

Borders NHS Board



PROVISION OF 2018/19 RING-FENCED RESOURCE TO THE INTEGRATED JOINT BOARD

Aim

The aim of this paper is to request the Board to formally agree the conditions attached to the provision of £2.1m of a ring-fenced non recurring resource, to the Integration Joint Board for 2018/19.

Background

An Integrated Care Fund (ICF) was introduced in 2015/16 ring fenced from the baseline of NHS Borders funding, to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen the approach to tackling inequalities.

The “*Integrated Care Fund – Guidance for Partnerships (Scottish Govt. 2014)*” – stated that the Integrated Care Fund should be used to test and drive a wider set of innovative and preventative approaches in order to reduce future demand, support adults with multi-morbidity and address issues around the inverse care law, where people who most need care are least likely to receive it.

It went on to say that the use of the ICF should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions.

In Scottish Borders ICF allocation was £6.3m for the period 2015/16 to 2017/18. This three year funding ceased in 2017/18, reverting to NHS Borders base allocation in 2018/19.

It was proposed at the Board meeting on the 5th April 2018 that this should be utilised to aid balance of the financial position but following discussion the Board agreed that in 2018/19 this resource should be passported to the IJB for a further year on a non recurring basis and with conditions attached that would generate benefit in line with the original purpose, but with specific recognition of service pressure.

Assessment

NHS Borders Board is asked to agree that the following conditions are placed upon the use of a ring-fenced resource:

- Investment of the resource must be in line with the strategic commissioning plan and weight given within that to the key priority areas of reducing delayed discharges and unscheduled admissions.
- Projects must have a positive measurable impact on delayed discharge numbers and occupied bed days.

- Projects must deliver change which will result in reduced costs.
- Projects must be evidence-based. Baseline data should be collected and agreed before a project is implemented and they must provide quantifiable and measurable change
- Funding for each project will be non-recurring and each project must have a clear exit strategy

Funding allocation to projects

Resources for projects will be considered by the Executive Management Team of the Health & Social Care Partnership, who will make recommendations to the Integrated Joint Board for final approval.

Reporting / Governance Arrangements

Quarterly progress reports on projects and the overall ICF will be provided for the IJB Strategic Planning Group, the Integration Joint Board and to NHS Borders Board and Scottish Borders Council.

Recommendation

The Board is asked to **approve** the provision of new resource, on a non-recurring basis and with the specific conditions as described.

Policy/Strategy Implications	National Policy and in line with shifting the balance of care.
Consultation	Discussion at NHS Borders Board.
Consultation with Professional Committees	Included in the report
Risk Assessment	Included in the report
Compliance with Board Policy requirements on Equality and Diversity	Complete
Resource/Staffing Implications	Included in the report

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

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