

CÙRAM IS SLAINTE NAN EILEAN SIAR

INTEGRATION JOINT BOARD



Meeting date:	June 29th 2023
Item:	8.2
Title:	Primary Care Improvement Board Governance Arrangements
Responsible Officer:	Nick Fayers, Chief Officer
Report Author:	Nick Fayers, Chief Officer

1 Purpose

This is presented to the Integration Joint Board (IJB) for:

- Decision

This report relates to a:

- Government policy/National Contract
- Financial Governance/accountability
- NHS Board/Integration Joint Board Strategy or Direction

Competence:

- There are no legal or other constraints associated with the report.

2 Report summary

2.1 Situation

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal assent in April. It establishes the framework for the integration of health and social care in Scotland.

The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to help develop professional guidance. This guidance and advice address financial matters and is issued to assist Health Boards and Local Authorities in delivering integrated services.

Specifically the financial resources allocated to the Health Board and the Local Authority by the Integration Joint Board for the delivery of services are the responsibility of the Health Board accountable officer and the Local Authority Section 95 Officer; and the Chief Officer is accountable to them for the use of financial resources in his operational role in the Health Board and Local Authority.

Funding from Scottish Government is received on an annual basis (both recurring and non-recurring monies) by the parent bodies and where indicated funding is allocated to IJB in relation to the delegated services.

The Integrated Joint Board is responsible for approving or otherwise an annual budget alongside quarterly financial monitoring and approval process for investment decisions in year. The Board is required through Public Bodies (Joint Working) (Scotland) Act 2014 to ensure robust governance arrangements are in place for totality of income and expenditure across the delegated services.

This report focuses on Primary Medical Services (GP practices) and the associated Primary Care Improvement Fund.

2.2 Background

Primary Medical Services across the nation are outlined through the 2018 General Medical Services Contract (2018 GMS). The contract offer proposes a refocusing of the GP role as expert medical generalists.

This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities (IJBs), the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland.

The funding for general practice in Scotland, which in the main reflects practice list sizes, was redefined to reflect the planned change. In support of this a Memorandum of Understanding (MOU), was developed between Integration Authorities, SGPC, NHS Boards and the Scottish Government, and set out agreed principles of service redesign (including patient safety and person-centred care), ringfenced resources to enable the change to happen, new national and local oversight arrangements and agreed priorities.

In 2021 the MoU with refreshed (the Mou2) covers the period 2021-23. The key aims remain expanding and enhancing multidisciplinary teams working to support GPs as expert medical generalists.

Locally (as seen as common place throughout Scotland) a Primary Care Improvement Board was established to oversee the development of primary care as defined in MoU and subsequently MoU2.

Following a joint SG/SGPC letter of December 2020 the focus was agreed to be Pharmacotherapy, CTAC and VTP to support the wider ambition of the 2018 GMS contract.

NHS Western Isles receives funding from Scottish Government to the value of £7.7M global sum (2022-23) plus an additional £1.1M (2022-23) Primary Care Improvement Fund (hereafter PCIF) to deliver the terms of the contract alongside the shift of core service delivery for key elements becoming the responsibility of Health Boards within the confines of allocated funds.

2.3 Assessment

As outlined in 2.1 the IJB has a key financial governance responsibility to approve an annual budget and oversee expenditure in year.

In terms of PCIF there is a requirement to develop annual delivery plans (Primary Care Improvement Plans (PCIP)) to support the development of General Practice in line with the contract.

MoU2 states Primary Care Improvement Plans (“PCIPs”) will continue to be developed locally in collaboration between Integration Authorities, Health Boards and GP Sub-Committees and will be agreed with Local Medical Committees. The key wording here is in *collaboration and agreed with*.

Currently there is a gap in the governance arrangements that relate to PCIF. As is distinctly different from all budgets for the IJB the PCIF does not report through to the Integrated Joint Board for discussion and approval or otherwise of invest plan plans in year (PCIP).

This presents a risk to the IJB in terms of:

- The IJB is not sighted on the planned expenditure relating to PCIF
- The utilisation of reserves held by the IJB being directed by SG as opposed to local planning
- Autonomous decisions being taken in isolation of wider strategic decisions undertaken by the IJB

In turn NHS Western Isles has the following responsibilities:

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.

As is described above the IJB in its role as the governing body for the Health and Social Care Partnership has a requirement to approve or otherwise investment plans/expenditure for all delegated services.

To address the current risk and gap in governance arrangements the IJB are requested to approve the recommendation given in section 2.4

2.3.1 Quality/ Patient Care

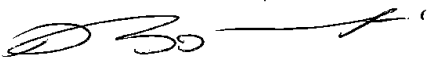
The report has no direct impact on quality of care (and services).

2.3.2 Workforce

No direct impact on the workforce including resources, staff health and wellbeing.

2.3.3 Financial

No financial impact

Accountants Name	Signature
Debbie Bozkurt	

Comment from the Chief Finance Officer:

Tightened Governance around PCIP Funds will ensure funding is fully utilised as directed within MOU 2

2.3.4 Risk Assessment/Management

Strategic Risk Register defines risks to the IJB.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has not been completed because it is not required.

2.3.6 Climate Emergency and Sustainability Development

State how this report will support or impact on the Scottish Government's policy on Global Climate Emergency and Sustainability Development DL(2021)38.

No direct impact on sustainability

2.3.7 Other impacts

Not applicable

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

No requirement to engage or communicate with stakeholders.

2.3.9 Route to the Meeting

This has been raised as a risk at:

Primary Care Improvement Board 04.05.23

2.4 Recommendation

Decision – The IJB is requested to approve a strengthening in financial governance whereby:

- PCIF annual budget is presented for approval to the IJB
- In year variance of the PCIF (forecast under/overspend) is notified to the IJB with a clear recommendation to deliver financial balance with priority given to core MoU requirements (specifically VTP, CTAC and Pharmacotherapy)
- The development of revised investment plan should potential underspend be indicated

3 List of appendices

The following appendices are included with this report:

No appendices.