

# The Highland Council

Agenda Item	4
Report No	HCW-01-25

**Committee:** Health, Social Care and Wellbeing

**Date:** 5 February 2025

**Report Title:** Health and Social Care - Revenue Monitoring Budget and Performance Report – Quarter 3 2024-2025

**Report By:** Assistant Chief Executive - People

## 1. Purpose/Executive Summary

- 1.1 This report provides Members with a revenue monitoring and forecast position in relation to Quarter 3 for 2024/25. **Appendix 1** sets out the details in relation to the Monitoring for Quarter 3.
- 1.2 Members will recall from previous reports that budget savings for 2023/24 were not achieved in full. As a result, the current forecasts take into account the overall position in terms of unallocated savings from 2023/24 in the sum of £1.9m, together with savings in relation to 2024/25. Those savings amount to a further £1.4m in year. To date, savings of £950 000 can be marked as achieved. Accordingly, Members should note in terms of the current position that an overspend of £2.089m (1.1%) is forecast against an annual budget of £188.679m. Work is ongoing to address this and this is expanded upon in the main body of the report.
- 1.3 This report also provides performance information on:
- Corporate Indicators
  - Contribution to the Performance Plan (previously known as the Corporate Plan)
  - Service Plan progress
  - Service updates outwith the Corporate Indicators or Service Plan.

The content and structure is intended to:

- Assist Member scrutiny and performance management
  - Inform decision making to aid continuous improvement
  - Provide transparency and accessibility.
- 1.4 For the purpose of this report, details have been provided from the PRMS dashboard showing the latest updates on the HSC Service Plan for 2023/24 where actions have continued into 2024/25. Information is also included in relation to those indicators which are relevant for Adult Care Services. The Committee will be aware of services delivered by NHS Highland that form part of separate assurance reporting.

## 2. Recommendations

2.1 Members are asked to scrutinise and **approve** the:

- i. forecast revenue position as at Q3 of the 2024/25 financial year;
- ii. progress update provided in relation to budget savings delivery; and
- iii. Service's performance and risk information.

## 3. Implications

3.1 **Resource** - There are no specific recommendations at this time with particular implications to highlight. As noted below in the risk section, there remains ongoing uncertainty and challenge in financial forecasting. There may also be resource implications in terms of the continuing delivery of adult social care and details in relation to that will be provided. The Committee will be aware too that there are resource requirements as a result of the Delivery Plan and those will be commented upon where appropriate in terms of that reporting process. The forecast overspend is of concern and work is ongoing to address this.

3.2 **Legal** - No particular implications to highlight. This report contributes to the Council's statutory duties to report performance and secure best value in terms of: Section 1(1)(a) of the Local Government Act 1992, and Section 1 of the Local Government in Scotland Act 2003, respectively.

3.3 **Risk** - There remains the risk of changes in circumstance that may have an adverse variance on financial forecasts.

The risk in relation to the adult care service delivered by NHS Highland is ongoing and NHS Highland is currently forecasting an overspend, the terms of which are regularly discussed at the Joint Monitoring Committee.

The Committee will be aware too that a savings target of £12m was set against the delivery of Adult Social Care over three years from 2024/25. There is a risk that savings allocated against year one may not be fully delivered in-year, therefore a review will be taken to consider the profiling of the £12m savings which will be reported back to a future committee and will form part of the overall budget setting agenda going forward. There remains a risk in relation to certain elements of care delivery as referenced within the Council's Corporate Risk Register and that risk remains relevant. The Partnership has also developed its own risk register which has been shared at this Committee and is available online as part of the papers to the JMC.

The risk of an overspend in terms of children's services also requires to be highlighted. This Committee is sighted on the number of vacancies across the Family Teams and whilst these vacancies can be used to address that overspend on a short term basis the Committee is aware that such a risk has an impact on ongoing safe service provision. The number of vacancies is reducing as a result of actions taken by the service to address this risk albeit it continues to be reflected in the Council's Corporate Risk Register.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** - There are no health and safety implications arising from this report.

3.5 **Gaelic** – No implications to highlight.

## 4. Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
- 4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.
- 4.3 This is a monitoring report and therefore an impact assessment is not required.

## 5. Quarter 3 Monitoring Position 2024/25

- 5.1 **Appendix 1** sets out the Q3 monitoring position for the current financial year. An overspend is forecast of £2.089m (1.1%) against a budget for the year of £188.679m.

Members will note that since Q2 there has been movement between a number of individual budget lines. This does not signify an overall adjustment to the Service budget itself but rather reflects the allocation of savings across the relevant headings to indicate more accurately where the savings will be made and their impact on the projected out-turn.

The savings target for 2024/25 is £1.408m, and there are also £1.9m of previously unallocated savings. As such the service is required to deliver savings in-year of £3.308m. At the time of writing, savings of £950 000 have been marked as achieved and the unallocated savings have reduced to £1.6m. However, since Q2 there have been further challenges in relation to costs for certain looked after children placements and those have contributed to the overspend not having reduced as significantly as had been anticipated.

The Committee will recall that in Q2 the expected savings in terms of the looked after children budget had not been allocated. Although this has now been done and can be considered as achieved in full there do remain some challenges which require to be addressed by the Service. As Members are aware, the Service is frequently constrained by decisions made about the care of children by the court and children's hearing systems which cannot be challenged. In one particular case, costs in the region of £34,000 per week (circa £1.7m pa) are being incurred for a young person who has been cared for since June 2024, which has contributed significantly to the budget challenge. Work is underway with colleagues in Health in terms of their contribution to that package in terms of meeting that young person's particular health needs. It is expected that once complete this exercise ought have an impact on the figures of approximately £350,000. Figures are also being considered in relation, in particular, to the Families First initiative and the associated Home to Highland programme. That programme is continuing to deliver savings and those have contributed to the savings of £600,000 required by the Delivery Plan. It should however be noted that on a pro rata basis the savings achieved by the programme are not as significant as those previously achieved principally because the costs of caring for children and young people who are returned to Highland have increased significantly. Those increases are not just through annual uplifts (estimated at £400k for this year's placements), but the costs of putting in place local, alternative provisions has increased significantly in the last year due to the complexity of needs. For example, in late 2023, four children were

returned to Highland because independent providers were unable to meet their needs and they served notice. No alternative provision could be found in the UK. Given the complexity of need, residential care and education packages amounted to an annual cost of over £1.4M, which has been recurring. This presents a challenge for the Service as, whilst it is accepted that outcomes are much improved by caring for children and young people in Highland where possible, the associated savings are generally reducing.

The Committee is aware that historically the Service has had reliance on vacancies to balance the budget and it is likely that this will also be the case this year. It must however be noted that whilst they contribute to the delivery of a balanced budget, the vacancies do not represent a sustainable saving. It should be noted too that this year those vacancies will not totally mitigate the impact of the overspend where in previous years that had been possible. Vacancies had historically been at a higher level and have been reducing over time and as such there is a lesser impact in terms of the budget position.

It should be noted that at the time of writing also that there are ongoing discussions about the fund for carers and the allocation for that to children's services and it is expected that those negotiations ought also to have a positive impact on the current overspend.

Savings to be delivered by NHS Highland in relation to the delivery of adult social care are not part of this narrative and are referenced in para 5.2 below.

- 5.2 Members will be aware of the significant challenges which exist in terms of the delivery of adult care services by NHS Highland. At the present time delayed hospital discharges and the availability of care have been a significant focus for the Scottish Government as well as the Health & Social Care Partnership. The delivery of adult social care and the associated funding is discussed at the Joint Monitoring Committee, and there remain regular and ongoing discussions on financial matters between Senior Officials within both organisations. Due to current significant pressures within adult social care, close partnership working is necessary to seek to deal with potential budget pressures.

Members will recall that the Council has adjusted the funding provided to NHH by the £7m saving target for 24/25, and officers from both organisations are working jointly regarding change and transformation and saving measures in terms of both this target and the wider target which extends over 3 years. Members will also be aware that sitting alongside the savings target is the allocation of reserves of up to £20m over the next 3 years to support changes in the current care model, consistent with the Partnership's Strategic Plan and progressed through the operational Delivery Plan. This investment, and the concomitant improvements it should help realise, will lead to reduced costs and take the pressure of the current bed based care model.

At the present time NHS Highland are reporting savings of in the region of £2m against a reduced "cost and efficiency" target of £5.2m with further savings to be achieved by cost reduction.

## **6. Service Performance – Corporate Indicators**

- 6.1 Service performance in relation to Absence, Complaints, FOIs, and Invoice Payments are set out in the following sub-sections.

## 6.2 Service Attendance Management

Staff absence is a nationally benchmarked indicator. Effective absence management supports staff, maintains productivity, and contributes to the Council's benchmarked performance. In Q2 2024/25, the Service lost an average of 3.22 days per employee compared to an average of 2.54 for the Council as a whole.

### Health and Social Care

#### Average number working days per employee lost through sickness absence

Average Days Lost	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Health and Social Care	2.87	2.82	2.56	2.87	3.24	3.41	3.22	
Highland Council	2.88	2.48	2.08	3.35	3.48	3.24	2.54	

Please note that Qtr. 3 data was not available at the time of writing this report.

## 6.3 Service Complaints Response Times

Monitoring complaints provides important feedback which can facilitate decision making and service design. Services are responsible for responding to complaints which are issued on their behalf by the Customer and Resolution Improvement Team ('CRIT').

Performance for complaints during Q3 against a corporate target of 80% was as follows:

#### Complaints - Health and Social Care

#### Number of closed complaints and the % compliant with the legislative timescale

##### Frontline Resolution within 5 days

	Q4 22/23		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25	
Health and Social Care	3	67 %	2	100 %	3	100 %	3	67 %	7	71 %	2	50 %	1	100 %	3	100 %
Highland Council	101	90 %	159	92 %	132	78 %	150	80 %	189	76 %	219	84 %	196	78 %	155	88 %

##### Investigation Resolution within 20 days

	Q4 22/23		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25	
Health and Social Care	8	13 %	6	67 %	9	44 %	12	17 %	6	0 %	4	25 %	5	20 %	10	40 %
Highland Council	63	41 %	97	63 %	85	49 %	67	48 %	98	46 %	86	47 %	101	57 %	90	42 %

##### Escalated Resolution within 20 days

	Q4 22/23		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25	
Health and Social Care	1	0 %	3	0 %	3	33 %	1	100 %	0		1	100 %	1	0 %	1	0 %
Highland Council	15	33 %	32	50 %	32	41 %	28	57 %	34	35 %	47	32 %	28	50 %	26	46 %

Many Social Work complaints are by their very nature complex, and the time needed to thoroughly investigate and respond to these complaints in an appropriate manner is often significantly longer than 20 days. In many instances, an extension of time is agreed in advance with the complainant who is entitled to receive a fully investigated report rather than one which is compiled to meet the 20 day timescale. In cases where this happens, the agreed extension to time **is not** taken into account in the figures

shown above. It should also be noted that the total number of formal complaints is very small and so any failure to meet the deadlines has a disproportionate impact on the percentage figure.

#### 6.4 Service Freedom of Information ('FOI') Response Times

FOI requests are co-ordinated by CRIT in collaboration with the Service teams which may hold information relevant to the request.

The performance for FOI response times during Q3 against a corporate target of 90% was as follows:

#### Freedom of Information Requests - Health and Social Care

#### % of FOIs closed compliant with the legislative timescale

% FOIs Compliant - Health and Social Care	Q4 22/23		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25	
		40	83 %	25	92 %	25	80 %	24	92 %	35	74 %	40	90 %	42	81 %	44

% FOIs Compliant - Highland Council	Q4 22/23		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25	
		536	75 %	399	84 %	333	88 %	338	89 %	548	77 %	511	81 %	479	76 %	568

Tables display the number of FOIs closed within the quarter and % of those that were compliant with the legislative timescale (20 working days) for the service and the Highland Council overall.  
The Scottish Information Commissioner requires the Council to achieve a minimum compliance rate of 90%.

#### 6.5 Service Invoice Payment Times

Payment of invoices within 30 days of receipt is a Council Statutory Performance Indicator. The Council also monitors the number of invoices paid within 10 days of receipt.

The performance for invoice payment times within 30 and 10 days during Q3 against a target of 95% and 77%, respectively, was as follows:

#### Health and Social Care - Invoice Payments

Invoice Payment within 30 days	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Health and Social Care	96.3 %	98.6 %	97.9 %	98.5 %	97.5 %	96.4 %	95.8 %	97.5 %
Highland Council	94.9 %	95.1 %	96.7 %	95.6 %	93.6 %	87.7 %	91.4 %	92.9 %

Invoice Payment less than 10 days	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
Health and Social Care	83.2 %	93.5 %	90.0 %	93.0 %	89.0 %	86.2 %	90.8 %	91.9 %
Highland Council	71.6 %	72.8 %	80.9 %	75.3 %	69.7 %	57.0 %	68.5 %	63.8 %

### 7. Service Contribution to the Performance Plan (Corporate Plan)

7.1 The full Performance Plan, "Our Future Highland", can be viewed on the Highland Council website. It sets out how the Council will achieve the Council programme for 2022-27 and is reviewed annually. The Service's contribution to the Performance Plan is set out below.

## Health and Social Care - PIs in Corporate Plan

PIs/Actions in the Corporate Plan	Period	Data	Period	Data	Period	Data
% of Children and Young People in formal kinship care    CP1.08	FY 21/22	19.1 %	FY 22/23	18.4 %	FY 23/24	19.2 %
% of Children and Young People in care in the community    CP1.08    CHN09	AY 21/22	83.83 %	AY 22/23	87.50 %	AY 23/24	86.80 %
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber    CP1.08	Q1 24/25		Q2 24/25		Q3 24/25	
No. of H&SC staff trained in Solihull Approach - begins 2023/24    CP1.08	FY 21/22		FY 22/23		FY 23/24	25
The average number of children and young people accommodated outwith Highland - Annual    CP1.08	FY 21/22	24	FY 22/23	20	FY 23/24	13
The number of foster carer approvals - annual    CP1.08	FY 21/22	13	FY 22/23	8	FY 23/24	10
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness    CP1.09	Q1 24/25	Completed	Q2 24/25		Q3 24/25	
Direct payments spend on 18+ adults    CP2.05    SW02	FY 21/22	7.46 %	FY 22/23	7.25 %	FY 23/24	
% of people aged 65+ with long-term care needs receiving personal care at home    CP2.05    SW03a	FY 21/22	55.76 %	FY 22/23	52.47 %	FY 23/24	55.40 %
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes    CP3.05 COMPLETED	Q1 24/25		Q2 24/25		Q3 24/25	
ERDs being completed - HSC    CP5.01	Q1 24/25	On Target	Q2 24/25	On Target	Q3 24/25	On Target

### Red RAG Comment

**Comment on Solihull Approach** The first round of training of the trainers was completed and the training team was starting to develop by June 2023. The training programme planning, preparation and practice and administrative support were in place/completed by October 2023. Training courses started after this time with two courses run between October 2023 and the end of March 2024.

**Comment on Kinship Care** - The lack of increase in overall figures underlies the Service's plans to develop a specific Kinship Team to find family members, assess potential carers and offer support thereafter. Proposals have been submitted in respect of this and agreed but funding still needs to be secured. Whilst the number of children looked after in kinship has not risen in line with the target, there has been an increase of children living in kinship arrangements under a residence order. In June 2024 there were 135 children across 100 households that had residence orders, an increase of 12 from the previous year. These children are cared for by friends & family, but they are not officially classed as looked after children by the Scottish Government in data returns.

Where data for 2024/25 has not been provided this is because it will not be available until later in the year once the information has been processed and verified by the Improvement Service.

## 8. Service Plan Progress

- 8.1 In terms of the Service Plan for the Health and Social Care Service there are several actions and indicators which are considered regularly by officers to monitor service performance. Members will note that these indicators relate to the delivery of children's services (both social work services and the commissioned Child Health Service) as well as the Justice Service and the Mental Health Officer Service which sit within the Highland Council. Further indicators in relation to the Service's workforce development and quality assurance are also included. This detail which is recorded on the Council's Performance and Risk Management System (PRMS) is included as **Appendix 2** to this Report.

- 8.2 Adult Care Services are delivered by NHS Highland and there are 3 specific SPIs which are formally reported upon. Details in relation to those are included at **Appendix 2**.
- 8.3 As the main focus of work this year has been establishing the programmes and projects within the Council's new Delivery Plan and the development of meaningful measures of success and milestones, there is no updated Service Plan for 2024/25. This report therefore contains progress on actions within the 2023/24 Service Plan which are on-going.

## 9. Service Risks Mitigation

- 9.1 The Service maintains a Service Risk Register. Following a review of existing Service Risks to bring these into line with the Council's new Risk Management Strategy and procedure, these will be uploaded onto PRMS for monitoring and scrutiny. The list of Service Risks is outlined in **Appendix 3**.

Designation: Assistant Chief Executive - People

Date: 21 January 2025

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Background Papers:

Appendices: Appendix 1 – Quarter 3 Monitoring statement  
Appendix 2 – Service Plan and Adult Social Care SPIs  
Appendix 3 – Service Risks



## HEALTH, WELLBEING AND SOCIAL CARE MONITORING STATEMENT 2024-25

## APPENDIX 1A

31/12/2024	£'000 Actual YTD	£'000 Annual Budget	£'000 Year End Estimate	£'000 Year End Variance
<b>BY ACTIVITY</b>				
<b>Service Management and Support</b>				
Management Team	745	920	1,010	90
Business Support	1,107	1,629	1,452	-178
COVID-19 Response	-99	0	0	0
<b>Adult Services</b>				
Delegated Adult Social Care	81,577	142,445	142,445	0
Mental Health Teams	1,176	1,756	1,660	-96
Criminal Justice Service	-724	62	62	0
Other Services for Vulnerable Adults	1,138	1,352	1,303	-49
<b>Children's Services</b>				
Looked After Children	18,811	25,846	29,250	3,404
Family Teams	14,831	19,662	19,021	-641
Other Services for Children	8,464	11,229	10,787	-442
Delegated Child Health	-5,962	-11,562	-11,562	0
<b>Grand Total Health, Wellbeing and Social Care</b>	<b>121,065</b>	<b>193,338</b>	<b>195,427</b>	<b>2,089</b>
<b>BY SUBJECTIVE</b>				
Staff Costs	33,161	45,474	43,593	-1,881
Other Expenditure	101,455	167,400	171,756	4,355
<b>Gross Expenditure</b>	<b>134,616</b>	<b>212,875</b>	<b>215,349</b>	<b>2,474</b>
Grant Income	-13,570	-19,519	-19,563	-45
Other Income	19	-18	-358	-340
<b>Total Income</b>	<b>-13,551</b>	<b>-19,537</b>	<b>-19,922</b>	<b>-385</b>
<b>NET TOTAL</b>	<b>121,065</b>	<b>193,338</b>	<b>195,427</b>	<b>2,089</b>

HEALTH, WELLBEING AND SOCIAL CARE MONITORING STATEMENT 2024-25

Appendix 1B

	STAFF COSTS				OTHER COSTS				GRANT INCOME				OTHER INCOME				NET TOTAL			
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Annual Budget	Actual YTD	Year End Estimate	Year End Variance	Annual Budget	Actual YTD	Year End Estimate	Year End Variance	Annual Budget	Actual YTD	Year End Estimate	Year End Variance	Annual Budget	Actual YTD	Year End Estimate	Year End Variance	Annual Budget	Actual YTD	Year End Estimate	Year End Variance
<b>31/12/2024</b>																				
<b>BY ACTIVITY</b>																				
<b>Service Management and Support</b>																				
Management Team	986	721	978	-8	3	24	32	29	0	0	0	0	0	0	0	0	989	745	1,010	21
Business Support	1,598	1,103	1,448	-150	31	4	4	-28	0	0	0	0	0	0	0	0	1,629	1,107	1,452	-178
COVID-19 Response	0	0	0	0	0	1	0	0	0	-100	0	0	0	0	0	0	0	-99	0	0
Unallocated Savings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-69	0	0	69
<b>Adult Services</b>																				
Delegated Adult Social Care	0	0	0	0	142,445	81,577	142,445	0	0	0	0	0	0	0	0	0	142,445	81,577	142,445	0
Mental Health Teams	1,694	1,210	1,613	-81	62	40	47	-15	0	-73	0	0	0	0	0	0	1,756	1,176	1,660	-96
Criminal Justice Service	4,388	2,842	4,388	0	1,069	509	1,069	0	-5,394	-4,074	-5,394	0	0	-1	0	0	62	-724	62	0
Other Services for Vulnerable Adults	674	450	605	-69	689	695	708	20	-11	-6	-11	0	0	-1	0	0	1,352	1,138	1,303	-49
<b>Looked After Children</b>																				
Family Based Care	1,233	840	1,120	-113	6,762	4,924	6,757	-5	0	0	0	0	0	9	-10	-10	7,995	5,773	7,867	-128
Residential, In house	5,575	4,322	5,690	116	1,548	936	1,215	-333	-1,374	-2,293	-1,374	0	0	2	-304	-304	5,748	2,966	5,227	-521
Respite, In house	1,871	1,381	1,873	2	129	60	80	-49	0	0	0	0	0	0	0	0	1,999	1,441	1,953	-47
Independent and 3rd Sector placements	0	0	0	0	7,893	5,895	10,713	2,820	0	0	0	0	0	0	0	0	7,893	5,895	10,713	2,820
Through care & aftercare	27	96	147	120	1,117	943	1,137	20	0	0	0	0	0	3	0	0	1,144	1,041	1,284	141
Home to Highland	788	1,013	1,236	448	584	491	878	293	-327	-160	-372	-45	0	-1	0	0	1,044	1,344	1,741	697
LAC Management and Support	720	342	457	-264	7	8	9	2	0	0	0	0	0	0	0	0	727	350	465	-262
Unallocated Savings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-704	0	0	704
<b>Family Teams</b>																				
Family Teams - North	2,980	1,978	2,637	-343	294	407	407	114	0	-1	0	0	0	-1	0	0	3,274	2,384	3,044	-229
Family Teams - Mid	3,387	2,167	2,889	-498	392	505	505	114	0	-12	0	0	0	4	0	0	3,779	2,664	3,394	-384
Family Teams - West	3,111	1,888	2,518	-593	318	319	358	40	0	0	0	0	0	0	0	0	3,429	2,207	2,876	-553
Family Teams - South	7,748	5,006	6,676	-1,073	849	1,259	1,304	455	-15	-1	-15	0	0	6	0	0	8,582	6,270	7,964	-618
Self Directed Support (Direct Payments)	78	60	79	1	1,055	1,246	1,663	608	0	0	0	0	0	0	0	0	1,133	1,306	1,743	609
Unallocated Savings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-535	0	0	535
<b>Other Services for Children</b>																				
Child Protection	917	620	827	-89	41	186	26	-15	-124	-314	-124	0	0	0	0	0	834	491	729	-105
Health and Health Improvement	1,471	965	1,245	-226	130	84	140	11	-710	-452	-710	0	0	0	0	0	890	597	675	-215
Allied Health Professionals	3,917	2,878	3,838	-80	161	203	258	97	0	-119	0	0	-11	0	-42	-31	4,067	2,963	4,053	-14
Primary Mental Health Workers	665	476	634	-31	10	8	11	1	0	0	0	0	0	0	0	0	675	484	645	-30
Specialist Services	134	76	102	-32	124	212	240	116	0	0	0	0	0	0	0	0	258	288	342	84
Youth Action Services	1,352	748	990	-362	386	387	395	9	0	-8	0	0	0	0	0	0	1,738	1,126	1,384	-353
Other Services for Children	1,531	1,858	1,444	-87	1,303	527	1,330	27	0	0	0	0	-7	-1	-2	5	2,827	2,385	2,772	-55
Staff Training	246	120	161	-85	0	25	25	25	0	6	0	0	0	0	0	0	246	150	186	-60
Independent Funds	0	0	0	0	0	-20	0	0	0	0	0	0	0	0	0	0	0	-20	0	0
Unallocated Savings	-1,614	0	0	1,614	0	0	0	0	0	0	0	0	0	0	0	0	-306	0	0	306
<b>Delegated Child Health</b>																				
Delegated Child Health	0	0	0	0	0	0	0	0	-11,562	-5,962	-11,562	0	0	0	0	0	-11,562	-5,962	-11,562	0
<b>Grand Total Health, Wellbeing and Social Care</b>	<b>45,474</b>	<b>33,161</b>	<b>43,593</b>	<b>-1,881</b>	<b>167,400</b>	<b>101,455</b>	<b>171,756</b>	<b>4,355</b>	<b>-19,519</b>	<b>-13,570</b>	<b>-19,563</b>	<b>-45</b>	<b>-18</b>	<b>19</b>	<b>-358</b>	<b>-340</b>	<b>193,338</b>	<b>121,065</b>	<b>195,427</b>	<b>2,089</b>

## Appendix 2

### Health & Social Care Service Plan 2023/24 – Actions and Measures

Health and Wellbeing Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% referrals to Family Nurse Partnership programme	M8 24/25	82.1 %	M9 24/25	82.3 %	85.0 %	
Develop and deliver early health protection, prevention and promotion initiatives for Early Years [Health]	Q2 24/25		Q3 24/25			Completed Q1 24/25
Transform the role of school nurses with 80% of our workforce qualified to Advance Practitioner level	Q2 24/25		Q3 24/25			Completed Q1 24/25
Increase Health Behaviour Change Activity in line with Public Health Data	Q2 24/25		Q3 24/25			Completed Q4 23/24

Highland Health and Social Care Partnership Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Direct payments spend on 18+ adults    CP2.05    SW02	FY 22/23	7.25 %	FY 23/24			annual update December
% of people aged 65+ with long-term care needs receiving personal care at home    CP2.05    SW03a	FY 22/23	52.47 %	FY 23/24	55.40 %	62.80 %	annual update December
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes    CP3.05 COMPLETED	Q2 24/25		Q3 24/25			Completed Plan approved Q3 23/24
Highland HSCP: supporting delivery of future Adult Social Care	Q2 24/25		Q3 24/25			Completed Plan Approved Q3 23/24

Integrated Children's Services Plan [ICSP] Q3 24/25						
Actions being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Develop a performance matrix to evaluate the Whole Family Wellbeing Programme	Q2 24/25	Some Slippage	Q3 24/25	Some Slippage		Due to complete Q4 23/24
Develop early intervention and preventative services with 3rd sector	Q2 24/25	Completed	Q3 24/25			Due to complete Q4 23/24
Establish the Children's Rights and Participation Team	Q2 24/25	Completed	Q3 24/25			Due to complete Q4 23/24
Improvement measured against the ICS Planning Board's Performance Management Framework	Q2 24/25	On Target	Q3 24/25	On Target		Reported Annually
Introduce Family Group Conferencing - due to start Q3 22/23	Q2 24/25	Completed	Q3 24/25			Due to complete Q3 23/24
Provide leadership and support to the Whole Family Wellbeing Programme	Q2 24/25	Completed	Q3 24/25			Due to complete Q4 23/24
Shift the balance of care to promote family-based care	Q2 24/25	On Target	Q3 24/25	Completed		Transferred to Delivery Plan
Report on changing the language of care across Highland Council	Q2 24/25		Q3 24/25			Completed Q1 24/25
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber    CP1.08	Q2 24/25		Q3 24/25			Completed Q4 23/24
Guidelines for changing the language of care	Q2 24/25		Q3 24/25			Completed Q4 23/24
Listen to the Voices of Families through the evaluation of annual family feedback	Q2 24/25		Q3 24/25			Completed Q4 23/24
Listen to the Voice of Families involved with Tier 3 Acute Medical Dietetic Services	Q2 24/25		Q3 24/25			Completed Q4 23/24

Integrated Children's Services Plan [ICSP] Q3 24/25						
PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/Update Date
% of Children and Young People in care in the community    CP1.08    CHN09	AY 22/23	87.50 %	AY 23/24	86.80 %		annual update January
No. of accommodated children and young people	M8 24/25	337	M9 24/25	339	301	
No. children needing to live away from the family home but supported in kinship care increases - Monthly	M8 24/25		M9 24/25	20.5 %	23.0 %	
Home to Highland: No. of accommodated children and young people - residential	M8 24/25	50	M9 24/25	51	58	
Home to Highland: No. Children in secure accommodation	M8 24/25	4	M9 24/25	4	3	
No. 'Promise Conversation Cafes' held each year - due to start reporting FY23/24	FY 22/23		FY 23/24	5	6	
% Spend on Out of Authority accommodation	FY 22/23	40 %	FY 23/24	28 %	30 %	changed from quarterly to annual reporting Oct24
The number of children and young people accommodated outwith Highland will decrease - Monthly	M8 24/25	17	M9 24/25	16	17	
The number of foster carer approvals - quarterly	Q2 24/25	0	Q3 24/25	1	3	

Protection Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/Update Date
% Adult Support Protection Referrals/Inquiries completed within 7 days	FY 22/23		FY 23/24			
Analysis of core themes from Highland Child Protection Dataset	Q2 24/25	On Target	Q3 24/25	On Target		Due to complete Q1 24/25
% of child protection re-registrations within 18 months    CHN22	FY 22/23	3.75 %	FY 23/24	5.69 %		annual update January
Increase training opportunities offered - due to start Q4 22/23	Q2 24/25	On Target	Q3 24/25	Completed		Transferred to Delivery Plan
No. assessments for Bail Supervision	Q2 24/25	175	Q3 24/25	133	1	
Uptake of specialist CP advice and guidance to health staff Qtr	Q2 24/25	337	Q3 24/25	390		
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness    CP1.09	Q2 24/25		Q3 24/25			Completed Q1 24/25
Implement the Scottish Child Interview Model in Highland	Q2 24/25		Q3 24/25			Completed Q4 23/24

Quality Assurance Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Build business intelligence approach in HSC	Q2 24/25	Completed	Q3 24/25			Due to complete Q2 24/25
Monitor the progress of the registered Service Improvement Plans and ensure the timelines are met	Q2 24/25	On Target	Q3 24/25	On Target		Ongoing
Utilise the PMF and business intelligence to support improvement - due to start Q3 22/23	Q2 24/25	On Target	Q3 24/25	On Target		Ongoing

Replace Social Work Case Management System Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Define the Target Operating Model [TOM] for SW case management system	Q2 24/25	On Target	Q3 24/25	Completed		Transferred to Delivery Plan
Establish the programme to deliver the TOM for SW case management system	Q2 24/25	On Target	Q3 24/25	Completed		Transferred to Delivery Plan
Replace the current Case Management System for Social Work	Q2 24/25	On Target	Q3 24/25	Completed		Transferred to Delivery Plan

Workforce Development Q3 24/25						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
No. of H&SC staff trained in Solihull Approach - begins 2023/24    CP1.08	FY 22/23		FY 23/24	25	40	
ERDs being completed - HSC    CP5.01	Q2 24/25	On Target	Q3 24/25	On Target		Due to complete Q4 24/25
Ensure all new Criminal Justice staff are vetted to Level 2	Q2 24/25	No Significant Progress	Q3 24/25	No Significant Progress		Due to complete Q4 23/24
Incentivise staff to become mentors and practice assessors	Q2 24/25	Completed	Q3 24/25			Ongoing
Mental Health Officer Posts Total FTE	Q2 24/25	22.00	Q3 24/25	22.00	22.00	
The AWI Waiting List - month	M8 24/25		M9 24/25	2	0	
Develop the Grow Your Own Scheme to increase trainee opportunities	Q2 24/25		Q3 24/25			Completed Q1 24/25
Embed and grow the Social Work relief pool to cover all areas of Highland	Q2 24/25		Q3 24/25			Completed Q4 23/24
Create an implementation group for "Safe and Together"	Q2 24/25		Q3 24/25			Completed Q2 23/24

### Appendix 3

#### Health and Social Care Service Risk Register

Ref.	Risk Title	Inherent Risk Score	Residual Risk Score	Response Type
HSC01	NHS Integration Scheme	12	9	Treat
HSC02	HSC Staffing Levels	16	9	Treat
HSC03	Young People's Transitions	9	6	Treat
HSC04	Covid 19 Inquiry	9	9	Tolerate
HSC0G	Replacement Case Management System	12	9	Treat
HSC07	LSCMI Assessments	6	6	Treat
HSC08	ViSOR	6	3	Treat
HSC09	Delivering Services to Nationally agreed standards	12	6	Treat
HSC11	Lack of availability of S22 Doctors leaving vulnerable adults at risk.	9	9	Treat
HSC12	Lack of connectivity to NHSH Systems	12	6	Treat
HSC13	Failure to deliver the National Neurodiversity Specification	12	9	Treat

The following Risks have been reviewed and a decision taken to archive them...

HSC05 Historic Child Abuse Inquiry

HSC10 Lack of Out of Hours Care at Home Delivery

HSC14 Failure to deliver Justice Services to nationally agreed standards

#### Response Types

Treat- mitigating actions have been developed and are being delivered and regularly monitored.

Tolerate -the risk will be monitored but no specific mitigating actions have been developed.