Service development

1. Please give THREE examples of service developments that:

(a) you have been able to fund in 2013-14 (please list local service developments, rather than national programmes)

Response:

Argyll & Bute Acute Mental Health Unit

This project is the final part of the extensive reprovision of Mental Health Services within Argyll & Bute which requires the provision of a new Acute Mental Health Unit of 22 beds with accommodation for Outpatients and also Psychological therapies. There is also a requirement to house support services of Catering, Stores and Estates staff in a separate support services building(s). The current service is provided from a hospital which is 150 years old and fails to meet many of the current regulations and would require significant investment to bring it up to date.

Expected capital cost of approx £10m but is currently being considered under the new 'hubco' DBFM (Design, Build, Finance and Maintain) route. The project is due to reach financial close in 2014/15 and start on site that year.

Tain Health Centre

A new Tain Health Centre is being built as part of a revenue-based project delivered under the 'hubco' DBFM route. The project is 'bundled' with two similar-sized projects in NHS Grampian. The new, two-storey health centre will have 12 GP consulting rooms and three treatment rooms for the two local practices. It will also accommodate a four-room dental suite and the community staff will have two clinical treatment rooms, three clinical consulting rooms, two clinical interview rooms, a podiatry treatment room and a physiotherapy treatment room.

Medium Secure Unit in Perth

NHS Highland is making a significant contribution to the newly opened regional Medium Secure Unit in Perth. In total we will commit £1m on a recurring basis to fund the facility, which will improve patient care.

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities?
Response:

Raigmore - Critical Care Consolidation & Theatre refurbishment

A two-fold development to address compliance issues and deficiencies within the Raigmore Theatres in respect of fire precautions, ventilation standards, infection control standards and backlog maintenance and also to consolidate the critical care areas of Intensive Treatment unit (ITU), Critical Care Unit (CCU), Medical High Dependency Unit and Surgical High Dependency Unit within the ground and first floors of the tower block. The current ongoing work to improve fire precautions within the tower block, in which whole wards are being decanted into alternative ward space, offer an opportunity to minimise disruption by working alongside this to achieve the consolidation of the critical care areas. The consolidation of the critical care areas will improve the patient pathway and also lead to efficiencies in terms of time and money.

Expected capital cost via frameworks contract of £20m phased over 4-5 years.

Replacement Community Hospital – Badenoch & Strathspey

Plans are being developed, with wide community engagement and support, to replace the old hospitals in Kingussie and Grantown-on-Spey with a new integrated community hospital facility to provide services for the population of Badenoch and Strathspey. A Healthcare Planner and Project Manager have been appointed to develop the clinical brief and business case process. The initiative is being considered as a potential hubco project with the possibility of it being ‘bundled’ with similar sized projects. The capital equivalent cost is likely to be in the region of £10m and the estimated timetable for delivery would be around 2016/17.

Skye Services Redesign

Community engagement has taken place throughout March with discussions focussing around the need for change. The reaction has been very positive with the majority of those involved agreeing that change is necessary to provide appropriate hospital and community health and care facilities for the future. Monthly steering Group meetings have continued and have produced a project charter, Case for Change document and a communications plan. Work with a Healthcare Planner commenced on 10th April 2013 and a Clinical Workshop is planned for 23rd May to inform the production of a Clinical Output Specification. A project Manager will be appointed in mid May to lead the development of the Initial Agreement document. Local engagement will continue in the meantime. Scottish Health Council has been briefed on the work and have an open invitation
to the Steering Group meetings. It is anticipated that a formal consultation period will be required as any new build will necessitate the closure of the two existing hospitals.

(c) you have withdrawn in 2013-14 (and why?).

Response:

No planned service developments have been withdrawn in 2013/14.

Preventative spending

2. What specific preventative health programmes are included in your budget plans for 2013-14? (please give details of planned expenditure in 2013-14 compared with 2012-13.)

Response:

Preventative health programmes

We have a number of preventative health programmes which we will commit to investing in to support the outcome for longer and healthier lives. We will work in partnership with our Council, Voluntary and Private sector colleagues to develop preventative initiatives through the Change Fund for Reshaping Care of Older People. We will support preventative health programmes through our work on the Early Years collaborative and through our commissioning processes with Highland Council to ensure that preventative health programmes are a priority within delivery of integrated children’s services. Examples of preventative health initiatives which we will invest in during 2013/14 are as follows:

- **Healthy Weight** – we will continue to develop our tier 2 and tier 3 healthy weight services and embed our ‘health at every size’ approach to supporting individuals to obtain better health outcomes.

- **Childhood healthy weight** - we will continue to embed the Child Healthy Weight Pathway into routine practice and work with education partners to ensure the long term sustainability of school based interventions. A community based healthy weight programme will also continue to be offered to all who would benefit.

- **Smoking cessation and prevention** – we will continue to provide smoking cessation services, particularly targeted at those in our most deprived communities. We will also continue to roll out our smoking prevention programme, ‘Smoke Free Homes and Cars’ in partnership with local authority and other community planning partners as well as reviewing and developing our own tobacco policy.
• **Sexual Health/Blood Borne Virus** – we will continue to invest in support to ensure that we further promote and strengthen positive sexual health and wellbeing, reduce blood borne virus (BBV) infection and support those living with BBVs throughout NHS Highland.

• **Childsmile** programme which includes dietary advice, supervised toothbrushing in schools, fluoride varnishing and facilitation into appropriate dental services will continue in 2013/14.

• **Alcohol brief intervention** – we will continue to provide screening for those who may be affected by alcohol and offer a brief intervention for those who might benefit from reducing their alcohol intake.

• **Maternal and Infant Nutrition** – we will continue to implement programmes to support women to enter pregnancy at a healthy weight in good nutritional health and support parents to make an informed choice on infant feeding. We will also provide breast feeding support and advice for new mums with the aim of increasing the number of infants benefiting during the early years.

• **Improved uptake of Healthy Start vouchers** – we will continue to support Healthy Start which is a UK-wide government scheme to improve the health of pregnant women and families on benefits or low incomes and pregnant under-18 year olds. Families who qualify for the scheme will receive vouchers to spend on milk, fresh fruit and vegetables and formula milk. In addition they will be eligible for free Healthy Start vitamins.

• **Healthy Working Lives** – we will continue to provide organizations with support for policy development and practice including health promotion, occupational health and safety and employability to promote a healthy workplace, focusing our attention on those workplaces who need most support such as small and medium enterprises (SMEs). We will also continue to work towards the whole of NHS Highland gaining the national Healthy Working lives award.

• **Employability** – we will continue to support colleagues to introduce and subsequently embed the work question in clinical and patient pathways, as a contribution to implementation of national policy, Health Works. We will continue to support our local employability partnerships with a view to developing employability initiatives within NHS Highland.

• **Health Promoting Health Service** – we will continue to implement CEL (1) 2012 within our acute and community hospitals. We will support hospital managers and staff to develop good practice in relation to the specific requirements of CEL 1.

• **Mental wellbeing** – we will continue to support a range of initiatives aimed at improving mental health and wellbeing including training our staff
on suicide prevention and rolling out a programme of support to mainstream mental wellbeing training into our front line services

- **Keep Well** – we will continue to develop our programme of inequalities targeted cardiovascular health checks and community development activity in specific geographical areas of NHS Highland.

- **Physical Activity** – we will support specific programmes designed to promote physical activity including work on ‘Greenspaces’, supported walking initiatives and development of brief interventions.

- **Adult screening programmes** - the two long-running national screening programmes for breast and cervical cancer achieve the recommended uptake and coverage standards. We will be seeking to implement any national recommendations and programmes changes to improve the efficiency and effectiveness of these two preventative programmes. In Highland, screening for bowel cancer has only been part of the national programme for the last three years. We are actively promoting uptake of bowel screening among men and in our more deprived areas. Screening for abdominal aortic aneurysms (AAA) was only launched as a national programme in mid 2012, although Highland has been undertaking screening for over 10 years, resulting in reduced numbers of ruptured aneurysms. We continue to promote uptake of AAA screening. National funding is attached to the screening elements of all these programmes, with the exception of cervical, but subsequent diagnostic investigation and treatment costs associated with positive screening tests are met from core Board allocations and cannot be readily identified as a result. Outcomes for all programmes are nationally determined; while Highland reports against all the required standards, we are working to ensure that the data are as complete and robust as possible and that more detailed audits are undertaken to inform service improvement.

- **Detect Cancer Early** - we are directing the national capital funding we have received to improve the provision of diagnostic services for breast, bowel and lung cancer and will be seeking to direct our DCE revenue allocation in a similar way, although more general support for improving access to cancer services is also included, pending the outcome of current improvement work. We will be participating in the national campaigns to promote the early detection of the three designated cancers, complementing them with local campaigns supporting uptake of screening for cancer, particularly among our more deprived communities where uptake is lower than the rest of the population.

- **Immunisations** - we will continue to implement the childhood immunisation programme, now done jointly with the Highland Council following the integration of children’s services. Following recent high levels of measles cases elsewhere in the UK, we will be promoting uptake of MMR vaccine in the vulnerable 10-14 age group through the
media and school-based booster campaigns. In addition, we will be implementing the four new immunisation programmes in line with national policy. We will be using our schools flu vaccine allocation to vaccinate P6 pupils as per the national programme and any excess will then be used for vaccinating all pupils in P1 – P7 in a few primary schools.

There are a number of other preventative interventions, including the following:

- Diabetic retinopathy screening – photographs taken in primary care that are later checked for any early evidence of retinopathy in people with diabetes
- Anticipatory care plans – putting plans in place that set out how to respond to a deterioration in a person’s health
- Polypharmacy – measures to manage patients who are taking a range of medicines

**Planned expenditure**

We would expect planned expenditure levels in 2013/14 to be similar to 2012/13, with the exception of an expanded immunisation programme. It is relatively straightforward to identify specific preventative funding, but it is difficult to tease out spending on preventative interventions that take place as part of ‘business as usual’. The figures below identify specific preventative funding.

**COMPOSITION OF EFFECTIVE PREVENTION BUNDLE 2012-13**

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Healthy Weight</td>
<td>129,259</td>
</tr>
<tr>
<td>Adult Weight Management</td>
<td>97,555</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>455,000</td>
</tr>
<tr>
<td>Smoking Prevention</td>
<td>98,200</td>
</tr>
<tr>
<td>Sexual Health and BBV Framework</td>
<td>1,170,287</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,950,301</strong></td>
</tr>
</tbody>
</table>

Examples of other specific anticipated funding in preventative measures include (note 2012/13 figures in brackets by way of comparison):

- Additional new immunisation programme - £155,000 (£0)
- Diabetic Retinopathy Screening - TBC (£242,000)
- Anticipatory care plans / polypharmacy - £600,000 (£600,000)
• *Keep Well* - £396,000 (£396,000)
• *AAA Screening* - £161,000 (£137,726)
• *Early Years – Family Nurse Partnership* - £265,000 (£138,966)
• *Detecting Cancer Early* - £636,000 (£318,000)
• *MRSA Screening* - £100,000 (£100,000)
• *Healthy Start scheme* - £29,210 (£29,340)

3. Have you made any assessment of the potential longer term savings from preventative spending? If so, please describe your approach to this modelling.

**Response:**

*NHS Highland*’s approach to the management of the Change Fund for Reshaping Care of Older People has been innovative in seeking to identify a 3:1 return on investment. This represents an attempt to embed two key concepts:

- The Change Fund is a catalytic resource, not simply additional funding
- The relationship between investment and return requires us to understand disinvestment strategies alongside investment plans

To date, it has proven challenging to define a direct relationship between individual project activity and changes in activity (e.g., was it telecare, polypharmacy or re-ablement that averted an admission, or was it the sum of the parts?). Taken as a whole, however, managers have made clear links between Change Fund investment and reductions in emergency admissions and improved delayed discharge performance.

The current challenge is the separation of benefit that this provides in terms of meeting the demographic challenge of an ageing population within a fixed financial envelope; from resource that can be released for investment in further community capacity.

*In line with other public health interventions evidencing costs savings from preventative spend is difficult as many of the benefits are secured only in a medium to long term basis. Decisions regarding investment in preventative programmes are made on the basis of available evidence of effectiveness and cost effectiveness.*

*Preventive programmes are subject to regular monitoring and evaluation and whilst savings are considered when assessing the merits of preventative spending, decisions on whether to proceed with a preventative spending are
normally made around the clinical evidence base for the programme of spending rather than on financial considerations.

4. How are the results of any such modelling reflected in your financial planning?

Response:

The benefits due to the investment in our preventative spend are seen as significantly longer term benefits and as such, are not built into the NHS Highland financial plan.

5. In relation to spending on newly-licenced medicines (whether or not approved by the SMC), please complete the table below:

Response:

<table>
<thead>
<tr>
<th>Year</th>
<th>GP prescribing</th>
<th>Hospital prescribing*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13 (planned)</td>
<td>£317,000(^{a})</td>
<td>£596,000</td>
</tr>
<tr>
<td>2012-13 (actual)</td>
<td>It is not possible to link link prescriptions to indication in primary care.(^{a})</td>
<td>A significant undertaking using current systems. It would require a trawl through pharmacy systems and individual case notes to give accurate figures.</td>
</tr>
<tr>
<td>2013-14 (planned)</td>
<td>---(^{f})</td>
<td>£290K(^{b,c})</td>
</tr>
</tbody>
</table>

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\(^{a}\) This figure includes North NHS Highland only. It does not include Argyll and Bute CHP hospitals as much of the prescribing of these medicines for Argyll and Bute patients will take place in NHS Greater Glasgow & Clyde (GG&C) hospitals and therefore with current systems it would be next to impossible to disentangle costs from within cost of SLAs with NHS GG&C.

\(^{b}\) Based on past experience this figure is set allowing for slippage of 3 months from the date that the SMC sets in its horizon scanning document “Look Forward” plus another 3 months for patient numbers, and therefore cost, to build up from a zero base.

\(^{c}\) In comparison to last year financial year (2012/13) it is estimated that there will be few very expensive new medicines coming to market this financial year (2013/14). And it is likely that any that were not horizon scanned (unknown unknowns) will be balanced by some medicines coming off patent so no provision has been made for the cost of these medicines.
d. This figure was based on medicines highlighted in Forward Look 7 that were likely to have a primary care impact. The figure is for all of NHS Highland (£225,000 for North NHS Highland and £92,000 for Argyll & Bute). This excludes the uptake of other new medicines, not included in Forward Look 7 (North NHS Highland - £540,000 and Argyll & Bute - £150,000). The impact of new medicines used in primary care is usually delayed and gradual.

e. Whilst there are very accurate data about the costs and volumes of medicines prescribed in primary care, these data are not linked to clinical data, for example, indication. Medicines adopted for an indication in any year may already have been recommended by the SMC for other indications previously. Also, some medicines are approved for some indications by the SMC but not for others. Hence, it is not possible to provide meaningful data for this question.

f. For this year, there was minimal anticipated impact on primary care from medicines identified in Forward Look, (approx £10,000). This is very small in primary care terms and may or may not happen, therefore, it was not highlighted specifically. The uptake of new medicines that had been through the SMC process in previous years was identified as a cost pressure.

6. For each individual patient request agreed in 2012-13 (relating to newly-licenced medicines not recommended by the SMC), please complete the table below (please delete the example provided):

**Response:**

<table>
<thead>
<tr>
<th>Request number</th>
<th>Medicine</th>
<th>Therapy area</th>
<th>Actual cost 2012-13&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Planned cost 2013-14&lt;sup&gt;e&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>6 medicines in total&lt;sup&gt;a,b,c&lt;/sup&gt;</td>
<td>Neurology, Rheumatology, Cancer, Respiratory Medicine.</td>
<td>£27,400&lt;sup&gt;d&lt;/sup&gt;</td>
<td>£155,000&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

a. For all IPTRs there was just one patient for each of the six medicines – under Freedom of Information guidelines this level of detail is not released as it could allow identification of individual patients.

b. Does not include ivacaftor funded by Scottish Government for this current financial year.

c. Many more requests were received for expensive off label (unlicensed) use of medicines.
d. Most of the higher cost IPTR medicines were initiated in latter part of the financial year.
e. Full year effects of IPTRs accepted in FY 2013. This expenditure may not be realised as due to clinical reasons not all patients will receive a full year’s therapy.
f. This data includes North Highland and Argyll and Bute CHP Hospitals in NHS Highland.

Reducing inequalities

7. (a) What specific services are aimed at reducing inequalities? (please include details of Keep Well.)

Response:

We are working with our community planning partnerships to ensure a co-ordinated approach to reducing health inequalities. We recognise that while the NHS has a role to play, we need to work in partnership with our public sector partners, the third sector and communities to have an impact in inequalities. The Highland Community Planning Partnership has recently set up a group to develop our approach to reducing health inequalities. We are taking a ‘place-based’ approach to tackling health inequalities in the first instance, targeting our most deprived areas, with a view to trying out some small tests of change in the future. In the meantime, the specific services that we support or deliver include:

**Healthy Highland Homes** – an initiative that provides a one stop shop for information and support on energy efficiency, home fire safety and income maximisation/debt advice.

**Community Health Co-ordinators** – funded through the Highland Council preventative spend initiative, these posts are targeted at specific areas of deprivation. The posts will support communities to build social connectedness, social networks and resilience.

**Family Nurse Partnership** – the FNP provides an intensive, preventive home visiting programme for first time teenage parents to help give children the best start in life.

**Gender-Based Violence** - we provide an extensive multi-agency programme of training for staff on gender-based violence.

**Community Development** – we provide community development officers to work with older people in local communities to support a range of projects and initiatives which help older people stay connected to their communities, gain social support and develop locally based solutions to some of the challenges facing older people in Highland.
Planning for Fairness training – we offer all staff training on equality and diversity through our planning for fairness process. We also ensure that any major service developments are assessed using our planning for fairness framework.

Keep Well – we continue to roll out our programme of cardiovascular health checks in specific geographical areas of NHS Highland as well as targeting vulnerable groups such as gypsy travellers, homeless people and people experiencing substance misuse etc. We do this through our community based services, which link to our health improvement services such as smoking cessation alcohol counselling etc as necessary.

Increasing uptake of Healthy Start scheme – an outcome associated with implementation of the Maternal and Infant Nutrition Framework to 2011-2014

Also worthy of note is the transfer of prison healthcare services (which took place in 2011/12 and is now fully embedded) resulting in improved co-ordination with other services and improved clinical governance. The overall investment has not changed significantly, but a redesign of services has allowed improvements such as increased dental access and improved drug and alcohol services.

In December 2012 NHS Highland took on direct responsibility for police custodial and forensic services in Northern Highland. It is early days but we anticipate some quality improvements arising from this.

(b) What is the level of spending on these services in 2012-13 and 2013-14?

The following specific funding is provided for these services (but again it is worth noting that much of this work is built into mainstream services and is difficult to quantify). The figure for 2012/13 is shown in brackets by way of comparison.

- Keep Well - £396,000 (£396,000)
- Early Years – Family Nurse Partnership £265,000 (£138,966)
- Community Health Co-ordinators - funded by The Highland Council preventative spend £200,000 (£0)
- The funding for prison healthcare services is £554,000 (£554,000) and for forensic and custodial services the agreement with Police Scotland is valued at £623,000

(c) What outcome measures have been identified for these services?
The outcome measures for Keep Well are specified nationally and the Keep Well service is regularly monitored and reports returned to Scottish Government.

Over the coming year as part of the work we are doing with our community planning partners, we will develop a framework for monitoring health inequalities which will include identifying a set of indicators across the partnership.

Outcomes associated with the implementation of the Maternal and Infant Nutrition Framework to 2014 include:

- Increased uptake of Healthy Start vouchers
- Increased uptake of Healthy Start vitamins
- Retailers and wholesalers register with Healthy Start scheme
- The Health and Social care workforce have knowledge, skills and attitudes that support increased uptake of Healthy Start scheme and evidenced through PDP&R
- Third sector partner organisations support increased uptake of Healthy Start scheme

(d) What information is available in relation to these outcomes?

Currently information is available on the cardiovascular health checks delivered through the Keep Well programme. We are working to develop a local ‘dashboard’ on health inequalities which will provide us with additional information in relation to reducing health inequalities.

In relation to Maternal and Infant Nutrition Framework, information includes:

- Scottish Government Healthy Start management data reports
- Audit of uptake of Healthy Start vitamins through Community Pharmacies (pending)

Resource transfer

8. (a) What level of funding will be transferred from your budget to local authorities in 2013-14 (i.e. resource transfer) and what services will these funds help deliver?

Response:

NHS Highland has entered into Partnership Agreement with The Highland Council around the integration of Adult Social Care into the NHS. As a result,
resource transfer in its traditional sense no longer applies, as all of the resources in respect of Adult Social Care have transferred to the NHS (see below)

As part of the agreement, The Highland Council has assumed responsibility for non-specialist children’s services and as a result of this, £7.6m has transferred across to provide the services previously managed by the NHS.

In respect of our Argyll & Bute Partnership, £4.66m is the resource transfer budget and this will be used to support the ongoing delivery of community services in three areas; learning disabilities, mental health and older people’s services

(b) What level of funding will be transferred to your budget from local authorities in 2013-14 and what services will these funds help deliver?

Response:

As highlighted in a) above, the amount transferred to NHS Highland in respect of adult social totals around £86m. This is to fund delivery of a wide range of Adult Social Care Services. The statutory responsibility for these services remains with The Highland Council, but under the Partnership Agreement the delivery of these services has been delegated to NHS Highland. To facilitate this, the staff delivering these services were transferred from The Highland Council to NHS Highland in 2012/13. The services that are being delivered using this funding include Community Care (including day care and day centres), Residential Care, Care at Home and associated business support.

Equalities

9. Can you provide any specific examples of how consideration of equalities issues has influenced budget decisions?

Response:

The requirement on all staff to undertake a Planning for Fairness assessment (the NHS Highland approach to equalities impact assessment - EQIA) means that all service development and redesign, as well as all policies and protocols, should be explicitly considered from an equalities perspective. As part of this, a plan to mitigate any potentially negative impact on equalities issues has to be developed, and any opportunity identified to promote equalities is to be taken.

At a more strategic level, we are eager to explore budgetary allocation issues from an equalities perspective although the lack of data limits this at the present time. Over time, as we address these data gaps, a wider, cross-
system analysis of how our budgetary framework aligns with equalities issues will be more feasible.

The need to provide communication support for people for whom English is a second or alternative language has impacted significantly on our interpretation budget which has increased 146% since the year 2007/08.

Sustainable development

10. Can you provide any specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions?

Response:

NHS Highland has recently completed the Carbon Trust’s Carbon Management Revisited programme which produced a new Carbon Plan with funded projects to reduce our carbon footprint by 30% over the next 5 years. This ambition has been greatly assisted by approval of funding from the Scottish Government that is allowing installation of a biomass generator at Raigmore Hospital and completion of the roll-out of biomass generators to all our community hospital sites.

This commitment to sustainability is led by the board. The carbon and sustainability group is chaired by a non-executive director of the board and reports directly to the board twice a year.

In addition to this paradigm shift in performance there is a concerted push to alter behaviour both in the areas of energy management and waste. Despite the geographical challenges of introducing recycling schemes we have managed to do so.

In addition to this NHS Highland is incorporating low carbon technology into our new build, having used combined ground / air source heating systems - the first installed in Highland. We have also championed the use of super insulted timber framed construction, ensuring the best possible thermal performance on our new build projects, with the timber all sourced from sustainable forestation.