

**Scottish Borders Health & Social Care
Integration Joint Board**



Meeting Date: 17 August 2022

Report By:	Chris Myers, Chief Officer Hazel Robertson, Chief Financial Officer Cathy Wilson, General Manager, Primary and Community Services
Contact:	Cathy Wilson, General Manager, Primary and Community Services Caroline Cochrane, Director of Psychology
Contact:	Via Microsoft Teams
RESOURCING OF PRIMARY CARE IMPROVEMENT PLAN AND OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FUND FROM 2023/24 ONWARDS	
Purpose of Report:	To appraise Integration Joint Board members on the current position relating to the financial and operational delivery of both the Primary Care Improvement Plan and the Mental Health and Wellbeing in Primary Care Services fund, and to advise on the actions undertaken and current status of these workstreams.
Recommendations:	The Health and Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the progress made since the last Integration Joint Board b) Note the risks to non-delivery of the GMS Contract, GP sustainability, workforce, and mental health and wellbeing services c) Note that the local financial position has been escalated to the Scottish Government Primary Care Directorate, and that the Scottish Government have subsequently issued a national allocation letter and the process to be followed d) Note that the funding for the Mental Health and Wellbeing in Primary Care Services plan reviewed at the Integration Joint Board in June 2022 has not been released and the plan has not been signed off by Scottish Government e) Note that discussions will occur with the Scottish Government about use of the Mental Health and Wellbeing in Primary Care fund to inform a future paper for the Integration Joint Board
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. However there are now significant system-wide workforce pressures which have led to challenges recruiting and retaining staff across a number of these workstreams, which impact both on

	<p>Primary Care and on other parts of the Health and Social Care system.</p> <p>In addition, there are risks associated to delays in recruitment and a delay to the TUPE of staff from General Practice to NHS Borders.</p>
Carers:	<p>Impacts on carers have been considered as part of the Healthcare Inequalities Impact Assessments that have been undertaken. There have been no stated impacts.</p>
Equalities:	<p>A Healthcare Inequalities Impact Assessment for the whole PCIP programme has been undertaken. For each new workstreams, service specific Healthcare Inequalities Impact Assessments have been undertaken (e.g. Vaccination Transformation) to ensure that the services appropriately ensure that the new services are not discriminating in their approach, that they widen access to opportunities, and support the people with protected characteristics.</p>
Financial:	<p>For 2022/23, we have received confirmation of an allocation of £3.648m for the Primary Care Improvement Fund. This is an improvement on our working assumption of £3.2m. Reserves brought forward from 2021/22 must be used first. Funding from the allocation will be released in two tranches - 70% in August) with 30% following in autumn 2022 subject to supporting data and evidence (in particular Primary Care Improvement Plans..</p> <p>Confirmation has been given that future allocations will be at least £170m for Scotland (Borders NRAC share £3.655m) and that Scottish Government will supply additional funds for Agenda for Change uplifts, and to ensure fulfilment of the terms of the MOU2. Any further investment will be subject to assessment at each budget round.</p> <p>There is financial risk to the Partnership and its PCIP as a result of two stage process. Should these workstreams not be delivered, the Integration Joint Board and 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.</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</p>

	<p>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. The first payment has been made and the second will be paid out later in the year.</p>
Legal:	The delivery of the Primary Care Improvement Plan is part of the national GP GMS Contract (2018) through a Memorandum of Understanding, and subsequent Memorandum of Understanding 2 between the British Medical Association (Scotland), the Scottish Government, Health Board and Integration Authorities.
Risk Implications:	<ul style="list-style-type: none"> • Risk of non-delivery against GMS Contract • Associated sustainability risk for Primary Care • Impacts on Children's Mental Health and Wellbeing in Primary Care services, in the context of recovery from Covid-19 • Financial risk • Recruitment issues
Direction required:	No

1. Introduction

In the Integration Joint Board on 28 July 2021, [progress against the Primary Care Improvement Plan](#) was reviewed. This showed good progress with the implementation of the Primary Care Improvement Plan and excellent tripartite arrangements between the Integration Joint Board, General Practitioners and NHS Borders. However it was also noted that there was a financial risk to the delivery of the plan, but that this would be bridged through the use of non-recurrent spend pending a further allocation from Scottish Government for 2022-23.

In the [Primary Care Improvement Plan update](#) at the Integration Joint Board on 15 June 2022, it was noted that further good progress had been made locally in delivering against the Memorandum of Understanding 2, however there remained a number of risks; predominantly around the implementation of the Community Treatment and Care Service, and Pharmacotherapy Services, with a forecast financial deficit of £2.5m from 2023/24 onwards.

The risk associated to Pharmacotherapy delivery was reviewed by the Integration Joint Board Audit Committee on 20 June 2022, where it was noted that actions were in place to improve the operational position, but that there were also financial constraints to delivery. The main risk relating to the Community Treatment and Care Service is due to financial constraints.

The Primary Care Improvement Plan was noted to be at a stage where further recruitment or TUPE of staff from General Practices to the Health Board to support the delivery of the plan against the [Memorandum of Understanding 2](#) would lead to a recurrent overspend. In addition, the non-recurrent reserve for the Primary Care Improvement Plan has been fully committed. As a result, in line with the Integration Joint Board's statutory finance requirements, further financial resource is required in order to ensure the continued development of the plan in line with the Memorandum of Understanding 2.

Development of Primary Care Multi-Disciplinary Teams is a contractual issue as it is a pre-requisite to the delivery of the GMS Contract. The development of these services were agreed to between General Practice, the Scottish Government, Integration Joint Boards and NHS Boards. Adequate levels of resourcing are clearly a pre-requisite to the delivery of the GMS Contract, in resourcing the development of Primary Care Multi-Disciplinary Teams to develop and support General Practitioners in their role as Expert Medical Generalists.

Broadly speaking, the roles of the Integration Joint Board and NHS Borders are to commission and deliver the Primary Care Improvement Plan respectively in line with local needs under the national framework, which is resourced by the Scottish Government (see Appendix 1). Whilst not responsible for funding the contract, should the priority workstreams not be delivered, Integration Authorities and Health Boards are required to compensate General Practitioners to deliver activity that will no longer be contractually obliged, at rates yet to be negotiated by the BMA and Scottish Government.

As a result of the financial situation and risks to operational delivery, the Integration Joint Board requested that further work be undertaken to review the situation and allow for further appraisal at the allow for more detailed understanding of the situation, to outline whether these risks could be reduced, and to better understand the financial and delivery risks that remained. The Integration Joint Board also agreed to hold an extraordinary

meeting to further review the situation and agree the next steps, so as to reduce the likelihood of any delays in relation to progress against delivery of the Primary Care Improvement Plan.

This paper summarises the extensive work that has been undertaken by the Primary Care Improvement Plan Executive and notes the further actions undertaken to reduce the risks to the delivery of the plan.

2. Background

The 2018 GMS contract arose out of necessity. Nationally, general practices were faced with unprecedented level of challenge in terms of sustainability – national recruitment issues and increasing demand for appointments resulted in practices struggling to deliver the service at the level they aspired to achieve.

In recognition of the severity of the situation, it was hoped that by creating a system where tasks are directly realigned to a more appropriate professionals would help relieve GP pressures.

National funding was to provide new staff employed by Health Boards that would be dedicated in improved patient-centred care. A new multidisciplinary primary care system could allow other health care professions to develop and grow in community based care. For GPs, it would go beyond just the easing of workload pressures. It would allow GPs to focus on being an expert medical generalist role at the heart of the community multidisciplinary team. This would aim to improve patients' quality of care, increase GP job satisfaction, and ensure more seamless delivery of health and social care services.

Since 2018, workstreams were created to deliver new services, including Vaccinations, Community Treatment and Care (CTAC), Pharmacotherapy, Musculoskeletal, Mental Health, Pharmacotherapy and Community Link Workers. Within the funding envelope available, the PCIP Executive Committee pushed with the implementation of key workstreams to deliver services to practices – scrutinising every spend and overseeing progress, ensuring that decision made were having a meaningful impact on GP workload and benefiting patients in an equitable manner.

Work continued to develop these workstreams throughout the Covid-19 pandemic in the recognition of the very pressing requirement to meet the increased needs of our population and General Practice throughout the pandemic.

In 2022 the Scottish Borders' Primary Care Improvement Plan (PCIP) remains committed to delivering the 2018 GMS contract through its collaborative process between NHS Borders, Integration Joint Board (IJB) and GP Sub Committee (e.g PCIP Executive Committee).

A second Memorandum of Understanding (MoU2) would later ask that Integration Joint Boards and Health Boards prioritise three services for delivery: Vaccinations, CTAC and Pharmacotherapy. Prior to this revised edition, the Scottish Government's Primary Care Improvement Funding (PCIF) allocation for the Scottish Borders had already been committed to funding other workstreams first. The PCIP Executive Committee had judged that based on work demand analysis, services such as Mental Health, Musculoskeletal and Urgent Care would provide immediate relief to local GP workloads. It is important to note that the MoU2 also states that Integration Joint Boards and Health Boards should not

defund established workstreams to address shortfalls for the three priority services. This raised the risk of securing funding for full delivery of the contract.

3. Actions undertaken

3.1. Request for funding from the Scottish Government

As the [Memorandum of Understanding](#) noted that the Scottish Government is responsible for “providing financial resources in support of the new Scottish GMS contract and primary care transformation (including the transfer of services) in line with the Scottish Government spending review process,” the Integration Joint Board Chief Officer wrote to the Scottish Government to escalate the situation relating to the potential non-delivery of the Memorandum of Understanding 2 within the current resource, and to request additional funding.

In response, the Scottish Government has confirmed that £170m nationally would be made available for 2022-23 plans. This represents an increase of £15m from £155m and equates to around £319k for the Scottish Borders, which does not cover the forecast gap. The Scottish Government have now outlined the funding arrangement for future years in an allocation letter which sets out the level of funding and how funding will be issued, in two tranches (see allocation letter in Appendix 3).

For 2022/23, we have received confirmation of an allocation of £3.648m for the Primary Care Improvement Fund. This is an improvement on our working assumption of £3.2m. Reserves brought forward from 2021/22 must be used first. Funding from the allocation will be released in two tranches - 70% in August with 30% following in autumn 2022 subject to supporting data and evidence.

Tranche 1

Given the overall financial pressures across health and social care, and taking into account the Resource Spending Review, it is prudent and sensible to use existing reserves that have been built up over time. Integration Authorities should draw down existing reserve balances in the first instance, and therefore 2022-23 allocations will reflect reserves held.

The initial tranche in August 2022 will take account of Integration Authority reserve balances at October 2021 as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Tranche 2

Any locally held reserves should be invested in the implementation of PCIPs in 2022- 23 before new funding is requested. Further funding will be made available later this year, subject to reporting confirming latest spend and forecasts required by Friday 4 November 2022, providing a breakdown of spending by category (staff and non-staff costs) and detailing what benefits have been created. Second tranche allocations will follow in Autumn 2022, subject to supporting data and evidence (in particular Primary Care Improvement Plans) regarding additional PCIF funding required in 2022-23. The approach to second tranche allocations will also be informed by updated financial data on the reserve positions as at 31 March 2022, which Scottish Government officials have

separately requested from Integration Authorities. Second tranche allocations will be accompanied by any further guidance, as required.

Future funding

Confirmation has been given that future allocations will be at least £170m for Scotland (Scottish Borders NRAC share £3.655m) and that the Scottish Government will supply additional funds for Agenda for Change uplifts, and to ensure fulfilment of the terms of the MoU2. Any further investment will be subject to assessment and benefits case at each budget round.

This commitment aligns to the Memorandum of Understanding 2 commitment which noted that “the Memorandum of Understanding parties are committed to determining the full cost of delivering MoU services and refining the evidence base for this purpose.”

However there does remain an element of financial risk as further investment will only be determined following the agreement to these cases via a review of benefits by the Scottish Government.

From 2022-23, new investment in the Primary Care Improvement Fund can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Evaluation guidance will be reviewed and used for the release of tranche 2 funding. Scottish Government will work with Public Health Scotland and local evaluators to understand the current evaluation landscape, the work already underway at local level and any gaps that might exist. This work will inform further development of the monitoring and evaluation of PCIPs at the national level, in turn allowing us to better target investment in future years.

In light of the allocation letter and guidance contained therein we will further review the planned spend during 2022/23 and beyond.

3.2. Review of Mental Health and Wellbeing Funding in Primary Care

The Memorandum of Understanding 2 noted that: "With Mental Health, there is a need to consider how PCIF (Primary Care Improvement Fund) funded posts interface with Action 15 funded posts as well as new policy commitments for mental health. The Primary Care Mental Health Development group in Scottish Government is taking this consideration forward. Separate to this MoU and the arrangements in place to fund it, the commitment of additional Mental Health Link Workers is currently being considered in the context of the locally led model proposed by the Mental Health in Primary Care Short Life Working Group."

In line with this, an additional £271,503 of Action 15 funding was allocated on an annual basis to supplement investment to facilitate the implementation of the Primary Care Mental Health Workstream, from the commencement of the service (Renew).

In addition, Mental Health and Wellbeing Funding in Primary Care funding has also been committed by the Scottish Government, and in February 2022 it was noted that the following allocation would be made to the Scottish Borders Health and Social Care

Integration Joint Board and Partnership. In the Integration Joint Board in 15 June 2022, the [plans to implement the Mental Health and Wellbeing in Primary Care](#) investment locally were noted. The level of indicative allocation from the Scottish Government for this policy commitment is noted below:

Financial year	Indicative allocation
2021-22	£67,009
2022-23	£204,537
2023-24	£406,437
2024-25	£823,677

Table 1 Mental Health and Wellbeing in Primary Care Services indicative allocation

In line with the Memorandum of Understanding 2, the Scottish Borders Health and Social Care Integration Joint Board and NHS Borders should also consider the use of this funding to support the delivery of the Primary Care Mental Health service from within the Primary Care Improvement Plan. This should also be undertaken in the context of the terms set out by the Mental Health and Wellbeing in Primary Care Fund.

Funding for this policy commitment from the Scottish Government was noted as indicative and that it would be subject to the approval of national future budgets in the Scottish Parliament.

Resource for this is assumed to come from the remaining funding from the national Health and Social Care portfolio after a number of costed commitments including Social Care, the National Care Service and reducing drug related deaths, which total £1,306-£1,578m of the total £1,922m commitment to Health and Social Care over the course of this Parliament.

This leaves between £344m-616m for investment across the other national priority areas over the course of this parliament, representing a total of 2.0-3.6% growth in total over the other national priority areas in the health and social care budget over the four year parliamentary period. It is important to note that due to the national context relating to inflation, there are a number of other significant pressures including pay and cost inflation that need to be funded within available budgets.

As a result, and within the context of the Resource Spending Review, whilst the allocation for 2021-22 has been received, we are unclear about the confirmed levels of funding from this financial year onwards.

Scottish Government have confirmed in the Primary Care Improvement Plan allocation letter that partnerships are requested to use this additional funding for Mental Health and Wellbeing to build on the existing investment from the Primary Care Improvement Fund and other funding streams to create additional capacity. Partnerships are asked to use this year to consider whether there are any practical challenges in allocating and reporting on Mental Health Workers across different funding streams (Primary Care Improvement Fund, Mental Health and Wellbeing Funding in Primary Care and other funding streams) and whether there would be benefits/opportunities to aligning reporting.

The Integration Joint Board should not commit to commission this workstream until clarity on the Mental Health and Wellbeing Funding in Primary Care fund is available and the submitted plan is signed off by the Scottish Government.

In addition, confirmation is required jointly from the Scottish Government Mental Health and Primary Care Directorates on how the Mental Health and Wellbeing in Primary Care fund should be allocated in the context of the Scottish Borders to ensure that we are able to reduce the risk to implementation of both the Mental Health and Wellbeing and Primary Care Improvement Plan workstreams. Once we have received this confirmation and funding, then a paper will be submitted to the Integration Joint Board for consideration.

3.3. Local review of potential to further maximise local impacts of spend on the Primary Care Improvement Plan

Following the IJB meeting in June 2022, members were updated on the funding constraints. A forecast financial deficit of £2.511m from 2023/24 was presented; primarily risking the successful delivery of both Community Treatment and Care and Pharmacotherapy services.

In preparation of the Extraordinary IJB meeting called for August 2022 to further examine the financial risk, a detailed review into each workstream was undertaken. This review led to an in-depth look into workforce projections with clinical leads re-applying skill mix analysis of each key role within service structures in an attempt at reducing cost without compromising patient care and to validate value for money. This work was supported by the Health and Social Care Partnership Chief Nurse and also by the NHS Borders Director of Nursing, Midwifery & Allied Health Professionals. The revised financial shortfall now stands at £2.372m.

Further detail on progress is included in Appendix 2 – Primary Care Improvement Plan 2022 Annual Programme Report.

4. Conclusions

Whilst excellent progress has been made locally on the development and implementation of the Primary Care Improvement Plan and the Mental Health and Wellbeing in Primary Care workstream in partnership with General Practice and with NHS Borders; we need to further review the plan to ensure there is sufficient funding and evidence of impact, to deliver the plan further on a recurrent basis.

Much work has been undertaken since the last Integration Joint Board which has reduced the forecast overspend for the Primary Care Improvement Plan by £139k.

For this financial year, now that the Scottish Government have provided assurance of at least £170m funding will be available nationally on an annual basis, there remains an element of risk as the funding will be released in tranches.

For 2023-24 onwards there is risk to delivery of the GMS Contract as funding will only be confirmed following approval by the Scottish Government on a case by case basis, however this risk has reduced significantly since the last allocation and confirmation of funding from the Scottish Government.

In light of the allocation letter and guidance contained therein we will further review the planned spend during 2022/23 and beyond.

Confirmation is required jointly from the Scottish Government Mental Health and Primary Care Directorates on how the Mental Health and Wellbeing in Primary Care fund should be

allocated in the context of the Scottish Borders to ensure that we are able to reduce the risk to implementation of both the Mental Health and Wellbeing and Primary Care Improvement Plan workstreams. Once we have received this confirmation and funding, then a paper will be submitted to the Integration Joint Board for consideration.

5. Recommendations

The Health and Social Care Integration Joint Board is asked to:

- a) Note the progress made since the last Integration Joint Board
- b) Note the risks to non-delivery of the GMS Contract, GP sustainability, workforce, and mental health and wellbeing services
- c) Note that the local financial position has been escalated to the Scottish Government Primary Care Directorate, and that the Scottish Government have subsequently issued a national allocation letter and the process to be followed
- d) Note that the funding for the Mental Health and Wellbeing in Primary Care Services plan reviewed at the Integration Joint Board in June 2022 has not been released and the plan has not been signed off by Scottish Government
- e) Note that discussions will occur with the Scottish Government about use of the Mental Health and Wellbeing in Primary Care fund to inform a future paper for the Integration Joint Board

Appendix 1:

Responsibilities of parties to the Memorandum of Understanding

The responsibilities of Integration Authorities are:

- Planning, design and commissioning of the primary care functions (including general medical services) delegated to them under the 2014 Act based on an assessment of local population needs, in line with the HSCP Strategic Plan.
- The development of a HSCP Primary Care Improvement Plan, in partnership with GPs and collaborating with other key stakeholders including NHS Boards that is supported by an appropriate and effective MDT model at both practice and Cluster level, and that reflects local population health care needs.
- Collaboration with NHS Boards on the local arrangements for delivery of the new Scottish GMS contract.
- Section 2c of the National Health Service (Scotland) Act 1978 places a duty on NHS Boards to secure primary medical services to meet the reasonable needs of their NHS Board area. To achieve this, NHS Boards can enter into GMS contracts. HSCPs will give clear direction to NHS Boards under sections 26 and 28 of the 2014 Act in relation to the NHS Board's function to secure primary medical services for their area and directions will have specific reference to both the available workforce and financial resources.
- Ensuring that patient needs identified in care plans are met

NHS Territorial Boards responsibilities:

- Contracting for the provision of primary medical services for their respective NHS Board areas
- Ensure that primary medical services meet the reasonable needs of their Board area as required under Section 2C of the NHS (Scotland) Act 1978.
- Delivering primary medical services as directed by HSCP as service commissioners.
- Arrangements for local delivery of the new Scottish GMS contract via HSCPs
- As employers, NHS Boards will be responsible for the pay, benefits, terms and conditions for those employees engaged in the delivery of the priority areas set out in Section G.

Scottish General Practice Committee responsibilities:

- Negotiating, with the Scottish Government, the terms of the GMS contract in Scotland as the negotiating committee of the BMA in Scotland.
- Conducting the poll (and any future poll) of its members on the terms of the GMS contract in Scotland.
- Representing the national view of the GP profession.
- Explaining the new Scottish GMS contract to the profession (including communication with Local Medical Committees (LMC) and GP practices).
- Ensuring that GP practices are supported encouraged and enabled to deliver any obligations placed on them as part of the GMS contract; and, through LMCs and clusters, to contribute effectively to the development of the HSCP Primary Care Improvement Plan.

Scottish Government responsibilities:

- Setting the legislative framework underpinning the commissioning of primary medical services by HSCPs and delivery by NHS Boards.

- In collaboration with NHS Boards and with HSCPs, shaping the strategic direction and the development of commissioning guidance in respect of primary care that is in line with the aims and objectives set out in National Clinical Strategy and the Health and Social Care Delivery Plan.
- Providing financial resources in support of the new Scottish GMS contract and primary care transformation (including the transfer of services) in line with the Scottish Government spending review process.
- Making arrangements with stakeholders to meet the future GP workforce requirements both in terms of numbers and education and training.
- Agreeing the metrics and milestones against which progress will be measured; with regular progress reporting as part of the existing statutory arrangements for reporting performance against Strategic Plans.

Appendix 2: Primary Care Improvement Plan – Annual Programme Report

Local progress on delivery of the Primary Care Improvement Plan

Appendix 3

2022/23 PCIP Annual funding letter 11 August 2022