

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)

Quality Measurement Framework (including HEAT Targets)

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

Ensuring target achievement is a significant influence on budget setting and financial performance including 4 hour A&E target : ensuring delivery of 12 week Treatment Time Guarantee : 18 week Referral to Treat : 12 week outpatient wait : diagnostic waits and CAMH and Psychological Therapies Waiting Times

Locally we use both our area-wide balanced scorecard and local Unit Balanced Scorecard to assess performance and in certain areas this will influence budget decisions however not all performance issues are necessarily about resources.

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

There are certain areas where the performance framework does not necessarily highlight key issues for example current workforce issues regarding ability to recruit GPs

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)

Generally yes although the timeframe can be challenging if allocations are received late in the year and we require to recruit to deliver. There is limited flexibility to carry funding across financial years

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 Integration Schemes require costing methodologies to be agreed by the end of July 2015. There is also agreement that this will be done on an open and transparent basis and that this will include

- 2013/14 Budget and spend

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- 2014/15 Budget and append
- 2015/16 Budget and Projected Spend

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

At present this will follow the minimum set out in regulations and will cover adult services. Childrens Services are excluded at this point in time.

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

This work is in progress and is linked to the costing methodologies timeframe

From NHS perspective initial work has been completed and is going through internal due process with relevant managers

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

It is recognised that there are service/budgetary pressures for both health and Local Authorities and as change itself carries risk then financial risk will increase at least for a period of time.

It is important that the Integrated Care Fund and Delayed Discharge Funding is used wisely and focused on agreed outcomes

Specific challenges

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

Risks identified include :-

Continued increase in hospital drug costs
Workforce Costs eg use of locums/agency medical staffing
Sustaining primary care services in light of GP recruitment issues
Maintaining target delivery

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

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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	89.2%	89.6%
2010	89.2%	90.0%
2011	88.8%	90.1%
2012	89.0%	89.9%
2013	88.2%	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?

Data does not easily allow identification of specific contributory factors however areas of increasing challenge are the number of Older Mothers and levels of obesity

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

Main benefit is from as early as possible antenatal care – this is not a particular budgetary issue

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

It is a useful indicator if viewed as part of a suite of indicators including SIM quintiles of families / early antenatal 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

Locally budgets are allocated to areas of service delivery and not to specific targets e.g. Maternity Unit : Health Promotion etc

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

Early Years Collaborative work in particular the focus on families

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

Family Nurse Partnership work targeted at teenage mothers

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	90.2%	90.4%
2009-10	90.9%	90.5%
2010-11	91.2%	90.7%
2011-12	91.8%	91.1%
2012-13	91.6%	91.2%

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

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

There are a range of factors which can influence performance – see areas of activity which are aimed at improvement in Section 5 below

- How does performance against this indicator influence budget decisions?

NHS Forth Valley is currently undertaking a Clinical Services Review and one of the main workstreams is Palliative Care/End of Life Care – this work will influence how resources for NHS Forth valley are utilised over the next five years with improving quality of end of life care a key theme – this includes the target outlined above as one of the indicators

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

This is useful performance indicator in particular as a measure of improving quality of care

- 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.

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Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Anticipatory Care Planning		
Utilising Key Information Summaries for palliative care patients		
Staff Education and Training to support utilising information to ensure patient wishes are met wherever possible		

Locally budgets are allocated to areas of service delivery and not to specific targets

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

There is a local Managed Care Network for Palliative Care which includes the Third Sector e.g. Carers Trust, Strathcarron Hospice, Marie Curie, McMillan and Local Authorities (Social Care) which are all key partners in supporting Palliative Care Services and in particular

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

See Section 3 Clinical Services Review workstream

Main emphasis on good multi-disciplinary team working across the MCN

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		
General palliative care services		

Locally budgets are allocated to areas of service delivery and not to specific targets so difficult to identify resources spent on general palliative care services e.g. community teams cover range of areas not solely palliative care

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

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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	1596	1624
As % of total hospice funding	See Note 10	See Note 10
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 funder on behalf of NHS Boards in Scotland for Children's Hospices and have provided information in their submission on behalf of all NHS Boards

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

Both NHS Forth Valley and NHS Lanarkshire residents use Strathcarron Hospice. When both Boards resources are combined this totals approximately 43% of agreed hospice costs as per national guidance.

In addition NHS Forth Valley provides a range of services 'in kind' to the Hospice including :-

Pharmacy Support
Payroll Services
Procurement Services
Labs and Diagnostic Support

Estimated Value of £ 100,000

The Clinical Services Workstream are considering hospice services and associated funding as part of the wider review of palliative care services

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	8,887	9,849
2010-11	8,431	9,874
2011-12	8,605	10,090
2012-13	9,192	10,130
2013-14 (p)	9,132	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?

Whilst the rate of emergency admissions in NHS Forth Valley is lower than the Scottish average it has risen over the last five years. Reasons appear to be multi-factorial in part but not solely demography

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

This indicator together with 4 hour A&E target has had considerable attention over recent years – a range of additional services have been introduced however it is difficult to identify evidence as to whether each in isolation has had an impact or whether there has been a benefit of the combination of additional services

This area will be a major theme for Integrated Joint Boards

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

Yes – major service consequences of not reducing rate given demographics

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
Work with Boness Community and partner organisations	50	75
Introduction of Frailty Unit within FVRH with direct referral from	315	320

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Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
General Practice to provide ambulatory assessment and service to avoid admission		
North West Rural Stirling Service (Health and Social Care) to support those in rural communities in their own home	Prior years investment now in baseline budget	Prior years investment now in baseline budget

Potential for Bo'ness work to be rolled out across the area if successful

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

Both the Third Sector and Local Authorities contributions are vital in supporting this target – each of the three examples above have input from other agencies to a greater or lesser degree

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

Unscheduled Care is one of the main workstreams within NHS Forth Valley Clinical Services Review which will influence the shape of services within NHS Forth Valley over next five years

This work fits as part of the NHS element of integration