NHS Dumfries and Galloway

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 has the most influence on budget decisions in that it is broader than the more narrowly focused HEAT targets within the Quality Measurement Framework.

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

    Performance influences budget decisions acutely, with changes in resources required to deliver the necessary targets and performance standards feeding into service redesign and identification of cost pressures. This then forms an integral part in the budget setting process throughout the year, as well as within the annual budget setting cycle as clinicians and managers refine requirements around capacity and service changes.

    A prioritisation protocol is adhered to whereby the senior management team agree the priorities for the forthcoming year, or agree in-year funding for necessary developments across the service.

    This involves development of a Business Case to ensure a complete impact assessment of the proposed changes is carried out to that the full cost of service redesign or change can be identified.

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

    Yes, however there are additional legislative requirements, Scottish Government directives, local priorities and internal targets which go beyond the performance frameworks which we consider important to the provision of health services in the board area.

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)

    A range of initiatives have been introduced via a combination of Reshaping Care for Older People and Local Unscheduled Care Action Plan such as:

- Development of ambulatory approaches as an alternative to admissions reduces small numbers of admissions per week:
- provision of rapid access chest pain clinics for patients attending the emergency department who are stable but require a follow up within the next few days and who would otherwise be admitted
- introduction of ambulatory care clinic within the AMU
- 'Meet ED' campaign outlining appropriate use of the emergency department but also sign posting towards appropriate use of emergency services
- Reducing Delayed Discharges

Falls

- Partnership working with Scottish Ambulance Services around See and Treat approach for non injured fallers, includes follow up by Fire Service to undertake fire safety check and evacuation planning
- Partnership working with Care Homes around provision of education on falls prevention and provision of bed, chair and wrist sensors to reduce falls which cause injury and lead to admission
- Partnership working with care homes regarding improving hydration and nutrition for residents to reduce falls

Respiratory Patients

- Testing of Community Respiratory Early Warning Scores for patients with respiratory disease to reduce exacerbations.
- 1 year pilot of telecare in Annan for COPD patients to support patient self management.

Anticipatory Care Planning

- GP QOF increasing the number of Key Information Summaries for patients with a SPARRA risk of 40-60%

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 Board and Local Authority within Dumfries and Galloway (whose boundaries are co-terminus) are in the process of establishing an Integrated Joint Board under the Body Corporate model for integration of Health and Social Care.

   The method under which funding for the joint boards will be determined forms an integral part of our recently consulted on and submitted integration scheme. This is detailed in the section below.

NHS Dumfries and Galloway

We have agreed to treat the first year of operation as an Integrated Joint Board (IJB) as a shadow year, reflecting the baseline established from a review of 2014/15 financial year and this will reflect agreed changes through the 2015/16 budget setting process, to provide the Local Authority and Health Board (The Parties) and the IJB with assurance that the delegated resources are sufficient to deliver the agreed delegated functions and level of service to be provided. These amounts will recognise existing plans for the Parties for the functions which are to be delegated, adjusted for material items in the shadow period. These figures will be agreed as part of a due diligence procedure as agreed between the Parties. The payment will be linked through to patient activity information and the latest Integrated Resources Framework (IRF) will be referred to when deriving the allocation to localities.

In subsequent years the Chief Officer and the IJB Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan. The Parties will review this as part of the required budget process. The case should be evidenced, with full transparency demonstrating the following assumptions:

- Activity Changes
- Cost inflation
- Required Efficiency Savings
- Performance against outcomes
- Legal and statutory requirements
- Transfers to/from the notional budget for hospital services
- Adjustments to address equity of resource allocation

The parties will evaluate the case for the Integrated Budget and agree their respective contributions accordingly.

If the Strategic Plan sets out a change in hospital and community capacity, the resource consequences will be determined through a bottom up process based on:

- Planned changes in activity and case mix due to interventions in the Strategic Plan
- Projected activity and case mix changes due to changes in demography
- Analysis of the impact on the affected hospital and community care budgets, taking into account cost behaviour (i.e. fixed, semi fixed, and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources)

However, NHS Dumfries & Galloway has included the entirety of acute hospital services within the scope of functions delegated to the IJB. The Parties will consider the following when reviewing the Strategic Plan:

- The Local Government Financial Settlement

- The uplift applied to NHS Board funding from Scottish Government
- Efficiencies to be achieved
- Specific funding provided to either Party or the IJB to support delegated functions or integration

The allocations will be based on priority and need and further due diligence will be undertaken during the 2015/16 financial year to assess the adequacy of the initially determined payments to the IJB to help inform payment levels from the 2016/17 financial year.

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

   The Regulations supporting the Act are clear on what is to be included within Integration and this is the main driver in agreeing the clinical and social work services to be contained within Integration for the IJB.

   In addition Dumfries and Galloway have agreed to include the entirety of acute hospital services within the scope of functions delegated to the IJB which currently report to the Chief Operating Officer of the NHS Board.

   The reason for this is based upon the fact that as these services are so integrated across the patient pathway, splitting them up would lead to a detrimental impact for Integration. As such, the current proposed model includes the entirety of Hospital Services, which are included in the payment to the IJB.

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

   a. by the health board - proposed figure of £224m
   b. by local authority partners - proposed figure of £52m

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

   By delegating responsibility for health and social care functions to the Integration Authority, the objective is to create a single system for local provision of health and social care services, which is built around the needs of patients and service users, and which supports whole system redesign in favour of preventative and anticipatory care in communities.

   The principles of the model adopted within Dumfries and Galloway is an integrated General Manager model at Locality level to support local decision making.

   In preparation for delegating the budgets to be devolved to the IJB, a joint report has been commissioned by PwC (as external auditors to both the Health Board and Local Authority) as part of the due diligence

work to be undertaken as a partnership. As part of this process an agreed 'Shadow Year' will operate during the financial year 2015/16 to review and assess the budget resources delegated to the IJB are appropriate.

Specific challenges

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

   The first year of the Integrated Budget will operate in shadow form, allowing for the development of systems and processes to ensure the appropriate level of governance is provided.

   During the shadow year there will be regular review and monitoring of the use of resources by the IJB, supported by both finance teams across the Council and the NHS Board.

   Work continues to identify additional resources and support necessary to provide appropriate resource to the IJB through the Chief Finance Officer once they are appointed.

   There are a number of Social Care services which need to be reviewed in greater detail in order to agree an appropriate disaggregation to reflect the proposed revised responsibilities. In particular, a number of the services which are currently accessed by young people between the ages of 18 and 25.

   There are a number of historic contractual and financial arrangements currently in place between the Council and Health partners, including the Resource Transfer payment calculation and all sub-contracts.The integration of Health and Social Care presents an opportunity to review all of these in the final determination of the appropriate level of budget that is to be delegated.

   At this stage, allowances for price and demographic uplifts recognised through the corporate budget setting process have been treated as being retained by the Council pending further review. The allocation of amounts from within these allowances will be determined as increased price levels, including pay awards and contract uplifts, and the extent of demographic increases are clarified.

   The following risks are inherent within the budgets being proposed for integration:

   - Demographic and price growth being greater than that allowed for
   - Care supply market contracting and/or failing to expand as required to create sufficient and affordable provision that matches demand

Clients'/Patients' needs becoming more complex and the inability of the service to manage this within financial resources available.

The Board's draft financial plan has been submitted to the Scottish Government for consideration, which summarises the NHS Board's five year financial plan from 2015/160 through to 2019/20, highlighting the significant level of efficiencies required to deliver financial breakeven. This is imbedded within the budgets delegated within Integration.

The key financial risks and challenges for the NHS Board for 2015/16 onwards, as we move towards integration, include the following;

- Continued delivery of a breakeven position;
- Continued delivery of 3% CRES (£7.960m);
- Management of on-going cost pressures most notably medical locum costs (£4.8m) and Primary Care Prescribing costs;
- Planning for the financial implications of the new hospital and the associated clinical change requirements

It has also been notified that a £100m over three years will be issued to partnerships to support delayed discharges. This funding will be used to support Health Board and Local Authorities to deliver good quality care and support for people at home or in a homely setting and to prevent delays in discharge and also preventing admissions to hospital.

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	89.7%	89.6%
2010	90.0%	90.0%
2011	89.2%	90.1%
2012	90.4%	89.9%
2013	89.9%	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?

   There are no significant differences in performance

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

   As detailed above, changes in resources required to deliver the necessary targets and performance standards will feed into service redesign and identification of cost pressures. This then forms an integral part in the budget setting process throughout the year, as well as within the annual budget setting cycle as clinicians and managers refine requirements around capacity and service changes.

   Any necessary changes to the resources required to achieve the proportion of babies with a healthy weight and the impact this may have on other services will be considered when budgets are being set and refined both annually and within year.

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

   Yes, however whilst it is a useful indicator, at the same time it is very broad with a wide range of factors that can influence this such as smoking, alcohol, drugs, obesity etc.

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.

   This is not an area that we currently contribute cost to under our current costing methodology. With midwifery time, it has not been possible to determine the percentage of time which could be attributed to this target due to the complexities of the service delivery. One specific programme has been identified below that impacts directly in this area.

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Smoking cessation services targeted at this area.	£24k	£24k

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

   This area is impacted by a range of services provided by health, local authority and third sector, including:

   - General practitioners
   - Public Health
   - Smoking cessation
   - Health Improvement

- Addiction services
- Social work
- Housing

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

Maternity and Children Quality Improvement Collaborative.

NHS Dumfries and Galloway Maternity Services is participating in the Maternity Care Programme Strand

The overall aim of the Collaborative is:

"To improve outcomes and reduce inequalities in outcomes, by providing a safe, high quality care experience for all women, babies and families"

There are a number of key measures that have been identified that contribute to healthy birth weight e.g. three of the key measures relate to the detection and management of smoking in pregnancy. Recent focus has been on providing pregnant women who continue to smoke with a tailored package of antenatal care.

Growth Assessment Programme

The Perinatal Institute, Growth Assessment Programme (GAP) is being implemented throughout Scotland supported by funding from the Scottish Government in order to detect fetal growth restriction and avoid stillbirth.

In NHS Dumfries and Galloway, following attendance by 5 staff including a consultant obstetrician, obstetric ultra-sonographer, outpatient services manager and two senior charge midwives at a national train the trainers course we have implemented the following;-

- **Fundal height measurement.** All midwives and obstetricians will be trained to consistently and accurately measure symphyseal-fundal height.

- **Use of gestation related optimal weight (GROW) customised growth charts.** These are generated electronically by the sonographer helpers at the combined ultrasound and biochemical screening appointment and customised for each individual woman. The midwives and medical staff have been trained in the use of these charts.

- **Referral for ultrasound scanning-**protocols have been developed and implemented.

Early Years Collaborative

The ambition of the Early Years Collaborative is to make Scotland the best place in the world to grow up by improving outcomes and reducing inequalities for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.

The stretch aim of Workstream 1 (conception to 1 year) is to reduce infant mortality and stillbirth as seen in the Driver Diagram at the end of the response.

Improvement work has been ongoing in relation to access to services, breast feeding, alcohol and drug misuse, gender based violence, preconception care, support for the most vulnerable pregnant women and parenting.

Obesity in pregnancy

"optiMUM care for women with BMI of 40 or over during pregnancy, labour and the post natal period"

A joint project between maternity services, public health, dietetics and the Psychology department is underway in Dumfries and Galloway to improve pregnancy outcomes and experiences for women with a BMI of 40 or over and their babies.

Multidisciplinary and multiagency working

Teams within and across agencies work together to provide antenatal, intrapartum and postnatal care for pregnant women who have obstetric, medical or risk factors identified e.g. women with diabetes or who develop diabetes, women who have substance misuse problems

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

1. 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	93.5%	90.4%
2009-10	92.7%	90.5%
2010-11	92.6%	90.7%
2011-12	93.4%	91.1%
2012-13	93.3%	91.2%

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

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

   We are likely to have a higher percentage of time in the last 6 months being spent at home than the Scottish average because of the rural nature of NHS D&G. We have rural practices that are well used to looking after the dying patient, and an excellent degree of support from district nurses and MacMillan nurses. The ability to get in Marie Curie nurses for overnight stays is rather limited compared to the demand at times, but they provide very impressive support to enable as many patients as possible to stay at home.

   For many patients home will in fact be a care home, and the Board has provided training for Care Home and Nursing Home staff to support them in looking after the dying patient in their normal setting. This is usually reflective of patient choice. It is supported by GPs, and district nursing input.

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

   NHS Dumfries & Galloway has been strongly committed to shifting the balance of care away from more institutional settings for a long time and budget decisions have sought to ensure that this is maintained, particularly in relation to facilitating discharge from hospital.

   Changes in resources required to deliver the necessary targets and performance standards feed into service redesign and identification of cost pressures. This then forms an integral part in the budget setting process throughout the year, as well as within the annual budget setting cycle as clinicians and managers refine requirements around capacity and service changes.

   The Board has tested a number of areas of service change through the Putting You First programme supported by the change fund to understand the potential areas where resource could be targeted within the community setting. The main areas of impact are:

   - Developing Communities / Community Resilience
   - Integrated Ways of Working
   - Preventative / Anticipatory Approaches
   - Optimising the deployment of technology enabled care.

   This will inform our ongoing discussions for the strategic plan as we move into Health and Social Care Integration.

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

It is a useful indicator of the sensitivity of those who are caring for patients who have reached a stage in their illness when palliative approaches to excellent symptom control should be discussed. In that respect, it is possibly slightly crude, but important – proxy measure of person centred care.

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.

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Marie Curie service	103	139
District Nursing	1,102	1,154
Community Hospitals	579	596

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

   Health Services, Social Work Services, social care providers and charities like Macmillan Cancer support and Marie Curie Nursing are important partners

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

   Covered above

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 – Macmillan Nurses within the DGRI Medical Palliative Care Renal Palliative Care Nurse	 251 228 21	 254 230 21
General palliative care services – DGRI Alexandra Unit Endowment Funding	 682 122	 689 124
Total	1303	1318

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.

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

   NHS D&G do not utilise hospices as they provide care through a variety of locally provided services as indicated above.

	2014-15	2015-16
Agreed funding for hospice running costs for specialist PELC (£000)		
£000 – n/a as hospice provision is within NHS beds as per question 8.		
As % of total hospice funding		
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£000	21	22
As % of total independent children's hospice running costs	3.14% share	3.14% share

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

All palliative care services are provided by NHS Dumfries and Galloway except the independent childrens' service which is a risk share agreement with other NHS Boards in Scotland, Operated from facilities known as Robin's House and Rachael's House.

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	9,467	9,849
2010-11	9,408	9,874

NHS Dumfries and Galloway

	Emergency admissions rate (per 100,000 population)	
	Board	Scotland
2011-12	9,389	10,090
2012-13	9,761	10,130
2013-14 (p)	10,017	10,188

Source: http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions

Dumfries and Galloway performance compares favourably to national performance across all age groups 35 -74+

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

   Dumfries and Galloway has a high percentage of GPs who are supportive of managing the patient within their home/ homely environment and a very supportive social work service team who provide timely interventions wherever possible which is a contributory factor to our favourable performance relative to Scotland as whole.

   This is set however against a backdrop of increasing recruitment difficulties within both GPs and care providers.

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

   Changes in resources required to deliver the necessary targets and performance standards will feed into service redesign and identification of cost pressures. This then forms an integral part in the budget setting process throughout the year, as well as within the annual budget setting cycle as clinicians and managers refine requirements around capacity and service changes.

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

   This is not a performance measure used routinely, with the exception of the winter period, when we do report on this measure as part of our winter management process.

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

   This is a hugely complex area when looking at which services contribute to reducing emergency admissions. This is because of the many inter-relationships between and across different services in the Acute setting as well as across Community services (and indeed with partnership with social services).

For instance a proportion of care that GPs provide to their patient list will often mean admissions are avoided, due to more appropriate options being made available to the patient in the community, closer to their home. This will often mean respite care is provided within the community hospitals are liaison with the community nursing services or social care services to provide care at home.

Specific funding that has been identified towards reducing emergency admissions has been received through the LUCAP allocation, which includes a variety of projects such as;

- Improved management of people who attend frequently or inappropriately to ED
- Improved management of frequent attendees by GPs
- Telecare for COPD patients
- Testing of Community Early Warning Scores for respiratory patients

The OPAT Ambulatory service is another good example of ways in which emergency admissions can be reduced or avoided, by providing anti-biotic infusions as daycases/ outpatients rather than through admission to a bed during the course of the patients' treatment.

The Joint Health and Well being project also looks at ways of reducing unnecessary emergency admissions, including;

- Smoking education
- Drug and alcohol education
- Obesity

There are also chronic conditions management including;

- COPD
- Diabetes (insulin pump therapy)
- Epilepsy management
- Asthma clinics

Many of these services have been funded through specific projects via 'Putting You First' funding and include projects such as;

- Carer Health and Well being - Creating proactive approaches to reducing the need to 'react to crisis', enabling people to self manage and make decisions about their own care

- Remote monitoring - Delivering a service as close to home as possible. Supporting people to retain or regain their maximum level of independence. Reducing avoidable emergency admissions to acute care or reducing delayed discharges

- (CREWS) Enhanced Self-Management of Chronic Obstructive Pulmonary Disease – Reduced admissions for COPD patients.

Improved confidence for patients. Appropriate model for supported remote monitoring

- Flexible Preventative Approaches to Care (Forward Looking Care Plans) - People who have FLC plans (and their Carers) have improved quality of life and have the information they need to live and keep well and feel in control of their health condition.

- Dumfries Hub Promoting Independence and well-being towards a whole system response - Act as an Occupational Therapist working between both the Council and NHS providing a more seamless and integrated approach to care.

There is no straight forward way of itemising the cost of these services as they link in across all services and it is more to do with changing the way people work and access services, rather than setting up specific new funding streams.

This also feeds into the NHS Board's Efficiency agenda, transforming how current services are delivered and looking at different ways of providing these within the existing overall funding available.

Whilst specific funding streams could be identified that were earmarked towards preventing admission, it would be meaningless to present these as the total funding available is so much more complex and difficult to specify what proportion relates to avoiding emergency admission and which is part of the overall service provided.

It is due to this very reason that NHS D&G have decided to include all of the Hospital Services within the Integration funding so that the benefits of a truly joined-up service are not fragmented and duplicated, thus diminishing their efficiency and effectiveness of reducing emergency admissions across the entire region.

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
LUCAP	243	250
Insulin Pumps	250	TBC
Putting You First Programmes (specifically focussed on avoiding/reducing emergency admissions)	352	TBC

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

We are working very closely with the following key partners

- Partnership working with Scottish Ambulance Services around See and Treat approach for non injured fallers, includes follow up by Fire Service to undertake fire safety check and evacuation planning

- Partnership working with Care Homes around provision of education on falls prevention and provision of bed, chair and wrist sensors to reduce falls which cause injury and lead to admission

- Partnership working with care homes regarding improving hydration and nutrition for residents to reduce falls

- Partnership working with GPs around Key information summaries and management of frequent attendees

- Partnership working with Council around our Short Term Assessment and Reablement Service and the Council Care and Support Services to provide step up care in a timely manner.

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

   Covered above.