

# Scottish Borders Health and Social Care Partnership Integration Joint Board Audit Committee

20 March 2023

## Primary Care Improvement Plan (PCIP) Direction

Report by Hazel Robertson, Chief Finance Officer IJB



### 1. PURPOSE AND SUMMARY

- 1.1. This paper provides a second update on implementation of the PCIP Direction, which relates to implementation of the new General Medical Services (GMS) Contract.
- 1.2. The PCIP have continued to make strong process in implementing the workstreams and are being creative to find low cost solutions within the funding available. There has been no movement on the funding position since the last update, with insufficient clarity from Scottish Government in relation to recurring funding and no scope for further funding to be provided from existing resources within the Partnership. This is now a significant issue given the implementation date for the GMS Contract is April 2023.

### 2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-
  - a) Note no growth in funding provided by Scottish Government despite all our efforts at escalation. Confirmation received that pay awards will be funded.
  - b) Note that whilst some funding may be able to be directed from earmarked reserves, this will be insufficient to fund the full programme.
  - c) Note the programme of consultation, engagement and communications that is required
  - d) Note risks to Primary Care service delivery and sustainability due to the full programme not being implemented.

### 3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X	X	X		X	X

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
x	x	x			x

#### 4. INTEGRATION JOINT BOARD DIRECTION

- 4.1. SBIJB-020922-1 was issued by the IJB following a change in the funding approach for the Primary Care Improvement Programme (PCIP), by Scottish Government. This report provides a second update on implementation of that direction.
- 4.2. Scottish Government have assumed that reserves balances will be used first, before new funding. This resulted in a deduction of £79k from Tranche 1. We await confirmation of the Tranche 2 funding.
- 4.3. The Direction asked the PCIP Executive to:

1. Deliver agreed project outcomes using the reserves brought forward totalling £1,522,980
2. Review current project spend from main allocation to determine whether any spend can be met from reserves
3. Review the priorities for recurring activity with a view to targeting resources to higher priority workstreams.
4. Comply with commissioning (and decommissioning) guidance, involving and seeking approval from Strategic Planning Group and IJB as required.
5. Plan, initiate and monitor ongoing workstreams funded via the allocation from Scottish Government of 70% of annual allocation - £2,312,902 plus projected 30% balance.
6. Jointly, liaise with Scottish Government to advise that reserves are fully committed, express concern about level of funds available, no funding for pay awards and assumption that reserves can be used to cover recurrent spend. Highlight funding gap of £2.511m and implications of not being able to fully implement the GP contract.
7. Identify risks and issues associated with insufficient funding level, and develop mitigating strategy.

#### 5. ASSESSMENT

- 5.1. Correspondence with SG through the mechanism of the implementation tracker confirms that Boards should base their returns on full delivery of the services defined in guidance.
- 5.2. SG allocations are based on an NRAC share. This does not reflect the cost of delivery for a small and geographically dispersed population.
- 5.3. The funding gap, in addition to being reported regularly through the implementation tracker, has been escalated twice in writing to the Primary Care team at Scottish Government, discussed in full with two representatives of the SG Primary Care team along with our PCIP Executive, and escalated to the National GMS Oversight Group by the NHS Borders Chief Executive.

- 5.4. We have received an indication of funding for 2023/4 which states that pay awards will be funded however we do not have confirmation of growth in future funding to fully implement the programme.
- 5.5. As previously advised, the PCIP Executive have taken decisions to prioritise resources.
- the Community Link Workers programme was deprioritised for funding from the PCIP allocation, with an alternative funding mechanism now in place.
  - the priority area for investment was agreed to be a Phlebotomy Service which is a move towards wider Community Treatment and Care (CTAC).
- 5.6. The PCIP Executive have met the brief of the original direction however without further funding, we are not able to fully implement the GP contract, which comes into effect in April 2023.
- 5.7. The most recent (end January 2023) PCIP Finance Report sets out that partial delivery in 2022/23 is forecast to cost an additional net £4.590m, with full delivery in 2023/24, inclusive of assumed pay indexation, forecast to cost £6.033m. Through the PCIP Finance report there is very robust consideration of financial requirements and robust scrutiny over the use of reserves and budget.
- 5.8. In the first report to the IJB Audit Committee it was noted that this level of funding challenge would require further consideration in the context of our developing Strategic Commissioning Framework and financial plan/budget for 2023/24. The Commissioning Framework 2023/26 identifies improving primary care waiting times, workforce challenge and access to GPs as top priorities. The draft HSPC budget for 2023 includes a 5.9% (£13.5m) savings challenge. The NHS Borders Financial Recovery Plan is in development and the financial consequences of this are not yet included in the HSPC budget. With a plus £2m gap in PCIP funding, it is not possible for the Health Board to provide this level of additional budget, and the IJB does not have sufficient *flexibility in reserves to meet this gap*.
- 5.9. It is expected that a revised budget and Financial Plan will be submitted to the IJB in June with the impact of the recovery plan included and setting out the approach to enabling implementation of the Strategic Framework.
- 5.10. Application of the Best Value for Every Pound approach should offer a mechanism to move funding from one service to another. The PCIP team are testing the toolkit and can see how this could help decision making. However the application in other areas is not advancing as quickly and it is too early to say when this will be a robust means of making resourcing decisions.
- 5.11. SG have requested a review meeting with the PCIP lead, to review progress. Our response is that this meeting requires to be tri-partite and include the full PCIP Executive (GP, Board and IJB).

## 6. IMPACTS

### Community Health and Wellbeing Outcomes

- 6.1. It is expected that these service developments will indirectly support improvement in several of the National Health and Wellbeing Outcomes below. In improving financial control and management, this should enable the movement of resources to support service changes.

	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live	increase

	in good health for longer.	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	increase
5	Health and social care services contribute to reducing health inequalities.	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7	People who use health and social care services are safe from harm.	
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	Direct increase

### Financial impacts

6.2. To date, funding has been provided on an NRAC share basis. This does not accurately reflect the costs of delivery in a small and rural Board and we argue that funding should be based on the cost of delivery model in order to fully implement the MoU.

6.3. Despite diligently reporting our financial model and requirements to SG, and various escalations, we have nothing in writing to indicate that we will receive sufficient funding to allow full implementation.

### Equality, Human Rights and Fairer Scotland Duty

#### 6.4. Integrated Impact Assessment Stage 1 Proportionality and Relevance

The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

There are Health Inequalities implications that need to be highlighted. Failure of adequately providing community based health provision will disproportionately affect some of our most vulnerable people in Scottish Borders.

Primary Care Improvement Plan aims to increase the delivery of preventive and anticipatory interventions through primary care and general practice. We aim to optimise health and well-being and self-management of long-term conditions within local communities by improving access to services and providing much needed resilience within GP Practices.

A full impact assessment will be conducted to inform the way forward.

### **Legislative considerations**

- 6.5. Failure to implement all aspects of the programme means that we are unable to fully implement the Memorandum of Understanding for the GMS contract. This may result in additional payments to the GPs being required .

### **Climate Change and Sustainability**

- 6.6. There are no direct impacts for Climate Change and Sustainability.

### **Risk and Mitigations**

- 6.7. Failure to fully implement the contract and the additional services required will not provide the full benefits for General Practice, including reducing workload and positively impacting on recruitment and retention.
- 6.8. There is a risk that the Vaccination Programme will be unable to sustain the same level of service due to insufficient SG funding allocation leading to a failure of GMS Contract and an increased risk to public health.
- 6.9. There is a risk that the CTAC Programme will not be fully delivered due to insufficient SG funding allocation leading to a failure of GMS Contract and inequitable access to Treatment Room services to Scottish Borders patients.
- 6.10. There is a risk that Pharmacotherapy programme as described in MOU2 will not deliver Level 1 and elements of level 2 & 3 pharmacotherapy tasks due to insufficient SG funding allocation and as such an inability to employ the Pharmacotherapy staff required to deliver this. The impact is reduced medication management for Scottish Borders patients with potential harm from polypharmacy and drug errors.
- 6.11. Failure to fully implement the contract may result in further requirements for sustainability payments.
- 6.12. Failure to implement the contract may result in industrial action from the GP Community.

## **7. CONSULTATION**

### **Communities consulted**

- 7.1. As part of the IIA there will be engagement with affected communities. Communication with the GP community around the current situation is required.
- 7.2. As part of the above processes, we will consider the Integration Planning and Delivery Principles.
- 7.3. PCIP Executive members were consulted.
- 7.4. The following groups will be involved as required:
- Staff – Joint Staff Forum
  - Localities – Locality Working Groups

- Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
- IJB Strategic Planning Group

### **Integration Joint Board Officers consulted**

7.5. The IJB Chief Officer and the IJB Chief Finance Officer are members of the PCIP Exec and all comments received have been incorporated into the final report.

### **Approved by:**

Hazel Robertson, IJB Chief Finance Officer

### **Author(s)**

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### **Background Papers:**

PCIP Finance Report

### **Previous Minute Reference:** 19 Dec 2022

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