

Borders NHS Board



CONDITIONS ATTACHED TO THE PROVISION OF NON RECURRING RING-FENCED RESOURCE TO THE INTEGRATION JOINT BOARD IN 2018/19

Aim

At the request of the Chair of the Integration Joint Board (IJB), NHS Borders Board is asked to waive the conditions attached to the uncommitted balance, estimated at £0.8m, of the ring-fenced non recurring resource provided 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. This was 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. The use of the ICF should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions.

In Scottish Borders the 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 agreed at the Board meeting on the 5th April 2018 that in 2018/19 this recurring £2.1m 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 NHS service pressures. The conditions agreed at the Board meeting on 28th June 2018 are detailed below:

- 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.

Quarterly reports on projects and the overall funding were requested by NHS Borders Board.

On the 30th August 2018 the Chair of NHS Borders Board received a letter from the Chair of the IJB (copy attached) requesting that the conditions detailed above be loosened or removed for the uncommitted balance of the fund, approximately £0.8m.

Assessment

At the NHS Borders Board Development Session on the 6th September 2018 the Board discussed the non recurring ring fenced funding provided to the IJB. Two key issues were raised:

- The conditions – It was agreed that the conditions remain valid and feedback from the IJB confirmed that the projects agreed to date from the fund comply with these conditions. At the request of the IJB and in the spirit of partnership working the Board is recommended to waive the conditions for the remaining uncommitted balance, approximately £0.8m, of the 2018/19 fund.
- The provision of resource on a non recurring basis – The Chief Officer suggested that to support longer term planning and maximise the benefit from the ring fenced resource NHS Borders Board commits to providing the £2.1m resource recurrently to the IJB. To date no information on the impact of the projects approved from the fund has been provided to NHS Borders Board and evidence is required to support continued investment. It is recommended the Board defers any decision on the provision of the fund recurrently until details of the impact of its use are provided.

Recommendation

The Board is asked to:

- **Agree** to waive the conditions attached to uncommitted non-recurring resource, approximately £0.8m, provided to the IJB in 2018/19.
- **Defer** any decision on the provision of a ring fenced resource on a recurring basis to the IJB until details of the impact of the fund is provided.

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| 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 |
|--------------|---------------------|------|-------------|
| Carol Gillie | Director of Finance | | |

Author(s)

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Date 30 August 2018
Your Ref
Our Ref SM/IB
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Dear John

INTEGRATED CARE FUND

At the Integration Joint Board (IJB) meeting held on Monday 20th August, the matter of the Integrated Care Fund (ICF) was the subject of considerable debate and disquiet. As you are aware, NHS Borders agreed to pass over the sum of £2.351M from core NHS funding to the IJB but, unlike the other territorial boards that have passed over their full amounts unconditionally, NHS Borders made the fund transfer subject to 5 conditions. The members of the IJB expressed the view that these conditions were too restrictive and that concentrating on delayed discharges alone would prevent the IJB from being able to use other levers to force change in other areas which could also reduce pressure across the system, in the future.

The four proposals made to the IJB for IC funding each fulfilled the 5 conditions and, because of the urgent nature of the schemes to affect the matter of delayed discharges in time for the coming winter, the IJB voting members were content to accept the transfer of funds amounting to £1,569,579 which would be sufficient to cover these proposals.

There is, therefore, an amount of money left with NHS Borders totalling £781,421 which the IJB expects to be passported to the IJB.

IJB members cannot accept restrictive conditions on the remaining amount. Without this funding, the IJB will be unable to facilitate any future proposals which will alter the balance of care provided to the population of the Borders.

I would invite you to take this matter back to the Board of NHS Borders to see if is possible to either loosen the restrictions or to remove them altogether.

Yours sincerely

A handwritten signature in black ink, appearing to read 'S Mather', with a short horizontal stroke at the end.

Stephen Mather
Integrated Joint Board Chair