

Health and Sport Committee: Health Board Survey 2020**Budget Scrutiny: Health Boards**

1. Which Health Board are you responding on behalf of?

NHS Highland

2. Please state your **revenue** budget as at the start of the financial year

£899,284,000

3. Please confirm any revisions to your **revenue** budget, indicating:

- (a) Changes due to additional COVID-19 funding (split between health and social care)

See below - position as at 07.07.2020

- (b) Changes for other reasons (please provide details)

See below – position as at 07.07.2020

	Revenue budget £m
Initial position (as agreed pre-Covid)	899.284
Additional COVID-19 funding – health <i>General Practice Covid Costs (pending Allocation)</i>	1.117
Additional COVID-19 funding – social care <i>Covid 19 Integration Authority Funding</i> <i>Scottish Living Wage Uplift</i>	3.242 0.278
Other changes (please detail) <i>NHS Board Contribution to Funding of PASS Contract</i> <i>TEC Programme Funding to support Support Digital Programmes Locally</i> <i>Child Healthy Weight</i> <i>Neonatal Expenses Fund Allocation</i>	-0.037 0.071 0.118 0.039
Revised budget position	904.112

4. Please provide details of how additional COVID-19 funds have been used. Please include details of funding transferred to local government for integration authorities and additional health board contributions to integration authorities.

£1.021m was transferred to Argyll and Bute Health and Social Care Partnership.

£2.428m was retained by NHS Highland as lead agency for the Adult Social Care in the Highland Health and Social Care Partnership.

Funding sought but not yet confirmed for the following:

- *GP funding paid directly by PSD to GP Practices*
- *Step up and resourcing of 14 COVID assessment centres*
- *Care at home and care home costs including at spot rates.*
- *Additional community hospital capacity*
- *Distribution hub for PPE*

5. As a result of the pandemic, please indicate:

- a. The main three areas of additional spending:

- *Additional temporary staffing*
- *Payments to providers of adult social care services*
- *Payments to GP practices*

- b. The main three areas of reduced spending:

- *Drugs*
- *Surgical instruments and sundries*
- *Travel & Subsistence*

The reduced spending in many of these items is a temporary reduction and is expected to increase as the waiting time positions recover.

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

Reduced spend:

As a result of "Near me" and other virtually provided care that have been accelerated due to the pandemic, the reduction in travel and subsistence costs may continue.

We don't anticipate longer term spending changes on drugs and surgical instruments and sundries, and expect these to return to normal levels as services remobilise.

Increased spend:

We anticipate that the three main areas of overspend will continue at a level higher level than previously budgeted for as the service develops the next remobilisation plan. However the planning of this is in the early stages at the moment so it is not possible to provide detailed costs.

The overall cost of the new business as usual is not currently known and detailed work is being carried out to calculate the future costs of the revised service models going forwards.

7. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

The three indicators that have been most heavily impacted by COVID-19 are:

- Diagnostic tests – Endoscopy and Radiology (U/S, MRI / CT)
- Cancer 62 day performance
- Number of patients waiting over 12 weeks for treatment from date to decision to treat (TTG)

Mitigating actions and anticipated performance:

Diagnostic tests – Endoscopy and Radiology (U/S, MRI / CT)

Additional capacity secured through Scottish Government to temporarily increase capacity to reduce numbers waiting. Plan is to return to pre Covid performance levels by end of March 2021

Cancer 62 day performance

Mitigating actions for Diagnostic tests will help improve the position relating to the 62 day cancer performance. Additional capacity for surgical procedures are also being sought and prioritisation is being given to this group of patients across NHS Highland. Return to pre Covid performance levels are anticipated by November 2020.

Number of patients waiting over 12 weeks for treatment from date to decision to treat (TTG)

NHS Highland has well developed plans to step-up activity for new outpatients and treatments to achieve 80% of pre-covid activity by the end of July 2020.

Further recovery plans are currently in draft and due to be submitted for consideration to Scottish Government shortly.

These plans will aim to return NHS Highland to an improved performance position in relation to the Pre-Covid position.

Progress review against these plans will be governed by the Performance Recovery Board.

8. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q7.)

It should be noted that NHS Highland have relied on non-recurring funding to deliver improved performance in these areas in previous years and were in discussions with the Scottish Government Access Division at the time of the pandemic. Additional funding will once again be required alongside the transformation and remodelling of services post Covid 19 to allow acceptable waiting times to be delivered.