

**Service development**

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

<b>Service</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>
Additional Staffing for CAMH (Child and Adolescent Mental Health Service)		107
Additional Staffing for Behavioural Psychotherapies		171
West of Scotland Radiotherapy Service expansion		89

Please note that this is additional spend planned in 2014/15 and not the full spend for each service

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

- enhance support within primary care / community services to help support both the increase in elderly population and increasingly complex needs within the community/home setting

(c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

- no major changes planned in 2014/15

**Please note NHS Forth Valley Financial Plan is scheduled for consideration at the Board Meeting in April and until then Plan is in draft form only and subject to change.**

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

No plans at present

### Preventative spending

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)

Programme area	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000
Smoking prevention/cessation	456	456
Weight management (child/adult)	202	225
Childsmile / Oral Health	733	733
Keep Well	451	451
Maternal and infant nutrition	135	135
Blood borne virus prevention	331	331
Immunisation programmes	500	500
Screening programmes	Not separately recorded	Not separately recorded
Sexual health programmes	237	237
Drug and alcohol programmes	3,348	3,358
Other – Hep C	844	851

For each of the programmes above this information provides the specific ring-fenced budget however in addition there is significant spend beyond this in terms of staff time, facilities etc. These are not at present costed separately and would be a major investment in terms of time to collate.

It is anticipated that work with Community Planning Partnership will enhance focus in these areas in future years

4. With regard to assessment of preventative spend programmes:

(a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

Whilst health improvement is anticipated from activities which are evidence based it is difficult to predict and plan for real cash savings/cost reductions – often there is additional costs as populations increases or population has increasing degree of multi-morbidity which requires care and treatment This means that time and resource released through benefits from preventative spend will be more than compensated for from increased expectations and rising demand.

(b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

As outlined in response to (a) no cash savings are included

### **Change Fund / Integration Fund**

5. With regard to the Change Funds:

(a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

<b>Programme</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>	<b>Outcome measures</b>	<b>Progress on outcome measures</b>
MECS Service Redesign (Falkirk)	148	288	TBC	TBC
Anticipatory Care Planning – Nursing (Stirling/Clacks)	90	140	TBC	TBC
Intermediate Care Beds (Stirling)	346	346	TBC	TBC

(b) Have these programmes/services been evaluated? (If so, please provide details)

Evaluation in progress to ensure decisions can be taken as early as possible prior to end of Change Fund in March 2015

(c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?

Awaiting information on criteria for Integration Fund to make assessment

6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

Awaiting information on criteria for Integration Fund to make assessment

## Reducing inequalities

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

<b>Programme</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>	<b>Outcome measures</b>	<b>Progress on outcome measures</b>
Health and Homelessness – Salvation Army Links to substance use services, podiatry and oral health				
Prison Health Services Links to employability, reduce repeat offending and family health services				
Targetting Health Promotion staff work specific localities, healthy working lives specific to small and medium sized enterprises				

With the exception of the Salvation Army the other two examples demonstrate targeting of core NHS staff time to support reduction of inequalities ie spend is not recorded separately

## **Backlog maintenance**

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:

(a) details of the action (investment/disposal etc.);

Redevelopment of Wards 18/19 at Falkirk Community Hospital – will allow disposal of two other properties in future years : Total Cost across 2014/15 and 2015/16 £ 1.440m

New Premises for Doune Health Centre £ 2.447m across 2014/15 and 2015/16

General Maintenance £ 0.419m in 2014/15

(c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)

The majority of NHS Forth Valley estate is less than 5 years old due to recent investment programme. The spend above targets medium risk areas

(d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

Approximately 40%

## **Brokerage**

9. (a) Did you have any brokerage in 2013-14?

No brokerage in 2013/14

NHS Forth Valley continues to repay brokerage received in prior years

(b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

N/A

10. (a) Do you anticipate the need for any brokerage in 2014-15?

No

(b) If YES, how much would you anticipate requiring and for what purpose?

N/A

## **NRAC formula**

11. What are your views on progress towards achieving NRAC parity?

NHS Forth Valley pleased to receive additional resource in 2014/15 as contribution towards parity

As the NRAC formula has been updated with significant share changes for most Boards some further reflection is required on the impact. However as a point of principle agreement that Boards should be within 1% their NRAC share

## **Equalities**

12. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

All Strategies and Business Cases require consideration of equality and diversity as part of due process. To date there are no specific examples of how this has influenced budget decisions

## **Sustainable development**

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

Within local savings programme there has been a specific focus on areas within the sustainable development strategy including as follows :-

- mandatory nature of national procurement contracts
- energy management : planned investment to reduce ongoing energy consumption
- waste management : reduction in clinical waste tonnage.