The Highland Council

10 March 2016

Agenda Item	**13**
Report No	**HC/ 9/16**

Highland Health and Social Care Partnership – Joint Strategic Plan

Report by Director of Care and Learning

Summary

This report introduces and seeks agreement to the Strategic (Commissioning) Plan for health and social care services, that has been prepared in line with statutory requirements.

1 Background

1.1 The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), which puts in place the framework for integrating health and social care, places a duty on Integration Authorities to develop a "strategic plan" for integrated functions and budgets under their control.

1.2 The strategic plan is the output of what is more commonly referred to as the "strategic commissioning" process. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

1.3 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

2 Highland Position

2.1 When Highland Council and NHS Highland entered into the Partnership Agreement in 2012, heralding the beginning of service integration and the lead agencies, it was also the start of a five year plan which set out the vision and expected outcomes.

2.2 Within the Partnership Planning process, an integrated children's services plan (*For Highland's Children*) and Strategic Commissioning Plan for Adults, are already in place, and these plans are reviewed annually.

2.3 As such, the proposed Strategic Plan (attached) sets out an established agenda for both children's and adult services.

2.4 The Scottish Government Guidance states that stakeholders must be fully engaged in the preparation, publication and review of the strategic plan, in

order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services;
- To ensure resources are used effectively and efficiently to deliver services.

2.5 Engagement with all sectors and interests has been central to the development of the new processes and existing plans in Highland. The Partnership has developed cross sector Commissioning Groups (for both children and adults), and has initiated a number Improvement Groups to plan with particular population groups. In recent months, engagement in the planning process has been strengthened within the District Partnerships, to bring a clearer understanding of community priorities to bear within the plan.

2.6 Members should note that the inclusion of children's services in the strategic plan is a Highland decision to provide balance and completeness, rather than a statutory requirement.

2.7 The Plan will be submitted to the Joint Monitoring Committee and NHS Highland Board, and must be agreed by both agencies prior to submission to Scottish Government. Further to discussion at the Council and these other forums, should any final amendments be required, it is proposed that these are delegated to the Chief Executive in consultation with the Council Leader.

3. Implications

3.1 This plan addresses NHS Highland and Highland Council's statutory responsibility to prepare a strategic plan for health and social care services.

3.2 There are no new resource implications, as this report is based around existing plans. Now that budget commitments for the coming year are largely confirmed, both agencies will start working on a Financial Plan to accompany this Strategic Plan.

3.3 There are no new equalities, climate change, risk, Gaelic or rural implications arising from this report. These are all addressed in main sub-plans.

Recommendation

The Council is asked to note the requirement for a Strategic Plan to be developed, consulted upon and published in line with legislation, and to agree:

- the attached Strategic Plan
- that, should any final amendments be required, these are delegated to the Chief Executive in consultation with the Council Leader.

Designation: Director of Care and Learning Date: 28 February 2016

The Highland Strategic Plan

2016-2019

Final Draft 16.02.16

The Highland Strategic Plan

This is the first Highland strategic plan. It has been co-produced with all sectors and representatives of carers and people through the Adult Services Commissioning Group and the For Highland's Children Planning Groups.

Throughout the development of this plan, we have aimed to place the person at the centre of our thinking.

Development of this strategic plan is an evolving process, where the journey of establishing solid relationships with and between commissioning partners, has been a critical achievement. The challenge for the coming years is to build on this relationship as we take a shared approach to investment, reinvestment and disinvestment decisions and the risks associated with these.

This will not be an easy process and through this plan we seek to be open and transparent and need to be brave enough to challenge and be challenged.

Joint Signatories

Date

A Strategic Commissioning Plan for Highland: A Summary

This Strategic Commissioning Plan has been co-produced by The Highland Council; NHS Highland and their commissioning partners, in order to communicate:

- The person and carer outcomes we are striving to deliver;
- The current Highland position and intended direction;
- The shape and profile of future services which will best meet peoples' needs;
- How this transition will be made;
- Future dis-investment and re-investment decisions;
- Future engagement with providers; and
- Information to enable providers to position their service to deliver provision that people in Highland need and want.

Our Vision

In 2012 The Highland Council and NHS Highland used a Lead Agency model to integrate and reduce organisational barriers to the provision of quality, responsive care.

In Highland, we (NHS Highland; the Highland Council and commissioning partners) are committed to achieving the best possible outcomes for our population and people. We believe that services should be person centred and enabling, should anticipate and prevent need as well as react to it, should be evidence based, acknowledge risk and should provide for flexibility and choice.

In order to achieve this, we must focus our activity on providing or facilitating only those services which people need and want, continuously improving the person experience and building on people's strengths. In doing so, we need to take steps to remove any areas of activity which do not add value to achieving these objectives.

We wish to ensure our population have a real choice of quality provision for people to access services directly, should this be their wish. In order to achieve this, we need to be able to stimulate and shape the market to be able to achieve better outcomes and value, through a variety of service models which meet peoples' needs and expectations.

We also aim to re-balance towards prevention and early intervention with a greater emphasis on:

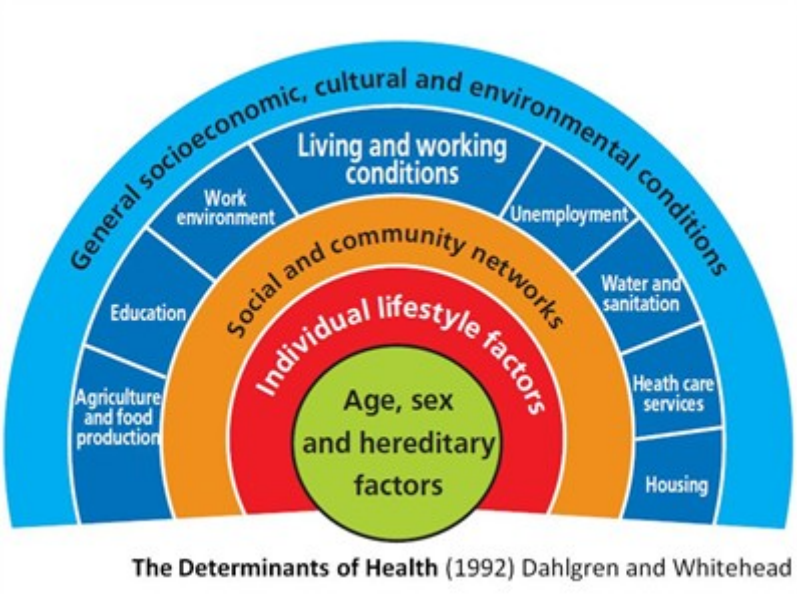
- Addressing health inequalities through leadership, development and co-ordination of a range of interventions and initiatives to reduce health inequalities; working with community planning partnerships to tackle the underlying causes and embed efforts across NHS Highland**.** See Figure 1: "Wider Determinants of Health".

- Leadership and support for development and implementation of policy, guidance and person-centred planning; meeting duties under equalities legislation; training and raising awareness.
- Partnership working to maximise the use of community resources and assets, including other public sector bodies, the voluntary sector, volunteer and local community facilities.

Focus areas include:

- Maternal and infant development & nutrition – strategy and policy development and implementation, and coordination and leadership of nutrition interventions including breastfeeding.
- Children and Young People's Services – supporting interventions in the early years, pre-school and schools to improve health
- People taking responsibility for their own health and wellbeing specifically in relation to self management/self care. Support for those in a caring role is of increasing importance.
- Strategy, leadership and service development to support lifestyle interventions namely the misuse of alcohol and drugs; healthy weight; food and health; sexual health; tobacco control and smoking cessation.
- Physical Activity – strategy development and implementation, and improving structures and environments.
- Healthy relationships - including promoting good sexual health and preventing gender based violence. Co-ordination of Highland CPP Violence against Women partnership, development and implementation of strategy and initiatives to reduce gender based violence.
- Mental wellbeing - co-ordinating and delivering programmes to promote mental wellbeing, including suicide prevention (Choose Life).
- Healthy settings - Promoting health in the workplace and support for 'Healthy Working Lives'; and Health Promoting Health Service.
- Screening/Detect Cancer Early – development and implementation of interventions to promote uptake of screening and awareness of cancer symptom.
- Use of technology to maintain health and provide remote support and access to appropriate expertise.

Figure 1: The Determinants of Health
Sources: Equally Well (2008) Scottish Government



The Determinants of Health (1992) Dahlgren and Whitehead

This first strategic commissioning plan covers the next five year period (2014-2019). The approach to articulating our strategic commissioning plan is an evolving process and more detailed direction for both older people and other population groups will be produced over 2014-2015. This plan is also the first step to considering the longer term needs of the population beyond 2019, and looking ahead to 20-30 years time.

Our Strategic Commissioning Approach

What is a commissioning plan and why do we need one?

The purpose of this strategic commissioning plan is to set out the Highland approach to strategic commissioning between 2014-2019 in terms of quantified quality, volume, value and location, and to set out how this is to be achieved.

Highland currently spends around £500m per annum on providing or delivering adult care services, with around half of this on older people.

The challenge for this plan is to ensure that this resource is used to achieve the outcomes based on what people have told us they need and our understanding of what would meet these needs. The plan also needs to move us away from traditional ways of thinking about meeting people's needs in terms of beds and buildings and towards a greater emphasis on early intervention and anticipatory support. In achieving this shift, it is intended that a more vibrant and energised care market will be created; maximising potential for self directed support and creating opportunities for greater choice and innovation for how people's needs can be met.

In the context of increasing service demands, a finite budget, and a historic service profile, this approach will mean a different commissioning relationship with partners and will mean a re-focussing or decommissioning of traditional services and transition towards service models in line with this plan, to ensure that resources are being targeted in the most appropriate way.

In describing what a commissioning plan is, it is also useful to clarify the commissioning process, to ensure a shared understanding.

A simple illustration of the commissioning process is noted in **Figure 1** below, which sets out commissioning at a strategic and operational level, notes the key steps involved and highlights the importance of the person at the centre.

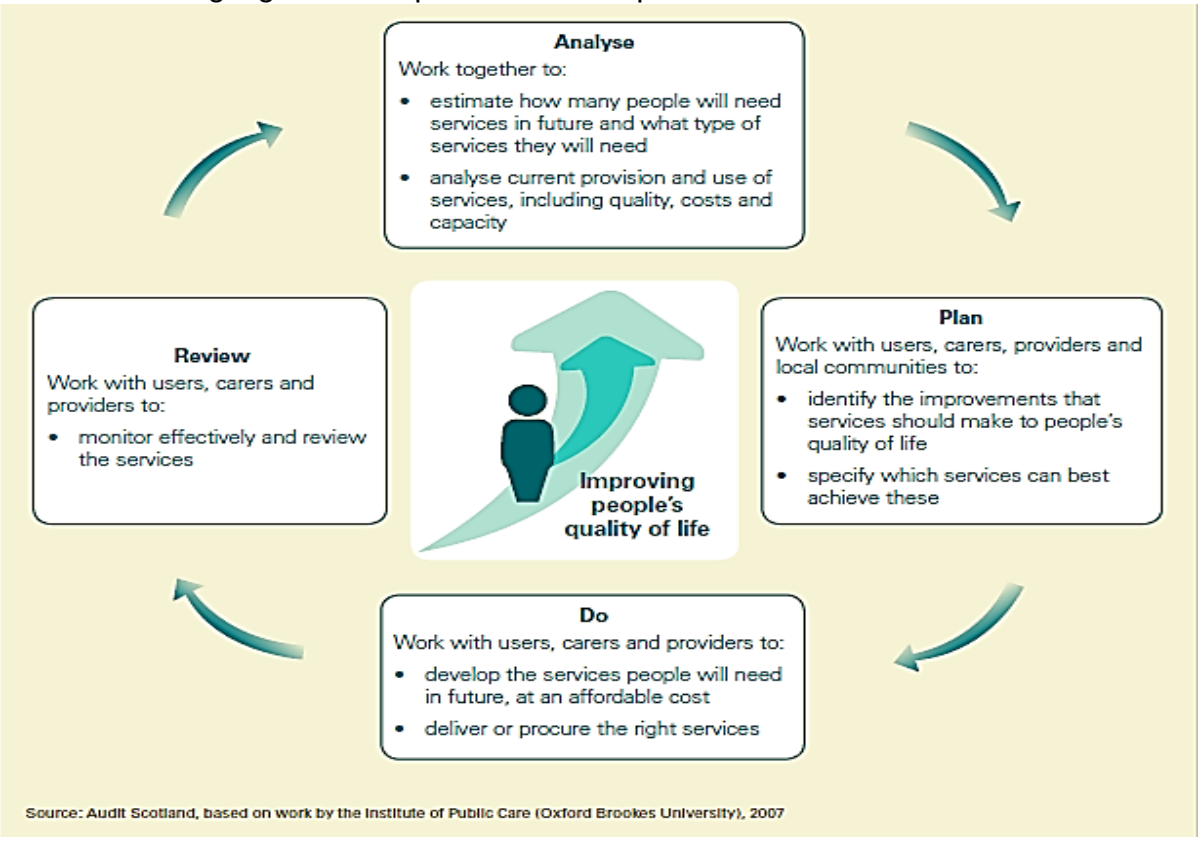


Figure 1

It is our intention also that this strategic commissioning plan is as concise as possible, setting out the strategic direction only and thereby maximising focus and clarity by linking to existing Plans. The plan is set out in two distinct parts;

- **part one** summarises the context and is intentionally high level. Key points are drawn from far more detailed information linked to part two (Strategic Health Needs Analysis, Carers Strategy, Housing Strategy etc) and it is not the purpose of this plan to repeat the detail here;

- **part two** summarises where we are aiming to get to in the separate Adult and Children agendas and provides the links to explain how we need to transition to get there. links

This strategy, once agreed, will require to be translated through local delivery plans, which will set out how this strategic direction will be applied to localities across Highland.

Who wrote this plan and how has it been developed?

This is a strategic commissioning plan for Highland, developed through a co-productive approach by The Highland Council; NHS Highland and its commissioning partners – and has involved the cross sector planning groups that are supported by the wide range of representation round the Adult Services Commissioning Group and For Highland's Children Strategic Group. These groups have been established as vehicles to involve as many sectors and representatives as possible in the making of strategic decisions about the adult and children populations.

It is therefore not one Sector's plan, but a jointly owned plan for Highland.
It is our intention that broader strategic commissioning plan will be taken forward by a range of improvement groups.

Crucial to the development of the plan and setting the priorities for the future, has been the inclusion of people, their carers, as well as input from providers and their representatives and these key stakeholders have been included as partners at every level and stage of the plan's development. This approach will continue as the strategic commissioning plan both evolves and also considers the longer term challenges beyond the five year duration of this plan, as well as the strategic commissioning priorities of other population groups.

What will the plan achieve?

The following sets out the key priority areas to be delivered through this plan:

- *Ensure the best available evidence is used for making decisions*

  Support providers and the people of the Highlands to make decisions based on evidence regarding effectiveness and efficiency care options.

- *Increase transparency on price and quality*

  Provide the people of the Highlands with information on how much their health and social care costs and how outcomes compare so they can become informed consumers and make informed choices.

- *Pay for value*

  Design new payment structures that incentivise quality, efficiency and effectiveness.

- *Enhance quality, efficiency and capacity of care at a local level*

  Strengthen local decision making and investment decisions; and give communities better tools for making such decisions.

- *Increase dignity and quality of care for seriously/terminally ill patients*

Support Highland's people to plan in advance to ensure health care and other end of life decisions are honoured. Provide secure electronic access to advance directives. Encourage provider training and education in end-of-life care. Establish a process that engages seriously and terminally ill patients in shared treatment decision-making with their clinicians and carers. Use tele-health care and redesign methods to improve access to palliative care.

- *Focus on prevention*

  Create the conditions that support and engage the population of the Highlands enabling healthy lifestyle choices. Self management, particularly for those living with long term conditions, must remain a priority. Tackling health inequalities for example, targeting those who are most vulnerable, should remain a priority for all services.

- *Build the foundation of a sustainable health and social care system across all sectors*

  Ensure there is an appropriate quality, supply and distribution of care workers across all sectors.

Commissioning for Quality and Outcomes

The next two sections provide a summary of the separate commissioning plans for Children and Adults. Readers of this Plan are encouraged to use it to inform local community discussions about priorities for investment; re-investment and disinvestment of the resources that we have available to meet the needs of the people of the Highlands.

PART TWO

Adult Services

Joint Strategic Needs Assessment

The strategic commissioning plan for Adults in Highland is built upon the processes and outcomes outlined in 'The Highland Strategic Commissioning Plan for Older People, 2014 – 2019 (Link), the Commissioning Intentions for Adults 2015 (Link), The Improvement Plans of the Highland Improvement Groups for Older People; Carers; Brain Injury; Autism; Mental Health and Sensory (Links), and the NHS Highland Health Needs Assessment 2014 and the associated District Profiles (Link). These plans incorporate and build upon outcomes identified within existing policy commitments of The Highland Partnership and our partners across all Sectors of our community.

The Plans reflect a Performance Framework and improvement priorities identified by operational teams and improvement groups. These inform the balanced score card for adult services.

The key messages from the assessment of need are that people want to Live well; Keep Well and Die Well. The strategic needs analysis therefore helps us to understand the kinds of need that we must meet and the way in which people want those needs met. Increasingly, that means an agenda of services built around individuals & communities; and run and directed by those individuals & communities.

Resources

NHS Highland currently spends around £500m per annum on providing or delivering adult care services, with around half of this being spent on older people. The Strategic Commissioning Plan (Link) covers the use of this resource in some detail, however the big question is whether resource is moving from traditional patterns of use to better reflect the kinds of services that people want to fit the needs of today's populations. Some financial analysis reflecting this has been undertaken (Link)

The challenge for this plan is to ensure that this resource is used to achieve the outcomes based on what people have told us they need and our understanding of what would meet these needs. The plan also needs to move us away from traditional ways of thinking about meeting people's needs in terms of beds and buildings and towards a greater emphasis on early intervention and anticipatory support. In achieving this shift, it is intended that a more vibrant and energised care market will be created; maximising potential for self directed support and creating opportunities for greater choice and innovation for how people's needs can be met.

In the context of increasing service demands, a finite budget, and a historic service profile, this approach will mean a different commissioning relationship with partners and will mean a refocussing or decommissioning of traditional services and transition towards service models in line with this plan, to ensure that resources are being targeted in the most appropriate way. A good example of this is the work to develop a new model for Care at Home provision (Link)

Inputs/Outputs and Outcomes

The following section *"What does good look like?"* summarises the components that will inform these plans.

What Does Good Look Like?

The first key question (raised by the analysis above) is:

"Were we to start from scratch, rather than simply using historical spending patterns... Is this the way we would plan or commission expenditure?" The answer is invariably no". Our plan is therefore to reverse this investment profile over the next five years.

The second key question is, in terms of results, *"what does good look like?".* Whilst this plan is really all about outcomes, our ability to measure these is only developing and we have therefore identified the following process and output measures as useful proxies to allow us to gauge achievement:

- Reducing non-elective admissions
- Reduced emergency readmissions
- Reduced delayed discharges of care
- Reduced admissions to residential care (nil from acute hospital)
- Reduced numbers needing longer term care
- High numbers supported through reablement/recovery to need no further care
- Improved quality of care
- Availability of trained and experienced staff
- Informed and supported carers
- Increased and strengthened community capacity
- Increased patient satisfaction
- Increased population health and wellbeing

Note: performance metrics have been developed by the Strategic Key Performance Indicators Group. (Link)

Commissioning Priorities
Our Commissioning approach starts with an understanding of the outcomes to be delivered. These have been established through our existing plans as:

- people are healthy and have a good quality of life.
- people are supported and protected to stay safe.
- people are supported to maximise their independence.
- people retain dignity and are free from stigma and discrimination.
- people and their carers are informed and in control of their care.
- people receive end of life care in their preferred setting/location.
- people are supported to realise their potential.
- people are socially and geographically connected and have a sense of belonging.
- we deliver services effectively, efficiently and jointly.

Our strategic commissioning focus:
Is to deliver these outcomes within the context of the need for new solutions to meet people's needs through emergence of recovery based and outcome based models of care:

- Build on evidence from public health
- Build on management and self-management with multi-disciplinary teams and across all sectors
- Building on the evidence from re-ablement with health partners

Commissioning and decommissioning priorities

- Devolved care at home provision
- Development of community resources and integration
- Single point of access to care
- Improved service quality across all sectors
- Shift of percentage of in-house care at home provision
- Hospital admission/discharge
- Increased awareness and improved support for people with dementia and their families
- Equitable access to the right level and type of service, at the right time
- Increased number of people in receipt of self directed support
- Redesigned telecare
- Increased use of assistive technology
- Improved access to information and respite for carers
- Implementation of the promoting excellence framework
- Self management

It is our vision that by 2019, the experiences of people, carers, the workforce, providers and professionals will transition from the current state to the 2019 described position.

The person experience	
In 2014…	**By 2019…**
People do not believe that they are fully involved in decision making which does not allow joint responsibility for decisions made.	• People will be the lead in choosing what is important in their lives, what services are important and how they are delivered. • Comprehensive co-production.

The carer experience	
In 2014…	**By 2019…**
Significant developments have been made over recent years but frustrations remain, with too many carers still unidentified (or identified too late) and therefore cannot be assisted to access services. Carers also feel that their calls	• Carers truly seen as equal partners. • Help when you need it – fast, responsive flexible support. • Quality implementation and review process with measurable impacts. • Preventative investment in services

for help are only partially heard.	for carers. • The same support regardless of geographical area. • Accessible information. • Carer leads in organisations. • Multi-skilled people working with carers. • Peer support groups.

Workforce experience	
In 2014…	**By 2019…**
Three overriding issues appear to cause difficulty with recruitment, retention and morale within the workforce: 1) Low status of care workers 2) Remuneration levels 3) Lack of a sustainable career pathway	• Achieved improved status for care workers • Improved pay levels reflecting improved skill and quality levels • Established career pathways that allow care workers and their skills to remain within the sector

Provider experience	
In 2014…	**By 2019…**
• Inequitable pricing structure which favours in house services • Transactional approach/relationship • Improving sector relationships	• Level playing field • Payment for quality and value • Collaborative approach • Genuine joint strategic commissioning

Clinical and practice experience	
In 2014…	**By 2019…**
• The right resource is not always available at the right place at the right time.	• Improved range of services available through a single point of access and integrated teams.

Note: As the Plan is actively discussed through District Partnerships, an increasingly clear view will be able to be included regarding the aspirations and transitions that *communities* wish to make.

Delivery Mechanisms

The Change and Improvement Plan (Link) describes a service improvement framework used across all services for Adults in Highland.

Improvement groups and operational teams use a self-evaluative approach to identifying outcomes individuals and the communities in which they live. Priorities for improvement are identified through the use of needs assessment and performance data. The needs and views of adults and carers and other stakeholders are integral to all processes.

The Change and Improvement Plan is built on locality based District Plans, supporting the development of increasingly local, collaborative commissioning practice.

Governance arrangements for integrated Adult services

The Adult Services Commissioning Group overviews the on-going work of the plan. This group has broad membership, including lead officers from Highland Council and NHS Highland, staff representatives Carers, People, the independent sector and third sector partners.

This enables the strategic thinking to be determined by the Commissioning group and places an emphasis on improvement planning within the population specific improvement groups. To facilitate this, the chairs of each improvement group are members of the Commissioning group (Link).

Children's services

Joint Strategic Needs Assessment

The strategic plan for children and young people in Highland is informed by the 'Children and Young People in NHS Highland Health Needs Assessment' (Link), (December 2014), the Highland Integrated Children and Young People's Service Plan 'For Highland's children 4' ((http://forhighlandschildren.org/1-childrensplan/) and the Care and Learning Services Commissioning strategy (Link).

The plan incorporates and builds upon outcomes identified within existing policy commitments of Highland Council and NHS Highland and our integrated children's partners. It is built around a Performance Management Framework and improvement priorities identified through the Needs Assessment and the integrated services improvement groups with representatives from a range of services and providers.

FHC4 is the integrated Children's Service Plan for the Highland Community Planning Partnership It incorporates the commissioned elements of children and young peoples' health services (as per Lead Agency model) with some input from the combined child health services delivered by directly managed units in NHS Highland. An equivalent improvement plan for combined children and young people's secondary and tertiary health care is in development and will complement the integrated service plan.

The development of the plan involved children, young people and their families who have been consulted and involved throughout the process.

FHC4 identifies outcomes for children and their families and improvement priorities for the next five years. (2014-2017)

Resources

Highland Council currently spends around £250m an annum on services for children and young people within the Care and Learning service (incorporating health and social care and education services). There is an additional £8.7million of commissioned health service delivered by the Care and Learning Service on behalf of NHS Highland and an additional £50m spent through directly managed units of NHS Highland (across acute and primary care).

Within a challenging financial environment and in order to maximise the resource available progress is being made to make better use of improvement methodologies, and evidence based interventions. This will be supported by the development of pathways and journeys of care and evidence of user involvement and influence as services are redesigned.

Inputs/Process/Outputs and Outcomes

There are fourteen outcomes measures detailed within For Highland's Children 4. http://forhighlandschildren.org/1-childrensplan/key.htm

The outcomes are designed to consider the ways in which;

- Children and young people receive the help and support they need to optimise their well-being at every stage.
- Children and young people get the best start in life and enjoy positive, rewarding experiences growing up.
- Children and young people benefit from clear protocols, procedures and effective systems for recording observations and concerns which take account of best practice in information-sharing.

The outcomes have been developed from the Well being Indicators (SHANARI) that inform the Highland Practice Model: that Highland's children and young people are safe, healthy, achieving, nurtured, active, respected and included.

Each of the outcomes has a number of performance measures that are reviewed and scrutinised by a governance structure that includes the Community Planning Partners, Highland Council Education Children and Adults' Committee and the NHS Board.

A series of Improvement Groups have been established and each of these works to an Improvement plan that is reviewed annually. http://forhighlandschildren.org/1-childrensplan/strategy.htm. These plans detail a series of processes, inputs and outputs. These are intended to support the delivery of the high level outcomes.

Commissioning Priorities
Strategic commissioning focus
The strategic focus for integrated children and young people's services in Highland is informed by the national drive that Scotland, therefore Highland, is the best place to grow up. We are looking to maximise outcomes for children and young people from pre birth, through infancy, childhood and adolescence and ensure positive transitions into adult life within both universal and targeted/specialist services.

The majority of universal services are delivered within the public sector. Children and young people's services that are formally commissioned include:

1. NHS Highland
    - Health Visiting
    - School Nursing
    - Primary Mental Health Workers
    - Child Protection Advisors
    - Looked After Children and Young People (health)
    - Health Improvement:
        - Early years
        - School years
        - Nutrition
    - Learning disability
    - The Orchard
    - Speech and Language Therapy
    - Dietetics
    - Occupational Therapy
    - Physiotherapy
    - Substance misuse nursing

2. Early Education and child care
    - o
3. Looked After Children and Young People
4. Voluntary sector
    - o
5. Hi Life Highland
    - o
6. Miscellaneous
    - o

We are developing more evidence based approaches that recognise the potential to maximise well being working across a continuum of promotion, prevention and care. Commissioning priorities through to 2017/18 include:

Promotion

Ensuring high quality universal services across health and education services informed by the Early Years Collaborative and RAFA national drivers

A focus in the early years to ensure good attachments between infants and their parents/primary carers, promoting and supporting breast feeding and good nutrition into childhood/adolescence with a focus on both diet and vitamins while addressing lifestyle and behaviours that are harmful to infants and young children.

Outputs:

- Revised pathways of care for peri ntal and infant mental health
- Development and delivery of training to staff
- Established cycles of peer review and audit of practice

A focus on key transition points: birth to home: home to nursery/child care: primary to secondary school: school to colleges/alternative positive destinations

Outputs

- Standardised assessment processes at key points across age and stage
- Development of pathways of care to further assessment when need is identified with a focus on neuro developmental concerns, language delay and behaviour/conduct and trauma
- Established cycles of peer review and audit of practice

A further focus on adolescence to support good decisions regarding risk and harm to health and well being (tobacco, alcohol, sexual health and mental health and well being)

Outputs

- Further development of curriculum materials and training for staff to deliver
- Development of pathways of care to further assessment when need is identified with a focus on distress, building and supporting resilience, behaviour, conduct and trauma
- Established cycles of peer review and audit of practice
- Wider workforce access to assets based skills re motivational interviewing

Prevention

Establishing systems and processes to further support the Highland Practice Model to support timely identification and assessment of need and associated intervention:

Early identification, assessment and intervention where vulnerability and or needs are identified both through a core schedule of surveillance and assessment contacts from pre birth, early child hood and throughout education and learning and through needs identified outwith these processes

Outputs

- Agreed suite of assessment points across age and stage
- Established cycles of peer review and audit of practice

A staged approach to interventions and services as needs are identified and assessed with the development of pathways/journey of care

Outputs

- Agreed suite of assessment tools to inform understanding of needs
- Development of transition pathways with related cycles of audit and scrutiny
- Established cycles of peer review and audit of practice

Consideration of health inequalities across the life course and within more vulnerable groups (income deprived and Looked After Children and Young People/ those at risk of harm)

Outputs

- Development of indicators that look at performance in relation to deprivation and Looked After status
- Development of processes and pathways to support income maximisation

Consideration of what neuro science is telling us about interventions that early brain development and neurological changes in adolescence

Outputs

- Agreed coverage of training on brain development and adolescence
- Established cycles of peer review and audit of practice for those participating in training
-

Support transitions for young people with identified needs who will require support into adulthood

Outputs

- Development of transition pathways with related cycles of audit and scrutiny

Care

When needs are high and present significant risks to the well being of children and young people

Consideration and scrutiny of Out of Area and commissioned residential services for Looked After Children and Young People

Outputs

- Revised approach and interventions to support highly at risk/vulnerable children and young people
- Changes in the nature of the spend to support highly vulnerable children and young people

Development of community based intensive mental health services for adolescents
Outputs

- More young people with Tier 4 mental health need avoiding hospital admissions
- A reduction in the length of stay in an in patient unit when admission is unavoidable

Delivery Mechanisms
Oversight of the delivery of integrated services from both universal and commissioned services for children and young people is achieved through the For Highland Children's 4 leadership Group. This is chaired by the Director of Care and Learning. The group has representation from the Care and Learning Service Highland Council, NHS Highland, Police Scotland, The Reporter Service, Hi Life Highland and Third Sector representatives. Chairs of the Improvement Groups are also members. Improvement groups and operational/family teams in the Care and Learning Service use a self evaluative and needs assessment led approach to identifying priorities for action. There is an annual reporting cycle to report on progress and to identify new priorities for action. User and carer involvement is sought for each group.

Governance arrangements for integrated children and young people's services
Governance and scrutiny of the delivery of integrated services for children and young people comes through the Highland Community Planning Partnership, the Education, Children and Adult Services Committee and the Highland Health and Social Care Committee on behalf of the NHS Board.