

NHS Board Accounts: 2014-15 questionnaire

NHS National Services Scotland (NSS)

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
Cochlear implants – service developing and growing within LDP through to 2019.	3,960	4,356
Congenital cardiac conditions – service developing and growing within LDP through to 2019.	9,749	10,628
Genetics– service developing and growing within LDP through to 2019.	13,941	14,231

(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)

Following the Public Services Reform (Functions of the Common Services Agency of the Scottish Health Service) Order 2013, NSS has explored the opportunity to provide services to public bodies beyond health where our involvement creates public value – better or cheaper services etc. Initial success has been seen with our Central Legal Office taking on limited engagements with a small number of Non-Departmental Public Bodies. This area is expected to grow. Areas of opportunity have also been explored around procurement and our procurement arm is seeking partnership working to enhance its ability to support wider public services; this will deliver financial and service impact for Scotland as our assets are maximized and wider efficiencies for Scotland found. Finally, filling the data gaps such as Community Care and Third Sector would be a priority. This would include the need to invest in further analytical support to ensure we make the most of this new data and engage with customers to ensure new information

and intelligence products and services are developed to improve health and care. Additional funding to be able to dedicate additional resource to exploring opportunities would accelerate the delivery of benefits

- (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)

NSS has not withdrawn any services in 2013/14. Our Public Health and Intelligence (PHI) Business Unit is supporting the review of the Polypharmacy prescribing agenda in order to provide timely access for SG and Health Board policy makers, prescribing advisors and GPs, to nationally held information, by developing standard, quality assured prescribing reports and producing a national summary report.

We do have services which we believe deliver more health or financial impact than others. Our experience of seeking to agree withdrawal from services which are valued but are of relatively lower added value has typically been challenging.

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. But we do intend on expanding existing services to wider customer and stakeholder base in line with the Public Services Reform (Functions of the Common Services Agency of the Scottish Health Service) Order 2013.

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	Planned expenditure
	2013-14 £000	2014-15 £000
Smoking prevention/cessation	105	95
Weight management (child/adult)	23	0
Childsmile	755	755

Keep Well		
Maternal and infant nutrition	50	50
Blood borne virus prevention (1) (2)	1,000	1,000
Immunisation programmes (1) (2)	1,200	1,200
Screening programmes	20,200	19,400
Sexual health programmes (1) (2)	770	770
Drug and alcohol programmes (1)	327	207
Other (please specify) – HAI programmes (2)	2,000	2,000

Notes

(1) Programme area expenditure includes costs for related surveillance work which informs specific preventative spending

(2) PHI's key role is to co-ordinated programmes across NHS Boards in Scotland

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 NSS is actively involved in supporting a large and diverse range of preventative spend programmes, this is usually on behalf of SG for the benefit of the territorial Health Boards. NSS does not derive any savings from these programmes.

(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)

See answer to 4 (a) above.

Change Fund / Integration Fund

5. With regard to the Change Funds:

Not applicable for NSS as it does not access the Change fund.

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

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

NHS NSS is not utilising the Integration Fund but it is, within its existing resource, running pilot programmes with North Lanarkshire and Renfrewshire Councils and has a seat at the Borders Council / NHS Borders Integration Board.. Activities include data analytics, information governance, implementing national standards of care (cleaning & nutrition) and supporting professional and personal development by extending access to Scottish Health Library. Additionally, we are developing and testing a solution built on the success of the Integrated Resource Framework (data linkage and analysis to support local planning and prioritisation) with 6 local authorities. Our national procurement team is also working with Scotland Excel to design a framework which might allow joint working for the integration boards. Finally, NSS is preparing a paper detailing the support we can provide to Borders to help the delivery of integration by April 2015 and beyond.

Reducing inequalities

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

Our PHI Strategic Business Unit continues to provide statistical information and analysis which helps the NHS in Scotland make the right decisions for and to help treat patients. This information is disseminated to health Boards and other appropriate services in support of our collective efforts to reduce health inequalities. As an example, by producing analyses by deprivation categories, we currently support The Scottish Public Health Observatory (ScotPHO) with the following products:

- **Healthy Life Expectancy.** Life expectancy (LE) is an estimate of how many years a person might be expected to live. Healthy Life Expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. HLE is a key summary measure of a population's health.

- **Local Health Profiles.** These profiles highlight the considerable variation in health between areas and help identify priorities for health improvement. The profiles give a snapshot overview of health for each area using spine charts (which show how the area compares to the Scottish average), and allow further understanding of the results via rank charts and trend charts.
- **Scottish Neighbourhood Statistics (SNS).** The SNS website provides annual mid-year population estimates over recent years for all persons, children, working age adults and pensioners by local authority.

ScotPHO is a collaboration between NSS (PHI), NHS Health Scotland, the Glasgow Centre for Population Health and National Records of Scotland. The aim of this collaborative is to provide a clear picture of the health of the Scottish population and the factors that affect it. ScotPHO contribute to improved collection and use of routine data on health, risk factors, behaviours and wider health determinants. ScotPHO takes a lead in determining Scotland's future public health information needs, develop innovations in public health information and provide a focus for new routine public health information development where gaps exist. The ScotPHO website is at: <http://www.scotpho.org.uk/>

NSS also works collaboratively with Scottish Council on Deafness to address the inequalities faced by deaf and hard of hearing donors accessing blood donor services in Scotland; with Stonewall Scotland to address the inequalities experienced by gay men to improve understanding and knowledge of donor services and the donor criteria and our running of the Scottish Breast Screening Service addresses the gaps highlighted in the equality and health inequality impact assessment carried out as part of the review for breast screening services in Scotland in collaboration with NHS Boards and equality organizations.

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.);
 - (b) planned expenditure/receipts from this action in 2014-15; and
 - (c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)
 - (d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

NSS' main contribution to addressing backlog maintenance is through the work Health Facilities Scotland (HFS) undertakes in support of the territorial Health Boards. In particular HFS;

- Supports the data collection and analysis across the Boards that forms the "Annual State of NHSScotland Asset and Facilities Report" which is recognized as a key reference document used to inform decisions on the continuing investment in assets and facilities services. This includes provision of the electronic estates asset management system, survey work of the Boards' estate and work with energy advisors.
- Supports the Capital Investment Group to ensure that funding targets areas that are assisting to drive the Quality Strategy and 20/20 Vision.

In respect of NSS' own backlog maintenance it will be fully addressed over the course of the 5 year plan. The main activity is the construction via the NPD funding mechanism of a new National Centre for the processing and testing of blood which will be commissioned in 2017. Planned spend in 2014-15 amounts to £250k all of which will be funded through the revenue budget. NSS is not planning to spend any capital on backlog maintenance in 2014-15.

Brokerage

9. (a) Did you have any brokerage in 2013-14? No

(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? No

(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?

NSS is not directly impacted by the NRAC formula.

Equalities

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

NSS will carry out an equality impact assessment of its overall financial budget annually. We do not make financial decisions that impact on local

services. We do carry out equality impact assessments on all new service proposals and those services that are under review. An example below is in relation to the Review of Breast Screening Services in Scotland. NSS worked in partnership with NHS Health Scotland and Equality organisations to carry out equality and a health inequality impact assessment. The final report with recommendations from the impact assessment can be found at:

<http://www.nsd.scot.nhs.uk/Documents/Final%20HIIA%20Report%20Final.pdf>

The recommendations were taken into consideration by the national review committee and addressed the concerns raised in the public consultation and focus groups.

Sustainable development

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

Firstly, the NSS Property and Asset Management Strategy 2013-2018 (PAMS) is influenced directly by CEL 2 (2012) as it strives to make efficiencies via building consolidation, modernisation and rationalisation. Guidance from the Buildings section of the Good Corporate Citizenship Assessment Model, as recommended via the Sustainable Development Strategy further endorses the recommendation in the PAMS.

Secondly, Waste Scotland Regulations (2012) had a considerable impact on organisations in 2013 and budgets, as well as contracts, needed managed to ensure NSS was complying with Regs by January 2014. Improving the waste collection infrastructure across the estate had a considerable financial as well as staff resource impact.

Finally, national procurement implements, "Buy Sustainable - Quick wins" procurement requirements for all new contracts for relevant product groups across the organisation.