NHS Highland University Board

Highland Health & Social Care

Annual Performance Report 2017-18

Welcome from Chair NHS Highland and Leader of Highland Council

David Alston NHS Highland Chair:

“As we move into our seventh year of integrated adult & children’s services in Highland, there can be no doubt that integration has helped us to improve and develop these services. None of this could be achieved without the continuing dedication of our staff and partners.

I am particularly pleased that people who use health and social care services report a high level of satisfaction, a level which is both increasing and above the Scottish average. Our successes helps us to retain our commitment to the vision of ‘making it better for people in Highland’ and must spur us on to address, in partnership, the areas were we have done less well.”

Cllr Margaret Davidson, the Highland Council Leader:

“The Highland Council and NHS Highland are now moving towards a new chapter, both in our relationship and how we delivery services.

This needs to be a realistic approach and one where we very much take our lead from the communities and individuals we serve. We need to plan together and deliver together. We now need to build on the work that has begun.”

Chief Officer and Director of Care and Learning Introductions

David Park, NHS Highland Chief Officer:

The annual report provides a time of reflection over the delivery of care that is provided for the people of our communities. I am very pleased to see that we continue to make progress across many areas as well as largely favourable comparisons against National performance. We can by no means be complacent and our attitude and approach to Quality Improvement points us to the areas of focus in the coming year.

I'd like to recognise the tremendous contribution made by all the people dedicated to providing care, which include NHSH staff, Independent and Voluntary organisation staff, as well as other volunteers and carers. Thank you. This report really reflects our collective delivery of care to people in Highland.

Bill Alexander, Director of Care & Learning, the Highland Council:

This annual report reaffirms our commitment to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential ensuring our children to be safe, healthy, achieving, nurtured, active, respected & responsible and included.

Our integrated children's services plan (For Highland's Children 4) sets out clear priorities for children and young people. This includes measures to provide children with the best possible start in life and the necessary support to enable them to achieve their potential.

This report provides an overview of performance within the Highland partnership, during 2017/18. This has been a period of continuing development, both locally and nationally.

Services in Highland have continued to be resilient and effective during this period, addressing the main challenges and opportunities.

Adult social care and children's services have continued to face the challenge of constrained budgets at a time of demographic and other demand pressures. The focus on prevention and early intervention in children's services has helped ensure consistent and effective delivery.

Strategic Context

In 2012, The Highland Council and NHS Highland Board decided that they would use existing legislation (the Community Care and Health (Scotland) Act 2002) to take forward the integration of health and social care through a lead agency Partnership Agreement, whereby the Council would act as lead agency for delegated functions relating to children and families, whilst the NHS would undertake functions relating to adults.

In taking forward our plans, the Health and Social Care Partnership works to the vision that it stated when we began our integration journey:

"We will improve quality and reduce the cost of service through the creation of new, simpler organisational arrangements that are designed to maximise outcomes."
The Highland Council & NHS Highland 16 December 2010

Put more simply our aim is: "Making it better for people in the Highlands".
Progress is measured through tracking work and improvement plans and key measures. This report sets out a number of important measures of progress. It also describes some of the main areas we have been working on and the difference this has made.

The Annual Performance Report is a chance to reflect on 2017/18 and to celebrate the achievements delivered by employees and partners. It is also a chance to think about those things that have not gone so well, and to appreciate the challenges that face us in terms of our performance now and in the coming year.

In terms of governance and reporting arrangements the Integration Scheme details that the Lead Agency is responsible for the operational management and performance of integrated services, including shared services. As such the NHS report to the Council in relation to adult care; and the Council reports to the NHS Board on children and families..

The Highland Partnership between NHS Highland and the Highland Council has agreed to a set of good governance principles, namely:

- Each Lead Agency has a governance structure that reflects single governance, single budget and single management
- Each Lead Agency adopts a Strategic Commissioning approach to working with partners across the Public, Independent and third sectors to develop the Strategic Plan
- The Partnership is agreed on the functions of scrutiny and governance and where these responsibilities are discharged.
- The Partnership has a Strategic Plan which is shared and equally owned
- The commissioning agency monitors the impact on outcomes.

National Outcomes

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7. People using health and social care services are safe from harm

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

In addition Highland has the following outcomes specifically for Children:

Outcome C1. Our children have the best start in life.

Outcome C2. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

Outcome C3. We have improved the life chances for children, young people and families at risk.

Outcome 1:

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

This indicator is intended to determine the extent to which people in NHS Highland feel they can look after their health. It is recognised that this may be more difficult for people with long term conditions and the performance indicators in place provide a measure of that.

There is one general indicator which is derived from the Biennial National Health and Care experience survey (last undertaken during 2017/18) supplemented by information gathered locally regarding how many emergency admissions we admit to hospital, our success rate in enabling clients to live normal lives in the community following a spell in hospital and our success rate in offering annual health screening to clients with learning disabilities and supporting clients with a sensory impairment.

This information is detailed in Table 1.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Percentage of adults able to look after their health very well or quite well	To improve on Scottish average	Scotland – 94% Highland – 95% (2015/16 baseline)	Scotland - 93% Highland – 94%	Better than Scottish average – Biennial data.
Emergency admission rate (per 100,000 population)	To improve on 2016/17 baseline (10,970 admissions)	10,541	10,498*	Better than Scottish average (11,959 admissions) and showing year-on-year improvement
Enablement: % of people receiving enablement interventions that do not require ongoing care interventions after initial 6 weeks	To improve on 2016/17 baseline of 40%	38.8%	40.4%	After a decline in performance in 2016/17, outcomes have improved to slightly above baseline in 2017/18
The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition	To maintain or improve on 2016/17 baseline of 97%	97%	95.8%	Performance was maintained in 2016/17, but declined slightly below baseline in 2017/18
Sensory Impairment - Self Management, The percentage of people completing a rehabilitation course who have confirmed a positive outcome on their ability to self-manage	To improve on 2016/17 baseline of 71.6%	74.7%	83.8%*	Outcomes have improved year on year.

* Provisional

Table 1 – Outcome 1

Outcome 2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

This indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible. This outcome is again supported by national survey and information gathered locally.

Overall, the picture is an improving one with clients spending longer in the community and less time in institutional settings such as care homes or hospitals. There is increasing uptake of Self Directed Support options one and two where clients or their agents are taking direct control of their care needs.

Year-on-year performance is increasing in most of the indicators, although some are still below the Scottish national average.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To improve on Scottish average	Scotland – 84% Highland – 84% (2015/16 baseline)	Scotland - 81% Highland – 86%	Performance improving. Outcome above the Scottish average - Biennial data.
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	To improve on Scottish average	Scotland – 79% Highland – 77% (2015/16 baseline)	Scotland - 76% Highland – 79%	Performance improving. Outcome above the Scottish average - Biennial data.
Readmission to hospital within 28 days (per 1,000 population)	To maintain or improve on 2016/17 baseline of 92 readmissions	91	102*	Performance has declined with an increase in the number of readmissions in 2017/18
Proportion of last 6 months of life spent at home or in a community setting	To maintain or improve on 2016/17 baseline of 89%	89%	90%	Performance has improved slightly over baseline.
Percentage of adults with intensive care needs receiving care at home	To maintain or improve on 2016/17 baseline of 51%	54%	50%	Performance in 2017/18 is slightly below baseline after improving in 2016/17
Percentage of older people aged 65 or over with intensive needs receiving care at home	To maintain or improve on 2016/17 baseline of 21.6%	23.7%	24%	Performance has improved year-on-year

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Number of days people spend in hospital when they are ready to be discharged, per 1,000 pop ulation (75+)	To maintain or improve on 2016/17 baseline of 1,585 days	1,581	1,330	Performance has improved considerably in 2017/18, although still well over the Scottish average of 772 days.
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	To maintain or improve on 2016/17 baseline of 24%	24%	20%	Performance has improved in 2017/18
Uptake of Self Directed Support options 1 and 2	To maintain or improve on 2016/17 baseline of 437 clients	558	614	Uptake of Self Directed Support Options 1 & 2 has increased.
Total number of adults receiving basic or enhanced Technology Enabled care	To improve on 2016/17 baseline – 1929 clients in receipt of basic telecare, 419 clients in receipt of enhanced telecare	Basic - 1,993 Enhanced - 485	Basic – 2,113 Enhanced - 527	Performance has improved year-on-year
Percentage of referrals received per quarter with reason given 'to enable to remain at/return home' & 'to enable independence'	To improve on 33.6% baseline	Not applicable	37.3%	New performance indicator for 2017/18. Performance improving.
Percentage of new installations in quarter with activity monitors i.e. falls monitors	To improve on 30.5% baseline	Not applicable	35.3%	New performance indicator for 2017/18. Performance improving.

* Provisional

Table 2 – Outcome 2

A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge, with lack of care at home services and care home placements accounting for around 90% of the delays for the over 65 age group. Considerable improvement has been

made in increasing the amount of care at home provided by the independent sector, but additional care at home capacity is still required.

There are also significant issues around the lack of care home capacity. It does further strengthen the need to identify and provide support for clients at an earlier stage well before any hospitalisation incident. Should a client be admitted to hospital it also highlights the importance of effective discharge into the community as soon as possible to prevent increasing dependency leading to a requirement for placement in a care home.

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

This indicator is about the quality of the services provided and client's ability to manage and be in direct control of the services that they require. Apart from the indicators in table 3 below, other indicators such as enablement (Table 1) and self-directed support (Table 2) are also relevant. Clients and patients in Highland are consistently scoring Health and Care services above the national average.

The proportion of care services graded 4 and above in Care Inspections is above the national average.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	To improve on Scottish average	Scotland – 75% Highland – 76% (2015/16 baseline)	Scotland - 81% Highland – 86%	Performance improving. Outcome above the Scottish average - Biennial data.
Percentage of adults receiving any care or support who rate it as excellent or good	To improve on Scottish average	Scotland – 81% Highland – 83% (2015/16 baseline)	Scotland - 80% Highland – 83%	Performance stable and above Scottish average - Biennial data.
Percentage of people with positive experience of the care provided by their GP practice	To improve on Scottish average	Scotland – 87% Highland – 89% (2015/16 baseline)	Scotland - 83% Highland – 87%	Performance declined slightly in 2017/18, but still above the Scottish average - Biennial data.
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections and proportion graded 5 or above	To improve on Scottish average (82.9%) and baseline (77.85)	Scotland – 83.8% Highland – 83.8%	Scotland - 85.4% Highland – 86.3%	Performance improving and above Scottish average.

Table 3 – Outcome 3

Outcome 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The previous indicator is used to determine the quality of the services being provided. This indicator is about the quality of life of the clients and patients who use those services. Apart from the delayed, this also paints a positive picture with fewer falls and a lower emergency day rate than the national average.

Scoring at 86%, a high number of patients and clients agree that the services provided do improve their quality of life. Of particular interest in future years will be the new indicator on social and geographical connectivity given the mix of urban and rural communities found in Highland.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Delayed hospital discharges for service users residing within areas covered by ISC C@H providers	20	14	32	Following improvements in 2016/2017, performance has declined in 2017/18
Emergency bed day rate (per 100,000 population)	119,517 bed days	117,511	98,602*	Performance has improved year-on-year
Falls rate per 1,000 population aged 65+	17 patients admitted due to falls	16	15	Performance has improved year-on-year
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To improve on Scottish average	Scotland – 84% Highland – 87% (2015/16 baseline)	Scotland - 80% Highland – 86%	Performance stable. Outcome above the Scottish average - Biennial data.

* provisional

Table 4 – Outcome 4

Outcome 5 Health and social care services contribute to reducing health inequalities.

This indicator is about ensuring that communities in Highland are safe and healthy and that individual circumstances are taken into account. Table 5 shows that the premature mortality rate in Highland is lower than the national average.

The time taken to access drug or alcohol treatments services is improving year-on-year from 77% in 2016/17 to 84.4% in 2017/18, but has yet to reach the 90% target set by Scottish Government.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Premature mortality rate (per 100,000 population)	To improve on baseline – 392 patients	377	Not yet available	Performance has improved
People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources	To improve on baseline – 2146 patients	2168	2162	Performance improved in 2016/17 and has remained stable at that level.
Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies	To meet national target of 90% of referrals within 18 weeks	90%	81.4%	Performance is above the national average. Reduction in performance is largely due to an improvement in data collection processes.
The time taken to access drug or alcohol treatment services	To meet national target of 90% of referrals within 18 weeks	77%	84.4%	Performance is improving year-on-year, though the national target has not yet been met.

Table 5 – Outcome 5

Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Carers play a particularly important role in ensuring the health and wellbeing of clients, patients and communities. The purpose of this indicator is to determine if they are supported in that role and takes into consideration their own quality of life. Performance has improved only slightly between 2016/17 and 2017/18, though performance nationally had fallen.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Percentage of carers who feel supported to continue in their caring role	To improve on Scottish average	Scotland – 41% Highland – 37% (2015/16 baseline)	Scotland - 37% Highland – 38%	Performance is slightly better than the Scottish average - Biennial data.

Table 6 – Outcome 6

Outcome 7 People using health and social care services are safe from harm.

The purpose of this indicator is to ensure that there is support and services in place which ensure that clients are safe and protected from abuse and harm.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Percentage of adults supported at home who agree they felt safe	To improve on Scottish average	Scotland – 84% Highland – 86% (2015/16 baseline)	Scotland - 83% Highland – 84%	Performance has declined, but still exceeds the Scottish average - Biennial data.
Adult Protection Plans are reviewed in accordance with Adult Support and Protection (ASP) Procedures	Target is 100%	90%	100%	Target has been met for all Adult Protection Plans properly recorded.
Reviewing and monitoring of Guardianships. Number of Guardianships reviewed - annual required timescale.	To improve on baseline of 50% reviewed within timescale.	49.9%	37.9%	Performance is declining against a background of an increasing number of Guardianships.
Reviewing and monitoring of Guardianships. Number of New Guardianships reviewed within required timescale of 3 months.	To improve on baseline of 57% reviewed within timescale	31.3%	24.8%	Performance is declining against a background of an increasing number of Guardianships.

Table 7 – Outcome 7

Although the national survey results suggest that clients in the Highlands do feel safer in comparison to the national average, local targets in respect of guardianship are not being met. There is also on-going work underway to define and more accurately record performance with regard to adult protection plans.

Outcome 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
Workforce is Adult Support and Protection effectively trained	Target is 100% of staff trained	99%	98%	Performance is stable with vast majority of staff trained confirming training has been effective.
Employee engagement index (from iMatters)	Year-on-year improvement	76%	75%	Performance is stable
Uptake of Knowledge and skills Framework – reviews completed and signed off	Year-on-year improvement	27.3%	26%*	Performance is declining.
Sickness absence levels	To improve on local baseline of 4.88%	4.92%	4.96%	Performance is declining.

* provisional

Table 8 – Outcome 8

Staff attending training find that the training is useful and increases confidence and abilities. Sickness absence continues to increases and the national target of 4% has not been met. However, it is lower than the Scottish average for 2017/18 which was 5.39%.

Outcome 9 Resources are used effectively and efficiently in the provision of health and social care services.

Indicators	Baseline	2016/17 Outcome	2017/18 Outcome	Comments
NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	Year-on-year improvement	83.3%	92.1%	Performance is improving year-on-year
Home Care costs per hour for people aged 65 or over	National Average £22.54 in 2016/17	£36.09	Not Yet Available	Above national average
Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	National average 6.48%	6.29%	Not Yet Available	Slightly below national average
Net Residential costs per Capita per week for Older Persons (over 65)	National average £375.06	£448.22	Not Yet Available	Above national average

Table 9 – Outcome 9

Payment of invoices within 28 days has improved and exceeded target and is expected to improve further. Although SDS1 uptake continues to grow in Highland, it still lags behind the national average.

Home care costs and residential costs are published nationally. However, there are so many different factors contributing to these costs that national comparisons are largely meaningless.

Joint Monitoring Committee – Integrated Governance and Decision-Making

In the course of the year the Joint Monitoring Committee (JMC) has taken key decisions in relation to the delegated functions, operating and governance arrangements.

The JMC has also supported the charging framework, Strategic Plan Review, financial settlements and has overseen performance.

Financial Performance

The Partnership's Adult Care provision represents a large and complex use of revenue, capital and human resources.

Financial Performance (Adult Services)

The financial challenges facing NHS Highland in 2017/18 were unprecedented, with the requirement to deliver against a savings target of £48m, in order to deliver financial breakeven. The Highland Health & Social Care Partnership's share of this target was £39.6m and this compares to a target of £21.4m in 2016/17.

In addition to this significant savings target, a number of cost pressures were experienced during the year, including the additional cost of locums, increased drugs costs, particularly due to drugs which were on short supply, and significant increases in expenditure within Adult Social Care services.

At the end of the year, £30.5m of savings had been achieved although £12m of these were achieved central initiatives such as slippage on allocations, with £16.6m delivered by the Operational Units. In addition, £22.2m was carried into 18/19 due to non-recurrent and unachieved savings.

As a result of these factors, the H&SCP overspent on budgets by £14.7m and as a result of this and overspends within other areas, NHS Highland only achieved financial break-even with the aid of financial brokerage of £15m from the Scottish Government.

The Table below shows the overspend broken down into operational unit;

Operational Unit	Annual Plan £m's	Forecast Out-turn £m's	Potential Variance £m's
South & Mid Division	204.9	209.7	(4.8)
Raigmore Division	161.8	172.3	(10.5)
North & West Division	136.7	143.3	(6.5)
Sub Total NH Operational Units	503.4	525.2	(21.8)
Adult Social Care - Central	(2.6)	(3.5)	0.7
Facilities	22.6	23.5	(0.3)
Integrated Pharmacy	5.3	5.3	0.2
e health	10.3	10.0	0.0
Tertiary	20.6	20.4	0.2
Other	2.5	2.5	0.0
Central Services	42.2	35.8	6.3
TOTAL H&SCP	604.2	619.3	(14.7)

As highlighted above, the main areas of overspend are;

Medical pays (net impact of locums)	£2.6m
Drugs	£2.8m
Adult Social Care	£5.2m
Unachieved/Unidentified Savings	£9.1m

Note that the amount for medical pay includes the cost of locums which is offset by the vacant budget or unfilled vacancies. The expenditure on Locums for the year was £11.4m.

The above can clearly be seen from an analysis of expenditure by category, this shows the overspend from a different perspective, split between pay and non-pay areas and the table below shows this …….

Spend by Subjective To month 12 March 2018	Annual Plan £m's	Forecast Out-turn £m's	Potential Variance £m's
Pay			
Medical & Dental	66.8	69.4	(2.6)
Medical & Dental Support	4.7	4.2	0.5
Nursing & Midwifery	108.3	106.0	2.3
Allied Health Professionals	18.6	17.1	1.5
Healthcare Sciences	11.2	10.6	0.6
Other Therapeutic	8.7	8.2	0.5
Support Services	20.5	20.4	0.1
Admin & Clerical	30.1	29.4	0.7
Senior Managers	1.0	1.1	(0.1)
Social Care	36.7	35.7	1.0
Pay Holding/vacancy factor	(2.9)	0.0	(2.9)
Total Pay	303.7	302.1	1.6
Drugs	73.4	76.2	(2.8)
Clinical Non Pay	32.8	35.0	(2.2)
Non Pay	35.1	34.8	0.2
Property costs	30.9	31.4	(0.4)
FHS	61.4	60.9	0.6
Purchase of Social Care	82.9	89.4	(6.4)
SLA's & Out of Area	34.1	34.8	(0.7)
Non Pay	350.7	362.5	(11.8)
Other Commitments	1.6	0.0	1.6
Savings	(9.1)	0.0	(9.1)
Operational Income	(42.7)	(45.7)	3.0
Total	**604.2**	**619.3**	**(14.7)**

With regards to the adult social care overspends, appendix I shows this overspend by care group.

Conclusion

The H&SCP financial position as at March 2018 highlights an overspend on budgets of £14.7m. The main element is potential failure to deliver savings of £9.1m with the remainder being cost pressures across the operational units, particularly within adult social care budgets.

This clearly impact on the financial position of NHS Highland and was discussed with Scottish Government colleagues on a regular basis where progress on potential improvements were discussed along with the efforts made in the development of a detailed operational/service plan.

Outlook

The outlook for 2018/19 is increasingly challenging. NHS Scotland has continued to enjoy relative protection from the impact of public sector austerity and NHS Highland will benefit from a baseline uplift of 1.5% (1.5% baseline plus £3m of NRAC parity funding), however, despite these factors, the Board will face a savings target of £51.8m in 2018/19 (compared with £48m in 2017/18). The receipt of NRAC resources places NHS Highland within the 1% target set by Scottish Government.

The H&SCP has a savings target of £43.5m and a savings programme, based on a combination of cost containment, transformation and efficiency savings, has identified approximately £24.5m of potential savings. This is set in the context of the Quality and Sustainability Plan, which was approved by the Board in March 2017.

A number of those plans identified carry varying degrees of risk and, in the submission of the NHS Highland Annual Operational Plan (AOP), the likelihood of further brokerage of between £19m to £23m has been identified and will be the subject of further discussion with the Scottish Government.

Commissioned Children's Services

2016/2017 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Variance
Allied Health Professionals	3,073,568	2,751,014	-322,554
Service Support and Management	1,129,461	1,034,721	-94,740
Child Protection	446,408	338,557	-107,851
Health Development	596,335	533,013	-63,322
Family Teams	16,788,311	16,162,624	-625,687
The Orchard	1,186,056	1,189,564	3,508
Youth Action Services	1,456,911	1,250,736	-206,175
Primary Mental Health Workers	535,929	497,824	-38,105
	953,774	983,906	30,132
Total	**26,166,753**	**24,741,959**	**-1,424,794**
Commissioned Children's Services income from NHSH	**-9,274,498**	**-9,274,498**	**0**

Inspection Findings

Social Care and Social Work Improvement Scotland

Care Homes

There are 74 care homes registered in Highland. Of these, 55 are independent sector care homes and 17 provided by NHS Highland. In December 2016, 57 (79.17%) of all care homes were graded 4 or better. Of these 26 (36.11%) were graded 5 or better. NHS Highland is aiming for 100% of all care homes to be graded at 4 or better from 2018.

There has been a significant focus on improvement across the care home sector in 2016/17. Integration means that more health professionals within NHS Highland are now involved in improving services in NHS care homes, using their unique experiences and knowledge. This has also impacted on independent sector care homes and there are a number of improvement activities underway.

My Home Life and 'culture of care' training commenced in January 2015 and is having a positive impact on Care Inspectorate grades as well as improving the experience of people who live, work and die in care homes. 32 care homes have now been involved in My Home Life and over 100 care home staff have undertaken "culture of care" training.

This has highlighted what is important to residents and their families as well as what is important to staff and communities. 'What matters to you' is now a key question in care homes and many residents are involved in everything from menu planning to staff recruitment.

Over the past two years, Consultant Geriatricians have been working directly with Care Home staff and clients and now lead multi-disciplinary teams supporting 17 care homes across Highland.

The Consultant Geriatrician undertakes an annual review of every resident within each of these care homes recording the client's needs in a central database (called the "Sci" store). This ensures that information is readily available to out of hours GPs and hospitals, if a care home resident is admitted to hospital. Early indications are that this flexible, expert input is supporting more people to live and die in care homes than in the past.

A good example of this multidisciplinary approach is the service provided to clients in Lochbroom care home, where the flexible approach involving the use of health and social care facilities, including the step up/ step down bed in the care home, is supported by social work, the community geriatrician, the community psychiatric nurse, an occupational therapist and the GP. The end result is that Lochbroom has amongst the lowest rates of death in hospital in the whole of Highland.

In addition to Consultant Geriatricians, Older Adult Psychiatrists support staff to support residents who have dementia in care homes in Lochaber, using video conferencing facilities. This approach ensures that residents receive expert and professional assessment and support, in their own home (the care home) without having to travel to Inverness for appointments.

Community Psychiatric Nursing (CPN) input into care homes is now a more standard approach to supporting vulnerable residents in care homes. Care home staff are reporting that they find it reassuring to have regular CPN visits as they find it reassuring and supportive, when working with some complex dementia behaviours.

Two pilots have recently commenced within care homes in Highland. One is a pharmacy pilot involving 5 care homes in Lochaber. This pilot is offering regular resident medication reviews by a pharmacist ensuring residents changing needs are being met in a more timely and supportive manner.

The second pilot also involves 5 care homes and is focussed on promoting effective skin care. Whilst there have been improvements in care homes since integration, this pilot aims to develop standard work to improve staff confidence, competence and knowledge around skin care and viability.

Partnership working with Highland Hospice is ensuring the development of better palliative care in care homes in Highland. Whilst still at a relatively early stage, relationships have already developed between Highland Hospice staff, community geriatricians, care home staff and NHS Highland's service improvement lead for care homes.

Care home staff have been undertaking shifts in Highland Hospice and Highland Hospice staff undertaking shifts in care homes, sharing good practice between both organisations. This has supported NHS Highland's promotion of caring as a profession to younger care home staff, in particular, with several young carers participating in this work, including a member of staff from Ach an Eas care home in Inverness.

The average age of admission to a care home in Highland for those clients 65 and over has risen from 79 in 2011 to 82 in 2016, which is above the Scottish average of 81. In addition the average length of stay has risen from 2.6 years in 2011 to 2.7 years in 2016. There are still a number of residents who have lived in Highland care homes for more than 10 years so the average will take some time to come down.

Residents admitted in recent years have a shorter length of stay in care homes.

<u>Large Scale Investigations</u>

The number of Large Scale Investigations in Highland Care Homes reduced in 2016/17. Where these have taken place, support has been offered, and we have seen some improvements in grades. A Large Scale Investigation is triggered where there are concerns about more than one of the residents and a pattern of poor practice may be suspected.

NHS Highland has trained all the District Managers and lead social workers and others on the updated Large Scale Investigation process, including how to chair Large Scale Investigation meetings and this has improved confidence and practice.

Care at Home

There are 22 care at home services registered in Highland. 20 of these are independent care at home services and 2 are delivered by NHS Highland. In December 2016, 17 (77.27%) of all care at home services were graded 4 or better. Of these 9 (40.91%) were graded 5 or better.

There have been concerns regarding some aspects of care at home provision and with one provider in particular. This has been the subject of ongoing communication between NHS Highland and the provider. NHS Highland no longer commissions their service.

Overall, the picture is one of improving the quality of Care in the Highlands.

Strategic Plan Review

The Highland Strategic Commissioning Plan for Older People **2014-2019**, was Highland's first strategic commissioning plan and was co-produced during 2013-2014 with all sectors and representatives of carers and service users through the Adult Services Commissioning Group (ASCG) (which fulfils the function of the Strategic Planning Group).

The development of the strategic commissioning plan was recognised to be an evolving process, where the journey of establishing solid relationships with and between commissioning partners, was a critical achievement.

The first plan focused on meeting the needs of older people in Highland and was the first step on an important journey to better understand and meet these needs, with a view to focusing on other adult population groups in future years. The priorities of the plan centred on actions around the capacity, flexibility and quality of care at home and care home provision for older people.

The plan was presented to the NHS Board on 1 April 2014 and has since been refreshed annually to include broad commissioning intentions and most recently, other client groups.

The **2015-2016** annual refresh provided a sustained focus on the existing care at home and care home activity, under the following objectives:

- *Sufficient capacity to meet need*
- *Highland wide coverage*
- *Consistent high quality*
- *A range of models (e.g. sitter service, re-enabling)*
- *Flexible and responsive services*

*The **care at home** priorities were to:*

- *Grow capacity and capability of quality **care at home** provision to meet unmet need.*
- *Change the way that we work with all providers through:*
  - *Collaborating on recruitment;*
  - *Developing a single tariff for all care at home providers;*
  - *Commitment to purchase rates enabling payment of living wage;*
  - *Collaborating on geographical zoning for providers so that caseloads/runs are sustainable;*
  - *Revising the balance of in-house/independent provision to ensure that this reflects commissioning and SDS principles.*

*The **care home** priorities were:*

- *More quality provision and flexible use of **care home** resources.*
- *Change the way that we work with providers through:*
  - *Achieving quality goal is for 95% all provision, both in-house and independent sector, to be grade 4 or above by 2019.*
  - *Commissioning short term, re-enabling care, as an alternative to hospital;*
  - *Exploring new models of care such as housing with support*

- *Collaboration on workforce issues to ensure a sustainable pool of sufficiently trained and qualified staff;*
- *Collaboration with communities on alternative models to meet local needs.*

During the course of 2015-2016 and in order to support the Improvement Groups to identify future commissioning intentions for their areas, a commissioning skills event delivered by the Joint Improvement Team of the Scottish Government, was held to help the Improvement Groups to be better equipped to progress their commissioning role.

The **2016-2017** refresh contained the existing care at home and care home activity already in motion to further progress, develop and embed this activity and for the first time, included commissioning intentions relating to broader population groups. This followed on from a workshop session of the Improvement Groups to focus on translating the high level delivery aims of "live well, keep well, die well" into 2016-2017 commissioning intentions.

The annual refresh was considered by the Health and Social Care Committee on 3 March 2016 and signed off by the NHS Board on 5 April 2016.

Key achievements over the course of 2016-2017 are noted as follows:

- Improved quality grades
- Increased sector pop up activity
- Creation of a sector level playing field
- Roll out of care at home zoning
- Sector self-management
- Continued payment of living wage for care at home (in place since April 2015)
- Continued fair tariff for care at home
- Commissioned joint review of co-produced tariff conditions
- Sector recognition of a different (and better) commissioning approach
- Development of patient reported outcome model
- NHSH, Albyn and Carbon Dynamic collaboration on "Fit Homes"
- Improved sector dialogue and collaboration
- Development of overnight care service (rolled out in 2017-2018)

In terms of Future Direction, a refreshed Strategic Commissioning Plan for 2018-2021 is under development for sign off and implementation from April 2018.

It is intended that this plan will build on the current activity but will also provide clearer, more detailed and more measurable priority action areas to inform commissioning activity over this period.

Specifically, this approach will a) align with the Scottish Government's clarification guidance from September 2016 on the development of strategic commissioning plans; and b) address care provider sector feedback received, indicating a need for more specific detail regarding commissioning intentions to enable them to sufficiently plan, commit resources or consider longer term change or investment.

Outcome C1

Outcome 1: Our children have the best start in life.

This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

1. Children and young people experience healthy growth and development.
2. Children and young people are supported to achieve their potential in all areas of development.
3. Children and young people thrive as a result of nurturing relationships and stable environments.

The indicators show improvement in the majority of measures during the last year. Significant improvement activity has taken place over the last three years to ensure robust and detailed data concerning children achieving their developmental milestones is available. This data is collated from detailed developmental overviews undertaken on every child in the highlands.

Allied Health Professionals

Allied Health Professionals had made significant progress with reducing waits for more children and young people but following staffing difficulties numbers waiting and those waiting more than 18 weeks have increased for some.

Staffing continues to be an issue, particularly for Speech and Language Therapy. The Council has recruited to some OT posts recently, so expect waits should decrease.

The April 2018 figures are as follows (with Jan 2018 figures bracketed):

Profession	Total number waiting	Number waiting <18 wks	% <18 wks
Dietetics	202 (132)	139 (93)	69% (70%)
Occupational Therapy	54 (71)	40 (65)	74% (92%)
Physiotherapy	34 (16)	34 (16)	100% (100%)
Speech and Language Therapy	281 (182)	207 (163)	74% (90%)
Total	571 (401)	420 (337)	74% (84%)

Breastfeeding

Infant Feeding Support Workers have integrated within the midwifery and health visiting teams, and have shown multi-agency collaborative working at its full potential. They have developed new and exciting ways to engage with women, encouraging a community empowerment model to increase breastfeeding rates

and improve attendance at groups both before and after birth

Our children have the best start in life.

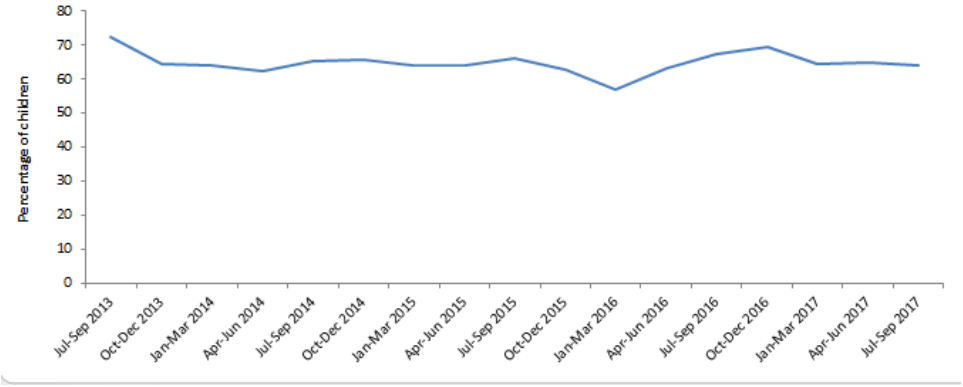
Key

Performance improving **Performance declining** **Performance is stable**

Indicator 1	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	➲	Early Years	64.1%

Analysis

This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.



Indicator 2	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	86%

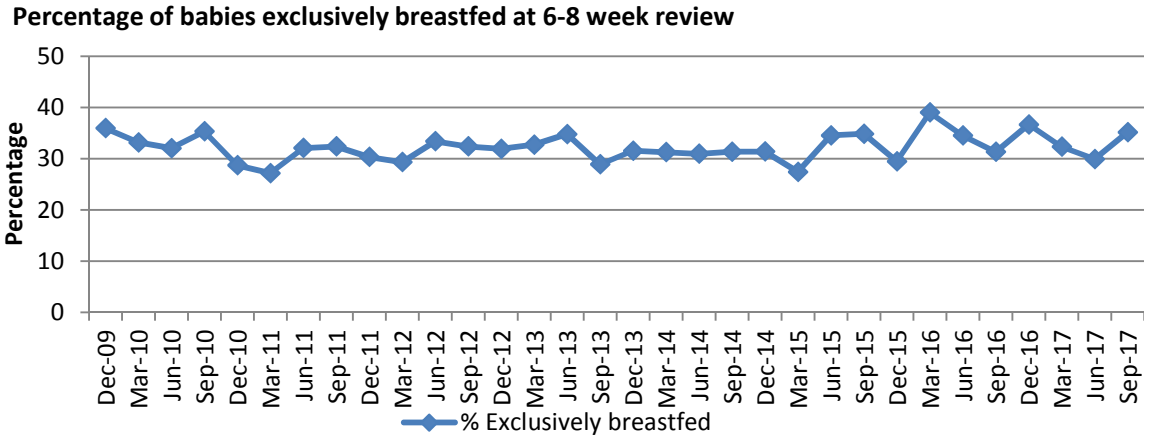
Analysis

This data has been collected annually since 2015. The data shows little variance over that time.

Indicator 3	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	35.2%

Analysis

The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.



Indicator 4	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%		Early Years	82.4%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012.

Indicator 5	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	82%

Analysis
Work is ongoing on all initiatives, such as: managing caseloads, developing plans for recruitment and retention, workforce planning, increasing the use of technology, supporting early help and self-care, ensuring effective request management and developing collaborative relationships with children, young people, parents and professionals.

Indicator 6	Target	Baseline	Status	Imp Group	Current
Every district in Highland is able to deliver a core suite of parenting interventions				Early Years	

Analysis
This is a new measure and mapping work is underway to establish a baseline.

Outcome C2

Outcome 2: Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

1. Children and young people are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.
2. Children and young people are supported to achieve their potential in all areas of development.
3. Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.

HMIe Measures

A number of measures within this framework require to be changed over the coming year to reflect changes in the questions asked of children and their families during school inspections.

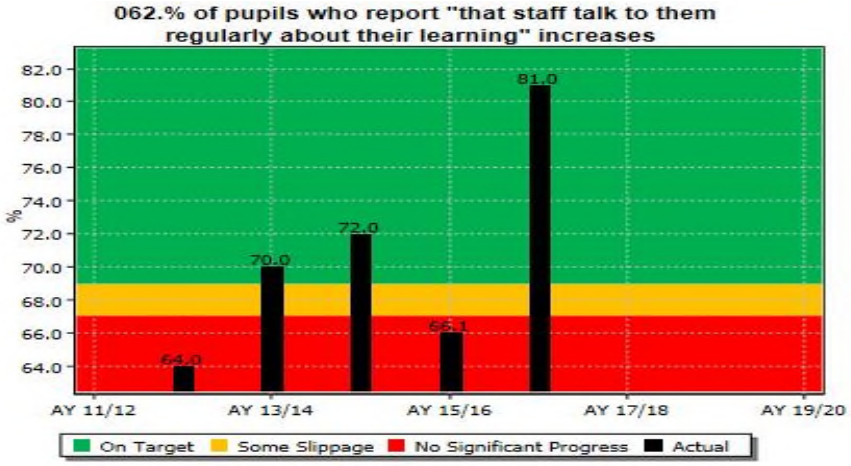
Children and young people sustaining full time attendance at school.

A number of significant improvement priorities have been identified to ensure children and young people sustain full time education during t last year these include;

- Monitoring the attendance of those on part time timetables and including those on part time timetables, with details of what steps have been put in place to meet needs of the pupil.
- Improve awareness of the policy around the need discussion with Lead professionals when a child is excluded from school or at risk
- Ensuring that the statutory responsibilities around educational provision are understood and met by school managers and family teams.
- Identifying specialist staff in schools who can be ASN 'champions' in schools and Areas.
- Providing a range of training, information and advice to ensure a knowledgeable and motivated staff group.
- Working towards ensuring that any 'alternative provision' model is matched to the needs of the individual and will sit within mainstream environments where possible and appropriate.

Our young people are successful learners, confident individuals, effective contributors and responsible citizens.					
Key **↑Performance improving ↓Performance declining ➲Performance is stable**					
Indicator 1	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
The percentage of pupils who report "that staff talk to them regularly about their learning "increases	Improve from baseline	64%	↑	Schools	81%

Analysis
This data is collected annually. The latest data is from 2017. The table below shows the annual variation since the baseline was established in 2012.



Indicator 2	Target	Baseline	Status	Imp Group	Current
The percentage of children and young people sustaining full time attendance at school will increase	99%	99.2%	➲	Additional Support Needs	99%

Analysis
This data is collected annually. The baseline was established in 2014. The percentage has remained consistent each year of the reporting period.

Indicator 3	Target	Baseline	Status	Imp Group	Current
The percentage schools awarded an evaluation of good or better for self-evaluation in HMI inspections increases	60%	20%	↑	Schools	50%

Analysis
This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.

Indicator 4	Target	Baseline	Status	Imp Group	Current
The percentage of schools awarded an evaluation of good or better for curriculum in HMI inspections increases	60%	20%	➲	Schools	68%

Analysis
This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years .

Indicator 5	Target	Baseline	Status	Imp Group	Current
The percentage of schools evaluated as good or better for Meeting learners Needs in HMI	65%	60%	↑	Schools	83%

inspections increases					
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					
Indicator 6	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
The percentage of children responding positively to the question "Staff and children treat me fairly and with respect" is maintained	84%	80%		Schools	84%
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					
Indicator 7	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
The percentage of parents and carers who respond positively to the question, "the school takes my views into account" increases	63%	57%		Schools	68%
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					
Indicator 8	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
The percentage of parents who report that the school keeps them well informed of their child's progress increases	77%	74%		Schools	79%
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					
Indicator 9	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**
The percentage of parent and carer responses to the question, "my child is treated fairly at school" increases	90%	87%		Schools	91%
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					
Indicator 10	**Target**	**Baseline**	**Status**	**Imp Group**	**Current**

The percentage of children who report they have a say in making the way they learn in school better increases.	56%	47%		Schools	60%
Analysis This data is collected annually and is based on the number of schools receiving an HMIe inspection. This focus around different schools allows for the variation in previous years.					

Outcome C3

Outcome 3: ***We have improved the life chances for children, young people and families at risk.***

This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

1. Children are protected from abuse, neglect or harm at home, at school and in the community.
2. Children are well-equipped with the knowledge and skills they need to keep themselves safe.
3. Young people and families live in increasingly safer communities where anti-social and harmful behaviour is reducing.
4. Children and young people thrive as a result of nurturing relationships and stable environments.
5. Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Much of the data collected over the last four years shows significant improvement in the wellbeing of the most vulnerable children in Highland. Independent scrutiny of 'The Highland Practice Model' demonstrates improving trends through earlier intervention.

An increasing number of parents and families can describe the ways in which the model supports them and their children and young people. Continuous improvement through engagement is a consistent feature of ongoing improvement planning.

Reducing multiple exclusions

During the last year a significant amount of improvement activity has been developed including;

- Ensuring all exclusion letters are in line with guidance and policy.
- Reviewing and monitoring all exclusions within one Area team to establish whether guidance and policy have been followed.

The delay in the time taken between a child being accommodated and permanency decision

The increase in time taken during the course of this year has been mainly to lengthy legal processes which impact on permanency planning including matching with prospective adopters The lengthy legal process and several Kinship assessments and appeals contributed to the delays

The number of LAC accommodated outwith Highland

A significant redesign project is underway to shift the balance of residential accommodation provision from external to internal accommodation. This has included plans to:

- Assess a costed business case for capital expenditure on more Council owned and managed children's homes.
- Reconfigure Children's services for young people who are likely to require residential care.
- Test if there is a Business Case to develop a 'No Wrong Door/Hub' approach in Highland, modelling capital and revenue costs with clear business plan.
- Assess and evaluate the impacts of the "Sustain - Edge of Care" pilot being funded by Aberlour Childcare Trust.
- Review Children's Services funding to the 3rd Sector.
- Scope and undertake a best value review of current funding against outcomes to establish value for money.
- Consider future commissioning arrangements.
- Review Family teams to enable focus on early intervention and alternatives to residential.
- Review staffing arrangements to enable Social Workers in Family teams to focus on early intervention and alternatives to expensive accommodation options prevention.
- Consider arrangements for accessing Child and Adolescent Mental Health Services.
- Preventative services to reduce number of children entering care. Develop business cases to evidence "spend to save" on additional school support resources versus accommodation placements.
- Consider the development of a small, fulltime education resource for young people who can't sustain mainstream school

For Highlands Children 4 Performance management Framework

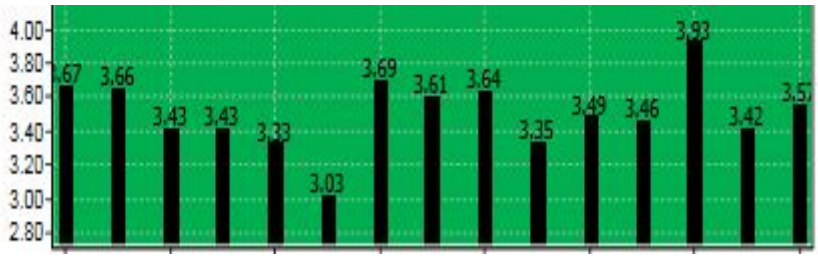
Key
Performance improving **Performance declining** **Performance is stable**

Indicator 1	Target	Baseline	Status	Imp Group	Current
Number of households with children in temporary accommodation will reduce.	95	100		Child Protection	94

Analysis
The data is collected quarterly. The baseline was established in 2014 and shows a small reduction over time. The target was met for the first time in 2016.

Indicator 2	Target	Baseline	Status	Imp Group	Current
The percentage of children on the child protection register who have been registered previously will reduce.	Improve from baseline	5.31%		Child protection	3.57%

Analysis
The data is collected quarterly but due to short term variation, as shown in the graph below, is only statistically significant when analysed annually. The baseline was established in 2014 and this data shows continuous improvement over the last four years



Indicator 3	Target	Baseline	Status	Imp Group	Current
The number of children reporting that they feel safe in their community increases	Improve from baseline	84.7%	➲	Public Health and wellbeing	88.7%

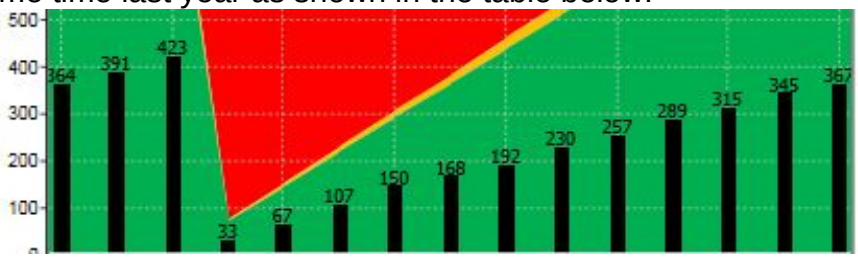
Analysis
This is data taken from the 2017 lifestyle survey. The survey is undertaken every two years across Highland schools. The 2011 lifestyle established a baseline for the data. The data shows continuous improvement over this period.

Indicator 4	Target	Baseline	Status	Imp Group	Current
The number of children and Young people reported to SCRA on anti social behaviour grounds reduces	20% reduction	90	➲	Youth Justice	83

Analysis
This data is reported monthly. The baseline was established in 2012 and a reduction has been observed over seen over time.

Indicator 5	Target	Baseline	Status	Imp Group	Current
The number of offence based referrals to SCRA reduces	Improve from baseline	528	↑	Youth Justice	367

Analysis
This data is reported monthly. The baseline was established in 2012 and the latest data shows a reduction from the baseline and between the current reporting period and the same time last year as shown in the table below.



Indicator 6	Target	Baseline	Status	Imp Group	Current
The reduction in multiple exclusions is maintained	36	55		Schools	51

Analysis
This data is collected annually. The baseline was established in 2012 and there has been very little variation over time.

Indicator 7	Target	Baseline	Status	Imp Group	Current
The exclusion rate for Looked After Children will decrease	155	146		Looked after Children	182

Analysis
This data is collected annually. The baseline was established in 2012. The table below shows a steady deterioration since 2012. A pilot has been agreed to test actions designed to improve this and other measures of education outcomes for LAC. An outline strategy for education of LAC is currently in place.

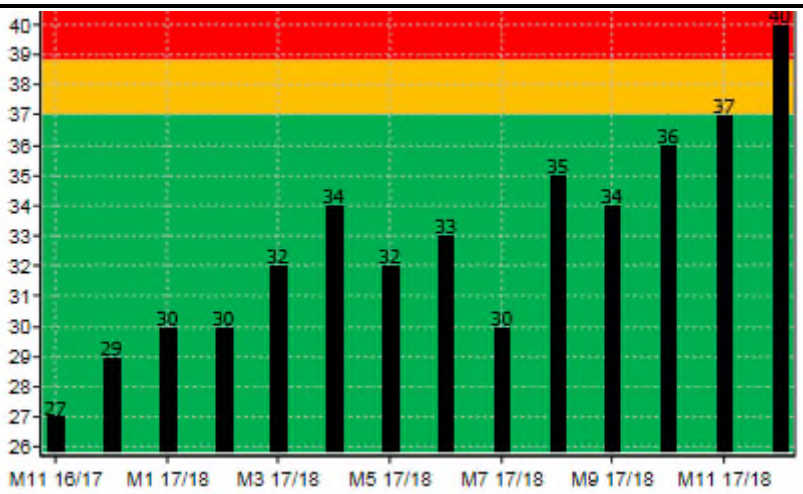
Indicator 8	Target	Baseline	Status	Imp Group	Current
The delay in the time taken between a child being accommodated and permanency decision will decrease	9 months	12		Looked after Children	22.3

Analysis
This data is collected quarterly and the baseline was established in 2016. The variance in this that the reporting timeframe shows the average length of time and can vary considerably from case to case. During certain periods we have continued to seek permanency for harder to place children with, significant additional support needs, older children or sibling groups. For these children the overall time target has not been achieved due to the complexity of ensuring effective transitions.

	2013/14				2014/15				2015/16				2016/17				2017/18			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of children matched	8	5	3	1	1	5	5	1	9	1	2	7	5	3	1	4	6	4	5	3
Average time in months from LAC decision to matching	10.8	12.2	7	9	12	12	12.4	15	23.3	13	9.5	9.7	35.6	7.6	7.0	16.7	16.5	25	27.4	22.3

Indicator 9	Target	Baseline	Status	Imp Group	Current
The number of LAC accommodated outwith Highland will decrease (spot purchase placements)	30	44		Looked after Children	40

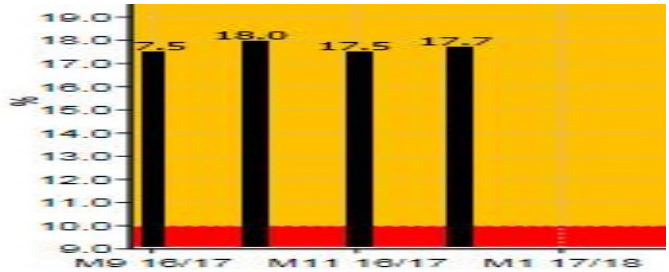
Analysis
This data is reported monthly. The baseline was established in 2016. The table below shows the monthly variance in that period.



Indicator 10	Target	Baseline	Status	Imp Group	Current
The number of children needing to live away from the family home but supported in kinship care increases	20%	19.3%	➲	Looked after Children	17.7%

Analysis

This data is reported monthly. The baseline was established in 2016. The table below shows the monthly variance in that period.



Indicator 11	Target	Baseline	Status	Imp Group	Current
The number of children where permanence is achieved via a Residence order increases	82	72	➲	Looked after Children	81

Analysis

This data is reported monthly. The baseline was established in 2016. The table below shows the monthly variance in that period.