December 2011

Dear Duncan,

2012-13 Draft Budget

At the meeting of the Health and Sport Committee on the 8 November, I undertook to provide additional information to support the Committee’s scrutiny of the 2012-13 Draft budget.

Best wishes,

NICOLA STURGEON
1. A breakdown of the £500 million for the changes funds.

Change Fund for older people’s services
- The fund currently amounts to £70 million within the NHS budgets. This will increase to £80m / £80m / £70m within NHS budgets supplemented by funding of £20m / £20m / £30m from local authority partners.

Early Years and Early Intervention Change Fund
- Aimed at building upon evidence-based interventions to give our children the best start in life. The resourcing of this fund will be provided by NHS budget existing targeted commitments expected to be (£36m / £39m / £42m) (the numbers have been very slightly refined since the figures I provided to the Committee of (£35m / £38m / £41m)) and local authorities (£20m / £35m / £50m) working together to agree their local contributions and achieve maximum impact and value for money.
- As a central contribution to this, the Scottish Government will provide £50 million (£10m / £15m / £16m / £9m) of resource over the parliamentary term through the Sure Start Fund component of the Scottish Futures Fund.

Reducing Reoffending Change Fund
- Created to bolster those interventions that we know can reduce reoffending. The Scottish Government is providing £2m / £3m / £3m in each year of the spending review period.
- This work will take account of the particular contribution that can be made by third sector providers. The fund will expand the coverage and impact of those interventions with a proven track record in reducing reoffending, as well as supporting innovation. This will help shift the focus of services, to get the correct balance between proactive and reactive services, as part of the next phase of the Government’s Reducing Reoffending programme.

2. To provide the Committee with more detail on how the family- nurse partnership programme will be evaluated and how decisions on roll-out will be made.

Aims and objectives of the evaluation
The overall aim of the evaluation is to assess the implementation of the FNP programme in Edinburgh, and to use the learning from this to assess whether the programme can be implemented in other areas of the country.

The evaluation focuses on these broad questions:
- Is the programme being implemented as intended? If not, why not?
- How does the programme work in Scotland (Lothian)?
- How do Nurses, clients and the wider services respond to the programme?
- What are the implications for future nursing practice?
- What factors support or inhibit the delivery of the programme?
- What is the potential for FNP to impact on short, medium and long term outcomes relevant to Scotland?

Monitoring and evaluation framework
The evaluation combines analysis of quantitative monitoring data collected by NHS Lothian on the experiences of all 148 FNP clients, and qualitative data collected by ScotCen (the external evaluation team) on a smaller sub-sample of clients interviewed at regular intervals as they progress through the programme.
It was agreed that the internal monitoring and external evaluation of the test site in Edinburgh for FNP would:

- distil learning on FNP delivery in Edinburgh, including the barriers faced
- explore views on the skills, systems and infrastructure believed to be necessary to implement the programme, and challenges faced in achieving these; and
- contribute to national learning on how the programme (or aspects of it) might be used in the future.

**Detail of data collected**

There is a wide range of data collected to support the clinical application of the programme, and to allow for monitoring against the fidelity measures which are part of the licensing agreement. The programme is delivered in 3 phases, some of the core data collected in each phase are:

**Pregnancy phase**

- Gestation at recruitment;
- Smoking at booking and at various stages throughout the pregnancy;
- Alcohol and drug use at various stages throughout the pregnancy;
- Details on relationships;
- Intended baby feeding method;
- General health and wellbeing (of mother)
- Family income;
- Family circumstances
- Mother’s mental health;
- Self-efficacy baseline measurement
- Qualifications;
- Residence.

**Infancy phase (birth to age 1)**

- Weight of baby (at various stages);
- Gestation at birth;
- Time in SCBU;
- Smoking;
- Alcohol and drug use;
- Chosen baby feeding method, including weaning;
- Family circumstances;
- Details on relationships;
- Attendance at A+E (for baby);
- Mother’s mental health;
- Qualifications;
- Residence.

**Toddlerhood (1 to age 2)**

- Child development;
- Smoking;
- Alcohol and drug use;
- Family circumstances;
- Details on relationships;
- Attendance at A+E (for baby);
- Self-efficacy measure;
- Qualifications;
- Residence.
Roll out across Scotland – process

There are 4 phases within the licensing agreement:

- Preparation phase (pre-implementation)
- Learning phase (post implementation)
- Small Scale Permanance
- Large Scale Permanance (Scotland does not currently hold the licence for this yet)

We are starting an even earlier stage ‘pre-preparation phase’. All NHS Boards will be asked to complete a self-assessment template to show their readiness for FNP. The areas covered will be:

1. Population Need
2. Motivation and willingness
3. Knowledge and understanding of the FNP programme
4. Efficacy
5. Support at senior levels
6. Sustaining FNP in the future

Each area will be asked to ‘rank’ themselves on each of these areas. A panel consisting of David Olds, Gail Trotter (National Implementation Lead), Chief Nursing Officer (Ros Moore), potentially a lead from Department of Health, England, will assess each site’s readiness based on what they have put on the forms.

We will increase the capacity to reach 3 times as many families within the next 2 years (end 2013). NHS GGC is the only named Board that will be in place within that timeframe. We will work closely with other Boards, to, potentially, bring FNP to another 4.

We will work with the remaining Boards, and existing Boards, gradually bringing new Boards on stream to deliver the programme over time.

3. Dr Simpson MSP sought additional information on the “NHS deflator”.

In addition to the 2012-13 figures that I set out on 8 November I also agreed to provide a high-level analysis of the main NHS Boards main cost pressures set against proposed uplift increases beyond 2012-13. You will appreciate that the cost pressures estimates are based on current information and assumptions and as such are subject to change.

<table>
<thead>
<tr>
<th>Items</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Uplift</td>
<td>£214</td>
<td>£206</td>
</tr>
<tr>
<td>2. Pay</td>
<td>(54)</td>
<td>(50)</td>
</tr>
<tr>
<td>3. Drugs</td>
<td>(90)</td>
<td>(90)</td>
</tr>
<tr>
<td>4. Non-pay</td>
<td>(34)</td>
<td>(34)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>36</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

The position after recognising estimated demographic and technology cost pressures is that Boards will require to make savings of between 1.5% and 2%.
4. To provide more detail on NPD projects.

In order to support investment in major hospital developments, the Scottish Government has made available revenue funded through NPD to support construction costs of £750 million. Some of the major projects seeking approval over the next few years through NPD are:

- NHS Ayrshire & Arran – North Ayrshire Community Hospital.
- NHS Dumfries & Galloway – re-provision of services at Dumfries & Galloway Royal Infirmary.
- NHS Lothian – re-provision of services for the Royal Hospital for Sick Children and Department of Clinical Neurosciences in Edinburgh.
- NHS Orkney – re-provision of services at Balfour Hospital in Kirkwall.
- NSS Scottish National Blood Transfusion Service – rationalisation of five properties sited in Edinburgh and Glasgow.

The arrangements for funding NPD projects were set out in a letter to NHS Boards on 22 March 2011. This can be accessed at: [http://www.pfcu.scot.nhs.uk/news.html](http://www.pfcu.scot.nhs.uk/news.html)

The arrangements for the funding of Unitary Payments as contained in the guidance can be summarised as follows:

<table>
<thead>
<tr>
<th>Cost Element</th>
<th>SG</th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital and Financing</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Hard FM</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Lifecycle Maintenance</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Private Sector Devt costs, SPV Costs and Insurances</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Public Sector Project development costs</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

5. To provide a detailed report on the Falls Strategy

National Falls Work Report – November 2011

1 The National Falls Programme (2009-2012)

The National Falls Programme is part of the Delivery Framework for Adult Rehabilitation in Scotland (2007), and is led by the Chief Nursing Officer Directorate of the Scottish Government. A Programme Manager works with a network of CH(C)P Falls Leads in NHS Boards, Rehabilitation Coordinators and other key stakeholders, to support partnerships to develop local falls and fracture prevention care pathways for older people in the community, as outlined in the 2010 NHS Quality Improvement Scotland resource, "Up and About".

Five major pieces of work are underway currently:

A. Mapping of falls and fracture prevention services for older people living in the community

Between May and October 2011, CH(C)P Falls Leads completed a mapping focusing on falls and fracture prevention services for older people living in the community. The aim of the exercise was to:
• identify the extent to which recommended practices are built-in to the wider systems of care for older people in Scotland
• capture good and promising practice as well as gaps in service provision
• identify developments and changes since a previous mapping in 2009

The findings will inform local decisions on the provision, organisation and development of services for older people, including decisions on Change Fund spending. A report will be available in December 2011.

**B. The introduction of falls ‘bundles’ in the community setting**

Falls ‘care bundles’ will be introduced in the community setting to enable services to monitor and improve the quality and effectiveness of the care they provide. The bundles aim to ensure that core assessments and interventions are delivered consistently and in line with current guidance. This approach will also reduce the opportunity for omission of key elements of falls prevention, which are considered essential.

The bundles approach will be tested in NHS Fife from early 2012.

**C. Cost benefit analysis of fall and fracture prevention in the community**

The Falls Programme has commissioned this analysis to support the implementation of the bundles referred to in (B) above. The evaluation will:

• identify the benefit from the bundles approach in terms of potential falls and fractures avoided, bed days saved, care home placements avoided and long term financial savings to the NHS and local authorities
• estimate the additional resources and costs required to manage the additional fallers referred into services
• provide a net cost benefit analysis by comparing the costs required to the cost avoided from fewer falls.

**D. Falls prevention and management - care homes for older people**

In June 2011, the Minister for Public Health, Michael Matheson MSP, launched a new resource - ‘Managing falls and fractures in care homes for older people’ and all care homes for older people in Scotland were issued with the resource along with a related DVD on falls awareness. The resource was developed by the National Falls Programme in partnership with the Care Inspectorate. It supports care sector staff to assess how well and to what extent falls prevention and management and the prevention of fractures is being addressed in their care home settings, and provides practical help, direction and guidance to improve falls prevention on an ongoing basis.

An evaluation to measure the impact of using the resource is underway currently. The initial findings should be available in January 2011.

**E. Developing falls pathways from acute and urgent care services to assessment and rehabilitation services.**

Falls cases are the largest single presentation to the Scottish Ambulance Service (SAS), with over 35,000 presentations each year. Of those that are not conveyed to hospital (around 15-20%), many will be at risk of further falls. By developing local referral pathways with SAS and Community Alarm/Telecare Services, we aim to improve access to assessment and rehabilitation, early post fall, to enable the individual to retain or restore independence and help prevent further falls.
2. Falls prevention in hospitals (this is not currently part of the National Programme above)

Background
In May 2009, as part of Leading Better Care, the Falls Clinical Quality Indicator (CQI) was formally ratified and launched. As part of Leading Better Care, all NHS Boards were tasked to implement the falls CQI along side the two other CQIs of Pressure Area Care and Food Fluid and Nutrition in all appropriate in-patient areas by December 2010.

What are Clinical Quality Indicators (CQIs)?
CQIs are evidenced based indicators that support the measurement of the quality, safety and reliability of care. CQIs focus on quality improvement rather than a measure of performance. The original CQIs were process indicators which measure aspects of nursing / midwifery care, such as assessment and interventions. We are currently reviewing and revising all three CQIs to include outcome indicators.

Why did we need Clinical Quality Indicators?
- Audit Scotland (2002) reported on limited availability of information on impact of nursing on quality
- Audit Scotland (2007) – acknowledged progress but challenges for national quality indicators
- CQIs were developed to identify nurse specific measures that have impact on quality of care and patient experience

How do the CQIs support SCN's, SCM's and Team Leaders?
They can use them as a tool to understand, measure, monitor and improve the quality of care in their clinical setting and to make and implement improvements in their process, and subsequently, the care that is delivered

As of August 2011, 789 in-patient wards across NHS Scotland have implemented and are using the Falls CQI to improve and change practice.

6. To provide more detail of the work of the Scottish Government on cycling and cycling pathways.

I undertook to send details to the Committee on what discussions had taken place or could take place with the Cabinet Secretary for Finance, Employment and Sustainable Growth regarding the budget available for cycling and cycle pathways. I have also included the wider points on active travel generally.

During budget negotiations there were many meetings at Cabinet Secretary level which are still ongoing, and as the Committee will recognise in what is the most difficult Spending Review to date, the Westminster imposed reductions last year of £1.3 billion followed by a 36% reduction in the capital allocation this year has meant that difficult decisions have had to be taken.

However, when promoting cycling and active travel we are not starting from scratch. Since 2007, substantial investment of £83m has been made in cycling infrastructure and promotion, and this provides an excellent platform for promoting behaviour change into the future. Given budget constraints, the focus now must be on encouraging the use of infrastructure. We have some 2,000 miles of National Cycle Network (NCN) in Scotland and as well as developing it further, we need to maximise its value and potential as a national resource. For example, earlier promotions by Sustrans have generated over 40 million trips on the NCN in 2010 – up from 28 million in 2007. We need to continue to promote this already available resource ever further.

Also, for the past 12 years, local authorities have received funding for Cycling, Walking and Safer Streets projects to help create the right environment for local active journeys. For the last two years we have asked LAs to spend at least 36% of this grant funding on cycling projects and this has seen a rise in cycling investment. Progress is not all about budgets, and not all about central
Government funding. Many other contributions are needed – from Local Authorities, from communities, employers, schools and individuals, to change behaviours as well as develop facilities.

Relevant to the business of this Committee is the recently launched first section of the Copenhagen-style segregated path from Bridgeton Cross, which when completed will connect to the new National Indoor Sports Arena housing the Sir Chris Hoy Velodrome and the main Commonwealth Games stadium at Celtic Park. This new cycleway was funded as part the “Smarter Choices Smarter Places” behaviour change programme in Glasgow’s East End – an initiative built very much on partnership and something we will need to develop further in the coming years.

As outlined by the Cabinet Secretary for Infrastructure and Capital Investment at a recent Committee session, there will be £50 million over 4 years available for investment in Transport projects as part of the Future Transport Fund. Funding for active travel projects will be considered from that Fund.

In taking the agenda forward, we will continue to support the development of cycling infrastructure and promotion, working closely with all stakeholders. Delivering on the Cycling Action Plan for Scotland remains key to our policy around sustainable transport, and we remain committed to our vision of a 10% modal share for bikes by 2020.