

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 September 2022

Report By:	Hazel Robertson
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PRIMARY CARE IMPROVEMENT FUND 2022	
Purpose of Report:	To update the IJB on Primary Care Improvement Plan funding and spend pattern for 2022/23 and seek approval for the PCIP Direction 2022.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the tightening position regarding PCIP funding b) Approve the PCIP direction which will entail reprioritisation of spend patterns.
Personnel:	Deprioritisation of workstreams may have staff implications which will be addressed through applying existing HR policies
Carers:	No direct impact
Equalities:	EQIA will be carried out for individual workstreams as required.
Financial:	Covers the reserves spend of £1.5m and the recurring allocation of £2.3m (phase 1) and phase 2 still to be confirmed.
Legal:	Nothing at this time.
Risk Implications:	Risks around not delivering the full services as set out to meet the GMS contract, therefore not being able to relieve pressures on general practice nor realise benefits for the Borders population..
Direction required:	SBIJB-020922-1

Situation

1. At the Extraordinary IJB meeting on 17 August the IJB were advised of the change in approach to funding of the PCIF with a significant tightening of available resources. The IJB were also advised of the significant benefit from this programme for the population and for GP workload, and the significant risks associated with not delivering the GP contract including recruitment and stability.
2. As the funding changes were very recently announced it was not yet possible to be clear about the implications for Borders
3. An additional paper was requested, setting out a clear way forward.

Background

4. The allocation letter indicated that future funding would be subject to business cases and it was felt that this may give opportunities for additional funding.
5. Each project has timelines for delivery and potential for transfer of significant levels of staff. It was also agreed that any direction of funding needed to be competent in terms of source of resources and ongoing financial sustainability. The overall projected recurrent financial gap is £2.5m. Borders Health Board is in a deficit position and it is not possible to direct them to implement the full programme without a funding source. It was suggested to take an aggressive approach to securing the necessary funding.
6. There are four parties involved in this programme: GPs, IJB, the Health Board and Scottish Government. Our view from the Memorandum of Understanding is that SG is responsible for resourcing this programme and we expect the funds to come in to honour the contract, with the IJB commissioning services via the Health Board and GPs.
7. Due to the delay in full implementation of the GP contract the SG has promised funding for two sustainability payments to GPs. The first such payment has been made and there is currently not a firm timescale for the second payment.
8. The PCIP Executive Committee met with two officials from SG on 8 September and had a frank discussion about the funding concerns and the impact on delivery of the contract. This discussion was not promising and an outcome was to escalate this further to the GMS Oversight Group.
9. In addition to escalating with Scottish Government officials we plan to escalate with the GMS Oversight Group.

Assessment

10. A direction has been prepared to manage the programme within the available resources. This will require the PCIP Executive Group to reprioritise the use of available recurrent funding. This is to be done in keeping with advice on commissioning and decommissioning.
11. The PCIP Executive Group will continue to escalate discussion at a national level regarding inadequacy of funds to deliver all aspects of the contract and the risks associated with that..
12. The direction also asks the PCIP Executive Group to identify the risks and issues associated with insufficient funding and to develop a mitigating strategy.