

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)

NHS Health Scotland's strategy map links what we do to the National Performance Framework. Our planning work aims to link all our activity up through our corporate outcomes to the national performance framework.

However HEAT targets remain important too. We consider our contribution to achieving them as part of our planning process although over recent years the national performance framework has become more prominent in our Delivery Plans than HEAT, in line with Scottish Government Health Directorate's guidance for NHS Boards' local delivery plans.

Our Annual Review Action Plan is also important to our planning and resource allocation process. We make sure that activities to deliver our ARAP are appropriately resourced.

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

Once we have identified what we need and want to do in a year from the national performance framework, HEAT, local delivery plan guidance and our Annual Review Action Plan, we plan the resources we need to deliver these commitments.

We use a prioritisation tool to help us make sure our financial and staff resource is going to the activities that will make the biggest difference. We have used this tool in planning for 2014/15 and 2015/16. No tool is perfect, but we find the prioritisation tool provokes us to think more carefully and systematically about what we are and are not resourcing in a year. Each year we have refined it so that it better informs our decisions.

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

NHS Health Scotland's mission is to reduce health inequalities. Given the wide range of factors that influence health inequalities, we find the breadth of the national performance framework and its emphasis on fairness and reducing health inequalities helpful not just internally but when working with partners.

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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)

We regularly receive allocations in relation to specific targets. Generally we manage this budget as non-core so that it is only spent on work directly related to target or policy area which allocated the budget. Examples of this type of budget include much of our mental health budget, budget for work with primary care and screening and immunisation.

While we monitor this budget through our normal corporate processes, often the Directorates in Scottish Government providing the funding will have additional reporting mechanisms.

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?

n/a

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

n/a

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

n/a

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

n/a

Specific challenges

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

NHS Health Scotland has a savings target of £1,050k for 2015/16 which equates to 5.8% on its core funding allocation of £18,037k in 2015/16. HS Scotland has attributed 40% of the savings from staff and 60% from projects in 2015/16. There has been a strategic realignment review carried out in 2014/15 which is carrying through to 2015/16 which has affected most of the workforce. Staff savings of over £400k will be challenging in 2015/16 without any impact on the delivery of our Strategic Plan.

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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

n/a

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

n/a

D: Reduce emergency admissions

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

n/a