

Scottish Borders Health & Social Care Integration Joint Board



Meeting Date: Wednesday 19 August 2020

Report By:	Dr Kevin Buchan; Sandra Pratt
Contact:	Sandra Pratt, Associate Director, Strategic Change
Telephone:	01896 825584

PRIMARY CARE IMPROVEMENT PLAN: UPDATE

Purpose of Report:	To seek IJB agreement for the proposal and resource allocation recommended by the PCIP Executive in the development of a new Primary Care Mental Health Service
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) <u>Agree</u> the transfer of resource between PCIP workstreams but within the total resource allocation for the programme in order to develop a Borderswide Primary Care Mental Health Service.
Personnel:	The proposed Mental Health model will see the establishment of permanent new posts in Psychological and Mental Health Services :
Carers:	N/A
Equalities:	An EQIA will be carried out.
Financial:	A joint funding package of £845k has been identified for the new Mental Health model comprising Mental Health resource, Action 15 monies and PCIP resource. The PCIP contribution will be £639k in total which includes the initial funding commitment of £354k and an additional £285k identified through review of the PCIP financial plan.
Legal:	There is a requirement for PCIP to be implemented in order to deliver the new GP Contract.
Risk Implications:	Non-delivery of the GP Contract may attract penalties from Scottish Government.

BORDERS PRIMARY CARE IMPROVEMENT PLAN:**THE DEVELOPMENT OF A NEW PRIMARY CARE MENTAL HEALTH SERVICE****1 AIM**

- 1.1 The aim of this paper is to update the IJB about specific aspects of Borders Primary Care Improvement Plan (PCIP) related to the development of a new Primary Care Mental Health Service and to seek agreement for the proposal from the PCIP Executive Group to re-allocate resources within the PCIP resource to introduce this new service.

2 BACKGROUND

- 2.1 One of the PCIP workstreams prescribed within the GP Contract is titled “Additional Professional Roles” which includes the introduction of First Contact Physiotherapists and also the development of Community Mental Health Worker roles. Within the work to develop the latter, a “test of change” took place at O Connell Street Medical Practice in October 2019 to test out a “see and treat” Mental Health model where patients with mild to moderate anxiety and depression were seen by a mental health practitioner and offered evidence based psychological therapy depending on their needs. The aim of this was to understand how the development of a mental health strand as part of the GP Contract could assist GPs as well as offering an effective and efficient intervention to patients.
- 2.2 On the basis of a proposal following the success of this test of change, PCIP funding of £354k was allocated to scale the model up in one area as a first phase but due to a number of factors, this did not go ahead and further work was delayed because of the Covid 19 outbreak.
- 2.3 Once the immediate acute Covid crisis had abated it was decided to reconvene a group of key stakeholders from primary care, GP Practice and Mental Health in order to review the proposed approach and agree a primary care mental health model that could be developed across Borders. There has never been a primary care mental health service previously and GPs report that such a service would massively improve their workload whilst enabling our patients to access the right professionals at the right time to meet their needs.
- 2.4 A Primary Care Mental Health workshop took place in late May where shared goals and principles were discussed and agreed and subsequently a small sub group was remitted to consider possible models. On the 11th June 6 options were presented to the full group who undertook a non-financial options appraisal and a preferred option was identified. It is known currently as “The Centralised Model” and is based on a “see and treat” model that utilises a skill mix/ Multi-Disciplinary Team approach. Assessment and treatment will take place in a variety of settings/formats and be as patient led as possible. Strong links will be made with secondary care, and complementary/commissioned services to ensure that patients are able to get the most appropriate help with as few barriers as possible.

2.5 While it is impossible to know the exact level of referrals the service might receive, planning assumptions for the model of circa 104 referrals per week have been made based on the original Test of Change figures projected across the Borders population figures.

2.6 Centralised Model staffing requirement:

2 x	B8a	Clinical Psychologist
12 x	B7	Clinical Associate in Applied Psychology (CAAP)
2 x	B6	Mental Health Practitioners
2 x	B4	Assistant Psychologists
2.0	B3	Administration

2.7 Following financial appraisal this model was identified as the overall preferred model but was projected to cost £945k per annum. Further review identified that the cost of the preferred option could be reduced to £845k per annum without significantly impacting the quality of the service by reducing the number of Clinical Associates in Applied Psychology (CAAPs) from 12 to 10.

2.8 Taking into account the already committed PCIP resource of £354k, this leaves a shortfall in funding of £491k. The following joint funding solution has been identified to resource this shortfall:

- 3.7 WTE (2.7 WTE CAAPs Band 7 and 1.0 WTE Psychology Band 8a) of existing permanent staff will be transferred to support the new model within their existing roles thus ameliorating the requirement for additional investment / recruitment. These posts are currently funded from NHS Borders' Action 15 Mental Health allocation and equate to £206k.
- Following a robust review of PCIP priorities and resource commitments £285k will be transferred to support the Primary Care Mental Health Service model as proposed funded. The detail is set out in a subsequent section of this paper.

Resources to deliver Primary Care Mental Health Service Model as a Centralised Service ("See and Treat" Model)		
	£'000	£'000
Projected Annual Cost of Model:		
Option 4 Coasted	945	
Reduction in Option (reduce CAAPs from 12.0 to 10.0 WTE)	(100)	
		845
Recurring Resource Availability:		
Initial PCIP allocation to Mental Health	(354)	
Transfer of additional resource allocation from Primary Care Improvement Plan	(285)	
Repurposing of 3.7 WTE Action 15 Earmarked Funding	(206)	
		(845)
Funding Shortfall		0

3 IDENTIFICATION OF PCIP RESOURCES

- 3.1 The resource envelope of £3.2m for the delivery of the whole PCIP programme is finite and the PCIP Executive Committee (formerly known as the GP Executive Committee) review progress across all workstreams on a routine basis in order to ensure that each strand remains in line with the agreed specifications, service provision is equitable across Borders and delivers best value to patients and practices alike. Progress has inevitably varied across workstreams for a number of reasons and at certain points the PCIP Executive has had to revise priorities in order to remain within the overall budget but achieve the best outcomes possible. The reviews involve robust monitoring and scrutiny across all workstreams and are considered alongside the PCIP financial plan.
- 3.2 Following agreement about the new Primary Care Mental Health model as described above, the PCIP Executive reviewed the PCIP and Financial Plan at their meeting in July and based on that review have agreed to divert funds not yet spent on (though previously earmarked for) particular service areas in the current plan and also some non-recurring commitments made against the recurring budget which will release resource on a permanent basis to contribute to the funding of the identified shortfall. The section below gives detail of which areas of PCIP budget this affects

3.2.1 Pharmacotherapy

Since the introduction of the new GP Contract in 2018 the PCIP Executive Committee has invested **£896,538** (incorporating the previous PCIF resource £163,000) in pharmacy services which has enabled **21.1 wte** additional and permanent posts to be established to date in order to deliver the new pharmacotherapy model of service outlined within the Primary Care Improvement Plan. The total earmarked resource for Pharmacotherapy in the original financial plan over the three year implementation programme was identified as **£1.1m**.

The Pharmacotherapy workstream has been complex and has had to contend with many variables e.g. recruitment issues, the need to change post bandings and skill mix which has then required the introduction of training programmes, access to accommodation etc. While it is appreciated that it hasn't been an easy landscape to manage operationally, from a PCIP Executive Committee there remains a lack of assurance that equitable access, value and consistent progress is being achieved.

As previously stated, at the July meeting of the PCIP Executive Committee a review was undertaken of all investments and priority areas across the whole programme. Taking all of the above points into consideration, the Executive came to the difficult decision to halt the level of investment in the Pharmacotherapy workstream at the current position and to divert **£184k** (of the remaining earmarked funding of £203,462 in the financial plan) to contribute to the support required for the development of the Primary Care Mental Health Service workstream.

This means that the committed investment of £896,538 to support recruitment to the level of 21.1wte as approved to date will be honoured but there will be no further investment made into the pharmacotherapy service within the PCIP programme.

This decision has not been taken lightly however the investment in pharmacy services through PCIP at the level stated above has been significant; indeed it is a major proportion of the total funding allocation and has enabled the service to substantially grow and develop.

3.2.2 Non -recurring commitments

The transfer of £184k to the Primary care Mental Health Services workstream leaves a balance of **£101k** required to achieve the £285k additional PCIP contribution to the identified funding shortfall for the new model.

The PCIP Executive have made a number of non-recurring commitments in the financial plan across different headings during the programme but within the overall recurring budget. As these non-recurring commitments conclude or are not used at the anticipated level then this funding is identified through the review process and can be made available

for re-investment within the workstreams on a permanent basis. It has therefore been identified that the balance of £101k can be met in this way through revised levels of costs over the programme for:

- Travel.
- Equipment.
- Mentorship.
- Slippage in recruitment of fixed term support.
- Fixed term posts associated with the duration of the project.

4 SUMMARY

- 4.1 Through collaborative and integrated joint working an innovative Primary Care Mental Health Service model has been developed which will allow primary care patients to receive timely and appropriate support by the most appropriate professionals whilst enabling GPs to be freed up to focus on the role of Expert Medical Generalist. This is a completely new service to Borders and will be accessible across all practices.
- 4.2 The funding of this new model will be a joint arrangement between Mental Health and PCIP. Through robust review, the PCIP Executive has revised priorities and commitments in the current financial plan and has identified resource that can be diverted to contribute to the joint funding arrangement in order to establish this service. The PCIP Executive are confident that this is the most appropriate way forward and that the overall Plan will not exceed the £3.2 allocated resource envelope.
- 4.3 The PCIP Executive Committee has representation from all three partners in the Memorandum of Understanding linked to the new GP Contract: 4 x GPs (i.e. the GP Sub Committee Executive); IJB Chief Officer; Executive Lead for PCIP for NHS Borders; PCIP Business Partner; P&CS General Manager, Associate Medical Director, Associate Director of Nursing and Associate Director for AHPs; Mental Health Service General Manager.

5 RECOMMENDATION

- 5.1 The IJB is asked to agree the proposal of the PCIP Executive Committee to transfer funds between workstreams and budget headings as described.