

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 23 April 2018

Report By	Robert McCulloch-Graham
Contact	Robert McCulloch-Graham
Telephone:	01898 925528

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP FINANCIAL
PLAN 2018/19**

Purpose of Report:	This report seeks approval of the financial plan for the Scottish Borders Health and Social Care Partnership for financial year 2018/19. The proposed IJB budget for 2018/19 currently totals £168.4m, comprising £122.528m from the NHS including set aside and £45.839m from SBC. In total resources available to the IJB will increase by £0.950m from the comparable position in 2017/18, including the former ICF and Social Care Fund monies. The plan however requires a significant level of efficiency savings totalling £9.883m, of which £5.2m are currently unidentified. Proposals to bridge this gap will be submitted to the Board of NHS Borders in June 2018 and will subsequently be shared with the IJB. Scottish Borders Council & NHS Borders are liable for all expenditure incurred by the Partnership against respective budget contributions.
Recommendations:	The Health and Social Care Integration Joint Board is asked to approve the report on the 2018/19 Health and Social Care Financial Plan and ask that a report is brought to the June 2018 meeting with details of how the unidentified savings requirement will be addressed, recognising that plans to deliver £5.2m of savings remain unidentified.
Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2018/19 will be reported to the Integration Joint Board.
Carers:	N/A
Equalities:	There are no equalities impacts arising from the report. Equality Impact Assessments for Social Care proposals are available on the Council Website.

Financial:	As detailed within the paper.
Legal:	The report supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	Risks facing the partnership are detailed within the report. Risks are both substantial and numerous at the current time and the Executive Management Team is working to mitigate these through robust governance, planning, managing the required actions to deliver an affordable medium-term financial plan.

Background

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of health and social care in Scotland. This legislation requires that the Integration Joint Board produces a Strategic Plan which sets out the services for the population over the medium-term. It also stipulates that the Strategic Plan incorporates a medium-term Financial Plan (3-years) for the resources within its scope comprising of:
 - The Delegated Budget: the sum of payments to the Integration Joint Board (IJB) from partners.
 - The Notional Budget: the amount set-aside by NHS Borders, for large hospital services used by the IJB population.
- 1.2 The 2018/19 financial plan has been prepared in line with the currently approved IJB Strategic plan. This will be reviewed during 2018/19 and future financial plans will reflect any changes subsequently agreed by the IJB

Approach to 2018/19 Financial Plan

- 2.1 Full transparency of the use of these resources by the IJB is paramount and the Scottish Borders Council Health and Social Care Partnership is required to publish an annual Financial Statement setting out the level of these resources and their planned use. As Scottish Government has agreed only a one year budget the focus of the financial plan is on financial year 2018/19.
- 2.2 IJB members approved its medium-term Financial Planning Strategy at its meeting in February 2017. The context of how partners should approach joint financial planning is largely set by two main reference documents:
 - Integrated Resources Advisory Group (IRAG) Statutory Guidance.
 - The partnership's approved Scheme of Integration.

Appendices 1a and 1b summarise the key provisions contained within the above reference documents.

- 2.3 This report sets out:
 - The funding principles underlying the draft 2018/19 budget. (section 3)
 - The delegated resources provided to the IJB for 2018/19. (section 4)
 - The efficiencies and savings required for 2018/19. (section 5)
 - Key financial risks. (section 6)

Funding –Allocations / Settlement from the Scottish Government

Key Funding Principles

- 3.1 On the 14th December 2017, the Scottish Government wrote to all Scottish health boards and local authorities in relation to its draft budget for 2018/19 advising of indicative allocations and funding settlements. This correspondence contained a

number of provisions, requirements and conditions pertaining to the funding allocations. Following agreement of the budget in the Scottish Parliament in February allocations/settlements were confirmed.

- 3.2 NHS Boards and Local Authorities are required to ensure that 2018/19 budget settlements for Integration Authorities are in place in advance of the new financial year. The IJB was advised of the draft level of resources to be provided within this timescale.
- 3.3 The NHS Borders guidance for 2018/19 states that there should be a commitment to shift the balance of frontline NHS spend such that:
- Any funding for mental health services will be in addition to a real terms increase to 2017/18 spending levels above 1.5%.
 - Additional funding for primary care will be used to support primary care transformation.
 - The continued transfer of NHS Borders share of the £350 million provided from baseline budgets to Integration Authorities to support social care (Social Care Fund).
 - More than half frontline NHS spending will be in community health services by the end of this parliament.
 - Plans are developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent
- 3.4 Scottish Borders Council allocation to the IJB will be £45.839m including, a share of £66 million provided nationally to Local Authorities recognising a range of pressures in relation to Social Care. This funding will be allocated directly to Local Authorities from the Scottish Government. Scottish Borders Council share of this allocation is £1.537m and this sum will be passed in full to the IJB. Overall the resources provided to the IJB will increase by £0.172m (0.4%) in cash-terms after deducting required efficiency savings.
- 3.5 NHS Borders' indicative baseline allocation for 2018/19 is a general uplift of 1.5% from 2017/18 which results in a baseline budget of £200.6m for NHS Borders, a cash increase of £2.9m. The level of uplift provided to NHS Borders will be shared with the IJB on a pro-rata basis. This level of uplift will not fully meet the financial pressures facing the IJB therefore efficiency savings will be required. The baseline funding includes £7.397m of social care funding representing NHS Borders share of the £350m made available nationally on a recurring basis, which is unchanged from level of recurring funding provided in 2017/18.

As part of NHS Borders baseline funding NHS Borders receives £2.13m of resources which for the period 2015/16 to 2017/18 was ring-fenced to support a joint Health and Social Care transformation programme known as the Integrated Care Fund (ICF). NHS Borders Board has confirmed that £2.13m will be directed to the IJB in 2018/19 non recurrently subject to conditions around the use of the funding. Of the £2.13m funding, £450k is required to be provided and ring fenced to fund the Crawwood discharge to assess facility until the 31st March 2019 if required. Funding for the unit beyond 31st March 2019 will be addressed as part of the 2019/20 Financial Planning process. This leaves a balance of £1.68m available. Further funding will be required to fund the extension of the Hospital to Home

service and the Transitional Care Facility based at Waverly Care Home to 31st March 2019. More details on costs will be presented to a future IJB meeting as part of 2018/19 ICF proposals.

During 2018/19 as additional NHS funding becomes available through ring fenced allocations within the delegated budget, NHS Borders Board is expected to provide these resources to the IJB, as has been the case in previous financial years. It is anticipated this will include among others the following:

- Investment in Adult Mental Health Services and CAMHS.
- Primary Care investment funds.
- Additional social care funding (estimated to be £5m across NHS Scotland).
- Alcohol and Drugs Partnerships funding (estimated to be £20m across NHS Scotland).

3.6 Scottish Borders Council funding for 2018/19 is based on an incremental uplift of 2017/18 budget covering pay awards and inflation, demographic growth and a detailed savings target to ensure a balanced budget is delivered.

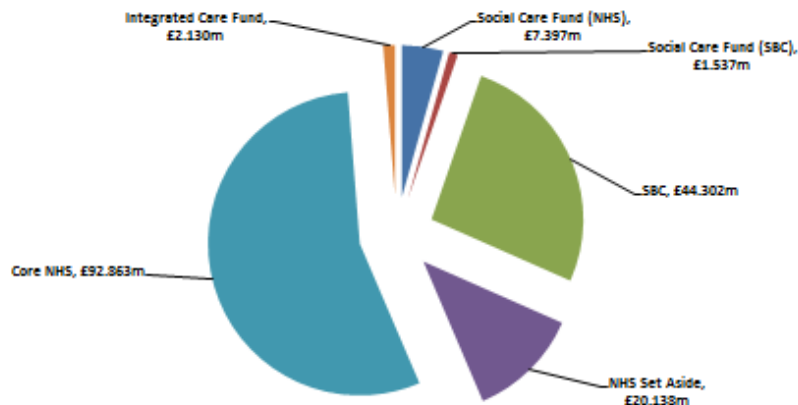
Provision of Resources to the IJB 2018/19

4.1 Based on the principles as detailed above the following resources are proposed

	2018/19 Baseline Provision £m
Healthcare Functions – Delegated *	102.390
Social Care Functions – Delegated*	45.839
Healthcare Functions - Set-Aside	<u>20.138</u>
Total	168.367

*NHS Healthcare budget includes £7.397m of Social Care Funding (part of £350m nationally) and £2.1m of Integrated Care Funding and Scottish Borders Council budget includes £1.537m of Social Care Fund (part of £66m nationally).

2018/19 Health and Social Care Delegated Functions and Set Aside budgets



The table below summarises the proposed level of resource and provides a comparison with the previous year baseline funding. This shows the proposed budget for 2018/19 and a high level operational split across functions.

<u>Detailed 2017/18 & 2018/19 Partnership Budgets</u>		
	Joint	Joint
	2017/18	2018/19
	£m	£m
Joint Learning Disability Service	19.396	21.113
Joint Mental Health Service	15.850	15.605
Joint Alcohol and Drug Service	1.006	1.030
Older People Service	23.395	20.489
Physical Disability Service	6.161	6.037
Generic Services	80.501	81.825
Integrated Care Fund	2.130	2.130
Large Hospital Functions Set-Aside	18.978	20.138
Total	<u>167.417</u>	<u>168.367</u>

A summary budget movement comparing 17/18 to 18/19 is shown in appendix 1e. and a detailed funding movement is shown in appendix 1f.

- 4.2 In line with national guidance the IJB needs to issue directions to the NHS and SBC on the level of resources and how they should be utilised in line with the strategic plan. It needs to consider how the social care fund and the integrated care fund should be utilised to support these directions. A summary of the Integrated Care Fund and Social Care Fund and current commitments and potential future commitments is attached in Appendix 1c.
- 4.3 Although the IJB budget has increased from 2017/18 there has also been a significant increase in demand and pressures which mean the level of budget increase will not be sufficient to fund known investments and pressures in full. Significant efficiency savings are therefore required to cover costs increases above the level of additional resources provided for new investments or pressures. Delivery of these savings is key to ensuring the services within the IJB can operate within budget in 2018/19.

Delivery of Savings and Affordability

- 5.1 In order to ensure that the 2018/19 IJB financial plan is both affordable and deliverable, NHS Borders, Scottish Borders Council and the Health and Social Care Partnership must work together to prepare and deliver the required programme of transformation, efficiency and other savings, targets for which have been developed and are the basis on which the provision of resources to the IJB is predicated.

The IJB has over the previous 2 financial years delivered a significant level of efficiency which is summarised in the table below.

<u>Permanent Recurring Savings</u>	<u>2016/17 & 17/18</u>
	£m
Establishment of SB Cares	0.915
Efficiency measures including contracts and commissioning arrangements	4.057
Service reviews to meet demand pressures	1.412
Charging Review	<u>0.13</u>
Total Savings	<u>6.514</u>

- 5.2 Based on the assumption that the IJB will direct both partners to deliver efficiencies, work has been progressing, within the context of the overall resource envelope available in 2018/19. This is a challenging target and an increase from the level delivered in previous years.

5.3 In anticipation of the level of resources to be directed, provisional plans are being developed to deliver the above level of savings . This will include both business as usual efficiencies, as well as a longer term transformation programme in order to ensure the financial sustainability of services. At this time NHS Borders does not have an efficiency plan which delivers the level of efficiency required and therefore has an unbalanced financial plan. NHS Borders financial plan for 2018/19 was approved at the Board meeting on the 5th April 2018 subject to further review at the June 2018 Board meeting.

5.4

<u>NHS 2018/19 Savings to be delivered</u>	Non Recurring	Recurring	Total
	£m	£m	£m
Dental Services increased efficiency	0.150		0.150
Increase in level of funding in primary care	0.025		0.025
AHP Management Review		0.100	0.100
Medical Support Community Hospitals Management Review	0.055	0.075	0.075
MHOAT & Clinical Psychology Vacancy Mgmt	0.265		0.265
MH Staff Turnover	0.330		0.330
Prescribing Benchmarking & Variation		0.250	0.250
Clinical Pathway & Prescribing Support		0.450	0.450
Patent Expiry		0.200	0.200
Formulary Management & Rebates		0.300	0.300
Total Business as Usual Savings	0.825	1.375	2.200
To be identified			<u>5.235</u>
TOTAL			<u>7.435</u>

At this point there remains a £5.235m of savings which remains unidentified. Work is ongoing to identify further projects to meet this requirement. NHS Borders board has requested that proposals are presented at its meeting in June on how financial targets will be achieved in 2018/19 and how the Board can in the longer term return to financial sustainability.

5.5 Similarly, within the context of the overall resource envelope available to Scottish Borders Council, for the delegated provision to the IJB to be affordable, £2.448m of savings require delivery in 2018/19. In order to deliver this, the following savings programme has been approved by Scottish Borders Council:

<u>SBC 2018/19 Savings to be delivered</u>	Total
	£m
Review of Day Services	0.290
Review of Non day services	0.100
Review Specialist Care & Support Services	0.250
Review Shopping Service	0.041
Review L.D. Commissioned Services	0.337
Greater Use of Technology	0.100
Adult Social Care Productivity Review	0.088
Review Adult Social Work Mgmt. Structure	0.060
Review Community Based Services	0.110
Other Efficiencies incl. £0.650m carried forward from 17/18	0.672
SBC Corporate Savings	0.400
Total	2.448

All of these savings are recurring.

5.5 The savings plans identified by Scottish Borders Council as part of the 2018/19 Financial Planning process are designed to ensure affordability of the social care functions delegated to the IJB without any further savings being required. This assumes demand pressures can be contained within existing budgets during 2018/19.

Inherent Risk in the current Proposed Budgets for Delegation

- 6.1 There are risks inherent in any budget setting process and the budget for the IJB in 2018/19 is no exception. Partnership finances, and the overall affordability of delegated functions, remain under considerable pressure. The identification of planned savings and measures to bridge the £5.235m funding gap associated with the NHS contribution to the partnership budget remains the key risk associated with the delivery of a balanced budget in financial year 2018/19.
- 6.2 Both IRAG guidance and the approved Scheme of Integration require a more sophisticated approach to joint financial planning across the health and social care partnership than has been adopted thus far. A more integrated approach to financial planning and the joint management of the associated resources remains a key development goal for the partnership.
- 6.3 Across Scotland, partnerships are struggling to deliver balanced, affordable financial plans for next year and in the medium-term for the services delegated to them. Consistently, the level of affordability gap, particularly in relation to the healthcare functions and the lack of a robust programme of efficiency and savings to bridge this gap has been cited as the main challenge facing health and social care partnerships. It is imperative therefore that the efficiency and savings plans in place within partner organisations are delivered in full and to the timescales

envisaged. Of equal critical importance, it is also fundamental that the Executive Management Team and the Integration Joint Board work to develop, approve and deliver an integrated transformation programme in order that the required level of further savings be achieved in order that the overall budget delegated to the partnership is affordable.

- 6.4 Risk to the IJB could be mitigated by the partnership by issuing directions to the NHS Borders and Scottish Borders Council to deliver services within a reduced budget envelope and more fundamentally, pass the risk back to the health board and Council. This would result in a breakeven position for the IJB whilst preserving strategic oversight over activity within its remit. The IJB would still have a degree of control since efficiency proposals would still require approval, but this may not be a satisfactory situation for NHS Borders or Scottish Borders Council.
- 6.5 A further key risk to the partnership is the impact on performance as a result of the considerable savings targets required. The partnership's Strategic Plan was approved prior to the IJB being established and accordingly, requires review as the partnership goes into year 3 of its operation, particularly in the context of such financial pressure and funding restrictions.

Wider Risk

- 7.1 Beyond the risks directly attributable to a lack of overall affordability of delegated functions, there are a number of other risks to which the partnership is exposed and that, regardless of the final agreed position, will require to be managed. These can be summarised as:
- The Scottish Parliament budget for 2018/19 is for one-year only. Further work is required between NHS Borders, SBC and the IJB before a medium-term 3-year Financial Statement can be produced.
 - Further cost pressures exist and others may emerge during 2018/19 that are not provided for within either partner's 2018/19 financial plan, nor the resources delegated to the IJB e.g. emergence of new drugs/technology or increased demand.
 - Prescribing: This is a high risk area due to the volatility of supply and price. The majority of prescriptions are written by General Practitioners who are independent contractors.
 - It is also essential that maximising patient flow and minimising lost opportunity to maintain costs at budgeted levels is achieved. The ongoing provision of service at Winter Plan levels and in particular, keeping surge-beds open all year was, other than Prescribing, the largest area of pressure in 2017/18 and it is essential that this does not happen in 2018/19. This is a very real live issue as during the first few weeks of April all of the surge beds remain open for which no funding has been identified and elective procedures continue to be cancelled as a result of operational bed pressures
 - Providers of social care continue to experience financial pressures and beyond the implementation of a living wage, there will undoubtedly be ongoing risks over the sustainability of care provision, particularly residential and home care across the Scottish Borders, most prevalently in those areas of limited alternative supply, including Berwickshire specifically. Any risk of loss of service provision will also result in additional costs as alternative supply is transitioned, particularly if the option of SB Cares as the provider of last resort is exercised.

- Resources delegated in 2018/19 are mainly based on the incremental approach to budgeting across NHS Borders and Scottish Borders Council, within prevalent funding constraints and as a result relate only to the ongoing provision of current type, level and model of care provided. The IJB is clearly being delegated with responsibility for the planning and delivery of efficiencies and other savings in order to meet known pressures.
- As the delivery of the Strategic Plan develops, there may be an identified requirement to realign resources in line with priorities / demand and as a result, shifts of resource across the partnership.
- Partners' financial plans assume that in the main, the partnership will mitigate against the impact of increased future demographic pressure across delegated services.

APPENDIX 1a**Integrated Resources Advisory Group (IRAG) Statutory Guidance
Financial Planning**

- 1 The Scottish Government's Integrated Resources Advisory Group guidance and advice on financial matters for Health Boards and Local Authorities (IRAG) sets out a wide range of guidance and recommendations in order to assist partnerships to plan and manage the financial implications of the legislation and to provide a basis for the development of the local financial arrangements required to support the implementation of the integration of health and social care. This is statutory guidance and it should be used with reference to the legislation.
- 2 The IRAG guidance specifically states that a premise underlying the legislation is that the Integration Joint Board will, through the Strategic Plan, be able to allocate resources within the Integrated Budget and to plan and agree transfers between the notional budget and the Integrated Budget. It will be for the Integration Joint Board, through the strategic planning process and having regard to the duties in the legislation for consultation, co-production with stakeholders and co-operation with other Integration Authorities (Section 32), to decide what capacity is required from Local Authority and Health Board in order to deliver the agreed performance on outcomes.
- 3 The relative proportions of partners' contributions to the resources within scope of the plan will not influence the proportion of services that will be directed by the Integration Joint Board through the Strategic Plan, although it is likely that in the first years they will be similar.
- 4 IRAG also sets out a proposed process for calculation of subsequent (to year 1) years' payments to the IJB. The method for determining the allocations to the Integrated Budget in subsequent years will be contingent on the respective financial planning and budget setting processes of the Local Authority and Health Board. They should aim to be able to give indicative three year allocations to the integration joint board, subject to annual approval through the respective budget setting processes. This should be in line with the three year Strategic Plan.
- 5 The IJB should develop a case for the Integrated Budget based on the Strategic Plan and present it to the Local Authority and Health Board for consideration and agreement as part of the annual budget setting process. The business case should be evidence based with full transparency on its assumptions and take account of activity changes, cost inflation, efficiencies and savings, impact on performance, legal requirements and other know adjustments required. The partner Local Authority and Health Board will evaluate the case for the Integrated Budget against their other priorities and are expected to negotiate their respective contributions accordingly. The allocations will be a negotiated process based on priority and need and it should not be assumed that they will be the same as the historic or national allocations to the Health Board and Local Authority.
- 6 The allocations made from the Integration Joint Board to the Local Authority and Health Board for operational delivery of services will be approved by the Integration Joint Board. The value of the payments will be those set out in the Strategic Plan approved by the Integration Joint Board.

APPENDIX 1b**Scheme of Integration
Financial Planning**

- 1 Within the Health and Social Care Integration Scheme for the Scottish Borders, provision has been made to ensure the IJB receives the assurance it requires over the sufficiency of resources to carry out its delegated functions. Following this, it will approve the initial amount delegated to it, on an annual basis. These arrangements cover the determination of the amounts paid to it by partners (or set-aside) and their variation and are specifically set out in sections 8.3-8.6 of the Scheme. These arrangements cover:
 - Payment to the IJB for delegated functions in the first year of operations (2016/17).
 - Payment to the IJB for delegated functions in subsequent years.
 - Method for determining hospital services set-aside amount.
 - How in-year variations will be dealt with by the IJB and partners.
- 2 In line with the Scheme, the baseline payment in 2016/17 was calculated following review of recent past performance and existing financial plans for both NHS Borders and Scottish Borders Council in respect of the functions delegated. The payment from each partner was then adjusted for material items such as demand-driven pressure, price increases, new commitments and efficiency and savings plans. A full process of due diligence was undertaken over the proposed budget and the IJB were asked to approve the financial statement for the partnership based on the provision of assurance over the adequacy of resources and a detailed analysis of the inherent risks contained therein.
- 3 On this basis, the delegated budget delivered through both partners' respective financial planning processes and was formed by their combined outcomes, and the recognition of a range of factors including the 2015/16 base budget for functions delegated, Scottish Government funding levels, cost and demand pressures and efficiency and other savings targeted.
- 4 The partnership's Scheme of Integration, within section 8.4, explicitly defines how payment from each of NHS Borders and Scottish Borders Council, in respect of delegated functions, should be calculated in subsequent years following the first year (2016/17) of its operation. The Scheme specifically states:

8.4 Payment in subsequent years to the Integration Joint Board for delegated functions

8.4.1 In subsequent years the Chief Officer and the Integration Joint Board Chief Financial Officer will develop a case for the Integrated Budget based on the Strategic Commissioning Plan. The financial plan will be presented to Borders Health Board and Scottish Borders Council for consideration as part of the annual budget setting process. The case should be evidenced, with full transparency demonstrating the following assumptions:-

- Performance against outcomes]
- Activity changes
- Cost inflation
- Price changes and the introduction of new drugs/technology
- Agreed service changes
- Legal requirements
- Transfers to/from the amounts made available by Borders Health Board for hospital services
- Adjustments to address equity of resource allocation

8.4.2 Borders Health Board and Scottish Borders Council should consider the following when reviewing the Strategic Commissioning Plan:

- The Local Government Financial Settlement
- The uplift applied to NHS Board funding from Scottish Government
- Efficiencies to be achieved

8.4.3 Whilst the Integration Joint Board will plan, agree and deliver the Strategic Commissioning Plan and related Financial Plan, this will follow a process of joint discussion and planning with the other parties.

Appendix 1c

Current & Future Integrated Care Fund and Social Care Fund Commitments

Use of Integrated Care Fund (2015/16 – 2017/18) - 3 yr allocation £6.39m		
Forecast Spend to 31/3/2018 - £3.912m		
	£m	£m
ICF 3 year agreed allocation		6.390
Previously agreed directed resource at 19/3/2018	(5.244)	
Undirected Resource at 19/3/2018		1.146
Less allocated resource to support SBC H & SC 17/18 budget pressures	(0.443)	
Exception requests agreed 19/3/2018	(0.066)	
Forecast underspend on ICF projects	0.174	
Sub-total		(0.335)
Resource available after project cost variances		0.811
Projects being extended agreed by Board on 19/3/2018	(0.275)	
Funding of Crawwood May – Sep 2018	(0.440)	
Sub-total		(0.715)
Forecast uncommitted ICF funding available		<u>0.096</u>

Use of Social Care Fund (Both NHS & SBC streams)

NHS Stream (mainstreamed by SG) – Allocation of £7.397m		SBC Stream (share of £66m) - Allocation £1.537m	
Living Wage to £8.25	£1.626m	Cosla Uplift 2018 (3.39%)	£0.402m
Demographic demand	£2.508m	Impact of Carers Act	£0.322m
Comm. Mental Health Worker	£0.050m	Living wage to £8.75	£0.758m
Charging Threshold	£0.154m	Impact of Scottish Living Wage on Sleep-overs (from mid-year)	£0.223m
Cosla Uplift 2017	£0.261m		
Living Wage to £8.45	£0.829m		
Sleep-ins to av. min. wage	£0.750m		
Residential Care	£0.407m	Required	£1.705m
Housing with care	£0.100m	Pressure	£0.168m
Adults with Learning Disabilities	£0.200m		
<u>Permanently directed to 31/3/2018</u>	<u>£6.885m</u>		
Demographic Growth per SBC 18/19 Financial Plan	£0.592m		
<u>Pressure</u>	<u>£0.080m</u>		

2018/19 IJB funding			
	NHS	SBC	Total
	£m	£m	£m
	2018/19	2018/19	2018/19
<u>Baseline Funding</u>			
Delegated Budget	100.411	45.667	146.078
Savings to be delivered in 2018/19	(5.921)	(2.448)	(8.369)
Community Nursing Staff no longer charged to IJB *	(1.084)	0	(1.084)
Primary Care Development Fund (national funding)	0.324	0	0.324
Health & Social Care Fund Continuation (£350m allocation)	7.397	0	7.397
Pay & Prices (Health 1.5%, SBC inflation)	1.263	0.549	1.812
Dementia Funding	0	0.534	0.534
Share of £66m Health & Social Care Fund	0	1.537	1.537
	<u>102.390</u>	<u>45.839</u>	<u>148.229</u>
Set Aside	22.915	0	22.915
Savings to be delivered in 2018/19	(3.052)	0	(3.052)
Pay & Prices (1.5%)	0.275	0	0.275
	<u>20.138</u>	<u>0</u>	<u>20.138</u>
Total	<u>122.528</u>	<u>45.839</u>	<u>168.367</u>
In addition historic and new cost pressures to be delivered			

* Further review of this service delegation to be undertaken in 18/19 financial year.

2018/19 IJB funding compared to 2017/18 funding levels				
	NHS Base	NHS Set Aside	SBC	IJB
	£m	£m	£m	£m
2017/18 Funding	101.887	19.863	45.667	167.417
NHS*/SBC Core Budget 2018/19	102.390	20.138	45.839	168.367
Movement from 2017/18	0.503	0.275	0.172	0.950
* NHS Budget includes Social Care Funding of £7.397m and Integrated Care Fund of £2.130m (conditions around funding yet to be agreed) and SBC funding includes £1.537m Social Care Funding.				

IJB Funding Movements

SBC Contribution to IJB 2018/19		
	2017/18	2018/19
	£m	£m
<u>Baseline Funding</u>		
Draft Social Care Functions	46.446	45.667
Plus pay inflation	0.654	0.549
Less efficiencies to be delivered	(1.133)	(2.048)
Less allocation of corporate savings		(0.400)
Dementia Funding		0.534
Share of £66m Health & Social Care Fund		1.537
	<u>45.667</u>	<u>45.839</u>

NHS Contribution to IJB 2018/19

	£m	£m
<u>Baseline Funding</u>	2017/18	2018/19
Delegated Budget	92.360	92.360
Cost pressures to be provided for	6.163	2.507
Less efficiencies to be delivered	(6.163)	(2.507)
Community Nursing Costs no longer charged to the IJB	0	(1.084)
Primary Care Development Fund (national funding)	0	324
Pay & Prices (1.5%)	0	1.263
	92.360	92.863
Integrated Care Fund	2.130	2.130
Health & Social Care Fund Continuation (£350m allocation)	7.397	7.397
	<u>101.887</u>	<u>102.390</u>
Set Aside Budget	18.978	19.863
Cost pressures to be provided for	2.439	2.549
Less efficiencies to be delivered	(2.439)	(2.549)
Drugs new drugs & protocols	700	0
Patient Transport allocated to services	185	0
Pay & Prices (1.5%)	0	275
	<u>19.863</u>	<u>20.138</u>
Total	<u>121.750</u>	<u>122.528</u>

* Further review of this service delegation to be undertaken in 18/19 financial year.