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)

- **The Low Secure Forensic Unit, Stratheden Hospital.** This facility will provide accommodation for up to 10 patients requiring low secure mental health accommodation and treatment. Currently this service is provided via the private sector out-with NHS Fife.

- **The Learning Disabilities Unit at Lynebank Hospital.** This is a custom-made unit within the Lynebank hospital site to accommodate high risk patients with complex health needs. Currently, this treatment is provided in England.

- **Capacity Plan.** In 2013/14 NHS Fife anticipates a continued increase in activity within hospital based services, arising from underlying growth and increased challenges to meet waiting times targets (particularly from the Treatment Time Guarantee) placing further demands on services. The Health Board has therefore committed £2.2m in 13/14 (rising to £2.7m in future years) into a range of services to increase capacity to ensure service demand can be met timeously.

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

There are no services currently identified as a priority for funding. Any priorities identified through the year will however be reviewed in anticipation of the next financial plan later in the financial year.

(c) you have withdrawn in 2013-14 (and why?).

No services are expected to be withdrawn in 2013/14.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.)

As in prior years, a full range of health promotion activities are included within the budget for 13/14, including: Keep Well (£638k); Smoking Cessation
(£462k); Smoking prevention (£104k); Dental Action Plan & Childsmile (£1.1m), Child Healthy Weight (£139k), Adult Weight Management (£104k), Sexual Health and BBV Framework (£1,297k). These figures are broadly consistent with 12/13.

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

Whilst NHS Fife anticipates improvements to the health of its population from investment in promotional activities, a prudent approach to the financial benefit is taken, and no assumption of cost reductions are included in plans in subsequent years.

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

No specific benefits are reflected in financial modelling.

Access to new medicines

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

<table>
<thead>
<tr>
<th></th>
<th>GP prescribing</th>
<th>Hospital prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13 (planned)*</td>
<td>-</td>
<td>£561k</td>
</tr>
<tr>
<td>2012-13 (actual)**</td>
<td>£20k</td>
<td>£271k</td>
</tr>
<tr>
<td>2013-14 (planned)**</td>
<td>-</td>
<td>£1,151k</td>
</tr>
</tbody>
</table>

* The NHS Fife Financial Plan for 2012/13 identified an anticipated growth in expenditure arising from newly licensed medicines of £561k. The total is shown against hospital prescribing, however this projection includes costs associated with GP prescribing also. Some drug costs will be initiated in the Hospital before transferring to Primary Care, therefore a breakdown of the planned spend between hospital and primary care is not possible.

** Actual costs in NHS Fife reflect those medicines approved by SMC since April 2012. Note that the expenditure shown may include drug costs for other previously approved indications, however it is not possible to separate the costs of drugs for each indication and therefore the total spend on those drugs is shown.

*** The planned expenditure for 13/14 is the total provision identified to meet the cost of newly-licensed medicines in 13/14. The total provision is again shown against Hospital prescribing for reasons noted above.

The additional funding set out in the table above relates only to newly licensed medicines. Additional provision is also made for growth in medicines
expenditure arising from price and volume growth, and additional costs from SMC approvals in prior years.

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):

<table>
<thead>
<tr>
<th>Request number</th>
<th>Medicine</th>
<th>Therapy area</th>
<th>Actual cost 2012-13</th>
<th>Planned cost 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Nil</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All IPTRs in Fife have been for less than 5 patients in total, and FOI guidance recommends that this information is not released as this may lead to individual patient identification. Individual Patient Treatment Requests have been made within NHS Fife, and all those requests which have incurred cost in the last financial year relate to medicines recommended by SMC. An IPTR has been granted in 12/13 for the use of Brentuximab (which is not recommended by SMC), however no cost has been incurred against this.

Reducing inequalities

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

NHS Fife provides a wide range of services aimed at reducing inequalities within the Fife population. A number of these programs are highlighted below.

The Health and Wellbeing Alliance specifically focuses on a range of projects targeted at areas including vulnerable pregnant women, children, young people and families.

The Fife Alcohol and Drug partnership (ADP) delivery plan for 2012-15 recognises the challenge of tackling health inequalities and are committed to targeting ADP groups and communities.

The Effective Prevention program in Fife includes a number of services supporting the reduction in inequalities, including Child Healthy Weight, Adult Weight Management, Smoking Cessation, Smoking Prevention, and Sexual Health.

The Early Years Collaborative has created an Implementation Action Plan designed to support areas such as Maternal and Infant Nutrition.
NHS Fife is currently within the Learning Phase of Family Nurse Partnership Programme (FNP). FNP works specifically with young parents (<19) many of whom tend to live in areas of higher deprivation and may be less likely to engage with antenatal services. FNP promotes inclusion specifically of those with the lowest psychological resources.

**Keep Well**

The National Keep Well programme aims to reduce health inequalities, reduce the risk of Cardio Vascular Disease (CVD) and improve mental health and wellbeing in targeted populations.

Eligibility for Keep Well is by age 40-64 years and by area deprivation as identified by SIMD 09 quintile 1, the 20% most deprived. Additional vulnerable groups identified in the National programme (Black, African Caribbean, South Asian ethnic sub groups, gypsy/travellers, offenders, the homeless and those suffering substance misuse) are included from age 35 years irrespective of postcode.

In Fife Keep Well health checks are delivered by a centralised team covering the whole of Fife. Health checks are offered in community venues and by outreach events and mobile clinics and also in community pharmacies.

Following assessment clients are referred where appropriate to a range of services designed to help them achieve their personal goals, such as smoking cessation, alcohol, drug, financial or employment advice or carer support etc.

Services have been commissioned for exclusive use of Keep Well clients; with Fife Sport & Leisure Trust (FSLT) to provide exercise opportunities and with Link Living to provide guided self-help for those experiencing mild to moderate Anxiety & Depression. These interventions can improve a wide range of health and wellbeing issues.

NHS Fife has consistently met its agreed target of health checks since introduced in 2008. The target of 2100 completed health checks for 2012-13 has also been surpassed. To date a total of over 13,500 health checks have been completed.

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

NHS Fife works in partnership with Fife Council on the Health and Wellbeing Alliance and contributes £327k per annum to the overall health inequalities funding program, which totals just over £1m within the Alliance.

In relation to the ADP spend, approximately £4.3m is allocated annually to support specific education, prevention and treatment programmes.
Total resources allocated to the Effective Prevention programme were £2.105m in 12/13.

The total allocation for the Keep Well program in 12/13 was £638k.

The total investment in the Maternal and Infant Nutrition program in 12/13 was £190k.

The Family Nurse Partnership received an allocation of £286k in 12/13.

Expenditure in the new financial year is expected to be in line with existing allocations.

(c) What outcome measures have been identified for these services?

For Keep Well, 5 high level National Reporting Indicators are reported quarterly to the Scottish Government. [Keep Well Extension Programme Reporting and Governance Arrangements 2012-2015. Section 2.2 National Reporting Indicators. NHS Health Scotland, March 2012]

For Health and Wellbeing, individual outcomes have been agreed for each project.

The ADP has a total of nine nationally defined outcome measures.

All other projects have a range of outcome measures against which the success of the individual programmes can be measured.

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

Health and Wellbeing projects are required to complete a standard pro-forma which will describe the activities supporting the delivery of the programme, the outcomes which are anticipated from these activities and the evidence to demonstrate achievement.

For the ADP, a range of local indicators have been developed to measure the achievement of the nationally defined ADP outcomes.

Keep Well – The table below shows the outcomes by SIMD for period 1/4/12-31/3/13.

The Keep Well programme was successful in engaging 95% of all health checks from those living in the most deprived quintile in Fife. The remaining 5% of health checks completed were on individuals vulnerable due to ethnicity or lifestyle choice.
Further detail on the information in Table 1 is available along with additional outcomes if required.

Other projects report back to local groups on the performance against the defined outcome measures.

**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?

Funding of £16.4m will be transferred to the local authority to cover the cost of Resource Transfer Agreements. This funding covers the cost of hospital places transferred from NHS Accommodation for Elderly, Learning Disability and Mental Health Service patients.

NHS Fife also transfers £1.9m to Fife Council in respect of contributions to Nursing home places and other community 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?

A total of £2m will be transferred to the NHS from the local authority, to meet costs associated with delayed discharges.

**Equalities**

9. Can you provide any specific examples of how consideration of equalities issues has influenced budget decisions?
All NHS activities are subject to Equality Impact Assessments. Outcomes are monitored through the Board’s routine performance monitoring arrangements.

**Sustainable development**

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

In recent years NHS Fife has given significant focus to reducing carbon emissions. To this end, the Board has been successful in securing additional funding to support the installation of new laundry driers on the Victoria Hospital site, and decentralised boilers at the Lynebank and Stratheden sites. These new capital investments will deliver benefits in reduced energy costs and will support the reduction of the carbon footprint of NHS Fife.

The development of the new Glenwood Health Centre is designed using BREEAM (an environmental assessment method and rating system for a building’s environmental performance) guidance to achieve an excellent rating.