

NHS Board Accounts: 2014-15 questionnaire

NHS Borders

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)

Service	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000
Supervisory Senior Charge Nurse Role (Roll out since August 2013)	163	330
Advance Birth Practitioner (August 2013)	30	41
Additional ophthalmology session (currently advertised)		150

(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)

A full review of the cost and service pressures across the organisation was undertaken by NHS Borders and a list of areas to be supported in 2014/15 was presented to NHS Borders Strategy Group. All of the recommended priorities were funded.

(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)

NHS Borders is not planning to withdraw any services in 2014-15. Linked to the quality and efficiency agenda NHS Borders is looking to redesign services ensuring patient safety is maintained or improved.

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

NHS Borders has developed a Clinical Strategy which has just commenced a three months public consultation period. Any future service change will be in line with the Clinical Strategy.

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	170	
Weight management (child/adult)	59	
Childsmile	258	
Keep Well	150	
Maternal and infant nutrition	96	
Blood borne virus prevention	15	
Immunisation programmes	246	142
Screening programmes(detect cancer early)	210	
Sexual health programmes	346	
Drug and alcohol programmes	1,349	
Other (please specify)		

In 2013/14 NHS Borders expenditure on the above programmes was directly related to the ring fenced allocation as detailed above except in the immunisation programme where the staffing cost of administering the vaccine is funded locally. In 2014/15 there are no plans to invest in anything in addition to ring fenced allocations with the exception of immunisation.

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)

NHS Borders is considering how to identify longer term savings sufficiently robustly for them to be included in financial planning. This work may be best developed on a national basis, possibly through the Scottish Public Health Network or some other appropriate collaboration. However, the criteria for introduction of preventative initiatives are that they will ultimately reduce the level of mortality and morbidity of the Border's population in the future years. Examples of preventative spending programmes and how they will improve health is detailed below

- **Healthy Living Network seeks to mobilise all of the resources available in communities to create new, broad, projects that involve the people they set out to benefit and create sustainable change in areas deprivation. The examples below aim to reduce Health Inequalities and equate to long-term savings for health and local authorities e.g. Burnfoot Community Futures –Hub Development and Langlee Pop Up Shop & Community Flat**
- **Keep Well will contribute to continuing reduction in population cardiovascular disease incidence and mortality and reduction in inequalities.**
- **LASS will help to limit the adverse trends in obesity and diabetes incidence, and also help to reduce cardiovascular disease.**

(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)

NHS Borders has no robust methodology for identifying longer term saving which are a direct result of preventative spending therefore they are not reflected in our financial plan.

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)

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Connected Care		1,499	See (b) below	N/A
Borders Community Capacity Building	120	70	See (b) below	Project Board in place progress updates provided
Allied Health Professionals Redesign	110	160	See (b) below	Highlight reports received and activity reported

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

Planning work for the connected care project has been carried out to date. The project does not commence fully until 2014/15 and will be evaluated using NHS Borders agreed criteria as detailed below

- **Reduction in unplanned acute bed-days in the over 75 population;**
- **Reduction in bed-days lost to delayed discharge;**
- **Remodelled care home use;**
- **Increase in proportion of older people living at home;**
- **Improved support for unpaid carers;**
- **Increased personalisation/SDS care; and**
- **Increases in housing related support.**

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

It is currently unclear the criteria that apply for the use of the Integration Fund.

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)?

See 6(b)

Reducing inequalities

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

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Burnfoot Community Hub	0	300	Under Discussion	Project not commenced
Health Living Network	165	165	Intermediate outcomes including uptake of programmes and volunteer recruitment	Number of unique people attending sessions 300 Number of new volunteer recruited 9
Keep Well	110	110	% of checks that identified those with \geq 20% 10 year CVD risk	% increased from 3% in 2009/10 to 12 % at December 2014

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.);

Investment - Theatre Ventilation Systems Replacement

Investment - HEI/HAI Ward Refurbishments/Improvements

Disposal - Estates Rationalisation

(b) planned expenditure/receipts from this action in 2014-15; and

NHS Borders has identified £1.5m in the 2014/15 capital plan to address backlog maintenance. The cost for the above schemes is included within this amount.

NHS Borders anticipates that £0.595m will be raised through the disposal of properties.

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

NHS Borders will target its capital funding to high risks identified in the State of the Estate Report therefore although some medium or low will also be addressed.

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

The planned spend on backlog maintenance of £1.5m equates to 37% of NHS Borders capital allocation for 2014/15.

Brokerage

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

NHS Borders did not require brokerage during 2013/14.

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

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

NHS Borders does not anticipate requiring brokerage in 2014/15

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

NRAC formula

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

Currently NHS Borders is significantly above NRAC parity this means that there will be little recognition in cash terms for population growth and demographic issues for a number of years.

Equalities

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

An equality impact assessment of NHS Borders full Local Delivery Plan is currently being carried out. Where gaps in access or provision of health services have been identified spending has been redirected to specific work streams. Examples:

- **Learning disability sexual health project ensuring people with learning disability have access to support and information.**
- **NHS Borders supports staff in Midwifery, Health Visiting and Health Improvement to pro-actively take forward the UNICEF Baby Friendly Initiative. NHS Borders has been accredited with the UNICEF Stage 3 Baby Friendly Initiative (BFI) for Hospital and Community.**
- **“Healthier Me” project in conjunction with partner agencies ensuring health information and support particularly around healthy eating and weight management is readily available and accessible to people with learning disabilities.**

Sustainable development

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

The Board continues to implement strategies which will assist in reducing the organisations carbon footprint whilst maintaining and improving service provision. Examples of schemes to achieve this:

- **Replacing a health centre which is based in a 1950's nurses home, thereby reducing emissions whilst improving the services provided to the local community.**
- **A comprehensive review of the property portfolio undertaken in conjunction with a space utilisation programme resulting in the identification of a number of surplus properties.**
- **Ongoing energy projects including biomass, photovoltaic panels and LED lighting, allied to continuing staff engagement to further reduce CO₂ emissions.**