

## NHS Board Accounts: 2014-15 questionnaire

### NHS Lothian

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#### 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	Planned expenditure
	2013-14 £000	2014-15 £000
Range of initiatives targeted at increasing capacity in scheduled and unscheduled care.	23,653	17,552
Investment in infrastructure as a consequence of a capital programme.	2,172	4,936
Redesign of medical and nursing services in Emergency Department; Paediatrics and Women's Service to improve quality and safety.	1,476	2,450

(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)

- Development of primary care and community services infrastructure in parallel with the re-provision of inpatient accommodation as stated in our Strategic Plan 'Our Health. Our Care, Our Future'. There will also be the need within this to plan for what a seven day service looks like across health and social care.
- Further investment in infrastructure to support sustainable capacity for both scheduled and unscheduled care
- Tackling health inequalities and aligning this to the preventative spend agenda as highlighted later in the response
- Review of nursing, health visitor and midwifery establishments in both acute and community; supported by a training and development programme

- (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)

As stated in the draft Strategic Plan 'Our Health, Our Care, Our Future', endorsed by our Board on 2 April 2014 we are consulting on a range of propositions. The Plan identified that this requires to be supported by a £400m efficiency requirement over a 10 year period to deliver the associated reinvestment. One specific example is the review of patients' pathways which will concentrate on improved safety and quality; it is anticipated that in the longer term this will improve service efficiency.

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

From April to August 2014 we plan to consult and engage widely on our 10 year Strategic Plan 'Our Health, Our Care, Our Future' which we envisage will lead to significant changes to the delivery of older people's services and to the care of people with long term conditions and multi-morbidity jointly with our local authority and other partners. Development of primary care and community capacity and capability within integrated Health and Care Partnerships is also a key part of our draft Strategic Plan.

The plan also identifies a number of options to be considered in relation to the delivery of acute hospital services to deliver sustainable capacity for elective and unscheduled care to meet demand, and highlights potential changes in relation to ophthalmology and dermatology among other specialist services. The consultation is on the NHS Lothian website.

During 2014-15, the Board will also be consulting on the integration schemes for Health and Social Care in all four Local Authority areas.

### **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)

<b>Programme area</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>
Smoking prevention/cessation	1,530	1,530
Weight management (child/adult)	466	466
Childsmile	1,642	1,642
Keep Well	1,199	1,199

<b>Programme area</b>	<b>Expenditure 2013-14 £000</b>	<b>Planned expenditure 2014-15 £000</b>
Maternal and infant nutrition	589	589
Blood borne virus prevention	2,525	2,525
Immunisation programmes	1,266	1,266
Screening programmes	141	
Sexual health programmes	606	606
Drug and alcohol programmes	11,510	11,510
Other: Hepatitis C	1,993	1,993
Other: Family Nurse Partnerships	520	520

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)

It is forecast that any savings generated from our preventative spend programmes will be delivered outwith our medium term financial horizon.

- (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)

Currently there is no explicit link but we are as part of our Strategic Plan about to consult and engage on our draft health inequalities strategy. Within this we have identified actions which are preventative in nature which could have a positive effect, such as prioritise services for early years or health promotion and focus on areas of highest deprivation and ill health.

At the same time our draft cancer strategy 'Better Cancer Outcomes in Lothian' also sets out a prevention and early intervention agenda which could potentially have an effect on preventative spend and positive outcomes.

These strategies and the propositions in them will be worked up and developed over this year. Aligned to this are some of the invest to save initiatives around diabetes and pulmonary rehabilitation that should have a positive impact on admissions, earlier discharges, reduced re-admissions and improve quality of life for patients. This also picks up the work on co-production which is very important and which also needs to be aligned to the preventative spend agenda.

## Change Fund / Integration Fund

The following Sections 5 and 6 should be taken together as both incorporate current change fund investment. Section 6 assumes that the Integration Fund will be available to support many of the current investments.

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>
West Lothian: Re-ablement and Care Crisis	449	861	Rapid assessment of adults > 75 in their homes to facilitate support to enable ongoing community living.	80% of patients assessed were able to remain at home, preventing hospital admission.
Edinburgh: Telecare	418	468	Prevention of hospital admissions and ability of more people with long term conditions (LTC) to manage their condition at home.	12.4% increase in people supported through this model. Reduction in hospital admissions.
Mid Lothian: Intermediate Care	450	255	Prevention of unplanned hospital admissions and provision of step down care beds.	181 people admitted. Rate of emergency admissions bed days for >75s fell by 14%

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

The Re-ablement and Crisis Care services continue to have a positive impact on outcomes for service users, carers and key partners. Although there is some delay in reaching full capacity in the Re-ablement service due to demand pressure, hospital discharges have been prioritised. Performance on Re-ablement to mid December 2013 is as follows:

- 373 re-ablement packages for assessment
- of the 373 referrals 287 started service
- 155 have now finished with the service
- 81 reached full independence - saving - 606.5 care hours per week
- 52 required long term packages of care – the care package hours were reduced by 154 hours per week.

Crisis Care team performance for the period 1st April 2013 – 15th March 2014:

- 596 falls with an average response time of 29mins (Key holders responded to 342)
- 915 personal care calls with an average response time of 34mins
- 447 HSS equipment calls with an average response time of 33 mins
- 219 general assistance calls with an average response time of 32 mins.

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

If possible. Although the allocation will be larger i.e. growing from £70m to £100m in 2015/16 we understand there is a requirement to focus on adults from 45 to 64 and that this funding is only for one year without confirmation of its availability beyond 2015/16. This will therefore require Boards/Councils and the new Integration Joint Boards to make some strategic investment decisions in the near future.

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)?

**Intermediate Care  
(additional Change Fund investment of £742,000 per annum)**

Intermediate Care is a joint NHS/ Council service that facilitates discharge from hospital and prevents admission to hospital by providing physiotherapy and occupational therapy within the community. Additional funding from the

Change Fund has both enhanced (with an additional 18 WTE) and supported the redesign of the service, to an integrated, 7 day service, providing an extended in-reach service into hospitals.

### **Edinburgh Behaviour Support Service (additional Change Fund investment of £410,000 per annum)**

The Edinburgh Behaviour Support Service is a multi-professional integrated service which works to increase the understanding of formal and informal carers about the needs of people with dementia or cognitive impairment with behavioural problems to improve their quality of life.

The service was launched in February 2013. The multidisciplinary team includes Clinical Psychologist, Consultant Psychiatrist, Nurse Team Leader, Mental Health Nurses, Occupational Therapists, Dieticians, Speech and Language Therapists and Physiotherapists. Carer Peer Support Workers, with lived experience of mental health challenges.

The service has the capacity to support around 330 referrals per year. Since it launched, 95% of referrals have been from care homes but there is further potential to support day services and other community services.

### **COMPASS/ Hospital at Home**

COMPASS aims to support integrated and comprehensive care for frail older people in Edinburgh, irrespective of care setting. There are equivalent teams in other Local Authority areas.

Weekly Multi-Disciplinary Team (MDT) COMPASS meetings are established in South East Edinburgh (since April 2012) and North West (April 2013), led by MoE Consultants and involving a range of community teams. Roll out to North East and South West is planned in 2014.

Building on the work of COMPASS, development of a Hospital at Home model is being considered - an alternative service for people over 65 who are at immediate risk of hospital admission, who require clinical care normally provided in the hospital environment.

'COMPASS' MDTs have been developed with minimal resource. The financial commitments to date include Consultant MoE, specialty doctor, nursing and admin resources within the Western General and Royal Infirmary hospitals. Consideration needs to be given to the balance of funding between hospital and community settings in order to achieve the aims of COMPASS and Hospital at Home. 2014/15 budget from Unscheduled Care monies: £880,000.

**Dementia Link Workers**  
**(additional Change Fund investment of £265,000 per annum for two years)**

The National Dementia Strategy recognised that post diagnostic information and support is a key area in which change is required. It is recognised that high quality post-diagnostic support is essential to help people with dementia and their families to plan for the future and enable them to live as well as possible with Dementia.

Six Link Workers have been employed by Alzheimer Scotland to provide Post-Diagnostic Support for people with dementia, based on Alzheimer Scotland's 5 Pillars model. The Post-Diagnostic Support Service was launched in January 2013 and is integrated with existing NHS and Council services for people with dementia. Funding for two years has been provided by the Change Fund.

**Distress Tolerance**

The distress tolerance proposal is a pilot integrating efforts in West Lothian to help individuals build tolerance to distress where there is no formal diagnosis of mental illness. This is in line with the Scottish Government's commitment 19 within the mental health strategy 2012-2015. Total planned investment for 2014-15 is £152k (£94k NHS Lothian and £58k West Lothian Council).

The other Lothian Partnerships are drafting new service proposals which will be concluded upon confirmation of guidance around the use of integration fund.

**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>
Mentoring Programme	0	500	Focused on BME (black/minority/ ethnic) nurses at Band 5 and above, of which we have about 600 staff. Aims to try to get more BME nurses into Band 6 roles and above is based on a modified version of Leading Better Care, with extra mentoring and support.	Funding just allocated. Programme about to commence.
Health Improvement Fund	1,035	1,015	Funds 36 health improvement projects, each with outcome measures identified	<p>Evaluation in 2013/14 identified positive outcomes from projects.</p> <p>Examples include:</p> <p>479 attendances at walking activities in Gorgie/Dalry, 566 in Wester Hailes, 87 in Pilton. These have targeted sedentary individuals who need support to take part in walking activities but benefit from both the physical activity and the social support that the groups provide.</p> <p>Innovative use of social media to engage with, increase access to information and services and seek views of Deaf people. This project can demonstrate increased use of community cafes</p>



<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>
				by Deaf people with opportunities to mix with and engage with local people and participate in local issues.
Citizens Advice Bureau (CAB) Service in GP settings	58	58	Increased uptake of benefits/ reduced debt	Monitored by Service Level Agreement (SLA) with CAB

In addition to these examples within our draft health inequalities strategy which will be consulted on over the summer months we have identified areas where we can take action to mitigate, prevent and undo inequalities. Some of the examples we present in the draft strategy are in respect of developing the use of community benefits clauses in contract specifications and procurement strategies and continue to pay all staff the minimum wage and staff training to enable them to respond to social and economic circumstances affecting patient's health.

## **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.);

- i. Programme of compliance works to address the high risk backlog maintenance issues, including fire, asbestos, legionella, HEI
- ii. Planned investment in the estate through specific capital funded projects, e.g. boiler replacement, lighting replacement, upgrade of maternity and special care baby unit at St John's hospital
- iii. Proposed demolitions to support site redevelopment, e.g. former laundry on the WGH site.

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

- i. £5m investment in compliance programme
- ii. Specifically funded projects will reduce the backlog maintenance burden by £0.4m
- iii. Proposed demolitions of £3.3m (subject to both internal and external approvals)

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

The impact will be assessed in the Property and Asset Management Strategy for 2014.

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

Investment in a prioritised backlog maintenance programme represents 21% of the funding at the discretion of NHS Lothian. This will be supplemented by elements of expenditure on individual schemes.

## Brokerage

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

*No brokerage was received in 2013-14. A repayment of £4m was made in 2013-14 against the brokerage received in 2012-13.*

- (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 Lothian welcomes the additional NRAC funding received over the last 2/3 years. This has enabled significant investment in much needed capacity for both scheduled and unscheduled care. However, recent changes to the NRAC model has changed NHS Lothian's position in relation to NRAC parity and thus impacted on the achievability of NHS Lothian's financial strategy and delivery of service improvements. Significant change in the distribution model do not support the desired aim to provide greater focus on medium and long term planning.

NHS Lothian would support a consideration of whether the relevant needs and demands of the resident population are adequately reflected in the revised allocation model.

## 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 investment decisions are reviewed to assess their impact on health inequalities.

Examples are:

- Midlothian Community Food Initiative
- Health All Round and The Health Agency
- Midlothian Surestart.

### **Sustainable development**

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

The NHS Scotland sustainable development strategy has been adopted by NHS Lothian's Sustainable Development Management Group who are overseeing the development of NHS Lothian's SDAP - Sustainable Development Action Plan.

Three main features of NHS Lothian's sustainable planning are:

- i. The update of the Carbon Management Plan, including targets for reduction of energy consumption and CO<sub>2</sub> emissions.
- ii. The SDAP includes a programme for the adoption of an environment management system throughout NHS Lothian's estate.
- iii. NHS Lothian has invested in energy/carbon management via the Scottish Government's funding within the EcoHospitals programme.