Agenda Item	**16**
Report No	**HC/31/17**

HIGHLAND COUNCIL

Date: **7 September 2017**

Report Title: **North Highland Health and Social Care Partnership: Annual Performance Report for 2016**

Report By: **Chief Executives, Highland Council and NHS Highland**

1. Purpose/Executive Summary

1.1 This paper introduces the first Annual Performance Report of the Highland Partnership and outlines the process of development, drafting and agreement prior to publication via the Partnership websites.

2. Recommendations

2.1 Members are asked to:

i. Note the Annual Performance report as agreed by the Joint Monitoring Committee of the Highland Partnership

ii. Note that this Annual Performance report has been published via the NHS Highland and Highland Council websites in line with expectations of the legislation.

3. Legislative Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an integration authority and the Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports in March 2016 reinforces the requirements set out in the 2014 Act. It also provides detail of the specific matters that require to be reported.

3.2 The Guidance requires the publication of performance reports from 2016/17 onward, the publication of these within four months of the end of the performance reporting period, consideration of accessible versions and public dissemination.

3.3 This Guidance includes wider reference to how decisions made by the integration authority have contributed to the delivery of national outcomes. The Guidance states that performance reports should "include additional relevant information beyond the minimum set out here in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities."

3.4 The guidance details the requirement to publish the performance report within four months of the end of the performance reporting period and consideration of accessible versions, and to the public dissemination.

4. The Highland Partnership

4.1 The Highland Council and NHS Highland Partnership Agreement was signed on March 31st 2012, and was the first to be put in place in Scotland. The associated integration scheme was concluded in March 2016 to meet the requirements of the Public Bodies Act.

4.2 The Joint Monitoring Committee formally agreed to adopt the initial Strategic Plan. This was a "twin track" document which reflected the different strategic structures of the Adult and the Children & Families agendas. This Performance Report has adopted the same approach.

4.3 The Integration Scheme describes detailed arrangements for operation and governance of Community Health and Social Care Services in Highland. In addition, it describes the detail for Lead Agency arrangements where one agency manages delegated functions on behalf of the other.

4.4 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.

4.5 Since the first year of operation, the approved Integration Joint Board and Strategic Planning Group minutes have been presented for information to the Council and NHS Board on a regular basis.

4.6 The Adult Development & Scrutiny Sub-committee has regularly received performance reports related to the overall partnership scorecard.

5. Annual Performance Report 2016/17

5.1 The Annual Performance Report 2016/17 (appendix 1) addresses the requirements described above. The report is structured to allow Children & Families and Adult Performance to be viewed individually, but within the overall context of the performance report which commentates on the total according to the national outcomes and includes health and wellbeing outcomes.

5.2 The Annual Performance Report provides the opportunity to reflect on the year and to celebrate the achievements delivered and the challenges still to be overcome. It is also a chance to highlight new ways of working across sectors which focus on maximising the benefits of integration.

5.3 The Chief Executives note that this also provides a helpful opportunity to allow us to benchmark performance against other Partnerships, and take stock of our performance against the stated aspirations of the Highland Partners.

6. Joint Monitoring Committee July 26th 2017

6.1 The Joint Monitoring Committee received the attached Annual Performance report on July 27th 2017.

6.2 During discussion, the following key points were raised:

- The Committee welcomed the report and commended staff for their work in producing such an excellent document within a very tight timescale;

- It was noted that trends would be available in future as historical data was gathered and it was felt that the presentation of such information in graph format would enhance future reports making it more meaningful and user friendly;

- It was reported that the Board of NHS Highland had recently agreed three appointments to the Highland Council People Committee. It was also explained that the Board had delegated additional powers to the Health and Social Care Committee to strengthen their role and Ms Melanie Newdick had been appointed as Chairman. In addition, further consideration would also be given by the Health and Social Care Committee to establishing a Children's

Services Sub-Committee, similar to the Highland Council's Adult Services Development and Scrutiny Sub-Committee, with the purpose of scrutinising the joint commissioning work in detail. This review and increase in delegated powers was welcomed;

- Concern was expressed that once published, focus would be directed to the areas which had underperformed and it was suggested that the Directors should prepare some additional supporting information to provide background and context to the performance measures along with proposals on how these would be addressed. It was recommended that a joint press release be issued;

- With regard to the Year End position, it was highlighted that these figures included all health spend elements as oppose to only the Adult Social Care spend. Therefore, when NHS Highland reported on this it gave the appearance that their spend was proportionately much higher compared to other health boards which did not include the social care element in their reporting due to the development of Integration Joint Boards;

- In regard to Outcome 5, reference was made to the increasing uptake of Self Directed Support options one and two, but concern was expressed that it did not indicate whether there was quality, choice, control and flexibility and a request was made for these aspects to be incorporated into the relevant outcome. The need for this was acknowledged and it was proposed that a request should be made to the Adult Services Commissioning Group to examine/develop Self Directed Support quality indicators; and

- In regard to how improvement would be addressed, it was recommended that this be referred to the appropriate assurance structure, i.e. the performance report should be submitted to the Adult and Children's Services Commissioning Committee in order that they could determine forthcoming priorities and thereafter to report back to the Joint Monitoring Committee on progress.

6.3 Following discussion, the Joint Monitoring Committee:-

i. **APPROVED** the Annual Performance Report 2016/17 and **AGREED** that a joint press release be issued;

ii. **AGREED** that the document be published on NHS Highland Board Website and the For Highlands Children Website; and passed to the NHS Board and the Highland Council for noting in line with statutory requirements;

iii. **AGREED** to request that the Chief Executives of NHS Highland and the Highland Council take the opportunity of this performance review to benchmark against other such reports, and advise the Joint Monitoring Committee on lessons that could be applied to the Highland context in due course; and

iv. **AGREED** that the Adult Services Commissioning Group be tasked with developing Self Directed Support quality indicators.

7. Implications

7.1 Resource. There are no financial implications in this report which contains data and information previously reported across the Partnership

7.2 Legal. The publication of this performance report ensures that THE Highland Partnership complies with the Public Bodies (Joint Working)(Scotland) Act 2014

7.3 Community (Equality, Poverty and Rural). The integration of health and social care was subject to a full impact assessment. As appropriate all work programmes should have impact assessment and it will be the responsibility of the committee to ensue this takes place and is monitored.

7.4 Climate Change / Carbon Clever. There are none identified.

7.5 Risk. Any risks in delivery of this performance have been identified, recorded and managed through management and governance processes.

7.6 Gaelic. There are none identified.

Date: 28 August 2017

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Background Papers:

Appendix 1

Highland
Health & Social Care
Partnership

ANNUAL PERFORMANCE REPORT

2016/17

Contents

Context

This report is developed in line with the performance reporting guidance and regulations of the Public Bodies (Joint Working) (Scotland) Act 2014. This specifies that a performance report must be produced by an integration authority and also provides detail of the specific matters that require to be reported.

The Guidance requires the publication of performance reports from 2016/17 onward, the publication of these within four months of the end of the performance reporting period, consideration of accessible versions and public dissemination. This Guidance includes wider reference to how decisions made by the integration authority have contributed to the delivery of national outcomes. The Guidance states that performance reports should "build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities."

In essence, the guidance reinforces that it is important to report publicly on how we are performing on the agreed outcomes that we work towards. The Annual Performance Report therefore describes what we have achieved against the outcomes for health and wellbeing, in adults, children and young people. To aid understanding, we have separated the Adult and Children activity.

Importantly, it also describes areas where we need to improve. The work that the Partnership does also fits with Highland's emerging Local Outcome Improvement Plan.
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 2016/17 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.

Introduction

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.

It is important to recognise that this arrangement operates as a shared endeavour, whereby the Partners agree the overall strategic direction and aspirations; with the Lead Agency taking responsibility for delivery of the shared vision on behalf of both partners.

The Highland Council and NHS Highland Partnership Agreement was signed on March 31st 2012, and was the first to be put in place in Scotland. The associated integration scheme was concluded in March 2016 to meet the requirements of the Public Bodies (Joint Working)(Scotland)Act 2014

The Integration Scheme describes detailed arrangements for operation and governance of Community Health and Social Care Services in North Highland. In addition, it describes the detail for Lead Agency arrangements where one agency manages delegated functions on behalf of the other.

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 governance structure is outlined below.

The North Highland Partnership is a complex arrangement, bringing together partners, services and substantial financial resources.

Performance Summary

The Scottish Government issued guidance in March 2016, stipulating the requirement to publish performance reports from 2016/17 onward. The guidance summarised the requirement to publish the performance report within four months of the end of the performance reporting period and consideration of accessible versions, and to the public dissemination.

Following receipt of the guidance, the timetable for the presentation of the annual reporting to Council and Board will require to be revised to enable alignment with Community Planning Partnership arrangements, and to reflect the seriously tight timeframe between end of year finance reporting, and the publication of this performance report.

The Performance Framework for Adult Social Care

A core suite of indicators have been agreed around which all integration authorities will base their performance report. Performance reporting is not necessarily limited to this core suite and Integration Authorities (hereafter called the “Lead Agency” in Highland) are encouraged to use other available performance information to set performance in a local context. This will be the first time that the core suite of indicators has been published and some are still under development and subject to revision.

The requirement in this first report is to report on performance for the 2016/17 period. However, additional performance information from the past 5 years has been included where this provides additional clarity and transparency.

The core suite of indicators is detailed in Annex A. This core suite of indicators has been integrated into the Health & Wellbeing Scorecard which is the primary method used to report performance on Adult Social Care services.

The scorecard is constructed around the 9 National Health and Wellbeing Outcomes. Each outcome is evidence by a range of performance indicators.

The scorecard was reviewed during 2016/17 and apart from the national reporting requirements a number of groups were consulted on the development of the revised scorecard. These included the Adult Services Commissioning Group, Older People Improvement Group, Learning Disability Improvement Group, and the See Hear Improvement Group. Corporate requirements were also taken into consideration as were the views of the Highland Health & Social Care Committee (NHS Highland), the Adult Services Development and Scrutiny Sub-Committee (The Highland Council) and the Joint NHS Highland/Highland Council Monitoring Committee.

The Performance Framework for integrated children's services

The performance management framework developed within our integrated children's service plan, 'For Highlands children 4' (FHC4) is designed around the achievement of better outcomes for Highlands's children, their families and the communities in which they live.

The outcomes relate to the impact of services on the well-being of children and young people using the SHANARRI indicators. It focuses on their experiences and the extent to which their lives and life opportunities will be enhanced to ensure they are;

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected and Responsible
- Included

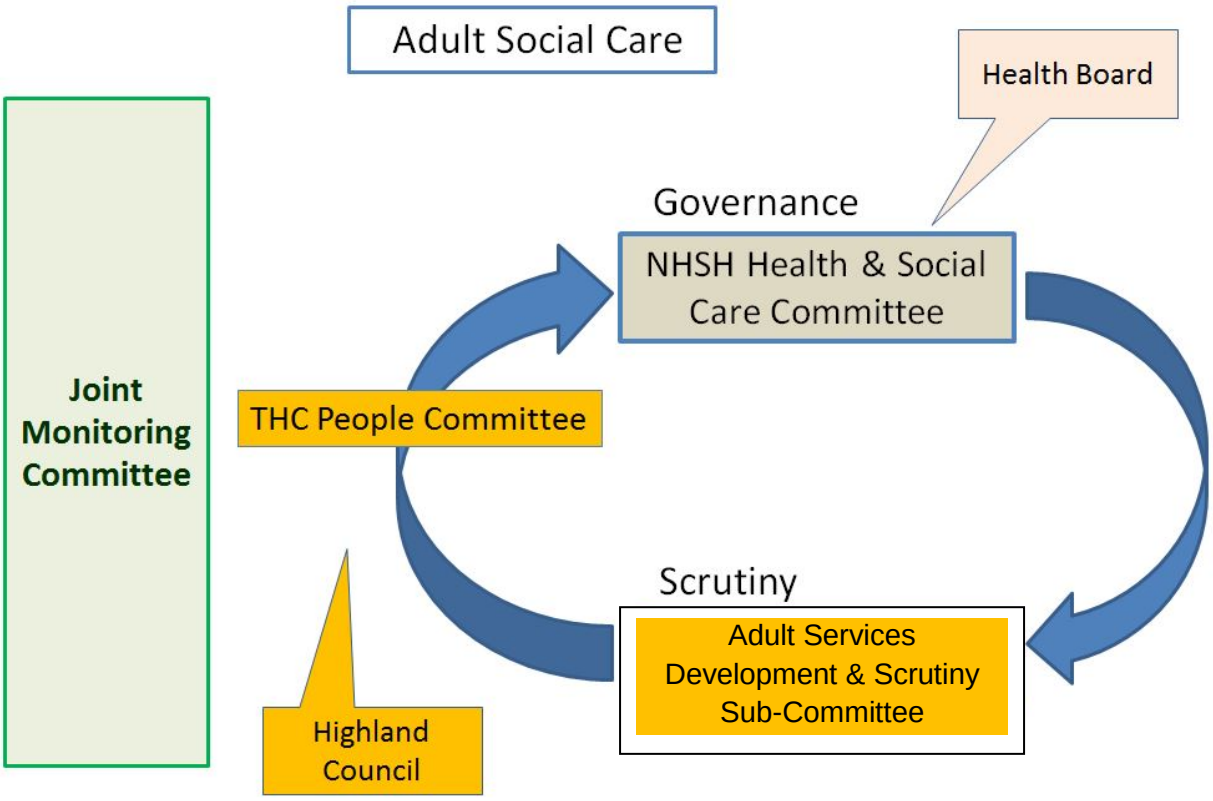
The performance framework is designed to monitor and scrutinise progress in meeting the outcomes. The performance measures in this framework are high level.
More detailed performance measures against outcomes in Improvement group plans are contained within individual improvement group plans.
The National Outcomes are:

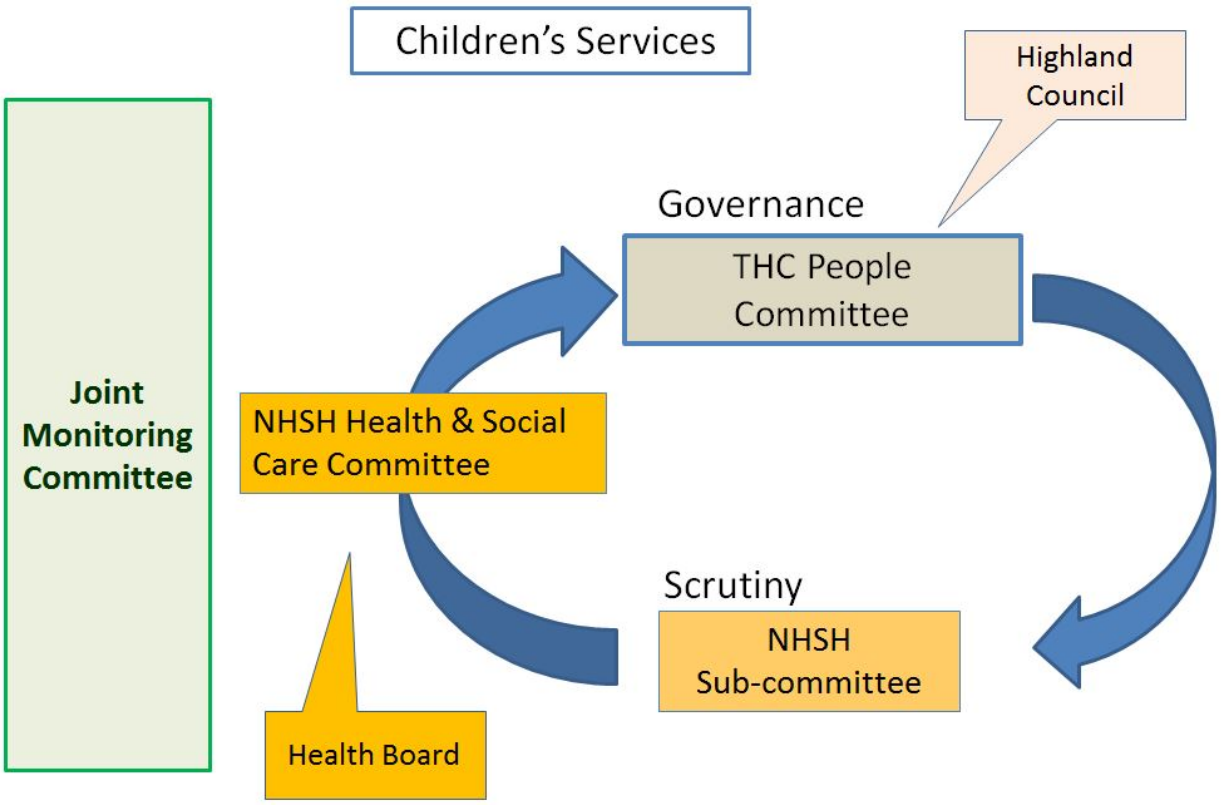
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
Outcome 4	Health and social care 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

Joint Monitoring Committee – Governance and Decision-Making
There is a well-defined governance and reporting framework where performance is reported on a regular basis in line with the various committee timetables in place. The Health and Wellbeing scorecard is reviewed in full at both the Health & Social Care and Adult Services Development & Scrutiny Sub-committees and relevant excerpts are provided for other groups and committees as shown in Diagram 1.

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.





HOW ARE WE PERFORMING?

The Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

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.

A significant focus around improving breastfeeding rates across highland has resulted in the achievement of the 36% target for the first time during the last year.

Indicators	Baseline	Current performance	Comments
The number of children entering P1 who demonstrate an ability to develop positive relationships increases	91%	94%	This percentage is based on an evaluation of all children in the highland area.
Every district in Highland is able to deliver a core suite of parenting interventions			New measure
The percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	75%	79%	Data shows steady improvement throughout the year.
The percentage of children achieving their key developmental milestones by time they enter school will increase	85%	87%	A mechanism for the extensive evaluation of all children across highland has been developed in recent years.
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	30.3%	34.5%	The 36% target was met for the first time during the second quarter of this year.
Sustain the completion rate of P1 Child health assessment to 95%	93.1	99.8%	Performance has been consistently good throughout the year.
Waiting times for AHP services to be within 18 weeks from referral to treatment	85%	80%	The waiting times for Dietetics, Physiotherapy and Occupational Therapy are within the 90% target

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.

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.

Indicators	Baseline	Current Performance	Comments
The percentage of pupils who report "that staff talk to them regularly about their learning " increases	81%	88%	This year's value is the highest over the 4 year period
The percentage of children and young people sustaining full time attendance at school will increase	99%	99%	Focussed work continues to support the children and young people who do not achieve full time attendance
The percentage schools awarded an evaluation of good or better for self-evaluation in HMI inspections increases	20%	50%	Although improving, the data for this measure shows variance from year to year dependent on individual schools inspected.
The percentage of schools awarded an evaluation of good or better for curriculum in HMI inspections increases	20%	68%	Although improving, the data for this measure shows variance from year to year dependent on individual schools inspected.
The number of children achieving level 4 in literacy and numeracy increases	78%	83.7%	
The percentage of schools evaluated as good or better for Meeting learners Needs in HMI inspections increases	60%	83%	Although improving, the data for this measure shows variance from year to year dependent on individual schools inspected.
The percentage of children responding positively to the question "Staff and children treat me fairly and with respect" is maintained	80%	85%	This level has continued to improve each year.
The percentage of parents and carers who respond positively to the question, "the school takes my views into account" increases	57%	68%	Continues to improve
The percentage of parents who report that the school keeps them well informed of their child's progress increases	74%	79%	

The percentage of parent and carer responses to the question, “my child is treated fairly at school” increases	87%	93%	New high percentage during this year.
The percentage of children who report they have a say in making the way they learn in school better increases.	47%	60%	Although improving, this is an area which has been a focus for improvement activity during the past year

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

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

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

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

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

Indicators	**Baseline**	**Current performance**	**Comments**
Number of households with children in temporary accommodation will reduce	100 households	94 households	
The percentage of children on the child protection register who have been registered previously will reduce.	5.31%	3.42%	Data shows continuous improvement over the last four years
The gap between formal agency recording and self reporting rates from children and young people affected by domestic abuse decreases.	36.2%	36.2%	From the latest biennial Lifestyle Survey

The percentage of children who report they feel safe and cared for in school is maintained	85%	85%	The target of 83% has been improved on this year
The number of children reporting that they feel safe in their community increases	84.7%	84.7%	From the latest biennial Lifestyle Survey
The number of children and Young people reported to SCRA on anti social behaviour grounds reduces	90 children	90children	A reduction is anticipated at the end of the reporting period for this year.
The number of restorative justice warnings used for Young people who offend increases	68 warnings	68 warnings	
The number of offence based referrals to SCRA reduces	528offences	422 offences	This number has reduced incrementally in the last four years
The number of self-identified young carers who report they are supported well will increase	68 young carers	68 young carers	New baseline established this year
The reduction in multiple exclusions is maintained	55 multiple exclusions	51multiple exclusions	
The exclusion rate for Looked After Children will decrease	146 exclusions	182 exclusions	Focussed improvement activity is currently being undertaken to reduce this rate
The delay in the time taken between a child being accommodated and permanency decision will decrease	12 months	7 months	Performance in this measure is slowly improving
The number of LAC accommodated out with Highland will decrease (spot purchase placements)	44 children	27 children	Focussed activity to reduce this figure has been undertaken over the last two years.
The number of children needing to live away from the family home but supported in kinship care increases	19.3%	13.7%	
The number of children where permanence is achieved via a Residence order increases	72 children	73 children	

Outcome 4: 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 in 2015/16) supplemented by information gathered locally regarding how many emergency admissions we admit to hospital, our success rate in enabling clients to live normal lives in the community following a spell in hospital and our success rate in offering annual health screening to clients with learning disabilities and supporting clients with a sensory impairment.

This information is detailed in Table 1.

Indicators	**Baseline**	**Result**	**Comments**
Percentage of adults stating in a national survey that they are able to look after their health very well or quite well	To improve on Scottish average of 94%	95%	Better than the Scottish average
Emergency admission rate (per 100,000 population)	To improve on Scottish average of 12,492	10,347	Better than Scottish average and showing year-on year improvement
Enablement: percentage of people receiving enablement interventions that do not require on-going care interventions after initial 6 weeks	To improve on local baseline of 40%	38.8%	Performance poorer than expected and work underway to increase the number of staff trained to provide enablement
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 improve on local baseline of 97%	97.200%	Performance is stable
Sensory Impairment - Self Management, The percentage of people completing a rehabilitation course who have confirmed a positive outcome on their ability to self-manage	New indicator, no local or national baseline	71.6%	Looking to improve from baseline of 71.6% in 2017/18.

Table 1 – Outcome 1

Outcome 5: People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

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

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

Indicators	Baseline	Result	Comments
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To improve on Scottish average of 84%	84%	At the Scottish average
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 of 79%	77%	Slightly below the Scottish average
Readmission to hospital within 28 days (per 1,000 population)	To improve on Scottish average of 95	72	Better than the Scottish average (Q1 16/17)
Proportion of last 6 months of life spent at home or in a community setting	To improve on Scottish average of 87%	90%	Better than the Scottish average (Q1 16/17)
Percentage of adults with intensive care needs receiving care at home	To improve on Scottish average of 62%	53%	An improvement on the previous year's performance, but below the Scottish average
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	To improve on Scottish average of 912	1,585	Well above the Scottish average
Uptake of Self Directed Support Options 1 and 2	To improve on 437 clients baseline	558	Performance improved by 28%

Age of admission to and length of stay in long-term residential and nursing care	To improve on Scottish average for 65+	Age 82 for 2.7 years	Clients aged 65 and over are entering care homes at an older age in Highland (Scottish average is 81), but staying slightly longer (Scottish average is 2.3 years)
Increase number of clients receiving telecare	To improve on 2,069 clients baseline	2,130 clients	Clients numbers have increased, particularly clients receiving enhanced telecare

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 56% of the delays. 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 6: 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 below the national average, but that is largely due to the fact that not all internal care at home services have been reviewed over the past year and improvements are therefore not measured yet by the Care Inspectorate.

Indicators	**Baseline**	**Result**	**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 of 75%	76%	Slightly above the Scottish average

Percentage of adults receiving any care or support who rate it as excellent or good	To improve on Scottish average of 81%	83%	Better than the Scottish average
Percentage of people with positive experience of the care provided by their GP practice	To improve on Scottish average of 87%	89%	Better than the Scottish average
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	To improve on Scottish average of 83%	78%	This is slightly below the national average, although the figure is depressed due to the number of inspections that have taken place over the past year

Table 3 – Outcome 3

Outcome 7: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The previous indicator is used to determine the quality of the services being provided. This indicator is about the quality of life of the clients and patients who use those services. Apart from the delayed discharge (previously discussed at paragraph 2.4), this also paints a positive picture with fewer falls and a lower emergency day rate than the national average.

Scoring at 87%, a high number of patients and clients agree that the services provided due improve their quality of life. Of particular interest in future years will be the new indicator on social and geographical connectivity given the mix of urban and rural communities found in Highland.

Indicators	**Baseline**	**Result**	**Comments**
The number of delayed hospital discharges for service users residing within areas covered by Independent sector Care at Home providers	To reduce to zero	52 patients	See paragraph 2.4
People perceive themselves to be socially and geographically connected	New indicator, no local or national baseline	71%	Looking to improve from baseline of 71% in 2017/18
Emergency bed day rate (per 100,000 population)	To improve on Scottish average of 124,517	112,529	Better than the Scottish average

Falls rate per 1,000 population aged 65+	To improve on Scottish average of 20 clients	15	Better than the Scottish average
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 of 84%	87%	Better than the Scottish average

Table 4 – Outcome 4

Outcome 8: 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 and that we have more people with learning disabilities in further education and shorter waiting times for Psychological services.

The time taken to access drug or alcohol treatments services is improving year-on-year from 77% in 2015/16 to 83.6% in 2016/17, but has yet to reach the 90% target set by Scottish Government.

Indicators	**Baseline**	**Result**	**Comments**
Premature mortality rate (per 1000 population)	To improve on Scottish average of 441	392	Better than the Scottish average
The number of people with learning disabilities who are in further education	To improve on Scottish average of 7.6%	9.3%	Better than the Scottish average
Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies	To improve on Scottish average of 80%	90%	Better than the Scottish average
The time taken to access drug or alcohol treatment services	To improve on local target of 90%	83.6	Improving year-on-yea, but 90% target not yet reached.

Table 5 – Outcome 5

Outcome 9: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing 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.

Work is underway with the carers Improvement Group to develop additional measures and it is anticipated that these will be available by December 2017.

Indicators	Baseline	Result	Comments
Percentage of carers who feel supported to continue in their caring role	To improve on Scottish average of 41%	37%	Below the Scottish average

Table 6 – Outcome 6

Outcome 10: People using health and social care services are safe from harm.

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

Indicators	Baseline	Result	Comments
Percentage of adults supported at home who agree they felt safe	To improve on Scottish average of 84%	86%	Better than the Scottish average
Reviewing and monitoring of Guardianships. Number of Guardianships reviewed - annual required timescale.	To improve on local baseline of 50%	49.3%	Slightly below target
Reviewing and monitoring of Guardianships. Number of New Guardianships reviewed within required timescale of 3 months	To improve on local baseline of 57%	38.3%	Below target

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 work underway to define and more accurately record performance with regard to adult protection plans.

Outcome 11: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Indicators	Baseline	Result	Comments
Workforce is Adult Support and Protection effectively trained	Local baseline of 100%	99%	99% of staff commenting on their training said they felt more confident as a result of that training.
Uptake of Knowledge and skills Framework	To improve on local baseline of 40.8%	38.9%	Just below target
Sickness absence levels	To improve on local baseline of 4.88%	4.92%	Just above target

Table 8 – Outcome 8

Staff attending training find that the training is useful and increases confidence and abilities. However, with uptake at just under 39%, there is a need to further engage those staff who currently are not participating in the knowledge and skills framework.

Outcome 12: Resources are used effectively and efficiently in the provision of health and social care services.

Indicators	Baseline	Result	Comments
NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	To improve on local baseline of 83%	89%	Above target set
Home Care costs per hour for people aged 65 or over	National average £20.01	Highland figure £31.18	
Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	National average 6.9%	Highland figure 4.16%	Slightly lower than the national average
Net Residential costs per Capita per week for Older Persons (over 65)	National average £372	Highland figure £410.77	

Table 9 – Outcome 9

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

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

Joint Monitoring Committee – Integrated Governance and Decision-Making

In the course of the year the Joint Monitoring Committee (JMC) has taken key decisions in relation to the delegated functions, operating and governance arrangements.
The JMC has also supported the charging framework, Strategic Plan Review, financial settlements and has overseen performance.

Financial Performance

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

Revenue Position – Adult Services

Position Against Budget – Year end

The draft revenue position for the financial year (April to Mar 2017) is an overspend against budgets of £2.7m and the table below highlights what the overspend is by each Unit.

Year end Position - by Management Unit

Operational Unit	Annual Plan £m's	Forecast Out-turn £m's	Potential Variance £m's
IMFOU	348.6	358.5	(9.8)
North & West Operational Unit	133.6	139.4	(5.7)
Sub Total NH Operational Units	482.3	497.8	(15.5)
Adult Social Care - Central	6.2	5.6	0.6
Facilities	21.8	21.6	0.2
Integrated Pharmacy	5.2	4.9	0.3
e health	9.7	9.6	0.1
Tertiary	20.4	20.0	0.4
Other HCP	2.3	2.2	0.1
Central Services	33.1	21.9	11.2
TOTAL H&SCP	580.8	583.5	(2.7)

Analysis

These tables are reporting that there is an overspend within the Inner Moray Firth Operational Unit (IMFOU) of £9.8m. This is entirely due to overspends within Raigmore Hospital and is made up of £6.2m of recovery plan actions that did not materialise recurrently in previous years, and other pressures mainly within the surgical directorate, including a net spend of £2m on improving waiting times.

North & West Highland is showing an overspend of £5.7m primarily due to Out of Hours (£1m) medical locums (£2.5m) unachieved savings (£2m) and other pressures including care packages and vacant practice costs.

These are offset by an underspend in Central areas where the achievement of the contingency plans are shown.

Subjective Spends

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. The table below presents information by type of expenditure.

Year end Position - by Type of Spend

Spend by Subjective To month 4 June 2016	Annual Plan £m's	2016-17 Out-turn £m's	2016-17 Variance £m's
Pay			
Medical & Dental	65.7	68.9	(3.1)
Medical & Dental Support	4.9	4.4	0.5
Nursing & Midwifery	102.4	100.8	1.6
Allied Health Professionals	17.7	16.6	1.1
Healthcare Sciences	11.1	10.5	0.6
Other Therapeutic	8.3	7.7	0.6
Support Services	19.9	19.5	0.3
Admin & Clerical	27.6	27.0	0.7
Senior Managers	1.1	1.2	(0.0)
Social Care	36.4	36.4	(0.0)
Pay Holding/vacancy factor	(6.0)	(0.3)	(5.7)
Total Pay	289.1	292.8	(3.6)
Drugs	72.5	72.4	0.1
Clinical Non Pay	32.6	34.4	(1.8)
Non Pay	26.4	26.1	0.3
Property costs	32.1	31.9	0.2
FHS	60.1	59.4	0.7
Purchase of Social Care	76.0	79.9	(3.9)
SLA's & Out of Area	231.8	232.3	(0.5)
Non Pay	531.6	536.4	(4.8)
Reserves/Holding	9.6	0.1	9.5
Savings	(4.6)	0.0	(4.6)
Operational Income	(244.9)	(245.7)	0.8
Total	**580.8**	**583.5**	**(2.7)**

Pay Budgets

The effective management of pay budgets in delivering our services remained a key challenge. There are a number of 'hard-to-fill' posts critical to service delivery (particularly in relation to medical staff but also in other disciplines) where vacancies may exist for an extended period of time. Many of these are filled with locum or agency staff, whose costs tend to exceed the salary budget available to cover the cost (often by a significant amount).

These excessive costs for key medical posts have still to be met within the overall pay budget so savings have to be generated elsewhere. This is done mostly through the turnover of staff or vacancies being carried for a period of time.

In a large organisation, a level of staff turnover is inevitable. NHS Highland's annual turnover tends to run at around 8-9%. There is generally a gap between a member of staff leaving and a new member of staff starting – this generates a non-recurring savings usually referred to as a 'vacancy factor' and most pay budgets are set based on an expected level of natural vacancy factor.

Pay has an overspend of £3.6m to month 12 of which £3.1m is medical staff including locum spend

Non Pay

The key pressures on non-pay are clinical non-pay budgets which have an overspend of £1.8m, and Social care with £3.9m, with some offsetting under-spends on a range of general non-pay budgets. Non pay overall has an overspend of £4.8m.

Savings

For 2016/17, the HSCP was allocated a savings target of £21.4m. £16.8m has been achieved leaving £4.6m not delivered in year as per the table below;

	Month 3 £m	Month 4 £m	Month 6 £m	Month 8 £m	Month 10 £m	Month 12 £m
Savings already idenfified/delivered	4.3	5.1	8.8	14.2	16.5	16.8
Savings forecast to be delivered	16.1	15.1	11.2	3.8	0.8	0.0
	20.4	**20.2**	**20.0**	**18.1**	**17.3**	**16.8**

Of the £16.8m only £4.5m has been made on a recurrent basis with a further £2.8m found as a full year effect going into 2017-18 leaving a c/fwd. figure of £11m which is taken into account in the savings requirement for 2017-18.

In conclusion, the HSCP has overspent by £2.7m on revenue in 2016-17. A significant element of this relates to the lack of progress on the Raigmore recovery plan in previous years along with unachieved savings in the current year.

The Annual Accounts note that the £4.3m Integrated Care Fund funding has been fully utilised in 2016/17.

The Joint Monitoring Committee has also noted the differential investment in Adult Social Care, and the risks related to increasing demand from population change; increasing costs and the impact on the potential to realise cash releasing efficiency savings within this context.

Commissioned Children's Services

2016/2017 Integrated Health Monitoring Statement

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

Inspection Findings

Social Care and Social Work Improvement Scotland

Care Homes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Large Scale Investigations

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

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

Care at Home

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Annual report on For Highland's Children.

Each of the 12 themed improvement Groups identified within FHC4 has an Improvement plan with a common format. The plans show all current improvement priorities centred on the Key outcomes.

The plans are dynamic and monitored and updated regularly. Each plan is formally evaluated on an annual basis.

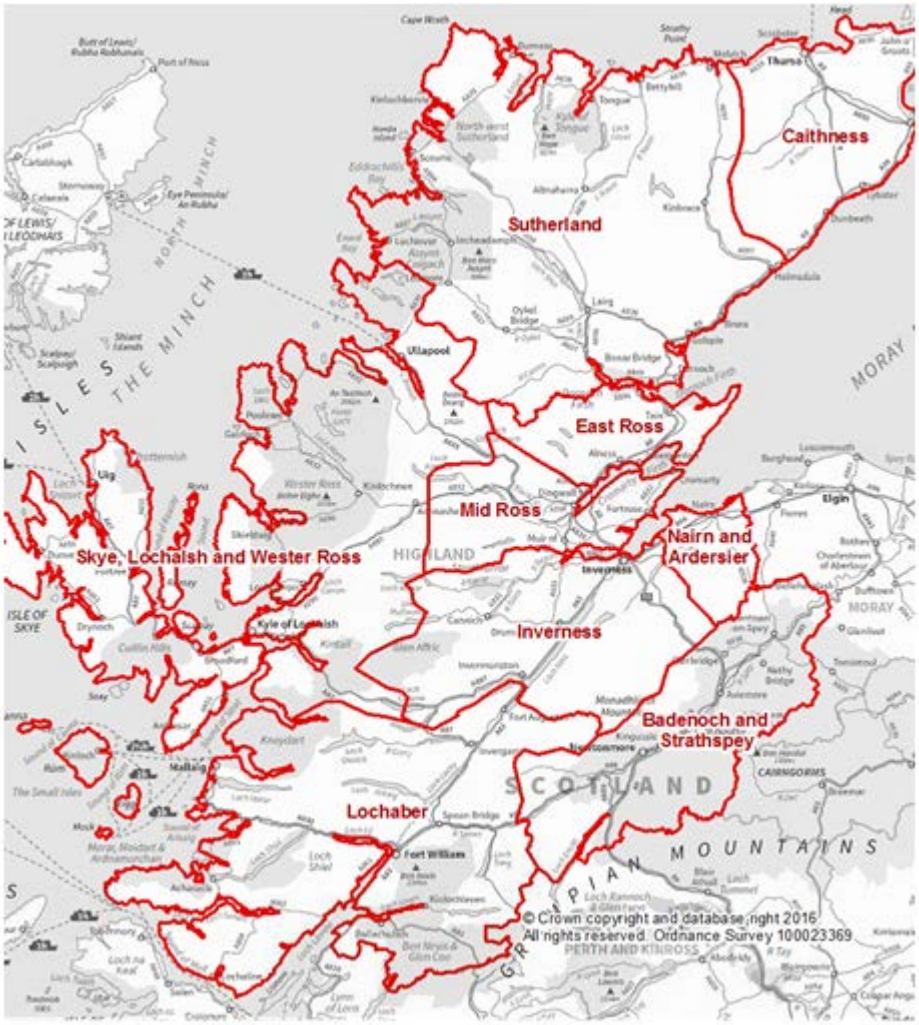
During the last year improvement groups have positively evaluated the following outcomes though improvement activity;

- Improved integrated working for children with complex health needs, especially those with exceptional health needs
- Reduction in the number of children/young people with ASN, not in school or preschool full time.
- That children and young people are supported by adults who have an understanding of attachment, resilience and child development
- Parents are supported to understand the importance of creating and maintaining positive relationships with their children
- Improved consultation and engagement with young carers
- Identified best practice in Highland through an Annual Play Award
- Increased awareness of issues including play, free play, and risk taking through the Play Highland Website, Play Matters Newsletter, Twitter and Facebook accounts.
- Improved delivery of services to ensure that children in residential care get the right help at the time they need it.
- Improved transition for LAC in through-care and aftercare into adulthood.
- Staff and pupils have a greater awareness of how they can support equality through delivery of curriculum for excellence and wider school approaches following the principles of the Highland Practice Model
- Pupils and school staff have a greater understanding of prejudice based bullying and its impact.
- Improvement in the delivery of high quality early learning and childcare
- Ensuring that the learning from significant and initial case reviews is considered and shared effectively
- Ensuring practitioners are able to identify and respond to child neglect

Community Partnerships

Community Partnerships have been established across all of the Highland Council Area. They have responsibility to develop a local plan for children's services, reflecting both the local needs and strategic priorities. They are also developing plans for services for adults, and locality plans to address local deprivation.

These structures are focussed on local geographical areas:



The discussions have focused around establishing a framework at a local level, building on existing partnerships where they exist in order to enable local partnerships to take forward the new duties. The local partnerships are currently making the required links with the Adult and Children's Strategic Plans.

In the case of Adult Services, these priorities are being established as local commissioning intentions, and included in the Strategic Commissioning Plan review.

Looking Ahead

Looking forward to 2017/18, Service Improvement Plans have been put in place, and Commissioning Plans, and are being re drafted. These documents will not only focus on service review and development, and contribution to transformation programmes, but will link closely to the development of the Local Outcome Improvement Plan.

For Adult Care, we have tried to describe below the future in terms of comparing current with future experience:

The service user experience	
In 2014…	**By 2019…**
Service users do not believe that they are fully involved in decision making which does not allow joint responsibility for decisions made.	• Service users will be the lead in choosing what is important in their lives, what services are important and how they are delivered. • Comprehensive co-production.

The carer experience	
In 2014…	**By 2019…**
Significant developments have been made over recent years but frustrations remain, with too many carers still unidentified (or identified too late) and therefore cannot be assisted to access services. Carers also feel that their calls for help are only partially heard.	• Carers truly seen as equal partners. • Help when you need it – fast, responsive flexible support. • Quality implementation and review process with measurable impacts. • Preventative investment in services for carers. • The same support regardless of geographical area. • Accessible information. • Carer leads in organisations. • Multi-skilled people working with carers. • Peer support groups.

Workforce experience	
In 2014…	**By 2019…**
Three overriding issues appear to cause difficulty with recruitment, retention and morale within the workforce: 1) Low status of care workers 2) Remuneration levels 3) Lack of a sustainable career pathway	• Achieved improved status for care workers • Improved pay levels reflecting improved skill and quality levels • Established career pathways that allow care workers and their skills to remain within the sector

Provider experience	
In 2014…	**By 2019…**
• Inequitable pricing structure which favours in house services • Transactional approach/relationship • Improving sector relationships	• Level playing field • Payment for quality and value • Collaborative approach • Genuine joint strategic commissioning

Clinical and practice experience	
In 2014…	**By 2019…**
• The right resource is not always available at the right place at the right time.	• Improved range of services available through a single point of access and integrated teams.

In children's services a significant number of high profile local and national priorities will be progressed;

Achieving the benefits of an integrated Care & Learning Service, and Getting it right for every child	
In 2014…	**By 2019…**
• An integrated children's service, bringing together education, health and social care had been established although the full benefits of integrated working had not been fully realised	• The organisational arrangements to support the integrated Practice Model for children's services are fully embedded. The early indicators of improvement are consolidated ensuring that more children are receiving earlier support, that fewer children are becoming looked after and

	at risk of harm. • The multi-disciplinary Practice Model Improvement Group will have worked to improve processes and service delivery, to further improve outcomes and reduce bureaucracy.

Closing the attainment gap and raising attainment for all	
In 2014…	**By 2019…**
• Scotland has an enduring attainment gap between children living in advantaged and disadvantaged communities and this is reflected in Highland.	• Our engagement in the Scottish Attainment Challenge will have improved equity in educational outcomes. Greater equity will be achieved by ensuring every child has the same opportunity to succeed, with a particular focus on closing the poverty-related attainment gap. • The benefits of our five Primary Schools and their associated High Schools receiving national Attainment Challenge funding to develop initiatives will have been realised and the impact of the Pupil Equity Fund now available to all Highland Schools that have children who receive free school meals will be measured and evidence improvement. • Continuing progress will be made to close the gap through various initiatives in numeracy, literacy and health & wellbeing.

Working with Headteachers to reduce bureaucracy and ensure sustainable provision	
In 2014…	**By 2019…**
• Highland Council has over 200 schools managed by 170 Headteachers, and a similar number of early years centres.	• The benefits of Highland Council's commitment in 2015 to a new model for provision, set out in the Management of Schools Programme will achieved. The complex programme involves activity across six inter-related workstreams. The

	August 2018 implementation date for the second phase will have been realised.

1140 hours early learning & childcare	
In 2014…	**By 2019…**
• Enhanced provision for 3 and 4 year olds, and eligible 2 year olds, allowing 600 hours of Early learning and childcare was being progressed	• Significant progress will have been made towards the Expansion of Early Learning & Childcare' outlined in the Scottish Government 'Blueprint for 2020' .This will have involved improvement activity, including increased hours and increased flexibility. The challenges in relation to the estate, workforce and organisational arrangements will be being addressed.

Transitions between children's and adult services	
In 2014…	**By 2019…**
• There were anxieties across The Highland Council and NHSH that the challenges of managing the transition of young people from children's services into adult services had the potential to be exacerbated as a consequence of integration arrangements.	• The concerns that practitioners, parents and young adults about the enormous changes that young people experience as they transition from one Service to another will have been fully explored, and new processes, systems and protocols put in place, to achieve a more seamless transition.

Inter-authority collaboration	
In 2014…	**By 2019…**
• Consideration was being given to the potential benefits of Highland Council joining with the other northern and island authorities initially to work together on teacher recruitment.	• The enormous benefits of working across the Northern Alliance will be getting realised with greater collaboration across a range of significant developments. This will recognise that no authority has the skills and experience necessary to address all of the current challenges, and that through teamwork and collaboration, we can achieve far more than we can achieve on our own. • The impact of the work being undertaken

	on emerging literacy in the initial stages of Primary School will have been measured. Evidence of the influence of similar work taking place on leadership development, numeracy, modern languages, ASN, children's services planning, and various other local and national priorities will have been realised. • The benefits of a professional collaboration, which also provides a forum for senior members to discuss how their authorities are responding to various challenges will have been realised.

ANNEX A

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate
18. Inspections.
19. Percentage of adults with intensive needs receiving care at home.
20. Number of days people spend in hospital when they are ready to be discharged.
21. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
22. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
23. Percentage of people who are discharged from hospital within 72 hours of being ready.*
24. Expenditure on end of life care.*

* Indicator under development

Table 1 – Core Suite Of Indicators