%	17/18	86%	19/20	78%	21/22	84.3%		78.1%
6	NA	8. Percentage of carers who feel supported to continue in their caring role	NA	Biennial	15/16	37%	17/18	38%	19/20	33%	21/22	28.7%		29.7%
7	NA	9. Percentage of adults supported at home who agreed they felt safe	NA	Biennial	15/16	84%	17/18	84%	19/20	82%	21/22	86%		79.7%
1& 5	NA	11. Premature mortality rate for people under 75 (per 100,000 population)	NA	Year Ending	19/20	390	20/21	397	21/22	407	22/23			466
1, 2, 4, 5 & 7	NA	12. Emergency admission rate for adults (per 100,000 population)	NA	Year Ending	19/20	10,677	20/21	9,836	21/22	9,828	22/23			11,155
2, 4, & 7	NA	13. Emergency bed day rate for adults (per 100,000 population)	NA	Year Ending	19/20	117,078	20/21	99,861	21/22	108,743	22/23			113,134
2, 3, 7 & 9	NA	14. Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)	NA	Year Ending	19/20	113	20/21	118	21/22	110	22/23			102
2, 3 & 9	NA	15. Proportion of last 6 months of life spent at home or in a community setting	NA	Year Ending	19/20	89%	20/21	91%	21/22	90.4%	22/23			89.3%

National Outcomes	National Standard	National Integration Indicators	Target 2022/23	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2022
2, 4, 7 & 9	NA	16. Falls rate per 1,000 population aged 65+	NA	Year Ending	19/20	15	20/21	15	21/22	14.2%	22/23			22.2%
3, 4, & 7	NA	17. Percentage of care services graded "good" (4) or better in Care Inspectorate inspections	NA	Year Ending	19/20	83%	20/21	84%	21/22	83%	22/23			75.2%
2	NA	18. Percentage of adults with long term care needs receiving care at home	NA	Year Ending	19/20	55%	20/21	54%	21/22	52.2%	22/23			63.5%
2, 3, 4 & 9	NA	19. No. of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	NA	Year Ending	19/20	1,278	20/21	817	21/22	1,249	22/23			919
2, 4, 7 & 9	NA	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA	Year Ending	19/20	23%	20/21		21/22	23%	NI. 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. PHS have recommended that integration authorities do not report information with their APR beyond 2019/20. Due to changes in service delivery during COVID-19 pandemic, NHS Boards were not able to provide information at this level for financiall year 2020/21. As a result, PHS are not able to produce cost information for that year.			
8	NA	**10. Percentage of staff who recommend their workplace as good	NA								Under development by PHS			
2	NA	**21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home (under development)	NA											
2, 3 & 9	NA	**22. Percentage of people who are discharged from hospital with-in 72 hours of being ready (under development)	NA											
2, 3 & 9	NA	**23. Expenditure on end of life care (under development)	NA											

KEY TO TABLES

performance status		benchmarking	
improving performance			better than average
static			average +/- 5%
declining performance			worse than average
pending publication			PHS data

Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2022 should improve the consistency of reporting between Health and Social Care Partnerships. Biennial survey data is next updated in 2024.

Section	MSG No.	Standard/Indicator	Target 2021/22	Reporting Periods									NHS Highland	Comments
Ministerial Strategic Indicators	MSG 1	Number of emergency admissions - North Highland		18/19	"23,072 (10.9)"	19/20	"23,008 (8.6)"	20/21	"19,783 (9.2)"	21/22	"20,717 (8.8)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 2a	Unplanned bed days -acute		18/19	"179,741 (84.3)"	19/20	"184,712 (72.9)"	20/21	"158,248 (77.2)"	21/22	"180,136 (82.4)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 2c	Unplanned bed days -mental health		18/19	"39,519 (18.3)"	19/20	"38,641 (16.0)"	20/21	"33,214 (14.2)"	21/22	"32,636 (15.7)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 3	A&E Attendances		18/19	"39,450 (17.3)"	19/20	"40,451 (13.2)"	20/21	"31,598 (14.2)"	21/22	"38,185 (17.0)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 4a	Delayed Discharges - bed days All Reasons		18/19	"37,824 (16.8)"	19/20	"42,611 (18.0)"	20/21	"28,223 (14.6)"	21/22	"34,673 (17.0)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 4c	Delayed Discharges - bed days H&SC Reasons		18/19	"27,769 (11.3)"	19/20	"31,830 (12.4)"	20/21	"19,819 (10.2)"	21/22	"24,482 (9.2)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 5	End of life care -Percentage of last 6 months in the community		18/19	89.7%	19/20	89.6%	20/21	91.6%	21/22	91.4%	22/23	not yet published	21/22 provisional from PHS
	MSG 5	End of Life - Percentage of last six months in hospital / hospice		18/19	103.0%	19/20	10.4%	20/21	8.4%	21/22	8.6%	22/23	not yet published	21/22 provisional from PHS
	MSG 6	Balance of Care - Percentage of Population in Community Settings		18/19	99.6%	19/20	99.7%	20/21	99.7%	21/22		22/23		latest PHS published data is for 2020/21

Together We Care Strategic Outcomes

Strategic Objective/ Outcome	Priority	Measure	National Outcome	Reporting Period	Reporting Periods					Comments
					Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - Unmet Need - No. of clients assessed and awaiting a service (waiting list includes DHD patients)		Year-End	143	155	163	241	321	number of clients per week
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - Unmet Need - No. of hours required - assessed and awaiting a service (in-cludes DHD patients)		Year-End	397	593	911	1455	2383	number of scheduled hours per week requried including new clients and those already in receipt of a service requiring additional hours
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - current clients in receipt of a service		Year-End	1,889	1,871	2,020	1,904	1,784	number of clients per week, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - hours per week (current clients in receipt of a service)		Year-End	14,970	14,440	15,921	14,949	13,458	number of hours per week, including internal and exter-nal provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - new cli-ents in receipt of a service		Yearly	1,032	1,091	1,256	1,052	1,034	number of new clients during year, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - closed clients		Yearly	1,150	1,111	1,095	1,193	1,189	number of closed clients during year, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (current)		Year-End			1,723	1,758	1,733	number of residential placements for March of each year
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (new)					59	53	52	number of new residential placements for March of each year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (closed)					54	73	81	number of closed residential placements for March of each year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Carer Breaks - Number of people who were ap-proved funding	6	Annual				171	213	Only commenced in 21/22, total number of people whose application for funding was approved (respite, holiday or treatments for wellbeing)
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Carer Breaks - Total fund-ing approved	6	Annual				£399,458	£532,286	Only commenced in 21/22, total funding for people whose application for funding was approved (respite, holiday or treatments for wellbeing)
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	SDS Option 1 - Current number of clients in re-ceipt of a direct payment		Year-End	355	373	403	451	585	
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	SDS Option 2 - Current number of clients in receipt of an ISF		Year-End	261	266	241	235	207	

Strategic Objective/ Outcome	Priority	Measure	National Outcome	Reporting Period	Reporting Periods					Comments
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	Psychological Therapies - Current number of People on Waiting List within North Highland		Year-End						
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	Psychological Therapies - % of People within North Highland in receipt of treatment within 18 weeks		Year-End						National Target 90% of people will receive treatment within 18 weeks
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	CMHT		Year-End						
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Number of referrals received	7	Annual	344	525	636	675	740	Total number of referrals received within the financial year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Percentage of referrals received that progressed to an investigation	7	Annual	30.2%	26.9%	36.9%	31.4%	25.8%	Completed referrals with an outcome of further AP action
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Number of investigations	7	Annual	97	127	211	206	183	Total number of investigations commenced within the financial year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)									
SO 3/Outcome 11 - Respond Well	3 (11c)	DHD		Year-End						

No	Together We Care Outcome	Description	Main Service	Linked to National & Ministerial Outcomes and Indicators
1	Start Well	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH	
2	Thrive Well	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics	
3	Stay Well	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services	National Outcome 1
4	Anchor Well	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement	
5	Grow Well	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services	
6	Listen Well	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services	National Outcome 8
7	Nurture Well	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services	
8	Plan Well	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services	
9	Care Well	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care	"National Outcome 2, 3, 4, 6, 7, 9 Ministerial Strategic Indicator 6"
10	Live Well	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services	"National Outcome 2, 3, 4, 7, 9 Ministerial Strategic Indicator 2c"

No	Together We Care Outcome	Description	Main Service	Linked to National & Ministerial Outcomes and Indicators
11	Respond Well	Ensure that our services are responsive to our population's needs, by adopting a “home is best” approach	Urgent and Unscheduled Care Services	"National Outcome 1, 2, 3, 4, 5, 7, 9 Ministerial Strategic Indicator 1, 2a, 2c, 3, 4a, 4c"
12	Treat Well	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned care and support services	National Outcome 2, 3, 4, 7, 9
13	Journey Well	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services	National Outcome 2, 3, 4, 7, 9
14	Age Well	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions	"National Outcome 2, 4, 7, 9 Ministerial Strategic Indicator 5"
15	End Well	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services	National Outcome 1, 2, 3, 4, 5, 9
16	Value Well	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers	National Outcome 6, 8
17	Perform Well	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning	This ambition facilitates delivery of the strategic ambitions
18	Progress Well	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate	This ambition facilitates delivery of the strategic ambitions
19	Enable Well	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National	This ambition facilitates delivery of the strategic ambitions

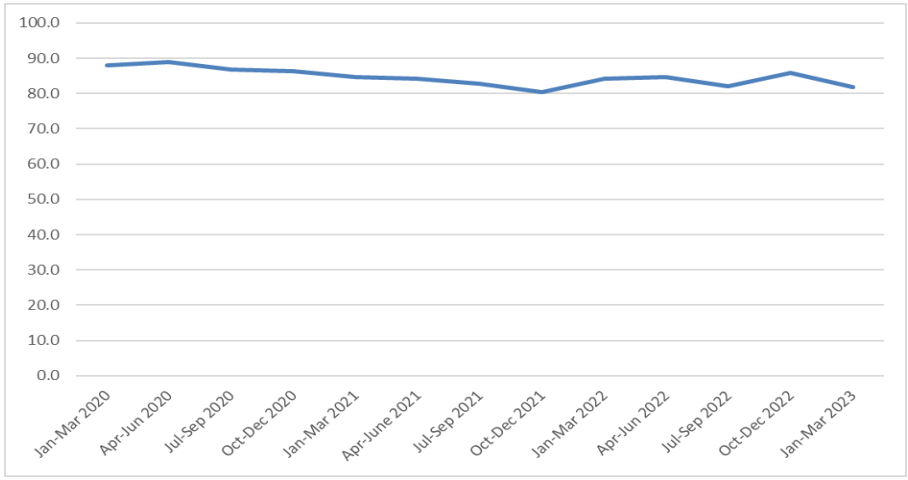
Integrated Children's Services Planning Board Performance Management Framework

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	**85%**	**75%**	**↑ 82%**	**Child Health**

ANALYSIS

Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete.

Data shows a slightly deceasing number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review. This is correlated to the number of assessments being undertaken and the targeted approach which is part of the mitigation plan to improve outcomes. (note Indicator #6)



Indicator #2	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	**95%**	**85%**	**↑ 94%**	**Child Health**

ANALYSIS

Data last updated in 21/22 from NHS.

Indicator #3	TARGET	BASELINE	CURRENT	DATA SOURCE

Improve the uptake of 27-30 month surveillance contact	95%	52%	↓ 77%	Child Health

ANALYSIS

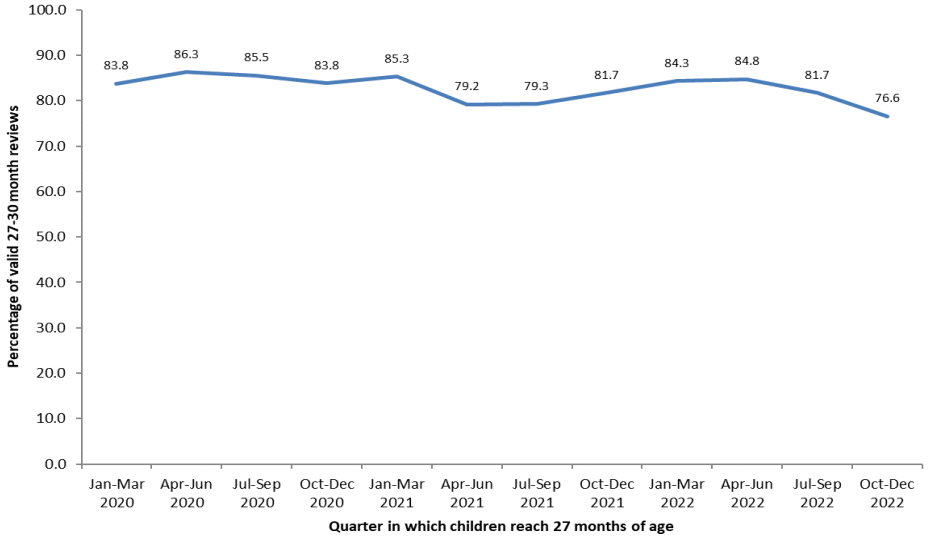
Update from Oct - Dec 22.

There has been a slight decrease in the uptake of this core contact. A contributory factor has been the availability of suitability qualified Health Visitors.

Highland's Advanced Nurse Training programme has been highly successful across the past 2 years in supporting the recruitment and training to advanced level health visitors. Highland currently have allow vacancy rate (around 8%) in Health Visiting however 20% of the HV workforce are undertaking the one year post graduate masters level health visitor training programme. Training requirements mean that trainee health visitors are not available or qualified to undertake this review. This has impacted on the ability to undertake the developmental assessment within the allotted timescale.

Mitigating actions are in place which include prioritisation for families in need, at risk, where there are concerns, care experienced, suffering the impacts of inequalities or trauma. Bank Staff are also used where necessary to support the review.

There is likely to be a significant improvement in performance with the 22/23 and 23/24 cohort of health visitors achieve their advanced qualification and are supported through the preceptorship course.



Indicator #4	TARGET	BASELINE	CURRENT	DATA SOURCE
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	10%	12%	↑ 11%	Child Health

ANALYSIS

Not updated in NHS H file.

Indicator #5	TARGET	BASELINE	CURRENT	DATA SOURCE

Percentage uptake of 6-8 week Child Health Surveillance contact	**95%**	**85%**	**↓ 82%**	**Child Health**

ANALYSIS

Data updated by NHS H - last update Dec 22. Note saying incomplete data for Mar 23.

Data from Quarter 3 (incomplete) reports only 82% of children have had a 6-8 week child health surveillance contact. This contact is part of the universal Health Visiting pathway. This contact remained a priority through the pandemic as determined by the Chief Nursing Officer.

Health visitors complete the infant assessment, and the paperwork is forwarded to the GP who submits the completed documentation only after the GP 6-week infant check is complete. This GP check historically included the 6–8 week infant immunisation. A number of GPs have reported a reduction in presentation to the 6 week check since infant immunisations are no longer delivered at this time. Mitigating action to include

1. Ongoing scrutiny of the data is required to measure risk
2. The Highland Council Health visitors to promote attendance at GP practice for completion of review
3. NHSH Child Health Dept reminder to all GPs re submission of completed data forms.

Indicator #6	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	**36%**	**30%**	**↓ 32%**	**Child Health**

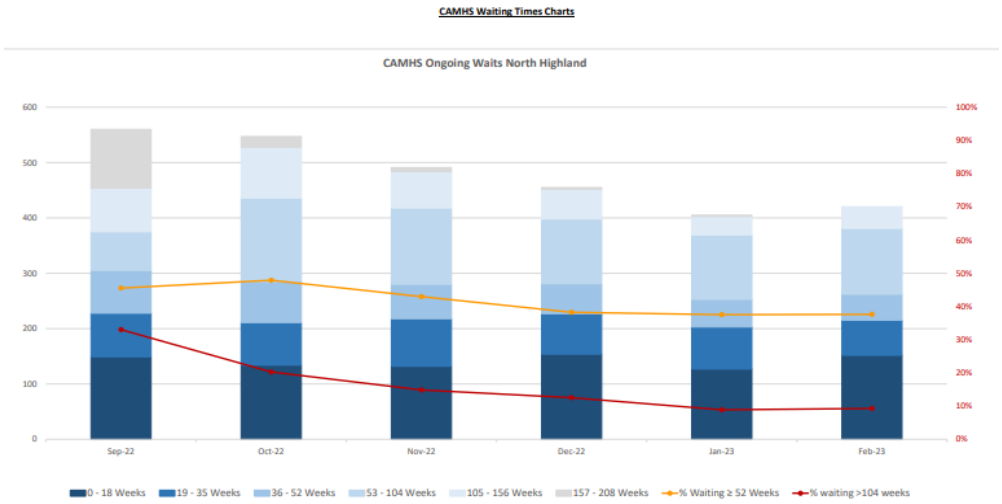
ANALYSIS

Data updated by NHS H - last update Mar 23.

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter however an improvement plan has been put in place to address this, particularly to a partnership approach, between NHSH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator #7	TARGET	BASELINE	CURRENT	DATA SOURCE
90% CAMHS referrals are seen within 18 weeks	**90%**	**80%**	**↓ 73%**	**CAMHS and Education & Learning**

ANALYSIS



Considerable progress has been made in clinical modelling, performance and governance. Progress at this stage has been made despite lack of appropriate supports and improvements in e – health with much of the work of business analyst colleagues having to be completed manually due to limitations of current systems. The service has halved the number of patients waiting since the peak of May 2022 and reduced longest waits from over 4 years just over 2 years projected clearing of cases over 2 years by April 2023. This progress has been achieved with a workforce funded establishment at the second lowest of mainland boards with a current vacancy rate of 48% with ongoing national workforce shortages and additional recruitment challenges of remote and rural services. We are diversifying our staff profile and adopting a grow our own strategy which is showing promise but will be a medium term approach to increasing capacity.

Indicator #8	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	**95%**	**70%**	**↓ 72%**	**Health and Social Care**

ANALYSIS

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015.

A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed. It is projected that the change will have a positive impact on the performance data, quality of the assessment and skill of the workforce.

The advanced qualified school nursing workforce has been increased in Highland through the advanced training programme, from 6 FTE in 2018, to 22 FTE in 2023. The vacancy rate in School Nursing is currently 5%. Pressures in teams centre on supporting the advanced nurse training programme. It is anticipated performance will improve as the advanced nurses currently in training qualify and are supported through the preceptorship year

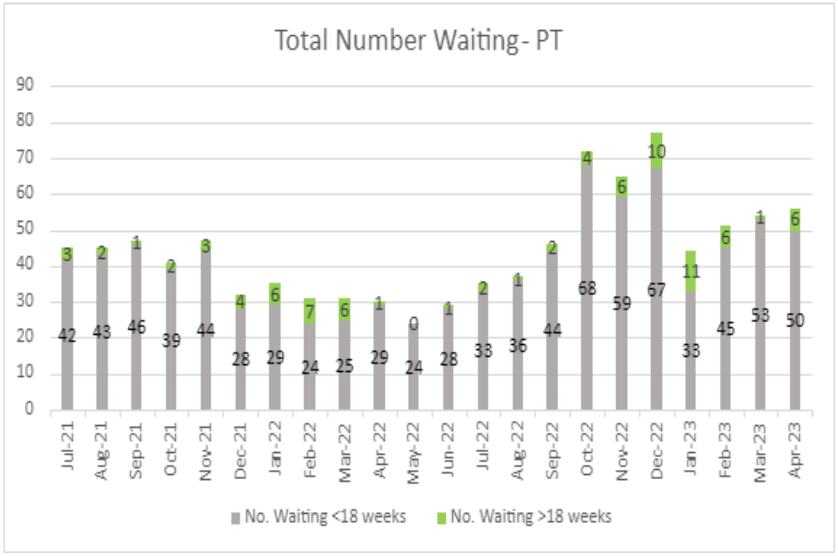
Indicator #9	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	**Improve from Baseline**	**67%**	**↓ 57%**	**Health and Social Care**

ANALYSIS

Data updated quarterly in PRMS.
57.4% represents a decrease from the baseline but an increase compared to recent quarters.
There has been a small increase in this indicator although it remains down from baseline. Recent developments within School Nursing and Transforming roles has allowed a greater health resource for Children and Young People in Residential Childcare. Developing relationships, taking time to explore barriers and supporting attendance at health appointments should support an increased uptake of immunisations. The centralisation of immunisation services with more open clinics may have a positive impact on the immunisation uptake for CYP in residential child care.

Indicator #10	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**↑ 89%**	**Health and Social Care**

ANALYSIS



Measure updated from NHS H relating to Apr 23.

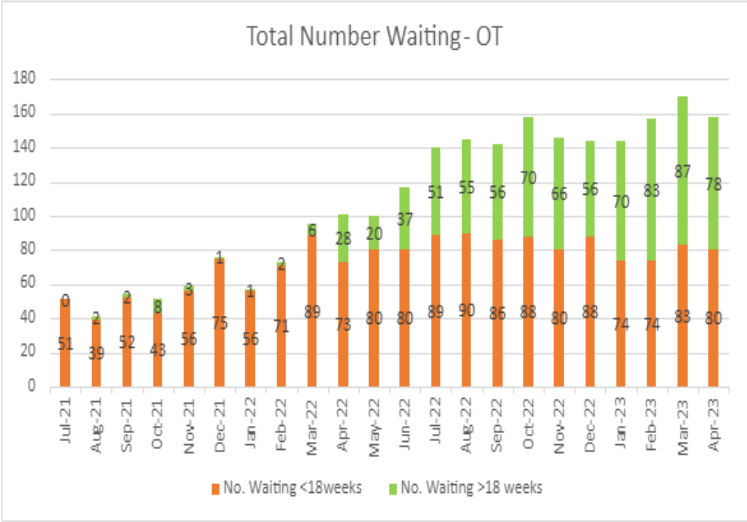
There are a number of contributory factors to the slight increase in the waiting times for paediatric physiotherapy, these centre on staffing availability thought acting up arrangement/retiral/staff sickness and the loss of the ASN support within schools as “therapy partners” which place pressure on the resilience of such a small Highland wide team and affect performance. The number of requests for assistance have continued to rise.

A mitigation plan was put in place which included temporary pause of some assessments (now restarted), prioritisation of urgent cases and hospital discharges, and introduced clinics where feasible to reduce travel and create capacity to cover outlying geographical areas. Staff have worked flexibly across geographical boundaries. Virtual appointments have continued where this is possible. Building capacity through reduction to Just Ask enquiry line, use of staff bank where possible and data cleansing exercise. The workforce continues to be under pressure however not withstanding this, there are early signs the mitigations are helping.

There is continued risk to staff morale, sickness levels and service user complaint particularly as an increasing number of families are electing to use private therapists. The small service requires to be futureproofed as a result of potential retiral of staff in the incoming years.

Indicator #11	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**↓ 51%**	**Health and Social Care**

ANALYSIS



Measure updated from NHS H relating to Apr 23.

There are a number of contributory factors to the increase in waiting times for OT over the last year, including an increase in need/number of request, limited resilience due to staff sickness/availability of staffing within the small paediatric OT service in Highland, increase in the urgent area of work, hospital discharges from out of authority and acute complex cases in more rural areas and increased surgeries for CYP post covid. A particular pressure has arisen since 2020 since the removal of a number significant portion of ASN support in schools. A mitigation plan is in place which includes:

A Central approach to managing waiting times for cross team overview and prioritisation, revisiting geographical boundaries to enable longer waits to be actioned, consideration of alternative ways of interventions (telephone, telehealth, face to face), pre request discussions are being carried out and increasing to manage where possible advice / support and intervention and building capacity through reduction of time on Just Ask helpline. Clinic-based services have been tried with limited success as many CYP need school / home visits as well. Some aspects of the service have been redesigned to ensure upfront intervention and support and reduce the need for Requests in some areas (e.g. Sensory , Post diagnostic support). Further data cleansing is planned to ensure figures are correct.

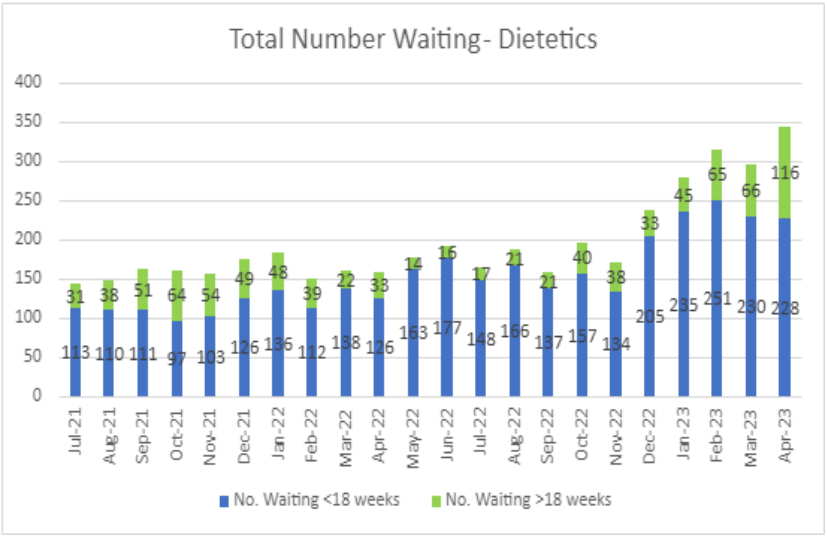
OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target.

Risks continue to be analysed, particularly those around service user satisfaction as waiting times increase and staff morale as a result of ongoing pressure. is of concern due to There is a risk of dissatisfaction of service users where the way services are delivered are changed, and that mitigations impact on other services, where there are also service pressures.

Indicator #12	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT	**90%**	**88%**	**↓ 66%**	**Health and Social Care**

18RTT METHODOLOGY				

ANALYSIS



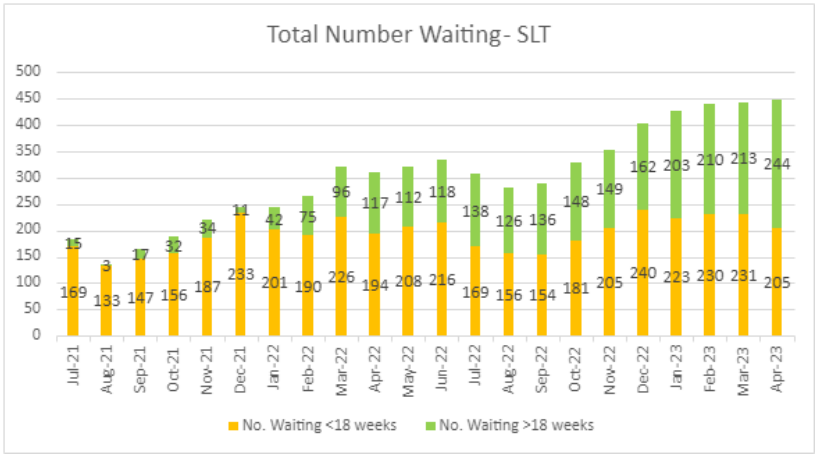
Measure updated from NHS H relating to Apr 23.

Paediatric dietetics consists, in the main of a small specialist team. The increase in waiting times has been a direct result of an increase in need/referrals (from 71 requests in 2022 to 86 per month in 2023) to the service and a decrease in staffing availability, with an average of 28% reduction across dieticians and support staff as a result of long term sickness, carers leave etc. A review of the service was undertaken in 2022 with mitigating action plan which included further prioritisation. This includes a greater focus on early prevention and intervention and working with schools and families, addressing emerging issues at an earlier stage working and through the implementation of new focussed pathways around particular areas of increased need. (eg: selective eating). The plan also is driving forward change to the approach addressing infant allergy which aims to provide early support for parents of infants with feeding difficulties and a reduction in the misdiagnosis of cow's milk protein allergy as well as contributing to service development for the increased number of CYP who have diabetes including supporting access to technology for more vulnerable CYPs, to support self management

A period of full staffing may be possible in coming months, and this should improve waiting times to within target by the autumn as long as demand does not continue to significantly increase. The mitigation plan will be adapted according to presenting need with risks escalated as necessary.

Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**		**↓ 46%**	**Health and Social Care**

ANALYSIS



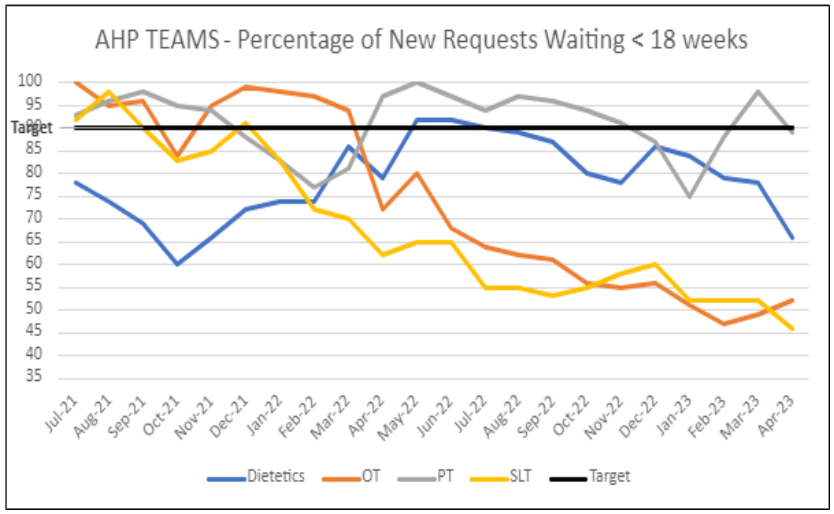
Measure updated from NHS H relating to Apr 23.

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times

Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce.

With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator #14	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**80%**	**↓ 56%**	**Health and Social Care**
ANALYSIS				



Measure updated from NHS H relating to Apr 23.

The AHP teams collectively have had an increase in the numbers of requests for assistance being made in the post covid period. This is beginning to settle for Occupational Therapy (OT) but continued to increase over the past year for Speech and Language Therapy (SLT) , Dietetics and Physiotherapy. Numbers of children/ young people (CYP) waiting has increased for all services over the past year with only Physiotherapy being within the 18 weeks target in the last few months. This is mainly due to difficulties with staffing. Vacant posts can be difficult to fill quickly and there is often no cover for staff who are on long term leave. Staffing has fluctuated for all teams, however staff availability (as a result of absence/maternity leave etc) is a broad theme across all teams creating a lack of resilience. Systems changes, including the loss of ASN support in schools working alongside AHP disciplines as "therapy partners" has had a direct impact on capacity with all AHP teams.

Indicator #15	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	**90%**	**24%**	**24%**	**NHS Highland**

ANALYSIS

Waiting list data March 2023

The 2017 National Neurodevelopmental guidance determined the need for a MDT approach to assessment and differential diagnosis of potential neurodevelopmental disorders. This was a significant change from the previous approach which enabled single or dual clinical diagnosis dealt with in a locality approach by members of the CAMHS, paediatric and/or SLT teams. This guidance was consolidated in 2021 with the release of The National ND Specification. The waiting list has steadily grown since 2017, to a current wait of 36 month (2023). Requests for NDAS have risen by 300% post pandemic, (from 30/month to 90/month in April 2023). An improvement plan is in place to address the current service pressures, with scrutiny via the CAMHS Oversight Board, NHS Performance Oversight Board and the Integrated CS Planning Board. Early conclusion pathway has been developed for young infants with initial positive results. NDAS is recorded as a risk on both NSH Highland and H&SC Risk Register.

Indicator #16	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	**85%**	**65%**	**↑85%**	**Health & Social Care**

ANALYSIS

The Family Nurse Partnership provides intensive family support to new and first time parents under the age of 20. (under the age of 15 if care experienced) The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting. Highland are working with the Scottish Government Programme Team to consider the provision in remote and rural areas. This has historically proved problematic as a result of recruitment difficulties.

Indicator #17	TARGET	BASELINE	CURRENT	DATA SOURCE
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	**Improve from Baseline**	**59%**	**↑100%**	**Health & Social Care**

ANALYSIS

IRDs are the interagency tripartite (health, social work and police Scotland) discussions which form part of the risk assessment and planning for children at risk of harm. Child Protection Advisors, are accountable for co-ordinating, representing and analysing all information from across the health systems as part of the IRD process. There has been a 48% increase in the Interagency Referral Discussions (IRDs) between 20/21 and 22/23. This created significant pressure to the service including risks to the delivery of stat/man Child Protection training across the partnership and for providing supervision to staff to universal and targeted health services. An action plan was implemented to ensure the tripartite process was secured. These actions included upskilling from the general workforce to be trained in being the agency decision maker at IRD. Notwithstanding this, the service, and ability to retain the national tripartite approach to child protection risk management, continues to be at risk. The risk is likely to increase in the incoming months as a result of implementation of the new Child Protection Guidance and an increase in the number of IRDs.

Outcome 2:

The Voice and Rights of Highland's children will be central to the improvement of services and support

Indicator #18	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children reporting that they feel safe in their community increases	**Improve from Baseline**	**85%**	**↑ 88%**	**Education and Learning**

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.

Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE

Self-reported incidence of smoking will decrease	**Improve from Baseline**	**13%**	**↑ 3%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.				

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children who report that they drink alcohol at least once per week	**Improve from Baseline**	**20%**	**↑ 6%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years.				

Indicator #21	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in P7 who report that they us drugs at least once per week	**Improve from Baseline**	**1.80%**	**↑ 0.26%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 2.60%, 2019: 1.14% and 2021: 0.26%.				

Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	**Improve from Baseline**	**5.30%**	**↑ 0.65%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 2.80%, 2019: 2.52% and 2021: 0.65%.				

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S4 who report that they use drugs at least once per week	**Improve from Baseline**	**19.20%**	**↑ 2.38%**	**Education and Learning**

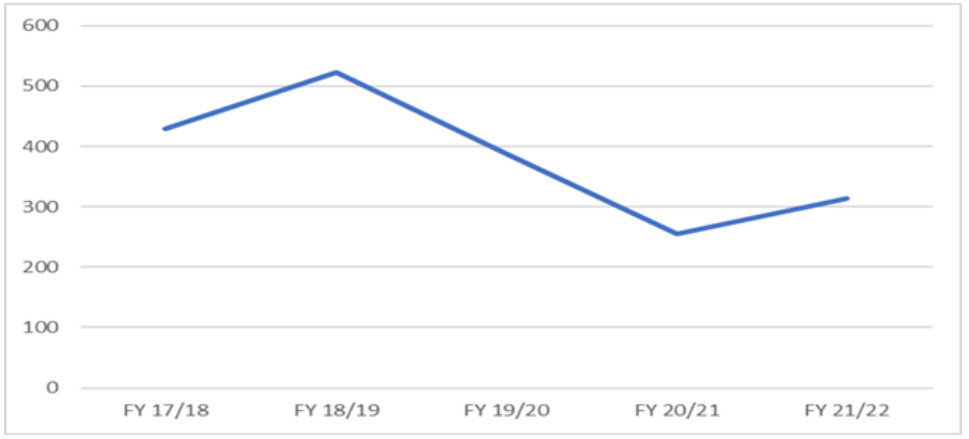
ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.

Indicator #24	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of offence based referrals to SCRA reduces	**Improve from Baseline**	**528**	**↑ 314**	**Education and Learning**

ANALYSIS

Latest data from FY21/22. Offence based referrals have decreased since the baseline was established, but have increased slightly in the last year.



Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE

The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	**15**	**55**	**↑ 11**	**Health & Social Care**
ANALYSIS				
This data is reported monthly. The baseline was established in 2016.				

Indicator #26	**TARGET**	**BASELINE**	**CURRENT**	**DATA SOURCE**
The number of care experienced children or young people in secure care will decrease	**3**	**8**	**↑ 3**	**Health & Social Care**
ANALYSIS				
This data is collected monthly. The baseline was established in 2021.				

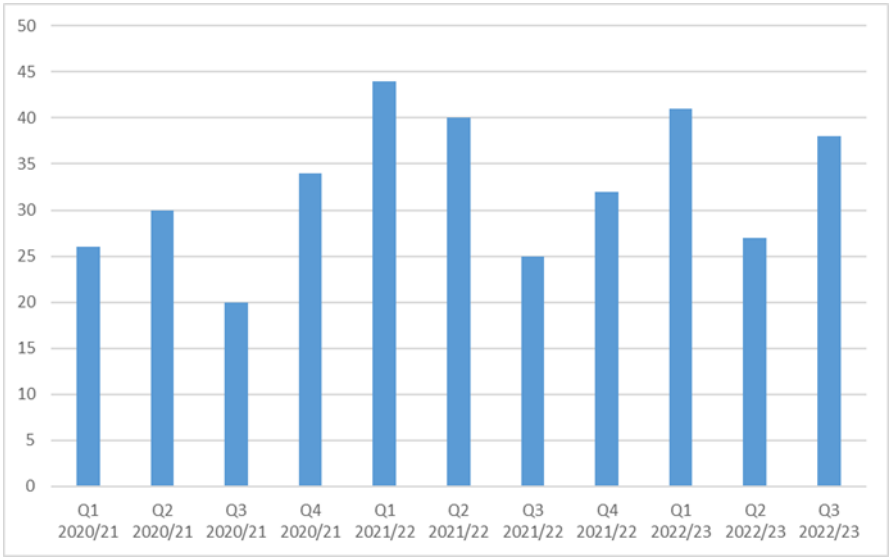
Indicator #27	**TARGET**	**BASELINE**	**CURRENT**	**DATA SOURCE**
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	**50%**	**10%**	**↑65%**	**Health & Social Care**
ANALYSIS				
This data is collected monthly. The baseline was established in 2018.				

Indicator #28	**TARGET**	**BASELINE**	**CURRENT**	**DATA SOURCE**

Number of children subject to initial and pre-birth child protection case conferences	**Improve from baseline**	**26**	**↑38**	**HSC – CP Minimum Dataset**

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

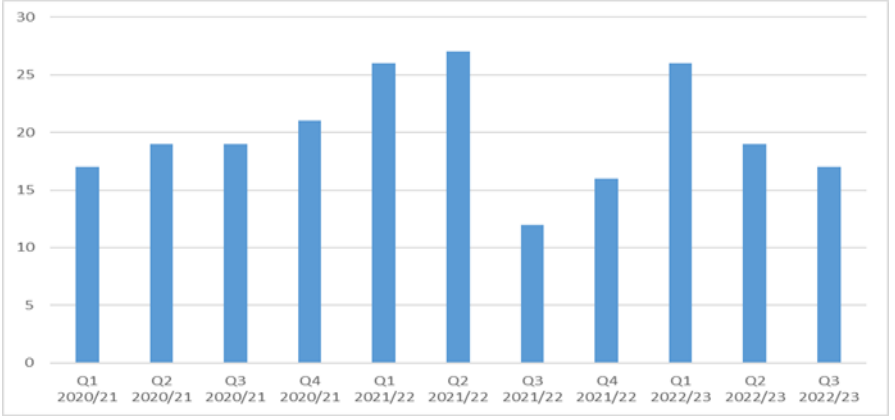


Indicator #29	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of initial and pre-birth child protection case conferences		**19**	**↑ 17**	**HSC – CP Minimum Dataset**

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

Overall number of initial and pre-birth CPCCs decreasing but the number of overall children subject to CPCCs are increasing - suggesting an increase in family sizes being subject.

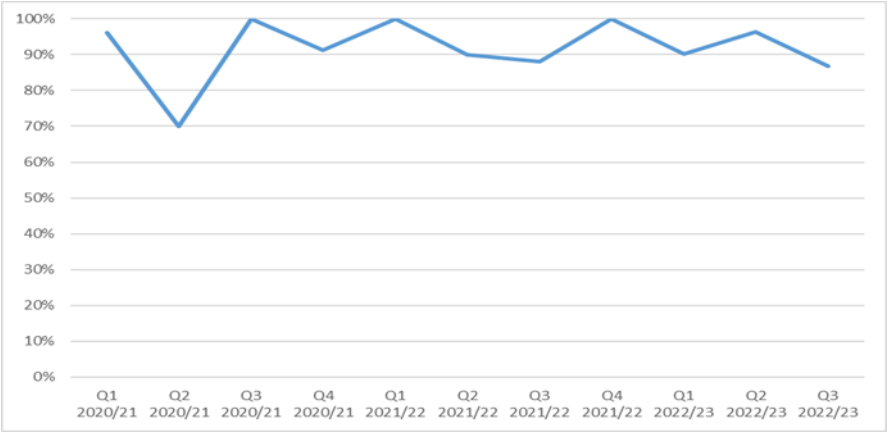


Indicator #30	TARGET	BASELINE	CURRENT	DATA SOURCE
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	**95%**	**78%**	**↓ 87%**	**HSC – CP Minimum Dataset**

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

Conversion rate dropped below 90% in latest update, however of the 5 children that were not registered in the quarter, 4 of these decisions have been deferred pending further investigation.

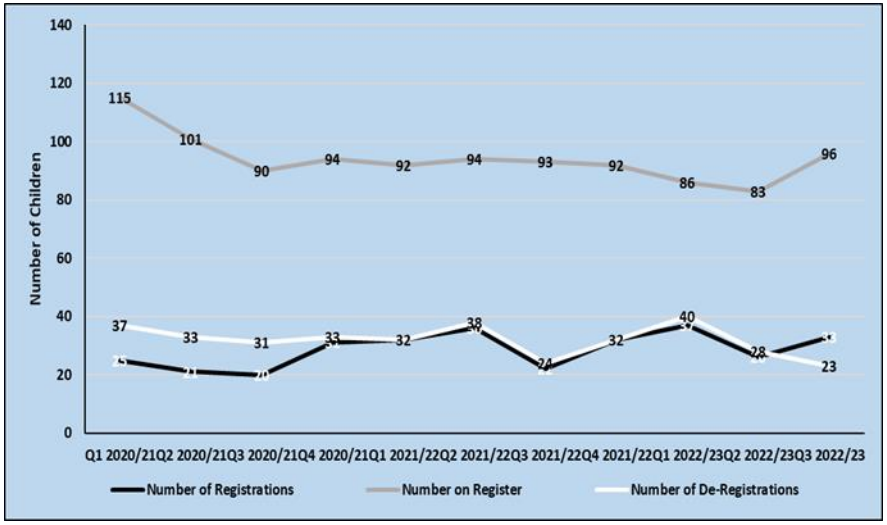


Indicator #31	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children on the child protection register as at end of reporting period		**112**	**↑ 96**	**HSC – CP Minimum Dataset**

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

There has been an overall reduction in the number of children registered on the CP Register, however there has been a noticable increase in the last quarter. This is due to a lower number of de-registrations in the period.



Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	**35**	**34**	**↓ 23**	**HSC – CP Minimum Dataset**
ANALYSIS				
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time – with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.				

Indicator #33	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference	**N/A**	**58**	**↓ 90**	**HSC – CP Minimum Dataset**
ANALYSIS				

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

In Q3 2022/23, there were 90 concerns recorded and showed an increase from the low value in the prior quarter. Emotional Abuse was the most common concern recorded across Highland in the Quarter, but there was also a notable increase in Physical Abuse in the quarter.

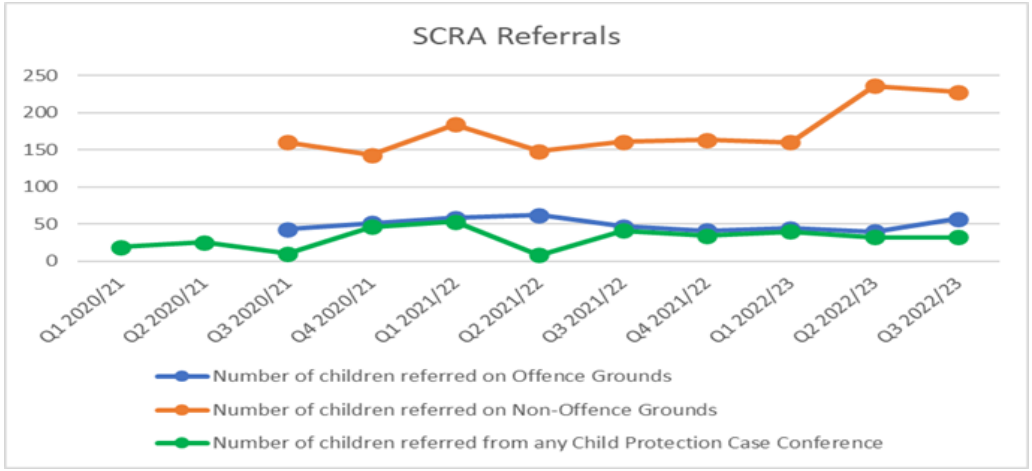
	Aug-Oct Q1 2020/21	Nov-Jan Q2 2020/21	Feb-Apr Q3 2020/21	May-Jul Q4 2020/21	Annual	Aug-Oct Q1 2021/22	Nov-Jan Q2 2021/22	Feb-Apr Q3 2021/22	May-Jul Q4 2021/22	Annual	Aug-Oct Q1 2022/23	Nov-Jan Q2 2022/23	Feb-Apr Q3 2022/23
Child Placing Themselves at Risk	0	0	0	0	**0**	2	1	1	0	**4**	2	1	3
Child Sexual Exploitation	0	0	0	0	**0**	0	0	1	0	**1**	4	0	1
Domestic Abuse	11	5	10	16	**42**	13	16	12	21	**62**	17	11	13
Emotional Abuse	17	9	4	10	**40**	28	14	13	10	**65**	10	2	15
Neglect	6	8	4	16	**34**	15	21	9	15	**60**	17	16	10
Non-Engaging Family	2	3	2	1	**8**	3	11	0	0	**14**	8	5	3
Parental Alcohol Misuse	5	4	8	3	**20**	13	12	2	9	**36**	8	5	2
Parental Drug Misuse	9	5	5	8	**27**	12	19	9	15	**55**	18	10	8
Parental Mental Health Problems	7	6	9	13	**35**	12	17	11	11	**51**	12	7	12
Physical Abuse	12	5	6	6	**29**	11	8	0	5	**24**	4	3	13
Sexual Abuse	0	0	2	1	**3**	0	1	2	0	**3**	2	0	0
Trafficking	0	0	0	0	**0**	0	0	0	0	**0**	0	0	0
Other Concern	0	2	0	1	**3**	0	1	1	3	**5**	0	4	10
Total Number of Concerns	**69**	**47**	**50**	**75**	**241**	**109**	**121**	**61**	**89**	**380**	**102**	**64**	**90**

Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people referred to the Children's Reporter		**213**	**↓ 317**	**HSC – CP Minimum Dataset**
ANALYSIS				

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

There tended to be little variation in the figures until last quarter, where the number of children referred on Non-Offence Grounds has increased significantly and remained at this high level. In particular, there have been sharp rises in the reason for referral being: "Child's Conduct Harmful to Self or Others", rising from 49 in Q1 2022/23 to 94 in Q2 and 130 in Q3, and "Lack of Parental Care", rising from 93 in Q1 to 125 in Q2 and 180 in Q3.

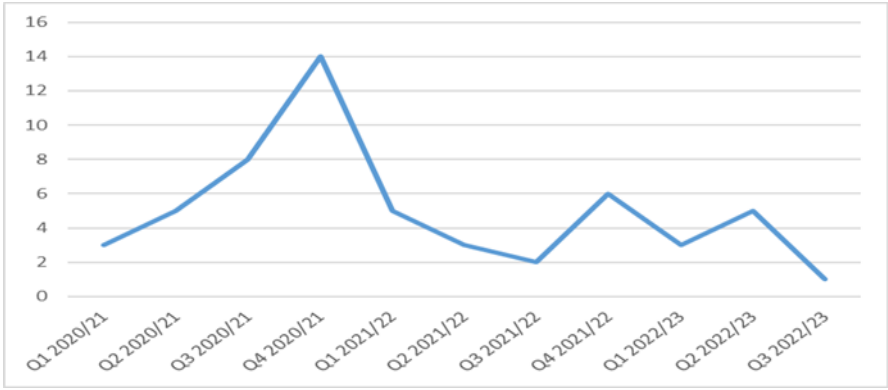
The current figure is much higher than the baseline figure.



Indicator #35	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people referred to the Children's Reporter	**Reduction from Baseline**	**8**	**↑ 1**	**HSC – CP Minimum Dataset**

ANALYSIS

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.



Indicator #36	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of non-offence referrals taken to a hearing by the Reporter	**Reduction from Baseline**	**218**	**↓ 417**	**HSC – SCRA Quarterly Reports**

ANALYSIS

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23).

There has been a sharp and significant increase in recent updates in the total number of non-offence referrals.

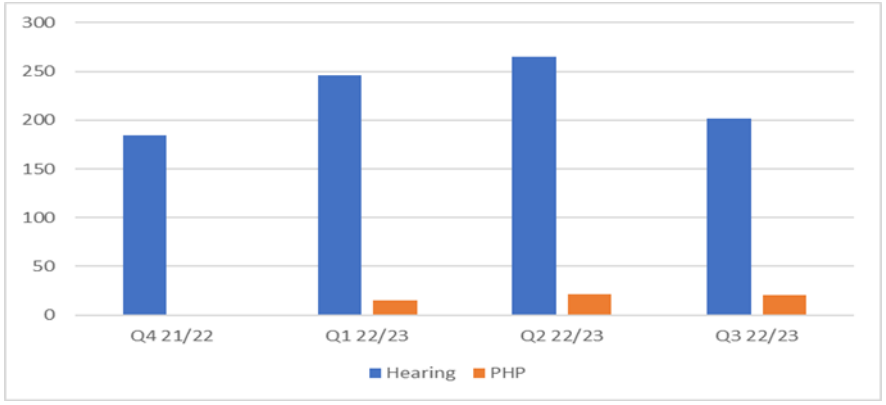
	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
To arrange a Children's Hearing	53	38	50	49
CSO not necessary and refer to LA	56	67	77	100
CSO not necessary	66	65	130	153
Current order/measures sufficient	37	42	85	100
Insufficient evidence	4	13	15	14
Insufficient evidence and refer to LA	0	0	0	0
No jurisdiction	0	0	0	1
TOTAL	216	225	357	417

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of Children's Hearings held	**N/A**	**263**	**↑ 202**	**HSC – SCRA Quarterly Reports**

ANALYSIS

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23).

The number of Children's Hearings has remained relatively steady in recent quarters, with the most recent update being the lowest level since Q4 21/22.

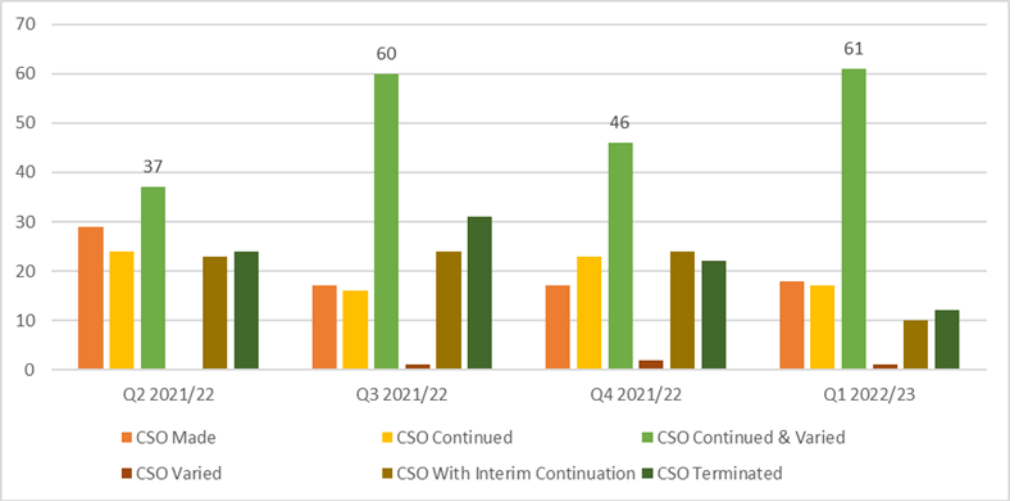


Indicator #38	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children with a Compulsory Supervision Order in place at the quarter end	**N/A**	**54**	**↓ 62**	**HSC – SCRA Quarterly Reports**

ANALYSIS

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23).

There has been some variation quarter-to-quarter in the number of children with a CSO in place. The current figure of 61 is higher than recent quarters.



Indicator #39	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people at home with parents	**Increase from Baseline**	**112**	**↓ 82**	**HSC - Scottish Government Annual Return**

ANALYSIS

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July 2023.

The number of care experienced children and young people at home with parents has dropped from 114 in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall).

Indicator #40	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	**Increase from Baseline**	**100**	**↓ 79**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July 2023. The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).				

Indicator #41	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	**Increase from Baseline**	**121**	**↑ 172**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains the movement in indicators #50 & #51 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year.				

Indicator #42	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	**Increase from Baseline**	**12**	**↑ 16**	**HSC - Scottish Government Annual Return**
ANALYSIS				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.				

Indicator #43	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people within a local authority provided house	**Reduction from Baseline**	**81**	**↑ 65**	**HSC - Scottish Government Annual Return**
ANALYSIS				

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July.

While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%.

Indicator #44	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of LAC accommodated outwith Highland will decrease	**30**	**44**	**↑ 17**	**Health & Social Care**

ANALYSIS

This data is reported quarterly on PRMS, with the baseline being established in 2016. The last update was in April 2023. The indicator on PRMS is titled: The average no. of LAC accommodated outwith Highland - Quarterly.

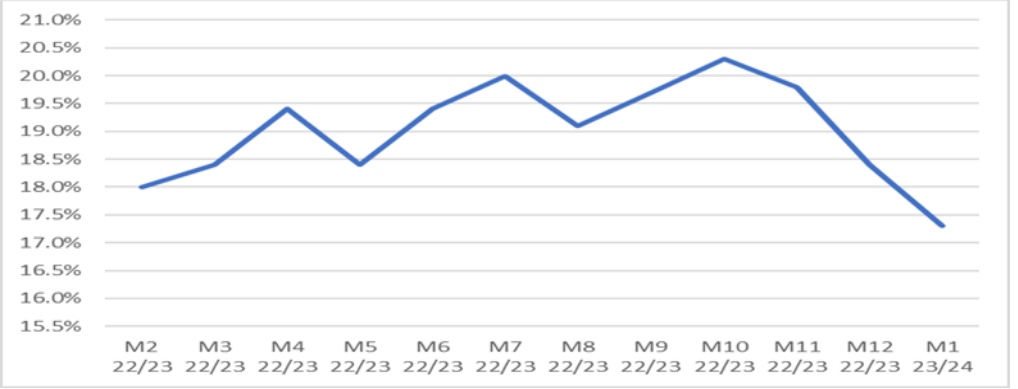
The current value of 17 is a continued decrease since Q3 22/23, and represents the lowest value since the baseline was established.

Indicator #45	TARGET	BASELINE	CURRENT	DATA SOURCE
The percentage of children needing to live away from the family home but supported in kinship care increases	**20%**	**19%**	**↓ 17%**	**Health & Social Care**

ANALYSIS

This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023.

There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure.



Indicator #46	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children where permanence is achieved via a Residence order increases	**82**	**72**	**↑120**	**Health & Social Care**

ANALYSIS

This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023.

There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure.