Highland Health & Social Care

Annual Performance Report 2018-19

Drafting Note

The Partners agreed that they would adopt the same format as the Argyll and Bute document to maintain consistency of approach across the NHS Highland Partnerships. The Argyll and Bute was not available at the time of drafting, therefore this report has been produced in a simple text format pending further editing of presentation style.

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Introduction by Chief Officer and Head of Children's Services

David Park, Chief Officer Highland Health and Social Care Partnership:

The annual report provides a time of reflection over the delivery of care that is provided for the people of our communities. This year we have seen unprecedented challenges around growing demand for services, workforce pressures and finances. We remain committed to improving on our services yet we have some very complex, bold and testing decisions to make around what services will look like in the future.

These pressures however have not prevented us from delivering high quality services and I am very pleased to see that we continue to make progress across many areas as well as largely positive comparisons against National performance.
The challenge for coming year is to focus on delivering better support to Carers, developing and extending home based care options and working with the innovative communities of the Highlands to develop more local, community based provision and support.

I wish to recognise the tremendous contribution made by all the people dedicated to providing care, which include NHS 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.

Karen Ralston, Interim Head of Children's Services. Highland Council.

This annual report confirms 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 includes measures to provide children with the best possible start in life and the necessary support to enable them to achieve their potential. The latest iteration of this plan (For Highland's Children 5) is currently under development and reaffirms our commitment to ensuring effective collaborative leadership leads to better outcomes for our children, young people and their families in the communities.

This report provides an overview of performance within the Highland partnership, during 2018/19. During this period, services in Highland have continued to be resilient and effective in addressing the main challenges and opportunities.'

Executive Summary

The Public Bodies (Joint Working) (Scotland) Act 2014 obliges partnerships to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which Integration Joint Boards in Scotland are responsible.

The Annual Performance Report 2018/19 therefore encompasses the following:

- Assessing Performance in relation to the National Health and
- Wellbeing Outcomes
- Financial Performance And Best value
- Reporting on Localities and the work of Locality Planning groups and community stakeholders
- Inspection of services, to include details of any inspections carried out in 2017/18 relating to the functions delegated to the partnership, by scrutiny bodies.
- Ministerial Strategic group Integrated Joint Board scorecard – Performance measures assessment.
- The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

Overall, the report identifies the progress achieved and the work that is ongoing within our Localities. It also demonstrates some of the challenges the Health and Social Care Partnership (HSCP) is facing and highlights the significant changes that will take place to shape services fit for the future.

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.

Assurance is provided via reports to Council and Board Committees on a regular basis. This report therefore represents a summary of the detailed reporting that takes place throughout the year.

Performance Against National Outcomes

The National Health and Wellbeing Outcomes (NHWBO) provide a strategic framework for the planning and delivery of health and social care services. These suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO), and 23 sub-indicators which form the basis of the reporting requirement for the Health and Social Care Partnership.

The following sections provide a detailed breakdown of the HSCPs performance against each NHWBO target for 2018/19, where possible, we have indicated how we have performed against national comparisons, as well as a comparison to its position in 2016/17 and 2017/18

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.

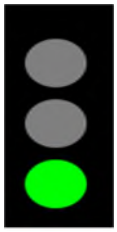
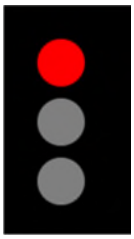
Outcome 1:

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. These indicators are generally showing an improvement over this period except for enable in South & Mid area where successful enablement outcomes have been decreasing year on year.

This information is detailed in Table 1

Outcome 1	 **X 4**		 **X 1**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Percentage of adults able to look after their health very well or quite well	To improve on Scottish average	Scotland – 95% Highland – 95% (2015/16 baseline)	Not applicable	Scotland - 93% Highland – 94%	Not applicable	Better than Scottish average – Biennial data.
Emergency admission rate (per 100,000 population)	To improve on 2016/17 baseline (10,559 admissions)	Scotland – 12,281 Highland – 11,081	Scotland – 12,215 Highland – 10,559	Scotland – 12,192 Highland – 10,666	Scotland – 11,492 Highland – 10,666	Better than Scottish average admissions) and showing year-on-year improvement
Enablement: % of people receiving enablement interventions that do not require ongoing care	To improve on 2016/17 baseline of 40%	Not applicable	South & Mid only 38.8%	S & M – 31% N & W – 33%	S & M – 24% N & W – 46%	2017/18 S & M -114 of 369 people N & W – 24 of 72 2018/19 S & M – 86 of 365 people N & W – 39 of

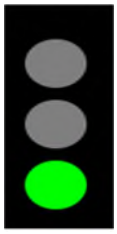
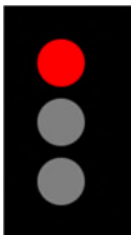
Outcome 1	 X 4		 X 1			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
interventions after initial 6 weeks						84
The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition	To maintain or improve on 2016/17 baseline of 97%	Not applicable	97%	95.8%	98.6%	Performance was improved in 2018/19
Sensory Impairment (Sight)- Self Management (Client Outcomes), The Percentage of completed rehabilitation courses who have achieved independence or achieved independence above expectation	Amended to 90% target	New 2018/19 indicator			July 18 – March 19 data - Sight services– 86% Deaf services – 83%	New methodology introduced in 2018 by Sensory Impairment organisations to allow for consistency and new indicators agreed.

Table 1 – Outcome 1

To support these outcomes, improvement work has been undertaken around the **Single Point of Access** for each community team to ensure that there is ease of access for referrers and service users in times of crisis. This links in with the Social work duty system and the “step up” beds in residential homes, which can be used to prevent emergency hospital admission where there is no acute medical need. In Inverness, a virtual ward model is being developed to support an integrated approach to admission prevention for those identified as being most at risk of repeated hospital admission.

Enablement services are developing across North Highland. In the South & Mid Division we are looking working to synchronize data collection and format which will provide clear sustained detail regarding the service. There are ongoing developments in the work with local associated professionals to ensure a seamless coordination of services and expectations. One significant area of change will be a structural change to 6 registered services, managed more locally, this will provide greater integration between local district teams and local enablement services, which we believe will enable more reactive and cohesive responses with improved outcomes. The North & West Division services continue to transition to an enablement model, the current service provides a mix of internal and external care at home as well as the enablement services. A specific local focus is the partnership with local external providers for care at home, this is to ensure sufficient capacity is available for transfer from enablement for an ongoing service where required, lack of capacity reduces the flow of patients and ay delay enablement starts with subsequent consequences for outcomes achieved.

All service users in Caithness receiving support from the Enablement team are provided with an end of service questionnaire to ascertain how they felt about the service they received and if they have any ideas or suggestions to improve the service.

This exercise is at a very early point with seven questionnaires completed questionnaires, the results of which are below:

	Totals									
	Strongly Agree		Agree		Disagree		Strongly Disagree		Not Applicable/Don't Know	
	No	%	No	%	No	%	No	%	No	%
Were you happy with the goals set for you at the beginning of your service?	5	71%	2	29%						
Were you involved in the goal setting process?	4	57%	3	43%						
Did you feel that the service provided was appropriate to your needs and circumstances?	6	86%	1	4%						
Did you feel confident and safe with the staff assisting you to achieve your goals?	7	100%								
Do you feel that the service you received allowed you to regain your independence and confidence at home?	7	100%								

	Number				Percentage					
No further assistance required	5				71%					
Transferred to mainstream Care at Home Service	2				29%					
	Excellent		**Good**		**Average**		**Poor**		**Very Poor**	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Overall, how would you rate the quality of the service you received?	6	86%	1	4%						

The results so far have been very positive with all service users grading the service they received as either excellent or good and all rating their satisfaction with staff and service outcome in terms of retention of independence at home, as excellent.

Although the relatively low number of responses received does not lend itself to reliably identifying any trends, the lowest grades (good) were in the questions relating to the goal setting process and service user involvement in this process.

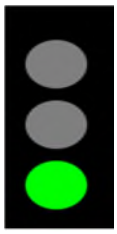
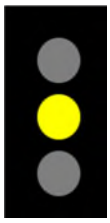
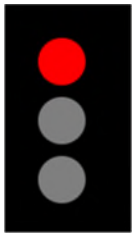
Perhaps the best sign of success is that 71% of respondents were able to live independently following their enablement service, without being referred to the mainstream Care at Home service.

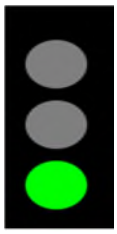
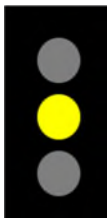
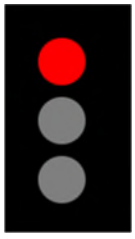
Outcome 2:

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, particularly of option 2 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.

Outcome 2	 X 9		 x 1		 x 1	
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 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 – 83% Highland – 83% (baseline)	Not applicable	Scotland - 81% Highland – 86%	Not applicable	Improvement . 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% (baseline)	Not applicable	Scotland - 76% Highland – 79%	Not applicable	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	Scotland – 98 Highland – 89	Scotland – 101 Highland – 92	Scotland – 103 Highland – 107	Scotland – 98 Highland – 108	Performance has declined with an increase in the number of readmissions in 2018/19
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%	Scotland – 87% Highland – 89%	Scotland – 87% Highland – 89%	Scotland – 88% Highland – 90%	Scotland – 89% Highland – 91%	Performance has improved over baseline.
Percentage of people aged 65 or over with long term care needs receiving personal care at home	To maintain or improve on baseline	Scotland – 60.7% Highland – 52.5%	Scotland – 60.1% Highland – 49.9%	Scotland – 61.7% Highland – 53.2%		This is a SOLACE indicator which was amended, no update for 18/19 as yet

Outcome 2	 X 9		 x 1		 x 1	
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 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	Scotland – 915 Highland – 1,585	Scotland – 841 Highland – 1,580	Scotland – 762 Highland – 1,300	Scotland – 805 Highland – 1,284	Performance improved considerably in 2017/18 with slight reduction in 18/19 although still well over the Scottish average
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%	Scotland – 24% Highland – 23%	Scotland – 24% Highland – 23%	Scotland – 25% Highland – 21%	Scotland – 22% Highland – 20%	Performance has improved in 2018/19
Uptake of Self Directed Support options 1 and 2	To maintain or improve on 2016/17 baseline of 437 clients	Not applicable	437 @ Year End Option 1 - 332 Option 2 – 105	614 @ Year End Option 1 - 367 Option 2 – 247	616 @ Year End Option 1 - 355 Option 2 – 261	Uptake of Self Directed Support Options 2 continues to increase Option 1 has reduced slightly 2018/19
Total number of adults receiving basic or enhanced Technology Enabled care	To improve on baseline –	Basic - 1,929 Enhanced - 419	Basic - 1,993 Enhanced - 485	Basic – 2,113 Enhanced - 527	Basic – 2,134 Enhanced - 599	Performance has improved year-on-year
Percentage of referrals received per quarter with reason given 'to enable to remain at/return home' & 'to enable	To improve on baseline	Not applicable	Annual total 36.9%	Annual total 36.3%	Annual total 26.4%	The number of referrals continues to increase, the reason to improve safety/reduce risk of harm is

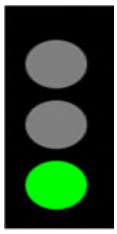
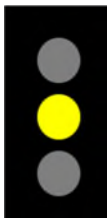
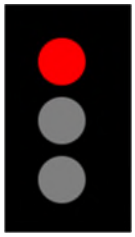
Outcome 2	 X 9		 x 1		 x 1	
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
independence'						predominant reason being recorded
Percentage of new installations in quarter with activity monitors i.e. falls monitors	To improve on baseline	Not applicable	Annual total 31%	Annual total 35.2%	Annual total 40.2%	New performance indicator for 2017/18. Performance improving.

Table 2 – Outcome 2

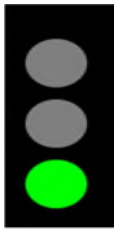
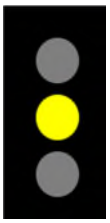
A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge, with lack of care at home services and care home placements accounting for around 90% of the delays for the over 65 age group. Considerable improvement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

Outcome 3	 **X 3**		 **X 1**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 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 – 73% (2015/16 baseline)	Not applicable	Scotland - 74% Highland – 76%	Not applicable	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)	Not applicable	Scotland - 80% Highland – 83%	Not applicable	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 – 85% Highland – 89% (2015/16 baseline)	Not applicable	Scotland - 83% Highland – 87%	Not applicable	Performance declined slightly in 2017/18, but still above the Scottish average - Biennial data.

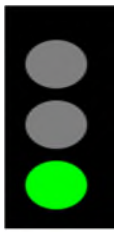
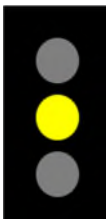
Outcome 3	 X 3		 X 1			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	To improve on Scottish average	Scotland – 82.9% Highland – 77.8%	Scotland - 83.8% Highland – 83.8%	Scotland - 85.4% Highland – 86.3%	Scotland - 82% Highland – 86%	Performance static and above Scottish average.

Table 3 – Outcome 3

Care at Home has continued to be a commissioning priority. Work was undertaken with the sector representatives to develop an alternative to the Care at Home Tariff which had been the model of commissioning for a number of years. Currently a new commissioning model is being implemented to address the ensure that quality, speed of delivery and geographical accessibility are improved.

In terms of Learning Disability:

All overnight support provision is in the process of being reviewed. An outcome of the first phase of this review is the development of the Inverness Waking Night Responder Service. This service provides a planned and responsive service to people with a learning disability currently living in their own home. The service is successfully supporting people to stay in their own home with access to shared night time support. One man was able to go out with his friends to an event in Eden Court and arrange for the Waking Night Responder Service to be present in his home when he arrived back to ensure that he took his medication correctly and his house was properly secured after they assisted him to bed.

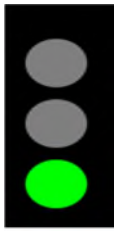
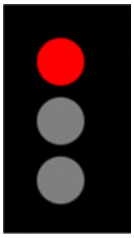
The Highland Learning Disability Listening Group has been established to ensure that the voices of people with a learning disability are heard by NHS Highland managers and planners. The majority of group members are people with a Learning Disability from Inverness, Fort William and Thurso, other members are paid professionals. A Human Rights Approach, using the PANEL principles forms the foundation of the group. The group have been testing technology to ensure that participation is fully accessible.

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 people 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.

Outcome 4	 **X 3**		 **X 1**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Delayed hospital discharges for service users (code 25D) residing within areas covered by ISC C@H providers	20	20	14	32	34	Following improvements in 2016/2017, performance has declined
Emergency bed day rate (per 100,000 population)	119,517 bed days	Scotland - 128,250 Highland – 121,771	Scotland - 126,945 Highland – 120,390	Scotland - 123,160 Highland – 107,197	Scotland - 107,921 Highland – 98,017	Performance has improved year-on-year
Falls rate per 1,000 population aged 65+	17 patients admitted due to falls	Scotland - 21 Highland – 15	Scotland - 21 Highland – 16	Scotland - 23 Highland – 15	Scotland - 22 Highland – 15	Performance has remained stable year-on-year

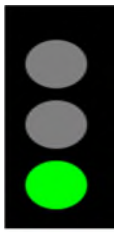
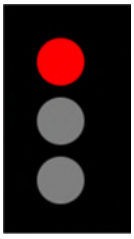
Outcome 4	 X 3		 X 1			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To improve on Scottish average	Scotland – 83% Highland – 85%	Not applicable	Scotland – 80% Highland – 86%	Not applicable	Slight improvement. . Outcome above the Scottish average - Biennial data.

Table 4 – Outcome 4

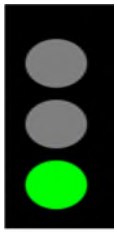
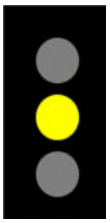
In South and Mid (East Ross) a pilot is being undertaken around falls prevention using Scottish Patient Safety Programme methodology. This involves all professionals asking the same initial falls screening questions, to identify those needing the full multi-factorial screening (MFS) tool to be used. The aim is to increase the number of social work and social care staff who are able to complete the MFS tool, thus speeding up the identification of and intervention for those at most risk.

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.

Outcome 5	 **X 3**		 **X 1**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 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 – 73% (2015/16 baseline)	Not applicable	Scotland - 74% Highland – 76%	Not applicable	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)	Not applicable	Scotland - 80% Highland – 83%	Not applicable	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 – 85% Highland – 89% (2015/16 baseline)	Not applicable	Scotland - 83% Highland – 87%	Not applicable	Performance declined slightly in 2017/18, but still above the Scottish average - Biennial data.

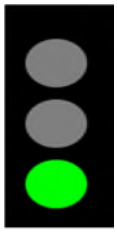
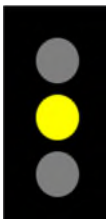
Outcome 5	 X 3		 X 1			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections and proportion graded 5 or above	To improve on Scottish average	Scotland – 82.9% Highland – 77.8%	Scotland - 83.8% Highland – 83.8%	Scotland - 85.4% Highland – 86.3%	Scotland - 82% Highland – 86%	Performance static and above Scottish average.

Table 5 – Outcome 5

In Inverness the team are looking at funding to provide people areas to receive a High Life Highland family membership to encourage them through the door of the leisure centre.

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, albeit only slightly, between 2016/17 and 2017/18, though performance Nationally had fallen.

Outcome 6	 **X 1**					
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Percentage of carers who feel supported to continue in their caring role	To improve on Scottish average	Scotland – 40% Highland – 37%	Not applicable	Scotland – 37% Highland – 38%	Not applicable	Performance is slightly improved and better than the Scottish average - Biennial data.

Table 6 – Outcome 6

Carers

The Carers (Scotland) Act 2016 introduces new rights for unpaid Carers and new duties for local councils and the NHS to provide support to Carers. This part of the report recognizes that we have significant progress to make, and uses the Annual Performance Report as a vehicle for setting the agenda for the future.

Work is now well underway to ensure that NHS Highland is in a position to meet these new statutory duties as they relate to Carers. This work has, hitherto, focused on the completion of an Implementation Plan with an outline of associated costs; and the completion of salient action contained therein.

The partnership recognises the huge contribution made by unpaid Carers in Highland; and it is keen to ensure that we are in a position to support these Carers to ensure they feel willing and able to continue in their valuable and valued caring roles.

Carers Improvement Group: Monitoring and Progressing the Implementation plan

The latest iteration of the Carers Implementation Plan was considered at the Carers Improvement Group (CIG). This group – representing Carers, Carers Representative Organisations, Statutory Services and third sector partners – should be well placed to oversee and monitor progress against the Plan. The CIG has agreed to provide Reports to this Committee to ensure progress is shared, issues are raised and its 'direction of travel' agreed.

Preparing Adult Carer Support Plans (ACSPs)
With the use of a Highland ACSP and the National Eligibility Framework for Carers agreed for Adult Carers; Connecting Carers are now undertaking the completion of these plans with Carers when a referral has been made. Carers Link Workers are in situ across most of the Highland Districts to effect this.
At this point the use of the ACSP is new and level of demand (of referrals) is low – but it is already reported to be rising sharply. The CIG is exploring the feasibility of a enlisting a wider variety of third sector organisations to complete the ACSP. This will have costs in terms of time and training.

Providing for Eligible Need
Where Adult Carers are assessed to be in Critical or Substantial need they may be entitled to Self-Directed Support. At this point work is underway with NHS District Teams, Adult Social Workers and Connecting Carers Link Workers to relay the steps necessary to access statutory provision.
It is recognised that this is fundamentally a new process and therefore work is in train to strengthen working relationships between Connecting Carers Link Workers and District Professionals. Joint-working will need to be evidenced for Resource Allocators to have assurance that any resources identified for Carer Support are as targeted as possible, and that any resource made available is fully complementary to the resource provided to the Cared-for person.

Short Breaks Statement
The CIG has received and considered the first draft of a Highland Short Breaks Statement. This was well received by the Group and steps are underway to consult with Carers on its content. The Group is aiming to provide an “easy-read” version of the Statement to promote engagement with a wider group of audiences.

Setting our Duties in context – Practice Support and Training Plan
It is recognised that the impact of the Implementation of the Carers Act will to change many well established practices across Social Care and Social Work. Hitherto Social Workers, for example, have undertaken assessments of ‘adults in need’ which have often fully incorporated an element of respite for the Carer. As we move ahead we recognise that this model will need to change.
At root we recognise that “Short Breaks” and other support aimed specifically at supporting Carers ability and willingness to care need to be understood as complementary to – but separate from – the support provided the cared-for person.
Understanding Carers’ needs and supporting these are seen as critical to managing demand in the Social Care Sector. Providing person-centred and flexible responses to the Carer which dovetail with the supports already provided to the Cared-for person will require for the professionals involved to have a solid grounding in the respective legislation requirements and local policy priorities (for Carers and the Cared-for).
To this end the Group welcomed proposal that a “Carers Practice Support Officer” role, or similar, is created to support practice in the multi-agency environment. Resource would come from Carers Act Implementation monies. A key component of that post will be to bring together a comprehensive Training Plan for all of those working with Carers.

Waiving Charges: impact and process
The Scottish Government statutory Guidance is directing local authorities to ensure that charges are waived for services that are provided primarily to support a Carer’s willingness and ability to care. That Guidance, supported by Examples given by Cosla’s Waiving

Charges Group, also seeks to add clarity as to how authorities might interpret which services these are.
Currently a local, Highland Policy is being drafted by NHS Highland which is seeking to operationalise the available Guidance in respect of charges to Adult Carers. However it is recognised that that local Policy also needs a clear "Business Process" to ensure that our duty is reflected in our generation of invoices etc. Given we have, as described at 3.2 (above), often fully incorporated support to Adult Carers in the packages to Adults in Need this work is not uncomplicated. Work to promptly describe a robust process for separating out which existing charges should be waived is underway.

Developing a Strategic Approach
Currently practice in Highland can be seen to be seeking to meet our duties to Carers within current practice and contractual arrangements. In large part this means routing the requests to meet the Eligible needs of Adult Carers (indentified in ACSPs) through existing District Care Planning processes. Notwithstanding the fundamental need to ensure that the supports to Carers and to the Cared-for are fully complementary, this approach is likely to be considered both bureaucratic and Service-led.
As the CIG looks ahead to meeting the intent, ethos and duties contained within the Carers Act it has spent some time considering the key components required in Services for Carers; and has reflect upon what characteristics they will require to have to deliver an open and flexible response to meeting Adult Carers' needs.

Meeting Core responsibilities: Information and Advice
A public-facing, engaging and accessible presence that clearly attracts those who are identifying themselves as a Carer was considered to be necessary to provide 'upstream' advice, information and peer support to enable Carers to develop their own resilience in their caring role.

Placing ACSPs at the centre
The salient right for Adult Carers in the new Act is the right for them to complete an Adult Carers Support Plan. Once completed these plans will, where relevant, identify the outstanding, eligible needs of the Carer. To support the Carer's willingness and ability to care it is considered that this will, most often, take the form of the need for a short break from caring.
It is recognised that the completion of these ACSPs will be a highly skilled and nuanced task: it will also require significant joint-working to ensure that the needs of the Carer and Cared-for person are meet in a fully complementary way.
The CIG considered ensuring we have the ongoing, trained capacity to support the completion of ACSPs to be a key plank in the shape of Carers Services into the future.

Developing a Short Breaks Bureau
Given that a significant majority of Carer need will require to be met by some form of "Short Break" the CIG has considered that it makes sense to develop speciality in this area. The development of a Short Breaks Bureau was agreed as a good way to meet this demand. The aim will be that such a bureau will develop best practice in finding/developing innovative, person-centred responses to need as well as providing access, where necessary, to currently commissioned provision.
It is thought that a Short Breaks Bureau could not only provide a "front door" to this existing provision (albeit it may support its evolution over time) but that it may also be able to access/allocate additional resource contained within the Carers Act Implementation monies associated with meeting outstanding eligible need.

Carers Advocacy
Advocacy can help deliver a range of positive outcomes for individuals; safeguarding their voice and situation etc. In order to be completely on someone's side in achieving these outcomes, and to avoid areas of potential conflict it is important that advocacy services are independent of other service providers. Independent advocates, whether paid or volunteers, can ensure that their loyalties lie with the person who needs advocacy rather than those who may have conflicting loyalties.

The demand for Carers advocacy appears to be rising and evidence of this was seen during the third quarter of 2017 when Highland Carers Advocacy were supporting Carers across the Highlands in over sixty live cases covering a wide range of issues. It is expected that we will see a further increase in demand for advocacy with the introduction of Adult Carer Support Plans.
The Carers Improvement Group wants be central to the planning and commissioning of the carers' advocacy service ensuring it is designed by Carers, for Carers.

Charting Carers Services going forward
Taken together, a new shape of Services is suggested. Although this will require further approval and, in course, to be commissioned and contracted, an outline of reshaped services to Adult Carers is shared below (Chart 2) for discussion:

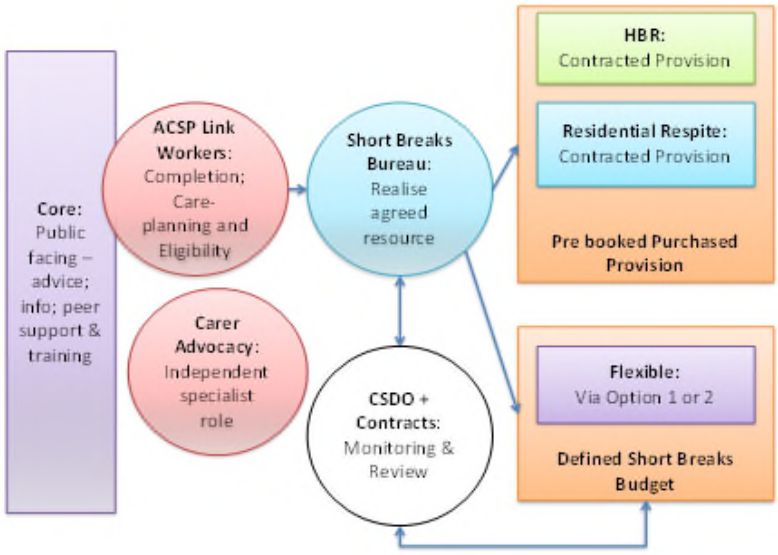


Chart 2

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.

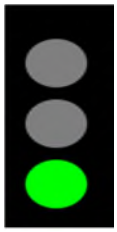
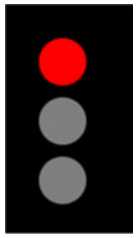
Outcome 7	 **X 1**		 **X 3**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Percentage of adults supported at home who agree they felt safe	To improve on Scottish average	Scotland – 83% Highland – 84%	Not applicable	Scotland - 83% Highland – 84%	Not applicable	Performance is stable, but still exceeds the Scottish average - Biennial data.
Adult Protection Plans are reviewed in accordance with Adult Support and Protection Procedures	Target is 90%	Not applicable	Not applicable	57%	54%	Revised in line with 3 month timescale.
Reviewing and monitoring of Guardianships. Number of Guardianships reviewed - annual required timescale.	To improve on baseline of 50% reviewed within timescale.	50%	49.9%	37.9%	48.25%	Performance again below baseline 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	57%	31.25%	23.85%	20.13%	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.

This report also reflects on the outcomes of last year's Adult Support and Protection thematic inspection (LINK). This provided the Partnership with a strong foundation for improvement that has seen an increase in focus on ASP performance.

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.

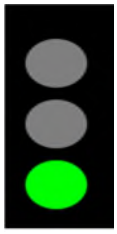
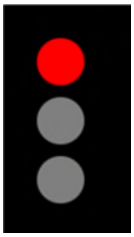
Outcome 8	 **X 1**		 **X 2**			
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 Outcome**	**Comments**
Workforce is Adult Support and Protection effectively trained	Target is 100% of staff trained	100%	99%	98%	99%	Performance is stable with vast majority of staff trained confirming training has been effective.
Uptake of Knowledge and skills Framework – reviews completed and signed off	Year-on-year improvement	Not applicable	27.3%	25.3%	Not applicable	e-KSF unavailable Feb/Mar 18, Turas replacement system data not yet available
Sickness absence levels	To improve on local baseline of 4.88%	4.88%	4.92%	4.96%	4.93%	Performance has not improved on baseline.

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%.

Adult Support and Protection

In 2017, NHS Highland was one of six partnerships who were subject to a joint inspection of adult support and protection. This inspection looked at 3 quality indicators which were as follows:-

- Outcomes – are adults at risk of harm safe, protected and supported
- Key processes – referrals of adult support and protection concerns, initial and subsequent investigations, case conferences, adult protection plans and the use of protection orders
- Leadership and governance – this was leadership and governance as exercised by senior leaders and managers, the adult protection committee, the chief officers group and the chief social work officer. There was an expectation that leadership should be inextricably linked to sound operational management

In terms of the protection of vulnerable adults, the joint inspection team had a key precept for this area of work and their scrutiny of it, which was - need to do, not nice to do.

With reference to the above quality indicators, NHS Highland was assessed as being adequate in all 3 areas.

Following the production of this report, there have been many changes to staff in key roles, in relation to adult support and protection. At the same time, a detailed post inspection action plan was drawn up, to tackle the issues identified by the joint inspection team. There has been a review of a range of policies and procedures including approval of new Significant Case Review Guidance.

Outcome 9:

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

Outcome 9	With some many differing factors contributing to the calculation over these costs within each IJB/Lead agency, a "traffic light" summary is not appropriate for these indicators.					
Indicators	**Baseline**	**2015/16 Outcome**	**2016/17 Outcome**	**2017/18 Outcome**	**2018/19 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%	89.25%	92.13%	89.56%	Performance declined slightly
Home Care costs per hour for people aged 65 or over	National Average	Scotland – £22.07 Highland – £32.66	Scotland – £23.07 Highland £33.18	Scotland – £23.76 Highland – £34.08	Not Yet Available	Commissioning methodology has changed in 2018/19 and is therefore not directly comparable
Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	National average	Scotland – 6.66% Highland – 5.26%	Scotland – 6.49% Highland – 6.29%	Scotland – 6.74% Highland – 6.09%	Not Yet Available	Slightly below national average

Net Residential costs per Capita per week for Older Persons (over 65)	National average	Scotland – £364.71 Highland – £426.74	Scotland – £372.36 Highland – £448.22	Scotland – £386.25 Highland – £481.89	Not Yet Available	Above national average

Table 9 – Outcome 9

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
Due to significant organizational changes in the Council and the NHS, the Joint Monitoring Committee did not meet in the year as planned. Whilst meetings took place of relevant scrutiny and assurance bodies, (NHS Health and Social Care Committee, Council Scrutiny and Care and Learning Committees) this did not satisfactorily reflect the Partners aspirations for integrated, cross sector involvement. Plans are in development to resolve this

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

Financial Performance (Adult Services)
This section aims to present the financial outturn for Integrated Children's Services and the Highland Health and Social Care Partnership (HHSCP) for 2018/19 together with the key budget issues for 2019/20 and future financial outlook.

Highland Council and NHS Highland entered into a lead agency arrangement for Children's Services and Adult Social Care Services in financial year 2012/13.

Under the current integration arrangement within Highland, to deliver integrated Health and Social Care Services through a Lead Agency model, Highland Council

commission NHS Highland to deliver Adult Services, similarly NHS Highland commission Highland Council to deliver Children's Services.
The commissions for both adult social care and children's services are for services that are integrated into wider service provision for the two lead agencies. It is increasingly difficult to distinguish between services that are funded via the commission and those funded by the lead agent.

As a general principle, the focus should be on outcomes measures (or - where these are not available – on proxy measures) rather than on 'inputs'.
However, it is recognised that where there are issues regarding outcomes then there may be a need to scrutinise inputs.

Financial Position 2018/19 - NHS Highland

Overall Position – Forecast Month 12 March 2019

Table 1 overall position

HHSCP March 2019	Forecast Variance		
Unit/Area	Month 11 £000's	Month 12 £000's	Movement £000's
South & Mid Division	(16)	29	45
Raigmore Division	(2,253)	(2,220)	33
North & West Division	(648)	(596)	52
Sub Total NH Operational Units	(2,918)	(2,787)	130
Adult Social Care - Central	927	950	24
Facilities	(132)	(132)	1
e health	94	101	8
Tertiary	(17)	(132)	(115)
Central services	3,956	5,510	1,553
ASC Income	911	368	(543)
HSCP Corporate Support	68	92	24
TOTAL H&SCP	2,889	3,971	1,081
AOP Unidentified Savings	(19,000)	(19,000)	0
Surplus (Deficit)	(16,111)	(15,029)	1,081

The table above shows the year end position and movement from month 11.

Month 12 (April – March 2019) Further Details

Position against Budget

For the 12 months to March 2019 HHSCP have overspent against budget by £15m, excluding the £19m unidentified savings target this is an improvement in month of £1.1m. The main cause of the £15m overspend is unachieved savings, drugs predominately in Raigmore (oncology), Adult Social Care costs and continued use of locums.

In the HHSCP, the three operational divisions have an overspend of £2.8m, a small improvement on the month 11 positon, the main cause of the overspends being; unachieved savings (£2.4m), drugs predominately in Raigmore oncology (£2.2m), Adult Social Care expenditure (£1.7m) and continued use of locums, offset by in year benefits and underspends.

In Support Services an adverse movement in ASC income is due to new accounting rules requiring a bad debt provision being created. A small adverse movement in Tertiary and further benefit in Central with additional slippage in allocations, late income receipts from SLA's, road traffic accident income and a benefit (notified in month 12) of the national CNORIS contribution.

Table below shows the current month 12 position. It should be noted that this is a draft position and is subject to the annual accounts and audit year end process.

Overall the Health & Social Care Partnership overspent by £15m compared to initial estimates of £19m. NHS Highland requested brokerage from Scottish government and the HHSCP share of this is shown in the table below, effectively giving the HHSCP a breakeven position for 2019/20.

Table 2 - Operational forecast

Operational Unit	Plan £m's	Year end Out-turn £m's	Variance £m's
South & Mid Division	216.6	216.6	0.0
Raigmore Division	182.8	185.0	(2.2)
North & West Division	147.4	148.0	(0.6)
Sub Total NH Operational Units	546.9	549.6	(2.8)
Adult Social Care - Central	6.9	6.0	1.0
Facilities	23.2	23.4	(0.1)
e health	9.0	8.9	0.1
Tertiary	20.8	20.9	(0.1)
Central services	32.9	27.0	5.9
HSCP Corporate Support	1.1	1.0	0.1
TOTAL H&SCP	**640.8**	**636.8**	**4.0**
AOP Unidentified Savings	(19.0)		(19.0)
Total HHSCP Month 12	**621.8**	**636.8**	**(15.0)**
SG brokerage to cover	15.0		15.0
Draft Outturn	**636.8**	**636.8**	**(0.0)**

In addition to the analysis by unit shown above, it is also helpful to consider the position by type of spend, as this indicates key themes that cut across the organisation which may be relevant when seeking efficiencies. Table 2a presents information by type of expenditure.

Pay is showing an underspend of £3.3m overall and includes locums and supplementary staffing. Non pay is showing an overspend at year end of £9.2m with Social Care (ISD), drugs and clinical non pay being the significant pressures.

Unachieved savings, offsets in operational income, combined with the issues above brings the HHSCP year end position to £15m overspend – offset with SG brokerage.

9 1

Table 2a – Subjective

Subjective Spend	YTD Position Plan £ m's	YTD Position Actual Em's	Variance fm's
Pay			
Medical & Dental			
Medical & Dental Support			
Nursing **& Midwifery**			
Allied Health Professionals			
Healthcare Sciences			
Other Therapeutic			
Support Services			
Admin & Clerical			**.3) 0.1 3.2 0.8**
Senior Managers	**68.0 4.2 109.5 18.9**	**713 4.1 106.2 18.1**	**0.3 0.1 0.3 0.4**
Social Care	**11.0 8.6 21.5 31.4 1.3**	**10.7 8.5 21.2 31.0**	**0.1 2.0**
Pay Holding/vacancy factor	**36.7 (0.0)**	**1.2 34.7 0.6**	(0.7)
Total Pay	**310.9**	**307.6**	**3.3**
Drugs	**73.2**	**76.5**	(3.3)
Clinical Non Pay	**34.2**	**35.2**	(1.0)
Non Pay	**39.2**	**38.8**	**0.4**
Property costs	**31.6**	**32.4**	**(0.8)**
FHS	**65.3**	**65.1**	**0.2**
Social Care	**94.0**	**98.2**	**(4.3)**
SLA's & Out of Area	**42.1**	**42.6**	**(0.5)**
Non Pay	**379.7**	**388.8**	(9.2)
Commitments	**7.4**	**0.6**	**6.8**
Savings	**(4.6)**	**0.0**	**(4.5)**
Operational Income	(52.7)	(60.3)	7.6
Total	**640.7**	**636.8**	**4.0**
AOP Unidentified savings	**(19.0)**		(19.0)
HSSCP Out-turn	621.7	636.8	115.01
SG Brokerage	**15.0**		**15.0**
Total	636.7	535 5	: 0.0

Appendix 1 below shows the Social Care costs in more detail and appendix 1a shows social year costs year on year.

NHS lighland **APPENDIX 1**

Adult Social Care Financial Statement at Month 12 2018-19

Services Category	Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	Forecast Outturn £m	Forecast Variance Ern
Older People ReedentiaLNon Resdential Care						
Older People - Care Homes (In House)	10,265	10.265	10.545	(280)	10.545	**(280)**
Older People- Care Homes - (ISCADS)	27.031	27.031	30.127	(3.096)	30.127	**(3,096)**
Older People - Other non-residential Care (in House)	981	981	1.013	(33)	1.013	**(33)**
Older People-Other non-residential Care (15C)	1.473	1.473	1.463	10	1.463	**10**
Total Older People Residential/Non Residential Care	39,750	39.750	43.149	(3.399)	**43,149**	**(3,399)**
Older People Care at Home						
Older Pecs* • Care at Herne (in House)	**14,291**	**14,291**	**13,113**	**1,177**	13.113	1.177
Older People • Care at home (1SOSDS)	**13,210**	**13,210**	**13,754**	**(544)**	13.754	1544)
Total Older People - Care at Home	**27,501**	**27,501**	**26,867**	**634**	**26,867**	**634**
People with a Learning Disability						
People with a Learning Disability On House)	**3,911**	**3,911**	**3,547**	**364**	3.547	364
People with a Learning Disability (IscSDS)	**25.796**	**25,796**	**26018**	**(222)**	26,018	(222)
Total People with a Learning Disability	**29.707**	**29,707**	**29,565**	**142**	**29,565**	**142**
People with a Mental Illness						
People with a Mental Ilness (In House)	**542**	**542**	**439**	103	439	103
People with a Mental Ilness (ISOSDS)	**6.001**	**6031**	**6470**	(470)	**6.470**	(470)
Total People with a Mental Illness	**6.543**	**6.543**	**6,909**	**(366)**	**6M9**	**(366)**
People with a Physical Disability						
People with a Physical Disability (In House)	**639**	**639**	**520**	**119**	**520**	**119**
People with a Physical Disability (ISC/SDS)	**e,e20**	**6420**	**6627**	**(206)**	**6.827**	**(206)**
Total People with a Phyical Disability	**7,259**	**7,259**	**7,347**	**(88)**	**7,347**	**(88)**
Other Community Care						
Communty Care Teems	**6.442**	**6.442**	**5.979**	**463**	**5.979**	**463**
People Misusing Drugs and Akohol (ISC)	**69**	**es**	**34**	**35**	**34**	**35**
licusing Support	**5.764**	**5.764**	**5.681**	**83**	**5,681**	**83**
Telecom	**989**	**989**	**788**	**201**	**788**	**201**
Total Other Community Care	**13,264**	**13,264**	**12,481**	**782**	**12,481**	**782**
Support Services						
Business Support	**1.937**	**1,937**	**1.458**	**479**	**1.458**	**479**
Management and Planning	**1.481**	**1.481**	**1,353**	**129**	**1.353**	**129**
Total Support Services	3.418	3.418	2.811	**607**	**2,811**	**607**
Total **Adult Social Care** Services	**127,442**	**127,442**	**129,130**	**11,688)**	**129,1301**	**(1,688)**

Forecast Overspend at Month 12 is • f1,688m -a

Three Care categories account for 77%of total spend on ASC

Older People accounts for the largest proportion of the Forecast overspend

Savings

HHSCP total savings target for 2018-19 is £42.5m, with £19m unidentified from the start of the year, leaving £23.5m of identified savings expecting to achieve, made up of £8.7m of containment savings and £14.8m of operational savings.
The current position of savings can be seen in the table below with £23.5m achieved in year. It must be noted though that of that amount only £10.4m (44%) has been achieved recurrently adding to the recurrent deficit going into 2019-20

Table 3 – Savings

Containment plans	Target £000's	Recurrent Savings Achieved £000's	N/Rec Savings Achieved £000's	Total Achievemen £000's	In Year Balance £000's
Adult Social Care	4,668	2,980	0	2,980	1,688
Hospital Drugs	2,695	541	0	541	2,154
Prescribing	1,308	527	0	527	781
Total	8,671	4,048	0	4,048	4,623

Summary	Annual Target £000's	Recurrent Savings Achieved £000's	N/Rec Savings Achieved £000's	Total Achieved £000's	In Year Balance £000's
Operational Savings	14,788	6,311	8,511	14,822	(34)
Unidentified savings	19,000			0	19,000
Containment	8,671	4,048	0	4,048	4,623
	42,459	10,359	8,511	23,493	23,589

Conclusion

Highland Health and Social Care partnership has improved the year end forecast to £15m which is below the £19m reported to the Board and Government in the Annual Operational Plan (AOP). The lack of sufficient recurrent savings to close the AOP gap is the main cause of the overall overspend, with £19m of the unidentified and £4m of containment savings not

achieved in year. Cost pressures in Drugs, Adult Social Care (detail in App 1), Out of Area and benefits in pay underspends and allocation slippage has resulted in a 2018/19 outturn of £15m overspend.

Financial Position 2018-19 - Highland Council

Net spend on services for the year totalled £559.254m. This sum exceeded the budget available by £2.354m. This position reflects a substantial improvement from that forecasted at the end of quarter 3 when an overspend of £5.550m was forecast.

Net income received from Council tax was £0.074m in excess of budget.

Overall a year end deficit of £2.280m requires to be funded from the Council's reserves. This, combined with the planned use of earmarked reserves, has seen a reduction in the Council's general fund reserves of £4.762m over the course of the year.

As at 31 March 2019 the Council's general fund reserves stand at £20.300m. Of these £12.375m are earmarked (i.e. held for specific purposes), with the balance of £7.925m not earmarked.

The non-earmarked reserve, which acts as a general contingency against unforeseen events or to meet unbudgeted costs, has reduced by £0.637m over the course of the last year. At this level the reserves represents 1.4% of the 2018-19 net revenue budget, below the minimum level suggested by Audit Scotland for this reserve of 2% of annual revenue budget. A reserve of such a

low level exposes the Council to the risk of not having enough funding to invest in transformational change or address any cost pressures that might arise in the future.

The following near final revenue monitoring statement shows overall the Council is reporting a net overspend of £2.354m against service budgets. The combination of the net service overspend of £2.354m, less the overall net excess on Council Tax income of £0.074m equates to the sum of £2.280m that needs to be funded from reserves at year end. The

position is described ‘near final’ pending the completion of the year-end accounts and audit process.

Revenue Expenditure Monitoring Report - General Fund Summary

1 April to 31 March 2019

	Actual Near Final £000	Annual Budget £000	Year End Variance £000
Table A: By Service			
Care and Learning	349,646	346,814	2,832
Chief Executive's Office	4,805	5,101	(296)
Corporate Resources	28,695	29,754	(1,059)
Community Services	63,082	63,509	(427)
Development and Infrastructure	48,371	49,133	(762)
Welfare Services	4,979	5,291	(312)
Service Total	**499,578**	**499,602**	**(24)**
Valuation Joint Board	2,484	2,550	(66)
HiTrans Requisition	91	91	0
Non Domestic Rates reliefs	657	671	(14)
Loan Charges	57,120	57,113	7
Interest on Revenue Balances	(676)	(330)	(346)
Unallocated Budget	0	(98)	98
Unallocated Corporate Savings	0	(2,699)	2,699
Total General Fund Budget	**559,254**	**556,900**	**2,354**
Table B: By Subjective			
Staff Costs	329,849	336,606	(6,757)
Other Costs	449,242	430,912	18,330
Gross Expenditure	**779,091**	**767,518**	**11,573**
Grants	(68,897)	(63,598)	(5,299)
Other Income	(150,940)	(147,020)	(3,920)
Total Income	**(219,837)**	**(210,618)**	**(9,219)**
Total Revenue Expenditure	**559,254**	**556,900**	**2,354**
Table C: Appropriations to Reserves			
Contribution to earmarked balances	5,544	5,544	0
Contribution to Other reserves	3,197	2,817	380
Total Contributions to Balances	**8,741**	**8,361**	**380**
Table D: Financed By			
Aggregate External Finance as notified	434,757	434,757	0
Additional resources	2,650	2,650	0
Council Tax	120,063	119,609	454
Use of earmarked balances	7,883	7,883	0
Use of non earmarked balances	2,423	143	2,280

Use of Other reserves			219	219	0
Total General Fund Budget			**567,995**	**565,261**	**2,734**

Management Actions to Deliver a Balanced Budget

The worsening position since quarter 2 was monitored by the Council's Executive Leadership team and a suite of management actions introduced. These actions can be assumed to have contributed positively to the reduction in the overspend forecast at Q3 to that which prevailed at year end. These actions will continue into financial year 2019/20 in light of the financial challenges that lie ahead.

The key controls in place are around recruitment where jobs are only put to advert if deemed essential. This has been backed up by a restriction on recruiting agency staff. This measure has seen a significant reduction in the number of posts being advertised.

Further, a freeze on non-essential spend covering a wide range of expenditure types has also been implemented. Directors have instructed the effective implementation of this approach within their service areas. The effects of this action have already been seen in a number of areas, not least in the amount of travel undertaken across the organisation.

A review of all the Council's reserves and balances has taken place. This review had a particular focus on earmarked balances, i.e. those held for a particular purpose, to ensure they were still being held appropriately. Balances totalling £1.786m were found to be surplus to requirements and have been transferred to non-earmarked balances during 2018-19.

Care and Learning Integrated Health Monitoring Statement 2018/19

The table below sets out the near final revenue budget position on Integrated Child Health Services - i.e. all areas of the Council's Care and Learning service budget that support Child Health activity. The total budget for these areas for 2018/19 is £26.5m which is supported by funding of £9.7m from NHS Highland. At year end these service areas show a combined underspend of £1.7m.

2018/19 Integrated Health Monitoring Statement			
Activity	**Budget**	**Actual to**	**Variance**
Allied Health Professionals	3,272,428	2,905,745	-366,683 -
Service Support and Management	675,826	656,400	19,426 -41,515 -
Child Protection	476,378	434,863	51,802 -872,799
Health and Health Improvement	530,707	478,905	-48,734 -
Family Teams	17,249,478	16,376,679	173,499 -91,602
The Orchard	1,255,505	1,206,771	-34,020
Youth Action Services	1,539,435	1,365,936	
Primary Mental Health Workers	566,070	474,468	
Payments to Voluntary Organisations	915,027	881,007	
Total	**26,480,854**	**24,780,774**	**-1,700,080**

Commissioned Children's Services income from NHSH	**-9,655,608**	**-9,655,608**	**0**

Commissioned Children's Services Financial Statement 2018/19

The Children and Young people's Resource and Commissioning Group, comprising officers from NHSH and HC, meet regularly throughout the year. A financial statement is produced by HC twice a year showing the position as at 30 September and 31 March. As highlighted at 5.1 above, it is increasingly difficult to separate out the NHSH element matching the NHSH financial contribution. However, it does highlight where there are any major variances, which form the basis for discussion within the Group.

For the purposes of this report, a financial statement for the year ended 31 March 2019 has been prepared by HC and is shown at 7.4.3 below. To inform the Committee, NHSH specifically funded expenditure is highlighted along with the corresponding variances. In summary, the report shows the near final outturn position, for the NHSH element, is £10.336m compared to the NHSH quantum paid to HC of £9.656m. This is a shortfall of circa £0.7m in 2018/19. For demonstrative purposes this shows that, from a financial perspective, that NHSH is getting value for money and if the budget was balanced then NHSH funded expenditure would exceed the quantum by circa £1.5m. This excludes the ancillary costs associated with supervision, travel and property costs.

Commissioned Children's Services 18/19				
	Staff FTE	Annual Budget £	Actual YTD £	Variance £
Nursing Management	1.00	89,141	107,510	18,369
Family Teams	107.85	4,875,711	4,632,470	-243,241
YAT nurses	2.00	103,669	72,206	-31,463
LAC nurses	2.00	106,128	110,317	4,189
Continence Products - contract		48,479	41,034	-7,445
Cradle to Grave	2.00	88,721	60,026	-28,695
LAC Respite - The Orchard	10.20	1,255,505	1,206,771	-48,734
Health Improvement - Early Years	1.00	81,761	52,455	-29,306
Health Improvement - Schools - immunisation	3.81	118,113	122,200	4,087
Health Improvement	1.00	51,553	30,528	-21,025
Child Protection Advisors	6.70	397,246	365,801	-31,445
Allied Health Professionals	74.28	3,272,428	2,905,745	-366,683
Primary Mental Health workers	12.70	566,070	474,468	-91,602
Primary Mental Health workers - early years		23,419	23,419	0
Early Years Collaborative		1,977	0	-1,977
Infant Feeding Support workers		60,000	60,000	0
Youth Action Teams - Youth Justice Practitione	11.00	370,089	370,089	0
Family Nurse Partnership	6.00	-68	-122	-54
Sub Total	**241.54**	**11,509,942**	**10,634,917**	**-875,025**
Business Support		405,714	405,714	0
ICT		96,385	96,385	0
Payments to Voluntary Organisations		317,415	319,271	1,856
Payments to Youth Voluntary Organisations		286,904	286,904	0
Property (including The Pines)		86,230	103,023	16,793
Training		13,732	42,850	29,118
Sub Total		**1,206,380**	**1,254,147**	**47,767**
Total	**241.54**	**12,716,322**	**11,889,064**	**-827,258**
Funded by:				
SG/NHSH funded		9,655,608	10,335,511	-776,493
Scottish Government FNP		430,594		
Highland Council		2,564,490		
		12,650,692		

The largest element of the underspend is in staffing costs, particularly under the Allied Health Professionals and the Family Teams. This is due to a combination of problems

recruiting to establishment, geographical challenges and regular staff turnover. In relation to staff turnover the time period from a vacancy arising to a new appointee taking up post can vary, but will usually mean that there is some accrual of savings relating to the vacancy.

Family Teams were impacted by the Voluntary Redundancy scheme introduced by Highland Council in 2016, with the loss of a number of management and practitioner posts. Posts with external funding, including funding by NHS Highland, were exempted from this process.

Financial Pressures

There are various financial pressures the HC have had to absorb and deal within the overall Care and Learning budget. They can be summarised as follows:

- Pay inflation as a result of the settlement agreed with COSLA of 3.5% for 2018/19 and 3% for the next two financial years. The uplift received from NHSH in 2018/19 was 1.5%
- Ongoing training programme of Health Visitors will have to be funded by HC from 2019/20 onwards. This will be ongoing for a number of years due to a number of retirements in the next few years and to maintain the agreed establishment
- The development of a Joint Transitions Team serving ages 14 to 25 developed a model with a single management and governance structure. However pressures currently met by HC resulting in increased costs of supporting young adults over the age of 18 years in HC residential homes and foster care. Dealing with adult caseload work is also creating pressure as the time devoted should be directed to 18 year olds and under
- Related to the above are unmet costs for Self Directed Support for over 18 year olds
- Costs associated with hosting of NHSH staff are increasing year on year particularly in respect of supervision, travel and property costs

By far the biggest financial pressure HC has to deal with is the regrading of the Health Visitor posts from Band 6 to Band 7. The full additional cost to the top of Band 7 is circa £0.750m by 2022/23. This is exceptional and over and above the normal inflationary uplift, and on this basis, the Council expects NHSH to pass on additional funding to HC to meet the full cost of this regrading in order to avert a significantly detrimental impact on services.

NHS pension scheme employers contribution rate will increase by 6% from 14.9% to 20.9% with effect from 2019/20. The increase is circa £0.4m, however NHSH will have to increase the quantum to take account of this as it is fully funded by Scottish Government. The Council expects NHSH to pass on additional funding to HC to meet the full cost of this change in order to avert a significantly detrimental impact on services.

Financial Savings

The Care and Learning Service is looking to invest in additional services to support more children and young people to be supported to remain in Highland, close to families and communities of origin and better manage cost pressures of out of direct care.

NHSH currently funds elements of a specialist mental health service for Care Experienced children and young people though it is not sufficient to respond to Care and Learning aim of more children and young people staying within Highland services. Specialist mental health input and expertise will underpin the anticipated success of the development as distress from disrupted attachment and multiple adversity/trauma often drives placement provision and sustainability and the ability to engage with learning.

A service model has been developed and costed with the current proposal that this be managed as a contracted service with the offer of funding to NHSH, rising from circa £0.146m in year 1 to £0.328m by year 3.

Payment of the additional services will be by invoice and will be in line with the service specification currently under discussion between HC and NHSH.

Other Potential Financial Issues

Health Visiting Service Improvements. In 2018/19 an NHSH allocation of £0.5m passported through to HC to cover the funding of additional 13.25 Health Visitor posts. A further financial pressure may arise when the additional funding to health boards for the extra Health Visitor posts loses its 'ring-fenced' status and becomes part of the wider financial package received by NHSH. There is a risk that the full cost of the health visiting services may not be funded by NHSH when the ring-fencing is removed from the funding for additional posts. To mitigate the risk, HC recommends the previously ring-fenced funds are added to the quantum on a recurring basis.

Family Nurse Partnership 2018/19 budget allocation per Scottish Government letter dated August 2018 stated £480,594. Included in NHSH quantum is £430,594, a shortfall of £50,000. It is planned that the Family Nurse Partnership funding moves to be part of the general allocation to Health Boards and loses its ring-fenced status. There is a risk that the full cost of the scheme may not be funded by NHSH when the ring-fencing is removed from the funding for additional posts. To mitigate the risk, HC recommends the previously ring-fenced funds are added to the quantum on a recurring basis.

The Immunisation Team have extensions to their fixed term contracts ending June 2019 where they will become substantive posts, when the provision will return to NHSH. Consequently the funding to be returned to NHSH is the original immunisation budget of £49,000 per annum.

Financial Outlook 2019/20 and beyond

The outlook for public sector finances for the foreseeable future continues to look particularly challenging. In all sectors core funding is either decreasing or increasing at a lower rate than the cost base. Two factors likely to bring significant cost pressures in the coming years include demographic change and consequential increasing demand for services and an end to public sector pay restraint.

By law the Council is required to set a balanced budget prior to the start of every financial year and agree its Council Tax rates for the coming year. At its meeting on 14 February 2019 Highland Council approved the budget for

2019/20, and as part of the budget setting process, also approved the Council's change programme, 'A Sustainable Highland', to deliver £37.456m of savings over the next three years.

'A Sustainable Highland' reflects a change programme, informed by extensive staff and public engagement, focussed around four key themes of:

1. Making the Council More Efficient;
2. Commercialism and Income Generation;
3. Redesign and Improvement; and
4. A Flexible and Well Managed Workforce.

For the three year period the Council faces an estimated budget gap of £60.297m due to anticipated cost increases, predominately around salary costs, and inflation. The savings to be delivered through 'A Sustainable Highland', in tandem with changes to Council Tax, will address the forecast budget gap; increase the Council's reserves to a more sustainable level over the next three year period; and provide funding to effect the significant changes required to deliver the change programme.

It is becoming increasingly apparent across both organisations that in the current climate it will not be possible to sustain current levels of service provision within the level of resources available.

Under the Lead Agency Model NHS Highland is commissioned to deliver Adult Social Care Services on behalf of Highland Council. The terms of the Partnership Agreement between the Council and NHS Highland states that the organisations will review the Quantum of funding provided for these services in accordance with the local government grant settlement.

This year, the terms of the local government financial settlement, state that the Council may reduce the funding by up to 2.2% (based on 2018/19 funding levels) but then must increase it by the Council's share of the additional funds made available by Government.

Of the amounts where distributions across local authorities have been confirmed the Council will pass on £4.721m to NHS Highland (of a national £108m) for Health and Social Care. The Council will also pass on £0.459m of funding (of a national £10.5m) for the Carer's Act Extension and £1.221m of funding (of a national £29.5m) for Free Personal Care for Under 65s.

The Council is having an ongoing dialogue with NHS Highland to inform and implement any savings to be made in order to balance the budget for adult social care. Despite the option to reduce the current level of funding the Council is not minded to make any reductions to the total funding passed to NHS Highland, but will look to ensure that £2.07m (the equivalent of a 2.2% reduction) of the overall funding is redirected for spending on the Council's priority areas. The full details of how this arrangement will work will require to be established with NHS Highland.

Both partners face a continuing challenge in respect of the provision of Adult Social Care due to continuing budget pressures from an increasing number and complexity of care demands, increases in demand for services due to demographic change, and cost pressures associated with pay awards and other inflationary pressures. Even with this additional funding NHS Highland will require to identify and implement savings measures in order to deliver a balanced budget in 2019/20.

Resources – the paper acknowledges that there will be an ongoing period of financial challenge with a continuing squeeze on public expenditure. The development of financial strategies for both Adult and Children's Services will require to reflect the financial positions of both NHS Highland and Highland Council.

Inspection Findings

Social Care and Social Work Improvement Scotland

Care Homes

There are 68 care homes registered in North Highland which are used by NHS Highland. Of these, 54 are independent sector care homes which NHS Highland contracts with and 14 provided by NHS Highland. In March 2019, 49 (76.6%) of all care homes were graded 4 or better. Of these 33 (51.6%) were graded 5 or better.

The focus on improvement across the care home sector continues and there are a number of improvement activities underway.

Care at Home

There are 19 care at home services registered in North Highland which NHS Highland currently uses. 16 of these are independent care at home services which NHS Highland contracts with and 3 are delivered by NHS Highland. In June 2019, 18 (95%) of all care at home services were graded 4 or better. Of these 8 (42%) were graded 5 or better.

NHS Highland introduced new contract arrangements for independent sector providers on 1 July 2019. These are expected to see an improvement in flow, quality, cost containment and an improved reach into remote and rural areas. .

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.

The Partners of NHS Highland and the Highland Council have agreed that whilst a high level vision for the care of adults has been described in the Strategic Commissioning Plan, a further more focused piece of work is required which succinctly describes the next level of detail of how the Partnership plans to meets the triple challenge of demography, sustainability and cost; whilst delivering both better quality and increased choice.

WHAT ARE WE TRYING TO ACHIEVE?

In developing this vision, the Partners have asked the question of **"What does good look like?"** in the future. Taking into account the long established views that the people of the Highlands have expressed, the answer appears to be that people want to be given realistic choices that enable them remain at home, or as close to home as possible.

To this end, the Partners envisage a future state which in which:

- People remain at home for as long as possible through a range of statutory and community services which support both care and wellbeing Key to this is the promotion of realistic expectations, choice and control using the philosophy and mechanisms of self directed support.
- Interim care options are available as locally as possible to support individuals and carers in case of illness or injury with localised respite and palliative care options which make more dynamic use of local resources such as Care Homes
- Where people cannot remain in their own homes due to either the appropriateness of the accommodation, or the provision of care being unfeasible, housing clusters and care village developments will be progressed to make care accessible and sustainable.
- Advanced complex care packages and facilities, such as specialist challenging behaviour care, are likely to be in centres of population across highland where we can ensure quality, safety and sufficiency of available staff resources.

If the vision of the future is as above, then the next question is **"What is stopping us?"**, and the reality is that there are three key issues:

- There are not new resources available to make the change
- The fabric of external care provision to underpin the change, has not been fully developed (with particular challenges experienced in North and West)
- We have not yet engaged communities in the discussion about what is in the art of the possible.

This leads to the question of **"What needs to change?".** This is the substance of this report.

The Partners recognise that, to sustain quality, cost effective services that can meet demand is a challenge in itself, but to do this the added complexity of historical investment patterns has to be addressed. Simply put, this paper starts to explain how we plan to shift investment from current ways of providing care, to invest in new, better ways of providing care.

CONTEXT

The Partners have agreed that historic investment patterns in some service areas are limiting the Partnership, and ultimately the community, of the opportunity to explore new models of care which can offer both better quality and greater efficiencies. In an effort to explore and implement better models of care, the Partners have focused on the following areas:

1. Care at Home
2. Care Packages
3. Care Homes – Older People
4. Day Care Centres - Older People
5. Day Care Centres - Learning Disabilities

6. Housing Support
7. Community Care Teams
8. Continuous Improvement and Efficiency

It is important to note that Care at Home and Care Home proposals are the most developed proposals, therefore these have been provided as detailed exemplars of the approach. Work is underway on proposals for items 2, 4, 5, 6, 7 & 8 and, whilst the current state of development is reflected in this paper, it must be recognised that the current position is that some of these areas represent work in progress.

OVERALL AIM

It is important to note that no single component of the eight focus areas above can be viewed in isolation, any more than it is possible to focus solely in any one of the interlinked pressures of increasing need; sustainable recruitment and cost.

The overall aim is to keep people in their homes or communities for as long as possible, if that is their preference, through:

- working with families and communities to support solutions
- use of technology such as telecare, health and home monitoring systems and health assistance equipment
- supporting people to use Self Directed Support to receive personalised care by managing the budget themselves or using a broker or service provider
- supporting communities to develop activities as a result of income from Self Directed Support
- working with communities to develop local care at home provision
- developing our prevention services including support for anticipatory care, identifying local networks of support and facilitating carer support
- supporting communities to take an asset based community development approach that will build on current strengths and empower them to look after their community members
- working with GPs and other services to co-ordinate care and minimise unexpected problems or admissions (anticipatory care)
- improving palliative care and end of life experiences to support people to remain in their own home or community
- working with partners and communities to develop a range of suitable accommodation options

Where people still require nursing care in a residential setting, we will ensure that there is a network of high quality care homes in NHS Highland. In the future, this may require people to travel further, but we hope to minimise the time spent in residential care by developing a broader range of accommodation options that allow people overall to stay in their own community for as long as possible.

There are potentially five parts of the adult social care system which need to work together to ensure that people are able to flow through the care system without getting stuck due to restraints of availability:

- Keeping people at home for as long as possible.
- Interim care (in case of illness or injury, reablement)

- Clusters of 2-8 units of amenity housing based in local communities
- Care village models (higher volume nursing care)
- Advanced complex care packages and facilities

Providing complex care at or near home is not necessarily at low cost. Specialised services both at home and in a care home setting that provide both health and social care support are increasingly needed. Considerable development work will be required to ensure that quality, sustainability and capacity are geographically consistent. There also needs to be a greater understanding of the reasons why people are using care home provision and what the cost and sustainability of alternatives to this would be, including overnight care.

Implementation of this vision will require a redistribution of funds from existing residential care home places to services that support people staying at home and in their communities for as long as possible. Transitioning from where we are now to where we want to be will require careful consideration of a range of factors including the impact on flow through all parts of the adult health and social care system.

CHILDREN & FAMILIES

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

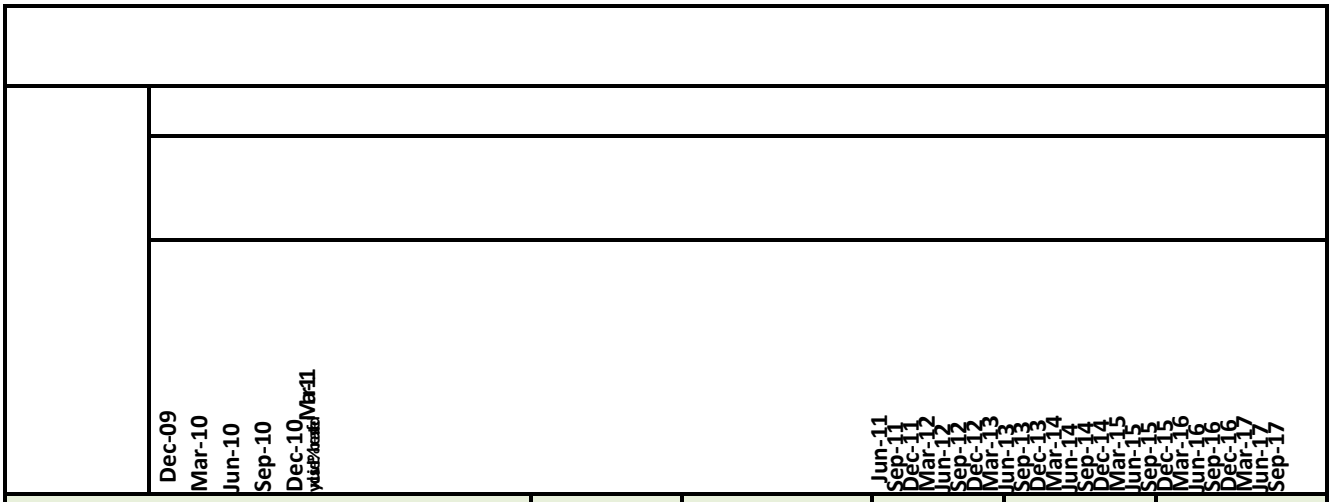
Indicator 2	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	86%

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.

27



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.

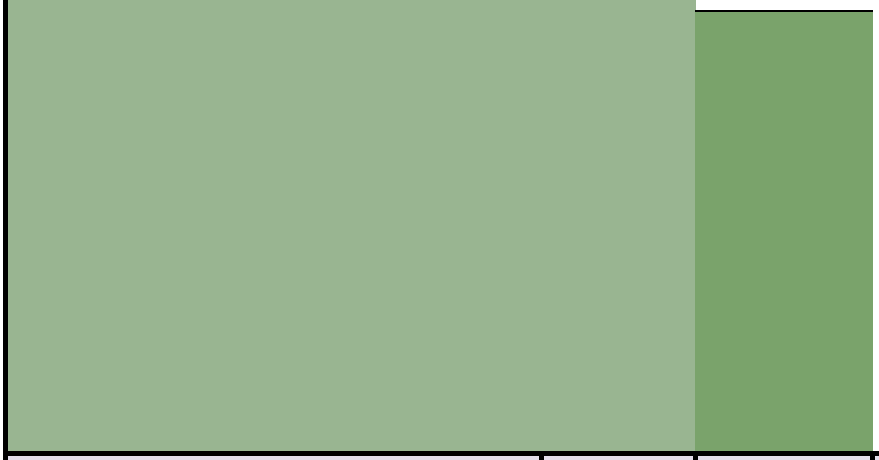
Children and young people sustaining full time attendance at school.

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 m 2017. in The table below shows the annual variation since the baseline was established 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%	**0**	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%	0	Schools	83%

30

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%	**0**	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%	**0**	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%	**0**	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%	**0**	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

31

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 antisocial 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

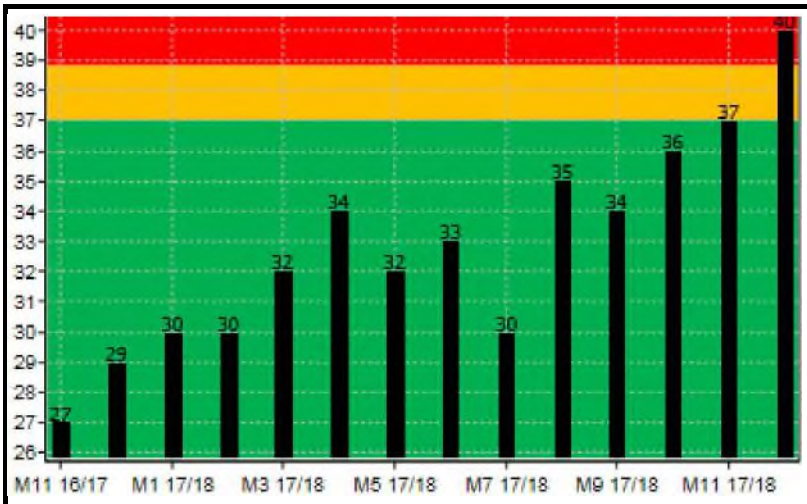
Analysis
This data is collected quarterly and the baseline was established in 2016. The variance in this that the reporting timeframe shows the average length of time and can vary considerably from case to case. During certain periods we have continued to seek permanency for harder to place children 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			
	8	5	3	1	1	5	5	1	9	1	2	7	5	3	1	4	6	4	5	3
			7	9	12	12	12.4	15	23.3	13	9.5	9.7	35.6	7.6			16.5			

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.

35



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.