

## Scottish Borders Health & Social Care Integration Joint Board



Scottish Borders  
Health and Social Care  
PARTNERSHIP

Meeting Date: *Iris will complete*

<b>Report By:</b>	Hazel Robertson
<b>Contact:</b>	Hazel Robertson
<b>Telephone:</b>	07929 760533
<b>DIRECTIONS TRACKER</b>	
<b>Purpose of Report:</b>	To update the IJB on the outstanding directions
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a) Note the overview of outstanding trackers, which are reviewed by the IJB Audit Committee</li> <li>b) Note that funding from SG remains insufficient to fully implement the PCIP. This is a significant issue which will require consideration as part of financial planning.</li> </ul>
<b>Personnel:</b>	Prioritisation / Deprioritisation of workstreams may have staff implications which will be addressed through applying existing HR policies
<b>Carers:</b>	No direct impact
<b>Equalities:</b>	EQIA will be carried out for individual workstreams as required.
<b>Financial:</b>	Shortfall on PCIP budget of £2.1m. We have been advised that next years allocation will include cover for pay awards.
<b>Legal:</b>	Nothing at this time.
<b>Risk Implications:</b>	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.
<b>Direction required:</b>	SBIJB-020922-1

### Situation

1. The majority of the directions are in progress with no issues to report at this time
2. The PCIP Direction is proving difficult to address due to insufficient funds being provided by Scottish Government.
3. At its 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.

4. As the funding changes were very recently announced it was not yet possible to be clear about the implications for Borders
5. 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.
6. An additional paper was requested, setting out a clear way forward.

## **Background**

7. 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 £2.1m. Borders Health Board is in a deficit position and it is not possible to implement the full programme without a funding source. It was agreed to take a robust approach to securing the necessary funding.
8. 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.
9. Due to the delay in full implementation of the GP contract the SG has provided funding for sustainability payments to GPs.
10. 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 National GMS Oversight Group.
11. In addition to escalating with Scottish Government officials the NHS Board Chief Executive escalated with the GMS Oversight Group.

## **Assessment**

12. A direction has been provided to manage the programme within the available resources. This required 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.
13. 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.
14. The position remains such that the PCIP programme cannot be implemented in full and this presents a significant challenge to the PCIP Executive Group.

15. The PCIP programme is to be an early adopter of the PBMA financial priority assessment approach. This will not in itself solve the problem but should help with prioritising the need for a funding solution,