The Highland Council

Agenda Item	8.
Report No	ECAS 52/16

Education, Children and Adult Services Committee
25 August 2016

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) update

1.1.1 There has been successful recruitment to the reconfigured post of Lead Nurse Child Protection (Health). This post was previously part-time but has been made up to full-time using some of the Child Protection Adviser (CPA) hours. The post will now provide 2 days per week of CPA cover in the West area (which has been hard to fill), as well as providing leadership for the CPAs. The appointee will start in September but as this is an internal appointment, some responsibilities will be picked up earlier.

1.2 Child protection supervision for health staff within Highland Council.

1.2.1 The design of Family Teams included the provision of robust supervision systems for team members, including child protection supervision. The intention is for all Practice Leads to hold the Child Welfare and Protection certificate. This is being worked towards with 2-3 Practice Leads undertaking the certificate each year, including Practice Leads with a health background. In addition to that the Highland Council Supervision Policy is being revised to further emphasise the availability of additional and specialist supervision for all staff if and when required. This includes situations where the practitioner's line manager is from a different professional background or does not have the specific expert knowledge required in certain cases. This includes a role for CPA's to work alongside Practice Leads to lend their expertise in supervision sessions. In some teams the CPAs have also begun to offer group supervision allowing facilitated case discussion. There are plans for the child protection supervision of health staff within Highland Council to be audited to provide further assurance. The format of this is to be confirmed.

1.3 Parenting Programmes

1.3.1 We continue to support practitioners to develop skills around parenting programmes and approaches in order to facilitate engagement with parents in Highland to enable and empower them in their important role. There is a database of practitioners across

all agencies who have undertaken various training programmes.

1.3.2 Baby massage sessions are organised bi-annually. A two day training course is organised for 31st October/1st November in Inverness and 8 practitioners have expressed interest, with follow up training arranged for 1 day in February 2107.

1.3.3 The Solihull Foundation Early Years programme is run bi-annually and a two day course is booked for 6th and 27th October – fully subscribed with 12 places and a waiting list held.

1.3.4 Also bi-annually is the Solihull Foundation School Years programme, with a two day course booked for 7th and 28th October and 7 applicants so far.

1.3.5 Practitioners have been trained in delivering the Incredible Years programme and we continue to support group activity. New groups are planned for September in North Highland. Although we are not progressing with the next phase of Psychology of Parenting Programme (an externally funded scheme) we are continuing to support Incredible Years as part of our Parenting Framework and have engaged the Incredible Years National Trainer and Consultant to continue to provide supervision to these practitioners. We are also in discussion with her around the Incredible Years Home Coaching training. To date an additional spend of £13,000 has been committed in addition to the PoPP funding.

1.3.6 There are 28 staff trained in PEEP (Peers Early Education Partnership), with 20 who are delivering a mix of group work and 1:1 work with parents. Most of those practitioners have undertaken the PEEP progression pathway which allows them to work with parents in order to obtain nationally recognised units (SCQF level 3 – 5) to enable them to progress into further education. Discussions are underway with the Highland colleges to ensure that this will guarantee parents entry to many of their courses. One of those practitioners has been supported to become an accredited PEEP trainer and IQA (Internal Quality Assurance) assessor and we are working closely with Moray Council to co-deliver training to help keep costs down and with the Scotland PEEP co-ordinator.

1.3.7 CALA are commissioned to deliver Play@home in various forms:

- Play together with prisoners at the local prison,
- the travelling community at the travellers site in Inverness,
- Polish toddler groups where Play@home can be delivered in first language,
- collaboration with partners who are working with children who have additional support needs at the Pines and the Birnie centre
- working with the Family Nursing Partnership team

1.3.8 The Bookbug steering group has just been resurrected and is working with High Life Highland Library services to ensure families are engaged in local communities around these resources.

1.3.9 The Before Words programme in Highland started in November 2013 and is ongoing. It is led by Kayrin Murray, Principal Officer Allied Health Professionals and supported by James Mctaggart, Educational Psychologist. The programme helps early years staff (particularly midwives, health visitors and early years practitioners) support the

development of interactions between parents/carers and their baby in order to build positive relationships and promote good communication and learning.

1.3.10 The model is that all those who work with early years are encouraged to use simple key messages (Talk to your baby (bump), Interesting voice, Quiet time to talk, Sing and play music, Face to face, Pause and wait) and teach the concepts behind them, model, and comment on parent use. The effectiveness of the programme has been assessed at the Pregnancy stage and show that parents are 3-8 times more likely to carry out the key messages if they have received the intervention.

2. Areas for development

2.1 Paediatric disability equipment

2.1.1 The store in Culcabock Avenue which houses equipment for children and young people with a disability is no longer fit for purpose. NHS porters now refuse to go into it on health and safety grounds and presently AHP staff move the items to the front of the store for a private company to then transport to where they are needed. This wastes AHP time and has an ongoing cost. The store in Seafield Road which was funded for all equipment presently only keeps adult items. There is no agreed servicing contract for the repair of paediatric equipment at Seafield or within homes. This was done through one company on an NHS Highland account, but in the last few weeks payment for this is being asked for. Servicing and repair in schools is done by a different company and so tracking of when items are due for service is difficult as equipment moves to where the child needs it. The Principal Officer for Allied Health Professionals is currently in discussions with Philip Wilson of NHS Highland to scope the issue and identify potential solutions.

2.2 Guardianship assessments

2.2.1 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. This includes clarification of the roles and responsibilities and the development of a pathway. Whilst this may sit within a larger piece of work, it is vital that the route to accessing capacity assessments is resolved as soon as possible.

3. Risks

3.1 For this report the full risk register is attached at **Appendix 1** to demonstrate the management process and the scope of risks.

3.2 School Nursing

3.2.1 The situation regarding the training for school nurses has progressed, with confirmation of a new course offered by Robert Gordon University. The national review of school nursing is still awaited.

3.3 **Archiving of records**

3.3.1 There are a range of inactive paper health records stored by health staff in Highland Council. This is creating storage issues when in fact these records should be archived. Agreement has been reached regarding ensuring that all Health Visitor/School Nurse records are archived using the same process across the Highland Council area. This now means that the NHSH Child Health Department collates all records of children when they reach 18 years and archives them in a private archive store. This has incurred an annual cost of £3K to Highland Council but has provided a robust archiving system. There remains issues around archive storage for other health records from Allied Health Professionals, Primary Mental Health Workers & Learning Disability nurses which are still to be resolved.

3.4 **Health records transport**

3.4.1 Health records and documents require to be sent between NHSH and Highland Council. The lack of an integrated transport system between the organisations means that health records require to be posted by Royal Mail, incurring not insignificant costs. Guidance suggests that these mailings should be done in double envelopes and require a signature at the receiving end. This process does not always happen and if posted to an incorrect address, even if within one of the organisations the records can go missing. Guidance will require to be strengthened and highlighted to all staff across both organisations.

4. Balanced Scorecard

4.1 The balanced scorecard is attached at **Appendix 2** and is an extract from the performance framework, containing only those measures which are related to the commissioned health service. The Child Health Commissioner continues to discuss and consider amendments to more closely reflect the outcome measures desired by NHS Highland.

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 3** is an exception report for Occupational therapy and speech and language therapy.

4.3 A Delivery Plan with a revised trajectory for 27-30 month reviews is in development but will be reviewed in line with the provision of the latest data.

4.4 Performance measure 30 relates to the uptake of the 27-30 month surveillance contact and shows a significant improvement from the baseline of 52% to 84.1%.

4.5 Performance measures 46 and 47 relate to the statutory health assessments of children and young people becoming accommodated. Both measures show a significant improvement for the first quarter of this year.

4.6 Performance measure number 35 measures the percentage gap in breastfeeding between the most and least affluent areas and the outturn for the year 2015/16 shows a marked improvement, with the gap reducing from 25.7% in 2013/4 to 12.9% in

2015/16.

4.7 Based on June data, there is only measure where performance is rated as red, number 31, which measures the uptake of 6-8 week Child Health Surveillance. It is anticipated that this will improve with the establishment of additional health visitor posts.

5. Revenue Finance

5.1 The funding for Child Health from NHS Highland is £8.8m. As previously indicated, Highland Council has committed additional funding to child health services. At the time of writing there has been no confirmation yet from NHS Highland regarding the funding for 2016/17 for health visitor posts. This is because of a change in the way the funding is drawn down from the Scottish Government, with the funding no longer being ear-marked. However confirmation is now urgently required to enable planned recruitment to proceed.

5.2 The June monitoring statement in the format is attached as **Appendix 4a,** along with the new format for the outturn for 2015/16, **Appendix 4b.**

6 Implications

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

7 Recommendation

7.1 Members are 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: 27 July 2016

Author: Sandra Campbell, Head of Children's Services

Appendix 1

Commissioned Child Health (Integrated Services)
Risk Register – June 2016

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Risk Ref & ID Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Ref: 1 Revised March 2016	Health staff working on NHS sites do not have reliable access to council systems	PO Nursing PO AHPs	Almost certain	Moderate	High	Continuing to work with IT services to provide solutions	VPN access improving but continues to be unpredictable. ICT link person identified to escalate issues to but impact continues to disrupt service provision e.g budget holders unable to approve orders	Almost certain	moderate	High
Ref:2 Revised June 2016	Health visitor capacity increasing through provision of SGHD funding however vacancies largely filled with trainee posts leading to inexperienced teams	PO Nursing & CSM	Almost certain	Moderate	High	Practice Leads (EYs) to ensure robust supervision.	Development of clear guidelines for practice through HV pathway work – anticipated completion for all contacts by the end of 2016 Risk will be reduced if additional SG funding becomes available to enable workforce plan can progress as agreed.	Almost certain	Moderate	High
Ref:3 Revised October 2015	Absence of current school nurse programme leading to inability to recruit qualified school nurses.	CSM & PO Nursing	Almost Certain	Major	Very High	Staff nurses without school nurse qualifications recruited into vacant posts	Supervision arrangements to be strengthened. Delays to agreements around national school nurse review have been mitigated by a HC school nurse review group beginning to take training developments forward, including discussions with RGU re possible training programme.	Almost certain	Moderate	High
Ref:4 Added October 2015	Changing team bases can result in some school nurse records being stored off site.	PO Nursing & CSM	Possible	Minor	Medium	Robust records transport system to be put in place.	District manager to ensure that a robust records management system is created including transport from off-site storage top base within 2 days. Expectations of other agencies to be managed.	Possible	Minor	Medium
Ref:5 Revised	Failure to provide adequate archive	PO Nursing	Possible	Moderate	Medium	Escalated to PO and short	Work with HC information management team to identify robust	Possible	Moderate	Medium

June 2016	processes and facilities for inactive child health cases.	PO AHPs/ Deputy NHS Director of Nursing & Midwifery				term systems in place through the Archive centre	solutions for each area to include tracking; secure storage; retrieval system. Require agreement with NHSH re ownership of the records and ownership of this risk. NHSH now sited on this and discussions progressing.			
Ref 6 Added April 2016 Updated June 2016	Lead Nurse – CPA vacancy. Risk to CP (Health) service	PO Nursing PO AHPs	Possible	Major	High	PO Nursing acting in Lead Position	Work with NHSH to ensure agreement of JD & authority to recruit, 4/7/16 Post recruited to successfully. New post holder starts in role in September – although available for some input currently	Unlikely	Major	Medium
Ref 7 Added April 2016	Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agree JD and recruit	Work with NHSH to ensure agreement of JD & authority to recruit, Principal Officer roles providing some health focus	Possible	Major	Medium
Ref 8 Added June 2016	Lack of robust cross agency transport system creates risk of health records and information being delayed or lost	PO Nursing PO AHPs/ Deputy NHS Director of Nursing & Midwifery	Possible	Major	High	Recommend ation re using Royal Mail for health records unless previously agreed between sender and recipient.	Work with NHSH to create formal guidelines re transportation of health records.	Possible	Major	High

Appendix 2

FHC4		12/13	13/14	14/15	15/16	May	June	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
30	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95%		82.5 %	78.9 %	78.8 %		84.1%	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		2.9%	5.4%	2.1%			No variance reported annually by NHSH in October	Early years
34	Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17	32.4%	31.2%	30.3%	32.1%		29.5%	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		14.8% compared to 40.5%	15.8% compared to 36.2%	18.8% compared to 31.7%			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%		100%	Target - 95%	Maternal infant nutrition
37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	94.6%	96.7%	96.2%	96.3%		96.1%	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%		70.8%	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%	Increase from 67% baseline	Public Health and Wellbeing
45	90% CAMHS referrals are seen within 18 weeks	80.0%		95.3%	91%	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 %	88.9%		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 %	88.9%		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	93.1%	90.2%	99.6%	Data available in October 2016			Target - 90% Reported annually	Public Health and Wellbeing
5. Children and young people make well-informed choices about healthy and safe lifestyles									
54	The number of hits on pages relating to children and young people on the Substance Misuse Website increases			422	538			Improve from 422 baseline	Health and Wellbeing
58	Self reported incidence of smoking will decrease (P7)		0.5%		1%			Target - 0% Data from 2015 Lifestyle Survey	Public Health and Wellbeing
59	Self reported incidence of smoking will decrease (S2)		5.50%		3%			Target - 5% Data from 2015 Lifestyle Survey	Public Health and Wellbeing
60	Self reported incidence of smoking will decrease (S4)		12.0%		10%			Target - 11% Data from 2015 Lifestyle Survey	Public Health and Wellbeing

Appendix 3

Exception Report

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

1. Current Position

1.1 The target thatf 90% of children referred to services would be 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 30/06/16:**

Profession	Total Number on List	Number <18 wks	% <18 wks
Dietetics	79	79	100%
Occupational Therapy	58	51	88%
Physiotherapy	11	11	100%
Podiatry	N/A	N/A	N/A
Speech and Language Therapy	383	263	69%
Total	**531**	**404**	**76%**

1.3 Physiotherapy and Dietetics meet the target. It should be noted, however, that physiotherapy has had 3fte resignations due to promotional opportunities elsewhere in Highland. Only 1 of these posts has currently been recruited to so they are likely to experience some temporary challenges meeting the target whilst recruitment is taken forward. It is hoped the other 2 posts will be filled in the next few months.

1.4 Occupational Therapy (OT) compliance increased over the last month following recruitment to cover 1 of the 2 maternity leaves. The Lochaber maternity cover has not been filled so there are ongoing difficulties covering this caseload from Inverness. Occupational Therapy figures include equipment and adaptations referrals. These are not included in the national target, only health interventions.

1.5 Analysis of the Speech and Language Therapy (SLT) data evidences that the majority of the children breaching the 18 weeks target are awaiting therapy from the Additional Support Needs SLT service with 45 % (76 of 170) waiting 18 weeks plus. Mainstream SLT services figures are at 17% (20 of 120) - the team has one recent vacancy; North and West are at 26% (24 of 93) waiting 18 weeks plus, but one vacancy has recently been filled so waiting times will reduce.

2. Action Plans to Address

2.1 **Telephone Consultation**

2.1.1	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.
2.2	**Service Specific Actions**
2.2.1	**Occupational Therapy**: An increase in hours for a member of staff is being explored and/or agency staff.
2.2.2	**Speech and Language Therapy**: 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.
2.2.3	In order to support consistent achievement of the target a number of actions have been identified: • Use of a caseload management tool to help with reallocation of resources where most needed (July- October 2016). • Further improvement in integrative working with everyone around the CYP. Identify opportunities for more blended skill sharing across the Mainstream/ASN team and identifying core services, changes to team structures and ways of working. (July- October 2016). • Recruitment to known vacant posts. Transfer of resource through restructure of an upcoming vacancy within the mainstream team and changes within the ASN team to provide additional permanent increased establishment within ASN. (June- October 2016). • Waiting times for locality (ASD) assessment to sit separately from the SLT waiting list. Whilst the waiting times reported are for those children identified as requiring SLT intervention, this presently includes 82 children, with 42 of those waiting more than 18 weeks, who are waiting locality assessment. This assessment is done jointly by the team of Community Paediatrician, SLT and sometimes others. (October 16)
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 over the next few months.
4.	**Forecast of Return to Planned Performance (i.e.Trajectory)**
4.1	**Occupational Therapy:** August - Dec 88% – Expected compliance Jan 2016
4.2	**Speech and Language Therapy:** August target 75%, Sept 78%, Oct 80%, Nov 82%, December 85%, - Expected compliance January 2017

Kayrin Murray, Principal Officer AHPs, July 2016

Appendix 4a

June 2016 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,016,515	683,096	2,808,266	-208,249
Service Support and Management	1,230,975	308,165	971,898	-259,077
Child Protection	440,847	54,442	440,847	0
Health Development	227,011	35,829	236,324	9,313
Family Teams	16,960,255	4,025,176	16,317,502	-642,753
The Orchard	1,186,056	368,486	1,186,056	0
Youth Action Services	1,457,543	237,686	1,252,706	-204,837
Primary Mental Health Workers	536,548	116,283	481,428	-55,120
Payments to Voluntary Organisations	953,774	487,452	953,774	0
Total	**26,009,524**	**6,316,615**	**24,648,801**	**-1,360,723**
Commissioned Children's Services income from NHSH	**9,463,209**	**0**	**9,463,209**	**0**

Commissioned Children's Services 15/16 **Appendix 4b**

	Staff- budgeted FTE	Annual Budget Total £000's	Actual YTD Total £000's	Variance Total £000's
Nursing Management	1.00	79,550	82,225	2,675
Family Teams staffing				
Practice Lead - Early Years	10.80	550,694		
Practice Lead - Disability	1.00	48,938		
CPT	1.30	72,611		
Health Visiting	55.19	2,438,600		
Disability Nurses	3.62	153,205		
Staff Nurse	7.03	263,622		
Nursery Nurse	2.11	32,161		
School Nursing	19.31	847,566		
Savings		-274,846		
Total- Family Teams costs		4,132,550	3,931,769	-200,781
YAT nurses	2.00	94,154	39,284	-54,870
LAC nurses	2.00	95,137	52,116	-43,021
Continence Products - contract		43,200	49,802	6,602
Cradle to Grave	2.00	85,782	58,045	-27,737
LAC Respite - The Orchard	9.35	439,808	439,808	0
Health Improvement - Early Years	2.00	146,984	144,561	-2,423
Health Improvement - Schools - immunisation	0.50	30,435	29,542	-893
Health Improvement	2.00	105,250	84,042	-21,208
Child Protection Advisors	6.80	362,504	294,383	-68,121
Allied Health Professionals				
Speech and Language Therapists	33.69	1,535,493	1,360,184	-175,309
Occupational Therapists	11.29	459,119	444,703	-14,416
Physiotherapists	6.78	294,850	299,345	4,495
Dietetics	3.13	125,992	126,637	645
Savings		-92,138	0	92,138
AHP management team	8.00	527,134	465,333	-61,801
Nutricia		50,000	82,262	32,262
Before Words		0	2,260	2,260
Total- AHPs		2,900,450	2,780,723	-119,727

Primary Mental Health workers	11.20	521,208	473,549	-47,659
Early Years Collaborative		2,000	0	-2,000
Fun with Fruit		30,000	31,534	1,534
Breakfast Clubs		30,000	30,000	0
Family Nurse Partnership		130,758	130,758	0
Sub Total		**9,229,770**	**8,652,142**	**-577,629**
Business Support and IT costs		451,622	379,606	-72,016
Payments to Voluntary Organisations		607,167	606,175	-992
Property (including The Pines)		113,875	146,723	32,848
Training		29,213	29,428	215
Sub Total		**1,201,877**	**1,161,933**	**-39,944**
Total		**10,431,647**	**9,814,075**	**-617,573**

Funded by:

NHS Highland	8,814,705
Scottish Government HV funding	129,888
Scottish Government FNP	167,416
Highland Council	1,319,638
	10,431,647
	10,431,647