

Agenda Item	8
Report No	HCW/10/21

HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 19 May 2021

Report Title: Health and Social Care Directorate Service Plan May 2021

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 This report provides background to the priorities and themes outlined in the Health and Social Care Directorate Service Plan May 2021. It sets out our Service priorities and how we are contributing to the delivery of the Council's Programme, 'Local Voices, Highland Choices'.
- 1.2 This report provides the context and supporting evidence for the contents of the Service Plan.
- 1.3 The report provides the Health and Social Care Directorate Service Plan (Appendix 1) for Members' scrutiny and comment.

2. Recommendations

- 2.1 Members are invited to comment on the draft Service Plan for 2021/22, agree any amendments required and approve the Plan.

3. Implications

- 3.1 Resource – The Service Plan outlines the revenue and capital budgets associated with the Service, along with our workforce. The Plan highlights how we are achieving Best Value and transforming the Service to achieve efficiency savings.
- 3.2 Legal – The Plan will have a focus on meeting the requirements of the United Nations Convention on the Rights of the Child. The Service Plan includes the need to meet statutory requirements for public performance reporting. Service Plans set out the planned objectives and measures which together form the framework for annual public performance reporting. The Council has a legal duty to demonstrate how it will achieve Best Value for public resources. This includes what the Council will prioritise and what it

expects to achieve, and this is set out in the Service Plan which also reflects the Council Programme and performance framework.

- 3.3 Community (Equality, Poverty, Rural and Island) – An assessment has been carried out on the strategic priorities contained within the plan for equality, rural and socio-economic impacts.
- 3.4 Climate Change/Carbon Clever – The Service also contributes to corporate climate change and carbon clever targets.
- 3.5 Risk – Risks identified in the Service Plan are recorded in the Risk Register and will be monitored quarterly and changes reported to future Committee meetings.
- 3.6 Gaelic – The Service contributes to corporate work in relation to the delivery of the Gaelic Language Plan, and meeting of corporate standards in the use of Gaelic in key documents and publications.

4. Background

- 4.1 This Service Plan (Appendix 1) relates to Health and Social Care, its functions and resources. The Plan is structured around five key sections: -
 - 1. Plan on a page – Key Priorities and KPIs;
 - 2. Resources – Budget and Staffing;
 - 3. Delivering the Corporate Plan – the Service's responsibilities;
 - 4. Service successes and areas for improvement; and
 - 5. Service improvement actions for 2021/22 - key actions being undertaken by each function in the Service to improve performance.

5. Commitments

- 5.1 The Service Plan outlines our commitment to implementing The Promise to ensure that services and support are shaped by the voices and needs of children, young people and families in order that Highland can be the place where every child can grow up loved, safe, respected and able to realise their full potential.
- 5.2 The Service Plan outlines our commitment to ensuring all its corporate parents fully integrate the principles of the care leavers covenant to ensure better life chances and outcomes for care experienced children and young people and care leavers.
- 5.3 The Service Plan articulates our commitment to developing a trauma informed and responsive approach to supporting families. This will involve developing services that are informed and shaped by people with lived experience and places the voice of infants, children, young people and families at the heart of service improvement.
- 5.4 The Service Plan demonstrates our ongoing commitment to the Highland Practice Model underpinned by the values and principles of Getting It Right For Every Child.

6. Priorities

The Service Plan sets out six Key Priorities for the year. These are;

- 6.1 Improve support for families through early prevention, assessment and intervention. This will be delivered through a trauma informed and responsive approach to supporting families.

To achieve this, we will redesign the Health and Social Care Service to ensure a community focused approach where the support needs of children and families are identified earlier to divert from unnecessary statutory involvement. This will involve:

- A shift of focus to early prevention, intervention and family support.
- Ensuring rural teams have local management of all staff in the area so they can function more effectively.
- Shifting the balance of care to promote family-based care. Working to ensure children should stay within their nuclear family or in kinship placements.
- Introducing Family Group Conferencing.
- Developing a variety of incentives to encourage professionals to live and work in the more rural areas of the Highlands. Also further developing our 'grow your own' scheme.
- Bringing Primary Mental Health Workers into the health and social work service to be integral to the delivery of Tier 2 CAMHS provision within a family support model
- Creating a management and supervision structure that builds on well-established integrated working
- Future-proofing the Health and Social Care Service through robust workforce profiling, planning and development
- Ensuring there is focus on staff learning and development on trauma and early preventative measure

- 6.2 Working with public protection partners to safeguard health and wellbeing and improve the lives of children, young people and adults at risk.

In achieving this the Service will:

- Support the Tier 2/3 Children and Adolescent Mental Health Service (CAMHS) gap for infants under the age of 1 year.
- Support a life course approach offering Tier 2/3 CAMHS support from birth to 17yrs
- Support the development of the workforce through training/consultation and support as well as direct assessment/intervention with families.
- Consolidate the function of Primary Mental Health Workers as Tier 2 CAMHS Support working to those most in need.
- Consolidate the existing expertise within Children's Services, to provide direct support to Children and Young People and to the staff caring for and supporting them
- Enable a more equitable service to be delivered to children and families
- Link with the pathfinder sites in Sutherland and Caithness
- Develop the Safe and Together Model to Highland. This model supports practitioners in addressing domestic abuse by putting strategies in place to support children and adult victims whilst working with perpetrators to reduce risk and harm.

- 6.3 Develop the themes outlined in 'The Promise' to ensure that services and support are shaped by the voices and needs of children, young people and families and ensure that children and young people are supported within trusting relationships.

To achieve this the service requires to ensure that is informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of Service improvement. In doing so the Service will develop resource that supports teams to:

- Recognise the importance of health and wellbeing
- Recognise where people are affected by trauma and adversity
- Respond in ways that prevent further harm
- Support recovery from trauma and adverse experience
- Address inequalities and improve life chances
- Ensure views of children and young people are sought, considered and recorded in taking their plans forward.
- Increase support to Kinship Carers.
- Ensure that all children who are looked after have the opportunity to live with their family when it is safe to do so.
- Improve timescales for assessments of Kinship Carers being completed.

- 6.4 Work with our partners in NHS Highland to support the future delivery of Adult Social Care and Integrated Children's Services to ensure sustainable and efficient services which achieve the best possible outcomes for service users.

- To progress this a programme Management Board has been established to deliver efficiencies and transformational change across Adult Social Care and Integrated Children's Services through four identified workstreams.
- In addition, a Joint Officer Group is to be re-established to ensure the action plan is implemented in terms of actions identified as a result of the review of the Integration Scheme.

- 6.5 Delivering agreed functions as required by the Highland Health and Social Care Partnership (Integration Scheme)

From a Service perspective this will require:

- The implementation of the Health and Care Staffing Act 2019
- The implementation of the Morse E Record System
- The implementation of the Transforming Nursing Roles in the Community Programme
- Further Implementation of consistent approach to Service improvement using 'The model for Improvement' across the Service.

- 6.6 Improve the framework for quality assurance, performance and improvement across Health and Social Care, including consistent and effective monitoring of all commissioned services.

To achieve this the Service will:

- Enhance the use of the service quality assurance framework using the quality indicators to support self-evaluation to improve services for children, young people and families.
- Develop the current performance framework to improve planning and improvement processes. The framework articulates the mechanism agreed for evaluating and measuring outcomes, responsibilities and timescales.
- Utilise the performance management framework to make better use of available data and business intelligence to inform plans for improvement.
- Further adopt the quality improvement model, supported by Scottish Government funded improvement collaboratives.
- Frontline staff and managers across a range of services will enhance their use of the 'Model for Improvement' to accelerate change.
- Build a business intelligence approach to support the wider functions across Health and Social care
- Work in partnership with NHS Highland to develop a performance management framework for the commissioned health service.

7. Additional Priorities

A summary of other improvement priorities taking place during the life of the Service Plan are set out in the sections below.

7.1 Criminal Justice

- The implementation of the rollout of the Electronic Monitoring of Bail. This is a Scottish Government priority and will contribute to the reduction in the remand population.
- The implementation of a Community Integration Plan initiative in collaboration with SPS and NHS Highland for all short-term prisoners leaving HMP Inverness. This will promote the social reintegration of people with convictions and reduce reoffending with a view to breaking the cycle of repeat short term prison sentences.

7.2 Nursing Services

- Further development of quality assurance and improvement systems with robust audit cycle and data and performance management
- Workforce planning, profiling and development
- Develop partnership working with communities/GPs to take a locality approach to health care
- Digital inclusion for children, families and staff.

7.3 Allied Health Professionals

- Further development on ensuring the rights and voice of CYP is integral to strategic and individual planning
- Maintain and develop partnership working including around early intervention, prevention and population self-resilience
- Development of a communication friendly workforce
- Develop the acute hospital paediatric AHP care within the SCBU

7.4 Children's Social Work

- Initial audit of contact to be extended to include Children and Young People views with further work to improve quality of engagement using creative methods.
- Further training is being devised, aimed to improve the quality of recording of contact.
- Policies and procedures are being reviewed to ensure compliance with The Promise and the UNCRC incorporation into Scottish Law.
- Further work required to ensure views of children and young people are sought, considered and recorded in taking their plans forward. An audit of Child's Plan is currently in progress and the findings will inform this work.
- Increase support to Kinship Carers.
- Ensure that all children who are looked after have the opportunity to live with their family when it is safe to do so.
- Improve timescales for assessments of Kinship Carers being completed.

7.5 Adult Social Care

- Actions required to further integration arrangements in place between the Council and NHS Highland
- Agreed performance management frameworks to be set up to take account of local priorities
- Budget monitoring to take place on a monthly (rather than quarterly) basis

7.6 Mental Health Officer Service

- Further development of a quality assurance system and improved data collection.
- Implement a recruitment process supported by effective workforce planning.

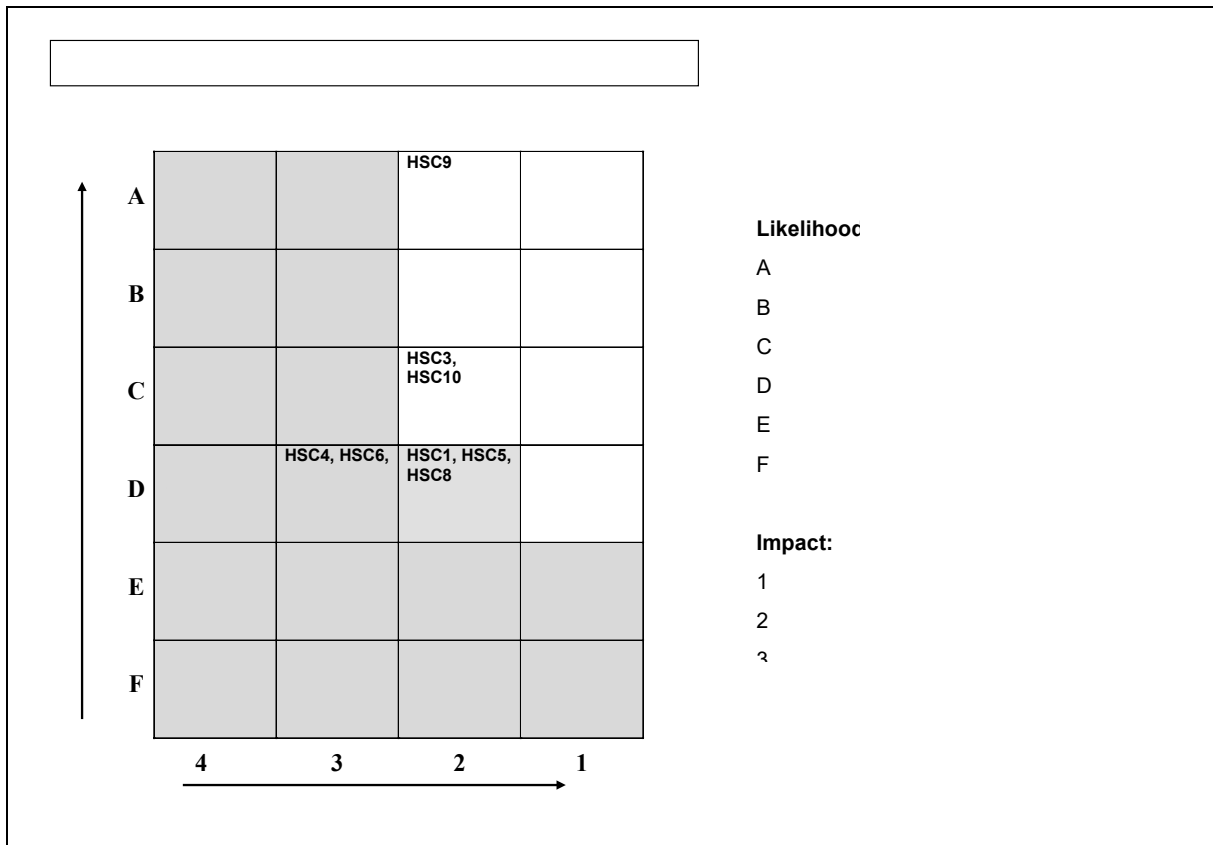
7.7 Fostering and adoption

- Support our colleagues in Family teams to improve permanence planning timescales for all children and young people.
- Increase our available resources for Adoption support services.
- Ensure we have a Trauma informed workforce by accessing appropriate training opportunities.
- Develop online training opportunities for staff.
- Develop online training opportunities for foster carers, prospective adopters and Kinship Carers.

8. Risk Analysis

- 8.1 An appetite for risk is set at both a Corporate and Service level, and risks are evaluated against this. Risks which are above this appetite line for the Service are reflected in areas for improvement in the Service Plan. This includes Corporate risks where our Service has a lead role in mitigating.

All risks are monitored on our electronic Performance and Risk Management System (PRMS) and managed as part of Service Quarterly Performance Review (QPR) meetings.



Risk ID	Risk Rating	Short Name and Description
HSC1	D2	Not Realising the benefits of the Integration Scheme
HSC2	D3	Collaboration with Education Service
HSC3	C2	Workforce Management
HSC4	D3	Absence Management System
HSC5	D2	Increased demands for Health and Social Care Services
HSC6	D3	Young people's transitions
HSC7	D2	Impact of COVID-19 on Health and Social Care
HSC8	D2	Potential Care Home Inquiry
HSC9	A2	Historic Child Abuse Inquiry
HSC10	C2	Loss of independent residential care for children and young people

9. Monitoring

- 9.1 The Service Plan will be reviewed annually with a report to the Health, Social Care and Wellbeing Committee for consideration. Any internal and external influences and actions arising from monitoring activity throughout the year will be taken into account. The Plan will also be monitored on a quarterly basis through the Quarterly Performance Review process. It is also subject to change when any amendments to the Council Programme, 'Local Voices, Highland Choices', are approved by Council.

10. Best Value

- 10.1 The Annual Report of Statutory Performance Indicators and Best Value 2019/20 was reported to Committee on 25 March 2021. The planned approach to meeting the Audit Direction over the next three years is set out in Appendix 5 of the annual report. This takes account of developing work in response to the Council's BVAR including developing our approach to Service Plans, implementing self-assessment, and strengthening performance reporting to Strategic Committees during 2021/22.

11. Workforce Planning

- 11.1 Improve Council performance with the right staff in the right place with the right skills through effective workforce planning including training and development, wellbeing support, performance management and appraisal, transition, sustainability, flexibility and redeployment.
- 11.2 On 30 August 2017 Corporate Resource Committee approved a Workforce Planning Strategy for 2017-23. This Strategy was developed to forecast expected staff numbers, skill needs and cost on basis consistent with corporate budget planning, process and timetables. The aim of the Strategy was to deliver work streams required to ensure that the Highland Council could transition from current position to build and maintain a workforce of the future.
- 11.3 A working group identified a portfolio of enabling projects to reflect the work streams that could be adapted to meet changing needs as requirements developed. The approach reflects the need to attract, train and retain workers ensuring opportunities are open to those in all our communities. The programme is designed to be agile and will be reviewed at end of each annual WFP cycle. The role of workforce planning is key to delivering the new corporate priorities.
- 11.4 Based on Vision and Values – Service Workforce Plans will be based around the enabling projects of:-
- Flexible workforce;
 - Transition;
 - Sustainability;
 - Modern Apprentice/Graduate Apprentice programme;
 - Competency framework;
 - Leadership;
 - Career pathway; and
 - Reviewed ERD process

- 11.5 The age profile of the current workforce is one that will present challenges in the future. Of the 725.2 FTE staff in the Service currently 47% of the current workforce is over 40 years of age – with 57% over 50. Updated Service Workforce Plans will be developed in line with Corporate strategy.

There has been a slight decrease in both long and short term absence with cold/flu being the top reason for absence in 2020/21.

- 11.6 Staff engagement is known to drive up levels of staff satisfaction. An All-Staff Engagement Survey will be carried out in Autumn 2021 to establish a satisfaction index. Future Directorate plans will include percentage improvement against those indicators going forward.

12. Occupational Health, Safety and Wellbeing

- 12.1 A nominated Head of Service attends corporate meetings with Trade Unions and reports back to Senior Management Team meetings with any information, issues and actions. The Service also holds Service specific Health and Safety meetings every quarter to discuss Service-based risks/concerns. These meetings are attended by Heads of Service, Trade Union representatives, Human Resources and Health and Safety Advisors.

13. Equality and Community Impact Assessment

- 13.1 The Service Plan has been assessed for potential impacts and an Equalities Impact Assessment has also been completed. This helps us to achieve our duties in respect to the Public Sector Equality Duty, including socio-economic impacts at a strategic level, and a Council commitment to consider rural and poverty impacts.
- 13.2 The key priorities, as set out within the Service Plan, should not have a negative impact upon any of the individual protected groups, on individuals experiencing socio-economic disadvantage or on rural areas, and are indeed intended to positively impact on communities.

Designation: Executive Chief Officer – Health and Social Care

Date: 5 May 2021

Author: Ian Kyle – Head of Integrated Children’s Services

Health and Social Care

Directorate Service Plan May 2021

Work with our partners in NHS Highland to support the future delivery of Adult Social Care and Integrated Children's Services to ensure sustainable and efficient services which achieve the best possible outcomes for service users.

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

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

	<p>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</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services</p>
<p>Delivering agreed functions as required by the Highland Health and Social Care Partnership (Integration Scheme)</p>	<p>As above</p>
<p>Improve the framework for quality assurance, performance and improvement across Health and Social Care, including consistent and effective monitoring of all commissioned services.</p>	<ul style="list-style-type: none"> • The number of team plans that are in place using the agreed quality assurance framework. • The number of themes from the quality assurance framework evaluated and actioned increases

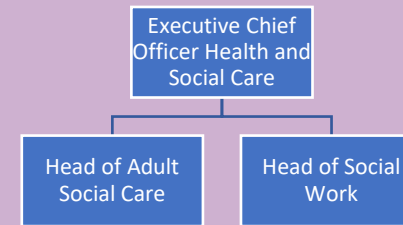
Resources

Budget	
Revenue Budget	
Function	Budget (2021/22)
Service Management and Support	
Management Team	£173,000
Business Support	£830,000
Covid 19 Response	£2600,000
	£3603,000
Adult Services	
Commissioned Adult Services	£108,104,000
Mental Health Teams	£1,178,000
Criminal Justice Service	£62,000
Other Services for Vulnerable Adults	£1,314,000
	£110,658,000
Children's Services	
Looked After Children	£25,950,000
Family Teams	£18,393,000
Other Services for Children	£6,387,000
Commissioned Children's Services	-£10,676,000
Income from NHS	
	£40,054,000
TOTAL HEALTH AND SOCIAL CARE	£154,315,000

Staffing

Function	Headcount	FTE	Annual turnover
Adult Services	13	10.8	0%
Children's Social Work	637	403.4	6.1%
Criminal Justice	68	55	8.8%
Health	197	166	10.7%

Structure



Costs by Subjective

Staff Costs	37,223
Other Costs	133,120
Gross Expenditure	170,344
Grants	-15,980
Other Income	-48
Total Income	-16,028
NET TOTAL	154,316

Capital Budget	
Function	Budget (2021/22)
Adult Services (NHS)	£2.250m
Adult Services – North Coast Care Facility	£0.400m
Children’s Services/Out of Authority	£0.750m



Delivering the Corporate Plan

	Performance Analysis	Target	Actions
The number of looked after children in residential accommodation	This data remains broadly unchanged since 2015/16. The latest data set shows there are 82 children in residential accommodation from a baseline of 85. The current target is 77 children.	75 by FY21/22	Develop a whole system approach for early help and support. Design family support services which enable children and young people to stay within their family home where it is safe to do so.

<p>Proportion (%) of all children who are in the care of their local authority (Looked after children) who are being looked after in a community rather than a residential setting.</p>	<table border="1"> <thead> <tr> <th><i>Year</i></th> <th><i>Family Avg</i></th> <th><i>Scottish Avg</i></th> <th><i>Highland Avg</i></th> </tr> </thead> <tbody> <tr> <td>AY 19/20</td> <td></td> <td></td> <td>83.33 %</td> </tr> <tr> <td>AY 18/19</td> <td>86.39 %</td> <td>89.92 %</td> <td>83.23 %</td> </tr> <tr> <td>AY 17/18</td> <td>86.26 %</td> <td>89.69 %</td> <td>83.52 %</td> </tr> <tr> <td>AY 16/17</td> <td>87.36 %</td> <td>89.87 %</td> <td>82.55 %</td> </tr> <tr> <td>AY 15/16</td> <td>87.20 %</td> <td>90.36 %</td> <td>83.41 %</td> </tr> </tbody> </table>	<i>Year</i>	<i>Family Avg</i>	<i>Scottish Avg</i>	<i>Highland Avg</i>	AY 19/20			83.33 %	AY 18/19	86.39 %	89.92 %	83.23 %	AY 17/18	86.26 %	89.69 %	83.52 %	AY 16/17	87.36 %	89.87 %	82.55 %	AY 15/16	87.20 %	90.36 %	83.41 %	<p>The Placement Services Change Programme established to reduce the number of Out of Authority placements continues to be a success.</p> <p>The aspiration continues to be to both support children and young people returning to Highland from Out of Authority provision and to ensure that fewer children leave Highland. Since quarter 1 out of area purchased placements has remained static at 27. This is despite an increase of six young people who were accommodated in high cost placements out with Highland during the pandemic.</p>	<p>LGBF Quartile 2 by AY21/22</p>	<p>Develop the aspirations of the Placement Service Change programme as integral to service delivery through the redesign process.</p>
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<p>Of all Child Protection registrations in a year, the % which have been registered previously within the past 18 months.</p>	<table border="1"> <thead> <tr> <th><i>Year</i></th> <th><i>Family Avg</i></th> <th><i>Scottish Avg</i></th> <th><i>Highland Avg</i></th> </tr> </thead> <tbody> <tr> <td>FY 20/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FY 19/20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FY 18/19</td> <td>5.48 %</td> <td>7.22 %</td> <td>6.62 %</td> </tr> <tr> <td>FY 17/18</td> <td>5.38 %</td> <td>6.12 %</td> <td>6.80 %</td> </tr> <tr> <td>FY 16/17</td> <td>5.65 %</td> <td>6.46 %</td> <td>5.07 %</td> </tr> </tbody> </table>	<i>Year</i>	<i>Family Avg</i>	<i>Scottish Avg</i>	<i>Highland Avg</i>	FY 20/21				FY 19/20				FY 18/19	5.48 %	7.22 %	6.62 %	FY 17/18	5.38 %	6.12 %	6.80 %	FY 16/17	5.65 %	6.46 %	5.07 %	<p>There has been significant progress in ensuring that children previously registered on the child protection register are not re registered and there are currently no children on the register who were previously registered. Since Covid-19 restrictions were implemented, child protection registrations have increased by 41% in Highland. There were 90 children on the child protection register on 23rd April 2020, and as of 14th October 2020, there were 122 children registered. There were 11 children who were either accommodated or had a change of carer during the last month. There have been 37 de-registrations during the period 1st of July to 30th September 2020.</p>	<p>Quartile 2 by AY21/22</p>	<p>Continue to audit all children who have been previously registered.</p>
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<p>The proportion (%) of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.</p>	<table border="1" data-bbox="564 279 1012 730"> <thead> <tr> <th><i>Year</i></th> <th><i>Family Avg</i></th> <th><i>Scottish Avg</i></th> <th><i>Highland Avg</i></th> </tr> </thead> <tbody> <tr> <td>2021 - 2023</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2019 - 2021</td> <td>76.8 %</td> <td>80.0 %</td> <td>78.0 %</td> </tr> <tr> <td>2017 - 2019</td> <td>78.1 %</td> <td>80.0 %</td> <td>85.7 %</td> </tr> <tr> <td>2015 - 2017</td> <td>85.7 %</td> <td>84.0 %</td> <td>86.7 %</td> </tr> <tr> <td>2013 - 2015</td> <td>83.2 %</td> <td>85.0 %</td> <td>82.8 %</td> </tr> </tbody> </table> <p>The percentage of adults who agree that their services and support had an impact in improving or maintaining their quality of life has decreased 82.8 % in 2015 to 78% in 2019 /20. It should be noted that this percentage improved from the baseline in intervening years.</p>	<i>Year</i>	<i>Family Avg</i>	<i>Scottish Avg</i>	<i>Highland Avg</i>	2021 - 2023				2019 - 2021	76.8 %	80.0 %	78.0 %	2017 - 2019	78.1 %	80.0 %	85.7 %	2015 - 2017	85.7 %	84.0 %	86.7 %	2013 - 2015	83.2 %	85.0 %	82.8 %	<p>Quartile 1 by FY21/22</p>	<ul style="list-style-type: none"> • Supporting the Registration of the Care at Home workforce and supporting that Workforce to achieve associated qualifications • Identified Professional Leadership (Principal Officer) now in post within NHSHighland to support registered managers in the sector. • Strategic Commissioning plan initiated with aim to work collaboratively with sector to develop range and quality of options available • SDS Strategy to ensure recipients of care have greater choice and control re available options
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<p>Direct payments spend on adults 18+ as a % of total social work spend on adults 18+. Self Directed Support allows people needing support to choose how their support needs will be met.</p>	<table border="1"> <thead> <tr> <th><i>Year</i></th> <th><i>Family Avg</i></th> <th><i>Scottish Avg</i></th> <th><i>Highland Avg</i></th> </tr> </thead> <tbody> <tr> <td>FY 20/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FY 19/20</td> <td>5.38 %</td> <td>8.99 %</td> <td>6.26 %</td> </tr> <tr> <td>FY 18/19</td> <td>4.99 %</td> <td>7.20 %</td> <td>6.21 %</td> </tr> <tr> <td>FY 17/18</td> <td>4.76 %</td> <td>6.80 %</td> <td>6.13 %</td> </tr> <tr> <td>FY 16/17</td> <td>6.75 %</td> <td>6.36 %</td> <td>6.29 %</td> </tr> </tbody> </table>	<i>Year</i>	<i>Family Avg</i>	<i>Scottish Avg</i>	<i>Highland Avg</i>	FY 20/21				FY 19/20	5.38 %	8.99 %	6.26 %	FY 18/19	4.99 %	7.20 %	6.21 %	FY 17/18	4.76 %	6.80 %	6.13 %	FY 16/17	6.75 %	6.36 %	6.29 %	<p>The percentage spend has remained fairly static since the baseline was established in 2016/17.</p>	<p>Quartile 1 by FY21/22</p>	<ul style="list-style-type: none"> • Strategy development underway - specific emphasis on developing "choice and control" for supported people and carers. • Covid situation precipitated offer of Option 1 for those not able to access Residential Respite. This offer was proactive and process for conversion aimed to be as flexible as possible. • Community Led Support workstream likely to focus on this
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FY 17/18	4.76 %	6.80 %	6.13 %																									
FY 16/17	6.75 %	6.36 %	6.29 %																									
<p>Percentage of people aged 65 and over with long-term care needs receiving personal care at home.</p>	<table border="1"> <thead> <tr> <th><i>Year</i></th> <th><i>Family Avg</i></th> <th><i>Scottish Avg</i></th> <th><i>Highland Avg</i></th> </tr> </thead> <tbody> <tr> <td>FY 20/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FY 19/20</td> <td>60.40 %</td> <td>61.65 %</td> <td>54.42 %</td> </tr> <tr> <td>FY 18/19</td> <td>60.19 %</td> <td>61.02 %</td> <td>55.55 %</td> </tr> <tr> <td>FY 17/18</td> <td>64.38 %</td> <td>61.75 %</td> <td>53.24 %</td> </tr> <tr> <td>FY 16/17</td> <td>60.59 %</td> <td>60.12 %</td> <td>49.92 %</td> </tr> </tbody> </table>	<i>Year</i>	<i>Family Avg</i>	<i>Scottish Avg</i>	<i>Highland Avg</i>	FY 20/21				FY 19/20	60.40 %	61.65 %	54.42 %	FY 18/19	60.19 %	61.02 %	55.55 %	FY 17/18	64.38 %	61.75 %	53.24 %	FY 16/17	60.59 %	60.12 %	49.92 %	<p>The percentage of people aged 65 and over with long-term care needs receiving personal care at home has increased to 54.2% in 2019/20 from a baseline of 49.9% in 2016/17.</p>	<p>Quartile 2 by FY21/22</p>	<ul style="list-style-type: none"> • Transformational workstream (per Programme Management Board) to rebalance ASC and focus on Community Led Support • Strategic Commissioning initiated to diversify range and quality of non-residential support options available • Learning being taken from experiences of Covid Response Team to inform speed and flexibility of response to support people at home
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<p>The percentage of children who need to live away from the family home, but can be supported in kinship care</p>	<p>The percentage of children supported in kinship care has increased annually from a baseline of 17.7% in 2017/18 to 20.5% in 2019/20.</p>	<p>27% by FY21/22</p>	<p>Create a screening process for children to ensure that families get the right help at the right time. Strengthen services to children and young people can stay at home where it is safe to do so.</p>
<p>The number of foster carers and the number of foster carer and adopter approvals annually.</p>	<p>The number of foster carers has decreased from 148 in 2017/18 to 119 in 2019 /20. The Fostering and adoption service has continued to recruit potential foster carers and adopters during the period of the pandemic. Social workers have also continued to prepare adoption and permanency reports for court to allow children to allow children to find a permanent family. It should be noted that any reduction in foster carers is not always a negative indicator as this may indicate that an adoption has been achieved with the foster family and adoption is the outcome we are striving for. It should also be noted that the mean age of foster carers remains high resulting in foster carer retirements.</p>	<p>164 by 2020 then +15 p.a</p>	<p>Over the next 12 months:</p> <ul style="list-style-type: none"> • Recruit at least 20 new carer households • Recruit foster carers and prospective adopters who can care for sibling groups • recruit adopters for older children (4+), children with complex health needs and disability • Increase our pool of foster carers who can provide home based respite to children and young people affected by disability

Successes and Areas for Improvement

	Successes	Areas for Improvement
Criminal Justice	<ul style="list-style-type: none"> • The implementation of a Drug Testing & Treatment Order (DTTO) II pilot in Lochaber and Caithness. Funded by HADP, this is a 'lighter' version of DTTO reflecting the younger age profile of individuals and poly drug use. • Review and implementation of youth action and criminal justice operating protocol for young people aged 16+. • In 2019/20 for those on Community Payback Order 86% advised their offending behaviour had changed during supervision, 89% that this helped to reduce their offending, 95% that their thinking had changed, and 58% were linked into other supports or 	<ul style="list-style-type: none"> • The implementation of the rollout of the Electronic Monitoring of Bail. This is a Scottish Government priority and will contribute to the reduction in the remand population. • The implementation of a Community Integration Plan initiative in collaboration with SPS and NHS Highland for all short-term prisoners leaving HMP Inverness. This will promote the social reintegration of people with convictions and reduce reoffending with a view to breaking the cycle of repeat short term prison sentences.

	<p>services in the community; for unpaid work, 66% started their placement on time and 99% of beneficiaries were happy with the quality of work.</p>	
<p>Nursing services</p>	<ul style="list-style-type: none"> • Developing the role of the support practitioners in early parenting support (baby massage, book bug and parenting groups) • Enhancing the governance and supervision of professional and clinical practice of qualified and non-qualified staff. • Developing improvement projects including “Paths for All”, Welfare and Support in Early Years” “Domestic Abuse awareness” • Implementing training programmes for nursing staff to support the Scottish Government 	<ul style="list-style-type: none"> • Further development of quality assurance and improvement systems with robust audit cycle and data and performance management • Workforce planning, profiling and development • Develop partnership working with communities/GP’s to take a locality approach to health care • Digital inclusion for children, families and staff

	<p>“Transforming Nursing Roles in the Community Programme”</p> <ul style="list-style-type: none"> • Supporting the Covid response in Highland through providing direct care and interventions in NESH 	
	<p>Successes</p>	<p>Areas for Improvement</p>
<p>Allied Health Professionals</p>	<ul style="list-style-type: none"> • Implementation of the national CYP AHP strategy- ‘Ready to act’ • Continued success of the ‘Just ask’ enquiry line and development of self-management resources • Use of digital technology in clinical and therapeutic work • Use of a quality improvement approach to innovation and delivery of care • Ensuring the CYP view influences therapy plans 	<ul style="list-style-type: none"> • Further development on ensuring the rights and voice of CYP is integral to strategic and individual planning • Maintain and develop partnership working including around early intervention, prevention and population self-resilience • Development of a communication friendly workforce • Develop the acute hospital paediatric AHP care within the SCBU

Children's Social Work

- Average of 98% of children on the child protection register were seen, despite covid restrictions by a professional on at least a weekly basis, with creative methods being employed to promote engagement.
- Use of technology to progress meetings has proved by and large efficient and effective, with some young people reporting a preference for this method of attending their meetings.
- Effective Risk assessment frameworks have been developed, allowing safe face to face family work to progress.
- Teams continue to maintain a cohesive and supportive working environment, in particular for new colleagues who have entered their profession in challenging circumstances.
- Training sessions using MS Teams, with attendance of approximately 90 social work children and family
 - Initial audit of contact to be extended to include Children & Young People views with further work to improve quality of engagement using creative methods.
 - Further training is being devised, aimed to improve the quality of recording of contact.
 - Policies and procedures are being reviewed to ensure compliance with The Promise and the UNCRC incorporation into Scottish Law.
 - Further work required to ensure views of children and young people are sought, considered and recorded in taking their plans forward. An audit of child's plan is currently in progress and the findings will inform this work.
 - Increase support to Kinship carers.
 - Ensure that all children who are looked after have the opportunity to live with their family when it is safe to do so.
 - Improve timescales for assessments of Kinship carers being completed.

staff, have evaluated well, covering legislative knowledge and skills required for the profession.

- Care & Risk Management protocols have been revised with a renewed focus on trauma informed practice, when working with young people presenting as at high risk of harm to themselves and others.
- We have continued to support more children living with Kinship carers as a % of the total number of looked after children. We have also continued to support carers in obtaining Kinship care orders for children to ensure that they have more security in their placement.

<p>Adult Social Care</p>	<ul style="list-style-type: none"> • Delivered by NHS Highland on behalf of the Council and subject to an Integration Scheme and previously a partnership agreement. Those documents have now been consolidated and are out to consultation. • Establishment of the Programme Management Board set up to deliver efficiencies and transformational change across Adult Social Care and Integrated Children’s Services 	<ul style="list-style-type: none"> • Actions required to further integration arrangements in place between the Council and NHS Highland • Agreed performance management frameworks to be set up to take account of local priorities • Budget monitoring to take place on a monthly (rather than quarterly) basis • Assurance and scrutiny function to take place at Strategic Committee
<p>Mental Health Officer Service</p>	<p>We have worked to ensure all persons affected by mental disorder who require a Mental Health Officer can expect an efficient and helpful response and comprehensive service following a request to the service to undertake duties in accordance with relevant legislation. The service makes clear arrangements for the assessment of individuals and instigates action to meet assessed needs with partners through inter/intra agency collaboration and co-operation.</p>	<ul style="list-style-type: none"> • Further development of a quality assurance system and improved data collection. • Implement a recruitment process supported by effective workforce planning.

Fostering and adoption

In the latest 12 months we have;

- Approved 14 new carer households
- Matched 14 children with their adoptive family
- Held 6 virtual preparation courses for fostering & adoption
- Granted 13 adoptions
- Held 4 virtual adoption forums
- Worked alongside CAMHS to provide support to foster carers and adopters to avoid placement breakdown
- Provided a high level of support during the pandemic often meeting with carers in the evenings & keeping in contact over weekends

In the next 12 months we aim to;

- Support our colleagues in Family teams to improve permanence planning timescales for all children & young people.
- Increase our available resources for Adoption support services
- Ensure we have a Trauma informed work force by accessing appropriate training opportunities
- Develop online training opportunities for staff
- Develop online training opportunities for foster carers, prospective adopters & Kinship carers

Improvement Actions for 2021/22

	Improvement Actions	How we will measure success
<p>Improve support for families through Early prevention, assessment and intervention. This will be delivered through a trauma informed and responsive approach to supporting families.</p>	<p>Redesign the Health and Social Care Service to ensure a community focused approach where the support needs of children and families are identified earlier to divert from unnecessary statutory involvement.</p> <ul style="list-style-type: none"> • Shift focus to early prevention, intervention and family support. • Ensure rural teams have local management of all staff in the area so they can function more effectively. • Shift balance of care to promote family-based care. Children should stay within their nuclear family or in kinship placements. • Introduce Family Group Conferencing. • Develop a variety of incentives to encourage professionals to live and work in the more rural areas of the Highlands. Also further develop 'grow your own' scheme. 	<p>Through interrogation of the following data.</p> <ul style="list-style-type: none"> • Number of children Looked After • Number of children being supported within family support without statutory measures. • Number of children within kinship care • Number of children and families requiring additional support identified through Health Plan Indicator (HPI), via Named Person (Health visitor) • Number of children being supported by Tier 2 CAMHS PMHW service within H&SC • Number of requests for service to Tier 3 CAMHS <p>Mechanism is in place across H&SC to monitor the personal development planning</p>

	<ul style="list-style-type: none"> • Bring Primary Mental Health Workers into the health and social work service to be integral to the delivery of Tier 2 CAMHS provision within a family support model • Create a management and supervision structure that builds on well-established integrated working • Future proof the Health and Social Care service through robust workforce profiling, planning and development • Ensure there is focus on staff learning and development on trauma and early preventative measure 	<p>for all staff, ensuring it is focussed on learning around early intervention and prevention</p> <p>Professional post graduate training programme in place for nursing and social work staff</p> <p>Staff feedback and evaluation of the application of a robust support and supervision framework</p> <p>Number of the Bank/Agency staff being used across Highland</p>
<p>Working with public protection partners, safeguard the health and wellbeing and improve the lives of children and young people at risk.</p>	<ul style="list-style-type: none"> • Support the Tier 2/3 CAMHS gap for infants under the age of 1 year • Support a life course approach offering Tier 2/3 CAMHS support from birth to 17yrs • Support the development of the workforce through training/consultation and support as well as direct assessment/intervention with families. 	<p>Analysis of the Minimum child protection dataset</p> <p>Analysis of data collated by the Child and Adult protection committees</p>

	<ul style="list-style-type: none"> • Consolidate the function of PMHW as Tier 2 CAMHS Support working within H&SC to those most in need. • Consolidate the existing expertise within THC CS, to provide direct support to C&YP and to the staff caring for and supporting them • Enable a more equitable service to be delivered to children and families • Link with the pathfinder sites in Sutherland, Caithness • Develop the Safe and Together Model to Highland. This model supports practitioners in addressing domestic abuse by putting strategies in place to support children and adult victims whilst working with perpetrators to reduce risk and harm. 	
<p>Develop the themes outlined in ‘The Promise’ to ensure that services and support are shaped by the voices and needs of</p>	<p>Develop service ensuring that is informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of service improvement.</p>	<p>Through interrogation of the following data.</p> <ul style="list-style-type: none"> • The number of children where permanence is achieved via a Residence order increases • The number of LAC accommodated outwith Highland will decrease

<p>children, young people and families and ensure that children and young people are supported within trusting relationships</p>	<p>Develop resource that supports teams to:</p> <ul style="list-style-type: none"> • Recognise the importance of health and wellbeing • Recognise where people are affected by trauma and adversity • Respond in ways that prevent further harm • Support recovery from trauma and adverse experience • Address inequalities and improve life chances • Ensure views of children and young people are sought, considered and recorded in taking their plans forward. • Increase support to Kinship carers. • Ensure that all children who are looked after have the opportunity to live with their family when it is safe to do so. • Improve timescales for assessments of Kinship carers being completed. 	<ul style="list-style-type: none"> • The number of children at the edge of care who maintain their placement at home increases • The number of children at the edge of care who are supported in kinship placements increases <p>The Promise team advocate a one cross-sector, multi-agency, collectively owned Plan. The service believes in this model and aims to achieve improved outcomes by designing clear and robust performance measures.</p>
<p>Work with our partners in NHS Highland to support the future delivery of Adult Social Care and Integrated Children’s</p>	<ul style="list-style-type: none"> • Programme Management Board set up to deliver efficiencies and transformational change across Adult Social Care and Integrated Children’s Services through 4 identified workstreams 	<p>A programme board meets bimonthly and is key in terms of governance to ensure outcomes</p>

<p>Services to ensure sustainable and efficient services which achieve the best possible outcomes for service users.</p>	<ul style="list-style-type: none"> • Joint Officer Group to be re- established to ensure action plan is implemented in terms of actions identified as a result of the review of the integration scheme 	<p>Progress will be reported against action plan to ensure necessary actions are taken forward. This is under development.</p>
<p>Delivering agreed functions as required by the Highland Health and Social Care Partnership (Integration Scheme)</p>	<ul style="list-style-type: none"> • Implementation of the Health and Care Staffing Act 2019 • Implement Morse E Record System • Implementation of the Transforming Nursing Roles in the Community Programme • Further Implementation of (SPSP) CYPIC improvement approach across the service 	<p>Assurance reporting to:</p> <ul style="list-style-type: none"> • Highland Council Clinical and Professional Governance Group • The Health, Social Care and Wellbeing Committee • The Joint Monitoring Committee
<p>Improve the framework for quality assurance, performance and improvement which will include consistent and effective monitoring of all commissioned services.</p>	<ul style="list-style-type: none"> • Enhance the use of the service quality assurance framework using the quality indicators to support self-evaluation to improve services for children, young people and families. • Develop the current performance framework to improve planning and improvement processes. The framework articulates the mechanism agreed for evaluating and 	<p>This priority will be measured by providing regular updates on the enhanced use of the framework and scrutiny of improvement planning across teams.</p> <p>In addition, the following data will be collated and scrutinised;</p>

measuring outcomes, responsibilities and timescales.

- Utilise the performance management framework to make better use of available data and business intelligence to inform plans for improvement.
- Further adopt the quality improvement model, supported by Scottish Government funded improvement collaboratives.
- Frontline staff and managers across a range of services will enhance their use of the 'Model for Improvement' to accelerate change.
- Build a business intelligence approach to support the wider functions across Health and Social care
- Work in partnership with NHS Highland to develop a performance management framework for the commissioned health service.

- The number of team plans that are in place using the agreed quality assurance framework.

- The number of themes from the quality assurance framework evaluated and actioned increases

Assurance reporting across the commissioned services for children and adults will continue to be a feature of the partnership agreement between NHS Highland and The Highland Council. This will provide detail of performance management across services.