

Health and Social Care

Directorate Service Plan (2017-2022)

Plana Seirbheis na Buidhne-stiùiridh (2017-2022)

(Updated May 2021)

(Ùraichte Cèitean 2021)

Ambitious	Sustainable	Connected
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Key Priorities Prìomhachasan	Key Performance Indicators Prìomh Thaisbeanairean Coileanaidh
<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>	<ul style="list-style-type: none"> • The percentage of children needing to live away from the family home but supported in kinship care increases • Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase • Percentage of children will achieve their key developmental milestones by time they enter school will increase • The number of families who say that they know where to get help from increases
<p>Working with public protection partners to safeguard health and wellbeing and improve the lives of children and young people at risk.</p>	<ul style="list-style-type: none"> • The number of offence-based referrals to SCRA reduces • The number of children & young people reported to SCRA on offending grounds reduces • The percentage of children on the child protection register who have been registered previously will reduce.
<p>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</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 • 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

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

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

Delivering agreed functions as required by the Highland Health and Social Care Partnership (Integration Scheme)	As above
Improve the framework for quality assurance, performance and improvement across Health and Social Care, including consistent and effective monitoring of all commissioned services.	<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 Goireasan

Budget

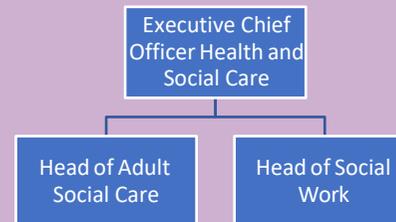
Revenue Budget

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%

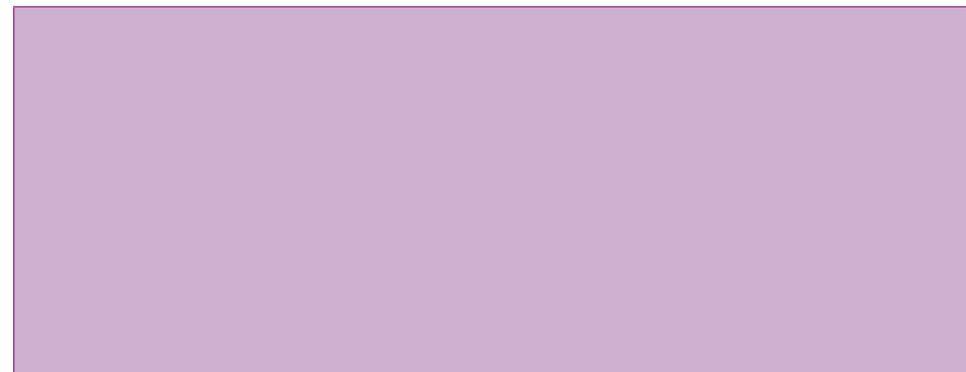
Structure



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 A’ Lìbhrigeadh a’ Phlana Chorporra

	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>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> <p>The percentage spend has remained fairly static since the baseline was established in 2016/17.</p>	<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>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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<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

Soirbheasan agus Raointean airson Leasachadh

	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 services in the community; for unpaid work, 66% started their 	<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.

Nursing services

placement on time and 99% of beneficiaries were happy with the quality of work.

- 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 "Transforming Nursing Roles in the Community Programme"
- Supporting the Covid response in Highland through providing direct care and interventions in NHSH
- 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

	Successes	Areas for Improvement
Allied Health Professionals	<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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

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 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

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.

Adult Social Care

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.

- 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
- 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

Mental Health Officer Service

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.

- 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

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

	with carers in the evenings & keeping in contact over weekends	<ul style="list-style-type: none"> Develop online training opportunities for foster carers, prospective adopters & Kinship carers
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Improvement Actions for 2021/22 Gníomhan Leasachaidh airson 2020/21

	Improvement Actions	How we will measure success
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>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. 	<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

Working with public protection partners, safeguard the health and

- 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.
- 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
- Support the Tier 2/3 CAMHS gap for infants under the age of 1 year

- Number of requests for service to Tier 3 CAMHS
- Mechanism is in place across H&SC to monitor the personal development planning for all staff, ensuring it is focussed on learning around early intervention and prevention
- Professional post graduate training programme in place for nursing and social work staff
- Staff feedback and evaluation of the application of a robust support and supervision framework
- Number of the Bank/Agency staff being used across Highland
- Analysis of the Minimum child protection dataset

wellbeing and improve the lives of children and young people at risk.

- 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 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.

Analysis of data collated by the Child and Adult protection committees

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

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.

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.

Through interrogation of the following data.

- The number of children where permanence is achieved via a Residence order increases
- The number of LAC accommodated outwith Highland will decrease
- 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

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.

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.

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

Improve the framework for quality assurance, performance and improvement which will

- Programme Management Board set up to deliver efficiencies and transformational change across Adult Social Care and Integrated Children’s Services through 4 identified workstreams
- 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

- 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
- 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.

A programme board meets bimonthly and is key in terms of governance to ensure outcomes

Progress will be reported against action plan to ensure necessary actions are taken forward. This is under development.

Assurance reporting to:

- Highland Council Clinical and Professional Governance Group
- The Health, Social Care and Wellbeing Committee
- The Joint Monitoring Committee

This priority will be measured by providing regular updates on the enhanced use of the

include consistent and effective monitoring of all commissioned services.

- 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.

framework and scrutiny of improvement planning across teams.

In addition, the following data will be collated and scrutinised;

- 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.