

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



Meeting Date: 19 December 2022

Report By:	Hazel Robertson, IJB Chief Finance Officer
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PROGRESS WITH DIRECTION: SBIJB-020922-1 MANAGE PCIP WITHIN EXISTING FUNDING	
Purpose of Report:	To receive assurance of implementation of IJB Direction
Recommendations:	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> a) Note the feedback on actions taken by the PCIP Executive Group b) Consider and agree that this direction has been implemented appropriately.
Personnel:	Funding for community link workers has been secured from another funding allocation
Carers:	No impacts
Equalities:	No EQIA issues
Financial:	PCIP will break even this financial year; investment in CTAC Phlebotomy service is being progressed through re-prioritisation of projects. Shortfall in funding to fully implement the GP contract for next year has been identified as £2.3million.
Legal:	Potential penalties may be invoked for incomplete implementation of the GP contract.
Risk Implications:	The Vaccine Transformation Programme is currently funded from Covid funding. The CTAC programme is limited to Phlebotomy. We have not yet received tranche 2 allocation and there is a risk that Scottish Government will hold back more central funding in anticipation that this will be met by IJB reserves.

Situation

SBIJB-020922-1 was issued by the IJB following a change in the funding approach for the Primary Care Improvement Programme, by Scottish Government. This report provides an update on implementation of that direction.

Background

Scottish Government have assumed that reserves balances will be used first, before new funding. Only 70% of the annual funding allocation has been released pending further review based on reserves balances at end September.

The Direction asked the PCIP Executive::

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.

Assessment

Total brought forward reserves were £1,522,980 as per IJB audited accounts. The PCIP Executive team have confirmed that all reserves balances have been committed therefore cannot be returned to Scottish Government. If SG accepts that position we should receive a further £79k (the amount deducted from tranche 1 funding).

The PCIP Executive team have agreed that the Community Link Workers programme should be deprioritised for funding from the PCIP allocation. Further discussion has led to funding being found from within the Multi-Disciplinary Team allocation which has been increased this year. This service is to be reviewed to ensure we achieve maximum benefits.

Budget of £0.168m is available for another priority area.

The PCIP Executive Team have agreed that the priority area for investment is in a Phlebotomy Service which is a move towards wider Community Treatment and Care (CTAC). Establishment of this service was the primary focus for the meeting held on 6 December.

The PCIP Finance Report sets out the future financial challenge which involves a forecast budget requirement of £7.112m, and a funding gap of £2.3m. The three year budget projection from the tracker submitted to Scottish Government is noted below.

All figures in £000s		2021-22 outturn	2022-23 forecast	2023-24 forecast (5)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	0	848	891
	Non-staff costs	0	129	129
Pharmacotherapy services	Staff costs	123	996	1,094
	Non-staff costs	-24	29	42
Community Treatment and Care Services	Staff costs	-59	858	1,780
	Non-staff costs	0	0	200
Urgent care services	Staff costs	46	856	960
	Non-staff costs	71	110	56
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	552	1,623	1,705
	Non-staff costs	-8	9	33
Community Link Workers	Staff costs	-28	152	160
	Non-staff costs	-8	8	8
Other - please provide detail in Description box	Staff costs	N/A	37	42
	Non-staff costs	N/A	14	12
Total Expenditure		665	5,669	7,112

The Vaccination Transfer Programme is currently funded through Vaccination funding as part of the COVID allocation.

Finally, because this programme of activity is funded via earmarked reserves, it means that no new funding is received to pay for pay awards.

The PCIP Executive Group have met the brief of the original direction however it can be noted from the above analysis that there are still significant funding issues which are adversely affecting their ability to fully implement the GP contract. This funding challenge will require further consideration in the context of our developing Strategic Commissioning Plan and financial plan/budget for 2022/23. The financial position has been discussed in depth with the national GMS team and is being highlighted to the GMS Oversight Group by Ralph Roberts, Chief Executive, and a member of this Group.