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)

    The HEAT targets influences spend on acute hospital capacity to achieve of access targets.

    National Outcome indicators for integration influence spend of the Integrated Care Fund.

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

    Main investment by NHS Ayrshire and Arran in 2013/14 was £1.9 million in orthopaedics, because additional capacity required in that specialty to meet Treatment Time Guarantee.

    In 2014/15 NHS Ayrshire and Arran invested £2.1 revenue in Local Unscheduled Care Action Plan and commenced build of combined assessment units at University Hospitals Ayr and Crosshouse. The investments recognise that NHS Ayrshire and Arran have a high number of emergency admissions to hospital and an increasingly elderly population will place greater strain on A&E and emergency beds unless can avoid admissions. For 2015/16 budget, we have little ability to invest in discretionary areas since new hepatitis C drugs will cost over £4 million and the superannuation increase is a £3.5 million cost pressure.

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

    Yes.

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)

    Earmarked allocation for hepatitis C prevention of £971,000 invested in an extra consultant, however cannot use hepatitis C allocation for increased cost of hepatitis C drugs (£4 million +) which this consultant prescribes.

    Access / performance money is non-recurring therefore spent on waiting list initiatives at three times normal consultant rate.

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?

This section sets out the arrangements in relation to the determination of the amounts to be paid, or Set Aside, and their variation, to the Integration Joint Board by the Parties;

(a) amounts to be paid by the Parties to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies).

(i) Payment in the first year to the Integration Joint Board for delegated functions

Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

(ii) Payment in subsequent years to the Integration Joint Board for delegated functions

In subsequent years, the Chief Officer and the Chief Finance Officer should develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. The following principles apply;

- Individual Party responsibility including:
  - Pay awards
  - Contractual uplift
  - Prescribing
  - Resource transfer
  - Ring fenced funds
- In the case of demographic shifts and volume each Party will have a shared responsibility for funding. In these circumstances an agreed percentage contribution, based on net budget of each Party, by individual client group excluding ring fenced funds e.g. Family Health Services, General Medical Services, Alcohol and Drug funding etc.,

will apply.

- The prescribing budget will be delegated to the Integration Joint Board. It is proposed that prescribing will be managed by Health across the three Health and Social Care Partnerships with an agreed Incentive Scheme which requires to be approved by all Parties across the three Integration Joint Boards.

- Efficiency targets will be set by each Party.

Following determination of the payment, the amounts to be made by each Party, the Integration Joint Board will refine the Strategic Plan to take account of the totality of resources available.

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

Services currently provided by the Health Board which are to be integrated

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Palliative Care
- All Community Hospitals (Arran, Lady Margaret, Biggart, Girvan, Kirklandside, East Ayrshire Community Hospital, Continuing Care wards at Ayrshire Central Hospital)
- All Mental Health Inpatients Services (including Addictions), Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Community Nursing (District Nursing)
- Community Mental Health, Addictions and Learning Disabilities (Community Mental Health Teams, Primary Care Mental Health Teams, Elderly, Community Learning Disability Teams, Addictions Community Teams)
- Allied Health Professionals
- Public Dental Services
- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- NHS Ayrshire Doctors on Call (ADOC)
- Older People
- Palliative Care provided outwith a hospital
- Learning Disabilities Assessment and Treatment Services
- Psychology Services

- Community Continence Team
- Kidney Dialysis Service provided outwith a hospital
- Services provided by health professional which aim to promote public health
- Community Children's Services (School Nursing, Health Visiting, Looked after Children's Service) [non medical]
- Community Infant Feeding Service
- Child and Adolescent Mental Health Services
- Child Health Administration Team
- Area Wide Evening Service (Nursing)
- Prison Service and Police Custody services
- Family Nurse Partnership
- Immunisation Service
- Telehealth and United for Health and Smartcare European Programme and workstreams

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

    a. by the health board - £329.9 million.
    b. by local authority partners - £233.8 million.

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

    Due diligence process has allowed challenge of partner budget decisions. £7.5 million for Integrated Care Fund prioritised by Integrated Joint Boards. In addition £73.5 million of Integrated Care Fund held by Scottish Government.

Specific challenges

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

    The level of cash releasing efficiency savings (CRES) required in 2015/16 is higher than in recent years. In past years the efficiency target has been achieved partly through productivity savings (doing more activity with the same money) and CRES, however due to required investment in new drugs, superannuation etc, there is a requirement for 2 significant CRES on top of coping with increasing demands. The level of drugs cost pressure in 2015/16 exceeds the general allocation uplift for the year (although some additional funding will be received through the New Medicines Fund).

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	89.5%	89.6%
2010	90.3%	90.0%
2011	89.7%	90.1%
2012	89.4%	89.9%
2013	89.6%	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 is no clear change either nationally or locally. The indicator is likely to change over a longer period of time than simply annually, being driven first and foremost by levels of poverty. Health behaviours contribute to babies who are small for gestational age, in particular driven by smoking and drinking in pregnancy as well as by maternal nutrition.

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

   NHS Ayrshire and Arran is committed to preventative spend. Annual funding earmarked for:

   - Smoking cessation and prevention - £838,000;
   - Alcohol and drug prevention - £2,680,000
   - Maternal and infant nutrition - £300,744

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

   Gestational adjusted birth weight is a useful indicator, but it isn't particularly responsive. In addition, it fails to take into account the separate impact of poverty on rates of prematurity.

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
A mother's own birth weight, her pre-pregnancy weight and weight gained during pregnancy all influence the birth weight of her baby. H*ealthy Bump Health Baby* – is a one-off intervention offered to obese pregnant women (defined as a Body Mass Index of ≥ 30). Women are identified at their first contact with a community midwife and referred to the multidisciplinary service which includes input from a midwife, physiotherapist and community food worker. Evaluation of the results for those who have attended has been positive, however, uptake is low. Work is underway to address some of the barriers to attendance reported by women.	8 (funded from the Maternal & Infant Nutrition allocation)	8
Family Nurse partnership (targeted as most deprived including those who may use alcohol in pregnancy)	472	472
Ante-natal classes	Part of midwifery service	

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

   Area Drug and Alcohol partnerships part fund a specialist midwife post.

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	90.0	90.4%
2009-10	90.4	90.5%
2010-11	90.8	90.7%
2011-12	91.0	91.1%
2012-13	91.1	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?

   Ayrshire performance is very similar to the Scottish average.

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

   Cost pressure for community equipment as we currently have 900 hospital beds in people's own home.

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

   Yes.

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
Older people spend by Councils on care homes or care at home	104,429	105,291
Resource transfer for older people	8,084	8,229

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Area wide evening nursing service	963	982

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

   Ayrshire Hospice has a community based service.
   MacMillan Cancer Support.
   Marie Curriel.

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	0	0
General palliative care services	117	143

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	2,661	2,741
As % of total hospice funding	50	50
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£000	50	51
As % of total independent children's hospice running costs	9.5	9.5

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

    NHS Tayside submission includes information on contributions by all NHS Boards in Scotland towards the Children's Hospice Association Scotland.

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	11,868	9,849
2010-11	12,223	9,874
2011-12	12,765	10,090
2012-13	13,163	10,130
2013-14 (p)	13,190	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?

   All emergency admissions come through the Emergency Departments(ED) in Ayrshire. We do not have Combined Assessment Units (CAU's) where pre assessed GP admission patients would attend for assessment so all patients are counted as Emergency admissions.

   Since December 2013 however, we have created 12 temporary GP assessment beds across Ayr and Crosshouse Hospitals but patients still require to be streamed through ED until the CAU's open. A high percentage of patients are admitted to an acute receiving ward on an

'admit to decide' basis to allow diagnostic tests to be carried out and a senior clinical decision-maker to examine the patient. CAU's are currently being constructed on both Acute Hospital Sites which will reduce the percentage of A&E attendees who are admitted.

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

   A range of new services have been developed to manage high emergency admission rates. GP assessment beds(as above), Clinical Decisions Units(12 beds)with also ambulatory care bays, Frail Older Peoples pathway with Medical Consultant for Frail Older People working in ED Dept, additional Pharmacy support (including ED's), additional Acute Physicians and ED Consultants and a range of other services which are set out in our Local Unscheduled Care Action Plan

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

   Yes

   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 New Investments	**Expenditure 2014-15 £000**	**Planned expenditure 2015-16 £000**	**2016/17 £000**
Local Unscheduled Care Action Plans	1,654	50	550
Building for Better Care – Combined Assessment units at Ayr and Crosshouse. Clinical £1 million investment.	0	630	1,470
Frail elderly pathway (non-recurring)	100	0	0

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

   - Health and Social Care Partnerships(x3);
   - Voluntary Organisations-Red Cross;
   - Scottish Ambulance Service.

~~6. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance~~