

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 15 June 2022

Report By:	Cathy Wilson, General Manager, Primary and Community Services
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PRIMARY CARE IMPROVEMENT PLAN UPDATE	
Purpose of Report:	The purpose of this report is to provide an update to the Scottish Borders IJB on progress with the implementation of the Primary Care Improvement Plan, along with a note on the risks relating to the delivery of the programme.
Recommendations:	The Scottish Borders IJB is asked to note the report, the risks, and actions being undertaken to reduce these risks.
Personnel:	Circa 70 WTE new posts will be established across a number of clinical and support services. Each workstream is established at a level which enables provision for a 50 week service throughout the year through sufficient additional resource to cover annual leave and sickness absence.
Carers:	Possible impacts on carers will be considered when the Healthcare Inequalities Impact Assessment will be undertaken.
Equalities:	A Healthcare Inequalities Impact Assessment for the whole PCIP programme has been undertaken. For new workstreams, service specific Healthcare Inequalities Impact Assessments will be undertaken to ensure that the services appropriately ensure that the new services are not discriminating in their approach, that they widen access to opportunities, and promote the interests of people with protected characteristics.
Financial:	For 2022/23, no allocation in respect of Primary Care Improvement Fund has yet been made to the Scottish Borders Partnership. Whilst it is hoped that an increased allocation will be made across all partnerships in order to meet the additional funding requirements national delivery of PCIP now requires, it has been assumed for now that the 21/22 ring fenced resource allocation level of £3.2m will continue as a minimum. Now that the PCIP workstreams become more fully operational,

	<p>there is financial risk to the Partnership and its PCIP as a result of currently insufficient recurrent funding allocation against forecast expenditure of delivery all of the mandatory workstreams of the PCIP this financial year. Should these workstreams not be delivered, NHS Borders will be required to compensate GPs to deliver activity that will no longer be contractually obliged, at rates yet to be negotiated by the BMA and Scottish Government.</p> <p>Scottish Government issued an updated Memorandum of Understanding (MOU 2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognises what has been achieved but also reflects on the fact that there is still a way to go to fully deliver the GP Contract Offer commitments as originally intended by April 2021.</p> <p>This revised MoU 2 acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans. The MoU 2 officially runs until March 2023.</p> <p>In November 2021, the Scottish Government recognised that partial implementation of the Pharmacotherapy and Community Treatment and Care (CTAC) service, on a national level would require additional support for general practices. As such, it was agreed to allocate a sustainability payment to all practices covering 2021-22 and 2022-23.</p>
Legal:	The delivery of PCIP is part of the national GP Contract (2018) through a Memorandum of Understanding between BMA and Scottish Government (Health and Integrated Authorities)
Risk Implications:	<ul style="list-style-type: none"> • Financial risk • Availability of accommodation for staff • IT infrastructure • Recruitment issues

Primary and Community Services
Cathy Wilson, General Manager



SCOTTISH BORDERS INTEGRATED JOINT BOARD

PRIMARY CARE IMPROVEMENT PLAN OPERATIONAL AND FINANCE UPDATE

1. Executive Summary

The Scottish Borders IJB is asked to note the report, the risks, and actions being undertaken to reduce these risks.

The purpose of this report is to provide an update to the Scottish Borders IJB on progress with the implementation of the Primary Care Improvement Plan, along with a note on the risks relating to the delivery of the programme.

2. Background

2.1. GMS Contract

The Scottish Borders Primary Care Improvement Plan (PCIP) was originally developed in 2018 in line with the National Memorandum of Understanding between the Scottish Government, BMA, Integration Authorities and NHS Boards linked to the introduction of the 2018 GMS Contract in Scotland.

The nationally agreed [General Medical Services contract 2018](#), and the Memorandum of Understanding, set out the need to refocus the role of the GPs as expert medical generalists. This role builds on the core strengths and values of General Practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.

The aim of the GMS Contract (2018) is to enable GPs to do their job to the top of their license and enable patients to have better care. This refocusing of the GP role requires some tasks currently carried out by GPs to be carried out by members of an enhanced Primary Care Multi-Disciplinary Team, where it is safe, appropriate, and improves patient care.

The key priorities developed in order to develop the broader Primary Care Multi-Disciplinary Team, are managed through individual workstreams under the Primary Care Improvement Plan Executive Committee. The following workstreams were agreed to transfer from General Practitioners to the developing Health and Social Care Partnership Primary Care Multi-Disciplinary Teams as part of the National Memorandum of Understanding:

- Pharmacotherapy Services
- Urgent Care Services
- Community Treatment and Care Services
- Vaccination Services
- Additional Professional Roles:
 - Community Link Workers
 - First Contact Practitioner Physiotherapists
 - Community Mental Health Services

2.2. Joint letter SG/SGPC letter of December 2020

In December 2020, the Cabinet Secretary for Health and Wellbeing and the Chair of the BMA Scotland circulated a letter to Health and Social Care Partnerships and NHS Boards, noting an updated position in relation to the timescales for the implementation of the transfer of the priority

services from GPs to enhanced Primary Care Multi-Disciplinary Teams. In addition, this noted the contractual footing of the non-delivery of these workstreams.

Whilst the implementation order changed, the Cabinet Secretary and Chair of BMA Scotland were clear that NHS Boards and Health and Social Care Partnerships, and the public at large, to ensure the changes proposed here are done in ways that remain true to the Contract Offer commitments. We understand that this means that funding cannot be vired out of services that have been developed in line with the contract offer in 2018, even if they are not reflected in the updated deadlines on contractual delivery.

2.3. Revised Memorandum of Understanding of July 2021

The Scottish Government then issued an updated [Memorandum of Understanding \(2\)](#) (MoU) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognises what has been achieved but also reflects on the fact that there is still a way to go to fully deliver the GP Contract Offer commitments as originally intended by April 2021. This revised MoU acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans. The MoU runs until March 2023.

All six MoU areas remain priority in scope as commitments for the MoU signatories. Following the joint SG/SGPC letter of December 2020, the parties acknowledged that the focus for 2021-22 should be reprioritised to the following three services with revised timescales:

- Vaccination Transformation Programme (VTP) – October 2021-April 2022
- Pharmacotherapy (Level One) – April 2022
- Community Treatment and Care Services (CTAC) – 2022-23

2.3. Community Treatment & Care Services and Pharmacotherapy – GP Sustainability Payment letter of November 2021

In November 2021, the Scottish Government recognised that partial implementation of the PCIP's Community Treatment and Care (CTAC) and Pharmacotherapy services was creating difficulties for GPs. This problem was highlighted nationally across several Health Boards. As a result, SG provided sustainability funding to make up for the delay in delivering these PCIP services.

Along with the sustainability funding, SG also extended both CTAC and Pharmacotherapy workstream delivery. Both workstreams are currently in its planning stage and will be delivered by the end of March 2023.

3. Updated deadlines for implementation of workstreams

This is summarised in the new chronological order associated to the updated deadlines for implementation in the table below:

Workstream	Implementation deadline (local delivery RAG)	Contractual implication of non-delivery	Local commentary
Vaccination Services: Childhood and travel	1 October 2021 (Green)	Historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services	VTP complete as of 1 st April 2022.
Vaccination Services: All other	April 2022 (Green)		Insufficient recurring funding for future planning.
		Should Practices continue to	

		provide vaccinations, a new Transitional Service will apply (to be negotiated by SGPC and the Scottish Government), and payments will be made to practices providing these services from 2022-23	
Pharmacotherapy Services: Level One	April 2023 (Amber)	Transitional Service for practices without a Level One Pharmacotherapy service	New service plan agreed by PCIP Exec on 5 th May. Additional project support needed to support successful delivery
Community Treatment and Care Services	2022-23 (Amber)	Transitional Service for practices without access to the Community Treatment and Care Service	Amber for delivery and recurrent financial risk. Non-recurrent funding available for 2022/23, but insufficient recurrent funding once implemented.
Urgent Care Services	2023-24 (Green)	Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24	ANP recruitment challenges, but green overall for delivery and service is funded
Additional Professional Roles: <ul style="list-style-type: none"> • Community Link Workers • First Contact Practitioner Physiotherapists • Community Mental Health Services 	2021-2022 (Green)		Services are in place and are funded

3.1. Operational progress

3.1.1. Vaccination

The Vaccination Transformation Programme can be divided into 6 different work streams:

1. pre-school programme
2. school based programme
3. travel vaccinations and travel health advice
4. influenza programme
5. at risk and age group programmes (shingles, pneumococcal, hepatitis B)
6. COVID-19 programme

The Vaccination Transformation Programme was successfully complete within the contractual timescale (1st April 2022). The service was delivered in parallel with the COVID-19 booster programme, and with an expanded influenza vaccination programme.

178,000 vaccinations have been given by NHS Borders' Vaccination Service since VTP transition started in October 2021.

There remain a number of uncertainties in the final budget in terms of recurring costing for the final vaccination programme, therefore there will likely be a need will need to revisit VTP's expenditure estimates as we obtain more clarity on recurring funding from the Scottish Government.

3.1.2. Pharmacotherapy

A vote of no confidence letter was sent on 30th January 2022 from GP Sub to the Medical Director of NHS Borders regarding the Pharmacotherapy Programme. The letter outlined concerns around delivery of the 2018 GMS GP Contract stipulated Level 1, 2 and 3 pharmacotherapy tasks to a level where it would make a significant difference to reducing GP workload.

A reply from the Board was received on 11th February 2022. One of the actions from the reply was to survey all GP practices to establish what their priorities are within the outlined level 1-3 work. A thorough engagement and consultation survey exercise was sent to all practices. All 23 practices replied by the end of March 2022 and information was collated and analysed.

The message was clear; GP Practices prioritised level 1 work being completed by the General Practice Clinical Pharmacy team (GPCP).

An SBAR around this was presented at PCIP Exec Meeting on 5th May 2022 and the focus on delivery of a Level 1 service was formally agreed in a clearly outlined plan

Work is currently underway in reallocating GPCP staff sessions fairly (linked to list size) across all 23 practices. Regular communication with General Practice staff is place in recognition that the updated plan falls short of removing the bulk of pharmacotherapy workload away from GPs. There is acknowledgment nationally that the GMC contract is underfunded.

As mentioned earlier, the delivery deadline has been extended to April 2023. There is significant work associated to the development of the service, and as a result additional project support is currently being sought to support this workstream in meeting its target.

3.1.3. Community Treatment and Care Services

Responsibility for the delivery of CTAC services will transfer from GP Practices to the Health Board by 31st March 2023 in order to release GP capacity, reduce GP risks associated with delivering CTAC services (such as the employment of the required clinical workforce) and enable a more resilient service to be provided across the Scottish Borders.

The Health Board aims to deliver a robust, efficient and sustainable CTAC service which will enable people to live safely and confidently in their own homes and communities, supporting them and their families and carers to effectively manage their own conditions whenever possible. A project plan

NHS Borders currently operate 10 Treatment Rooms in a number of different Health Centres and Community hospitals. All services currently provided in these Treatment Rooms will move to being provided within CTACs with the current Health Board funding and staffing continuing, and additional CTAC services being offered as part of the PCIP work stream.

Services to be provided by the Health Board in CTACs by 31st March 2023:

- Catheterisation
- Ear care
- Medication administration
- Minor Injuries
- Monitoring of chronic conditions (ECG/BP/Blood tests/Height/Weight etc)
- Phlebotomy
- Wound management
- Continence (where unable to be seen by Bladder and Bowel Service)

NHS Borders organisational change process is continuing with new profiles of CTAC services developed in preparation for staff engagement sessions. Progress with this element of the project is dependent on approval to use proposed workforce plan.

TUPE has been confirmed as the correct legal framework for managing any transfer of staff from GP practice to NHS Borders employment.

Agreement to utilise proposed workforce model to allow for progression with internal organisation change process, recruitment and TUPE of practice staff is needed. However, due to a lack of recurring expenditure, it is not clear that the workforce model can be progressed. There is significant work associated to the development of the service, and as a result a Project infrastructure is being recruited to with non-recurrent funding to support this.

3.1.4. Urgent Care Services

The Advanced Nurse Practitioner (ANP) role is a unique integration of nursing and medical knowledge which has facilitated new ways of working and fostered greater collaborative working. ANPs deliver multi-professional models of service delivery and work in parallel with medical staffing to generate sustainable solutions to workforce planning challenges. ANPs support the PCIP's urgent care pathway to provide a service to GP practices for on the day presentations, including home visits, therefore, releasing the GP to take on a more holistic view of patient care.

The role of the ANP is to assess, diagnose, treat and formulate management plans including onward referral to acute care. They are autonomous practitioners and manage the comprehensive clinical care of their patients. Non-medical prescribing is an integral component of this which aims to: improve quality without compromising safety, allow easier and quicker access to medications for patients, increase patient choice in accessing medication and contributes to more flexible team working across the health service by making better use of the skills of health professionals.

ANPs are a sustainable solution to help meet the changing demands on the health service.

Workforce summary:

- Lead Clinical Nurse Manager is in post since April 2022.
- 10 trainee ANPs are currently in post with one fully qualified ANP.
- Three of the trainees will qualify in Dec 2022.
- Recruitment for four additional ANPs is in progress – aiming to recruit qualified if possible.
- Seven are registered non-medical prescribers and the remaining five will qualify in Aug 2022.

As the ANP model develops, the key areas of evaluation are that services remain safe, person centred, efficient and effective. The baseline data to be gathered and analysed:

- Activity analysis-case load and case type, prescribing activity;

- Adverse events;
- Stability of service;
- Patient satisfaction; and
- Performance against national targets/outcomes quality assurance.

3.1.5. Additional Professional Roles

The Additional Professional Roles comprise Community Link Workers, First Contact Physiotherapy and Community Mental Health Services (Renew). All three services are currently operational.

Community Link Workers

The Community Link Worker (CLW) programme has been operational & available to all practices in the Borders since March 2020. Whilst far from ideal given the impact of the pandemic to be launching a new service, the CLW service continued to operate and be open to new referrals throughout the Coronavirus pandemic the navigating the associated restrictions on the service & communities.

The programme is delivered by the Mental Health Local Area Co-ordination Team. The Local Area Co-ordination Team (LAC) provide a service to adults who are isolated in their community due to the impact of learning disability, mental ill-health, physical disability or older age; and provide support to encourage and enable individuals to live an active, more connected and purposeful life in their community.

The team comprises Local Area Co-ordinators (LAC) and Community Link Workers (CLW) covering the entire Borders area, in locality teams. The team provide flexible individualised support to clients to enable them to build the skills & confidence to engage/re-engage in the local community. This includes the provision of direct support for a period of time with an agreed plan for the gradual withdrawal of this support to the point where the individual can continue independent of LAC team support. This is fundamental to the LAC model and crucial in ensuring client progression through the service.

There is a single referral route for the LAC service, referral form asks for main area affecting on individuals' quality of life. This is not about categorising individual by condition/area, collaborative working is embedded across team. Particularly many referrals for older adults and adults with a physical disability are passed to CLW programme as the main area is to address low mood.

First Contact Physiotherapy

First Contact Physiotherapy (FCP) service was implemented in the Borders in 2019 with 2.2 WTE Physiotherapists and has since grown to a full complement of staff of 9.2 WTE from February 2022.

The team is well integrated in all 23 of the GP practices within the Borders. The FCP work-stream is currently changing the delivery model from a silo working system to a hybrid central diary system to answer to the MOU key priorities.

The team has been working continuously on developing various pathways across the Multi-Disciplinary Team for better patient care, early access and "right time-right care-right practitioner". FCP pathways currently established is linked with:

- MSK teams;
- Orthopaedics;
- Community link workers incl. Mental Health;
- OT/Speech and Language therapist;

- Podiatry; and
- Third party vendors e.g. Live Borders.

Community Mental Health Services (Renew)

Community Mental Health Services (affectionately and branded known as 'Renew') aims to work with individuals and families in assessing their mental health needs - providing evidence based treatment to low mood, anxiety and mild depression.

This service has been another PCIP success with GPs regularly reporting on an increase in confidence in trusting their patients under Renew's care and in turn considerably reducing their GP workload.

3.2. Finance

3.2.1 Recurrent funding

The Integration Authority received its annual PCIP funding letter for 2021/22 from the Scottish Government on 29 June 2021. This letter outlined an earmarked-recurring allocation to the Scottish Borders of £3.296m for 2021/22. The annual funding letter for 2022/23 has yet to be received and it can be assumed that in line with last year's timescales it will be around a month from now before any confirmation is received.

There is significant forecast financial pressure on the PCIP should there be no increase in PCIP allocation for 2022/23. This is detailed further below and is in line with the position across other partnerships nationally.

A summary of 2022/23 funding, investment and forecast expenditure position on the Partnership's PCIP is detailed below:

Workstream	PCIP 3-Year Recurring Investment £'000	Actual	Forecast	Surplus / Slippage / (Deficit) at 31 March 2023 £'000
		Expenditure to 01 April 2022 £'000	Expenditure to 31 March 2023 £'000	
VTP	16	0	16	0
Pharmacotherapy	879	75	888	(9)
CTAC	121	0	121	0
Urgent Care	883	59	792	91
FCP	528	46	545	(17)
Mental Health	669	52	618	52
Community Link Workers	150	13	150	0
Central Costs	49	0	40	9
Total Expenditure	3,296	245	3,170	126
Funded by:				
2.13% of £155m	(3,296)			
Drawn Down Share			(3,170)	(126)
Total Funding Requirement	(3,296)		(3,170)	(126)

The table above provides an update to the financial plan for 2022/23 as to how the total PCIF funding allocation is being used to deliver the requirements of the MoU contained in the new GMS Contract (2018).

The PCIP workstreams are underpinned by a full year recurring investment plan of £3.296m to support delivery of the PCIP three year plan. Funding of £3.296m has yet to be confirmed by the Scottish Government via the Annual Funding Letter and it is hoped that the level of funding will substantially increase from the £3.296m assumed in order that the full recurring cost of both Vaccine Transformation and Community Treatment and Care can be fully funded (see 3.7 below).

PCIP Executive has fully allocated the assumed 2022/23 Scottish Government earmarked recurring PCIP allocation of £3.296m.

Actual Expenditure at 30 April 2022 is £0.245m. Forecast expenditure to 31 March, excluding the full recurring (and currently unaffordable cost of VTP and CTACs) is £3.170m. Forecast drawdown of funding allocation required to meet this at outturn therefore is also £3.170m. Against the total assumed 2022/23 earmarked recurring PCIF funding allocation which has now been fully directed by the PCIP Executive therefore, total forecast slippage on the PCIP is £0.126m at the end of M01. This may change as the funding level position becomes clearer going forward.

PCIP Executive has directed £0.121m of earmarked recurring resource to Community Treatment and Care Services (CTCS) and £0.016m to Vaccine Transformation Programme (VTP). In addition, further non-PCIF funding has been made available on a non-recurrent basis from within the vaccination programme and winter plan budget to support these workstreams. To date however, minimal expenditure has been incurred in relation to only CTCS in 2021/22 in respect of the Project Manager, a post which since the start of the financial year has remained vacant and work continues in order to better inform both workstreams' scope, component elements, workforce model and in turn, likely resource requirements.

This will inform the further planning, direction and management of these workstreams going forward, together with their likely resource requirements which will continue to be reported to the Scottish Government. Given that PCIP Executive has fully allocated all 2022/23 assumed funding with only £0.137m combined allocated to VTP and CTCS, there is financial risk associated to insufficient recurrent funding for NHS Borders to either deliver all of the mandatory workstreams of the PCIP and / or a significant affordability gap as a direct result. Whilst delivery models for both VTP and CTAC workstreams are currently being further developed, indicative indications are that on a permanently recurring basis minimum investment of around £0.736m and £1.724m is required respectively for these workstreams, although the full delivery models for each of these functions are currently being re-scoped.

Should there be no increase to PCIF allocation in 2022/23 or in the financial years thereafter, taking account of pay inflation and incremental drift across other PCIP workstreams also, it is forecast therefore that overall there will be a recurring funding gap of £2.511m therefore.

3.2.2. Non-recurrent funding

As previously reported, Scottish Government Health Directorate Finance wrote to all NHS Boards in February 2021 to notify them of an allocation of funding being made to Intergration Authorities in respect of outstanding balances on the Primary Care Improvement Fund. The allocation represents unused funding accumulated over the three years of the MoU 2018 to 2021. For NHS Borders this additional allocation was £1.097m which is non-recurring. This has been supplemented by slippage on the recurring allocation in both 2020/21 and 2021/22 which may also

be used on a non-recurring basis to further deliver the PCIP. At 01 April 2022 therefore, the total combined non-recurring resources remaining available for direction is £1.184m.

As a result of its non recurring nature, this supplementary allocation therefore cannot be used to fund permanent staff or any other recurring expenditure. The funding is ringfenced to support enabling works to deliver PCIP priorities in full and as such cannot be used by health boards to offset slippage on the delivery of Financial Plan savings or meet pressures on expenditure across any other non-PCIP services or workstreams.

The confirmed PCIP carry forward included within the Health and Social Care Partnership Earmarked Reserve at 31 March 2022 as reported totals £1.523m which is expected to be carried forward to 2022/23 via the Earmarked IJB General Reserve.

Expenditure against the non-recurring supplementary PCIP allocation is accounted for separately from that recurring funding relating to workstreams funded by the main annual allocation and reported to the PCIP Executive Group, Scottish Government and Health and Social Care Partnership.

A summary of commitments made by the PCIP Executive Group against the non-recurring allocation is summarised in the table below:

	Resource Directed £	Actual Expenditure to 30 April 2022 £	Forecast Expenditure to 31 March 2023 £
Commitments			
ANP Training	82	2	82 *1
CTCS Programme Management	54	0	54 *2a
CTCS Admin Support	15	3	15 *2b
CTCS General Allocation	545	7	545 *3
PCIP Project Management	72	0	72
PCIP Comms / Engagement	25	0	25
VTP	200	0	200 *4
System Acquisition & Installation	276	0	276 *5
Provision for 22/23 pay inflation and drift	254		254 *6
Total Commitments	1,523	12	1,523
Funded by:			
Additional NR Allocation	(1,097)		(1,097)
Non-Recurring Carry Fwd	(426)		(426)
Total Funding	(1,523)		(1,523)
Remaining for Direction	0		
Total Forecast Slippage / Uncommitted			0

Notes

- 1 ANP modular training to date has to date been funded by slippage within the Urgent Care recurring workstream.
- 2 CTCS is currently being scoped. New Project Manager being recruited and will be funded from recurring allocation currently. No admin requirement yet identified.
- 3 CTCS non-recurring allocation to fund part-year initial phase of programme in latter part of 2022/23
- 4 VTP non-recurring allocation to fund part-year initial phase of programme in latter part of 2022/23.
- 5 Systems: Commitment to OrderComms per PCIP Executive September 2021. Potentially Albasoft also.
- 6 Balance of uncommitted NR allocation. Hold in reserve for now - should recurring plan be fully spent, will be required to fund pay inflation and incremental drift.

In total £1.523m is available non-recurrently this year of which £0.338m relates to slippage on the recurring allocation last year and £1.184m the balance on the previous year's non-recurring plan. Of this, £0.254m remains uncommitted at the end of M01.

3.2.3. Anticipated required funding by workstream, 2021-22

The table below outlines the forecast full-year expenditure, required by PCIP at current prices, for it to be fully delivered:

Workstream	PCIP 3-Year Recurring Investment £'000	Full-Year Required Investment £'000
VTP	16	736
Pharmacotherapy	879	966
CTAC	121	1,724
Urgent Care	883	943
FCP	528	
Mental Health	669	1,237
Community Link Workers	150	150
Central Costs	49	51
Total Expenditure	3,296	5,807
Funded by:		
2.13% of £155m	(3,296)	(3,296)
Potential Forecast Shortfall*		2,511

**Dependent on level of 2022/23 PCIF allocation yet to be confirmed*

As can be seen from the above, unless the 2022/23 and future years' PCIF allocations are significantly increased, there is likely to be a funding shortfall of £2.511m on the plan, primarily as a result of VTP and CTAC not being funded to the level required, increasing financial risk on the partnership and compromising the delivery of the plan within required and agreed timescales.

4. Recommendations

The Scottish Borders IJB is asked to note the report, the risks, and actions being undertaken to reduce these risks.