

Agenda Item	17
Report No	HC/41/21

THE HIGHLAND COUNCIL

Committee: Highland Council

Date: 9 December 2021

Report Title: Chief Social Work Officer Report: 2020/21

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

- 1.1 This report introduces the Annual Report by the Chief Social Work Officer, for 2020/21. The report is attached at Appendix 1.

2. Recommendations

2.1 Members are asked to:

- i. Note and comment on the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland.

3. Implications

- 3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight. However, it does refer to the financial and service challenges that the services will face in future years.

4. Background

- 4.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. This report is prepared in line with the national guidance – The Role of the Chief Social Work Officer – published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work service within The Highlands.
- 4.2 Give the workload implications of the pandemic, the Scottish Government’s Chief Social Work Advisor set out a requirement for this year’s report to focus on the following areas:
- Governance and accountability arrangements
 - Service quality and performance
 - Resources
 - Workforce
- 4.3 The report highlights the delivery of services across all social work services (children’s, justice and adult social work and social care). It provides an overview of the professional activity within the county via the delivery of statutory functions and responsibilities held by the Chief Social Work Officer.
- 4.4 As a consequence of COVID-19, services have had to adapt and change. Children, families, and adults have had to face a variety of pressures during this time. Social work professional values of balancing risk, choice and control have been to the fore during this past year and workers must be commended on this.
- 4.5 The report, attached as **Appendix 1**, covers the broad period 2020/21. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

Designation: Executive Chief Officer – Health and Social Care

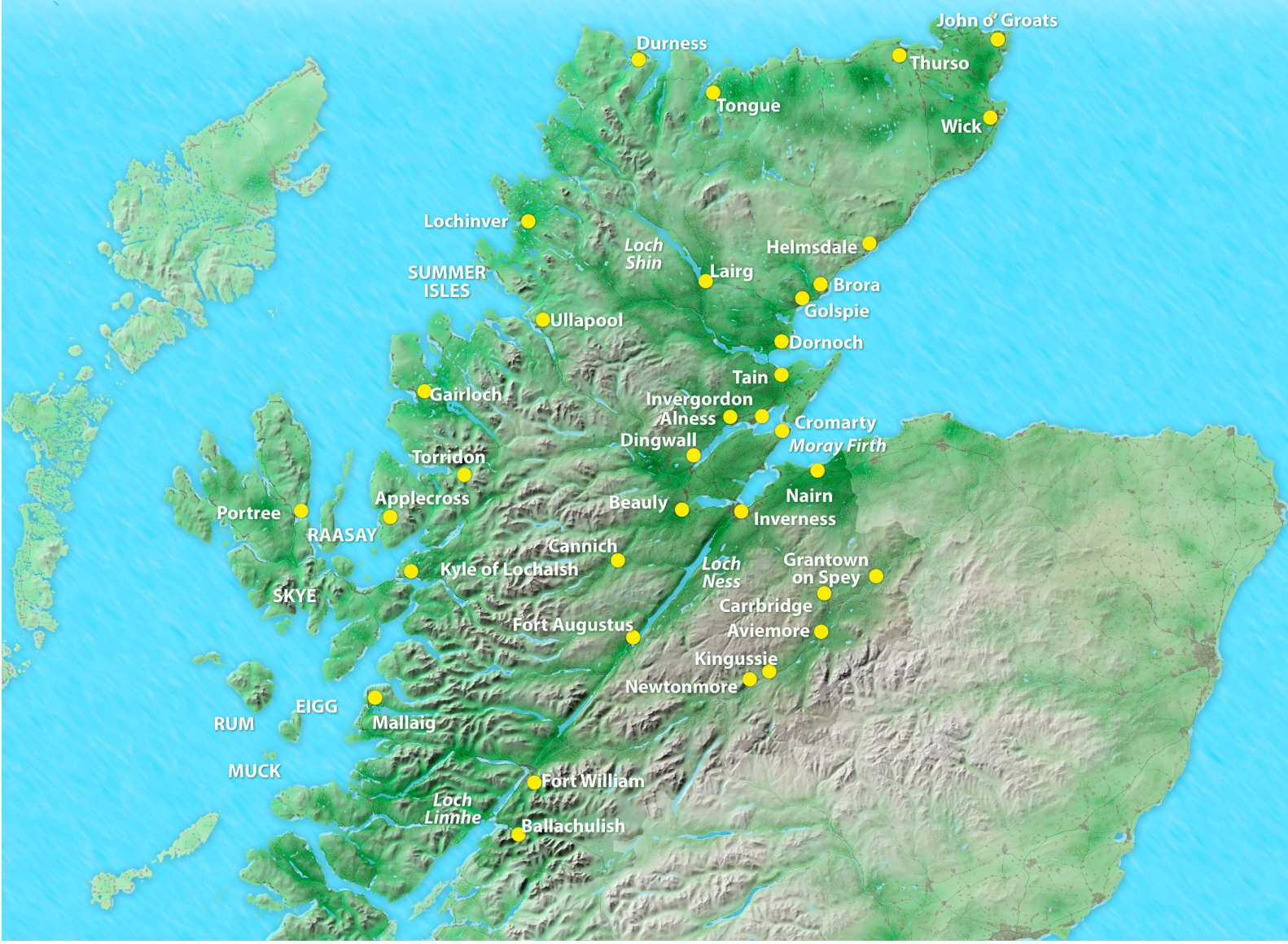
Date: 9 November 2021

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

Background Papers: Chief Social Work Officer Report 2020/21 attached at Appendix 1

Chief Social Work Officer Annual Report 2020/21

Fiona Duncan, Executive Chief Officer Health and Social Care/
Chief Social Work Officer



Executive Summary

This report provides an overview of Social Work Services in Highland during 2020/21 and includes statutory decisions and information made by the Chief Social Work Officer on behalf of Highland Council and in partnership with NHS Highland and Police Scotland. The report summarises key trends, achievements, challenges, priorities and the impact of the COVID-19 pandemic.

The report confirms our commitment to the health, care and overall wellbeing of the Highland community. We aim to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential ensuring our children to be safe, healthy, achieving, nurtured, active, respected and responsible and included. We aim to provide the right level of service provision, support and information to our adult population to ensure they have optimum opportunities to live well working in partnership across the statutory, third sector and independent organisations. Communities remain at the heart of our collaborative approach and the Community Planning Partnerships enabled and supported meaningful contribution to local decision making.

2020-21 saw extraordinary challenges around growing demand for services, workforce pressures, financial uncertainty and the COVID-19 pandemic. We remain committed to improving our services and have some very complex and testing decisions to make around what services will look like in the future.

These pressures, however, did not prevent us from delivering high quality services. We continued to make progress across many areas with a number of largely positive comparisons against National performance. The challenge for the future is to focus on delivering care in a Covid19 environment and working with Highland communities to develop more local, community-based provision and support.

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(Appendix 1: Care Inspectorate Grades, Care Homes)

Governance and Accountability

Local Authorities are required, under the Social Work (Scotland) Act 1968, to appoint a Chief Social Work Officer (CSWO). The role of the CSWO is to ensure professional advice in the discharge of a local authority's statutory functions. There are also specific functions conferred to the CSWO by name and statutory responsibilities are discharged by them. This specifically relates to decisions about the curtailment of individual freedom, as well as assessing and responding to risk and need for vulnerable people. The CSWO also has professional oversight of practice standards relating to service delivery by registered social workers.

The CSWO role sat with the Social Work Services Head of Service up until February 2021. It then moved to, and is currently fulfilled, by the Executive Chief Officer of Health and Social Care.

In 2012, The Highland Council and NHS Highland Board used existing legislation (the Community Care and Health (Scotland Act 2002) to take forward the integration of health and social care through a lead agency Partnership Agreement. The Council would act as lead agency for delegated functions relating to children and families, whilst the NHS would undertake functions relating to adults.

Adult Social Care is commissioned by Highland Council to NHS Highland. Delivery of Adult Social Care is reported to Committees of both the Highland Council and the NHS Board and the governance of the partnership is managed by the Joint Monitoring Committee. Additional governance is routed through the Community Planning Partnership Board and The Highland Council Health, Social Care and Wellbeing Committee.

Highland Council and NHS Highland have formal arrangements for engaging with Third Sector and Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

The voice of children and adults using our services is integral to service design and delivery. The CSWO role is to ensure the provision of effective and professional advice to local authorities in the provision of social work services. This advice is provided to practitioners, senior officers of the service and The Highland Council. This includes advice to officers of NHS Highland and Board members as integral to the Lead agency Model.

The CSWO is a member of the Extended Leadership Team, and a member of key strategic partnerships that lead and direct the work to protect and improve the lives of vulnerable people. These include:

- Highland Public Protection Chief Officers Group
- Child Protection Committee
- Adult Protection Committee
- Joint Monitoring Committee
- Highland Health and Social Care Committee
- Care Home Oversight Group

Service Quality and Performance

Children's Services

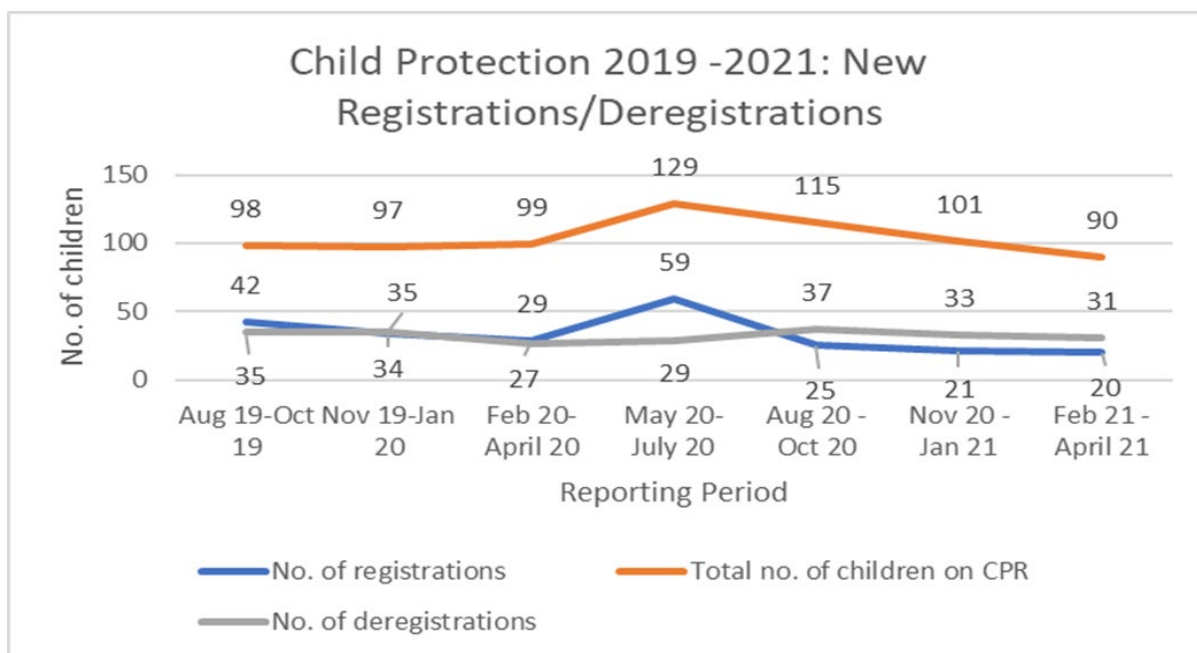
Child Protection

Our current quality and performance priorities for child protection are:

- The delivery of interagency and single discipline learning and staff development opportunities
- Quality Assurance of practice and supervision
- Dissemination of learning from case reviews and the sharing of good practice
- Establish methods to obtain the views of children and young people
- Improve opportunities for supporting children, young people and families affected by drug or alcohol issues
- Secure funding for Safe and Together model to be rolled out in Highland
- Develop effective responses in relation to young people at risk through exploitation and/or trafficking

Highland now has the national minimum data set in place and reporting to the Child Protection Committee on a quarterly basis. This will shortly be supplemented by additional data being collated in relation to Care and Risk Management cases.

Whilst child protection registrations have remained relatively stable during 2019-2021, there was a spike in registrations as pandemic restrictions were lifted in May-June 2020 as can be seen on the graph below:



This increase was not unexpected locally or nationally. Registration of sibling groups has contributed to this increase, but it is also considered that the anxiety of professionals to keep children safe during the pandemic contributed to a reluctance to deregister children too early particularly where risk was deemed to be a significant factor. Figures have since returned to previous levels at around 90-100 children on the register at any one time. An audit of child protection cases will take place later this year.

Due to the introduction of the minimum dataset, reporting on the risk factors included in registrations has now changed. Previously, the data included all children on the child protection register. Now however, it records new registrations only which should help to identify any emerging patterns and trends.

In 2020/21, the majority of new registrations were in relation to parental factors (29%), physical abuse (17%), emotional abuse (24%), and domestic abuse (15%). However, as numbers of registrations remains relatively low, small numbers of recorded risk factors can result in significant percentage changes.

In response to the pandemic, additional data beyond the minimum child protection dataset has been reviewed. In June 2020, the service collated data from the Police Child Concerns received over a ten-week period to monitor any key trends or issues arising during the pandemic. 1006 concern forms were submitted during this period and the data suggests there was no notable increase in the volume of Police Child Concerns received during this time. However, the pandemic was cited in many of the concerns as causing additional stresses for families, particularly in relation to mental health, alcohol use and issues relating to separated parents/carers.

Parental factors feature significantly in child concerns received including parental drug or alcohol use, and parental mental health issues. Many of the concerns received during this period cited the pandemic as having an impact on levels of drug or alcohol use. Parental mental health has also been affected by the pandemic, with a number of concerns related to self-harm and suicidal ideation.

Parental drug and alcohol use and mental health issues often co-exist. It is worth noting that parental drug or alcohol use is often a symptom of other underlying issues within families e.g. poverty, wider financial issues, domestic abuse, childhood trauma. This highlights the need for whole family approaches across children and adult services to ensure that whilst risks to children and young people are managed, the needs of the wider family must be addressed if children are to live healthy and fulfilled lives. This also fits with the ethos of The Promise in terms of intensive family support to help keep children and young people with their families wherever possible.

During the pandemic, there has been an increased focus nationally on domestic abuse to ensure child protection issues are identified and responded to at the earliest possible opportunity. Whilst domestic abuse did feature in a number of Child Concerns received, the detail in these concerns included a wide range of domestic incidents:

- Violence
- Verbal disagreements
- Family disputes within households related to excessive alcohol consumption
- Coercive control

From the Concerns received, it is noted that there has been an increase in the number of concerns raised in relation to separated parents and couples. In particular, issues arising in relation to contact with children and young people, violence and aggression from ex-partners and the use of controlling behaviour.

The Lead Nurse (Child Protection) also collated data in relation to Interagency Referral Discussions (IRD) to assess any patterns and trends arising during the pandemic. Between April 1st 2020 and March 31st 2021, there were 526 IRDs involving Police, Social Work and Health (please note, each IRD may relate to more than one child). Following an initial dip in requests for IRDs at the beginning of the pandemic, figures returned to normal levels from April 2020.

The main reasons for IRDs during this period include concerns, allegations or disclosures of physical injury and child sexual abuse. As outlined within the Police Concerns, indecent communications have featured significantly during the pandemic resulting in 113 IRDs during 2020/21. Child Sexual Exploitation, Neglect, Youth Offending, Drug and Alcohol use also feature in IRDs. Other reasons included parental factors such as domestic abuse, offending behaviour, supply of drugs and acrimonious separations between parents/carers impacting on children.

The increase in concerns in relation to online abuse has been noted throughout the pandemic in Highland and nationally by the NSPCC. Police Concern forms received during this period included a number of online issues - the sharing of images, inappropriate communication, and inappropriate content being viewed. The increased time spent online during the pandemic coupled with social isolation are thought to have contributed to this rise in concerns.

Highland Child Protection Committee are working with Education colleagues to ensure consistent messaging and support for children, young people and families is

available in relation to this issue. The Highland Underage Sex Protocol has also been updated to include online situations.

During the pandemic a number of child concern forms related to children who had gone missing from home. This figure included children and young people who had been reported missing in line with Highland Council procedures for children who are looked after and accommodated. These children are normally located within 24 hours and a Return Interview is conducted by Police Scotland to follow up any concerns. However, there are concerns that young people who go missing may be at increased risk of exploitation and this is currently being addressed through the Child Protection Committee.

Quality Assurance and Reviewing Team

The review process for every child who is Looked After at home or in residential/foster care or who has a Child Protection Plan, continues to be chaired by a Quality Assurance & Reviewing Officer (QARO) or a manager who is independent of the responsible operational team. The QAROs meet regularly with teams to give feedback to lead professionals as part of their quality assurance role in respect of the plans for children who are Looked After.

The pandemic has brought challenges in terms of updating and introducing interim procedures for child protection, contact, self-directed support etc. During this period 99% of children on the child protection register continued to be seen face-to-face in line with child protection procedures. For those not being seen face-to-face, explanations have been provided (e.g. on holiday, staying with a relative) - with all children on the child protection register being contacted on a regular basis via telephone or video calling.

In October 2020 the QARO team completed an audit in relation to contact with 120 children on the child protection register during pandemic restrictions. This highlighted some good practice in relation to regular contact with children, young people and families using remote methods, and found that general concerns around families disengaging or refusing face-to-face contact during the pandemic were not apparent in the majority of cases reviewed. It did however, highlight the need for clear recording in relation to the quality of contact.

Learning from Case Reviews

Following a thematic learning review into Harmful Sexual Behaviour, Highland has reviewed and updated Care and Risk Management (CARM) procedures to ensure multi-agency clarity on processes and a focus on both care and risk management aspects of the procedures. The use of Risk of Sexual Harm Orders should now be discussed as part of CARM meetings. This ensures that CARM processes remain child centred, support management of risk and consider the longer-term impact of any orders on children and young people.

Fostering & Adoption Service/Kinship Care

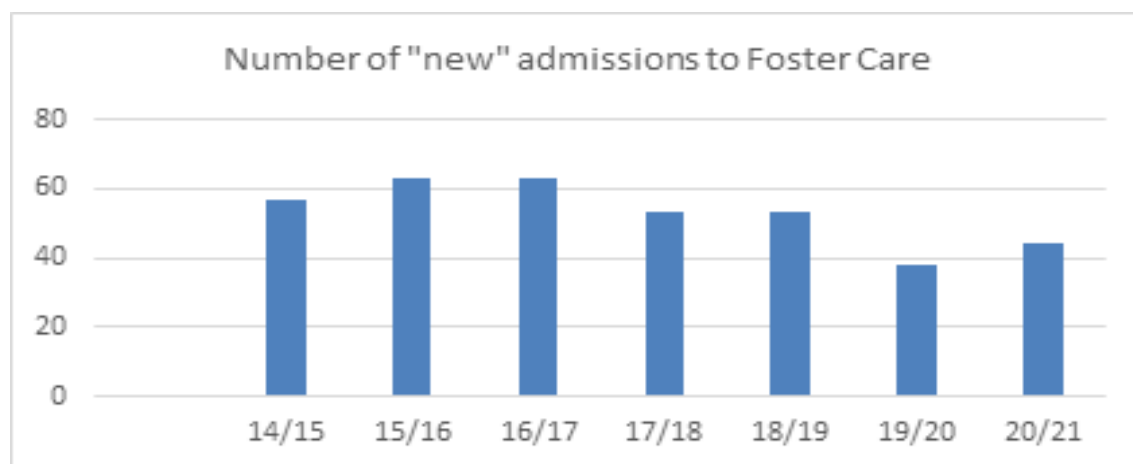
The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in January 2018 resulted in grade 4 being awarded across both services, with 3 recommendations for the Fostering Service and one recommendation for the Adoption Service, there were no requirements. The next inspection of the service was due early in 2020 but due to the Covid 19 pandemic and subsequent lockdowns the inspection was postponed.

The Highland Council Fostering & Adoption Service inspection reports for 2018 can be accessed via the following link:

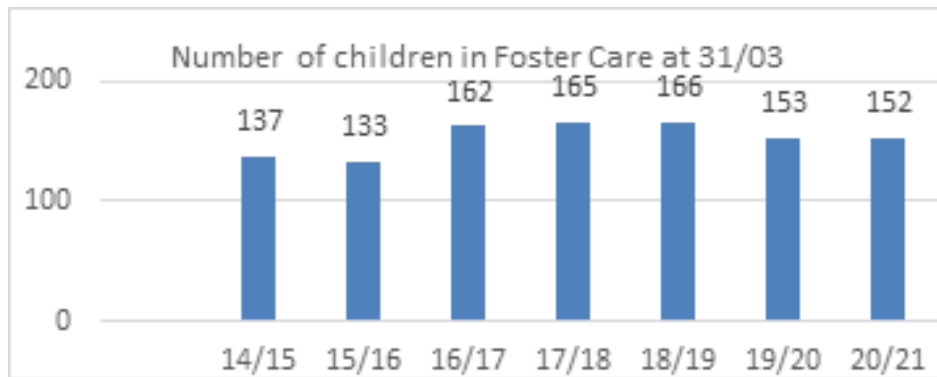
https://www.highland.gov.uk/downloads/download/1615/care_inspectorate_reports

Fostering

The number of 'new' admissions to foster care (children who have not been accommodated previously) has increased in the last year.



The number of children placed in all categories of foster care had been steadily reducing since November 2012, when it had peaked at 177. However, during the period 2016/17 and again in 2018/19, there was a sudden increase with several large family groups of four and five children being accommodated. The number of Looked after Children at 31/03/21 was 478 in Highland, with 152 being in foster care.



Of these 152 children, there were 4 placements purchased from independent fostering providers. The impact of the Covid pandemic and the initial lockdown restrictions meant that many of the foster carers in Highland were unwilling to take on additional placements as they felt the risks to their own family and to the children already in their care was too great. This resulted in five children being placed with Independent Fostering Providers during this period.

There were 17 children in pre-adoption placements on a fostering basis at 31st March 2021, where they had been matched with prospective adopters and the legal process was underway to secure these children with their permanent families. An additional 6 children affected by disability were in receipt of regular established respite care, a significant reduction from the previous year. This was due to a number of factors including foster/respite carers resigning or retiring limiting the respite resources available or young people reaching 18 years of age and respite arrangements being sought elsewhere.

To help boost foster carer numbers, and provide appropriate support to them, there was a review of recruitment, retention, support, training, allowances and fees for foster carers. As a result of this work, a number of improvements were implemented during 2019/20. These included:

- payment of an age-related fee per child as opposed to a fee per household
- the development of an online enquiry process to help eliminate those not suitable to foster or adopt at a much earlier stage and to speed up the initial enquiry process.
- a new and quicker referral process for requesting PVG's and Disclosure checks which are required for fostering, adoption and kinship.
- a new website for the Fostering and Adoption service that explains clearly to enquirers the process of becoming an approved foster carer or adoptive parent as well as the skills and experience required.
- an online application form to assist the assessing social workers reduce their administration tasks.
- an additional two social worker posts to undertake fostering and adoption assessments.

All of these improvements have assisted in speeding up the process of recruitment and assessment of suitable carers. Of note, there were 10 foster carer approvals during the period 2020/21 - a considerable increase from the previous year and a significant achievement given the pandemic and staff working from home.

Adoption

Risks of adoption breakdown increase the older the age of the child at placement and the longer the child is in 'temporary care' beforehand. Consequently, throughout 2019/20, we worked alongside partner agencies and professionals - along with the support from CELCIS - to consider how we could improve timescales for permanency decision making and planning for all children, with a particular emphasis in relation to very young children.

During 2020/21, there were 13 children matched with prospective adopters with 7 of these children being placed out with Highland with prospective adopters approved by another local authority or independent adoption agency. We were also supporting 20 children in pre-adoptive placements where the legal process to secure them with their new and permanent families was underway. However, the legal and court process for these children was seriously affected by the pandemic and many petitions have been 'stuck' in the legal system with children remaining in limbo for some considerable time.

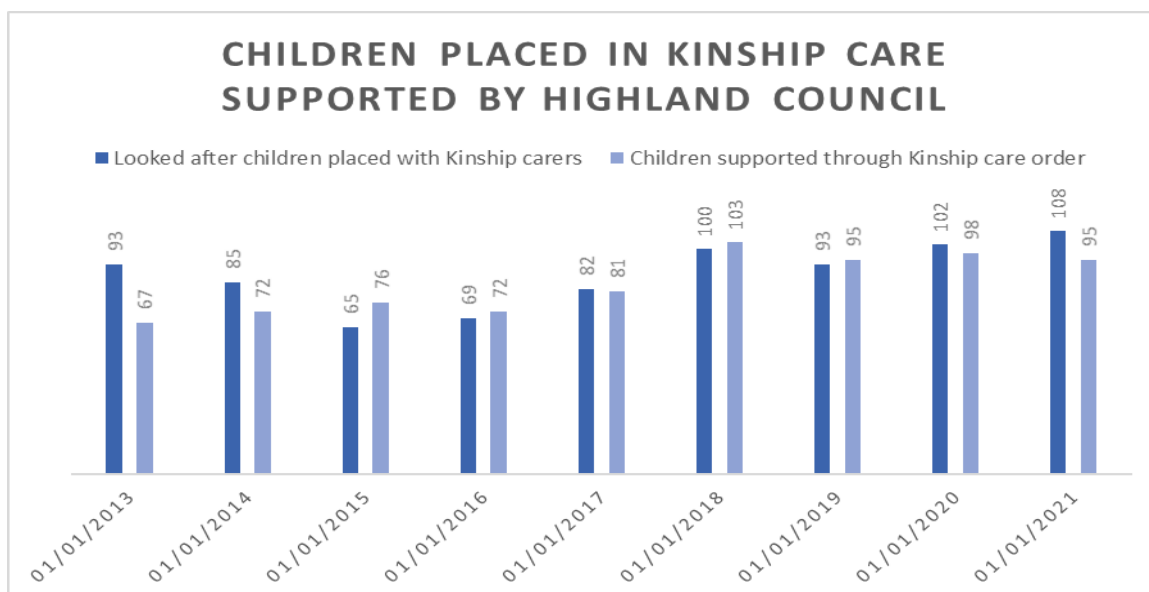
There were 6 applications from a variety of backgrounds, approved as prospective adopters in 2020/21. Enquiries about adoption throughout the pandemic have continued to increase significantly.

We are gradually increasing the number of older children being placed for adoption or in other permanent families and continue to see an increase in the number of older children where permanent fostering is the plan with the children being secured legally by the granting of a Permanence Order.

During 2020/21 4 Permanence Orders, 7 Permanence Orders with Authority to Adopt and 13 Adoption Orders were granted in Courts within and out with Highland. Given the delays in the Court process, this has been a positive achievement.

Kinship Care

There has been a slight increase in the both the number of children who are looked after and placed with Kinship Carers, as well as numbers of Kinship Carers who have obtained a Kinship care order so that the children are permanently secured with them.



Research indicates that children do better when placed with family or friends if their birth parents are no longer able to care for them. The Promise has emphasised the need for children to have the opportunity to be looked after by family or friends whenever this is possible and the need to ensure they are provided with the supports to enable this to happen.

We have recently created a new Kinship care post that will look at developing the supports available to Kinship Carers. We are actively looking at expanding the supports available to both children and their carers.

Residential Services

The challenges experienced due to COVID-19 was significant for all staff. However, it brought specific challenges for residential services as well as fostering and adoption services. It was evident that social distancing could not be easily achieved, and the routine use of PPE was not always appropriate. Whilst there was national guidance in relation to adult residential settings, little focus was given to child settings. This often resulted in confusion and uncertainty for staff, carers and our young people.

Children reported feeling anxious and worried about information relating to the virus and could not always understand why they had to abide by the restrictions placed on them, when around them, others were not. Staff and carers found it difficult to keep children and young people busy and stimulated whilst there was limited educational input and opportunities to participate in activities. However, Highland's Looked After Children educational team were very creative in assisting residential staff and carers to use technology, crafts, alternative learning strategies to alleviate some of the pressures (eg. virtual guitar lessons, exercise programmes, Zoom Quiz nights).

Residential staff, carers and social workers were committed to ensuring that children remained in contact with their family members. However, there were periods during lockdown - due to the restrictions - where face to face contact was not possible. This was a very difficult time for many of our young people and their families.

Out of Area Placements

The Placement Services Change Programme (PSCP) was established in June 2018 and aimed to actively return young people who had been placed in out of area (OOA) placements, back to Highland. Establishing alternative services, accommodation and resources to enable young people to remain as close to their communities in Highland as possible was the goal.

A key aim of the PSCP was to reduce the spend on OOA placements in order to utilise the money to develop services in Highland. In 2018/19, just over £1.4M of the allocated budget was spent on new services in-area whilst £13.1M was spent on OOA placements. By 2019/20, this figure had increased to £2.6M on Alternatives and OOA placements had reduced to £10.6M. By 2020/21, new services spend again increased to almost £4M and OOA spend reduced once more to £9.1M. This shift in the balance of spend indicated that the programme was achieving its key aims.

Since June 2018, 53 young people have been enabled to return to Highland avoiding costs of over £11M as compared with these young people remaining out of area for a further year.

However, during 2021, we have started to see a rise in more complex and often distressing needs and behaviours being presented. Some of this is related to County Lines, with some of our most vulnerable young people being targeted. It is crucial that we work with all our partners to develop and build a range of resources and provisions within Highlands that provide wrap around services as and when required. This is very much the focus at this time.

It is acknowledged that whilst returning children and young people to the Highlands is a desired goal – and will result in reduced spend as well as better outcomes for the young people – we have to change practice so that the number of children being placed in placements reduces. It is for this reason the above are priority areas for 2021/22.

SDS

The impact of the pandemic on families with SDS packages has been quite dramatic and created undoubted pressures for families and workers supporting them alike. We know that a significant number of families were under increased pressure due to the reduced availability of support options open to them.

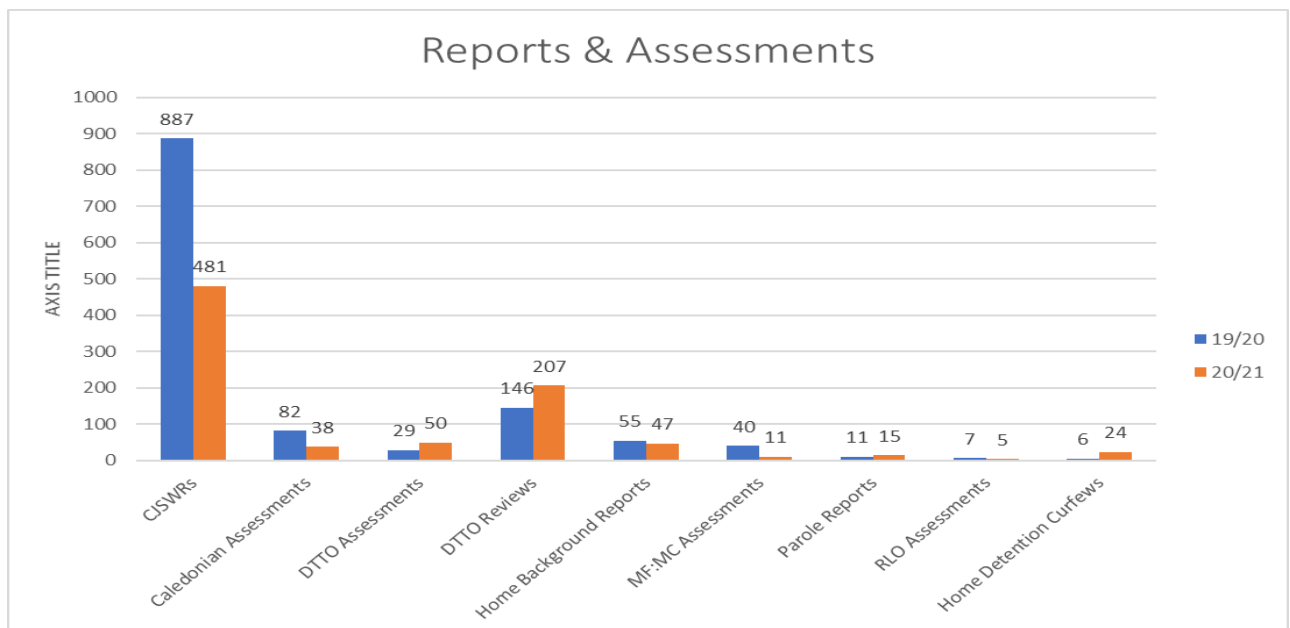
The Highland Council agreed alternative appropriate spends with families when the original support choices were no longer available or not deemed safe to use by the

family. However, resource gaps did present themselves particularly in the North and West area of Highlands. This is a priority area as we move out of the pandemic as the impact on limited access to support and appropriate resources, as well as respite opportunities, have taken its toll on young people and their families.

Criminal Justice

Criminal Justice Social Work Services continues to produce quarterly reports detailing performance across a range of quantitative and qualitative measures. These show how criminal justice contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Criminal Justice System (2010) – reducing offending, public protection and promoting social inclusion.

There was a significant decrease in the submission of Criminal Justice Social Work Reports (CJSWRs) of approximately 45% between 2019/20 and 2020/21 mainly due to the impact of covid-19 and the significant reduction in Court time. The reduction in workload in terms of CJSWRs is fairly consistent across all teams.



In contrast to CJSWRs, there were increases in Diversion suitability reports (19%), DTTO assessments (72%) and DTTO Reviews (42%). Caledonian assessments have expectedly reduced given their close link to CJSWRs. Whilst the increase in Diversion affects most teams, the increase in DTTO assessments and reviews only affects the Highland-wide Drug and Alcohol Intervention team.

Home Background Reports (submitted for parole hearings), Parole Reports and Restriction of Liberty assessments (for the purposes of electric monitoring) have remained fairly static although MF:MC assessments have reduced substantially by approximately 73% compared to 2019/20. Although a specialist assessment, this decrease affects all teams.

A reduction in Court Reports and assessments have a knock-on effect with Court Orders. During 2020/21, the service experienced a 56% decrease in Community Payback Orders (CPO) due to the impact of covid-19 and very restricted Court time. It is important to note that the type of CPOs have also changed over this period which has implications for team workloads and performance. Over the past few years, Courts are increasingly imposing CPOs with a supervision requirement as opposed to an unpaid work or other activity requirement.

During Covid, Criminal Justice social work continued to deliver services, focussing resources on managing the highest risk of serious harm individuals, as well as those most vulnerable. In terms of the traditional delivery of unpaid work supervised by community payback supervisors, this was suspended due to covid-related health and safety restrictions from end-March 2020 to July 2020 and from late December 2020 until late April 2021 on the advice of the chief medical officer and Scottish Government.

During the periods when face-to-face unpaid work was delivered in 2020/21 the ratio of supervisor to individual was no more than 1:3 due to covid restrictions, (e.g. physical distancing). Consequently, this has had a significant impact on the number of hours worked.

Positively, the pandemic has afforded an opportunity to work in new and innovative ways. Staff have embraced the blended model of working between home and office, making good use of technology. Due to the impact on unpaid work, the use of 'other activity' has expanded significantly – this provides the opportunity for an individual to undertake other rehabilitative activities which promote desistance (e.g. alcohol or drug education). A number of hours have been delivered by distributing structured workbooks (e.g. on offending behaviour) and various online educative material, such as provided by The Wise Group (modules are delivered by trained facilitators delivering a series of two-hour sessions covering around ten prosocial themes).

Another online activity has been through Street Cones, a group of TV/Film professionals and people with lived experience of the justice system. The focus is using the power of fictional stories to help people achieve positive outcomes in their lives. This involved 24 x 2-hour workshops use Film/Theatre writing and also performance techniques to develop a script on a particular theme. The script, One Call Away, was delivered using Microsoft Teams by individuals on community payback in Highland on 29 May. This was a powerful event clearly demonstrating the commitment of participants and increased levels of confidence. A link to the event is here:

<https://www.youtube.com/watch?v=ddf0dblrFvk>

A public facing event is in the process of being arranged on the theme of mental health, which was chosen by the participants.

Based on modelling work undertaken by Scottish Government and Scottish Courts and Tribunal Service, criminal justice is anticipating an increase of business over and above normal levels of around 35% for the next 3 – 4 years as courts process the backlog in criminal cases. This is likely to start to impact from autumn 2021. Plans are in place to mitigate this risk utilising covid funding received from the Scottish

Government. This includes building capacity within the staff group and within key Third Sector Services.

MAPPA – Multi Agency Public Protection Arrangements

During the pandemic MAPPA continued as expected. All offenders were monitored and managed in accordance with the national MAPPA guidance. Meetings moved to Microsoft Teams without any detrimental impact and all agencies reported this led to significant benefits in terms of efficiencies and use of time. Face-to-face contact with high-risk offenders was maintained.

There was a slight reduction on the number of individuals subject to MAPPA in 2020/21 (289) compared to the previous year (313). 79 were subject to statutory supervision.

Community Justice

During 2020/21, Criminal Justice Social Work continued to contribute to the new arrangements for the delivery of Community Justice through Community Planning Partnerships. The Principal Officer (Criminal Justice) is a member and vice chair of the Community Justice Partnership, which is responsible for oversight and delivery of the 2018 – 2021 improvement plan.

The Annual Report was submitted to Community Justice Scotland at the end of September 2021 with us awaiting publication. There are 3 key outcomes: (1) mental health and wellbeing; (2) better access to diversionary and early intervention services; and (3) improved employment opportunities. CJSW have developed a domestic abuse awareness raising module to be delivered as an 'other activity' as part of an unpaid work requirement under the plan.

Two other key initiatives are the development of a Link worker project in Police Scotland's Burnett Road custody suite and a community integration plan in partnership with Scottish Prison Service and NHS Highland.

Big Lottery funding was secured for the Link worker project and criminal justice contributed money towards evaluating it. Funding has been secured for 3 years. It adopts an innovative approach to helping individuals in police custody in Highland to identify aspects of their life which are placing them at risk of offending and returning to custody. Workers help people to identify actions, access support and assistance to reduce those risks, enhance their quality of life and improve their life chances. In the first year of operation up to May 2021, 175 people accepted support and 91 engaged with a link worker despite the impact of covid and limited physical access to the custody suite. Mental health was the highest category of support requested.

The community integration plan initiative being developed is targeted at short-term prisoners (i.e. those prisoners not being released subject to statutory supervision), with drug and alcohol problems. The aim is to break the cycle of offending and prison by working with individuals during their sentence in HMP Inverness and on release

and, if necessary, if they return to prison. Existing resources across partner agencies are being realigned and strengthened. Up and running since January 2021, albeit in an interim phase, a formal pilot will start in 2021/22 and will be subject to formal evaluation.

One further initiative worth referencing is the completion of a strength and needs assessment. An external consultant, Azets, was commissioned to build on work already started and this work will be crucial in underpinning the new 3-year strategic plan 2022/25. This work will provide an analysis of data currently available across the justice sector, nationally and in Highland, which will help inform an understanding of trends and needs. Azets will also contribute to the development of a complete set of key performance indicators to be agreed by the partnership for the period 2022-25 to support monitoring relative to the new plan. A new independent chair was appointed in April 2021.

Mental Health Officer Service

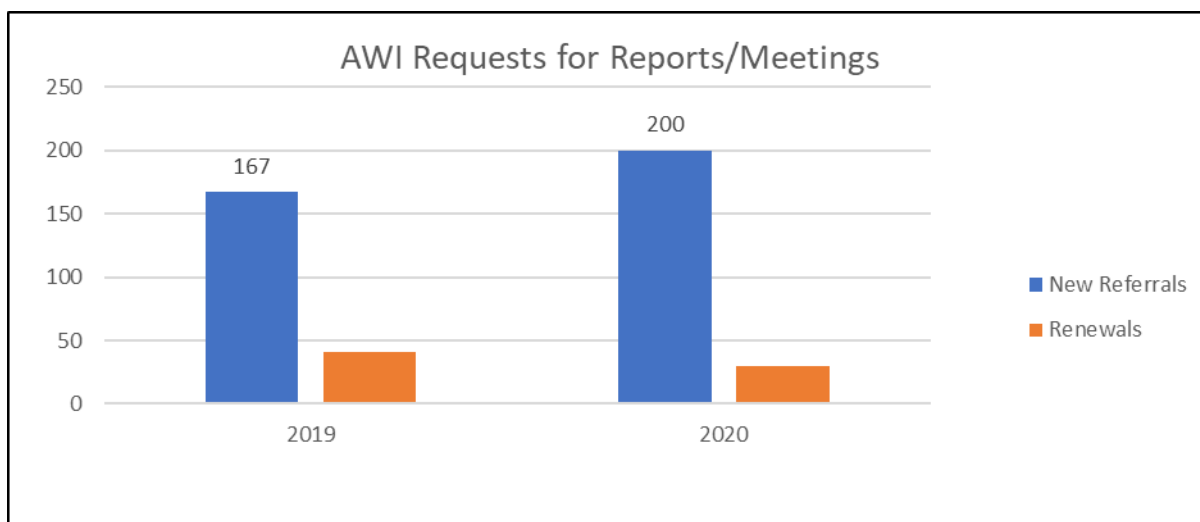
There is an established structure to manage and support the delivery of Mental Health Officer (MHO) Services in Highland. These arrangements provide a managed MHO service that meets the Highland Council's statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment) (Scotland) Act 2003. The Chief Social Work Officer of the Local Authority or his/her delegate is required to appoint sufficient Mental Health Officers (MHO's) to discharge functions under the:

- Mental Health (Care and Treatment) (Scotland) Act 2000
- Mental Health Act 2015
- Criminal Procedure (Scotland) Act 1995
- Adults with Incapacity Act 2000

Adults with Incapacity

The work under the Adults with Incapacity Act is largely planned work as Adults With Incapacity (AWI) intervention is not a quick response used in an emergency. The complexity of work is apparent in the range of age and situations presented. The bulk of the statutory AWI work is undertaken by MHOs in the form of reports in respect of Local Authority and Private Welfare Guardianship applications.

There continues to be an increasing demand for MHO reports under s.57 (3) AWI 2000 from solicitors acting on behalf of private applicants. This year-on-year increase has to be managed within current capacity and it has continued to be necessary to operate a waiting list for intervention under AWI legislation. This reflects the pressures and demands on the service and is kept under continuous scrutiny to prioritise vulnerable adults in the community and those delayed in hospital.



Advice, support, guidance and information is provided in a wide range of mediums to members of the public, service users, and other professionals. Much of this provided routinely as part general practice, e.g. advising and supporting people to put in place Welfare and Financial Power of Attorney; implementing the principles of the Act; and advice in relation to 13ZA and Deprivation of Liberty issues.

Mental Health (Care & Treatment)

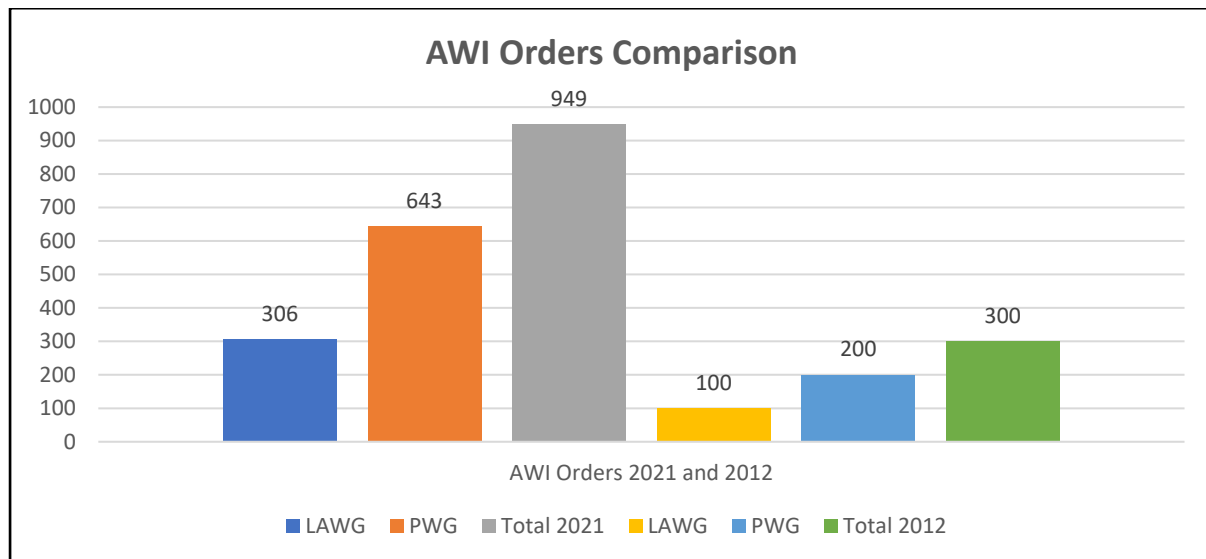
This involves MHO consideration of, consent to, and application for a number of civil measures of compulsory detention and treatment. A substantial part of work under this Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention. As part of this, the MHO may be required to apply to the Sheriff Court for warrants to enact emergency protective measures. A daily MHO duty rota is in operation pan Highland with the duty MHO participating in the daily multi-agency 'huddle'. In addition to this, the MHO manages a caseload of both inpatients and outpatients.

AWI Practice During COVID 19

Following lockdown, the MHO Service ceased all but the most urgent AWI work. In essence Adults whose hospital discharge had been delayed and who were at heightened risk of infection if/when hospitals became a focus of Covid 19 infection. The court system in Highland offered a severely curtailed service, responding only to essential and urgent or uncontested civil/AWI cases.

The Coronavirus (Scotland) Bill 2020 proposed easing rules regarding section 13ZA so that Local Authorities could facilitate moving adults who lack capacity without recourse to a welfare guardian or POA and without applying the principle of taking into account the adult's wishes - to date this has not been enacted. Highland Council devised its own Standard Operating Procedure (SOP) in order to facilitate moving vulnerable people from hospital/community to care homes where no legal order was in place and where section 13Za was not considered appropriate. This has now been discontinued.

Staff have followed the Mental Welfare Commission advice and made good use of technology to facilitate meetings and on occasions statutory AWI work. Virtual communication with NHS and other agencies has presented challenges - interagency linkage problems leading to staff being excluded from involvement in case discussion, Care Programme Approach Meetings and other multi-disciplinary fora.



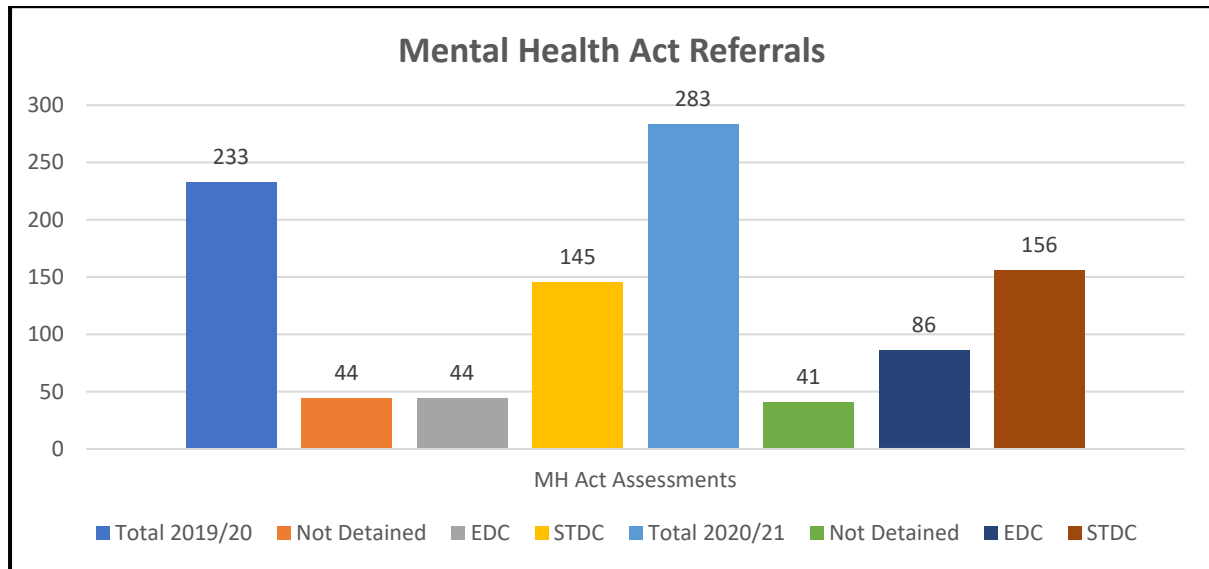
The Mental Health (Care & Treatment) (Scotland) Act 2003

This act involves MHO consideration of consent to and application for a number of civil measures of compulsory detention and treatment. A substantial part of work under this Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention. As part of this, the MHO may be required to apply to sheriff court for warrants to enact emergency protective measures. Compulsory Treatment in hospital or in the community can be ordered under this act.

The operational system changed during Covid, with some MHOs undertaking face to face work whilst others, who were shielding, acted as support from home. Use of IT facilitated attendance at meetings with partner agencies and provided the medium for assessment when appropriate.

The Mental Health Tribunal Service (MHTS) for Scotland paused all face-to-face tribunals and moved to telephone conferencing. This caused particular challenges for Advocacy Services who were unable to visit individuals, thus representing a potential risk with regard to Human Rights. To compensate for this, MHOs sought to maintain a level of engagement with patients and staff to signpost and promote the rights of those affected. The Mental Welfare Commission guidance in respect of the use of telephone/video assessments was helpful in contingency planning of service delivery.

The demand for Mental Health Act work has not decreased as a result of COVID. Indeed, the stress of COVID appears to have had an impact on individuals mental state resulting in higher than normal requests for assessments. Of note, the service has seen an increasing number of people presenting for the first time. This has resulted in a proportion requiring detention under the Mental Health (Care and Treatment) (Scotland) Act 2003.



This part of the service continues to implement a staged approach to increasing service delivery to meet statutory duties and responsibilities. Whilst this team report home working has reduced the need to travel and increased competent use of technology, they indicate a feeling of fragmentation through home working in respect of timeous sharing of information and peer learning.

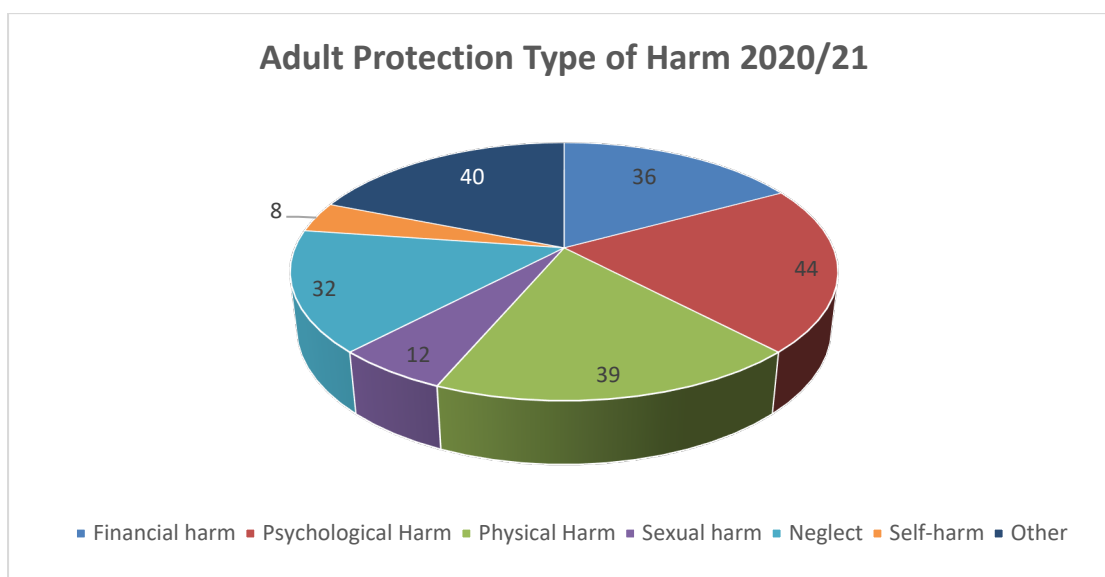
Throughout COVID continued practice experience was provided for MHO trainee candidates to enable them to meet their competence of practice.

Adult Protection

The number of Adult Protection referrals received over the past 3 years is as follows:

	2018/19	2019/20	2020/21
Total Number of Referrals	344	525	636

As the table shows, there has been a year-on-year increase in referrals with this year seeing a 21% increase. When investigations have resulted from these referrals, type of harm has varied with the majority being psychological harm. The chart highlights type of harm within investigations:



One of the main identified areas for improvement in Adult Protection in Highland has been to improve the timescale compliance for completion of Inquiries and Investigations. However, progress has been limited. Of note, there is recognition that some of the factors impacting on timescales – complexity; delays in gathering information from partners and others; and ensuring interventions are conducted sensitively and safely – are not always a reflection of poor practice.

Large Scale Investigations

There have been 7 Large Scale Investigations (LSI) in Highland over the past year. With the exception of one small independently owned care home all had themes relating to senior management not proactively being in care homes, systemic staffing issues leading to unsafe and restrictive practice as well as poor infection prevention control compliance being the main themes. Fire Safety concerns in 2 of the

investigations. One LSI commenced due to a COVID outbreak, and another experienced an outbreak after the commencement of the LSI.

Adult Social Care

Strengthening Professional Leadership

Following an Adult Social Care inspection in 2018 concerns about a lack of visibility within NHS Highland, dilution of the social work profession and consequent impact on professional standards and safe, effective practice were key drivers in determining the requirement for a strengthened Adult Social Care leadership management team and structure.

Priority areas of work include:

- Adult Protection practice as highlighted in an external inspection report (2018);
- staff compliance with external regulatory requirements;
- lack of understanding and therefore compliance with key legislative duties and requirements;
- the need to ensure implementation of the Carers Act and for a strengthened approach in support to unpaid carers;
- the development of a Self-Directed Support (SDS) Strategy and a suite of actions and activity to ensure implementation and desired cultural and practice changes;
- improved strategic planning to inform future commissioning intentions and approaches, and;
- a range of updated and more robust practice guidance.

Directorate Structure

The strengthening of the senior leadership structure will enable progression of the development and implementation of strategies, policies and procedures, including self-directed support, adult protection, carers, supervision and registration compliance. Strengthened professional leadership, with the CSWO playing a key role in this, affords greater focus and improvements in practice standards, the provision of professional advice and guidance to operational colleagues. It also allows the raising of awareness within the Health and Social Care Partnership of the complexities, responsibilities and duties of the social work role. The benefits of greater connectivity with operational colleagues are already evident.

Additionally, with the publication of the Independent Review and the development of Self-Directed Support National Standards, the strengthened Adult Social Care Leadership Team provides us with significant opportunity to progress early implementation of a number of recommendations, some of which we have already initiated and is work that fits well with the stated direction of travel.

Care at Home

The COVID pandemic placed very significant pressure on all parts of the care sector, including care at home. The stressors for both In-House and commissioned providers of maintaining standards while addressing supply and flow issues around PPE, fluid and fast changing guidance, reporting requirements and testing, were truly challenging. Nevertheless, this report is asked to recognise the remarkable commitment, contribution and care provided, by all, in this unprecedented and extremely challenging environment.

Initial confusion and challenges in relation to PPE were addressed and teams were given extra input in relation to infection prevention control. Adherence to guidelines is particularly difficult in domestic settings without clinical standards safeguards. Care at home staff displayed flexibility and professionalism and this approach assisted to keep people they support and staff teams safe.

Specialist services were set up in Inverness such as the Enhanced Responder Service (ERS) and Overnight Service (SOS) to assist with flow from hospital and work is progressing in the North Area (Caithness and Sutherland) around service redesign for in house services. A number of block purchase commitments have been made to continue to support service certainty and improve flow.

With regard to In-House provision, recruitment to care at home teams remain challenging within remote and rural areas and this is reflected in redesign proposals where job roles allow and encourage flexibility across services.

As with many services the ability for staff to attend face to face training was significantly affected and this has resulted in the need for extra focus in this area. A recent training needs analysis has identified priority areas and plans are in place to address the shortfalls.

The teams have demonstrated further how critical their role is in supporting communities to remain safe within their home environment. Their dedication to continue to provide a high standard of support during a time of high anxiety for everyone is notable.

Care Homes

As with Care at Home, Care Homes experienced demands and challenges on care home providers, managers and staff. Care being delivered also had to be adapted. Staff and resident movement within the care home had to be minimised to reduce transmission risk. Further, support for residents in self-isolation periods and connecting residents with their families through alternative methods such as virtually or through window visits, were required.

There have clearly been significant implications for residents and their relatives, particularly around visiting restrictions and contact with a significant increase in the number of care homes closed to new admissions by Public Health due to individual/small numbers of staff/resident positives arising from testing.

In the period following Christmas 2020, there was a significant rise of the number of care homes closed to admissions, reaching a peak of 27 closures. This impacted on care home bed availability and flow in the system, with these care homes having vacant beds not accessible for use.

NHS Highland has supported care homes and care home providers within the North Highland area in a number of ways:

- Development of Covid-19 response framework in March 2020, and establishment of Covid-19 response team to provide mutual aid;
- Daily safety huddle (established in March 2020 and now operating as the daily clinical and care oversight group);
- Public Health - Health Protection Team daily contact, outbreak and incident management;
- Care Home IPC training resource;
- Wellbeing supports, particularly for outbreak situations;
- Provider Sustainability payments (through SG programme) for all adult social care providers in Highland;
- Open and ongoing communications with the sector, both through dissemination of information (distilled for clear information and key points) and weekly meetings, enabling shared learning and regular opportunities to raise issues.

A Care Home Oversight Board was established in NHS Highland, following a requirement from the Cabinet Secretary for Health and Sport on 17 May 2020, for enhanced clinical and care oversight of care homes, and for this oversight to involve the Board Nurse Director, Chief Officer, Director of Public Health, Director of Adult Social Care, and Chief Social Work Officer.

Carers

Support services to carers have been increasingly important due to the ongoing impact of Covid-19. This has been manifest in the suspension of many Day and Respite Services which has significantly reduced the short-breaks available to carers to support them in their role.

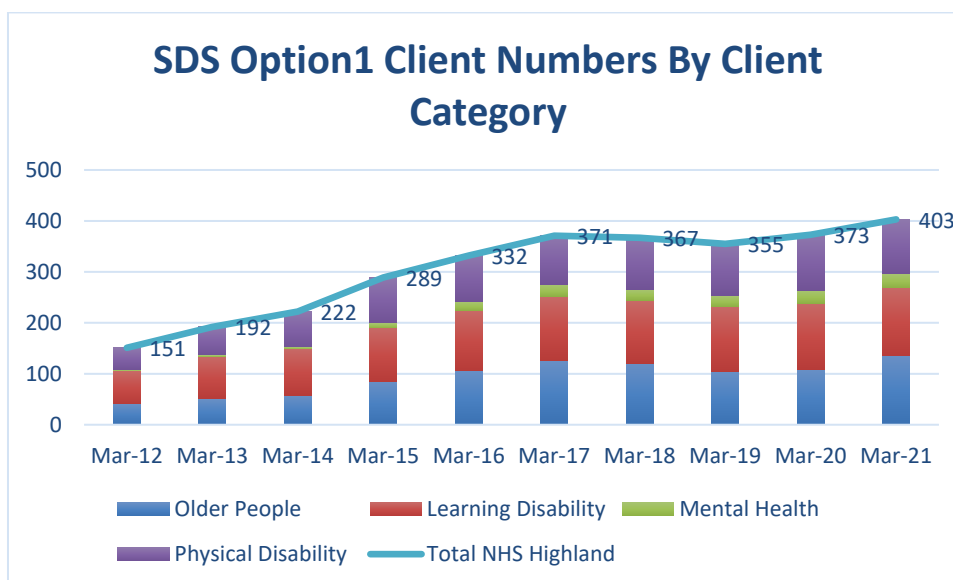
The Highland Carers Improvement Group agreed that interim services for carers should be sought which could demonstrate that they can provide a significant impact. This work was undertaken to complement the ongoing work to identify a fully costed Carers Programme to develop good local services for carers.

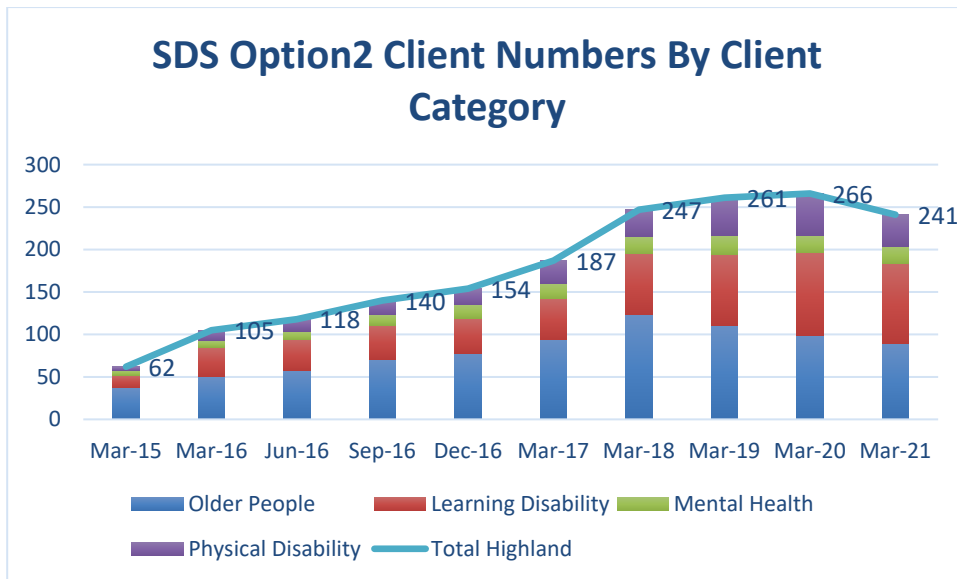
Currently we have a great deal of work still to do to provide the tangible supports for carers that we know they need. However, with the completion of our Strategy and the work to tender for services for carers that journey is now well underway.

Self-Directed Support

Work is gathering momentum to develop a Highland Self-Directed Support (SDS) Strategy. It is being taken forward collaboratively with people with lived experience, unpaid carers, a number of representative groups including Partners in Policymaking, SDS Scotland, SWS Scotland, Community Connections (locally funded SIRD organisation), service providers, social work staff and managers (among others). The work on the development of the strategy is being informed by the SDS Change Map, the SDS Standards and the Independent Review into Adult Social Care. Crucially however, we are aiming to ensure it will also be shaped by a wide ranging and in-depth engagement and consultation process.

The four options of Self-Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team. A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine support requirements, with the aim of adopting a strengths-based approach to meeting identified outcomes and considering eligibility for assistance with care and support needs where required. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.





In adult services, substantial growth in Self-Directed Support, and in particular Options 1 and 2, has been seen over the last six years as demonstrated at Charts 2 and 3 below. There has been a slight decrease in the number of Options 2s within the past year specifically due to one provider ceasing to provide services which were replaced by an Option 3 traditional service delivery model. We recognise, in keeping with the national picture and the development of SDS Standards, that change is required at a transformational level to ensure more consistent practice in terms of adopting strengths-based and community-led approaches to practice and highlighting the importance of good conversations, i.e. the development of relationship based practice to inform assessments and support options. As a supportive measure to staff, lead professionals are able to discuss complex cases and the variety of possible support options.

Covid Response Team (CRT)

The COVID Response Team (CRT) was created in April 2020 prior to a requirement by the Scottish Government to have such additional COVID19 support measures in place. The intention of this new resource was to provide mutual aid to care home services facing challenges as a result of the pandemic. A rapid recruitment process resulted in a team of 17 members ready to be deployed from 30th April 2020. The first deployment to an independent care home provider was on the 1st May 2020.

The CRT has for the past 14 months continued to be deployed in various settings responding to an outbreak or to services experiencing staffing reductions because of the pandemic. To date, the team have supported care home services, care at home services, carer support and have also been mobilised in hospital settings. The necessary deployment of the response team is often at short notice and covers NHS (North) Highland.

The requirement of the Scottish Government to have this resource available to respond as originally intended remains at least until March 2022, and in fact in recent times with the national increase in COVID figures which has been reflected at a local level we have seen the requirement for mutual aid increase. At the time of writing the

response team has provided in excess of 32,000 hours of direct support to services, the majority of which have been support to care homes impacted by COVID19.

As we progress through the pandemic, plans are beginning for the team to have an active role in recovery and support to a sector that is exhausted and depleted. In collaboration with providers, we will explore and develop the team to offer support to the sector in re-establishing stability and quality services and enhancing partnership working.

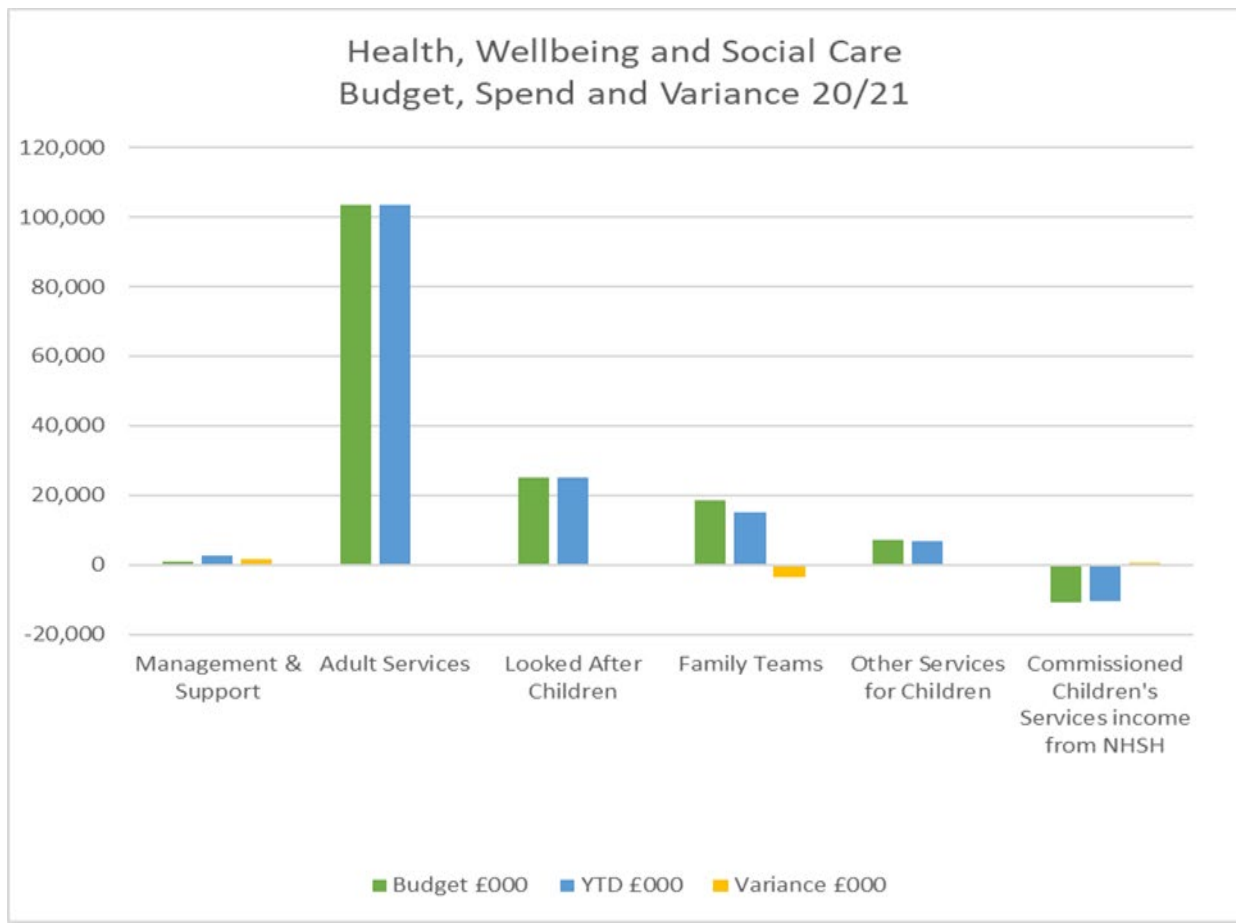
Resources

The out-turn for the Health and Social Care budget in 2020/21, was an underspend of £1.163m (0.8% of the budget). This was an improvement of £2.253m on the previously forecast position, being an overspend of £1.090m. The overall movement and improvement is principally due to an underspend in the provision of children's services offset by unbudgeted Covid expenditure and delays in the redesign of the new service, again as a consequence of Covid.

The main areas of service with more significant variance are as described below and reflect the main areas of variance reported throughout the year.

- Management Team – this budget was overspent by £0.392m pending service re-design and implementation of a new service staffing structure, with that now progressing in 2021.
- Covid-19 response – while the final level of spend against this heading was lower than had been forecast at earlier points in the year, the Service nonetheless had £1.3m of unbudgeted costs specifically attributable to Covid-19. This included additional residential placements (both Council and independent providers), additional PPE and other Covid-19 costs associated with placements and facilities, additional respite care provision, additional fostering and adoption costs, additional staff costs across a range of Covid-19 responses including out of hours social work service, family teams and mental health officers.
- Family Teams – an underspend of £3.365m, consisting of £2.503m across the area Family Team budgets and £0.862m in Self Directed Support (SDS) budgets. As previously reported, significant underspends had been reported against these headings throughout the year, with a combination of legacy staffing vacancy, recruitment challenges, budget heading realignment plus the Covid-19 impact on SDS being key factors. The pandemic impact on staff working arrangements, and in particular reduced staff travel and related costs was also a factor.

The following graph illustrates spend for this year:



Due to lockdown, a number of services and resources were unavailable resulting in less spend. However, as we move into 2021/22, there is an expectation that the impact of Covid will start to show across all social work services. Not only will this be in relation to increased demand, but also with regard complexity of needs. Services will need to adapt to these pressures as they emerge and be responsive and flexible to issues being presented.

Adult Social Care: Emergency Payment Plans (EPPs)

In line with Scottish Government and COSLA guidance, NHS Highland has initiated a series of supportive measures for providers to ease any cash flow concerns and service delivery disruption and to provide continued financial support during COVID.

On the 31 March 2020, NHS Highland issued a detailed commissioning approach to all providers, which set out the intended commissioning approach, focussing on collaboration, communication and cash flow for all Adult Social Care Providers.

One of these key supportive measures was the implementation of an Emergency Payment Plan (EPPs) to make payment at existing (March 2020) activity levels for care-at-home, home based respite and housing support commissioned services. Providers have been asked to provide assurance on the actual level of service provided during this EPP period and will, notwithstanding, receive payment at March 2020 levels during this time.

These EPPs continued until the end of November 2020 when future payment arrangements were reviewed after analysing activity levels during the initial period and after communicating with the sector. Business Support has flexed their existing business processes to accommodate this priority request.

Provider sustainability is a programme initiated by the Scottish Government (SG) in recognition of the significant pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. NHS Highland has, to date as at March 2021, paid £2.77m to all care providers who have had their claims approved.

NHS Highland has in place an application process to administer all applications as per SG guidance. Payments have been made to providers who have submitted claims for financial assistance due to additional Covid-19 costs which covered staffing, PPE, IT, equipment and loss of income, empty beds/care home voids.

Workforce

The past year has been dominated by the effects of COVID-19 with the report highlighting the impact this has had on services and service delivery. Further, there have also been significant staffing challenges throughout particularly with regard maintaining required staffing levels, managing sickness and staff absences, and recruiting to vacancies. These, added to the majority of staff having to adapt to non-office working including home working, and reliance on IT equipment and processes (with varying degrees of availability), tested resilience and organisational skills.

At the initial outset of the pandemic, Services had to quickly develop efficient and effective ways to support vulnerable families whilst adhering to Scottish Government COVID-19 guidance and legislation.

Shielding caused considerable strain on residential services due to the number of staff who were no longer available to work in the children's houses or care homes. Additional staff had to be re-deployed and recruited to cover the gaps, including the use of relief staff.

Significant focus during the pandemic has been staff's Health and Wellbeing. The existing Mental Health and Wellbeing toolkit has been grown and developed to

provide guidance and advice to staff and managers. The toolkit covers a wide and diverse range of subjects including:

- Mental and physical health issues
- Welfare and money advice
- Misuse of drugs & alcohol

Further, a new Employee Assistance programme - Spectrum.Life - was rolled out to all staff to provide a confidential, free mental wellbeing support, fitness plans, legal assistance, financial advice, and eLearning content related to a variety of wellbeing topics. This is available 24 hours a day, 365 days of the year

The Vaccination programme for front line staff was successfully rolled out from January 2021.

Criminal justice social work has maintained a stable workforce during 2020/21. The service experienced normal turnover and was able to recruit to all posts. The service employs 34 social workers within a workforce of 92 people, which includes managers, shared business support and 2 forensic psychiatric nurses working within the multi-agency Drug Testing and Treatment Order team (DTTO).

During this year, one member of staff successfully completed her training to qualify as a Mental Health Officer. This was a significant achievement as all of this training was completed during the pandemic. However, the MHO Service faces a number of challenges in the coming years particularly due to flexible and normal retirement. In 2021/2022, the service will see a significant reduction in staff resource as 35% of the workforce is due to retire. This, coupled with the rising workload, will increase demands on MHO time and capacity. Active conversations are happening around increasing numbers of in-house workers being put through MHO training as well as recruitment options.

A salient feature underpinning workforce planning within Highland has been the development of a Trainee Mental Health Officer Scheme in partnership with Robert Gordon University, Aberdeen. The trainee scheme has been created to re-establish a clear pathway towards MHO practice for interested social workers. This is a proactive response to challenging circumstances and is designed to address the statutory requirement placed on local authorities to recruit an adequate number of qualified MHOs.

A trainee scheme for Social Workers was developed with an aim to capitalise on skilled, experienced, unqualified existing Highland Council staff working in Children's Services. A similar initiative has been successful in recruiting trainees who went on to work across sectors of the Social Work service in Highland, including adult and children's teams.

There are particular geographical areas in Highland where the recruitment of qualified Social Work staff has proved very challenging and where skilled employees residing in those areas have expressed a wish to undertake their Social Work training. This scheme has utilised existing vacancies in key areas, re-assigning

vacant posts to trainee posts. The trainees will be fully supported to their Honours Degree in Social Work, utilising a partnership approach with the Open University.

The Highland Council implemented a five-year Workforce Planning Strategy in August 2017. In addition to the corporate workforce planning strategy, a Service Workforce Planning working group was established consisting of senior managers and HR officers to develop a workforce plan specifically tailored to meet service needs. Priorities identified were recruitment and retention, further development of trainee programmes and workforce development.

Workforce planning activities will continue to focus on recruitment and developing an agile workforce and efficient work streams. Due to the Health and Social Care Service carrying a significant number of vacancies, a targeted recruitment campaign was introduced. This has seen a significant improvement in the number of, and quality of, applications. This has helped us during COVID-19 as we have seen significant interest from candidates all over the UK who now consider the rurality of the Highlands to be an attractive and safe place to live and work.

The Highland Council's Engagement and Partnership Working Framework builds on already strong work relationships with Trade Unions. Our engagement strategy empowers all staff by devolving decision making, increasing flexibility and enabling them to use their initiative. We actively encourage staff to be involved in the decision-making process.

Highland Council will continue to consider the Learning and Development needs of Social Work staff and implement an audit cycle to ensure the quality assurance of Social Work practice. Whilst the pandemic has had an impact on staff and children and families across Highland, we will continue to consider child protection processes and practice as we enter the recovery phase.

From staff surveys and engagement sessions, we have identified that 70% of staff working from home have expressed a clear preference in moving to a blended way of working. The Council's Dynamic Ways of Working project team are actively working on how new ways of working can be facilitated, whilst ensuring services are delivered effectively and efficiently.

Priorities for 2021/22

As we move out of lockdown, meeting the needs of children and adults – whether it be protecting them from harm or for accessing support to improve their life opportunities – will very much be to the fore. Partnership working will be key to ensuring we are maximising resources and improving outcomes for our population.

The care home and care at home sectors are experiencing significant and specific challenges. Further, the geographical challenges that the Highlands bring, adds to the issue of sustainability of services in specific areas of the county. Investment will be critical moving forward.

Additional funding has been forthcoming from the Scottish Government which has enabled services to be mobilised accordingly. Whilst this has been welcomed, we have to acknowledge that this has provided a short-term solution. Looking forward, we are now entering the next phase which will bring significant challenges - both financial and in our ability to respond appropriately. Staffing challenges across all services and sectors are evident.

During 2020/21, the impact on service delivery has been significant. Whilst we have continued to work throughout this period, it has been in an environment that we have not previously experienced. Whilst Scottish Government guidance was forthcoming, we had to interpret this and adapt our practice and delivery of services, to ensure that we were able to delivery services where possible. The resilience of all services, partners and communities during this time has been exceptional. This is something we want to build on as we continue to recover and renew.

The challenges are so significant in an ongoing COVID context that national and local reform involving all partners will be critical to future service provision. Our Staff are ambitious to continue to provide high quality services and a key element of reform will be the enhancement of support and wellbeing for staff and enhanced opportunities for professional growth , learning and development.

Care Homes in North Highland - Care Inspectorate Grades effective 31 August 2021

Care Homes in North Highland

Care Inspectorate							Quality Inspection Framework Evaluations **					
NHS Highland Operational Unit	Service Name	Service Town	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	How well do we support people's wellbeing?	How good is our Leadership ?	How good is our staff?	How good is our setting?	How well is care and support planned?	How good is our care and support during the COVID 19 pandemic? ***
West	Abbeyfield Ballachulish (Care Home)	Ballachulish	Older People	Independent	37	23/07/2019	6	0	0	0	6	0
South	Ach-an-Eas (Care Home)	Inverness	Older People	NHS Highland	24	27/02/2020	5	5	0	0	5	0
South	Aden House (Care Home)	Inverness	Older People	Independent	24	28/06/2019	5	4	4	4	4	0
West	An Acaisaid (Care Home)	Isle of Skye	Older People	NHS Highland	10	12/03/2020	4	0	0	0	4	0
South	Ballifeary House	Inverness	Older People	Independent	24	04/04/2019	6	0	0	0	5	0
North	Bayview House (Care Home)	Thurso	Older People	NHS Highland	23	25/09/2019	5	0	0	0	4	0
South	Beechwood House	Inverness	Alcohol & Drug Misuse	Independent	15	20/11/2019	5	0	0	0	5	0
South	Birchwood Highland Recovery Centre	Inverness	Mental Health Problems	Independent	23	11/03/2020	6	0	0	0	6	0
South	Brauch House	Nairn	Older People	Independent	22	22/08/2019	4	4	4	4	4	0
West	Budhmor House (Care Home)	Portree	Older People	Independent	29	04/10/2019	4	4	4	0	4	0
North	Caladh Sona	Laig	Older People	NHS Highland	6	11/02/2020	3	4	4	3	4	0
South	Cameron House (Care Home)	Inverness	Older People	Independent	30	13/09/2019	3	4	4	4	3	0
South	Carolton Care	Nairn	Older People	Independent	20	17/10/2019	4	0	4	0	4	0
Mid	Castle Gardens Care Home	Invergordon	Older People	Independent	40	26/05/2021	4	0	4	0	4	4
South	Castlehill Care Home	Inverness	Older People	Independent	88	16/10/2020	4	0	0	0	0	3
Mid	Catalina Care Home	Alness	Mental Health Problems	Independent	28	15/01/2021	4	3	4	4	3	3
South	Cheshire House (Care Home)	Inverness	Physical and Sensory Impairment	Independent	16	17/09/2019	5	0	0	0	5	0
South	Cradlehall Care Home	Inverness	Older People & Learning Disabilities	Independent	50	24/08/2021	3	3	3	3	4	4
South	Culduthel Care Home	Inverness	Older People	Independent	65	10/04/2019	4	4	4	4	4	0
West	Dail Mhor (Care Home)	Acharacle	Older People	NHS Highland	6	12/02/2020	4	0	0	0	5	0
	Eilean Dubh	Fortrose	Older People	Independent	40		0	0	0	0	0	0
Mid	Fairburn House	Muir of Ord	Learning Disabilities	Independent	40	12/03/2020	5	0	0	0	5	0
Mid	Fodderty House	Dingwall	Older People	Independent	16	29/07/2021	2	2	3	0	5	2
Mid	Fram House	Beauly	Learning Disabilities	Independent	5	17/01/2020	4	0	0	0	5	0
South	Grandview Nursing Home	Grantown-on-Spey	Older People	Independent	45	05/08/2021	3	4	0	0	5	4
South	Grant House (Care Home)	Grantown-on-Spey	Older People	NHS Highland	20	04/12/2020	3	3	3	4	4	4
South	Hebron House Nursing Home Ltd	Nairn	Older People	Independent	22	11/12/2019	4	0	0	0	4	0
South	Highview Care Home	Inverness	Older People	Independent	83	30/01/2020	4	5	5	5	5	0
South	Hillcrest House	Nairn	Mental Health Problems	Independent	23	24/02/2020	5	0	0	0	5	0
West	Home Farm Care Home	Portree	Older People	NHS Highland	40	01/07/2021	4	4	4	0	0	4
Mid	Innis Mhor Care Home	Tain	Older People	Independent	40	31/07/2019	5	4	4	4	5	0
West	Invernevis House (Care Home)	Fort William	Older People	NHS Highland	32	05/12/2019	4	5	3	4	4	0
West	Isle View Care Home	Achnasheen	Older People	Independent	25	26/02/2021	5	0	0	0	5	3
South	Isobel Fraser Home	Inverness	Older People	Independent	30	26/08/2019	5	0	0	0	4	0
South	Kingsmills Care Home	Inverness	Older People	Independent	60	07/08/2021	4	4	4	4	4	0
South	Kinmylies Lodge	Inverness	Mental Health Problems	Independent	18	20/08/2019	5	0	0	0	4	0
Mid	Kintyre House (Care Home)	Invergordon	Older People	Independent	41	27/01/2021	3	3	3	3	3	3
West	Lochbroom House (Care Home)	Ullapool	Older People	NHS Highland	11	16/10/2019	5	0	0	0	4	0
South	Lynmore	Grantown-on-Spey	Older People	Independent	40	23/08/2021	3	4	4	4	3	3
West	Mackintosh Centre (Care Home)	Mallaig	Older People	NHS Highland	8	06/06/2019	5	0	0	0	4	0
South	Main's House	Newtonmore	Older People	Independent	31	05/02/2021	5	0	0	0	4	4
South	Maple Ridge (Care Home)	Inverness	Learning Disabilities	Independent	18	06/08/2019	4	4	4	3	4	0
South	Mayfield Lodge	Inverness	Learning Disabilities	Independent	12	28/11/2019	5	0	0	0	5	0
South	Mealmore Lodge (now known as Daviot Care Home)	Inverness	Older People	Independent	94	18/06/2021	4	4	4	4	3	4
North	Melvich Community Care Unit (Care Home)	Thurso	Older People	NHS Highland	6	22/01/2020	4	0	0	0	4	0
West	Mo Dhachaidh Care Home	Ullapool	Older People	Independent	21	21/11/2019	5	0	0	0	4	0
West	Moss Park Nursing Home	Fort William	Older People	Independent	40	24/08/2021	3	4	3	3	3	3
Mid	Mull Hall (Care Home)	Invergordon	Older People	Independent	42	18/12/2019	4	4	4	4	4	0
North	Oversteps (Care Home)	Dornoch	Older People	Independent	24	20/08/2021	4	3	2	4	3	3
North	Pentland View - Highland	Thurso	Older People	Independent	50	14/03/2019	5	0	0	0	5	0
North	Pulteney House (Care Home)	Wick	Older People	NHS Highland	18	03/12/2019	5	0	0	0	5	0
Mid	Redwoods (Care Home)	Alness	Older People	Independent	42	19/02/2020	5	0	0	0	5	0
North	Riverside House Care Home	Wick	Older People	Independent	44	04/07/2019	4	0	0	0	4	0
North	Seaforth House (Care Home)	Golspie	Older People	NHS Highland	15	03/02/2020	5	0	0	0	5	0
Mid	Seaforth House Ltd (Care Home)	Dingwall	Learning Disabilities	Independent	22	08/10/2020	3	3	4	3	3	4
North	Seaview House Nursing Home	Wick	Older People	Independent	42	27/09/2019	5	0	0	0	5	0
Mid	Shoremill (Care Home)	Cromarty	Older People	Independent	13	06/05/2021	3	3	3	3	3	3
South	Southside Care Home	Inverness	Older People	Independent	33	02/09/2021	1	1	1	1	3	3
South	St. Olaf - Cawdor Road	Nairn	Older People	Independent	44	13/02/2020	4	0	0	0	4	0
Mid	Strathallan House (Care Home)	Strathpeffer	Older People	Independent	32	29/07/2021	4	4	4	4	3	4
West	Strathburn (Care Home)	Gairloch	Older People	NHS Highland	44	05/03/2021	3	2	0	0	5	2
West	Telford Centre (Care Home)	Fort Augustus	Older People	NHS Highland	10	16/07/2019	4	0	0	0	3	0
South	The Manor Care Centre	Nairn	Physical and Sensory Impairment	Independent	43	24/01/2020	4	4	4	0	5	0
North	The Meadows (Care Home)	Dornoch	Older People	Independent	40	05/08/2021	3	0	0	0	4	3
Mid	Tigh-na-Cloich	Muir of Ord	Learning Disabilities	Independent	4	17/01/2020	5	0	0	0	5	0
Mid	Urray House	Muir of Ord	Older People	Independent	40	26/06/2019	4	4	4	4	4	0
South	Wade Centre (Care Home)	Kingussie	Older People	NHS Highland	11	24/01/2020	5	0	0	0	5	0
South	Whinnieknowe (Care Home)	Nairn	Older People	Independent	24	28/05/2019	5	0	0	0	4	0
Mid	Wyvis House Care Home	Dingwall	Older People	Independent	50	17/03/2021	4	0	3	0	4	3

* Source of Data: Grades as published on Care Inspectorate datastore as at 31 August 2021 (www.careinspectorate.com), except for care homes noted below.

** Quality Inspection Framework Evaluations is the new grading system based on the 2017 Health and Social Care Standards, which the Care Inspectorate began rolling out as of July 2018

*** Key Question 7 - How good is our care and support during the COVID-19 pandemic? Introduced by the Care Inspectorate 11 June 2020

Castlehill Care Home - New service, not fully inspected. Key Question 7 How good is our care and support during the COVID-19 pandemic?

Eilean Dubh- New Care Home - not yet inspected

Home Farm - grades taken from Care Inspectorate website 22/09/2021.

Kingsmills - re-registered service. Grades from previous registration last inspection dated 07/08/2019 taken from Care Inspectorate website 22/09/2021.

Moss Park - grades taken from Care Inspectorate website 23/09/2021

Strathburn - grades taken from Care Inspectorate website 23/09/2021 for Home Farm service then registered under Strathburn (temporary registration). Latest inspection grades pertain only to care home previously registered as Home Farm.