The Highland Council

Education, Children and Adult Services Committee
26 October 2016

Agenda Item	**10**
Report No	**ECAS 66/16**

Children's Services – Assurance Report

Report by Director of Care and Learning

Summary

The purpose of this report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. The content of each assurance report is informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

1 Positive progress and transformation

1.1 Child Protection (Health) – role of Child Protection Advisers

1.1.1 The newly appointed Lead Nurse for Child Protection (health) has now taken up post and has started a review of the current workload of the Child Protection Advisers. This will also include the use of a workforce planning tool.

1.1.2 As part of the work plan of the NHS Highland Child Protection Governance Group it is intended to test a child protection supervision audit tool with Health Visitors, School Nurses and Child Protection Advisers. It is then hoped to use this tool with a wider group of health staff.

1.2 Health of Looked After Children

1.2.1 A Looked After Children health group has now been established (with representation across The Highland Council, NHS and third sector) as a sub-group of the LAC Improvement group. This will look specifically at systems to improve health outcome, including mental health and wellbeing, for LAC.

1.2.2 A new post, Clinical Nurse Specialist for Looked after children, has been created and the post holder commences in post on 21st November. The rationale for the post is to enable better tracking of young people and to improve the engagement with young people. Following an induction period this post will focus on health assessments in the Mid & South areas as well as having an input to young people in residential units.

1.3 Current work in Highland Council on emerging literacy, now being rolled out across the Northern Alliance authorities, has been heavily dependent on the partnership of staff across education and health disciplines – in particular, teaching, educational psychology and speech and language therapy. It is unlikely that this would have been taken forward without the new integrated working arrangements, and a presentation will take place at the Education, Children and Adult Services Committee.

2. Areas for development

2.1 Guardianship assessments

2.1.1 As previously reported, there is a requirement for assessments of capacity in relation to young people approaching their 18th birthday in relation to the Adults with Incapacity (Scotland) Act 2000. This requires a medical assessment in all cases, however there is no clear pathway for this and in some cases Children's Services have engaged the services of independent psychologists in order to progress assessments. The Child Health Commissioner has convened a working group to consider how to take this forward. Unfortunately no update is available currently for this work, which continues to cause difficulties for families and professionals.

3. Risks

3.1 A risk register is held for health services delivered by Highland Council. This was reported in full in the last Assurance report but this report covers only those risks where there has been significant change.

3.2 School Nursing

3.2.1 At the last committee meeting members expressed some concern about the impact on the service of the national review of school nursing. This report offers an opportunity to provide more detail of the school nursing service and the challenges.

3.2.2 The current School Nursing service provides both targeted and universal input to children and young people of school age. The universal service includes undertaking health reviews in Primary 1, hearing & growth screening and the provision of school based immunisations. School nurses have a role to promote health in schools and this is normally done through providing support and resources to allow teaching staff deliver the topics as part of Curriculum for Excellence rather than undertaking classroom based work themselves

3.2.3 The service also provides targeted input to specific pupils who have additional health needs. Where health needs are affecting the child's overall well-being the school nurse will work closely with the Named Person as a partner to the child's plan and will often act as a link between the school and other health professionals such as the GP or paediatrician. The current review of the school nursing service is suggesting that school nurses have a greater focus on vulnerable young people such as those who have mental health issues, drug and alcohol problems, are homeless or looked after or who have complex health needs. This is due to the recognition that these issues have a major detrimental effect on health outcomes for these groups of children and young people. The other universal service will still require to be undertaken but the recommendations are that this universal work is provided by a wider school health workforce consisting of staff nurses and health care assistants. The final report of the review will confirm this in due course.

3.2.4 School nurses currently fall into two categories:

a) Specialist school nurses who have an additional post-registration qualification enabling them to tackle many of the challenging health issues and

b) Staff nurses who are first level registered nurses who have not undertaken the specialist school nurse training.

3.2.5 In Highland since 2008, only those who held a specialist qualification and registration were able to be appointed to specialist school nurse posts. This made recruitment challenging, but encouraged teams to support nurses through the generic Public Health Nurse training. This was not applied across other parts of Scotland. However, as part of the current national review, the Scottish Government is expecting that every Associated School Group will have access to a qualified specialist school nurse.

3.2.6 As a result of the changes to the health visitor and school nurse role, all generic public health nurse courses were halted in 2014 while the new Health Visiting courses were introduced. This created an absence of an approved course for school nursing, and has caused a significant gap in Highland as it has not been possible to recruit to vacant posts. There are currently three Scottish universities who have prepared and had school nurse courses approved for commencement in 2017. These are linked to Health Board areas on a regional basis, and for Highland Council involves Robert Gordon University in Aberdeen. Over the past two months, three trainees have been identified to commence in September 2017. There is no announcement yet regarding any additional funding, either for additional posts or to cover training costs.

3.2.7 The current school nursing staffing position is set out in the table below. There are currently 29 ASGs in Highland Council and many have to share a qualified school nurse, or in some areas rely on a staff nurse who receives advice and supervision from a qualified school nurse.

School Nursing	Establishment	Actual in post	Trainees	Vacancies
Specialist band 6/7	18.13	12.96	3.06	2.11
Staff nurse band 5	6.98	5.09		1.89
School nurse assistant band 4	2.11	2.11		0

3.2.8 Further pressure is put on the available service by the increased level of school based immunisation programmes. Vaccination is one of the most effective public health measures and the schools based programmes consists of vaccination against:

- Influenza
- Diptheria, Tetanus and Pertussis
- Human Papilloma Virus (HPV)
- Measles, Mumps and Rubella (MMR) catch up programme
- Meningitis types A,C,W &Y

3.2.9 This increased programme has meant that the number of vaccines offered to school children has risen from 6,150 in session 2012-13 to 32,150 in session 2015-16. This enormous change to the school nurse workload works against the direction that the Scottish Government is taking for school nursing.

3.2.10 Highland Council currently spends £58,000 supporting the existing school nurses to deliver these programmes. The Principal Officer (Nursing) is currently working with colleagues in NHS Highland to develop and test a schools based immunisation delivery model that would include dedicated Immunisation Team. It

is hoped that this model will be ready to test during the next academic session (2017-18) and subsequently a business case will be developed which will identify how the additional cost can be met. An early estimate is that this could be around £100,000.

3.3 Health visitor recruitment

3.3.1 The funded establishment for 2016/17 is 59 FTE health visitors. This includes 13.9 FTE health visitor trainee posts; seven of whom should qualify in January 2017.

3.3.2 There are currently 2 FTE vacancies, both in the South area. Interviews are being held for these posts.

3.3.3 It is expected that a further four health visitor posts will be established next financial year (2017/18) bringing the establishment up to 63 FTE, which is the level recommended by the national caseload weighting tool and supported by additional Government funding - as set out in the table below.

Family Team	2016/17 funded establishment	2017/18 planned establishment
Caithness	6.4	8
Sutherland	2.5	2.5
East Ross	6.8	8.2
Mid Ross	5.5	5.5
Skye, Loch & Wester Ross	4.5	4.5
Lochaber	5.5	5.5
Inverness West	8.4	9.4
Inverness Central, Badenoch & Strathspey	10.8	10.8
Inverness East & Nairn	8.6	8.6
	59	**63**

4. Balanced Scorecard

4.1 The balanced scorecard is attached at **Appendix 1** and is an extract from the performance framework, containing only those measures which are related to the commissioned health service.

4.2 There are Delivery Plans in place for all Allied Health services i.e. physiotherapy, speech and language therapy, Occupational therapy and dietetics. Attached as **Appendix 2** is an exception report for Occupational Therapy and Speech and Language Therapy. The numbers of children and young people waiting for initial support or therapy has decreased over the past 3 months from 531 to 365.

4.3 However, in particular areas the percentage of children and young people who are waiting more than 18 weeks has increased for all services. This is mainly due

to staffing issues, including vacancies and summer leave.

4.4 There has been difficulty recruiting to Physiotherapy but this is now resolved with new staff starting in the next 2 months. Cover for maternity leave in Lochaber for Occupational Therapy, and Skye for Speech and language therapy has not been available - these staff return to their posts in the next 3-5 months. Three further Speech and Language Therapy posts are unfilled at present and it is hoped to recruit to them soon.

4.5 The increase in requests for service, particularly around diagnosis of neurodevelopmental disorders including Autistic Spectrum Disorder, continues to put a strain on the SLT team based in Inverness. It is hoped that a rapid process improvement workshop planned for February 2017 will impact on the wait times and service to these children and young people. Further work on providing telephone consultations, training and support for parents/carers and skills development for AHPs, all continues.

4.6 A Delivery Plan with a revised trajectory for 27-30 month health reviews is in development, and will be reviewed in line with the provision of the latest data. There is no updated data available from NHS Highland since the last Assurance report.

4.7 Performance measure 29 determines that there will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies. Although variable, the latest data from NHS Highland shows that the percentage difference has risen from a baseline of 2.9% in 2013 to the current position of 4.2%.

4.8 Performance measure 32 considers the uptake of the 6-8 week Child Health Surveillance contact, with a target to show no difference in uptake between the general population and those in areas of deprivation. The data shows a variable picture, with 8.4% poorer uptake in areas of deprivation in 2014. However, this trend reversed in 2015, with a 5.7% greater uptake of 6-8 week contact in areas of deprivation.

4.9 Performance measure 34 sets out to achieve 36% of new born babies being exclusively breastfed at 6-8 week review by March 2017. The latest data from NHS Highland shows that this target has been achieved for the first time with 39% of new born babies being exclusively breastfed at the 6-8 week review.

4.10 Performance measure 35 seeks to reduce the percentage gap between most and least affluent areas for children exclusively breastfed at 6-8 weeks. Although the data shows a slight improvement in variation over the last three years, there continues to be a marked difference in breast feeding across areas of deprivation, with markedly less breastfeeding in more deprived areas. Please also refer to **Appendix 3** which shows the positive progress on the uptake of breastfeeding across the measures.

4.11 Performance measure 46 aims to increase the percentage of statutory health assessments completed within 4 weeks of a child becoming looked after. The data for the latest quarter shows that 84.8% of assessments were completed. Although the target of 95% has not yet been achieved, this improvement is in line with a trajectory developed within the delivery plan to drive improvement.

4.12 The delivery plan also seeks to improve performance measure 47, which determines that 95% of health assessments for Looked After Children who are accommodated, are available for the initial child's plan meeting at six weeks. The latest quarterly data shows significant improvement in achieving this measure, with 82.4% of assessment available.

4.13 Whilst the quarterly figures see a significant improvement in timeous completion of LAC health assessments, this continues to be a challenge, particularly for school aged young people in areas where school nursing capacity is reduced and the school immunisation programme impacts the ability to complete health assessments within timescales.

5 Implications

5.1 Resources

5.1.1 The funding for Child Health from NHS Highland is £9.02m, including an upift for this financial year.

5.1.2 As previously indicated, Highland Council has committed additional funding to child health services.

5.1.3 The 2016/17 funding for health visitor posts has been top-sliced by NHS Highland by 7.5%. It has been agreed that this shortfall can be covered for one year only through the uplift provided by NHS Highland in the total funding for children's services. The same percentage reduction has also been applied to the Family Nurse Partnership service. However, additional funding provided by the Scottish Government to support the FNP programme Scotland-wide has enabled the shortfall to be covered for this financial year. The full breakdown is found in **Appendix 4**.

5.2 There are no **legal, equalities, climate change/carbon clever, risk, Gaelic** or **rural** implications arising from this report.

6 Recommendation

6.1 Committee is asked to consider and comment on the issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the revised governance arrangements.

Designation: Director of Care and Learning

Date: 12 October 2016

Author: Sandra Campbell, Head of Children's Services

Appendix 1

FHC4		12/13	13/14	14/15	15/16	May	June	July	Aug	Sept	Target / comment	Improvement Group
Healthy												
4. Children and young people experience healthy growth and development												
26	% of children reaching their developmental milestones at their 27 – 30 month health review will increase			75.1%	78.8%						EYC Stretch aim – 85% by December 2016	Early Years
27	% of children will achieve their key developmental milestones by time they enter school will increase		85%	87%	87%						Target - 85%	Additional support Needs
29	There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	2.9%	2.7%	5.7%	4.2%						Improve from baseline	Early Years
30	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95%		82.5%	78.9%	78.8%		77.9 %				ISD data	Early Years
31	95% uptake of 6-8 week Child Health Surveillance contact		85.1%	81.7%	78.3%		76.6 %				Target - 95%	Early years
32	6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation		-3.2%	8.4%	-5.7%						No variance reported annually by NHSH in October	Early years
34	Achieve 36% of new born babies exclusively breastfed at 6-8 week review by March-17	32.4%	31.2%	30.3%	32.1%		29.5 %		39%		Revised performance measure and trajectory agreed	Maternal infant nutrition
35	Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks		14.4% compared to 41.9%	17.4% compared to 37.7%	15.8% compared to 38.8%						Reduction – reported annually by NHSH in October	Maternal infant nutrition
36	Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	97.3%	99.5%	99.7%	99.7%		99.7 %				Target - 95%	Maternal infant nutrition

37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	94.6%	96.7%	96.2%	96.3%		95.9 %				Target - 95%	Early Years
38	Sustain the completion rate of P1 Child health assessment to 95%	93.1%	99.5%	99.0%	99.8%						Target - 95% Reported annually	Early Years
39	95 % of children with significant ASN will have their learning planned for through a child's plan	65.0%	70.0%	94%	96%						Target - 95% reported annually	Additional support Needs
40	The number of 2 year olds registered at 24 months with a dentist will increase year on year		76.8%	73.9%	72.7%		71.7 %			73.8%	Increase from 76.8% baseline	Public Health and Wellbeing
41	The number of 2 years olds who have seen a dentist in the preceding 12 months will increase		67.3%	64.4%	78.8%		85.8 %			83.1%	Increase from 67% baseline	Public Health and Wellbeing
45	90% CAMHS referrals are seen within 18 weeks	80.0%		95.3%	91%	100%	100%	100%	100%	100%	Target - 90%	Mental Health
46	% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	70.0%	66.7%	66.7%	62.5%		84.8%				Target - 95%	Looked after Children
47	95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks				68.8%		82.4%				Looking for improvement from the 66.7% baseline.	Looked after Children
48	Waiting times for AHP services to be within 18 weeks from referral to treatment				85%	78%	81%				Target - 95%	Additional support Needs
49	95% of children will have their P1 Body Mass index measured every year	91.1%	93.5%	90.4%	86.7%						Target - 90% Reported annually	Public Health and Wellbeing

Appendix 2

Exception Report: Highland Council Children and Young People Allied Health Professional Service

Indicator: 90% of children referred to AHP Services will be seen within 18 weeks.

1. Current Position

1.1 The target of 90% of children referred to services seen within 18 weeks was introduced in the strategic document: AHPs as Agents of Change in Health and Social Care, the National Delivery Plan for Allied Health professions (AHP) in Scotland, 2012-2015 (The Scottish Government 2012). This document is updated by Ready to Act: A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals, which was launched in January 2016. There will be a continued focus on access to services.

1.2 **Compliance at 16/09/16:** (Number at 30/06/16 in brackets)

Profession	Total Number on List		Number <18 wks		% <18 wks	
Dietetics	93	(79)	82	(79)	88%	(100%)
Occupational Therapy	38	(58)	33	(51)	87%	(88%)
Physiotherapy	28	(11)	25	(11)	89%	(100%)
Speech and Language Therapy	206	(383)	132	(263)	64%	(69%)
Total	365	(531)	272	(404)	75%	(76%)

1.3 All services have missed the target. It should be noted, however, that the overall numbers of children waiting has decreased significantly from 531 on 30/06/16 to 365 now. The majority of those waiting more than 18 weeks are referrals around ASD. Many of these are waiting for locality assessment which is done by a team which includes AHPs, usually SLT.

1.4 Dietetics has had some errors inputting to AWT and this needs to be monitored. Leave has also caused some difficulties but this is likely to be less of an issue in the next few months.

1.5 Physiotherapy (PT) has had 2fte posts vacant over the past 3 months. However both of these posts have now been recruited to and will be filled in November.

1.6 Occupational Therapy (OT) has been unable to recruit to fill a maternity leave in Lochaber and there are ongoing difficulties covering this caseload from Inverness. The therapist may return to work in January, but possibly not full time. (Occupational Therapy figures include equipment and adaptations referrals. These are not included in the national target, only health interventions).

1.7 Speech and Language Therapy (SLT) have several posts vacant at present. They have been unable to recruit to fill a maternity leave in Skye and Lochalsh. The therapist may return to work in February, but also possibly to decreased hours. South and Mid have 3.2 fte posts vacant at present, but it is hoped these can be recruited to in the next few months. There have been several incidents of parental/ sick leave within the ASN team, but all staff are now returned to work. There has been increasing demand placed on the service through increasing

	numbers of requests for assistance for children with a diagnosis of autistic spectrum disorder. Analysis of the data shows that the majority of the children breaching the 18 weeks target are awaiting therapy from the Additional Support Needs SLT.
1.8	There is no admin support in Lochaber at present for AHPs, and this impacts on therapists time.
2.	**Action Plans to Address**
2.1	Telephone consultation continues to be rolled out across all OT and SLT practitioners, with team leads providing support and training to ensure quality is maintained. Only those children receiving clear intervention by telephone are taken off the waiting list. Results from one team showing outcomes and parents expectations suggest that this way of working is successful **(Annex a)**
2.2	The business support post in Inverness is now to be split into 2 posts to provide 1 part time post in Lochaber and 1 part time post in Inverness. This will allow therapists in Lochaber to spend more time on therapy rather than administration tasks and will help ensure that waiting time figures provided from there are accurate.
2.3	There is a rapid process improvement workshop (RPIW) planned around neurodevelopmental disorders, hopefully to take place by December 2016. It is expected that through time this will impact on wait times around ASD, particularly for SLT, as the process is altered and there is more joint working with other services.
2.4	Universal and targeted support materials and training packages will be developed for staff, young people and families (along with other professionals). Signposting to these will often then be the first support that will be offered- and sometimes will be all that is necessary. CYP and families will be consulted and this process monitored to ensure this is wanted and beneficial to all (ongoing).
2.5	**Service Specific Actions**
2.5.1	**Dietetics:** The team will monitor wait times more carefully and expect that compliance will be reached.
2.5.2	**Physiotherapy**: It is expected that by February 2017 as new staff complete induction that compliance will be reached.
2.5.3	**Occupational Therapy**: • Staff are being upskilled so that more team members are able to work with CYP who have ASD. Long term this will reduce wait times for this group, and provide a succession plan. Many of the families will be initially signposted to training rather than individual OT sessions. • The therapist on maternity leave is likely to return to work part time. Changes in workforce will then be considered to develop a support worker post (February 2017).
2.5.4	**Speech and Language Therapy:** • Use of a caseload management tool has helped with reallocation of resources where most needed and continues to be used (ongoing).

	• Telephone consultation is now being used by several therapists and its use is being monitored and further staff supported to use this (ongoing). • Changes to team structures have been identified. The mainstream lead post was not recruited to and for a year's trial the other 2 SLT leads will share joint leadership of all Highland paediatric SLTS. This is expected to improve joint working and skill sharing, and allow more flexible working across the area. (August 2016- July 2017). • Resources from this post and other changes in grading, responsibilities and contracts along with money from maternity leave cover have allowed an increased capacity of therapist posts for the ASN team, of almost 2fte temporarily. This has no additional resource. It will go through the scrutiny process. If this is agreed this increase in staffing will effect a reduction in waiting times in this service (Sept 2016- February 2017). • However recruitment will take several months and there may not be staff available. Temporary increases to hours of work will be offered at present but this is only likely to provide a couple of days of cover. Innovative approaches to recruitment are being considered.(September – October 2016). • The therapist on maternity leave is likely to return to work part time. Changes in workforce will then be considered to develop a support worker post (February 2017). • Waiting times for locality (ASD) assessment involve assessment which is done jointly by the team of Community Paediatrician, SLT and sometimes others. The RPIW process is likely to look at this and we may report these wait times separately from the rest of the SLT figures in future (December 2016- January 2017).
3.	**Expected Impact of Actions on Performance**
3.1	It is expected that applying the actions above will support delivery of the identified trajectory below in order to achieve compliance. One of the main challenges will be sustaining compliance through the impact of vacancies; across relatively small teams covering a wide geography. Additional actions will need to be developed around innovative approaches to recruitment and retention.
4.	**Forecast of Return to Planned Performance (i.e.Trajectory)**
4.1	**Dietetics:** Expected compliance October 2016
4.2	**Physiotherapy:** October – December 89%. Expected compliance: January 2017
4.3	**Occupational Therapy:** October – January 88%. Expected compliance February 2017
4.4	**Speech and Language Therapy:** October- January 68%; February- April 70-85%; Expected compliance June 2017

Kayrin Murray, Principal Officer AHPs, Sept 2016

Annex A

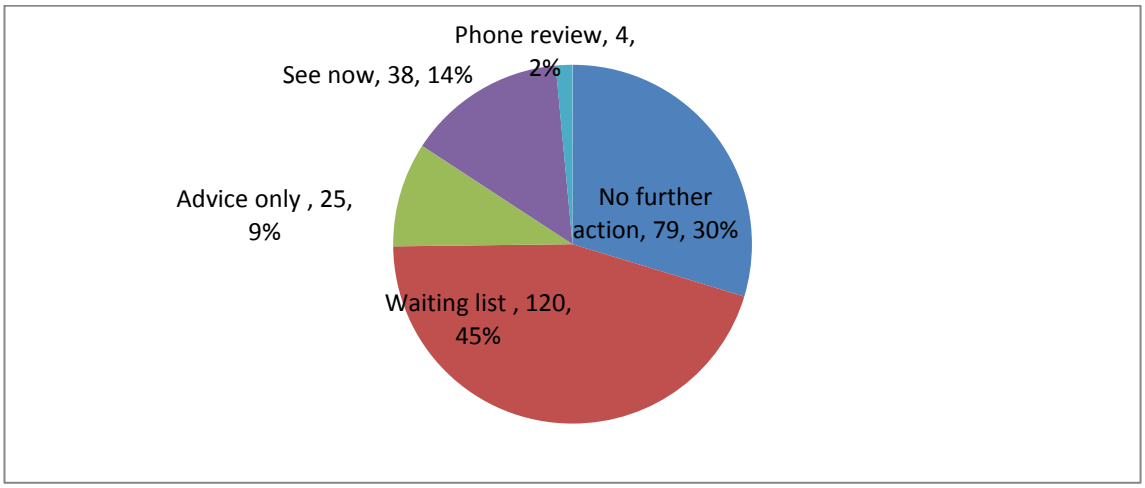
Mainstream CYP Speech and Language Therapy- Telephone consultations

Allied Health professionals have been following national guidance and have started trialling a telephone consultation with parents/ carers, and sometimes also with referrers, as the first response following receipt of a request for service. At present this is being done for all requests received by mainstream Speech and Language Therapy (SLT), most for additional support needs SLT and Occupational Therapy, and a few for Physiotherapy.

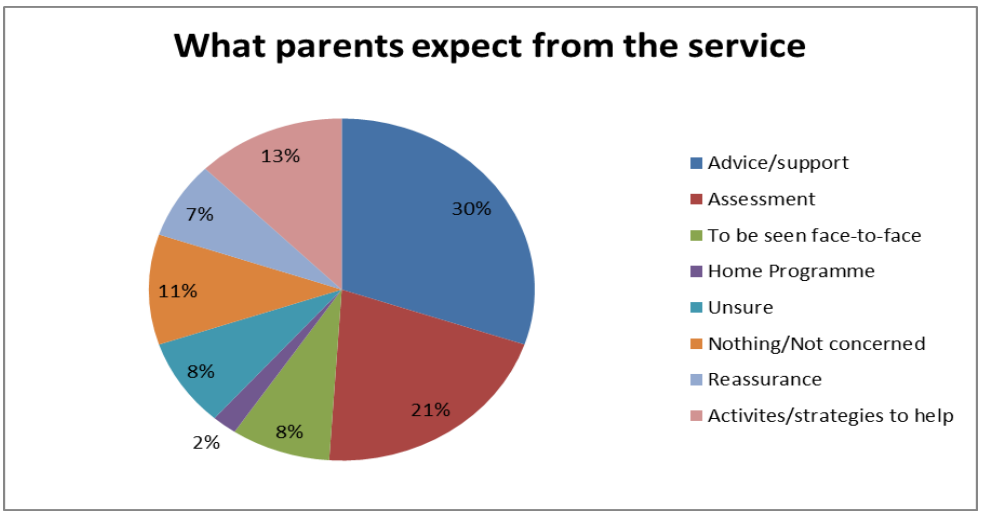
Between September 2015 and June 2016 266 teleconsults were carried out by the mainstream SLT team. These were monitored and what happened following this consultation noted.

The results are below and show that 39% were judged not to need further support at that time, usually having been given verbal and/ or written advice. This would appear to give an immediate reduction in those waiting or needing SLT. We are now monitoring how many of this group then request further support; perhaps if the advice given is not effective or followed.

Percentage of overall outcomes after telephone conversation:



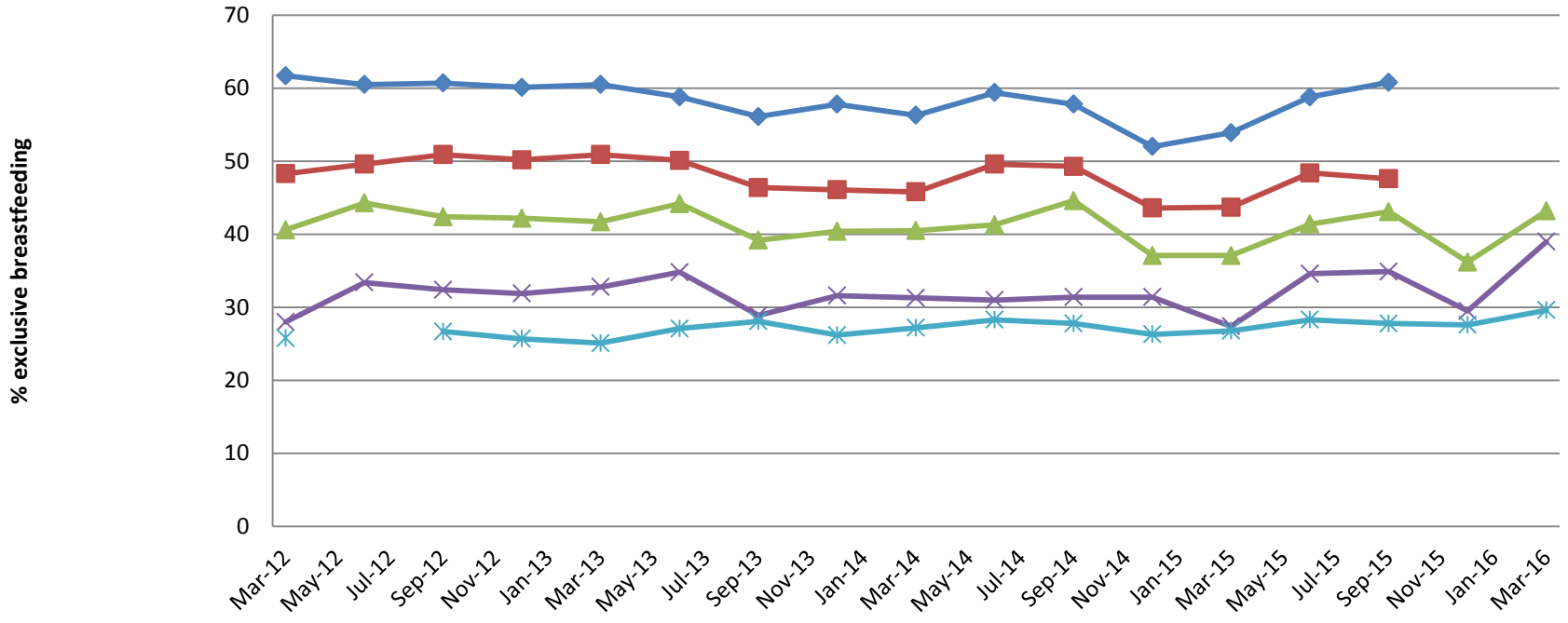
We also looked at what parents/ carers said they expected from the service at this initial point just after the request has been made. The results below show that 52% would like reassurance, verbal or written advice/ support or a home programme. Only 29% expected to be seen face to face. This suggests that this type of consultation is what many parents want at this stage.



We now need to do further analysis of results from the other services to see if this is representative for all AHP services.

Kayrin Murray, Principal Officer AHPs, Sept 2016

Highland CPP - exclusive breastfeeding rates at birth, discharge, 10 - 14 days and 6 - 8 weeks - please note as off December 2015 birth and discharge feeding method not recorded on CHSP-PS



	Mar-12	Jun-12	Sep-12	Dec-12	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	Jun-14	Sep-14	Dec-14	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16
birth	61.7	60.5	60.7	60.1	60.5	58.8	56.1	57.8	56.3	59.4	57.8	52	53.9	58.8	60.8		
discharge	48.3	49.6	50.9	50.2	50.9	50.1	46.4	46.1	45.8	49.6	49.3	43.6	43.7	48.4	47.6		
10 - 14 days	40.6	44.3	42.4	42.2	41.7	44.2	39.2	40.4	40.5	41.3	44.6	37.1	37.1	41.4	43.1	36.2	43.2
6 - 8 weeks	28	33.4	32.4	31.9	32.8	34.8	28.9	31.6	31.3	31	31.4	31.4	27.4	34.6	34.9	29.5	39
Scotland 6 - 8 weeks	25.8		26.7	25.7	25.1	27.1	28.1	26.2	27.2	28.3	27.8	26.3	26.8	28.3	27.8	27.6	29.6

Appendix 4

Commissioned Children's Services to September 2016

	Staff	Annual Budget	Actual YTD	Projected Outturn	Variance
	FTE	£	£	£	£
Nursing Management	1	85,392	39,458	83,092	-2,300
Family Teams staffing					
Practice Lead - Early Years	11	576,027			
Practice Lead - Disability	1	52,290			
CPT	1	73,230			
Health Visiting	60	2,676,290			
Disability Nurses	4	161,490			
Staff Nurse	7	253,425			
Nursery Nurse	2	64,076			
School Nursing	18	844,284			
Savings		-274,846			
Total- Family Teams costs		4,426,266	2,186,437	4,239,832	-186,434
YAT nurses	2	103,510	37,245	74,490	-29,020
LAC nurses	2	98,902	26,376	76,563	-22,339
Continence Products - contract		43,200	24,271	48,542	5,342
Cradle to Grave	2	85,882	6,427	38,562	-47,320
LAC Respite - The Orchard	10	1,186,056	695,854	1,186,056	0
Health Improvement - Early Years	1	87,062	22,668	50,177	-36,885

Appendix 4

Health Improvement - Schools - immunisation	1		58,204	23,583	58,204	0
Health Improvement	1		49,338	24,655	48,133	-1,205
Child Protection Advisors	7		368,620	126,246	296,576	-72,044
Allied Health Professionals						
Speech and Language Therapists	34		1,577,706	702,362	1,476,888	-100,818
Occupational Therapists	11		477,468	228,333	457,949	-19,519
Physiotherapists	6		302,747	118,310	250,575	-52,172
Dietetics	4		129,595	64,270	126,651	-2,944
Savings			-92,138	0	0	92,138
AHP management team	8		545,058	227,003	469,858	-75,200
Nutricia			50,000	2,714	10,000	-40,000
Before Words				-1,130	-1,130	-1,130
Total- AHPs			2,990,436	1,341,862	2,790,791	-199,645
Primary Mental Health workers	11		536,410	239,208	484,444	-51,966
Early Years Collaborative			1,977	76	500	-1,477
Fun with Fruit			30,000	30,000	30,000	0
Breakfast Clubs			30,000	0	30,000	0
Infant Feeding Support workers			60,000	18,521	60,000	0
Substance Misuse Prevention			0	-16,101	0	0
Family Nurse Partnership	6		135,625	159,230	135,625	0
Sub Total	**211**		**10,376,880**	**4,986,016**	**9,731,587**	**-645,293**
Business Support			363,712	181,856	363,712	0

Appendix 4

ICT		93,583	46,791	93,583	0
Payments to Voluntary Organisations		607,167	370,538	604,319	-2,848
Property (including The Pines)		145,042	99,641	150,905	5,863
Training		29,127	13,638	27,276	-1,851
Sub Total		**1,238,631**	**712,464**	**1,239,795**	**1,164**
Total		**11,615,511**	**5,698,480**	**10,971,382**	**-644,129**

Funded by:

NHS Highland	9,022,487
Scottish Government HV funding	346,000
Scottish Government FNP	187,811
Highland Council	2,059,213
	11,615,511