

<u>Meeting</u> Health & Wellbeing Board
<u>Date and time</u> Thursday 28th September, 2023 At 9.30 am
<u>Venue</u> Hendon Town Hall, The Burroughs, London NW4 4BQ

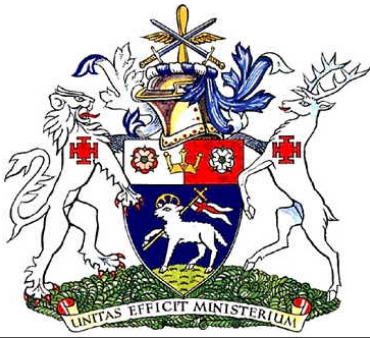
Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
8	Barnet Mental Health Charter - TO FOLLOW	3 - 12
12	Primary Care Update: Bi-annual report - TO FOLLOW	13 - 24

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Health & Wellbeing Board AGENDA ITEM 8

Title	Mental Health Charter for Barnet
Date of meeting	28 September 2023
Report of	Dawn Wakeling, Executive Director, Communities, Adults and Health Tamara Djuretic, Joint Director of Public Health and Prevention Chris Munday, Executive Director Children’s & Family Services
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Mental Health (MH) Charter
Officer Contact Details	Ellie Chesterman, Interim Head of Commissioning – Mental Health & Dementia ellie.chesterman@barnet.gov.uk Magdalena Magliulo, Health & Social Care Commissioner, Joint Commissioning Unit magdalena.magliulo@barnet.gov.uk

Summary

The Mental Health Charter for Barnet has been developed between February and September 2023 in partnership with Barnet Together Alliance and in coproduction with residents and experts by experience of all ages. The Charter is intended to be aspirational – describing what we want for the Barnet of the future. The Charter will be a guide for key Council partners, statutory bodies and businesses, to support the mental health of people living and working in the borough and foster a culture of positive mental well-being.

The Charter will be launched on 10th October 2023, world mental health day, with local organisations encouraged to pledge how they will support delivery of the charter ambitions. Following the official launch, we will work with residents to develop a child-friendly version and an easy-read version, to support accessibility to all. People with lived experience will be involved in monitoring progress throughout the year.

Recommendations

That the Health and Wellbeing Board:

1. Approves the Mental Health Charter, ahead of its launch and wider circulation

1. Reasons for the Recommendations

The Administration made a commitment to deliver a Mental Health Charter for Barnet, which would drive activity to support the mental health of people living and working in the borough, foster a culture of positive mental well-being, promote equality and inclusion and tackle stigma.

An outline plan for delivering the Charter was developed in January 2023 and over 300 residents of all ages have been involved in coproducing the charter.

The Charter is intended to be aspirational – describing what we want for the Barnet of the future. Instead of dictating the actions we hope to see, we ask key Council partners, statutory bodies and businesses to sign up to the Charter and to ‘pledge’ what they will do in the next 12 months to support delivery of the Charter. We intend to monitor progress over the course of the year and hold organisations to their pledges – bringing the Charter to life.

We had originally intended to have some overarching statements, supplemented by some age-specific sections. However, through coproduction activity, it became evident that there are strong themes across all ages and therefore the Charter can be applicable to all in its entirety.

The Charter steering group, consisting of experts by experience, Voluntary Care Sector (VCS), Family Services, Public Health, adult social care and adult joint commissioning met several times between February and April 2023, to discuss feedback received from initial focus groups with young people and to draw together the expertise and experience in the room. The group identified four key areas for the Charter to cover. These are:

- To us, mental health is...
- We are a supportive and inclusive borough because...
- Barnet residents are...
- We expect services to...

The steering group also put some initial thoughts underneath each area to stimulate further discussion.

In partnership with the Barnet Together Alliance, a coproduction toolkit was then produced that would enable VCS organisations to organise a workshop and gather feedback to inform further drafts of the Charter. Working to a hub and spoke model, the Barnet Together Alliance reached out to the wide range of organisations in their network to deliver these workshops between May and July. The Alliance provided support with the sessions, both in set up and delivery as needed, and coordinated a pot of funding to cover expenses, provided by the Adult Social Care engagement team.

Data collected from workshop participants evidences that over 230 young people and adults (of which 92 were young people under the age of 18) were involved in these sessions. We know that the total cohort of residents who have been involved in coproducing the charter is higher, as a number of residents were not willing to share their data with us.

A further draft of the Charter, incorporating all the feedback received, has subsequently been to three resident focus groups attended by a further 25 people across all ages, with a particular emphasis on reviewing the language used.

Public Health colleagues analysed the wider demographic information collected and compared this to the borough profile. We can confidently say that we have heard from a widespread and broadly representative group of residents across all ages, genders, ethnicities and religions.

The final version of the Charter will be launched at an event on 10th October 2023, with organisations encouraged to pledge how they will support delivery of the charter ambitions. Following the official launch, we will work with residents to develop a child-friendly version and an easy-read version, to support accessibility to all. People with lived experience will be involved in monitoring progress throughout the year.

2. Alternative Options Considered and Not Recommended

2.1 Not Applicable

3. Post Decision Implementation

3.1 A launch event will take place on world mental health day on 10th October. This will include sharing the charter, Barnet Together Alliance presenting the co-production activity, and organisations in attendance being asked to make pledges on what they can do to support the achievement of the charter's aspirations. In addition, a special event for children and young people will also be held.

3.2 The council and steering group will also produce some different versions of the charter, to increase its reach and accessibility: a 'pocket' version with headlines only, an easy-read version and a child-friendly version.

3.3 Monitoring of the implementation of the Charter and delivery of the actions pledged by the partners will be carried out by dedicated resource within the council's community participation team.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 The development of Mental Health Charter for Barnet supports the council's corporate plan priorities under the tackling inequalities and living well themes.

4.2 The Mental Health Charter for Barnet has been developed with underpinning principles of being an engaged and effective council, through co-production with residents and people with lived experience.

Sustainability

4.3 N/A

Corporate Parenting

4.4 The mental health charter is a document that sets out our aspirations for mental health in the borough. The principles and aspirations in the charter apply to residents of all ages, including to children and young people who are looked after by the local authority or who are care experienced. The mental health of children and young people has formed a core part of the charter development.

Risk Management

4.5 N/A

Insight

4.6 N/A

Social Value

4.7 N/A

5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)

5.1 Implementation of the Charter is intended to be met within existing budgets. Should any future funding requirements arise, these will be considered through the Council's medium term financial planning process. Other partners making delivery pledges will address resource implications through their own financial and budget processes.

6. Legal Implications and Constitution References

6.1 In line with Part 2B of the Council's Constitution, the Health and Wellbeing Board has the following functions:

- To work (together with Barnet Borough Partnership) with Integrated Care Partnership (ICP) and Integrated Care Board (ICB) to determine the integrated approach that will best deliver holistic and streamlined care and prevention activities, including action on wider determinants in their communities.
- To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership including North Central London Integrated Care Strategy.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To provide collective leadership and enable shared decision making, ownership and accountability.
- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.

- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership
 - Developing further health and social care integration.
 - Receiving regular reports on the North Central London Integrated Care Board and their partner NHS trusts and NHS foundation trusts, including joint capital resource use plans, ICB Annual reports, Forward Plans and Performance Assessments

7. Consultation

- 7.1 Over 300 young people and adults have been involved in coproducing the Charter and refining the language. This activity was led by organisations within the Barnet Together Alliance
- 7.2 Public Health colleagues analysed the demographic information collected from participants involved in coproduction workshops and compared this to the borough profile. The analysis shows that we have heard from a widespread and broadly representative group of residents across all ages, genders, ethnicities and religions through the co-production.

8. Equalities and Diversity

- 8.1 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Tackle prejudice, and
- b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

Advice on completing Equality Impact Assessments (EIAs) can be found [here](#).)

9. Background Papers

9.1 N/A

Barnet's Mental Health Charter

To us, Mental Health is:

- **Everyone's business**

It should be considered in all local decision-making because it affects everyone, but remembering that everyone's experiences are individual.

- **As important as physical health**

Recognising it has a huge impact on wellbeing.

- **Supported by positive connections and activities**

- **Impacted by people's life circumstances and harmed by stigma and prejudice**

We must consider the impact of broader cultural, economic and political issues, as well as people's

We are a supportive and inclusive borough because:

- **We look after each other**

We have a culture of positive mental wellbeing and support each others' mental health in the community, as family, friends, carers, networks, partners, employers or neighbours.

- **We actively challenge stigma and prejudice, raise awareness and improve understanding around mental health**

In support of this, we empower the public and professionals to make every conversation count for mental health.

- **We support mental health across all ages, in our schools and in the workplace**

Our schools and employers actively promote better mental health and respond to mental health issues among their young people and staff.

- **We fight inequality**

We do not accept that inequality is inevitable.

- **We support people to choose life**

One suicide is too many and there is always an alternative.

Barnet residents are:

- **Empowered**
To speak about and seek support with their mental health and to make their own decisions, where they have capacity to do so.
- **Informed**
And able to get accessible information about how and where to get help with their mental health.
- **Treated with dignity and respect**
- **Listened to**
And confident that their needs will be understood and acted upon in a timely manner.
- **Supported**
Through being able to access a comprehensive range of support, from preventative services in the community to specialist care, when and where they are needed. Residents are supported quickly and effectively in times of crisis and distress.

We expect services to:

- **Work with people that have experience of mental health issues**
Coproduction is at the heart of the development of strategies and the design, delivery and review of services.
- **Take a whole-person approach**
People are treated as people, not a diagnosis or a number. Services focus on the positive outcomes that each person wants to achieve and work to understand the trauma that people have experienced in the past and how that affects them now.
- **Work together**
People don't fall through gaps or have to tell their story twice, because services communicate with each other and don't duplicate. Specialist services recognise the importance of the non-medical aspects of mental health and the big role that charities and community groups play in supporting with these.
- **Keep waiting times short**
Services actively work to maintain short waiting times and provide support to those who are waiting.
- **Help to keep people safe**
Services offer a safe space where people feel welcomed and a sense of belonging. Staff are trained in safeguarding so they can identify signs of abuse or neglect and help to keep residents safe.
- **Be inclusive**
Services respect people's protected characteristics, understanding different cultures, sexual identities, neurodiversity and access needs, including digital skills. They continuously look at adaptations needed and train their staff to meet a range of needs. Services are offered in a range of locations (to be close to where people live) and offer face-to-face options.

Barnet's Mental Health Charter

To us, Mental Health is:

- Everyone's business
- As important as physical health
- Supported by positive connections and activities
- Impacted by people's life circumstances and harmed by stigma and prejudice

We are a supportive and inclusive borough because:

- We look after each other
- We actively challenge stigma, raise awareness and improve understanding around mental health
- We support mental health across all ages, in our schools and in the workplace
- We fight inequality
- We support people to choose life

Barnet residents are:

- Empowered
- Informed
- Treated with dignity and respect
- Listened to
- Supported

We expect services to:

- Work with people that have experience of mental health issues
- Take a whole-person approach
- Work together
- Keep waiting times short
- Help to keep people safe
- Be inclusive

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	Health and Wellbeing Board Thursday, 28th September 2023
Title	Primary Care and North Central London Joint Capital Resource Plan Updates
Report of	Dawn Wakeling, Executive Director, Communities, Adults & Health London Borough of Barnet
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Practice / PCN info
Officer Contact Details	<p>Kelly Poole (Kelly.poole@nhs.net) Carol Kumar (carol.kumar@nhs.net) Deputy Director of Primary Care Transformation, Barnet Borough, NCL ICB (job share)</p> <p>Ian Sabini (ian.sabini@gpbconsult.co.uk), Estates Managing Consultant, BP Partnerships</p>

Summary

This report gives a further update on Primary Care in Barnet and North Central London, following the deep dive report presented to Health and Well Being Board in May.

It should be noted by HWBB that the health system and general practice remains very challenged at this time and continues to operate under immense pressure.

The report also provides an update on the NCL Joint Capital Resource Plan and how it aligns with local strategies and priorities.

Officers Recommendations

- 1 That the Health and Wellbeing Board note the primary care and NCL Joint Capital Resource Plan update.

1 Why this Report is needed

1.1 This report provides an update on Primary Care to provide assurance to the Health and Wellbeing board that the NCL ICB is progressing in line with the previous Primary care deep dive update given in May. This report also outlines an update on the NCL Joint Capital Resource Plan.

1.2 Overview of General Practice in Barnet

1.2.1 Barnet currently has 48 GP practices, and all have open lists for new patient registrations. A summary of GP practices and their Primary care Network (PCN) is shown in appendix 1. High demand for appointments continues to place pressure on general practice, as noted in our previous May report.

1.3 PCN DES & Primary Care Access

1.3.1 Further to the Health and Wellbeing report in May 2023, you will be aware of the changes to the requirements of our Primary Care Networks in relation to the national Directed Enhanced Service (DES) Access Specification. To support this and by way of update since May:

1.3.2 There is a national move to improve digital access to general practice through a number of routes. This year, these include online consultation, cloud telephony and the use of the NHS App.

1.3.3 The aim of online consultation is primarily to enable patients to communicate with their practice about a new or ongoing issue in a way and at a time that is convenient to them. It takes the patient through a series of questions that help the clinician to understand the issue before the consultation. This means that an appointment can be made with the appropriate clinician (not necessarily the GP) in the appropriate time frame.

1.3.4 There is now only one practice in Barnet that isn't already using cloud telephony and they will move to a new system this year. PCNs are supporting their practices to make the best use of the cloud telephony functionality and will be introducing call queuing and/or call back functionality in all practices by March 2024 which will support easier and more convenient access for patients.

1.3.5 Improving GP access has been identified as a top concern for Barnet residents. A Barnet Task and Finish Group has been formed at the request of the Adults & Health Overview and Scrutiny Committee (HOSC). The review will hear directly from residents to find out the extent/areas where problems in accessing GPs exist in Barnet and will investigate the reasons for this. They will make recommendations and share findings. They will also carry out a communications campaign to provide residents across Barnet with the information and tools to improve their access to GPs and work with the ICB to provide any other assistance the council can to maintain and improve better and more equitable access to general practice for all Barnet residents.

1.3.6 The Barnet Primary care team attend bi-monthly Barnet Patient Participation Network (BPPN) meetings. The BPPN members are representatives from various practices across Barnet (including Chairs of some of the individual practice patient participation groups and also CommUNITY Barnet volunteers) and meet to discuss pertinent matters relating to primary care. The meetings are also attended by Healthwatch colleagues and representatives from Barnet Federated GPs. At the most recent meeting, held on 17 September, the primary care team attended to give a full brief on GP practice access related matters, including both the national and local direction of travel. The group expressed a keen desire to be involved in this work and help shape the outputs. Barnet Primary Care team, and the wider NCL team, will continue to work with and involve this key group of stakeholders on all relevant primary care matters. It should also be noted that the chair of the BPPN is a member of the Royal Free Interface meeting, and this presents an opportunity for the group to feedback their experiences in relation to secondary care and the impact issues may have on their GP practice experience.

1.4 Learning from winter challenges

1.4.1 Barnet PCN Clinical Directors (CDs) and practices have helpfully fed back in the collaborative spaces of the Clinical Cabinet and Primary Care System Call on what had worked well during the last winter season and what the challenges have been. This has highlighted areas of opportunity to improve and fed into the work that the NCL Central team conducted in reviewing winter planning.

1.4.2 The last winter period saw real challenges in responding to the Strep A outbreak and the increased demand on services as a result. The Barnet GP federation stood up Acute Respiratory Infection hubs – however we have collectively been looking at ways to improve the process and model of delivery should this be an issue again this winter.

1.5 Developing Primary Care winter plans

1.5.1 As a result of the proactive review of previous winter challenges, winter planning for 2023/34 has begun earlier this year. As in previous years, NHS England have allocated specific funding to develop Primary Care Winter Plans. This will be a PCN led plan of delivery focusing on 4 core areas:

- **Proactive care for at-risk cohorts** - Identification and outreach to the severely frail, housebound, over 75 not seen in the last 2 years and those with long-term conditions and classed as high-risk + complexity cohorts to help prepare them for winter.
- **PCN-Level Triage Hubs** - Dedicated triage capacity at PCN level to manage telephone and online consultation demand.
- **Targeted Capacity Boost** - Clinical capacity ringfenced for a patient cohort with an increased need for appointments during winter.
- **General Capacity Boost** - Additional sessions to increase urgent appointment capacity within PCN member practices and help them to meet the increased demand for appointments during winter.

1.5.2 PCNs are currently developing plans to support the above work for winter readiness by working with their system partners and looking at how to integrate this with Neighbourhood Working projects.

1.5.3 For Barnet, particular areas of focus will be supporting our vulnerable Housebound patients and learning from the challenges of previous years.

1.5.4 **Seasonal Vaccination – Preparing for Winter**

As we approach the end of the summer period, Barnet practices have been signing up to the Flu Service Level Agreement for 2023/24 winter and planning vaccination efforts. This has coincided with a new variant of Covid and a surge effort to provide a booster to clinically vulnerable cohorts. The PCNs are developing plans to co-administrate vaccination efforts where possible and develop effective approaches to vaccinating care homes and the housebound populations.

1.6 **NCL Joint capital resource plan updates**

1.6.1 A joint capital plan has been developed through collaborative working across provider organisations, primary care and the ICB change and strategic commissioning functions to reflect the ambition to deliver on the ICB population health improvement strategy which informs the joint forward plan. This reflects the need for transformation of the delivery of health and care services to increase diagnostic capacity, reduce waiting lists whilst addressing the equity of access to these services but also developing greater maturity across our system infrastructure aligned with national ambition.

1.6.2 The NCL ICB estates capital plan is developed from a 10yr capital pipeline prepared by provider organisations and on behalf of primary care, encompassing business as usual requirements as well as strategic schemes. Currently, organisations are given an allocation of the ICS Capital Departmental Expenditure Limit (CDEL) and asked to prioritise within this envelope. NCL intends to use this approach for a number of purposes; System Objectives & Risk, Aggregate Capital Resource, Strategic collaboration and Process & Governance (Estates).

1.6.3 NHS NCL ICB has made significant progress on its estates and infrastructure agenda and there is a deep commitment to improving population health, along with the continued emphasis on quality and efficiency. The schemes will align with the neighbourhood model and build on principles from the Fuller Report and working group.

1.7 **North Central London Integrated Care System (ICS) Infrastructure Strategy**

1.7.1 There is a national NHS England programme for all ICS regions to develop/ update their Infrastructure strategy by December 2023 (NB. This deadline may be pushed back to March 2024). Infrastructure is so much more than 'bricks & mortar' and the strategy will include digital and equipment workstreams.

1.7.2 There is a common goal across the ICS to make it a **system** strategy, with ICS partners collaborating to achieve the deadline.

1.7.3 Linked to the NCL Joint capital resource plan, the Infrastructure Strategy will describe this process and criteria to identify priority projects that can be a) funded and b) those where no funding exists but which will be ready for bidding as funding becomes available.

1.7.4 The ICB recognise estates is a key enabler for system change, and the need to build on and align to local and national strategies. Aligning and developing a united ICS strategy, could deliver productivity benefits and support accelerated system change.

1.8 **Barnet Borough Partnership Neighbourhood Model**

- 1.8.1 Linked to the Population Health and Integrated Care Strategy, the Borough Partnership has adopted the position that neighbourhood support and care can be delivered both in Primary Care Network (PCN) MDT models, and at 'hyper-local' levels that don't necessarily lend themselves well to being led by a PCN approach, and instead harness the energy of community assets. The aim of the neighbourhood model is to help people to stay well, provide integrated care & support, tackle health inequalities and inequity in access.
- 1.8.2 This pragmatic, 2-pronged approach provides the flexibility to organise a neighbourhood model both around local/community assets, needs and energy (hyper-local), whilst also embracing the capacity of PCNs.
- 1.8.3 A draft Integrated Neighbourhood framework is being developed, based on national best practice, and building on existing work on the Barnet neighbourhood model to date. The model describes the need for a Neighbourhood host organisation to hold the work, lists enabling factors to help organisations work effectively together, and proposes partnership principles. The framework also proposes core team membership, core areas of work, services and workforce requirements. Having a signed-off framework will support the allocation of funding for neighbourhood initiatives, and the evaluation of funded work.
- 1.8.4 The hyper-local approach builds on existing work targeted at addressing health priorities for specific local communities around the borough, for example through peer support work such as the Healthy Hearts campaign, which has targeted Somali and South Asian communities in Burnt Oak, Colindale, Edgware, Hendon and Golders Green to reduce Cardiovascular disease (CVD).
- 1.8.5 A hyper-local 'host' model is being established and tested out in the Grahame Park Estate, through the 'Adults, Health and Wellbeing' working group of the London Borough of Barnet's Grahame Park Strategic Group. The group has met and agreed aims, including reviewing existing initiatives for their uptake and impact, in order to build on or adapt them, and identifying new areas of work to take forward together. Existing interventions already in place include substance misuse clinic, mental health wellbeing service, social and exercise opportunities such as walking groups, coffee mornings and an outdoors gym.
- 1.8.6 The Grahame Park Adults, Health and Wellbeing group is establishing a workplan based on bringing together key stakeholders supporting residents' health and wellbeing by working together. Priority areas are mental health, the impact of housing and temporary tenancies on health, and communicating the existing support on offer more effectively to residents. The group has made links with the other Grahame Park Strategic Group working groups and will be proposing projects based on the workplan in the coming weeks.
- 1.8.7 Funding is available for PCN pilots, aligned with the draft Integrated Neighbourhood Framework to help them to build on existing neighbourhood provision (including 'Ageing Well' and Paediatric multi-disciplinary teams connecting colleagues in different roles to provide local, holistic care, a comprehensive social prescribing service in each PCN and other prevention/early intervention services/support such as health checks that are delivered out of primary care).
- 1.8.8 PCNs will be encouraged to partner with other organisations in the local system to propose Integrated Neighbourhood pilots that develop either the enablers of neighbourhoods, or neighbourhood services. A workshop is taking place on 11th October to bring together system partners to build on connections to develop Integrated Neighbourhood pilot ideas and launch an expression of interest process.

- 1.8.9 The BBP team is working with PCN Digital & Transformation Leads, ICB data team and Public Health data leads to support PCNs to develop data packs to help identify neighbourhood and health inequalities priorities in line with primary care contractual requirements such as 'Tackling Neighbourhood Health Inequalities' and the 'Long Term Conditions Locally Commissioned Service'.
- 1.8.10 Alongside the development of a hyper-local workplan in Grahame Park and allocation of funding for PCN neighbourhood pilots, work is ongoing on projects that encapsulate the integrated nature of neighbourhood working and present opportunities to bring different system partners together. These include a project mapping navigation, prevention, signposting and wellbeing services across health and council services and the voluntary sector, in order to increase familiarity with services across staff groups and management, enable easier onward referral, encourage review of services and possible duplication, and make the patient or resident journey to the right services easier. Another project is focused on developing a community-based approach to preventing, managing and treating children's asthma.

2 Reasons for recommendations

- 2.1 Barnet's Health and Wellbeing Board is responsible for the health and wellbeing strategy, which has integrated care as a priority. It is important that the Board is fully briefed on the development within Primary care and on capital funding to provide insight and comments.

3 Alternative options considered and not recommended

- 3.1 Not applicable in the context of this report.

4 Post decision implementation

- 4.1 The borough partnership team, the ICB, the council, the GP cabinet, PCN leaders, NHS providers and VCS partners will continue to work on the development of Primary care and the joint capital resource plan and will report back to the HWB in the future as required.

5 Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 The Barnet Plan – Caring for people, our places and the planet, sets out that integrated care is a priority.

- 5.1.2 NHS NCL ICB has made significant progress on its infrastructure agenda and there is a deep commitment to improving population health through our infrastructure. There is a continued emphasis on delivering high quality, efficient and sustainable infrastructure. The design and planning of all infrastructure schemes will align with the neighbourhood model and build on principles from the Fuller Report and working group.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None in the context of this report.

6. **Legal and Constitutional References**

6.1 Under Part 2B of the Council's Constitution, the Terms of Reference of the Health and Well Being Board include:

- To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership.
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To provide collective leadership and enable shared decision making, ownership and accountability.
- To promote partnership and, as appropriate, integration, across all necessary areas, including joined-up commissioning plans and joined-up approach to securing external funding across the NHS, social care, voluntary and community sector and public health.
- To explore partnership work across the North Central London area where appropriate.
- Specific responsibilities for:
 - Overseeing public health and promoting prevention agenda across the partnership;
 - Developing further health and social care integration.

7. **Insight**

7.1 There are no insight implications in relation to the recommendations of this report.

8. **Social Value**

8.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits and the report supports social value.

9. **Risk Management**

9.1 Both the Council and the ICB and all providers have established approaches to risk management, which are set out in their respective risk management frameworks. Further work on neighbourhoods will be carried out in accordance with all organisations approaches to risk management.

10. **Equalities and Diversity**

10.1 Data relating to equality and diversity is used in the report and recommendations made throughout the report support equalities duties and aim to improve the outcomes for all.

- 10.2 A public authority must, in the exercise of its functions, have due regard to the need to:
- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 10.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 10.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 10.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- a) Tackle prejudice, and
 - b) Promote understanding.
- 10.6 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
- a) Age
 - b) Disability
 - c) Gender reassignment
 - d) Pregnancy and maternity
 - e) Race
 - f) Religion or belief
 - g) Sex
 - h) Sexual orientation
 - i) Marriage and civil partnership

11. **Corporate Parenting**

- 11.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The services contained within neighbourhood models for children's services are relevant to corporate parenting and meeting the needs of looked after children and care experienced young people. Services for adults are relevant to care experienced adults with health and care needs and it is important that services are accessible and effective for this group of people.

12. Consultation and Engagement

12.1.1 Public / patient and staff consultation and engagement is a key element and high priority for any primary care change or infrastructure programme. A consultation and engagement plan are developed at project initiation and managed by the programme/ project.

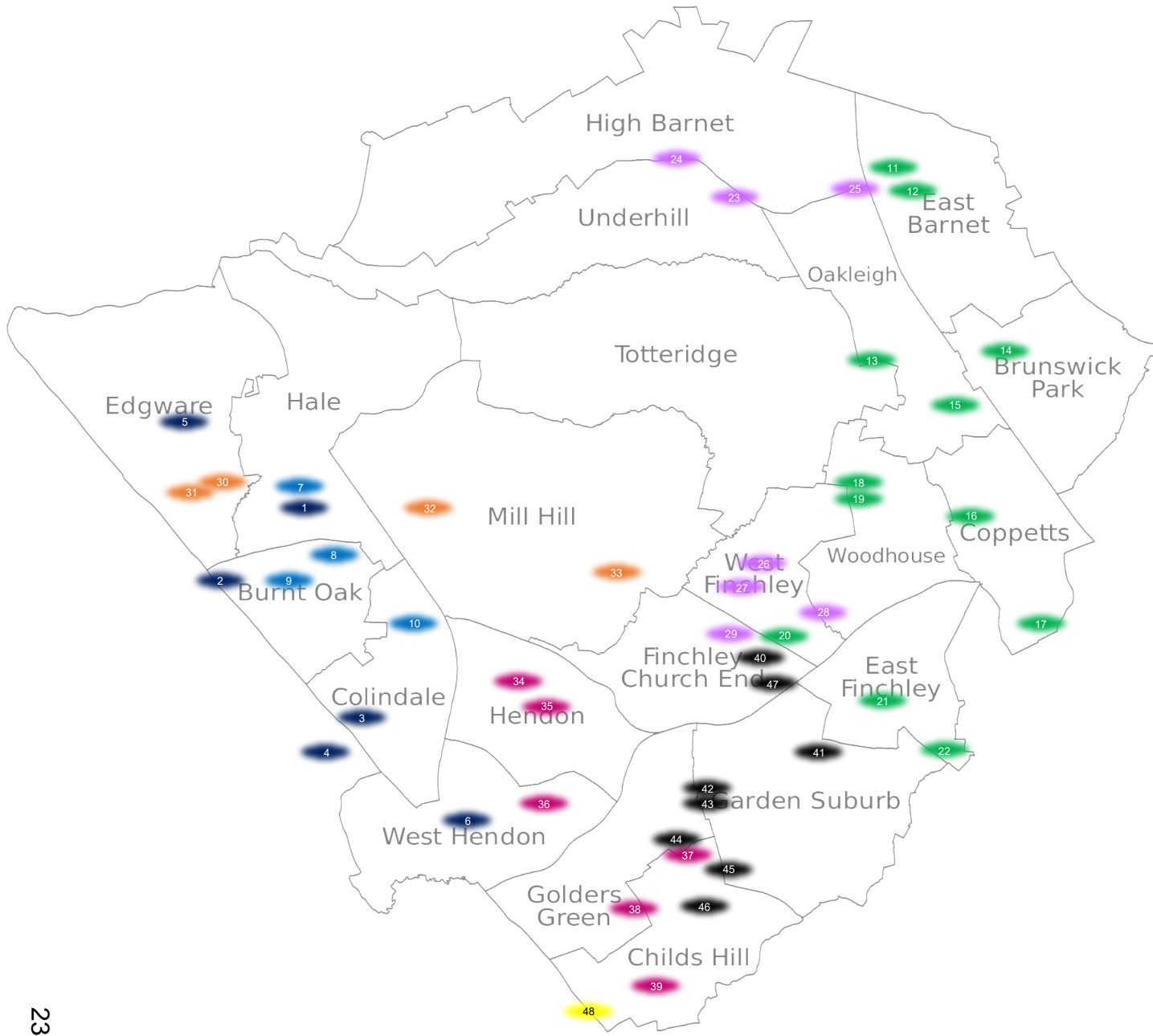
13. Environmental Impact

13.1 There are no direct environmental implications from noting the recommendations.

14. Background papers

14.1 None.

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Key	Practice Name	PCN
1	Mulberry Medical Practice	PCN 1D
2	Oak Lodge Medical Centre	PCN 1D
3	Colindale Medical Centre	PCN 1D
4	Wakeman's Hill Surgery	PCN 1D
5	Jai Medical Centre	PCN 1D
6	Hendon Way Surgery	PCN 1D
7	Deans Lane Medical Centre	PCN 1W
8	Parkview Surgery	PCN 1W
9	Watling Medical Centre	PCN 1W
10	The Everglade Medical Practice	PCN 1W
11	The Village Surgery	PCN 2
12	East Barnet Health Centre	PCN 2
13	St Andrews Medical Practice	PCN 2
14	Brunswick Park Medical Practice	PCN 2
15	The Clinic (Oakleigh Rd North)	PCN 2
16	Friern Barnet Medical Centre	PCN 2
17	Colney Hatch Lane surgery	PCN 2
18	The Speedwell Practice	PCN 2
19	Torrington Park Group Practice	PCN 2
20	Rosemary Surgery	PCN 2
21	Woodlands Medical Practice	PCN 2
22	East Finchley Medical Practice	PCN 2
23	Longrove Surgery	PCN 3
24	The Old Courthouse Surgery	PCN 3
25	Addington Medical Centre	PCN 3
26	Wentworth Medical Practice	PCN 3
27	Cornwall House Surgery	PCN 3
28	Squires Lane Medical Practice	PCN 3
29	Lichfield Grove Surgery	PCN 3
30	Penshurst Gardens	PCN 4
31	Millway Medical Practice	PCN 4
32	Lane End Medical Group	PCN 4
33	Langstone Way Surgery	PCN 4
34	St George's Medical Centre	PCN 5
35	The Phoenix Practice	PCN 5
36	Dr Azim & Partners	PCN 5
37	Ravenscroft Medical Centre	PCN 5
38	Pennine Drive Surgery	PCN 5
39	Greenfield Medical Centre	PCN 5
40	Supreme Medical Centre	PCN 6
41	Heathfielde	PCN 6
42	PHGH Doctors	PCN 6
43	Temple Fortune Medical Group	PCN 6
44	The Practice @ 188	PCN 6
45	Drs Adler & Rosenberg	PCN 6
46	Hodford Road Surgery	PCN 6
47	Mountfield Surgery	PCN 6
48	Cricklewood Health centre	TBC

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