Agenda Item	9
Report No	JMC-20-23

THE HIGHLAND COUNCIL/NHS HIGHLAND

Committee: **Joint Monitoring Committee**

Date: **27 September 2023**

Report Title: **Performance and Quality Assurance Update**

Report By: **Executive Chief Officer Health and Social Care, Highland Council and the Interim Chief Officer, NHS Highland**

Purpose/Executive Summary

1. This report contains a proposal for consideration setting out arrangements such that the Joint Monitoring Committee is able to monitor performance and quality assurance of all integrated services in terms of both adults services and children's services. It provides a suite of proposed key performance indicators and outlines an approach to quality improvement, self evaluation and audit.

The report acknowledges and builds upon the previous report to the Committee on the 29th March in relation to Future Reporting, Performance Management, Assurance and Audit

2. Recommendations

2.1 Members are asked to:

i. **NOTE** the update; and
ii. **CONSIDER** the recommendations as noted within the report.

3. Implications

3.1 **Resource** - There are specific resource issues arising out of the delivery of Adult Social Care (ASC) by NHS Highland and the delivery of the commissioned Child Health Services by the Highland Council. Those resource issues are governed by the Integration Scheme currently in place, as signed off by the Council and Board in March 2021 and which received Ministerial sign off in February 2022.

3.2 **Legal** - The legal arrangements covering the delivery of integrated service, are provided for within the above referenced Integration Scheme.
There are no further or additional arising legal issues to be brought to the attention of the JMC, which are not as noted within this report.

3.3 **Community (Equality, Poverty, Rural and Island)** - No arising issues.

3.4 **Climate Change / Carbon Clever** - No arising issues.

3.5 **Risk** –No arising issues

3.6 **Gaelic** - No arising issues.

4 Preamble

4.1 This report builds on the report to this committee on the 29 March 2023 in relation to Future Reporting, Performance Management, Assurance and Audit.

4.2 It provides a suite of proposed key performance indicators for the Partnership across both integrated adult and children's services. These indicators support the delivery of both the evolving plan for adults and the integrated children's service plan. It proposes that those indicators are used to monitor performance against agreed priorities and outcomes.

4.3 In addition, the report outlines an approach towards quality improvement which lists proposed areas for audit, determining which service area will lead, the scope for each area of audit with suggested timescales and how such an audit will be delivered and reported upon on a partnership basis.

5 Performance management framework for the integrated adult plan.

5.1 The Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the integrated adult plan. The framework is currently built round the following themes which are based on information that NHSH currently collect in terms of monitoring delivery of the Together We Care Strategy.

- Care-at-Home
- Care Homes
- Delayed Discharge
- Self Directed Support/Carer Short Breaks
- Adult Protection
- Mental Health Psychological Therapies
- Community Mental Health Services
- Drug & Alcohol Recovery Services

5.2 The performance indicators are at appendix 1 of this report based on the IQPR data referred to above. Once the Strategic Plan for adults is agreed it is intended that the proposed framework be on the basis of the National Health & Wellbeing Indicators which will be reported to a subsequent meeting of this Committee

6 Performance Management Framework for the Integrated Children's Services Plan.

6.1 The integrated children's services partnership recognises that children's services planning is an ongoing process and central to good planning is ensuring a robust connect

between national and local strategic planning. Our performance management framework connects partnership strategic planning within a single framework. This framework provides both the tools for planning, self-evaluation, reporting, performance management and assurance.

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

6.3 Within our planning processes lead officers from partner organisations have been identified for each themed group along with a lead officer for each of the improvement priorities. Partners work together and take responsibility for co-ordinating performance reporting on a regular basis. In addition, our performance is measured through listening to the voices of children, young people and their families, learning from self-evaluation, analysing intelligence and scrutinising an agreed set of qualitative and quantitative improvement measures. These measures are attached at appendix 2 of this report.

7 Audit and Quality Improvement Framework

7.1 The partnership shares a common aim that the people in Highland should experience the best quality health and social care. In working together, we aim, by way of this Committee, to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered.

7.2 This enables us to provide assurance on areas where we are performing well and enables us to identify that where improvement is needed, we make positive changes. The framework focuses on outcomes and experiences and how the partnership is working to deliver services that achieve good outcomes.

7.3 The framework considers five key areas for evaluation.

1. What key outcomes have integrated services achieved for people who use our services?
2. What impact have integrated service approaches had on the lives of people who use our services?
3. How far is our delivery of key processes integrated and effective?
4. How good is our integrated management?
5. How good is our integrated leadership?

7.4 Each of these areas will be considered within an audit cycle using a self-evaluative approach to determine: How good are we now? How do we know? and What do we plan to do next?

7.5 A framework of quality indicators has been designed to help the process of self-evaluation by:

• encouraging us to reflect upon practice and identify strengths and areas for improvement
• recognising the work we are doing which has a positive impact on the lives people
• identifying where quality needs to be maintained, where improvement is needed and where we should be working towards achieving excellence
• allowing us to inform stakeholders about the quality of services for people

7.6 The proposed audit cycle is.

Key area	Focus	Lead Agency	Timeframe
What key outcomes have integrated services achieved for people who use our adult services?	Key performance outcomes	NHSH	December 2023
What key outcomes have integrated services achieved for people who use our children's services?	Key performance outcomes	THC	December 2023
What impact have integrated service approaches had on the lives of people who use our services?	Experience of people who use our services	THC	June 2024
How far is our delivery of key processes integrated and effective?	Delivery of key processes	NHSH	June 2024
How good is our integrated management?	Strategic planning, quality and improvement	NHSH	December 2024
How good is our integrated leadership?	Leadership and direction	THC	December 2024

7.7 The outcomes from this audit activity will be brought to this committee for information and scrutiny.

Designation: Executive Chief Officer Health & Social Care THC
Interim Chief Officer, NHSH

Date: 27 September 2023

Authors / Report Contributors: Ian Kyle – Head of Policy and Improvement

Appendix 1

Appendix 1

North Highland Health and Social Care Partnership Performance and Quality Report

30 August 2023

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

North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

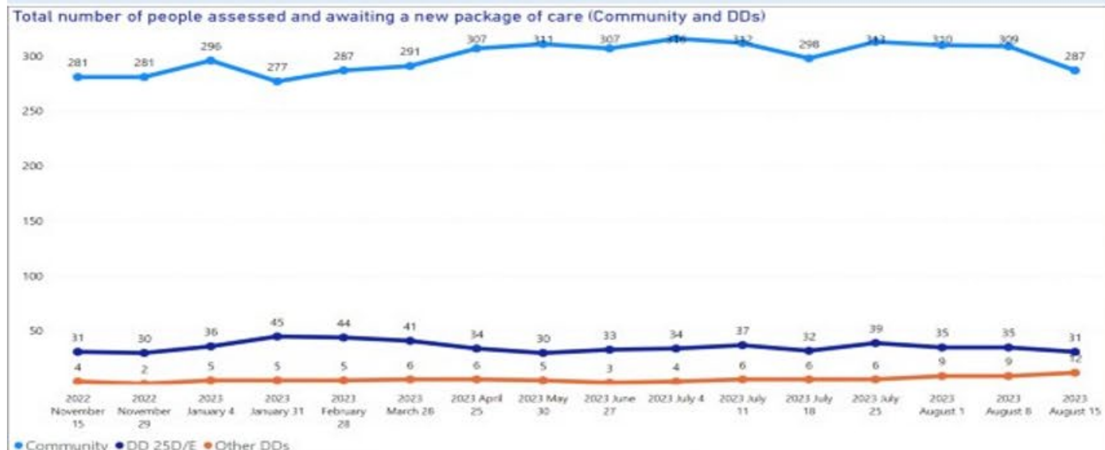
- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.

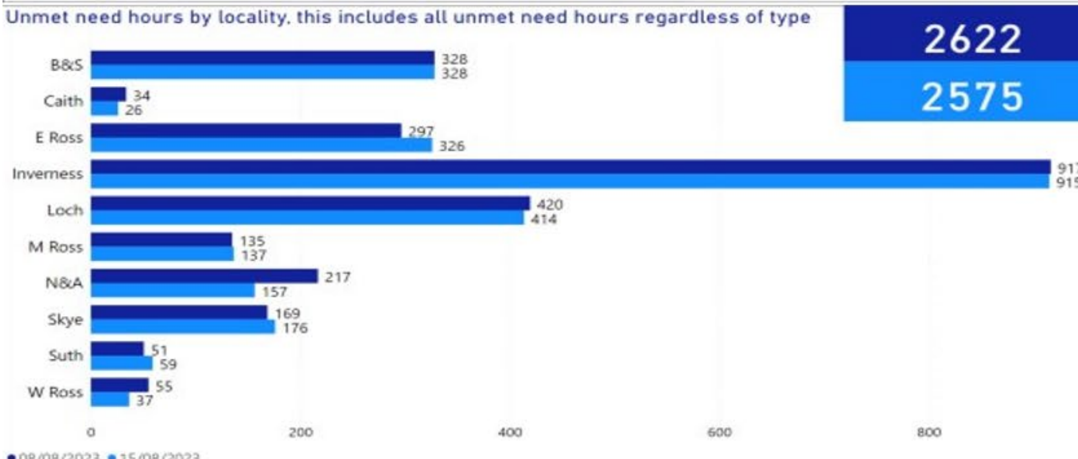
Strategic Objective 3 Outcome 9- Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs o f the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers expe rience at the heart

North Highland Care at Home – Unmet need





Currently provided weekly as part of the Public Health Scotland (weekly return.

Graph 1- All North Highland hospital DHD's are included which s those assessed as requiring CAH in either a hospital, or at home

- Community- 287 awaiting a care at home service
- DHDs – 31 awaiting a care at home service
- DHDs – 12 awaiting a service for other coded DHDs (complexity

This data is published by PHS and weekly returns from CAH office provided to allow for validation and analysis.

Graph 2 – Care at Home (District level) the total number of weekly hours of unmet need for those above and includes hours require people in receipt of a service with required additional hours.

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to be in of 2600 planned hours per week.

Update 16/08/2023

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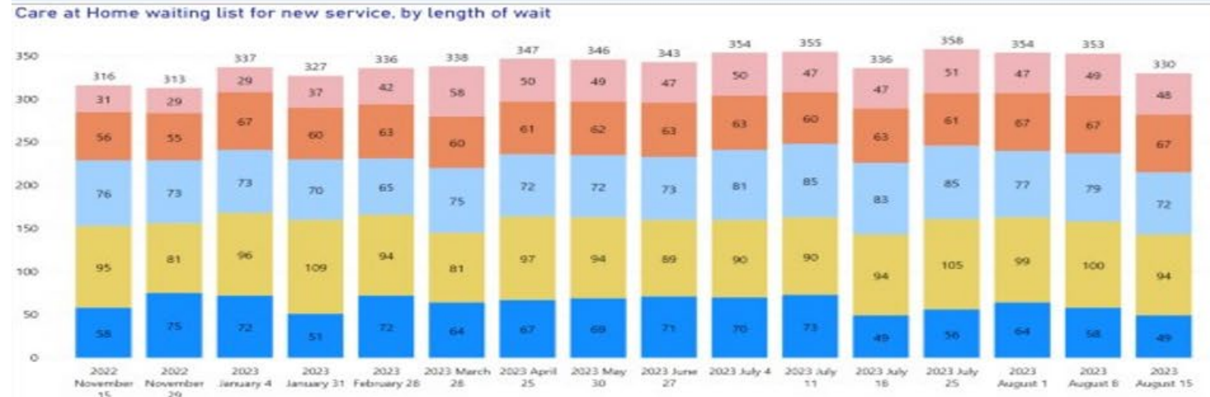

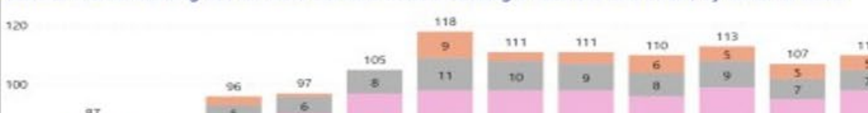

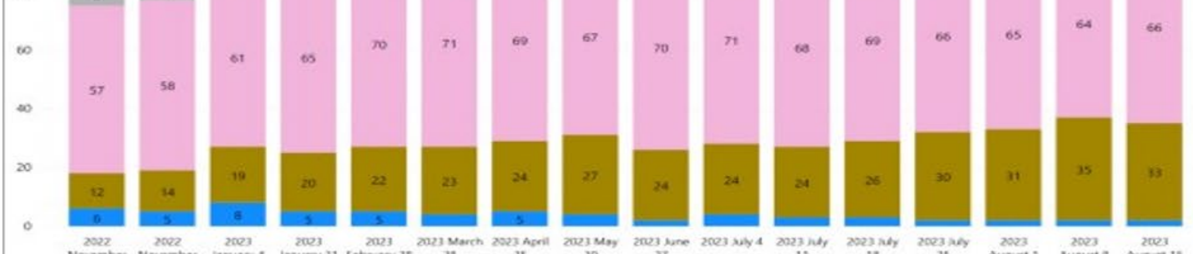

Graph 1- All North Highland unmet need for care at home, including waiting times

Up to 1 month – 49
1 to 3 months – 94
3 to 6 months – 72
6 to 12 months – 67
More than a year - 48

This data is published by PHS and weekly returns from CAH officers.

Graph 2 – Further breakdown of those waiting longer than 6 months by current waiting list criteria.

Update 16/08/2023

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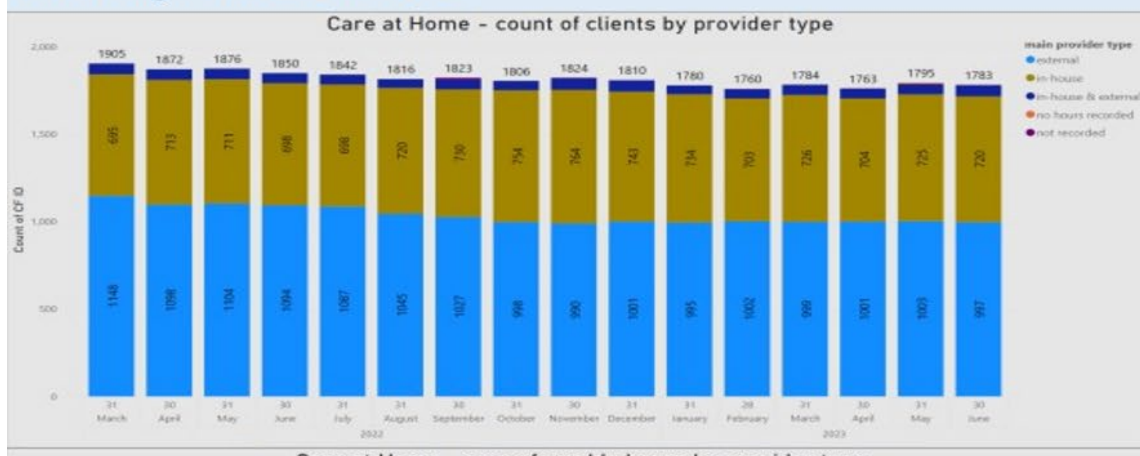
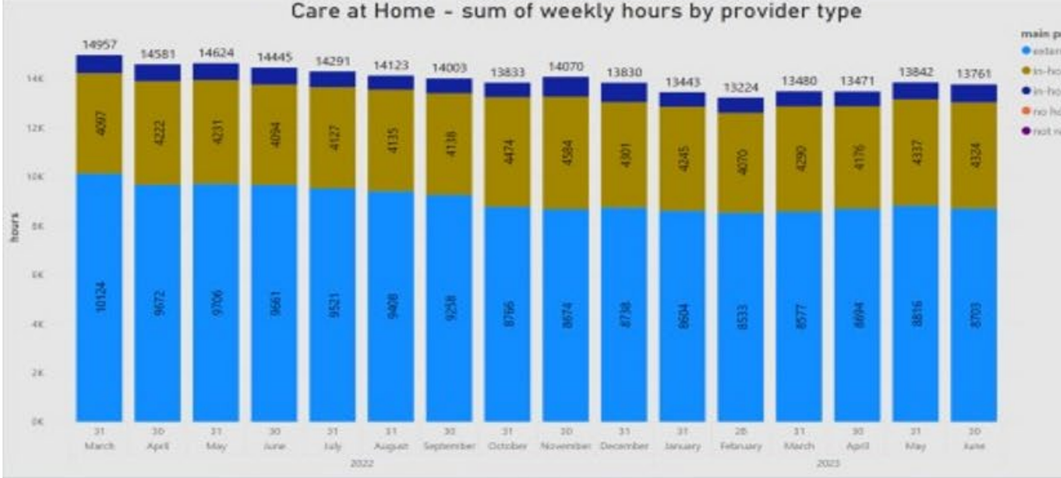
North Highland Care at Home





Care at Home

Overall numbers continue to fall after a period of sustained reductions during 2021 and 2022 although in recent months, we are seeing some small signs of growth. NHS Highland and external care providers continue to operate in a pressured environment

We have not seen growth in external care at home and low levels of recruitment and the loss of experienced care staff continue to be the primary concern expressed by providers in our frequent and open discussions.

The impact of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

A specific programmed area of work is established to co-create and co-develop a medium-term care at home delivery vision and supporting commissioning approach.

A short life working group has now met 4 times since with care providers to work on co-produced tangible solutions.

The programme seeks to deliver the following **five key objectives:**

- Maximise provision through processes, training and technology
- Enable market and delivery stability
- Create, sustain and grow capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

Update 16/08/2023

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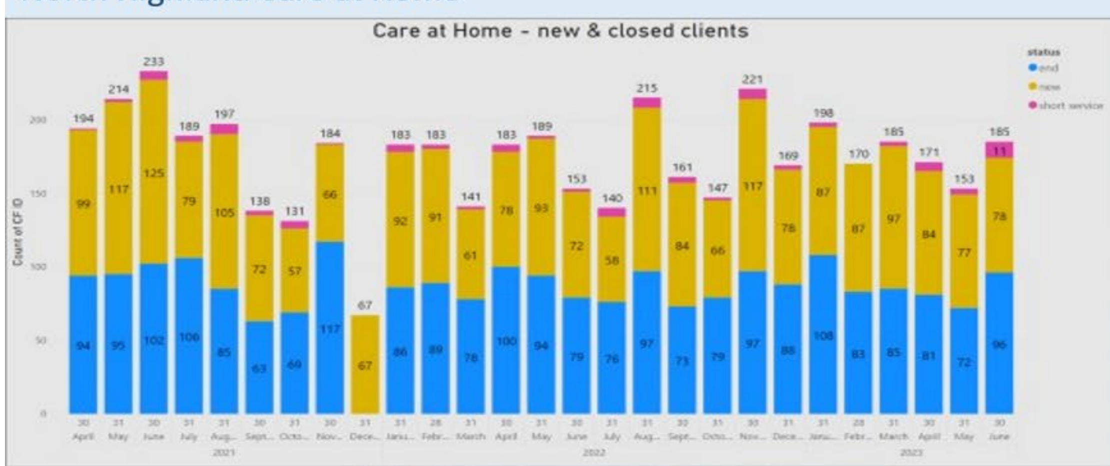

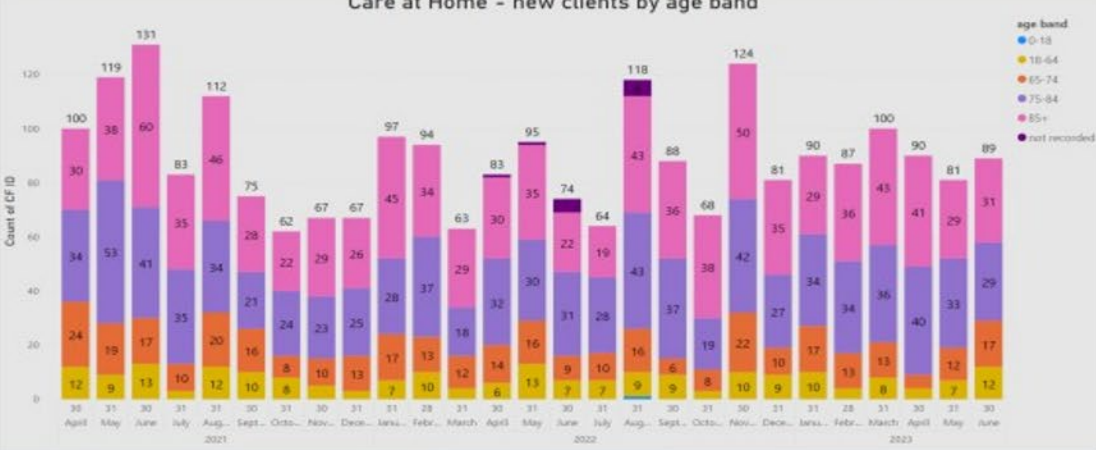

Care at Home– New & Closed Packages

Graph 1– Shows the number of new and closed packages per m

Please note that available capacity to provide care at home to new service users is particularly challenging due to staffing related pressures in both in house and commissioned external service

Graph 2– Shows the number of new care at home service users spl by age band over the same period.

Update 16/08/2023

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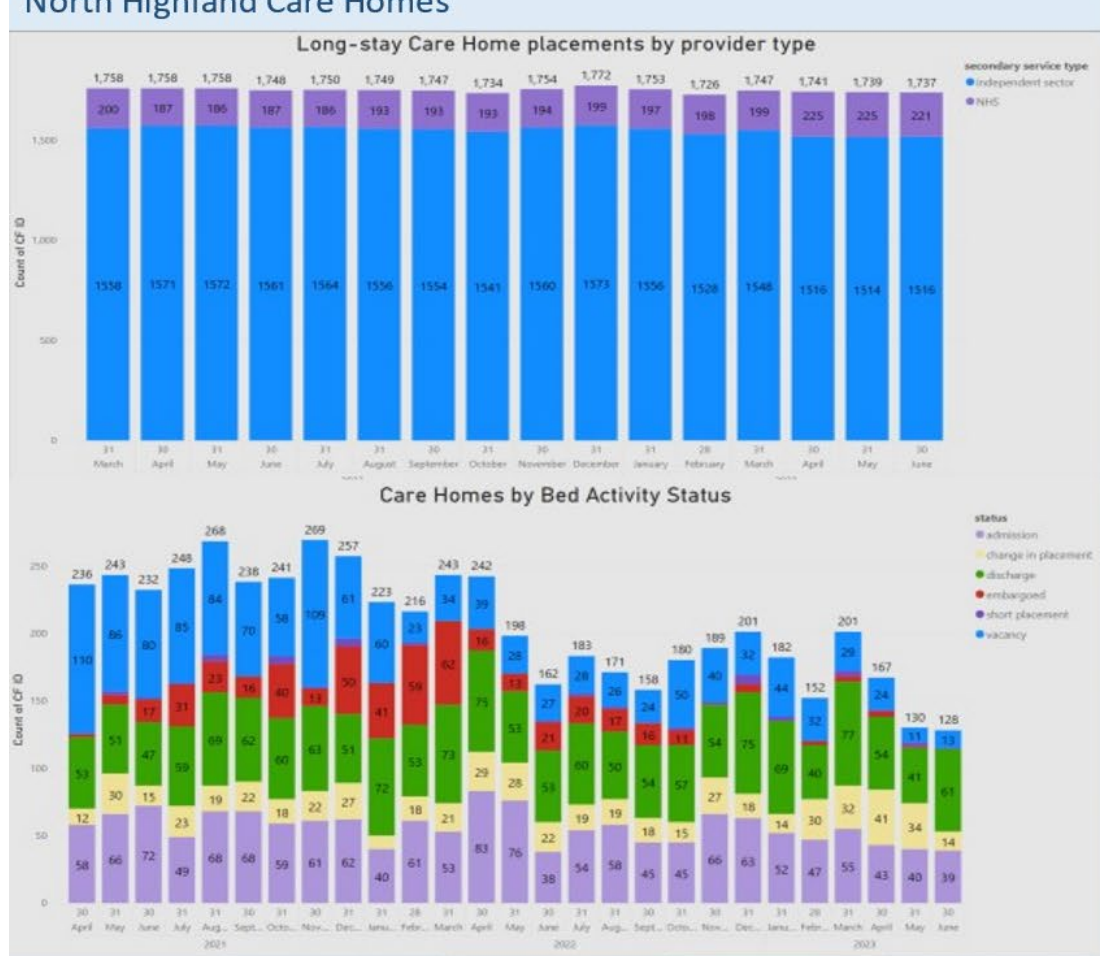
North Highland Care Homes



North Highland Care Homes

From March 2022 to date, there has been significant sustainability turbulence within the independent sector care home market within North Highland related to operating on a smaller scale, and also the challenges associated with more rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover activity costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

In-house care homes and some independent care home providers are experiencing significant staffing resource shortages.

Since March 2022, there have been 5 concluded independent sector care home closures with a combined loss of 141 beds. Also, during this period, the partnership acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision. 2 small care homes have closed although one is on a temporary basis and a further closure is underway in Mallaig.

All of these closures are in small rural and remote communities.

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

Update 16/08/2023

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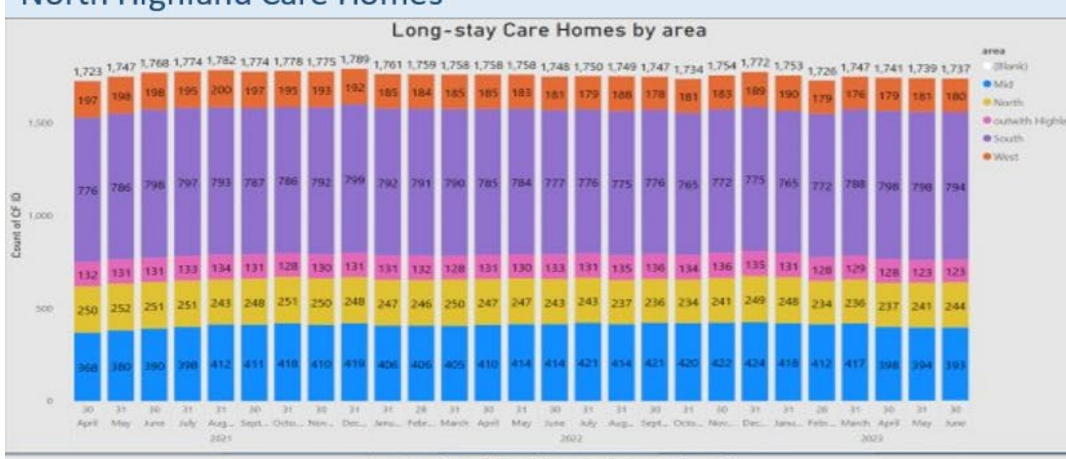
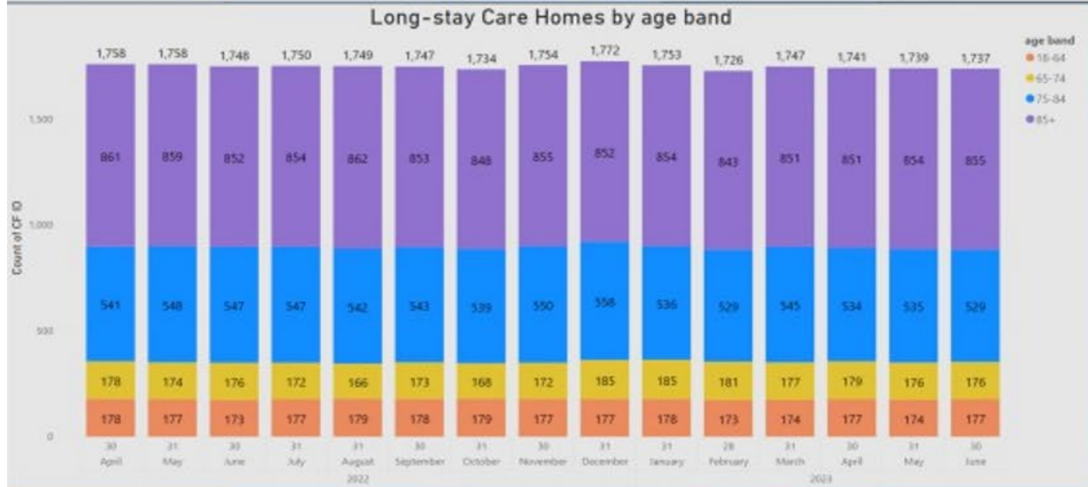
North Highland Care Homes





North Highland Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area and those placed out of area but funded by North Highland.

South: 794 occupied beds
Mid: 393 occupied beds
North: 244 occupied beds
West: 180 occupied beds
Out of Area: 123 occupied beds

In addition, a further breakdown is provided by the current age of those service users for North Highland only, **showing 49%** are currently over the age of 85 in both residential and nursing care settings.

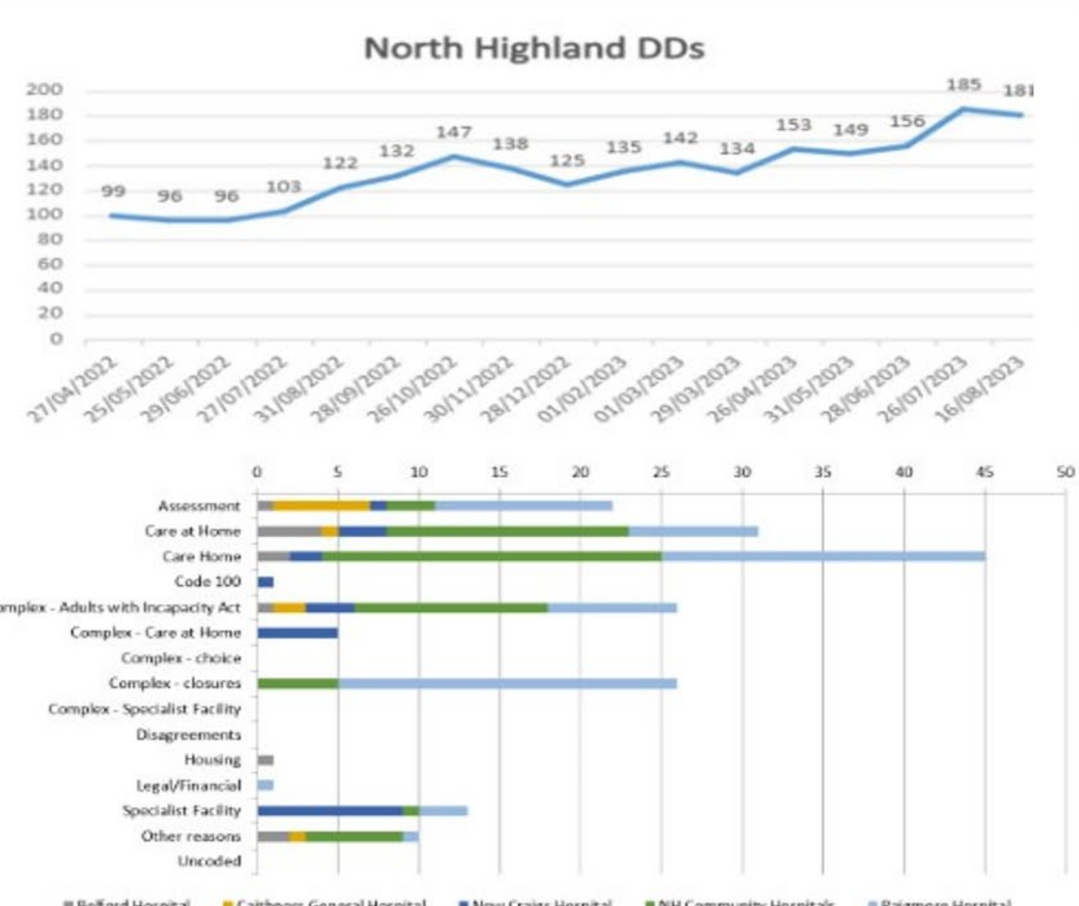
Update 16/08/2023

Strategic Objective 3 Outcome 11– Respond Well

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to a dopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

North Highland DDs



North Highland DHD's

Update: *181 delayed discharges @ 16/08/2023 with 26 of those code 9 (complex-AWI), 31 awaiting social care arrangements to return home (care a home/adaptations), 22 awaiting outcome of assessment and 45 awaiting care home placement.*

The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a significant concern. Hospital flow continues to be impacted by the loss of a total of **161** care home beds since March 2022 and a reduction of **2,500** hpw care at home since March 2021.
- Whilst the work of the Optimising Flow (previously DwD) Group had an initial focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull, respective operational and management units now need to ensure these are embedded and sustained
- Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.
- Cross system working and adopting a whole system approach remains key to ensuring the success of this work. If one or more arms of the service do not work to agreed process it has an overall impact on flow and delivery of desired outcomes
- Consensus Workshop planned for 23 August to agree and inform priority areas of activity
- On a journey of cultural change - still some way to go in some areas regarding pace of discharge planning and adopting a daily mantra of **why not home today?**

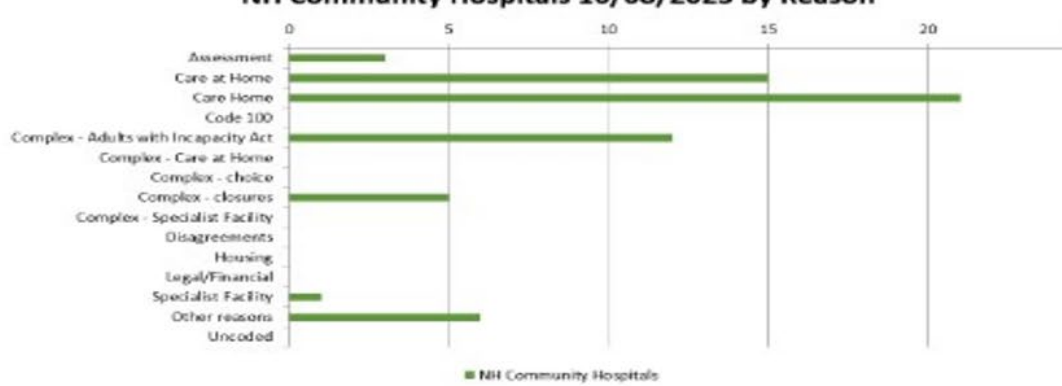
Update 16/08/2023

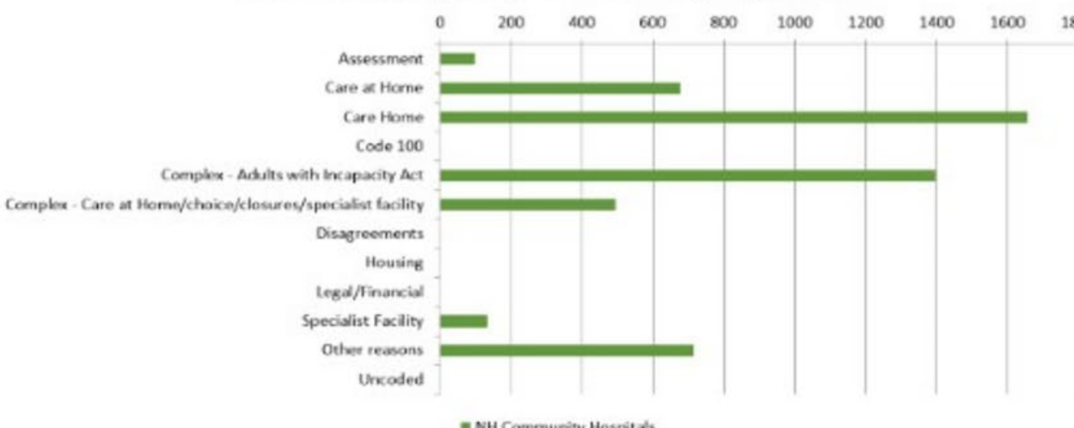
Strategic Objective 3 Outcome 11– Respond Well & Care Well (Delayed Discharges)

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach.

North Highland Community Hospitals DDs





North Highland Community Hospital DHD's

There is no national target for delayed discharge but we aim to ensure we get our population cared for in the right place at the right time.

Of the 181 delayed discharges at 16/08/2023, 63 are in North Highland Community Hospitals, an increase of 1 on the May reported position. 24 are in New Craigs hospital (+5 on May position) and the remaining 94 are delayed in acute hospitals.

Ongoing work continues regarding the implementation of standard work, including daily huddles and the setting of PDDs for all inpatients across all hospital sites. Early notification to community DMTs of people on pathways 2, 3 and 4 is recognised as crucial in terms of timely discharge planning and facilitating community pull. There has been and continues to be, immediate operational challenges from arising / potential care home closures which require to be addressed. There is insufficient capacity within the system to cope with the potential scale of lost provision and mitigating actions are therefore required to avoid whole system destabilisation.

Consensus Workshop on 23 August to consider how best to address these challenges at whole system level.

Daily oversight and collective problem -solving remains a key feature of DMT meetings in each of the Districts. These meeting also have oversight of those patients who are subject to AWI process to ensure focus and monitor progress. Additional capacity in both legal and MHO services is positively impacting on progression of guardianships. Provision of Section 22 approved medical practitioners remains an ongoing challenge.

Focused work in CAH to ensure maximisation and most efficient targeting of limited resources. Work also ongoing across acute and community regarding the importance of realistic conversations with service users and their families .

Update 16/08/2023

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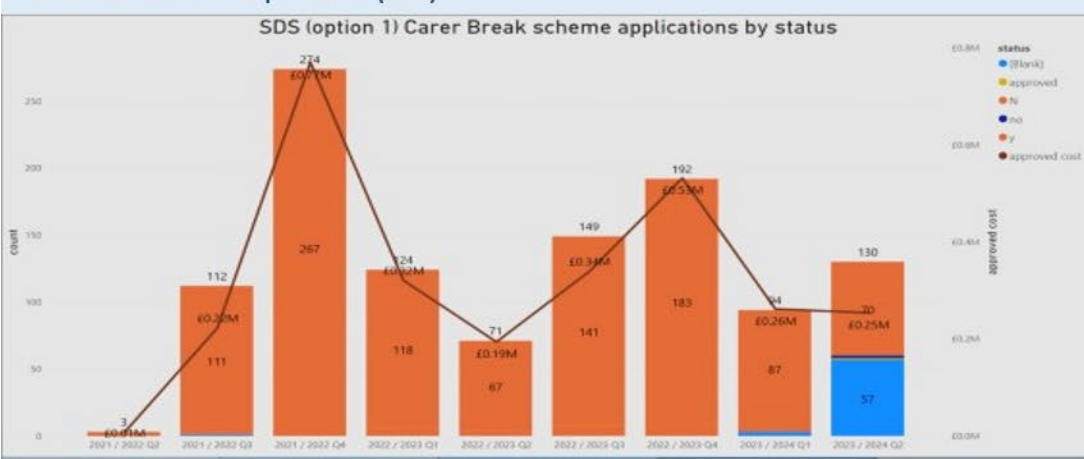
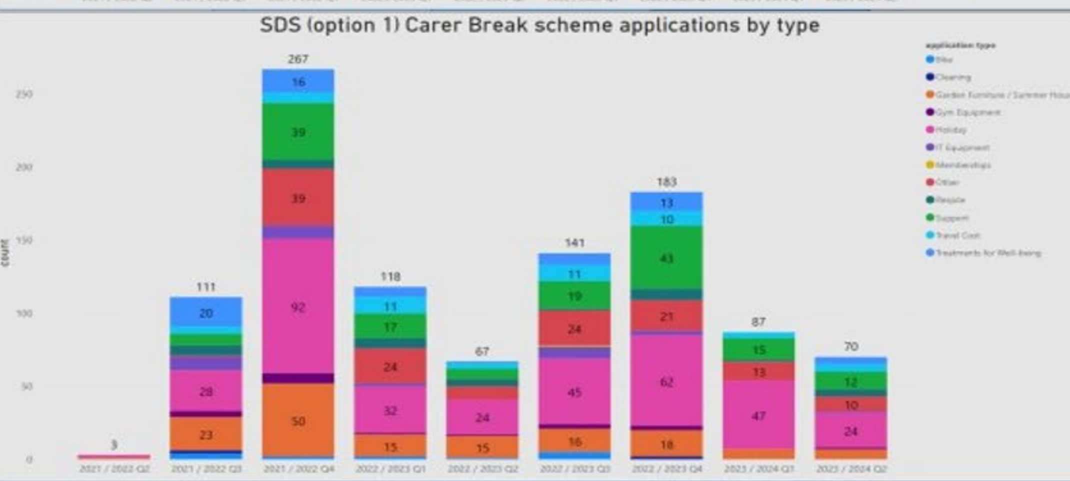
Carer Breaks – Option 1 (DP)





SDS Option 1 (Carer Break scheme)

We are continuing to use powers within the Carers Act to provide an Option 1 Short Breaks scheme for carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of break that would be right for them. We think this is a good opportunity to demonstrate the benefits of worker autonomy.

This is consistent with our aims to:

- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

Work is ongoing with national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum; and this is made available in quarterly tranches. Their suggestion is that there are financial ceilings set for different types of purchases used to effect a short break: i.e. limits of contributions for holidays, summer houses and e-bikes etc.

Finally, NHS Highland partnered with a number of organisations to host a special event for unpaid carers on Thursday 15th of June in Inverness to promote the support available to unpaid carers. The success of this has led to plans to have a "Roadshow" of events across Highland to engage unpaid carers about the range of supports – including the short breaks scheme – available to them.

Update 16/08/23

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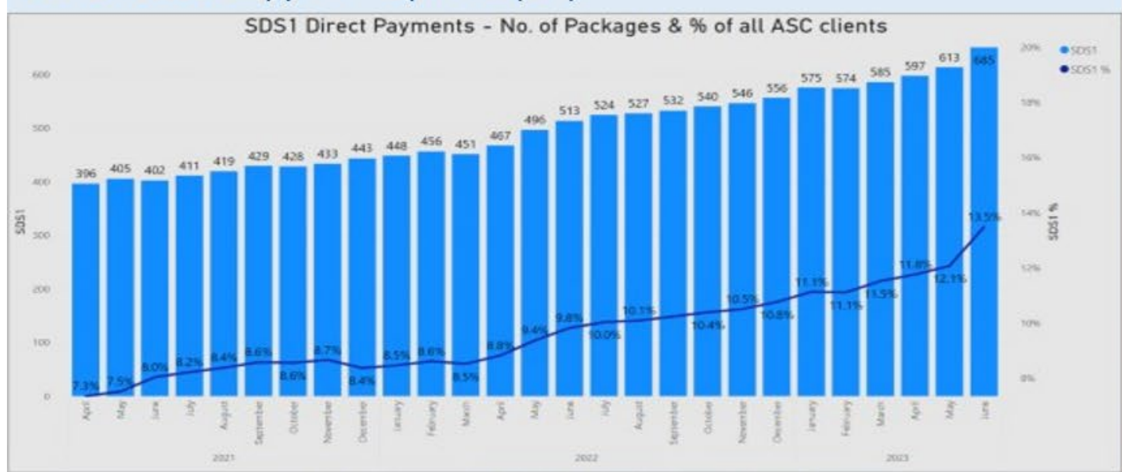
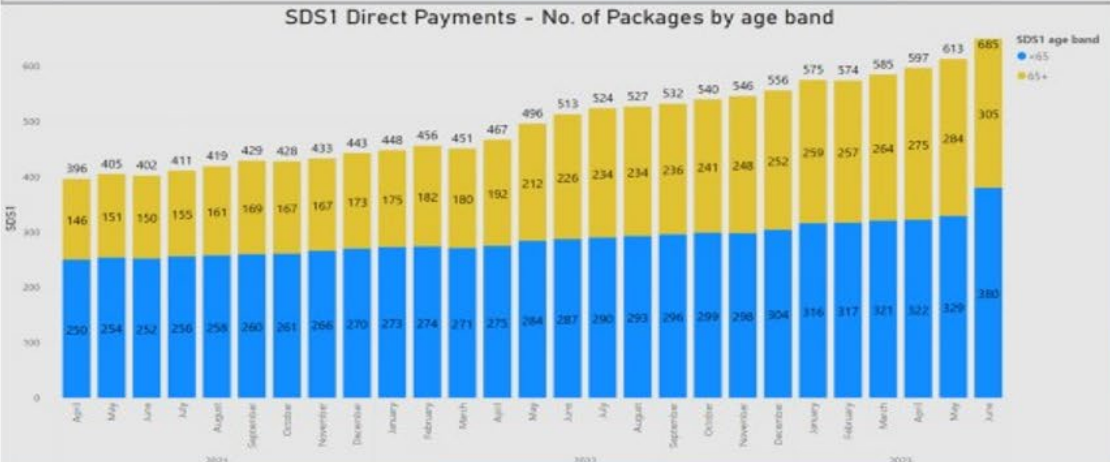
Self Directed Support – Option1 (DP)





SDS Option 1 (Direct Payments)

Sustained growth in Option 1s for younger and older adults in our more remote and rural areas. Significant increase since March 2022 with further sustained growth expected this financial year.

The sustained increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services.

We are also aware of more and more Option 1 recipients who are struggling to retain and recruit personal assistants, which demonstrates the resource pressure affecting all aspects of care delivery.

As reported to committee on 28 June 2023, NHS Highland has now agreed to a co - produced hourly rate for Options 1's in partnership with Community Contacts and SDS Peer Support Group by establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s.

NHS Highland is also committed to increasing the level of independent support across all service delivery options and is setting up a priority project with funding available up to £0.200m, to procure independent sources of advice, information and support which are available to all those exploring the help open to them via self-directed support.

This significant cost investment is required to ensure the sustainability of our current Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown primarily due to the absence of any other traditional delivery and more expensive care models.

Update 16/08/2023

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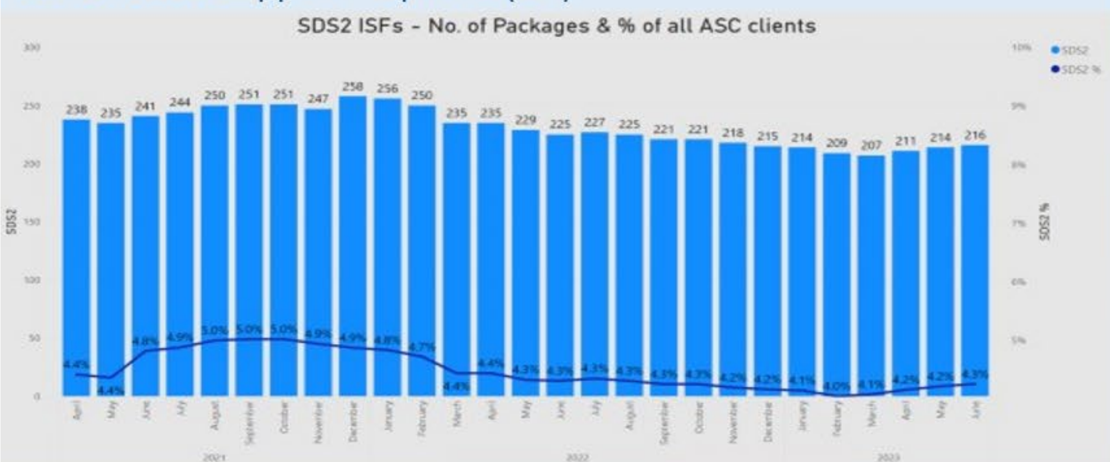
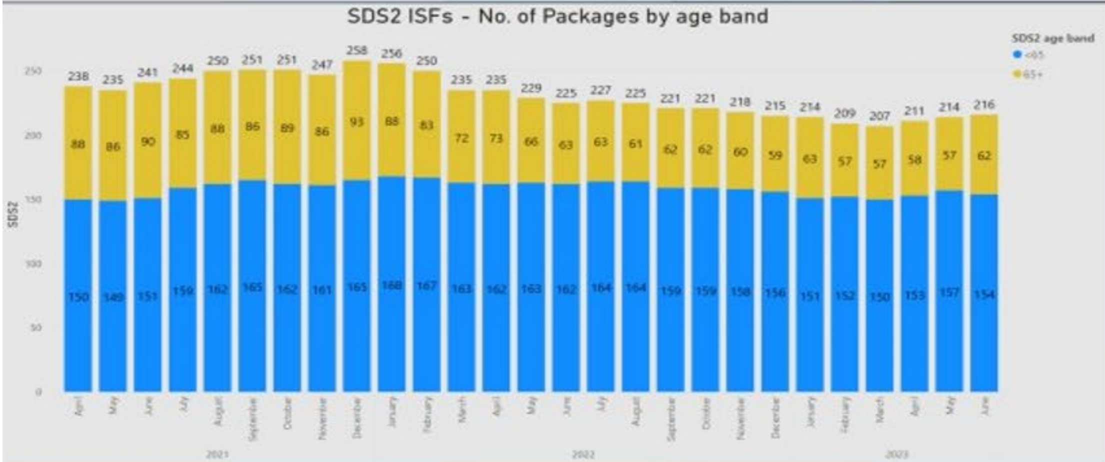
Self Directed Support – Option2 (ISF)





SDS Option 2 (Individual Service Funds)

ISFs continued to reduce during 2022 after a peak of 258 in Dec 2 although we have seen a stabilising of the position so far in 20

Overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social C

Our current number of active service users receiving an ISF is 216 June2023 with a projected annual cost of £5.1m.

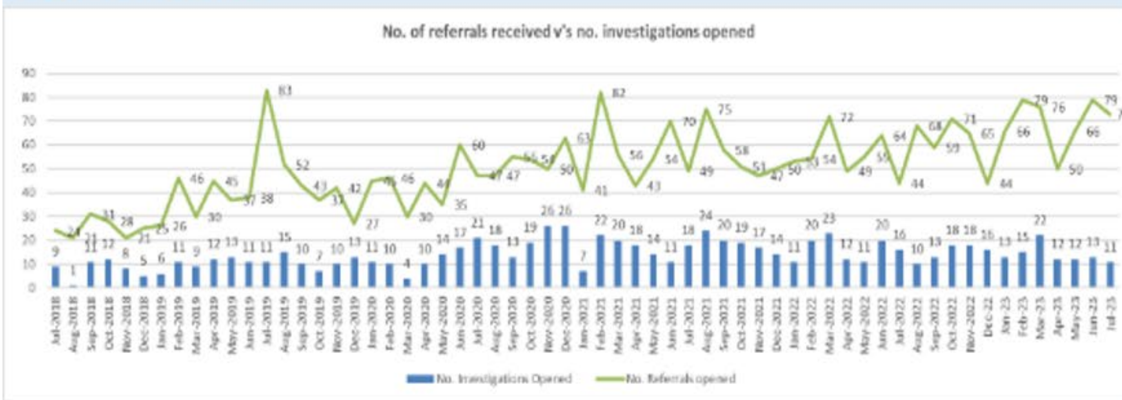
Plans are now in development to better understand and resolve process barriers to growing the overall number of ISFs.

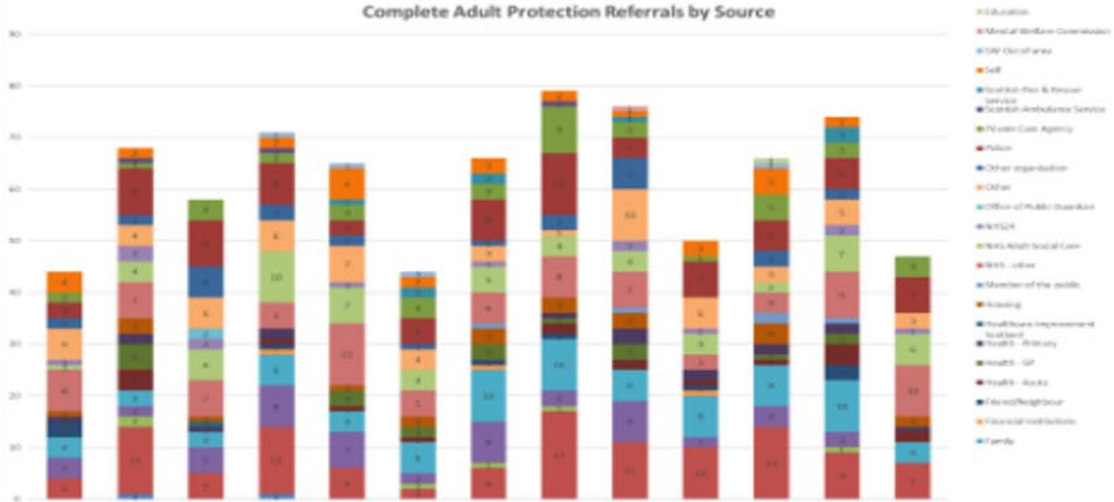
A restructure of the operation of Option 2's was agreed as a key stream component within an overall programme for Promoting c flexibility and control.

Update 16/08/2023

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Adult Protection





Adult Protection

The annual Adult Protection data return was made to Scottish Government on 31st May 2023. This is anticipated to be the fin annual data report return.

The Q1 submission (April–May– June) of the ASP Minimum Datas was made on 28th July 2023. The definitions of Referrals, Inquirie (with or without the use of Investigatory powers), Case Confere and Protection Plans have been consolidated and agreed acro Scotland. Benchmarked data (across the 32 Local Authorities) i expected from Q3 or Q4.

There have been changes made to the ASP forms on CareFirst t ensure system alignment with the Minimum Dataset requirem from mid-May 2023.

The ability to greater analyse referrals in respect of type and l of harm is already being utilised to give a clear picture of harm communities.

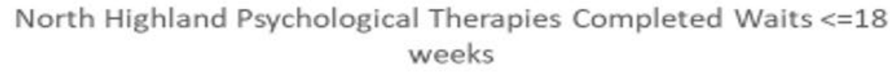
Ongoing demand on Adult Protection Services is shown in the adjacent chart:

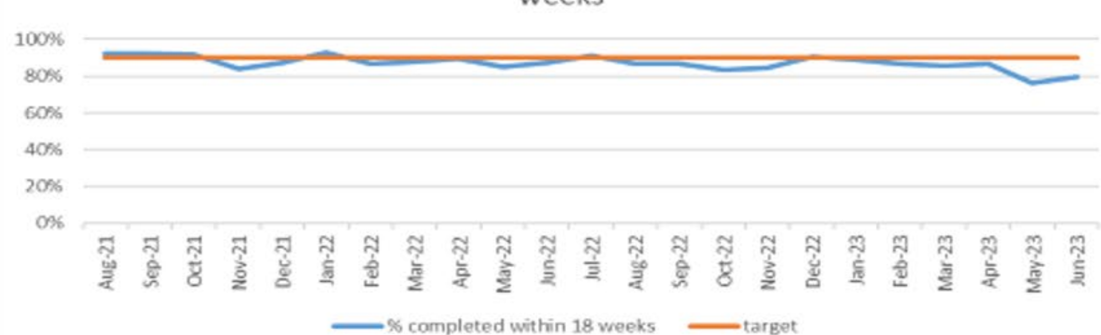
Update 16/08/2023

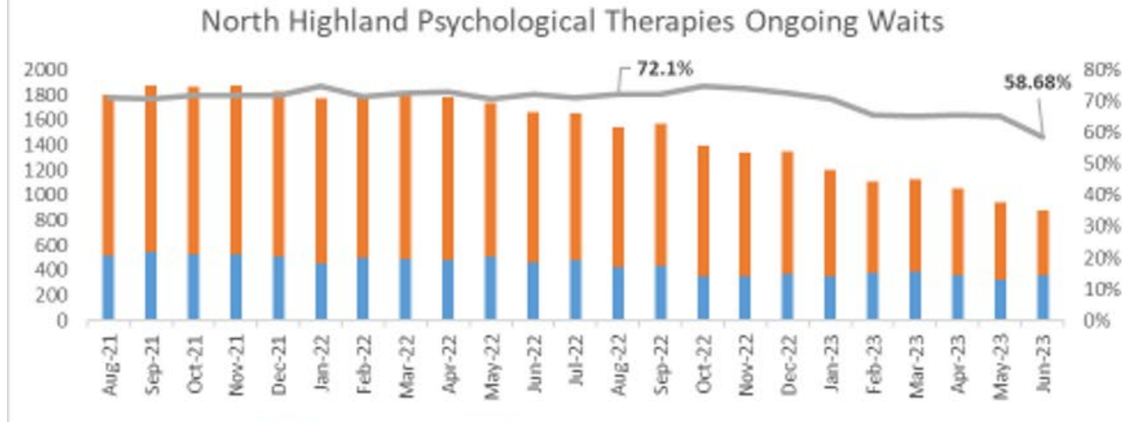
Strategic Objective 3 Outcome 10- Live Well (Psychological Therapies)

Priority 10A,10B,10C - *Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Psychological Therapies North Highland 87% April Performance







Psychological Therapies Performance Overview North Highland

The national target:

90% of people commence psychological therapy based treatment within 18 weeks of referral. June 2023: Current performance 79.7%

As at June 2023:

- *876 of our population waiting to access PT services in North Highland.*
- *514 patients are waiting >18 weeks (58.6% breached target) of which 294 have been waiting >1year.*
- *Of the 294 waiting >1 year, 15 of those are waiting for North Highland Neuropsychology services, this is a significant reduction, 54 awaiting group therapies and 188 awaiting AMH make up the majority of waits > 1 year,*

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage.

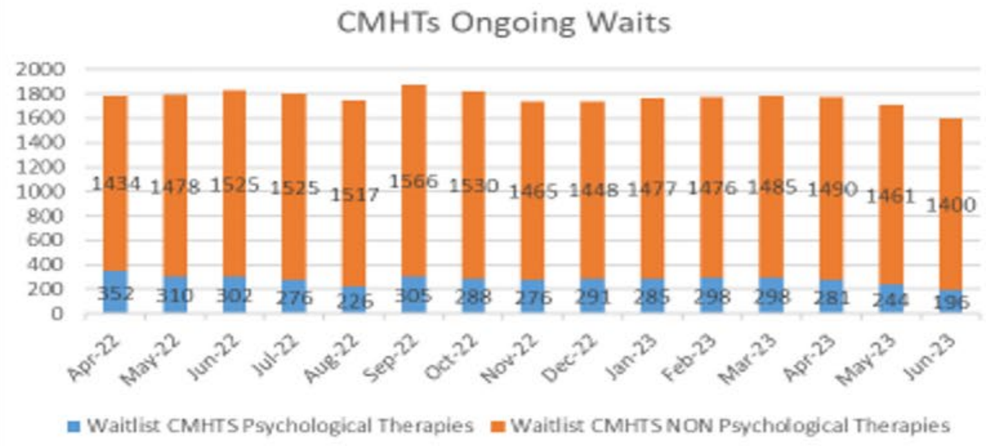
The development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of out current extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

Updated 03/08/2023

Priority 10A,10B,10C - Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"

Community Mental Health Teams



Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit t criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the ava of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the U are therefore exploring a range of options for increasing NHS Highland practitioner capacity.

Also, in addition the PD Service are going to lead by example with an o STEPPS for patients across NHS Highland. Three people have been iden the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT pat waiting on group therapies.

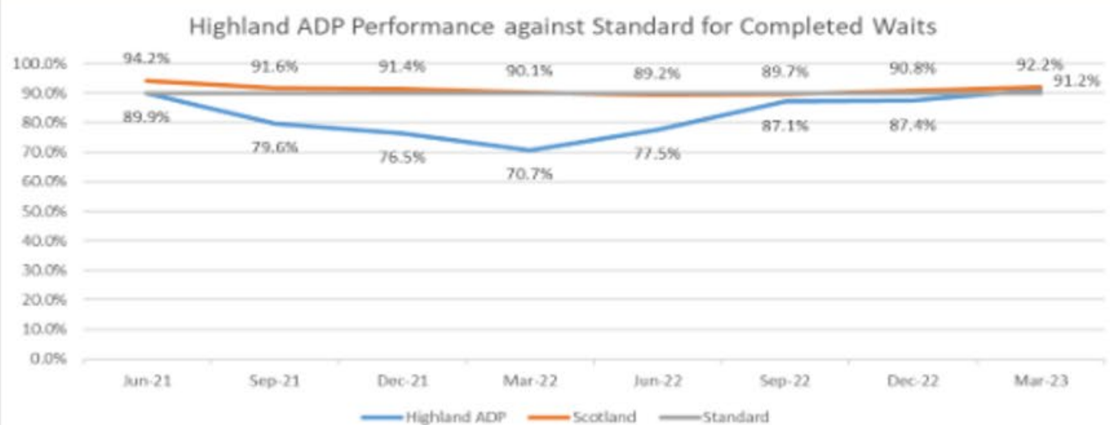
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, s between PT group therapies and other patients. Validation work is ong around this waitlist as has happened within PT.

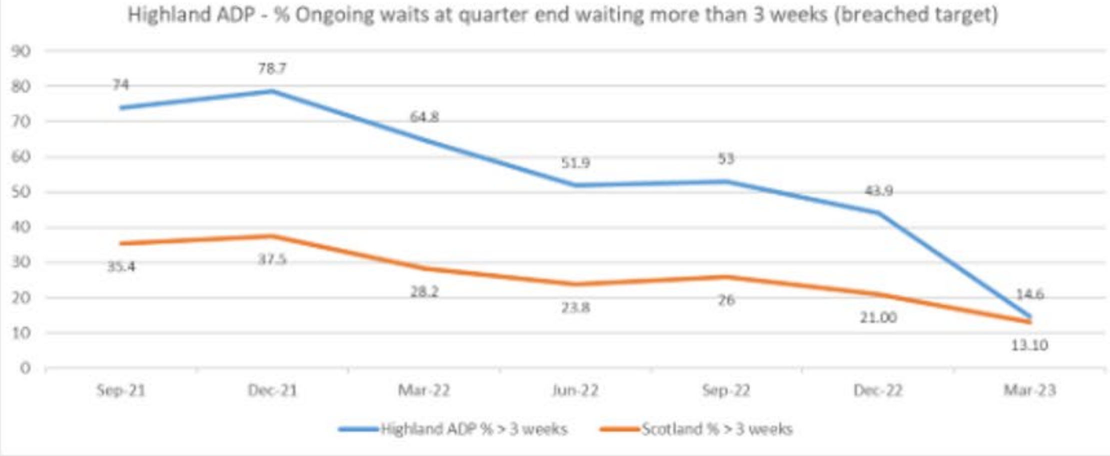
Updated 03/08/2023

Strategic Objective 1 Outcome 3- Our Population

Priority 3b – No patient will wait longer than 3 weeks for commencement of treatment

Highland Drug & Alcohol Recovery Services





North Highland Drug & Alcohol Recovery Services Update PHS Publication March 2023

North Highland Drug & Alcohol Recovery Service 91.2%, Scotland 92.2%

Main points Completed Waits from Publication

No. of referrals to community based services completed in quarter end 31/03/2023	Highland ADP	
Alcohol	*138*	
Drug	*80*	
Co-dependency	*10*	
Total completed	*228*	
<= 3 weeks	*208*	
% of referrals to community based services completed within target in quarter end	**Highland ADP**	**Scotland**
% completed <= 3 weeks - Alcohol	*87.7%*	
% completed <= 3 weeks - Drug	*98.8%*	
% completed <= 3 weeks - Co-dependency	*80.0%*	
% completed <= 3 weeks - All	91.2%	92.2%
TARGET	90%	90%
> 3 weeks	8.8%	7.8%

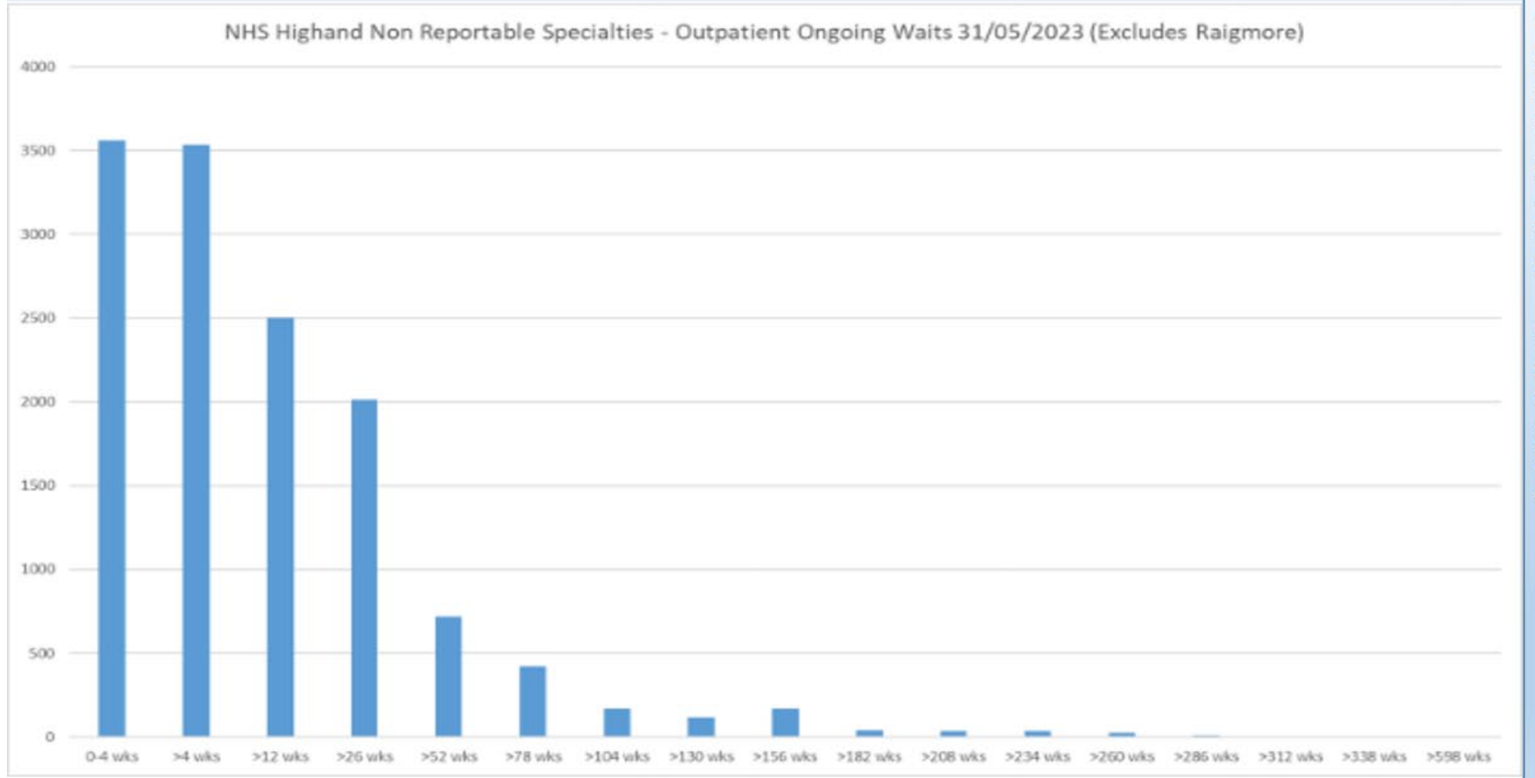
Main points Ongoing Waits from Publication

Ongoing referrals to community based services at quarter end 31/03/2023	Highland ADP	
Alcohol	33	
Drug	13	
Co-dependency	2	
Total ongoing	48	
<= 3 weeks	41	
> 3 weeks	7	
% breached ongoing waits as at quarter end 31/03/2023	**Highland ADP**	**Scotland**
% ongoing > 3 weeks - Alcohol	15.2%	13.8%
% ongoing > 3 weeks - Drug	15.4%	14.1%
% ongoing > 3 weeks - Co-dependency	0.0%	7.4%
% ongoing > 3 weeks - All	14.6%	13.1%

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.

Current Overview of Non Reportable Specialties

Non Reportable Specialties– Ongoing Waits 29/03/2023



Total Waiting List– 13,355
Longest Wait > 598 weeks

This is new data to the service s requires further consideration o what it is showing. We need close scrutiny in each of the areas in relation to data cleansing, waiti list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable where the service is outside of t what are our options to reduce waiting times.

11/04/2023

Current Overview of Community Waitlists

NHS Highland Non Reportable Specialties - Outpatient Ongoing Waits 31/05/2023 (Excludes Raigmore)

MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	>598 wks	Total
Aviemore CMHS	17	18	11	20	14	2		4	9									95
Caithness CMHS	49	25	16	53	43	51	16	14	10	12	13	15	14	7	1	1		340
Child and Adolescent Psychiatry	25	27	24	19	2													97
Chiropody	685	484	146	51	1													1367
Clinical Psychology	16	12	17	34	39	40	7	3		1								169
Community Child Health				2														2
Community Dental	5	2	1	1	1				1									11
Community Paediatrics	18	39	51	56	3													167
Dietetics	256	306	246	90	18	17	12	6	1	1	1	1						955
East Ross CMHS	64	51	52	21	22	3												213
Electrocardiography	118	159	208	365	58	5	1		1									915
General Psychiatry	275	344	227	113	54	19	8	1	1	1							1	1044
GP Acute	91	92	42	20	4	1	2											252
Highland Community Mental Health Tean	27	33	49	72	49	23	13	3	2	2	2	1	1	1				278
Inverness CMHS	20			5														25
Investigations and Treatment Room			4	1	1			1				1						8
Learning Disability	10	29	28	88	55	34	18	20	15	20	16	18	7	1		2		361
Lochaber CMHS	27	32	21	40	35	47	10	28	17									257
Mental Health Nursing MHN	26	33	52	35	21	13	7	4	1									192
Mid Ross CMHS	23	17	17	48	5													110
Nairn CMHS	17	17	18	25	24	1	3	8	42									155
Obstetric	11	7	2															20
Obstetrics Antenatal	13	2	2	2														19
Occupational Therapy	30	40	3	5	3	5	3		1									90
Ophthalmology - Cataract		3																3
Optometry	89	112	140	136	13	1												491
Orthoptics	26	30	37	14	5													112
Orthotics	62	73	63	44	7													249
Physio Orthopaedic Service	57	32	7															96
Physiotherapy	1224	1265	756	360	65	33	13	6	14				1					3737
Psychiatry of Old Age	150	79	75	40	25	3												372
Psychological Services	103	147	154	160	109	98	52	15	2	2	1	1						844
Psychotherapy							2											2
Skye and West Ross CMHS	26	25	30	93	42	27	3	3	51									300
Social Work				1			1	1	1									4
Sonography		1	1			1												3
Total	**3560**	**3536**	**2500**	**2014**	**718**	**424**	**171**	**117**	**169**	**39**	**33**	**37**	**23**	**9**	**1**	**3**	**1**	**13355**

Total Waiting List– 13,355
Longest Wait > 598 weeks

This is new data to the service s requires further consideration o what it is showing. We need close scrutiny in each of the areas in relation to data cleansing, waiti list management, waiting time targets and forward service planning.

All areas will have a level of waiting times and we need to understand what is reasonable where the service is outside of t what are our options to reduce waiting times.

Appendix 2

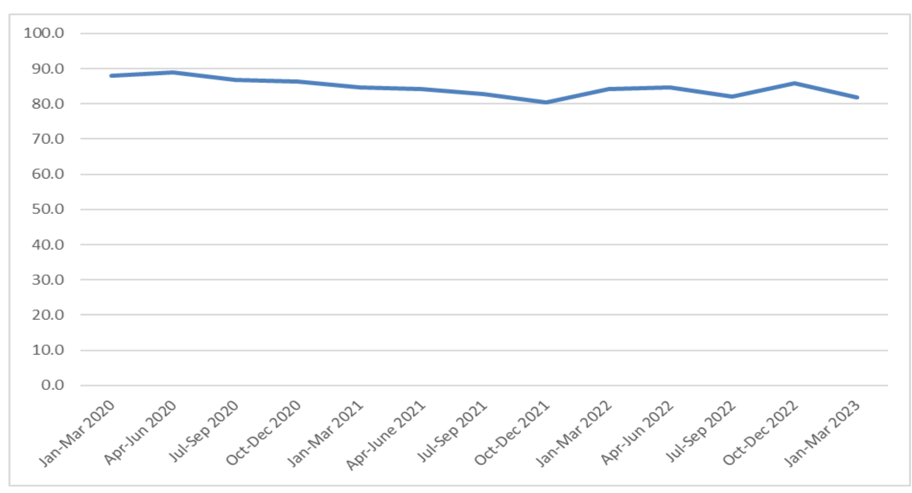
	Integrated children's services planning board Performance Management Framework	

Outcome 1:

Highland's Children will be
SAFE, HEALTHY, ACHIEVING, LOVED, NURTURED, ACTIVE, INCLUDED, RESPECTED AND RESPONSIBLE

Indicator #1	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	**85%**	**75%**	**↑ 82%**	**Child Health**
ANALYSIS				
Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete.				

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



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

ANALYSIS

Data last updated in 21/22 from NHS.

Indicator #3	TARGET	BASELINE	CURRENT	DATA SOURCE
Improve the uptake of 27-30 month surveillance contact	**95%**	**52%**	**↓ 77%**	**Child Health**

ANALYSIS

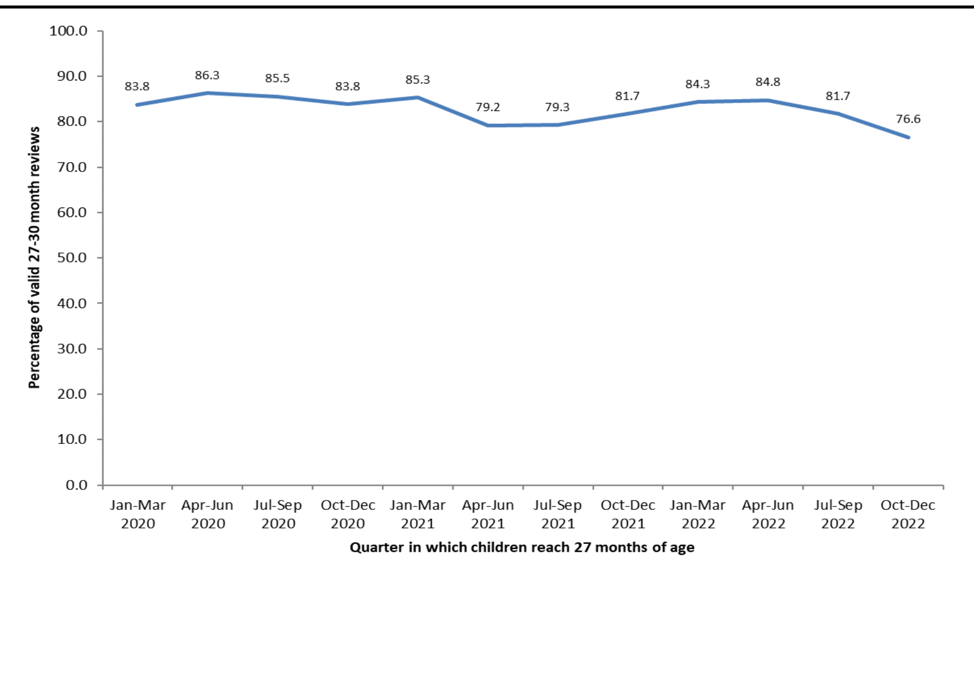
Update from Oct - Dec 22.

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

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

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

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



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

ANALYSIS

Not updated in NHS H file.

Indicator #5	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	**95%**	**85%**	**↓ 82%**	**Child Health**

ANALYSIS

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

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

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

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

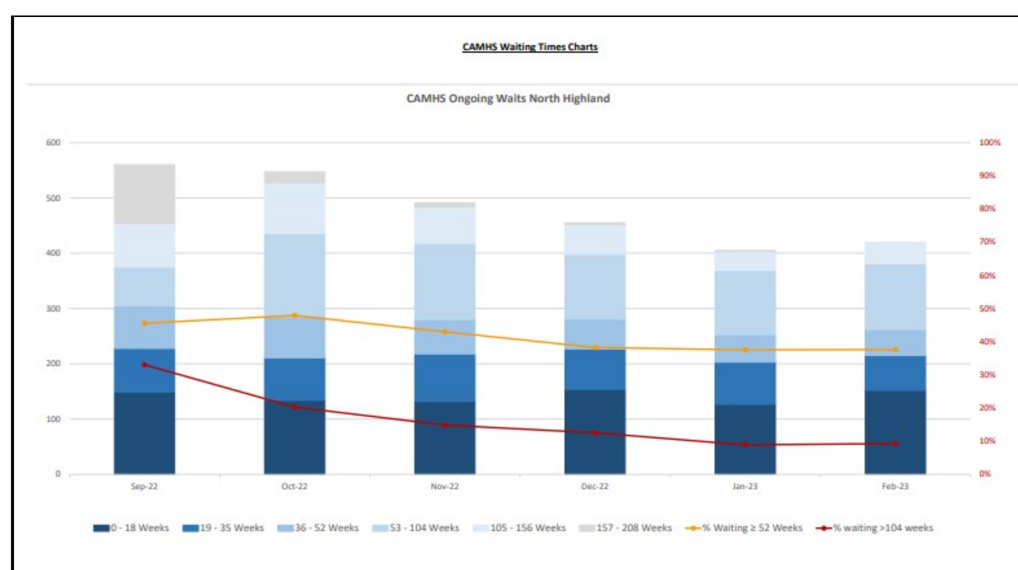
Indicator #6	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	**36%**	**30%**	**↓ 32%**	**Child Health**

ANALYSIS

Data updated by NHS H - last update Mar 23.

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

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



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

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

ANALYSIS

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

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

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

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

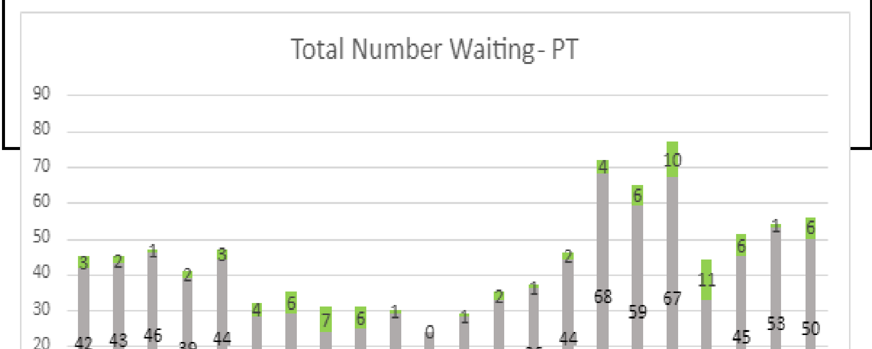
Indicator #9	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	**Improve from Baseline**	**67%**	**↓ 57%**	**Health and Social Care**

ANALYSIS

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

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

ANALYSIS

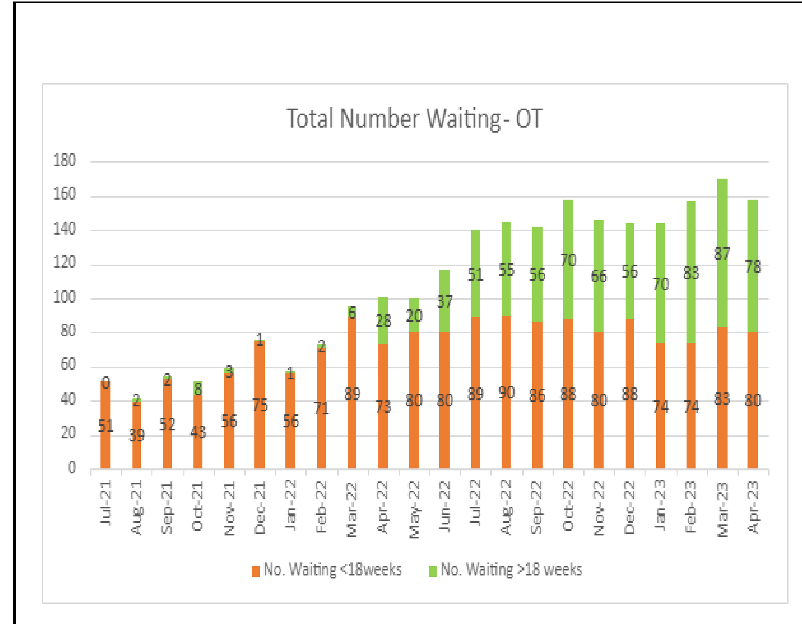


Measure updated from NHS H relating to Apr 23.

There are a number of contributory factors to the slight increase in the waiting times for paediatric physiotherapy, these centre on staffing availability thought acting up arrangement/retiral/staff

	sickness and the loss of the ASN support within schools as "therapy partners" which place pressure on the resilience of such a small Highland wide team and affect performance. The number of requests for assistance have continued to rise. A mitigation plan was put in place which included temporary pause of some assessments (now restarted), prioritisation of urgent cases and hospital discharges, and introduced clinics where feasible to reduce travel and create capacity to cover outlying geographical areas. Staff have worked flexibly across geographical boundaries. Virtual appointments have continued where this is possible. Building capacity through reduction to Just Ask enquiry line, use of staff bank where possible and data cleansing exercise. The workforce continues to be under pressure however not withstanding this, there are early signs the mitigations are helping. There is continued risk to staff morale, sickness levels and service user complaint particularly as an increasing number of families are electing to use private therapists. The small service requires to be futureproofed as a result of potential retiral of staff in the incoming years.

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



Measure updated from NHS H relating to Apr 23.

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

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

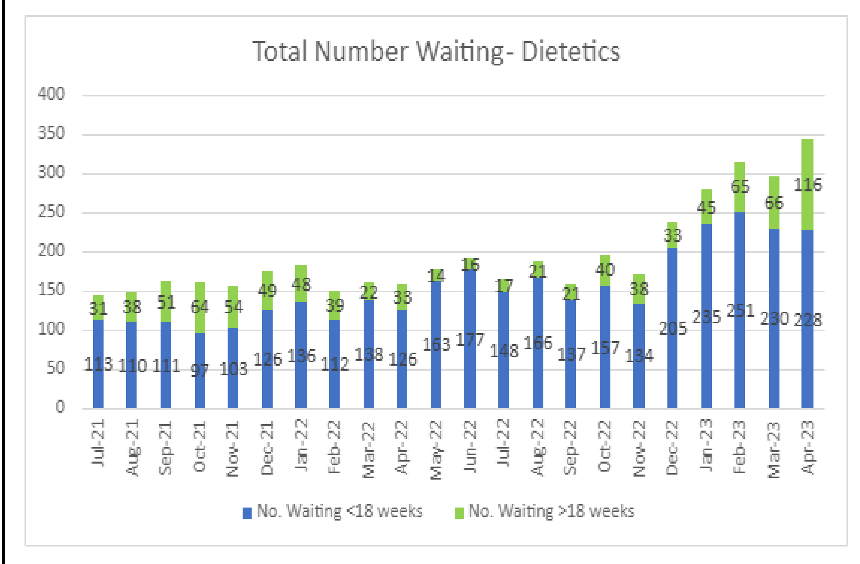
OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target.

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

Indicator #12	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date	**90%**	**88%**	↓ **66%**	**Health and Social Care**

referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY				

ANALYSIS

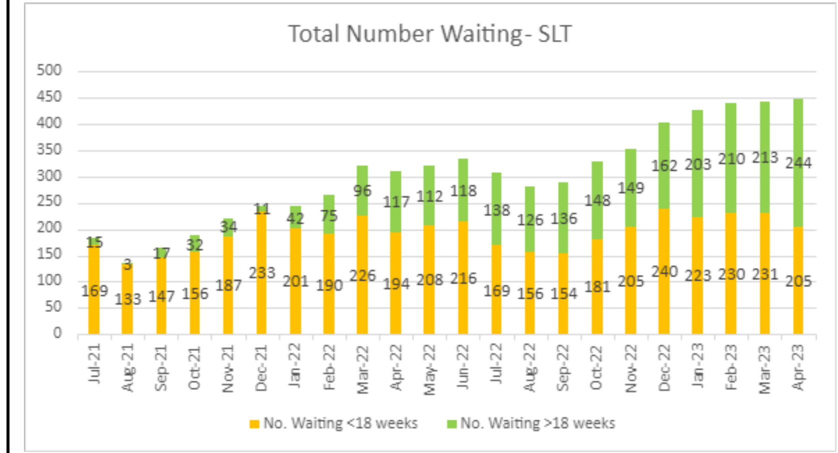


Measure updated from NHS H relating to Apr 23.

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

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

Indicator #13	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than	**90%**		**↓ 46%**	**Health and Social Care**

<table>
<tr><td>18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">ANALYSIS</td></tr>
<tr><td>
</td><td colspan="4">Measure updated from NHS H relating to Apr 23.

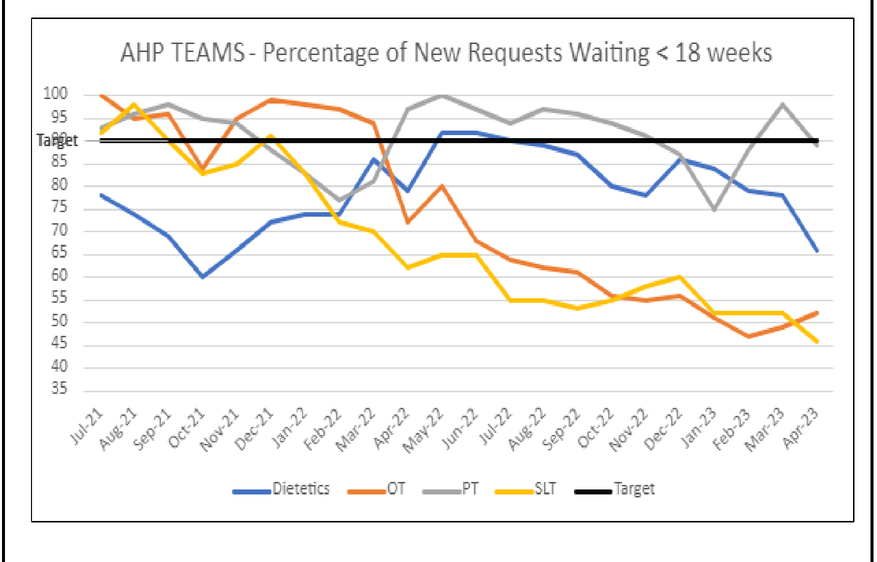
There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave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

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

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

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

ANALYSIS



Measure updated from NHS H relating to Apr 23.

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

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

ANALYSIS

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

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

ANALYSIS

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

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

ANALYSIS

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

Outcome 2:

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

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

ANALYSIS

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

Indicator #19	TARGET	BASELINE	CURRENT	DATA SOURCE
Self-reported incidence of smoking will decrease	**Improve from Baseline**	**13%**	**↑ 3%**	**Education and Learning**

ANALYSIS

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils
Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools
Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.

Indicator #20	TARGET	BASELINE	CURRENT	DATA SOURCE

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

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

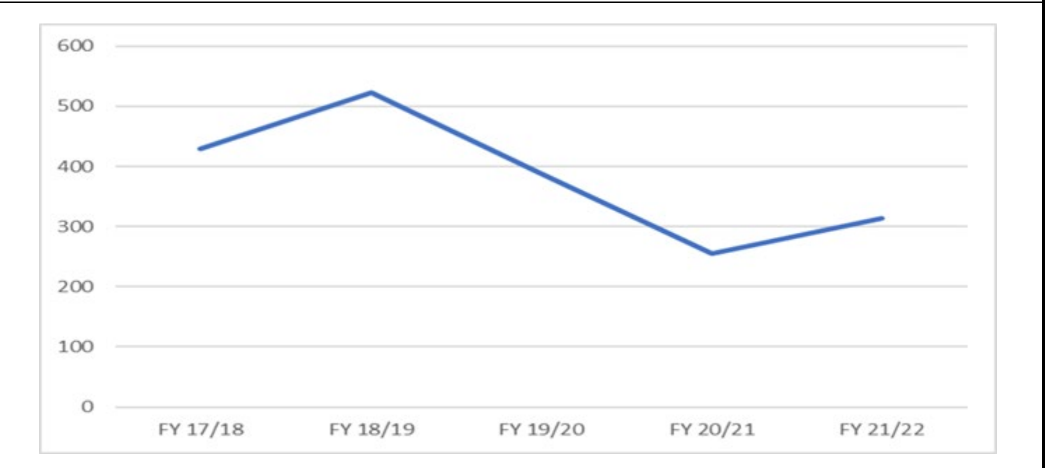
Indicator #22	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of children in S2 who report that they use drugs at least once per week	**Improve from Baseline**	**5.30%**	**↑ 0.65%**	**Education and Learning**
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7,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

Indicator #23	TARGET	BASELINE	CURRENT	DATA SOURCE

The number of children in S4 who report that they use drugs at least once per week	Improve from Baseline	19.20%	↑ 2.38%	Education and Learning
ANALYSIS				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.				

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

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



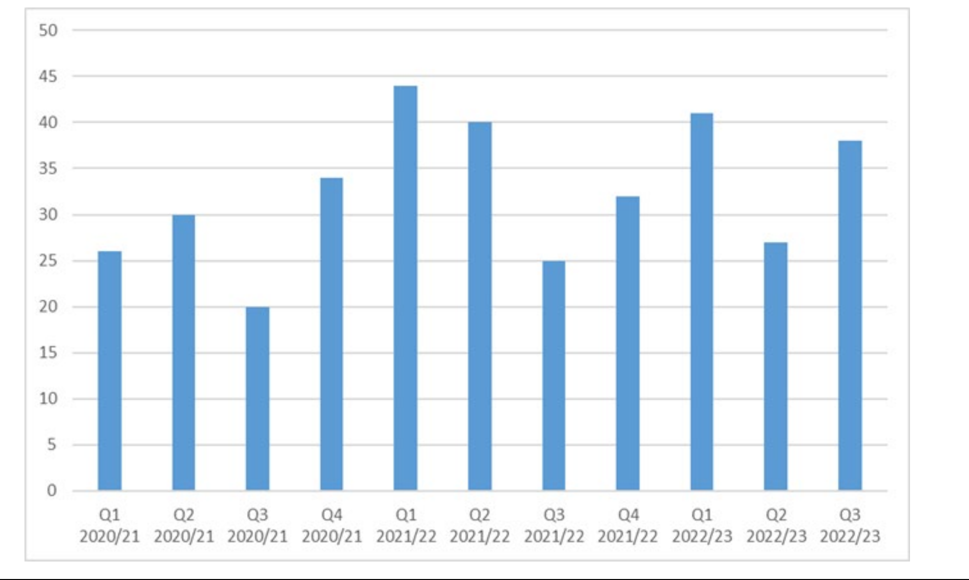
Indicator #25	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	**15**	**55**	**↑ 11**	**Health & Social Care**
ANALYSIS				
This data is reported monthly. The baseline was established in 2016.				

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

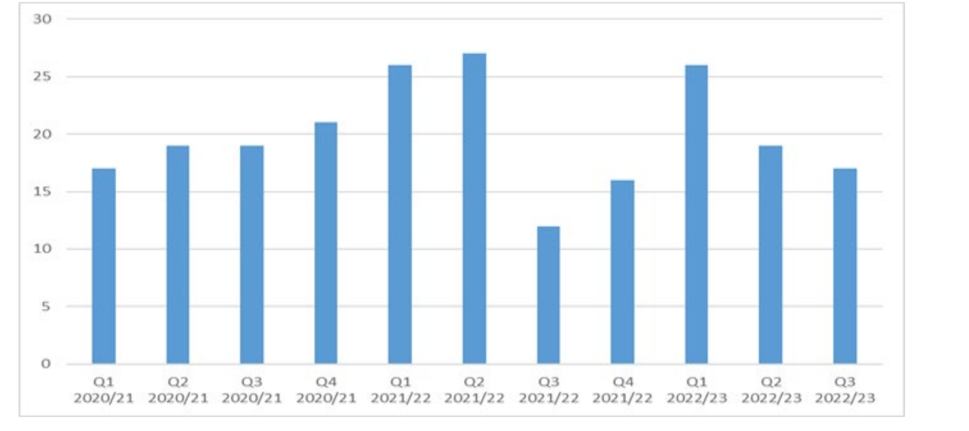
Indicator #27	TARGET	BASELINE	CURRENT	DATA SOURCE
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the	**50%**	**10%**	**↑65%**	**Health & Social Care**

number of children being placed out with Highland through the Home to Highland programme				
ANALYSIS				
This data is collected monthly. The baseline was established in 2018.				

Indicator #28	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children subject to initial and pre-birth child protection case conferences	**Improve from baseline**	**26**	**↑38**	**HSC – CP Minimum Dataset**
ANALYSIS				

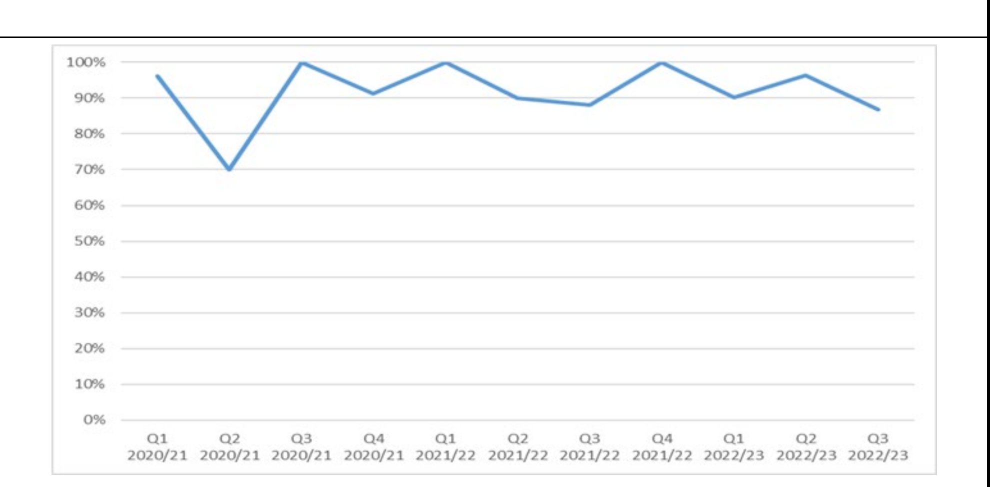
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.	

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

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Overall number of initial and pre-birth CPCCs decreasing but the number of overall children subject to CPCCs are increasing - suggesting an increase in family sizes being subject.	

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

ANALYSIS

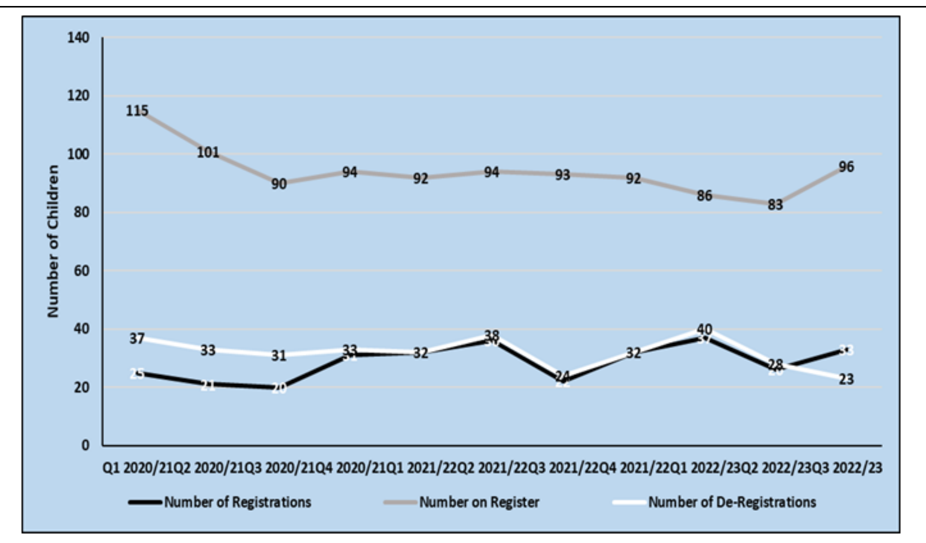
This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Conversion rate dropped below 90% in latest update, however of the 5 children that were not registered in the quarter, 4 of these decisions have been deferred pending further investigation.	

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

ANALYSIS

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

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



Indicator #32	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children de-registered from the child protection register in period	**35**	**34**	**↓ 23**	**HSC – CP Minimum Dataset**

ANALYSIS

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

Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time – with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

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

ANALYSIS

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

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

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

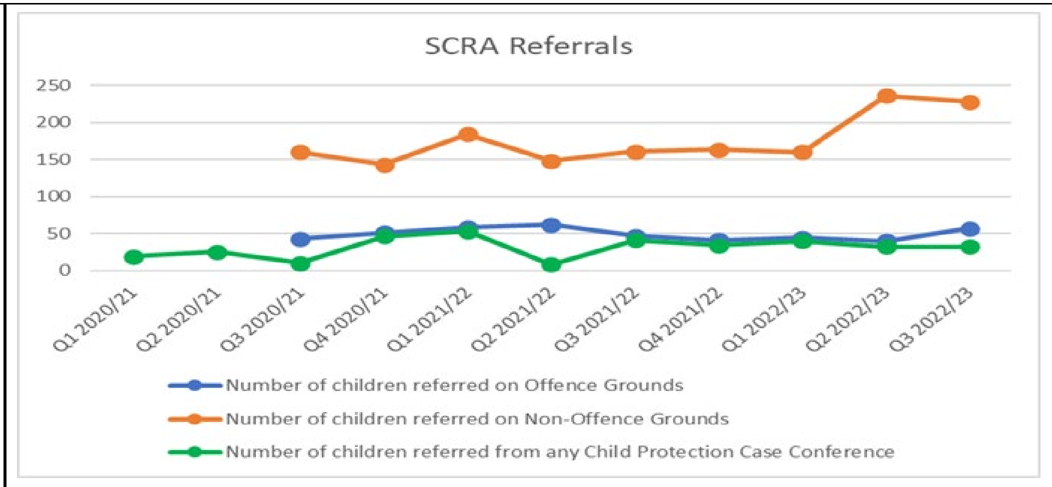
Indicator #34	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of children and young people referred to the Children's Reporter		**213**	**↓ 317**	**HSC – CP Minimum Dataset**

ANALYSIS

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

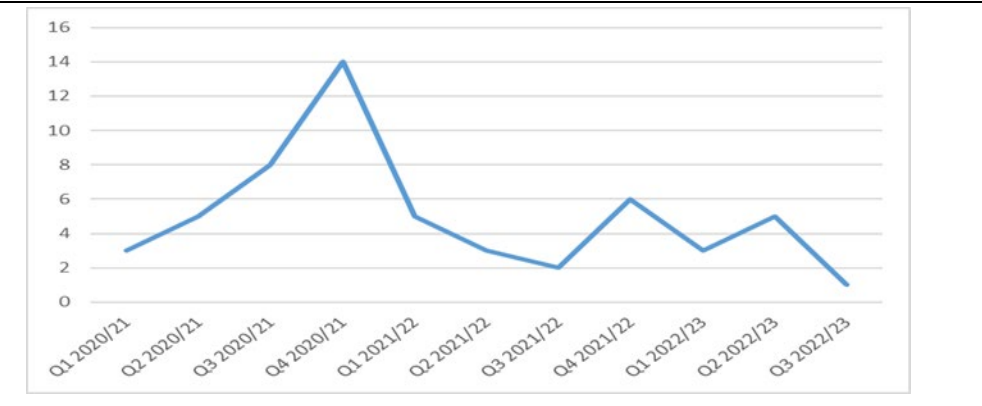
There tended to be little variation in the figures until last quarter, where the number of children referred on Non-Offence Grounds has increased significantly and remained at this high level. In particular, there have been sharp rises in the reason for referral being: "Child's Conduct Harmful to Self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

The current figure is much higher than the baseline figure.



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

ANALYSIS

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

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

ANALYSIS

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

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

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

Indicator #37	TARGET	BASELINE	CURRENT	DATA SOURCE

Number of Children's Hearings held	N/A	263	↑ 202	HSC – SCRA Quarterly Reports

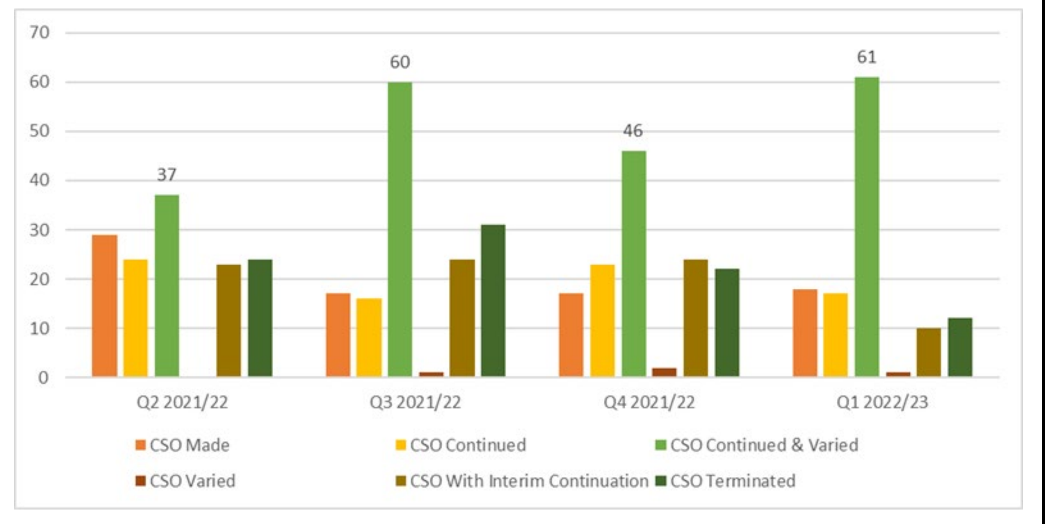
ANALYSIS

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

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

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

ANALYSIS

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been some variation quarter-to-quarter in the number of children with a CSO in place. The current figure of 61 is higher than recent quarters.	

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

ANALYSIS

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

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

Indicator #40	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with friends and families	**Increase from Baseline**	**100**	**↓ 79**	**HSC - Scottish Government Annual Return**

ANALYSIS

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

The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).

Indicator #41	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with foster parents provided by local authority	**Increase from Baseline**	**121**	**↑ 172**	**HSC - Scottish Government Annual Return**

ANALYSIS

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

Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains the movement in indicators #50 & #51 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year.

Indicator #42	TARGET	BASELINE	CURRENT	DATA SOURCE
Number of looked after children and young people with prospective adopters	**Increase from Baseline**	**12**	**↑ 16**	**HSC - Scottish Government Annual Return**

ANALYSIS

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

Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.

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

ANALYSIS

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

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

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

ANALYSIS

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

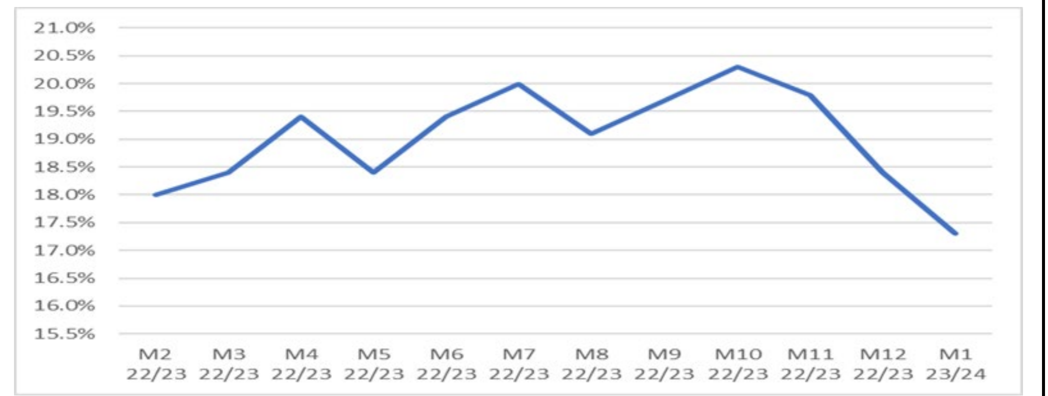
The current value of 17 is a continued decrease since Q3 22/23, and represents the lowest value since the baseline was established.

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

ANALYSIS

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

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



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

ANALYSIS

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

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