

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)

There are a range of Frameworks and national and local strategies which influence budget decisions within NHS Fife. The budget setting process is however driven by many factors. The Board's performance against HEAT targets and standards probably has the greatest influence although increasingly local commitments through the Community Planning Partnership in support of the Single Outcome Agreement also influence resource decisions.

The Board through targeting ring fenced allocations also meets specific outcomes such as the Effective Health Prevention bundle.

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

The adoption of the ring fenced bundling approach allows flexibility in the use of the bundle to allow prioritisation to be made and to improve outcomes. The Board is very aware of aiming to meet the various waiting times targets and guarantees.

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

Yes in general the performance framework reflects priorities and provides the direction required to ensure activities are appropriately identified.

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)

The early provision of ring fenced bundles each year gives the certainty and allows a degree of flexibility around the prioritisation of funding within the bundles to deliver the outcomes identified.

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?

NHS Fife

NHS Fife and Fife Council are coterminous therefore there will be one Partnership only. Funding for the Joint Integration Board will reflect the baseline established from a review of the past three years' performance, to provide the Parties and the Integration Joint Board with clarity on available funding.

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

By regulations, the functions to be delegated and managed by the Joint Integration Board are:

- Adult primary and community health services, along with a proportion of Acute hospital sector provision("set aside").
- Social work services for adults and older people

The Fife partnership also agreed to include in the delegated functions:

- Mental Health Forensic Services
- Children's Services included
- Health Visitors and School Nursing
- Renal Homecare included in "Set aside"

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

a. NHS Fife	£314.2m
b. Fife Council	£144.6m

Acute set aside budgets amount to a further £34.0m

The above are indicative budgets based on 2014/15 budgets and are yet to be agreed.

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

Specific challenges

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

The major challenge for the Board is the need to deliver Cash releasing savings of circa £10m in order to meet the increasing costs associate with financial pressures such as the employer's superannuation increase, the adoption of nurse staffing toolkit, capacity pressures and the growth in drug costs.

The challenges being faced are not unique to Fife.

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	88.3%	89.6%
2010	90.3%	90.0%
2011	88.9%	90.1%
2012	89.8%	89.9%
2013	89.4%	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 compared to the Scottish average.

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

Specific allocations for Family Nurse Partnership and Maternal & infant Nutrition are targeted to support this area of work. Also through the Fife Health and Wellbeing Alliance a Vulnerable in Pregnancy Project is supported which also contributes to this target.

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

Yes. The performance indicator is important and a significant factor which can have a positive effect on general maternal and child health outcomes.

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.

N/A

NHS Fife

Programme/service area	Expenditure 2014-15 £'000	Planned expenditure 2015-16 £'000
Family Nurse Partnership	765	765
Maternal & Infant Nutrition	315	315
Vulnerable in Pregnancy	275	275

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

Fife Council
Fife Health & Wellbeing Alliance

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

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	90.1%	90.4%
2009-10	89.8%	90.5%
2010-11	90.5%	90.7%
2011-12	90.6%	91.1%
2012-13	90.9%	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?

The NHS Fife figures do not appear to be statistically different from the Scottish average.

NHS Fife

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

NHS Fife works with a range of Partners in providing End of Life Care and also provides Community Services as well as providing In-Patient hospice facilities on four of the main hospital sites. A specific Day Care Service is also provided.

A Maggie's Centre is also based on the Victoria Hospital site.

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

Yes and No. A more effective indicator would be the preferred place of death and what percentage is achieved

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
<i>Joint initiative with Marie Curie-Pilot site for 2 years. Currently at the end of year 1. Will be fully evaluated and costed for future provision</i>	<i>Fully funded by Marie Curie</i>	<i>Fully funded by Marie Curie</i>
Palliative Care Services	3,014	3,044

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

MacMillian Cancer Support
Marie Curie Nursing Service
Maggie's
Fife Council

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

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	3,418	3,132
General palliative care services	<i>Cannot measure / separate</i>	<i>Cannot measure / separate</i>

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:

	2014-15	2015-16
Agreed funding for hospice running costs for specialist PELC (£'000)		
£'000		
As % of total hospice funding	<i>None</i>	<i>None</i>
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£'000	92	93
As % of total independent children's hospice running costs	<i>Please refer to NHS Tayside response (who manage service agreement with CHAS on behalf of NHS Scotland)</i>	

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	9,259	9,849
2010-11	8,914	9,874
2011-12	8,777	10,090
2012-13	9,325	10,130
2013-14 (p)	9,621	10,188

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

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

Our performance is better than the average and this may be influenced by Anticipatory care planning which allows the early identification of people at risk of admission allowing proactive care to prevent admission.

Specifically for elderly patients NHS Fife operates a Hospital at Home service which is designed to prevent hospital admissions.

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

Success of the Hospital at Home initiative has been funded jointly with Fife Council through use of the Change Fund.

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

Yes, although a breakdown of the indicator giving reasons for admission would aid comparison.

NHS Fife

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
<i>Hospital at Home</i>	<i>2,773</i>	<i>2,770</i>

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

Fife Council

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

Services within the Primary Care setting are key to help prevent hospital admissions eg pain management ,polypharmacy reviews and Integrated Response Team Interventions.