Highland Health & Social Care Partnership
Data Reports

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National Integration Indicators (Table 1)

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

National Integration Indicators (Table 2)

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

KEY TO TABLES

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

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

Ministerial Strategic Indicators

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

Together We Care Strategic Outcomes

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

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

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

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

Integrated Childrens 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
the number of young carers identified on SEEMiS will increase		improve from baseline	68		Education & Learning
analysis					

indicator 2		target	baseline	current	data source
the number of households with children in temporary accommodation will reduce		95	100		Education & Learning
analysis					

indicator 3		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 4		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 2021-22 by NHS Highland					

indicator 5		target	baseline	current	data source
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.		improve fgrom baseline	1%		Public Health
analysis					

Note from NHS H: "Monitoring metric still unclear - change to singletons only? - to discuss at next data meeting"

indicator 6		target	baseline	current		data source
Improve the uptake of 27-30 month surveillance contact		95%	52%	77%	🟥	Child Health

analysis
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 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
GRAPH |

indicator 7		target	baseline	current		data source
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review		95%	85%	82%	🟥	Child Health

analysis
Not updated in NHSH file.

indicator 8		target	baseline	current		data source
Percentage uptake of 6-8 week Child Health Surveillance contact		95%	85%	82%	🟥	Child Health

analysis
Data updated by NHSH - 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 9		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 NHSH - 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 10		target	baseline	current	data source
Maintain 95% Allocation of Health Plan indicator at 6-8 weeks from birth (annual cumulative)		95%	97%	NK	Child Health

analysis
not updated in NHSH file

indicator 11		target	baseline	current		data source
Maintain 95% uptake rate of MMR1 (% of 5 year olds)		95%	95%	95%	🟩	Child Health

analysis
latest data from NHSH to Dec 22

Indicator 12		target	baseline	current	data source
90% CAMHS referrals are seen within 18 weeks		90%	80%		CAMHS, Education & Learning

analysis
considerable progress has been made in clinical modelling, performance and governance. Progress has been made despite despite a 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 ruralservices. We are diversifying our staff profile and adopting a grow our ownstrategy which is showing promise but will be a medium term approach to increasing capacity.

indicator 13		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 & 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 14		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 & 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 15		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 & Social Care

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 16		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 & Social Care

analysis
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. GRAPH

indicator 17		target	baseline	current		data source
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY		90%	88%	66%	🟥	Health & Social Care

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. GRAPH

indicator 18		target	baseline	current		data source
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY		90%		46%	🟥	Health & Social Care

analysis				
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. GRAPH				

indicator 19	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 & Social Care

analysis				
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 GRAPH				

indicator 20	target	baseline	current	data source
The health needs of children are considered within risk identification and safety planning, through specialist child health protection advisors	100%	100%		Health & Social Care

analysis				

indicator 21	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 22	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 23	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 improvment of services and support				

indicator 24	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 25	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 26	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 27	target	baseline	current	data source
The number of children in P7 who report that they use drugs at least once per week	improve from baseline	1.8%	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 28	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	5.3%	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 7.20%, 2019: 5.07% and 2021: 2.38%.				

indicator 29	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	19.2%	2.38%	Education and Learning
analysis				
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%. Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools				

indicator 30	target	baseline	current	data source
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%		Education and Learning
analysis				

indicator 31	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 32	target	baseline	current	data source
The reduction in multiple exclusions is maintained	36	55		Education and Learning
analysis				

indicator 33	target	baseline	current	data source
The number of children entering P1 who demonstrate anability to develop positive relationships increases	improve from baseline	91%		Education and Learning
analysis				

indicator 34	target	baseline	current	data source
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12	9.4	Health & Social Care
analysis				
This data is reported quarterly on PRMS under the title "Average months between child accommodated to permanence decision at CPM Qtr". The latest update was for Q4 21/22 and the baseline was established in 2016.				

indicator 35	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	21	Health & Social Care
analysis				
This data is reported monthly. The baseline was established in 2016.				

indicator 36	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 37	target	baseline	current	data source
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%	38%	Health & Social Care
analysis				
This data is collected monthly. The baseline was established in 2018.				

indicator 38	target	baseline	current	data source
All children returning "Home to Highland" will have a bespoke education/positive destination plan in place	100%	22	15	Health & Social Care
analysis				
This data is collected annually. The baseline was established in academic year 2018/19				

indicator 39	target	baseline	current	data source
Number of children subject to initial and pre-birth child protection case conferences		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. GRAPH

indicator 40	target	baseline	current	data source
Number of initial and pre-birth child protection case conferences		19	51	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.GRAPH

indicator 41	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 42	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. GRAPH

Indicator 43	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 44	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		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.

Indicator 45	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 46	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 47	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

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.

indicator 48	target	baseline	current	data source
Number of Children's Hearings held		263	202	HSC SCRA quarterly

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 49	target	baseline	current		data source
Number of Pre Hearing Panels held		4	20	🟥	HSC SCRA quarterly
analysis					
Data reported quarterly from SCRA, last update for Q3 22/23 (April 23)					

indicator 50	target	baseline	current		data source
Number of children with a Compulsory Supervision Order in place at the quarter end		54	62	🟥	HSC SCRA quarterly
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. GRAPH					

indicator 51	target	baseline	current		data source
Number of looked after children and young people at home with parents	increase from baseline	112	82	🟥	HSC SG 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. The number of LAC 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 52	target	baseline	current		data source
Number of looked after children and young people with friends and families	increase from baseline	100	79	🟥	HSC SG 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. 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 53	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 SG 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 54	target	baseline	current		data source
Number of looked after children and young people with prospective adopters	increase from baseline	12	16	🟩	HSC SG 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 55	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 SG 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 56	target	baseline	current		data source
The number of LAC accommodated outwith Highland will decrease	30	44	17	🟩	Health and 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 57	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%	18%	🟥	Health and 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 GRAPH					

indicator 58	target	baseline	current		data source
The number of children where permanence is achieved via a Residence order increases	82	72	120	🟥	Health and 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.					