

**A: Budget setting process**

**Performance budgeting**

1. Which of the following performance frameworks has the most influence on your budget decisions:
  - National Performance Framework
  - Quality Measurement Framework (including HEAT targets) -
  - Other (please specify)

***The National Performance Framework and the Quality Measurement Framework (including HEAT targets - Standards from 2015/16)) have the most influence on NHS Borders budget decisions.***

2. Please describe how information on performance influences your budget decisions:

***NHS Borders reviews performance data at every meeting. On a monthly the Clinical Executive Operational Group reviews detailed performance information. Also every quarter performance reviews take place between individual Clinical Boards and Executive Directors. This allows Boards to highlight any areas where targets are being, or not being achieved and demonstrate recovery /improvement plans. Discussion will take place regarding the solutions to non achievement of targets. NHS Borders holds a flexible contingency which can be utilised as required.***

3. Do you consider the performance framework(s) to reflect priorities in your area?

***Yes.***

4. Where allocations are made in relation to specific targets, are you able to spend this effectively in the required areas? (please provide examples where relevant)

Yes examples of how allocations have been spent effectively are detailed below:

**Detect Cancer Early**

***NHS Borders was allocated £125,000 for the Detect Cancer Early Programme. This allocation has primarily been used to increase colonoscopy sessions, provide additional clinical nurse specialist input particularly in relation to lung cancer and to increase the number of breast radiology sessions.***

**Vaccination Programme**

***NHS Borders was allocated £290,802 for the Vaccination Programme. This was for the cost of the vaccines and NHS Borders provided additional support in terms of funding for staff to administer the vaccines.***

**Integration of health and social care**

5. Please set out, as per your integration plans/schemes with each of your partner local authorities, the method under which funding for the joint boards will be determined?

***The Borders Partnership Integration Scheme sets out that the integrated budget will initially be the recurring budget, with due diligence applied, for all functions which are delegated to the Integrated Joint Board. Moving forward the Integrated Joint Board budget will form part of the financial planning cycle for both partner organisations.***

6. What functions will be delegated via the integration plan/scheme? Please explain the rationale for these decisions

***The functions that are to be delegated by Borders Health Board and Scottish Borders Council to the Integration Joint Board are as per the current draft to the Integration Scheme. The services included are listed below:***

***NHS Borders Services***

- ***District Nursing***
- ***Public Dental Services***
- ***General Dental Services***
- ***Ophthalmic Services***
- ***Community Pharmacy Services***
- ***GP out of hours***
- ***Community Geriatric Services***
- ***Community Palliative Care***
- ***Community Learning Disability Services***
- ***Mental Health Services including child and adolescent mental health services (CAMHS)***
- ***Continence Services***
- ***Kidney Dialysis outwith the hospital***
- ***Services provided by health professionals that aim to promote public health***
- ***Community Addiction services***
- ***Allied Health Professionals services***

***Scottish Border Council Services***

- ***Social work services for adults and older people***
- ***Services and support for adults with physical disabilities and learning disabilities***
- ***Mental Health Services including CAMHS***
- ***Drug and Alcohol Services***
- ***Community Care and Assessment Teams***
- ***Care Home Services***
- ***Adult Placement Services***
- ***Health Improvement Services***

## NHS Borders

- **Aspects of housing support, including aids and adaptations**
- **Day Services**
- **Local Area Co-ordination**
- **Respite Provision**
- **Occupational Therapy Services**
- **Re-ablement Services**

7. How much is being allocated to the Integration Joint Board for 2015-16?
- a. by the health board

***Based on recurring budget for 2015/16 as at March 2015 NHS Borders has allocated an aligned budget of approximately £86m to the Integrated Joint Board.***

- b. by local authority partners?

***Based on recurring budget for 2015/16 as at March 2015 Scottish Borders Council has allocated an aligned budget of approximately £48m to the Integrated Joint Board.***

8. Please provide any further comments on budgetary issues associated with integration:

***Work is continuing to finalise the integration scheme which will detail how budgetary issues are addressed. Over the next 6 months the strategic plan for the Integrated Joint Board will be finalised and this will highlight the commissioning intentions and their financial implications of delivering the agreed outcomes.***

9. Please provide details of any specific challenges facing your board in 2015-16 in respect of your budget:

***NHS Borders has a challenging efficiency programme in 2015/16 with the required level of cash releasing saving being £6.9m (3.66% of the baseline allocation).***

***NHS Borders also has a range of challenges:-***

- ***Workforce in key service areas***
- ***Substantial cost pressures on pensions, drugs, and services due to activity levels***
- ***Delays in securing the next stage of care***

## NHS Borders

### **B: Increase the proportion of babies with a healthy birth weight**

Indicator measure: The proportion of new born babies with a weight appropriate for gestational age

1. How does performance in your area compare with the national performance?

	% of new born babies with a weight appropriate for gestational age	
	Board	Scotland
2009	89.8%	89.6%
2010	91.3%	90.0%
2011	90.2%	90.1%
2012	90.1%	89.9%
2013	90.7%	90.1%

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/birthweight>

2. What factors can help to explain any observed differences in performance?

***Good engagement at an early stage of pregnancy – high rates of antenatal bookings by 12 weeks across all SIMD quintiles.***

***Good screening for health risks.***

***Effective pathways to refer on to more intensive health and social support antenatally where risks are identified.***

3. How does performance against this indicator influence budget decisions?

***This is one of a number of public health indicators that partners use in planning and monitoring services to work towards ensuring that all babies have the best possible start in life.***

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

***It is useful if it is one of a number of indicators for maternal and infant health.***

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

## NHS Borders

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
As part of the Smoking Cessation funding a pathway has been developed for pregnant women - Review all women when they attend 12 week scan, brief intervention opportunity and also an opportunity to offer cessation to partners or relatives.	211	211
As part of the Maternal Service and Maternal & Infant Nutrition Bundle funding an Antenatal weight management programme was set up, comprising of intervention, led by specialist health improvement midwife who has attended motivational interviewing training. Review pathway of women with BMI over 35, as there is evidence that women over this BMI have a large for gestational age baby. This review pathway should reduce risks for mother and child.	96	96
Antenatal engagement over a range of activities achieving maternity and health improvement. Health Improvement measure to check CO levels for every woman that books a 12 week appointment, if their CO level is above 4 they get referred to "Quit for Good" scheme. Referral rates have increased from 0 – 156 between September 2014 and Feb 2015. This is funded as part of the Maternal Care Quality Improvement and Smoking Cessation Allocation	19	19

6. What statutory partners or other partners (if any) contribute towards performance in this area?

***Early Years Partnership which includes representatives from Scottish Border Council and the voluntary sector***

- Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

***Promoting maternal and infant health is a key priority for Early Years partners.***

**C: Improve end of life care**

Indicator measure: Percentage of the last 6 months of life which are spent at home or in a community setting

- How does performance in your area compare with the national performance?

	% of last 6 months of life which are spent at home or in a community setting	
	Board	Scotland
2008-09	89.3%	90.4%
2009-10	91.2%	90.5%
2010-11	91.1%	90.7%
2011-12	90.8%	91.1%
2012-13	91.7%	91.2%

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/endoflifecare>

- What factors can help to explain any observed differences in performance?

***Whilst the majority of recent investment has been focused on inpatient services with the opening of the new palliative care unit this has had a consequential effect of allowing existing resources within community services to focus on providing care in the community and this has allowed the Board to improve performance against this target.***

- How does performance against this indicator influence budget decisions?

***As part of the of the Scottish Patient Safety Programme NHS Borders is focusing on the deteriorating patient's journey. This workstream aims to identify those patients who are receiving palliative care and whose level of care should / should not be escalated. This allows the staffing levels involved in the treatment of patients requiring end of life care to be flexed appropriately.***

- Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

**Yes.**

- What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

## NHS Borders

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Palliative care needs assessment – a six month project to identify areas of improvement. -. Particular areas identified include early identification (eg SPICT – supportive and palliative care indicators tool), increasing awareness, single point of information re services available and universal care plan accessible to all. Equality between malignant and non-malignant care also key, alongside services responsive 24/7 to changes in need eg equipment and care. IT support to deliver this and explore potential role of telemedicine to reduce geographical inequalities. Should the outcome of this pilot be positive this will need to follow NHS Borders funding process. There is also a long term conditions project developed through public health- expanded through all chronic conditions and linked with above outcomes and service design	20	
Margaret Kerr Unit NHS Borders has recently opened a palliative care unit at a capital cost of over £4m. The cost included is for medical and nursing staff only	798	798
End of life care facilitator – 2 year full time post funded by Macmillan or endowments to enhance and embed good end of life care. Also pilot being run in one area to use the new end of life care guidance developed after removal of end of life care pathway(Liverpool care pathway) to ensure useful areas of this continue eg documentation, national guidance and contact details of team and symptom control. This will be taken out wider by this role		45

6. What statutory partners or other partners (if any) contribute towards performance in this area?

***Local partners – social work, primary and secondary care, voluntary and third sector and patients, family carers and the public.***

## NHS Borders

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

***Education of all staff in management of end of life care at home.***

***It is planned to develop the role of IT in terms of seamless interaction between all IT services, use of telemedicine/Skype to reduce geographical inequalities.***

***A quality improvement project around care records and information provision in line with NHS Borders corporate strategy and SCIPP (Scottish Collaborative Innovation Partnership Process)***

### Palliative care and hospice funding

8. Please provide an estimate of spending on palliative care services (as defined by the Scottish Partnership for Palliative Care, [here](#))

	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Specialist palliative care services*	798	798
General palliative care services**	126	126

***\*This figure is only for medical and nursing staff as supplies have been excluded due to the fact that they are shared with another area.***

***\*\*General palliative care services include the Marie Curie service provided in the community.***

In May 2012, the Scottish Government published new [guidance](#) for NHS Boards and independent adult hospices on establishing long-term commissioning arrangements. It stated that funding of agreed specialist palliative and end-of-life care (PELC) should be reached by NHS Boards and independent adult hospices on a 50% calculation of agreed costs. Funding should be agreed for a 3 year period, though this could be longer if appropriate. In addition it indicated intent for NHS Boards and local authorities to jointly meet 25% of the running costs of the independent children's hospices which provide specialist palliative care and respite services for children with life-limiting conditions.



## NHS Borders

9. Please provide details of funding agreed by your Board for hospices:

	2014-15	2015-16
Agreed funding for hospice running costs for specialist PELC (£000)		
£000		
As % of total hospice funding		
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£000		
As % of total independent children's hospice running costs		

***NHS Tayside is the lead Board for the NHS funding of the Children's Hospice Association Scotland (CHAS). Whilst NHS Borders contributes to CHAS the contribution is made via NHS Tayside and they will respond for all Boards. NHS Borders commits no other expenditure to hospice funding.***

10. Please provide any further comments on palliative care / hospice funding that you consider to be relevant:

### **D: Reduce emergency admissions**

Indicator measure: Emergency admissions rate (per 100,000 population)

1. How does performance in your area compare with the national performance?

	Emergency admissions rate (per 100,000 population)	
	Board	Scotland
2009-10	10,681	9,849
2010-11	11,187	9,874
2011-12	11,832	10,090
2012-13	11,956	10,130
2013-14 (p)	10,833	10,188

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions> (same data source used for Borders figures)

2. What factors can help to explain any observed differences in performance?

***NHS Borders continues to prioritise this work through:***

- The development of a system wide Unscheduled Care Board (which covers both primary and acute services).***

## NHS Borders

- ***The Board continues to progress the Local Unscheduled Care Action Plan to provide the opportunity to deal with pathways affecting A&E attendances.***
3. How does performance against this indicator influence budget decisions?

***NHS Borders, in partnership with Scottish Borders Council, has developed a locally devised Winter Plan. This includes additional resources is being target at the following areas:***

- ***Connected Care Initiative.***
  - ***Surge Beds within the hospital.***
  - ***Flex Beds as a means of focussing effort away from a predominantly hospital based service approach.***
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
- Yes.**
5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below

<b>Programme/service area</b>	<b>Expenditure 2014-15 £000</b>	<b>Planned expenditure 2015-16 £000</b>
Ambulatory care		367
Flex beds* purchase	129	-
Connected care **	375	375
Local Unscheduled Care Plan	182	182

\*Expenditure April 14 to Feb 15

\*\*The 2015/16 figures are currently estimates

6. What statutory partners or other partners (if any) contribute towards performance in this area?

***NHS Borders and Scottish Borders Council have collaborated on the Connected Care Project. This should minimise the admissions to hospital and reduce the level of delays in the system by ensuring that both organisation are fully involved in all patient care.***

***British Red Cross and other Third Sector groups working with the partnership to help in admission avoidance and patient flow.***

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

***GP contract work on Area Clinical Partnership***

## **NHS Borders**

***NHS Borders through Local Enhanced Services are working with GPs to reduce admissions e.g.***

- Nursing Home Enhanced Service Anticipatory Care Planning, which incorporates post discharge reviews and anticipatory care plans. Also weekly medical reviews. This covers nursing and residential homes.***
- Practices being encouraged to use SPARRA data to identify possible repeat and recurring admissions.***
- Prescribing LES from 1 April will look to reduce waste and as part of this review discharge medications to reduce risk of readmission due to side effects or related events.***
- Cancer Care LES requires GPs to meet with Community Teams to identify issues with palliative patients to avoid emergency admission.***