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

2. Please describe how information on performance influences your budget decisions:
   Most such decisions will be influenced in the main by the highest priority HEAT targets of TTG, delayed discharges, A&E waits and cancer waits.

3. Do you consider the performance framework(s) to reflect priorities in your area?
   Broadly, but the highest priority HEAT targets (listed above) tend to refer to the acute sector – we would prefer to invest in community (including social care) services and primary care as well, but the headroom for this is limited in a very tight financial environment.

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)
   It varies. Sometimes there is a direct link. However, wherever possible we try to work on the basis of 'outcomes' rather than inputs. If we can achieve a required outcome by e.g. redesign of services within existing resources then we may use a specific allocation to support the overall financial position, which is extremely challenging.

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?

   North Highland – Lead Agency model – no joint board required. In place since 2012. Funding for Adult Social Care is passed from Highland Council to NHS Highland and this is broadly already agreed until 2017. Any changes are likely to be at the margin. Funding for children's community health services is passed from NHS Highland to Highland Council. The baseline is agreed and the agreed method simply requires the baseline uplift to be transferred to Highland Council. Again, any variations are likely to be at the margin and by mutual agreement.

Argyll & Bute – Body Corporate model. The health component of the budget has been identified by taking the entire 2014/15 recurring budget for Argyll & Bute CHP

and adding to it the applicable funding uplifts for 2015/16. For social care, the value of relevant in-scope budgets has been extracted from the totality of Argyll & Bute Council's budget structure.

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

   North Highland – all Adult Social Care functions have been delegated from Highland Council to NHS Highland and community child health services have been delegated from NHS Highland to Highland Council. All conjunction functions have been itemised in the Integration Scheme. The rationale for (in effect) including all services within scope is that we wanted to avoid artificial barriers between services.

   Argyll & Bute –
   - *All NHS services that the legislation permits for delegation plus all NHS Acute services (scheduled and unscheduled)*
   - *All Adult social work services.*
   - *All Children & Families social work services.*
   - *All Criminal Justice social work services.*

   All conjunction functions have been itemised in the Integration Scheme. The rationale for (in effect) including all services within scope to ensure co-terminosity and bring all health and social care resources together to maximise integration and take advantage of all transformational opportunities including the ability to directly influence provision of acute services from out of area provider NHS Greater Glasgow & Clyde.

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

   North Highland - c£94m delegated from Highland Council to NHS Highland for Adult Social Care and c£9m vice versa for children's community health services. There is no IJB.

   Argyll & Bute – indicative figures, which have yet to be formally approved, are health £189m and social care £62m, giving a total of £251m allocated to the IJB.

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

The Lead Agency model in North Highland has placed increased financial pressure on the board in the short term – however our view is that it will facilitate efficiencies in the medium and longer term and more importantly will facilitate an improved service to clients by removing artificial boundaries between budgets. In the Argyll & Bute IJB it is too early to draw any meaningful conclusions regarding budgetary issues.

Specific challenges

9. Please provide details of any specific challenges facing your board in 2015-16 in respect of your budget:
   Difficulty in recruiting to very remote and rural areas frequently leads to expensive locums. Treatment Time Guarantees. High cost drugs. Adult Social Care.

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?
   NHS Highland performs consistently well against the national average with just one year in 2012 when we did marginally less well than Scotland.

	% of new born babies with a weight appropriate for gestational age	
	Board	Scotland
2009	90.3%	89.6%
2010	90.0%	90.0%
2011	91.3%	90.1%
2012	89.7%	89.9%
2013	90.1%	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?

   Health inequalities are recognised to have an impact on low birth weight: babies not born at a weight appropriate for gestational age. NHS Highland has less identified disadvantage than other mainland Boards in Scotland. We have limited understanding as to how rurality impacts on the data and this is compounded by small numbers. The experience of poverty tends not to be readily captured in our predominately rural geography

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

   As we perform well against the measure we continue to pursue excellence in ante natal maternity care with a focus on quality and improvement in the delivery of maternity care.

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

   Within our performance framework for the early years/integrated children's service planning we are looking for a reduction of the differential in low birth weight babies across income groups given the higher percentage of low birth weight in more income deprived areas.

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
Ensuring early booking as per the HEAT target	£3,436,000 **(1)**	£3,711,000
Carbon Monoxide monitors in ante natal settings and smoking cessation services for pregnant women	As above	
Ante Natal planning/assessment processes in both HSCP and Argyll and Bute CHP to ensure vulnerable women have access to additional support and interventions to support better outcomes for their pregnancies	As above	

(1) Community Midwifery Service Highland Health & Social Care Partnership (HSCP) and Argyll and Bute combined

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

   Integrated Children's Service Partners in both HSCP and Argyll and Bute CHP across statutory and third sector health and social care early years services

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

   In both Community Planning Partnerships there are a range of work streams that in addition to the above are working with Healthy Start vitamin and voucher uptake, income maximisation and healthy weight in pregnancy pathways. There are also school based curriculum developments that seek to influence healthy decision making for future parents looking at healthy weight, smoking, alcohol and substance misuse and cooking/budgeting skills.

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	92.3%	90.4%
2009-10	92.1%	90.5%
2010-11	93.1%	90.7%
2011-12	93.4%	91.1%
2012-13	93.7%	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?
As a Board we are attaining above average for this indicator and have been making a small steady increase in ensuring people are cared for in their place of choice through increasing Marie Curie budget, skill mix and visiting times; utilising a flexible resource which can be called upon if the person who is dying has a need for additional support to allow them to die at home; increasing staff knowledge & skills; improving access to specialist advice via the hospice; Marie Curie Delivering Choice Programme.

3. How does performance against this indicator influence budget decisions?
At present this indicator is not used to influence budget decisions. We are working towards ensuring all people at end of life are supported to die in their place of choice.

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
This performance indicator does not reflect the quality of care at end of life. Nationally there is reservation (as outlined by responses made to Scottish Partnership for Palliative Care) about its use, as it does not reflect quality of care or preferred place of care for the individual & their family and whether we are able to achieve this for the individual.

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 Nursing Service	279,350	279,350
End of life fund – North Highland only	284,000	284,000
Marie Curie Delivering Choice Programme- A&B only	70,000	70,000

6. What statutory partners or other partners (if any) contribute towards performance in this area?
   Care Homes, Highland Hospice, Highland Council, Argyll and Bute Council, Local Third Sector organisations such as Crossroads, Marie Curie, Macmillan, local hospice groups.

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance
   We also have a network of Advanced nurses - Cancer & Palliative who contribute to improving end of life care.

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	[1]	
General palliative care services	[2]	

[1] we don't provide specialist palliative care services but we do work closely with Highland Hospice (see question 9)
[2] it is not possible to separate out the cost of general palliative care services from other health services – although £100k is spent with Marie Curie in Argyll & Bute specifically on community palliative services.

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	1,425	1,425
As % of total hospice funding	48.7%	50%
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£000	N/A [3]	
As % of total independent children's hospice running costs		

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

[3] Children's hospice services are provided via NHS Tayside for the whole of NHS Scotland. It is understood that NHS Tayside will respond on behalf of all boards.

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	9,505	9,849
2010-11	9,728	9,874
2011-12	9,698	10,090
2012-13	9,572	10,130
2013-14 (p)	9,536	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?

The impact of managing whole system flow of patient across the hospital and community services and the integration of adult social care with health services.

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

We are currently looking at how services can be transformed to meet patient / client need particularly where we see the rate per 100,000 higher due to the proximal relationship of the population to hospital services.

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

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
Care at Home Services	20,700	22,000
Ambulatory Care / medical	180	180
Community geriatricians	260	260

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

   Our third and independent sector colleagues are critical to delivery as are GPs. We currently through our partnership agreement with the Highland Council provide adult social care services across North Highland.

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

   The ability of primary care services to manage an increasingly complex population with an aging demographic.