

Agenda Item	5
Report No	HCW-01-22

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 10 February 2022

Report Title: Performance and Quality Assurance Report

Report By: Executive Chief Officer Health and Social Care

1. Purpose/Executive Summary

- 1.1 This report is to update Committee on the quality assurance and review processes that have, and continue to, take place within the Health and Social Care Directorate.
- 1.2 To help inform and assess practice, it is normal practice within Social Work to commission external reviews into areas of service provision. This sits well within the learning approach that is expected within children's care and protection services. Alongside this will be quality assurance work that helps to inform teams on a local level, as well as offering assurance to the relevant committees who are responsible for scrutinising practice and ensuring services are meeting their statutory duties and responsibilities.
- 1.3 In this report, focus is on:
 - the small-scale review of Children's Services;
 - children's residential services review (not yet completed)
 - preparing for a Joint Inspection of Children's Services and Quality Assurance Group

2. Recommendations

- 2.1 Members are asked to:
 - i. Note the review process that has concluded and those that are ongoing
 - ii. Note the findings and analysis
 - iii. Note the planned use of these findings to inform practice, service delivery and re-design of services

3. Implications

- 3.1 Resource: The service redesign offers the opportunity to review resources – both in terms of staff and of support services. The findings in this paper will help contribute to this.
- 3.2 Legal: No arising issues
- 3.3 Community (Equality, Poverty, Rural and Island): No arising issues
- 3.4 Climate Change / Carbon Clever: Work that is ongoing at a Council level regarding new ways of working, should help positively impact on this.
- 3.5 Risk: The risk register continues to be updated on a regular basis. Quality assurance and review helps inform practice, with risk issues clearly identified.
- 3.6 Gaelic: No issues arising

4. Small Scale Practice Review of Children's Services

- 4.1 In July 2021, the Executive Chief Officer (ECO) for Health and Social Care in Highland Council commissioned a small-scale practice review. The overarching aim of the study was to determine how well Highland Council's children's health and social work services were able to safeguard the wellbeing of children and young people, improve their outcomes and, in particular, identify how services were able to measure and demonstrate this. This review concluded at the end of October 2021.
- 4.2 The study gathered data through three activities:
 - a) documentary analysis of management information routinely collected and aggregated, and reports produced quarterly, six monthly and annually;
 - b) semi-structured interviews with the Executive Chief Officer, relevant heads of service and principal officers, representatives from family teams, and projects and technology. In total, 19 were able to participate in these semi-structured interviews; and
 - c) discussion groups with staff from across the four areas within Highland Council and representing all children's health and social care services. Whilst the total attendance at these groups equalled 58, teams had held pre-discussion groups to help inform the bigger group. As such, approximately another 200 people contributed indirectly to the review.
- 4.3 All participants reflected on the need to understand what difference services made to families with data being regarded as key to this. However, the review concluded that whilst there was a plethora of data produced for a variety of different reasons, the use of this data to inform practice and service delivery was mixed. It was recognised that CareFirst was at the end of its development life and an essential element of any new replacement system would allow better recording of information thus improving the ability to analyse data more easily and effectively.
- 4.4 Although there were pockets of review activity and self-evaluation in parts of the service, it was acknowledged that this fragmented approach to quality assurance needed to be coordinated and strengthened to assist managers in the quality assurance process.
- 4.5 The pending appointment of a Business Intelligence Officer should provide opportunities to use data more effectively; to increase understanding of the needs of families and communities; and to inform the impact that services being delivered are having.

- 4.6 With regard to staffing, having a mix of staff from a range of backgrounds with different skills, knowledge and experience was considered a strength in teams. Teams were invested in delivering high quality services in very challenging circumstances ensuring that building positive relationships with families were seen as a key value in their work. In addition to a good mix of team members was the need for stable teams working to full capacity. While some posts remained interim, there was a sense of greater stability and continuity in terms of staff.
- 4.7 Recruitment has over the past 5 years of so, been a challenge. However, the recruitment drive in 2020-21, added to the strategy to Grow your Own (for increasing health visitors, school nurses and social workers), was effective. However, there is a need for a training strategy to be developed and fully embedded. This would enable access to training as well as opportunities for continuous learning and development. Having a clear workforce plan and development strategy, was regarded as key to helping retain staff.
- 4.8 In recognition of the complexities of direct work with children and families, training in terms of trauma-informed practice was identified as a key requirement. Dedicated time for team and development days was perceived an effective way to explore issues of practice and “also a chance to maintain or boost morale.” Trauma Champions across Highland are now regularly meeting to identify how best we can use the resources around trauma to help inform all our workforce.
- 4.9 There is an acknowledgment that the service redesign was required to ensure that service delivery is fit for the 21st Century. Several participants reflected on the need for greater flexibility to provide help to families in the mornings, evenings and weekends and identified the key role of support workers in helping to achieve this. Having to meet the needs and expectations of our statutory partners (ie Children’s Hearing System; Scottish Courts; Education, etc) alongside the needs of our clients (ie. children, young people and adults), is the driver for having to deliver services differently. To achieve this, all partners will play a key role in helping to produce services that will help and support clients. Services will need to be flexible, be appropriate to need, and be able to offer short-term intensive support, when required. This is a significant piece of work but one that is essential.
- 4.10 The impact of covid on working practice highlighted the importance of effective and regular communication from senior leaders to the workforce. Changes at senior management level had impacted on continuity and there was a clear ask for leaders to be visible, and to lead and direct services. So, whilst there is a clear vision and a strategy detailed in the Joint Children’s Plan, the connection between this and service delivery, requires some investment.
- 4.11 Developing trusting relationships was seen as being at the heart of effective service delivery. Staff being visible and approachable was viewed as key to engaging with families and there was an appetite to contribute and inform how services are re-designed and delivered to improve outcomes for children and young people. Despite the ongoing challenges and uncertainty about the future, staff remained committed, and this was viewed as central to keeping children safe, enabling them to reach their full potential and sustaining change to make lives better for families in Highland.

5. Children’s Residential Services Review

- 5.1 Children’s residential services continue to experience significant pressures. To inform practice and models required for Highland’s care experienced young people an external short-term review of service delivery was commissioned in October 2021 with an

experienced senior social work manager brought into the Council to provide an independent assessment of current practice and assess how this aligns with current demand pressures.

- 5.2 This review has not yet concluded and as such, findings have not been formalised. However, when formalised, these findings, alongside our vision of supporting children and young people to remain with their families where possible, will help inform the service redesign – both in terms of residential services and of children’s services as a whole.
- 5.3 Highland Council has around 466 looked after children which represents 1.2% of an under 18s population of 37,718 children. This is around the national average. However, 85 of these looked after children (LAC) are in residential care which represents 18% of the LAC population. This compares to a national average of less than 10%.
- 5.4 Of the 85 LAC, there are between 25 and 30 children in out of authority placements – which equates to around 30% of children in residential care. This is comparatively, a very high proportion in out of authority placements.
- 5.5 The above figures clearly informs us that Highland Council are using comparatively very high numbers of residential beds compared with the national average.
- 5.6 The core residential service is built around a model of 5 bedded units located across the Highland Council area. The Council owns and runs 4 of these units and 3 others are contracted from the voluntary sector on a 100% occupancy agreement.
- 5.7 In addition to this core service, the Council also runs Arach House - which was originally intended to provide some of the intensive community alternatives to residential care mentioned above. However, this has not worked to the original intention with Arach House now essentially functioning as an additional medium to long term residential unit.
- 5.8 There are also a further 3 units run by the Council (2, 3 and 4 bedded units) which were originally created to provide special bespoke arrangements to children with specific needs and supports. Of note, children have remained in these houses on a longer term basis as their needs appear to be getting met.
- 5.9 From the review, challenges facing the residential services have emerged. These include:
 - Supporting young people traumatised by adverse childhood experiences (ACE). These young people can be very angry and upset due to trauma which requires staff to be trained with specific skills and different approaches.
 - Young people who are targeted in the community for exploitation by drug dealers and other criminal activity
 - Supporting young people with disability
 - Managing emergency admissions

(The above challenges are not uncommon in residential services across the country so working and linking in with other local authorities is key to identifying and building good practice that can address these).

- 5.10 The residential staff are supported in these tasks by a dedicated management structure as well as a commissioned service from Child and Adolescent Mental Health Services (CAMHS). The staff also follow an underpinning practice model called PACE to support their practice.

5.11 The residential units are run by a core permanent staff group, supplemented by a relief pool. Effort is made to allocate specific relief staff to specific units to maximise consistency of relationships for the young people.

5.12 The Covid pandemic has posed significant challenges for residential services including staff absences. Further, there are underlying recruitment challenges in obtaining and retaining social care staff. Again, this is not particular to the Highlands nor indeed to children's residential care. However, specific challenges do exist as a direct consequence of the demographic and geographic profile.

5.13 Although this review has not yet concluded, there are some learning points that we are tentatively looking at:

- managing demand in the middle of the care pathway to prevent escalation into the higher end of the pathway (ie residential care). A possible solution would be to develop multi-agency intensive community supports which could provide support and assistance earlier and more effectively
- the benefits of mapping and then developing community assets for the community and by the community.
- making more creative use of our community buildings (including schools) providing a range of community supports and learning opportunities
- creating a focus on strengths, wellbeing and resilience rather than the traditional deficit assessment model.

5.14 The residential review is highlighting several strands that will need to be targeted if we are to reduce the number of children and young people being placed in residential care. Practice has to focus on supporting children and young people to remain with families (when safe to do so). Developing a multi-agency community support service including a kinship care scheme, emergency foster care and/or teenage fostering are essential requirements. By doing so, this can reduce the number of young people escalating into residential care and then into out of authority placements.

5.15 Further work is required around a referral criteria and pathway for residential care. Whilst some young people will require this care, we need to ensure that they remain linked in with their family as well as maintaining education links, whilst ensuring they are receiving the appropriate help and support they require.

5.16 Ongoing training and development opportunities for residential workers is key. This is an area that we want to invest in including links with educational institutions.

6. Preparing for a Joint Inspection of Children's Services and Quality Assurance Group

6.1 As Covid restrictions ease, the Care Inspectorate have advised that their inspections will restart. Further, there has been a change to the inspection framework and as such, we agreed to pull together senior managers and key lead professionals to review our quality assurance and review process, to ensure that this is aligned with the new inspection focus.

6.2 At the request of the Scottish Government, the inspection remit is to focus on children and young people at risk of harm. Further, the role and impact of community planning

partnerships in helping improve the lives of these young people, is to be examined. A key component is the involvement of children, young people and families in the decision-making process.

- 6.3 To date, we have drawn up and agreed an action plan for the quality assurance work across the services. A questionnaire on learning and development is currently live across all partner agencies. The aim of this is to help the Child Protection Committee, Corporate Parenting Board and all partners shape future learning and development opportunities to ensure staff and managers are fully informed and equipped to carry out their roles and responsibilities.
- 6.4 The action plan is a mix of planned review work to assess practice, through to a communication strategy to ensure staff in all organisations are fully informed and updated as to planned activities to help with practice and scrutiny.
- 6.5 To avoid any duplication of work, this group will be accountable and report to the Community Planning Board (through the Children's Services Planning Board) whilst also providing updates to the Corporate Parenting Board and the Child Protection Committee.

Designation: Executive Chief Officer Health and Social Care

Date: 27 January 2022

Author: Fiona Duncan, Executive Chief Officer Health and Social Care

Background Papers: