

Bringing Health and Social Care together to improve outcomes for the people of Orkney

Working together to make a real difference

Strategic Commissioning Plan 2016 – 2017
Performance report for 2016 - 2017



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FOREWORD



Foreword by Chief Officer

From 1 April 2016 a new Integration Joint Board, known as Orkney Health and Care, took over the strategic planning responsibility for the health and social care services provided in the community in Orkney.

The Integration Joint Board prepared a Strategic Commissioning Plan, setting out what changes and developments in services the Integration Joint Board wished to see, with a focus on work throughout 2016 – 2017. The plan can be accessed [here](#). Although the plan that was published was a three year plan, at the time of publication it was agreed that the Strategic Commissioning Plan would be refreshed after one year, recognising that this type of planning was a new way of working in Orkney and as such it would evolve and change, and would need to be updated for the year 2017 – 2018.

This document summarises the actions that were set out in the Strategic Commissioning Plan and provides an update on progress against those actions. A great deal has been achieved to date, as can be seen from the updates provided, and alongside this document a refreshed Strategic Commissioning Plan for 2017 – 2019 is also available, setting out what the Integration Joint Board wishes to see delivered next, and can be accessed [here](#).

While there have clearly been challenges in delivering health and social care services, which will continue in the current difficult financial circumstances, we have a good track record in Orkney of working together to deliver efficient and effective services. The Integration Joint Board will aim to commission services that achieve improvements that can be seen locally and that support improvement in the health and wellbeing outcomes, as set by the Scottish Government, and those involved in delivering health and care services will continue to do their best to put the needs of individuals at the heart of what they do

A handwritten signature in black ink that reads "C. Sinclair". The signature is written in a cursive style.

Caroline Sinclair
Chief Officer.

1. The Integration Joint Board Members



The voting members of the Integration Joint Board as of 1 April 2016 were (left to right) David Drever, NHSO Non-Executive Board Member, Councillor Alan Clouston, Jeremy Richardson, Vice Chair and NHSO Non-Executive Board Member, Councillor Russ Madge, Chair, Gillian Skuse, NHSO Non-Executive Board Member and Councillor John Richards.

In addition to the voting members, the Integration Joint Board also has a range of professional advisors and stakeholder representatives including professional representatives of health and care services, and other relevant services such as housing, a representative of third sector services, a service user representative, a carer representative and union representatives. This group of Board members worked together, supported by a range of sub groups, to develop and endorse the Board's first Strategic Commissioning Plan.:

2. National Health and Wellbeing Outcomes

The Scottish Government has set out nine national health and wellbeing outcomes to explain what health and social care partnerships such as Orkney Health and Care are attempting to achieve through their Strategic Commissioning Plans, as follows.

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

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

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

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

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

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

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

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

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

The Strategic Commissioning Plan clearly shows how each of the strategic actions, and performance targets, links to and support delivery of these outcomes.

3. Orkney's Localities

The legislation requires that in addition to establishing an Integration Joint Board we are also required to establish at least two 'localities' for the purpose of planning services at a local level.

The Integration Joint Board agreed from the outset that Orkney will have two localities: the Mainland, which will be subdivided into the West and East Mainland, and the Isles. Each locality is to be supported in its operation by a nominated 'locality manager'. Locality management is a function of existing staff roles, and not new posts.

The locality managers will lead their respective locality groups and will act as the liaison between each locality group and the Strategic Planning Group, which has the overall planning function for the Integration Joint Board and is described below. The ways in which localities function and plan together has to be shaped to suit their specific geography and populations and work is underway to bring this process into life. Initial visits have been undertaken to all of the isles, and a number of drop in sessions have been held on the mainland of Orkney. It has taken some time to get the locality approach up and running in Orkney but we look forward to this settling into a properly functioning arrangement in 2017 – 2018.

4. The Strategic Planning Group

In Orkney we have ensured that the Strategic Planning Group has a wide membership including people who use services and their unpaid carers, health and social care professionals, third sector bodies carrying out activities related to health and social care, commercial and non-commercial providers of health and social care services, people involved in housing services and people who can represent the interests of each localities.

The Board of Orkney Health and Care sought the views of the Strategic Planning Group to inform the proposals that were contained within the 2016 - 2019 Strategic

Commissioning Plan. The Strategic Planning Group has also played a key role in the annual review and refresh of the plan, producing the Refreshed Strategic Commissioning Plan for 2017 - 2019.

5. Financial Performance

The Integration Joint Board receives funding from both Orkney Islands Council and NHS Orkney with which to commission health and social care services.

The Strategic Commissioning Plan 2016 – 2019 indicated an opening budget for the first year for the Integration Joint Board of:

	Budget £000
Orkney Islands Council	£16,833.6
NHS Orkney	£16,589.5
Total	£33,423.1

Following the addition of in-year allocations and final adjustments the actual operating budget of the Integration Joint Board for the year 2016 – 2017 and performance against that budget was as follows:

	Spend £000	Budget £000	Over/Under	
			£000	%
Social Care	£17,836	£17,836	£0	100.0
NHS	£17,020	£16,840	£180	101.1
Total	£34,856	£34,676	£180	100.5

6. Performance in Relation to a Range of Other Types of Scrutiny

The Integration Joint Board has been subject to a range of audit processes. The internal audit efforts led by the Integration Joint Board's Chief Internal Auditor during 2016 – 2017 focused on ensuring that the actions identified in the two earlier due diligence audits had been completed. This audit work found no outstanding areas of concern. In addition, both NHSO's and Orkney Islands Council's internal auditors undertook audit work on areas of service delivery that are within the service delegated to the Integration Joint Board, or closely related to this including audit of practice in regards to hospital delayed discharges, charging for residential care services, processes around the operation of the Orkney Children and Young People's Partnership and the operation of the home care IT rostering and record keeping system. No high risk areas were identified as a result of these audits and all improvement actions have either already been completed or are on schedule for completion.

Throughout the year the Care Inspectorate undertakes regular scrutiny and inspection of registered care services. Each inspection results in an inspection report which is publicly available, and an inspection action plan setting out how any

identified improvement areas are to be addressed. During the year 2016 – 2017 the 31 services that the Integration Joint Board wither commissions in full or contributes to the commission of were inspected. There were no enforcement actions identified and only one requirement was identified. Many inspection reports made recommendations for services to consider, as is usual in the inspection process, and these have all been accounted for in the action plans. A summary of the registered services inspections can be found in the Chief Social Work Officers report for the period 2016 – 2017 which can be accessed [here](#).

In addition, 2016 – 2017 saw a full joint inspection of adult health and social care services. This is a major joint inspection process between the Care Inspectorate and Healthcare Improvement Scotland taking a 24 week period to complete. The full Report on the Inspection can be found [here](#).

The outcome of the inspection was positive, with grades awarded as follows:

Quality Indicator.		Evaluation.	Evaluation Criteria.
1.	Key Performance Outcomes.	GOOD.	Excellent – outstanding, sector leading. Very Good – major strengths. Good – important strengths with some areas for improvement. Adequate – strengths just outweigh weaknesses. Weak – important weaknesses. Unsatisfactory – major weaknesses.
2.	Getting help at the Right Time.	ADEQUATE.	
3.	Impact on Staff.	GOOD.	
4.	Impact on the Community.	ADEQUATE.	
5.	Delivery of Key Processes.	ADEQUATE.	
6.	Policy Development and Plans to Support Improvement in Service.	ADEQUATE.	
7.	Management and Support of Staff.	GOOD.	
8.	Partnership Working.	ADEQUATE	
9.	Leadership and Direction.	GOOD.	

7. Complaints and compliments

The Integration Joint Board is required to have a complaints procedure to enable people to make complaints about the specific responsibilities and actions of the Board itself. No complaints of this nature where received during this reporting period.

The Integration Joint Board is also required to collect information in relation to complaints made about services delegated to it for planning purposes. Information for compliments received is also collected, in 2015 – 2016 36 compliments were received and in 2016 – 2017 40 compliments were received.

Complaints received.	Upheld.	Not upheld.	Other actions.
2015 – 2016 Total 11.	3.	7.	1 diverted.
2016 – 2017 Total 12.	5.	6.	1 rejected.

Appendix 1 – Orkney Health and Care – Service Area Strategic Commissioning Plan Actions

Please note – work to ensure targets are SMART to support evidence based planning and effective scrutiny is ongoing and in some cases it is not possible to provide performance information against the current targets as set. Where detailed information is available this has been provided and in some cases the RAG system has been used to provide high level feedback where detailed targets and assessment are not yet available. The next iteration of this performance report will use more measurable targets and will therefore be more detailed and specific.

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
SCP Section 3. Children and Families Services.			
3.1. The Orkney Health and Care Board will commission increased home visiting offered by Health Visitors.	The Children and Young People (Scotland) Act 2014. NHS Orkney LDP. Children’s Outcome 1.	Green.	We are currently implementing the requirements of the pathway and reviewing the impact on other services, our capacity and the need for recruitment. Progress is now being made towards the uplift in HV numbers. Two qualified HVs and one trainee HV have been recruited – all are expected to be in post by September 2017.
3.2. The Board expects its service providers namely NHS Orkney and Orkney Islands Council to implement the named person legislation and the services offered to families from birth through a single point of contact.		N/A.	Currently on hold due to further Scottish Government consultation on implementation.
3.3 The Board wishes to be kept informed of the impact of the healthy weight initiatives and child healthy weight programmes, provided by NHS Orkney on an individual and school basis.	NHS Orkney LDP. Children’s Outcome 1.	Green.	School screening continues to monitor obesity rates. This target will be defined differently in the coming year to be more focused on

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
	National Health and Wellbeing Outcome 4.		monitoring impact and change.
3.4. The Board, through its participation in the Community Planning Partnership Board, will both influence and inform the Early Years Collaborative projects and initiatives.	Getting It Right for Every Child and the Integrated Children's Services Plan. Children's Outcome 1.	Green.	This is removed from the new plan – nothing to update.
3.5. The Board will continue to invest in on-line parenting support information hosted on the Orkney Communities website Internet and social media will be used more to offer services.	Local Parenting Strategy. Children's Outcome 1.	Amber.	Orkney Children and Young People's Partnership website will be hosted under Orkney Health and Care's site on the Orkney Islands Council website. Parenting information will be a sub section and information has been collected to link to this. Currently this is being transferred into an accessible format to go on the website. At present waiting for information to be uploaded onto the site in relation to parenting support.
3.6. The Board wishes to be kept informed in regard to NHS Orkney's baby friendly	NHS Orkney LDP.	Green.	Maternity Unit currently re-auditing some aspects of the programme prior to re-

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
accreditation status and the ongoing participation in the Maternity patient safety programme.	Children's Outcome 1.		assessment in July 2017.
<p>3.7. The Board will continue to invest in the development of the Intensive Fostering Service and core Fostering Service.</p> <p>In addition, the Board wish to get in right for all children being formally 'looked after' in any settings.</p>	<p>OIC (Council) Plan.</p> <p>Children's Outcome 2.</p> <p>National Health and Wellbeing Outcome 9.</p>	<p>Green.</p> <p>Amber.</p>	<p>The Intensive Fostering service continues to be operational and the timescale for the services has been extended. The availability of these additional placements has enabled a number of residential and out of area placements to be avoided.</p> <p>Bid being submitted to the Innovation Fund to extend the project to the end of march 2021.</p> <p>Progress is being made on developing 'Getting it Right' measures. Use of the 'wellbeing wheel' to measure outcomes is to be tested. Work continuing in this area.</p>
3.8. The Board will look for evidence from OIC and NHSO that demonstrates work being done on preventative approaches and early identification of children at risk, to enable service providers to work with families at an earlier stage.	<p>Getting it Right for Every Child.</p> <p>Children and Young People (Scotland) Act 2014.</p> <p>Children's Outcome</p>	Green.	<p>Social work case record sampling evidences high level of direct contact and early intervention work and positive balance between statutory and non statutory case work.</p> <p>The establishment and further development of the Family Support Team to provide</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
	2.		<p>family based interventions, specialist parenting and therapeutic support to prevent family/ relationship breakdown including supporting kinship care evidences a prioritisation of preventative and early intervention work.</p> <p>A good range of third sector providers deliver services focused on preventative and early intervention in Orkney.</p>
3.9. The Board expects to see a reduction in the use of formal care and protection proceedings, following on from the actions above.	<p>OIC (Council) Plan.</p> <p>Children’s Outcome 2.</p> <p>National Health and Wellbeing</p> <p>Outcome 9.</p>	Green.	<p>The continued development of systemic and family based interventions is aimed at reducing the number of formal proceedings over a three year period. Work is progressing well in this area.</p> <p>Looked After Children numbers have remained stable over the past 12 months with a shift in balance away from those looked after away from home to those looked after at home.</p> <p>This target requires to be revised as it does not take account of impact of changing need for services.</p>
3.10. The Board expects, through its funding of the services above, to see both NHSO and OIC practitioners being supported to focus their time	Getting it Right for Every Child.	Green.	Social work case record sampling evidences high level of direct contact and early intervention work and positive

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
on preventative and therapeutic interventions.	Children and Young People (Scotland) Act 2014. Children's Outcome 2.		balance between statutory and non-statutory case work. There has been an in year reduction in numbers of referrals to the Reporter to the Children's Panel.
3.11. The Board will commission and support the development of systemic therapy approaches.	Getting it Right for Every Child Children and Young People (Scotland) Act 2014. Children's Outcome 2.	Green.	Training programme rolled out and year one evaluated. Evaluation feedback was provided via a report and presentation to Orkney Childcare and Young People Partnership February 2017. Continued funding for 'Consult to Practice' of a qualified systemic family therapist supporting supervisors to progress systemic practice and ideas through supervision of practitioners. An evaluation of this to be undertaken and reported by October 2017.
SCP Section 4. Criminal Justice.			
4.1. The Board will oversee the establishment of a Shadow Orkney Community Justice Partnership in 2016 – 2017.	The Community Justice (Scotland) Bill, (Scottish Parliament in 2016). National Health and	Green.	Shadow OCJP established, meetings held 27/06/16, 16/09/16, 09/02/17.

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
	Wellbeing Outcome: 9.		
4.2. The Board will direct the development and delivery of a local plan for commencement in April 2017.	The Community Justice (Scotland) Bill, as passed by the Scottish Parliament in 2016. National Health and Wellbeing Outcome: 9.	Green.	Local plan (Orkney Community Justice Outcomes Improvement Plan) completed, approved in principle by IJB 10/03/17 pending feedback from Community Justice Scotland, and submitted by year end as required.
SCP Section 5. Primary and Community Care Services.			
5.1. The Board will invite NHSO to Investigate ways that self-help and self-management information can be more easily available through the use of on line provision such as NHS 24 – ‘Living it up’ and other sources such as podcasts, and promotion of these routes.	National Health and Wellbeing Outcomes: 1, 2, 7 and 9.	Amber.	A large range of local service information is available on line, through the ‘A Local Information System for Scotland’ (ALISS) platform and podcasts have been used. Feedback indicates more work is required to ensure people can be signposted to these options and that the information in them is up to date.
5.2. The Board will commission NHSO to work with communities to support the delivery of the falls prevention programmes in the Isles.	National Health and Wellbeing Outcomes: 1, 2, 7 and 9.	Amber.	Sessions have been delivered on the isles and local service is linked into the national falls and frailty work. Work underway through a data sharing

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
			agreement with Scottish Ambulance Service to enable a better understanding of falls and people at risk of falls in Orkney.
5.3. The Board will commission NHSO to expand foot care provision using the third sector to provide an alternative service.	National Health and Wellbeing Outcomes: 1, 2, 5 and 9.	Green.	<p>Establish third sector personal foot care service – this is now in place and enables an increase in the number of people attending an appropriate alternative to the NHSO service.</p> <p>Reduce the waiting time for people receiving NHS podiatry services. No patients waiting over 84 days for an appointment.</p> <p>The Podiatry service has completed a considerable amount of work ensuring the caseload is compliant with national guidelines on foot care so the most clinically appropriate cases come to the NHS service.</p> <p>A programme of foot care education has been implemented and people with low level need are given information on alternative providers.</p> <p>Good progress in working to achieve waiting times.</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
5.4. The Board will commission NHSO to implement the Active and Independent Living programme focusing on prevention, early intervention, rehabilitation and promoting self care.	National Health and Wellbeing Outcomes: 1 and 9	Amber.	Work is underway to develop national operational measures to inform this work. Local work will follow. Are already looking at use of local data to report on targets.
5.5. The Board will commission NHSO to increase anticipatory care planning to contribute to reducing emergency admissions and readmissions in people over 75 years of age.	National Health and Wellbeing Outcomes: 2, 6 and 9. Out Of Hours Review and GP Contract. 2020 Vision.	Green.	Increase in number of Anticipatory Care Plans in place – recent inspection activity identified Orkney as performing well in relation to the number of ACPs in place per file inspected against other areas inspected. Work is ongoing in this area.
5.6. The Board will commission OIC to provide equipment aids and adaptations to support people to live longer healthier lives in their own homes.	National Health and Wellbeing Outcomes: 2 and 9.	Green.	Equipment is being delivered without delay.
5.7. The Board will commission OIC and NHSO to provide enabling services that help people to manage their lives as best they can, in their own homes.	National Health and Wellbeing Outcomes: 2 and 9.	Amber.	Although a number of services are focused on taking an enabling an re-abling approach and training has been provided widely across services on this ethos, it has been identified that capacity issues within services can at times constrained the extent to which the is actively promoted in practice.

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
5.8. The Board will commission NHSO and OIC to work together to prevent unnecessary hospital admissions and for those patients presenting at A/E to achieve the 4 hour waiting time standard.	National Health and Wellbeing Outcomes: 2 and 9.	Green.	Targets currently being met.
5.9. The Board will commission the analysis of a pilot job role specifically focused on ensuring Third Sector services are properly taken into account and involved in supporting hospital discharges and avoiding unnecessary hospital admissions.	National Health and Wellbeing Outcomes: 2 and 9.	Amber.	Recruitment process underway – delay in implementing the approach as first round of recruitment was unsuccessful.
5.10. The Board will commission analysis of the West Mainland residential care bed pilot supported by West mainland GPs, Out of Hours GPs and in/out of hours community nurses and social care staff to determine future viability.	National Health and Wellbeing Outcomes: 2 and 9.	Green.	Analysis complete and reported to the Strategic Planning Group. Pilot continuing.
5.11. The Board expects service providers along with Third Sector partners to establish a locality planning approach that includes people who use services and carers in planning and monitoring services using virtual engagement where appropriate.	National Health and Wellbeing Outcome: 3. Clinical Strategy. Our Voice: working together to improve health and social care.	Amber.	Locality planning approach under development. Complete round of visits undertaken in 2016 / 2017 and plans set out for 2017 / 2018 approach but overall development has been slower than anticipated.

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
5.12. The Board will commission the Council and NHSO to continue the programme of dementia skills training in care settings and continue to develop dementia champions.	National Health and Wellbeing Outcome: 4.	Green.	Dementia training continues to be delivered.
5.13 The Board will commission Council led improvements in the capacity and quality of the environment of residential care, bringing bed numbers closer to national average ratios for our population and meeting the need for additional residential care capacity.	The Council Plan. Priority 1 – Care and support for those who need it. National Health and Wellbeing Outcome: 9.	Green.	Replacement programme for two new care homes approved.
5.14 The Board will continue to participate in the Community Planning Partnership’s priority areas notably: positive aging and healthy and sustainable communities.	National Health and Wellbeing Outcome: 5. CPP measures as described in the LOIP.	Green	Participation is ongoing and monitored by sub-groups
5.15. The Board will commission the Council and NHSO to establish a rural generic support worker role, deliver the role, and evaluate its effectiveness.	National Health and Wellbeing outcome: 8 and 9.	Green.	Role developed and recruited to as a pilot.
5.16. The Board will commission NHSO to provide technology led care to improve self	National Health and Wellbeing Outcomes:	Amber.	Progress has been made in making VC consultation opportunities more widely

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
management especially for patients with long term conditions and to support repatriation of services.	1 and 9. 2020 Vision. e-Health strategy. NHS LDP.		available but ability to further progress this is dependent on suitability of nature of consultation and agreement of clinical lead to revised ways of working, based on professional assessment. Further work is planned in this area using a range of different approaches.
5.17. The Board will commission the Council to pilot the use of ‘pool cars’ in the care at home services.	National Health and Wellbeing Outcome: 9.	Green.	Pilot in progress.
5.18 The Board expects to see a review of the senior staffing model in care homes, and physical disability and learning disability services, to identify the best structure to support staff and meet service needs	National Health and Wellbeing Outcome: 9.	Amber.	In progress but complicated by a range of regulatory factors leading to longer time scale.
5.19 The Board will commission the Council to review Orkney’s care at home service to further improve access to the service.	National health and wellbeing outcomes: 2, 3, 4 and 9.	Green.	Review undertaken and action plan developed. Report to Board in due course.
5.20 The Board will commission NHSO to continue its review of Public Dental Services to further implement a General Dental Service to increase registration numbers and reduce expenditure.	LDP. National health and wellbeing outcomes: 4 and 9.	Green.	Good progress made in increase in general dental services and changes implemented to reflect the shift resulting in reduced expenditure.
5.21 The Board will seek evidence from NHSO	LDP.	Green.	Work to review and continue to develop prescribing practice is ongoing supported

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
that prescribing is both effective and efficient.	National health and wellbeing outcomes: 4, 7 and 9. Prescription for Excellence.		by Pharmacy and GP practices.
5.22 The Board expects all providers to be aware of PREVENT training initiative and of programmes to deal with any individual who is vulnerable to being drawn into terrorism/radicalisation.	Scottish Government specific requirement. National Health and Wellbeing Outcomes: Number 7.	Green.	Actively being rolled out.
SCP Section 6. Services for People with Learning Difficulties.			
6.1. The Board will support and continue to commission the investment made in developing Learning Disabilities specialist health services to address health inequality and health access issues for this population including offering annual health checks.	National Learning Disabilities Strategy: 'Keys to Life'. National Health and Wellbeing Outcomes: 3, 5, 8 and 9.	Green.	Successful recruitment drives have taken forward the recruitment of a Band 6 Learning Disability Nurse and an OT for the Learning Disability Service (AADS). Post holders have commenced work. Grampian LD Obligate Network have agreed to refocus/reframe the specialist support and advice they offer in the light of Orkney's new LD nurse post.
6.2. The Board will commission the Council to develop a plan for the diversification of accommodation and independent living support	National Learning Disabilities Strategy:	Amber.	The Learning Disability Service has commenced activity to re-frame and re-propose a case for a Supported Living

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
models and resources for people with learning disabilities.	'Keys to Life. National Health and Wellbeing Outcomes: 2. Council Plan Priority One – Care and Support for those who need it.		Network within a core and cluster model. Capacity challenges have resulted in slippage from originally envisaged timescale.
6.3. The Board will continue to participate in the Community Planning Partnership's priority areas notably: healthy and sustainable communities and in particular contribute to the creation of social enterprise opportunities.	National Learning Disabilities Strategy: 'Keys to Life. National Health and Wellbeing Outcomes: 2.	Amber.	The Learning Disability Service will continue to drive work forward towards social enterprise opportunities particularly utilising expertise and opportunities available within the Picky Centre complex. This is progressing with involvement from Employability Orkney. Capacity challenges have resulted in slippage from originally envisaged timescale.
6.4. The Board invites service providers to offer employability options and pathways for people with learning disabilities.	National Learning Disabilities Strategy: 'Keys to Life. National Health and Wellbeing Outcomes: 4.	Green.	The Learning Disability Service has recently appointed an Learning Disability Employability Lead who has commenced work with our existing Employability Coordinator and Employability Strategic Pipeline Officer to consolidate the pathway and expand employability options for people with learning.

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
SCP Section 7. Mental Health Services.			
<p>7.1. The Board will commission NHSO to provide mental health services that focus on enabling timely access to services for those who need them through meeting the Scottish Government standards for access to treatment.</p> <p>The Board wishes to see services focussed on ensuring systems (in terms of the managing of demand, access and capacity) are effective and support the provision of timely care.</p> <p>In addition, the Board wish to complement traditional mental health services with access to timely psychological therapies.</p> <p>For children and young people, the Board will commission CAMHS services that are accessible including, where necessary, out of area placements.</p>	<p>Scottish Mental Health Strategy 2012-2015.</p> <p>National Health and Wellbeing Outcome: 4.</p>	<p>Amber.</p> <p>Green.</p> <p>Red.</p>	<p>Work on reviewing systems (in terms of the managing of demand, access and capacity) has been limited due to capacity challenges within the service. Work will continue in 2017 / 2018.</p> <p>Child and Adolescent Mental Health Service waiting times targets are consistently met.</p> <p>Psychological Therapy waiting times targets have not consistently been met during the year.</p>
<p>7.2. The Board will commission NHSO to establish a psychiatry service for the people of Orkney that works in partnership as part of the regional planning in the North and that is not dependent on the use of locum cover.</p>	<p>National Health and Wellbeing Outcomes: 4 and 9.</p>	<p>Amber.</p>	<p>There is a UK wide recruitment difficulty caused by lack of supply of consultant psychiatrists. This is causing a position where current provision is dependent on locum provision. We continue to work with NHS Grampian to identify locum cover in the short term whilst exploring opportunities</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
			<p>for a regional approach to psychiatry.</p> <p>A consultant psychiatrist has been appointed on a 6 month contract from March 2017.</p>
<p>7.3. The Board will commission NHSO to improve access to mental health services and reduce unnecessary travel by promoting an increase in the use of VC consultations where appropriate.</p>	<p>National Health and Wellbeing Outcomes: 4 and 9.</p>	<p>Amber.</p>	<p>Performance in this area has been variable.</p> <p>The confidence of individual locums with the use of video conference impacts on this target though CMHT professionals routinely use VC for appointments especially on the isles.</p> <p>Negotiations are underway to provide specialist dementia psychiatry via VC clinic with NHS Grampian.</p>
<p>7.4 The Board will commission NHSO to establish a peer support approach.</p> <p>NHSO will be encouraged to test this change through a pilot involving the Third Sector. The pilot will focus on supporting people to integrate back into Orkney following discharge from an out of area placement.</p>	<p>Scottish Mental Health Strategy 2012-2015.</p> <p>National Health and Wellbeing Outcomes: 4 and 9.</p>	<p>Green.</p>	<p>Underway.</p>
<p>7.5. The Board will commission service providers notably NHSO to respond to the</p>	<p>Scottish Mental Health Strategy</p>	<p>Amber.</p>	<p>The work is underway but the timescale</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
<p>independent review of the Community Mental Health Team (CMHT) service.</p> <p>NHSO are invited to develop a service options paper by end June 2016 which addresses the recommendations from the review.</p>	<p>2012-2015.</p> <p>National Health and Wellbeing Outcomes: 1, 2, 4 and 9.</p>		<p>has been missed.</p> <p>A follow up piece of work to the original review has been undertaken.</p> <p>A recent CMHT away day has developed a strategic deployment matrix to address service improvement demands including outputs of the second review.</p> <p>Delivery against this plan will now be monitored monthly.</p> <p>Additional recruitment has responded to the pressure the service was under.</p>
<p>7.6. The Board will commission NHSO to strengthen psychological therapies input into the CAMHS service and support additional CAMHS capacity and the welfare of CAMHS client group. The Board wishes to see this delivered through a 2 year pilot funded through the NHS mental health innovation fund that sees a Clinical Associate in Applied Psychology (CAAP) working with the CAMHS team and key stakeholders such as education services.</p> <p>In addition the Board wish to see a strengthening of psychological therapies direct referral input into Primary Care and enhanced</p>	<p>Scottish Mental Health Strategy 2012-2015.</p> <p>Health and Wellbeing Outcomes: 1, 2, 3, 4, 5, 7, 8 and 9.</p> <p>Council Plan, Priority One.</p>	<p>Green.</p> <p>Green.</p>	<p>Both posts have been recruited to and post holders are delivering on the objectives of the role.</p> <p>Feedback from stakeholders is positive.</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
collaborative working through the establishment of a (CAAP) Primary Care worker post and a consequent development of psychological therapy capacity in Primary Care and the Third Sector. This 2 year pilot will also be funded through the NHS Mental Health Innovation Fund.			
7.7. The Board will commission NHSO to provide appropriate interventions to people who use substances to excess based on harm reduction and recovery focused principles, and best evidence.	National Health and Wellbeing Outcomes: 1, 2 and 4.	Green.	<p>Currently meeting the 3 weeks referral to treatment NHS HEAT Standard for people who misuse substances.</p> <p>Use of national Recovery Outcome Web measure is in place to ascertain recovery outcomes from both objective and subjective recording.</p>
<p>7.8. The Board will commission support for people with a diagnosis of dementia by ensuring a year of targeted support post diagnosis through the multi-disciplinary team.</p> <p>In addition, the Board expects NHSO to improve access to support and advice for carers of people who have recently received a diagnosis through the routine offering of a referral for a carer's assessment.</p>	<p>The national dementia strategy 2013 – 2016.</p> <p>National Health and Wellbeing Outcomes: 1, 2 and 4.</p>	Amber.	<p>Services are meeting the one year NHS HEAT Standard post diagnostic support target for the majority of people with a new diagnosis of dementia. However dementia diagnosis rates remain under expected levels using national prevalence data and there have been some delays in support.</p> <p>Work is being done on clearly defining the concept of post diagnostic support within the overall dementia care pathway which is being refreshed.</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
		Red.	It has been established that carers are not currently routinely being offered assessment. Work to address this has commenced.
SCP Section 8. Services for Carers.			
<p>8.1. The Board will commission the Council and NHSO to provide a range of accessible information to carers.</p> <p>The Board expects carers support needs to be recognised and carers to be offered their own assessment routinely.</p>	<p>National Health and Wellbeing Outcome: 6.</p> <p>GP Patient Experience Survey.</p>	Amber.	<p>A range of information available but more required in relation to provision of assessments.</p> <p>It has been established that carers are not currently routinely being offered assessment. Work to address this has commenced.</p>
<p>8.2. The Board will expect NHSO to update/develop and agree a Carers strategy in collaboration with services users and carers, and Third Sector partners.</p> <p>The Board will also use the outcomes from the Orkney College commissioned survey of Carer's needs to inform the development of the strategy.</p>	<p>National Health and Wellbeing Outcome: 6.</p>	<p>Amber.</p> <p>Green.</p>	<p>This work is underway but not yet completed.</p> <p>The outcome of the survey is being taken into account in the development of the strategy but caution is required re statistical validity due to small sample.</p>
<p>8.3 The Board will expect NHSO and the Council to involve carer's representatives in service planning. The Board will support carers to engage in its Strategic Planning Group and</p>	<p>National Health and Wellbeing Outcome: 6.</p>	Amber.	<p>Unable to recruit carer rep to the IJB but mitigated by inviting carer service rep.</p>

Commissioning the future direction for the service.	Link to national and or local priorities.	RAG.	Performance to date and how we will measure success.
Board.			
8.4 The Board will expect NHSO and the Council to actively work with carers and undertake or arrange for assessments for unpaid carers to ensure they are supported and recognised as equal partners in care.	National Health and Wellbeing Outcome: 6.	As per 7.8.	It has been established that carers are not currently routinely being offered assessment. Work to address this has commenced.
8.5 The Board will seek comment and respond to the anticipated new Carers Act when enacted.	9 National Health and Wellbeing Outcome: 6.	Green.	Evidence of consultation on new Act and guidance.

RAG

- Red.** Red - the performance indicator is experiencing significant underperformance, with a medium to high risk of failure to meet its target.
- Amber.** The performance indicator is experiencing minor underperformance, with a low risk of failure to meet its target.
- Green.** The performance indicator is likely to meet or exceed its target.

Appendix 2 – Performance Framework

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Local Delivery Plan Standards.					
Antenatal care.	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	1,4.	N/A.	96.9%.	Green.
Narrative: This figure has only been reported including SIMD data since July 2016. The figure above is the average across the six month period.					
CAMHS.	90% of young people to commence treatment for specialist Child and Adolescent Mental Health service within 18 weeks of referral.	4,7.	100% (2015-2016).	100% (2016-2017).	Green.
Narrative: This target has consistently been met since it was introduced. Orkney's performance in this area is significantly ahead of performance in other partnership areas. There have been some complications around data processing and systems changes which have affected rates of formal reporting to the Scottish Government on performance but in terms of delivery of the service, this has been achieved.					
Psychological Therapies.	90% of patients to commence Psychological therapy based treatment within 18 weeks of referral.	1,3.	N/A.	N/A.	Red.
Narrative: Performance in this area in the current year has been variable as a result of changes in availability of suitable qualified staff to deliver these therapies. There have been some issues around data processing affecting reliability of the reported data which means that accurate figures cannot be provided but we are aware that targets have not been met.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Dementia Diagnosis.	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support.	2,4.	100% (2015-2016).	100% (2016-2017).	Green.
Narrative: While the target of providing post diagnostic support has been met, numbers of people diagnosed and therefore referred for post diagnostic support are lower than would be expected based on national prevalence data. This has consistently been the case over a number of years.					
Drug and alcohol treatment.	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	1,4.	100% (2015-2016).	100% (2016-2017).	Green.
Narrative: Last year's annual figure was 100%.					
18 week Referral to Treatment.	90% of planned/elective patients to commence treatment within 18 weeks of referral for services Commissioned by Orkney Health and Care.	3,4.	N/A.	93.4% (2016-2017).	Green.
Narrative: At last report it had not been possible to disaggregate the data to separate services under the planning and performance monitoring remit of the partnership from the total data.					
12 weeks for first outpatient appointment.	95% of patients of services Commissioned by Orkney Health and Care to wait no longer than 12 weeks from referral (all sources) to first outpatient appointment.	3,4.	N/A.	93.8% (2016-2017).	Amber.
Narrative: Last report it had not been possible to disaggregate the data to separate services under the planning and performance monitoring remit of the partnership from the total data.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Alcohol Intervention.	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A and E, antenatal) and broaden delivery in wider settings.	4,5.	N/A.	N/A.	Red.
Narrative: At the time of writing annual data was not available, however performance over the first three quarters of the year has indicated that this target will not be met.					
A and E Treatment.	95% of patients to wait no longer than 4 hours from arrival to admission, discharge, or transfer for A and E treatment. Boards to work towards 98%.	3,4.	98.1% (2015-2016).	97.6% (2016-2015).	Green.
Narrative: This target is usually consistently met in Orkney. Figure is an average across 12 months. The lowest month was February 17 (93.4%) and the highest month was June 16 (98.8%)					
Finance.	Operate within the IJB agreed Revenue Resource Limit, and Cash Requirement.	4,9.	N/A.	Balanced for OIC funding. Overspend of 180k for NHS funding.	Amber.
Narrative: A Revenue and Expenditure Monitoring Report is issued to board members in the form of monthly briefing note					
Local Government Benchmarking Framework - Reported Quarterly or Annually.					
Looked After Children – Weekly (residential).	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week.	4,9.	N/A.	£1161.9 (2016-2017).	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Narrative: Service is delivered according to the needs of individual children.					
Looked After Children – Gross (residential).	Gross Costs (Looked After Children in Residential) (£000s).	4,9.	N/A.	£838,191 (2016-2017).	N/A.
Narrative: Costs reflect the needs of individual children.					
Looked After Children – Children (residential).	No. Of Children (residential).	7.	11 (2015-2016).	10 (2016-2017).	N/A.
Narrative: Figures reflect the placement of Looked After Children according to their best interests and needs whether in residential care or in individual placements. The target can only be considered for information purposes. It is not appropriate to have a target in numbers terms as the number at any given time must be based on appropriate response to local need.					
Looked After Children – weekly (Community).	The Gross Cost of "Children Looked After" in a Community Setting per Child per Week.	9,7.	N/A.	N/A.	N/A.
Narrative: These costs are not disaggregated from the overall child care budget and therefore cannot be reported. As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing cost.					
Looked After Children – Gross (Community).	Gross Costs (Looked After Children in Community Setting) (£000s).	9,7.	N/A.	N/A.	N/A.
Narrative: These costs are not disaggregated from the overall child care budget and therefore cannot be reported. As services for Looked After Children are totally led by individual needs there is no meaningful way of comparing cost.					
Looked After Children – Children (Community).	No. Of Children (community).	7.	28 (2015-2016).	24 (2016-2017).	N/A.
Narrative: Figures reflect the placement of Looked After Children according to their best interests and needs whether in residential					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
care or in the community. Having targets would not be appropriate.					
Looked After Children (Balance).	Balance of Care for looked after children: % of children being looked after in the Community.	7.	66% (2015-2016).	68% (2016-2017).	N/A.
Narrative: While it is positive for children to be placed in the community it has to be recognised that there will be times when some children will be placed in residential care because that is in their best interests at that time.					
Homecare – 65+.	Older Persons (Over 65) Home Care Costs per Hour.	9.	£22.57 (2015-2016).	£22.93 (2016-2017).	N/A.
Narrative: Calculated annually based on the actual cost of providing the service. The increase for 2016-2017 represents an increase of approximately 1.6%.					
Homecare – Gross.	Total Homecare (£000s).	9.	£3,148,597 (2015-2016).	£3,408,977 (2016-2017).	Green.
Narrative:					
Homecare – Hours.	Care Hours per Year.	2,9.	82,055 hours (2015-2016).	80,791 (2016-17).	Green.
Narrative: Figure reflects actual hours delivered. Comparable previous data is not available. The figures as provided are extrapolated from a snapshot of the last week of the financial year 2015-2016.					
SDS – Adult Spend.	SDS spend on adults 18+ as a % of total social work spend on adults 18+.	9.	5.3% (2015-2016).	5.9% (2016-2017).	Green.
Narrative: Compares with an overall figure of 5.53% across 2015-16. The Scottish average for 2015-16 was 6.65%.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
SDS – Gross.	SDS Spend on over 18s (£000s).	9.	£769,393 (2015-2016).	£921,273 (2016-2017).	Green.
Narrative: Total Q1- Q3 represents 88% of 2015-2016 total. This reflects a commitment to increasing the take up of Self Directed Support.					
Finance – Gross (adults).	Gross Social Work Spend on over 18s (£000s).	9.	£14,484,733 (2015-2016).	£15,775,990 (2016-2017).	Green.
Narrative: Reflects increasing demands					
Homecare – Intensive needs.	% of people 65+ with intensive needs receiving care at home.	2.	24.4% (2015-2016).	35.4% (2016-2017).	Green.
Narrative: To date we have reported this figure on an annual basis based on a snapshot at the end of the financial year. We are now collecting this figure quarterly from 2016 - 2017 Q2 onwards in order to give a more accurate measure. The indicator reflects the proportion of a cohort of service users with intensive care needs who are receiving homecare services in their own home as opposed to residential care. The cohort is composed of those people in receipt of +10 hours of home care a week and those who are receiving care in a residential setting. This not the same indicator as that in the Integration Core Indicators which also accounts for people in receipt of SDS direct payments for personal care.					
Quality of Services.	% of Adults satisfied with social care or social work services.	3.	76% 2012-2015.	72.33% 2013-2016.	N/A.
Narrative: Figure over a three year cycle. Max 76.55%, Median 55.7%, Min 41.7%.					
Finance – Older People	Older persons (over 65's) Residential	9.		£1057.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Residential.	Care Costs per week per resident.				
Narrative: Figures reflect the actual cost of providing the service.					
Finance – Care Homes.	Net Expenditure on Care Homes for Older People (£000s).	9.	£4,740,009 (2015-2016).	£4,986,415 (2016-2017).	N/A.
Narrative: The total Q1-Q3 represents 76% of the annual total for 2015-2016.					
Residential – Long Stay.	Number of long-stay residents aged 65+ supported in Care Homes.	3.		148.	N/A.
Narrative: This figure is extrapolated from the number of available beds + number of admissions for one quarter.					
National Core Integration Framework 2015-2016 (Compared to Scotland).			Scotland	Orkney	
Adult Health.	Percentage of adults able to look after their health very well or quite well.	1.	94%.	95%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Independence.	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2,3.	84%.	89%	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published)					
Engagement.	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2,3.	77%.	75%.	Red.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Narrative: Orkney performance marginally below the Scottish average (2016-2017 Figures not yet published).					
Coordination of Services.	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	2,3.	75%.	77%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Adult Support.	Total % of adults receiving any care or support who rated it as excellent or good.	3.	81%.	86%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
GP Care.	Percentage of people with positive experience of the care provided by their GP practice.	3.	87%.	97%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published)					
Quality of Life.	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	2,3.	84%.	87%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Carers' Support.	Total combined % carers who feel supported to continue in their caring role.	6.	41%.	43%.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Feeling Safe.	Percentage of adults supported at home	2,7.	84%.	85%.	Green.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
	who agreed they felt safe.				
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Premature Mortality.	Premature mortality rate per 100,000 persons.	4.	441.	379.	Green.
Narrative: Orkney performance exceeds Scottish average. (2016-2017 Figures not yet published).					
Emergency Admission.	Emergency admission rate (per 100,000 population).	4.	12037.	9174.	Green.
Narrative: Orkney performance exceeds Scottish average.					
Emergency Bed Day.	Emergency bed day rate (per 100,000 population).	4.	119649.	79968.	Green.
Narrative: Orkney performance exceeds Scottish average.					
Readmissions.	Readmission to hospital within 28 days (per 000 population).	4,9.	95.	71.	Green.
Narrative: Orkney performance exceeds Scottish average.					
End of Life - Care Setting.	Proportion of last 6 months of life spent at home or in a community setting.	2.	88%.	92%.	Green.
Narrative: Orkney performance exceeds Scottish average.					
Falls Rate.	Falls rate per 1,000 population aged 65+.	1.	21.	20.	Amber.
Narrative: Orkney performance falls slightly below Scottish average.					
Quality of Service – Care Inspectorate.	Proportion of care services graded 'good' (4) or better in Care Inspectorate	3,4.	83%.	74%.	Red.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
	inspections.				
Narrative: Orkney performance below Scottish average although no service was placed in the lowest categories.					
Intensive Care Needs.	Percentage of adults with intensive care needs receiving care at home.	2.	62%.	73%.	Green.
Narrative: This figure includes people who purchase intensive homecare using SDS. Previous annual figure was 75%. Current figure is not validated and was generated locally. It is based on the number of people receiving residential care, 10+ hours per week home care or a SDS direct payment equal to or over 10+hours per week.					
Delayed Discharge.	Number of days people spend in hospital when they are ready to be discharged (per 000 population).	2,3.	842.	434.	Green.
Narrative: Orkney performance exceeds Scottish average.					
Emergency Admission Costs.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	9.	22%.	19%.	Green.
Narrative: Orkney performance equals Scottish average.					
Care Home – Hospital Admissions.	Percentage of people admitted to hospital from home during the year, who are discharged to a care home.	2.	N/A.	N/A.	N/A.
Narrative: This measure is under development and not currently available.					
Delayed Discharge – 72 hours.	Percentage of people who are discharged from hospital within 72 hours of being ready.	2,3.	N/A.	N/A.	N/A.

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Narrative: This measure is under development and not currently available.					
End of Life – Finance.	Expenditure on end of life care, cost in last 6 months per death.	9.	N/A.	N/A.	N/A.
Narrative: This measure is under development and not currently available.					
"Scotland Performs" National Outcomes.					
Breastfeeding.	Percentage of babies exclusively breastfeeding at First Visit/6-8 week review by year of birth.	1.	39% (Scotland).	40% (Orkney).	Green.
Narrative: Figures from August 2016.					
Child Dental.	Percentage of Children in Primary 1 with no obvious Dental Cavities.	1,5.	69% (Scotland).	79% (Orkney).	Green.
Narrative: Figures published six monthly. Next up to date figure will be published in March 2017.					
Fostering – in-house.	Percentage of fostered Looked After and Accommodated Children who are fostered by an in-house placement.	4,7.	21%.	21%.	N/A.
Narrative: Children are placed according to their needs and best interests. Targets and comparisons would not be appropriate.					
Fostering - out of Area Placements.	Number of out of area placements: a. Foster care. b. Residential.	4,7.	*.	*.	N/A.
Narrative: These figures are below the level which we would publicly report. This is to protect the confidentiality of children and their families.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Child Protection.	No of Children and Young People on Child Protection Register.	4,7.	18 (2015-2016).	15 (2016-2017).	N/A.
Narrative: Children are paced on the Child Protection Register when necessary, targets are not appropriate.					
Court Reports.	Percentage of Social Work Reports submitted by noon on the working day before the adjourned hearing.	3.	100% (2015-2016).	100% (2016-2017).	Green.
Narrative: This target is consistently met.					
Community Payback Order – Initial Appointment.	Percentage of new CPO clients with a supervision requirement seen by a supervising officer within a week.	3,7	100% (Q2).	100% (Q3).	Green.
Narrative: This target is consistently met.					
Community Payback Order – Induction.	Percentage of CPO Unpaid work requirements commenced induction within five working days.	4.	97.6% (2015-2016).	91% (2015-2016).	Amber.
Narrative: This reflects the delayed induction of 4 individuals over a year. This was for reasons including being imprisoned or subject to other orders at the time.					
Community Payback Order – Work Placement.	Percentage of individuals on new CPO unpaid work requirement began work placements within seven days.	4.	97.6% (2015-2016).	91% (2015-2016).	Amber.
Narrative: This reflects the delayed induction of 4 individuals over a year. This was for reasons including being imprisoned or subject to other orders at the time.					
Public Bodies (Joint Working)(Scotland) Act 2014.					

Indicator Name.	Description.	National Health and Wellbeing Outcome.	Comparator.	Current.	RAG.
Complaints.	Proportion of complaints responded to following Scottish Public Services Ombudsman targets.	4.	100%.	100%.	Green.
Narrative: Target is consistently met.					