

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)

Healthcare Improvement Scotland (HIS) is a statutory body and has national responsibilities. We support the NHS to deliver its objectives which are based on the National performance Framework and the Quality Measurement Framework but HIS does not have specific targets to meet within either of these frameworks.

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

As the national Healthcare Improvement body in Scotland, we support the NHS in Scotland to improve performance. Our scrutiny function includes the Healthcare Environment Inspectorate and we conduct joint inspections with the Care Inspectorate regarding older people and children

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

Not applicable

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)

Not applicable – we receive funding allocations for specific purposes eg Scottish Patient Safety Programme but not for specific targets.

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?

Not applicable

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

Not applicable

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

- a. by the health board
- b. by local authority partners?

Not applicable

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

The joint strategic inspection of adult (older people) services has been funded from within our core budget and prioritised ahead of other work as resources are limited. It has been a challenge to fulfil our partnership role in providing adequate scrutiny of health within the health and social care partnerships. We have endeavoured to deliver the programme in the most cost effective way by providing the right skills at the right time throughout the 24 week inspection programme. The core funding allocated to this work has been increased for 2015-16. It is anticipated that a further increase in resources will be required as the programme progresses to include the inspection of all adult services and we will continue to fund our work based on its contribution to achieving outcomes.

A new programme of work is currently in its design phase. This work aims to give back at least another 200,000 days to individuals, families and communities which would otherwise have been spent in hospital. The focus of the programme will be on preventing unnecessary admission and readmission and identifying new areas of support that will enable people to live longer at home or in a homely setting.

Specific challenges

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

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	n/a	89.6%
2010	n/a	90.0%

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	% of new born babies with a weight appropriate for gestational age	
	Board	Scotland
2011	n/a	90.1%
2012	n/a	89.9%
2013	n/a	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?
Not applicable
3. How does performance against this indicator influence budget decisions?
Not applicable
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
Not applicable
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>Not applicable</i>		

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

Not applicable
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

Our contribution is by supporting Boards via the Maternity and Children Quality Improvement Collaborative (MCQIC programme) which seeks to support the improvement in carbon monoxide monitoring and onward referral for smoking cessation for the mother or family members. This is being reliably delivered to all mothers when booking with the midwife.

The aims of the MCQIC programme are as follows:

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1. *Reduce harm in women and babies by 30% (defined by the sub aims below)*
2. *Increase the percentage of women satisfied with their experience of maternity care to >95%*

Sub aims:

- a) Reduce still births and neonatal mortality by 15%*
- b) Reduce severe post-partum haemorrhage (PPH) by 30%*
- c) Reduce the incidence of non-medically indicated deliveries prior to 39 weeks gestation by 30%*
- d) Offer all women carbon monoxide (CO) monitoring at booking for an antenatal appointment*
- e) Refer 90% of women who have CO levels ≥ 4 or who are smokers, to smoking cessation services*
- f) Provide a tailored package of care to all women who continue to smoke during pregnancy.*

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	n/a	90.4%
2009-10	n/a	90.5%
2010-11	n/a	90.7%
2011-12	n/a	91.1%
2012-13	n/a	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?

Not applicable

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

Not applicable

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

Not applicable

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>Not applicable</i>		

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

We support the Boards via the national Acute Adult programme

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

We make a contribution to this area and to Palliative care by supporting the development of the Scottish Palliative care guidelines. These include guidance on end of life care, including rapid transfer home to facilitate seamless transfer from hospital or hospice to home, prevent re-admission wherever possible and facilitate a peaceful death in the patient's preferred place.

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	n/a	
General palliative care services	n/a	

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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.

The Acute Adult Programme includes End of Life Care. This is a palliative care element to the pathway and is based upon the reliable recognition and management of the deteriorating patient. This supports the appropriate discussion to be taken following assessments to determine what level of treatment is provided in an active or palliative way.

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	n/a	n/a
As % of total hospice funding	n/a	n/a
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£'000	n/a	n/a
As % of total independent children's hospice running costs	n/a	n/a

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	n/a	9,849
2010-11	n/a	9,874
2011-12	n/a	10,090
2012-13	n/a	10,130
2013-14 (p)	n/a	10,188

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

2. What factors can help to explain any observed differences in performance?
Not applicable
3. How does performance against this indicator influence budget decisions?
Not applicable
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
Not applicable
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
Not applicable		

6. What statutory partners or other partners (if any) contribute towards performance in this area?
Not applicable
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance
Not applicable